

## Briefing Note

**Date:** Approved by the South West LHIN Aboriginal Health Committee on January 20, 2016

**Issue:** Overarching Recommendations for the Primary Care Capacity and Health Links Steering Committees as supported by the South West LHIN Aboriginal Health Committee.

### Background:

The South West Local Health Integration Network (LHIN), Southwest Ontario Health Access Centre (SOAHAC), and the South West LHIN Aboriginal Health Committee issued four time-limited reports completed 2015. These reports were:

1. Aboriginal Data Report for the South West LHIN Health Links
2. Aboriginal Diabetes in South West Ontario: Winning the Fight Against Diabetes
3. Aboriginal Patient Journeys: Telling Our Stories
4. Aboriginal Education & Training Capacity

These projects were identified as priorities for one-time investments through the Aboriginal Health Committee for the South West LHIN. The aim of the projects were to enhance and support the development of a foundational knowledge base to inform key system level healthcare planning across the South West LHIN region. These projects aimed to provide information to contribute to more inclusive and Indigenous informed healthcare practices and service delivery. The information collected through these projects aimed to support decision making and strategic planning for the South West LHIN and Aboriginal Health Committee (and Reference Panel on Aboriginal Health working group). A total of 36 recommendations were made by the four project reports. These projects were funded by the 2014/15 South West LHIN Priorities for Investment (PFI) community funding which was allocated to SOAHAC, who co-led these projects with the South West LHIN.

### Overarching Recommendations:

Building on the recommendations from the above mentioned four reports, this briefing note summarizes overarching recommendations necessary to provide Aboriginal peoples of South Western Ontario with access to Primary Care that meets their needs.

The recommendations are organized and summarized in five key theme areas: Knowledge and Relationships, Continuum of Care, Training, Cultural Competence, and Communication.

## Knowledge and Relationships

Before considering different aspects of the continuum of care, it is important to consider the existing relationship between the South West LHIN and Indigenous communities in the area. It is difficult to understand the needs of communities without having a working relationship with them. The study teams frequently heard that service providers favour the top down approach and provide services that are not tailored to Indigenous needs. A solid relationship fosters effective problem solving, consistent consultation and a network that can be utilized in times of emergency.

1. Build a working relationship with the Indigenous communities, urban and rural, of Southwestern Ontario.
2. Ensure this working relationship involves communication, evaluation, and respect.

It is evident that there is a knowledge gap concerning the Indigenous citizens of Southwestern Ontario. Though general statistics are gathered concerning Indigenous peoples and health, it is difficult to apply these generalities to a specific population. In order to provide effective services throughout the continuum of care to Indigenous peoples, it is necessary to understand the needs of Indigenous peoples in Southwestern Ontario, how they experience the health care system, the health issues they face and the social determinants of health that underlie their overall health.

3. Support, in partnership with Indigenous agencies, better Indigenous data collection to ensure Health Links impacts and efficacy can be evaluated with respect to Indigenous people.
  - a. Pursue core areas for data collection including: health service utilization data; health status data regarding comorbidities, chronic illness, and complex health needs (mental health, substance use, and dual diagnosis); data regarding key social determinants of Indigenous health including housing and income.
  - b. Expand focus of Health Links to include “under-users” by developing and implementing key metrics that address unmet health care needs, barriers to access and under-treatment.
  - c. Develop and support synergies between Health Links and other research and policy initiatives that impact the South West LHIN such as upcoming data linkages with the Institute for Clinical Evaluative Sciences (ICES).

## **Continuum of Care**

Access to health care for Indigenous citizens of Southwestern Ontario is a multifaceted issue and very much affected by other issues. The experiences of the study teams underscore that issues with health care occur upon intake. Many of these issues require more study. The Community Care Access Centres (CCAC) in particular were singled out as having opportunities to clarify their role in providing services to First Nation peoples on-reserve. What has been communicated to study teams by many Indigenous citizens of South Western Ontario is that SOAHAC provides the kind of health care experience they seek.

### *Intake*

Intake is the moment in which an Indigenous patient and a health service provider begin a relationship surrounding the care of a particular health issue. This stage of the continuum must be undertaken with dignity, respect and efficiency. The study teams found that many mistakes that are uncovered in later stages of care, occur during intake.

4. Ensure a process is in place for patients to self-identify as Indigenous, enabling the care team to provide connections to culturally specific care (e.g. Aboriginal Patient Navigators) and community-based services.
5. Communicate with words that can be understood by everyone. Respect that intake is a nervous time for the patient and their family. It is useful to provide hard copies and repeat options to ensure a full understanding.
6. Patients do not always come prepared with full knowledge of their own previous diagnoses, medications, or even medical history. It is necessary that staff are trained with sensitivity around this and possess the skills needed to find this information.
7. Indigenous peoples in South Western Ontario have communicated to study teams that their own understandings of their symptoms and/or sicknesses are not always respected. Some Indigenous patients enter into care with cultural-based knowledge of their sicknesses and their bodies. These patients should feel as though they are heard and should not feel ridiculed.

### *Assessment and Plan of Care*

8. The study teams found that Indigenous knowledge and medicine continues to be ignored by mainstream health care services. At SOAHAC, and other Indigenous health care providers, the plan of care involves a balance between the mental, emotional, physical and spiritual. It is imperative that the assessment and subsequent plan of care involve a holistic approach.

*Service Delivery*

9. There are important unmet material needs such as transportation that need to be addressed in order to allow equitable access to services for Indigenous people in the region. Indigenous patients often must travel up to four hours for specialist appointments and require transportation and accommodation. Transportation must be funded. They require a family member for support both emotionally and physically, and to assist with understanding the medical instructions. In addition, locally based, alternative approaches must be explored to ensure that no client is prevented from attending clinics and services due to the lack of a car or access to one.
10. Increase community-based service provision by culturally safe healthcare practitioners, such as SOAHAC, Indigenous service delivery providers, and First Nations. This would include embedding CCAC service providers into SOAHAC.
11. There are many Indigenous patients that are seeing doctors for more than one issue. One of the successes of SOAHAC is that patients can seek treatment for a variety of illnesses, or stages of care, all in one location. All other services radiate out from this central location, with health care staff that have a relationship with the patient. Service delivery should be as fluid and seamless as possible.
12. Increase investment in SOAHAC, KiiKeewanniikaan and other First Nation service providers in the areas of: behavioural supports; mental health and addictions supports; palliative care; pain and symptom management; long-term care; and geriatric services. This would increase access to regulated health professionals in a culturally safe environment and reduce inconsistency of care provided by multiple service providers to one client on the same health condition.

*Post Care / Follow ups*

13. Follow up appointments often do not occur, particularly if they involve travel. Once again, the success with SOAHAC is that follow up occurs frequently and informally, such as a friendly home visit. It can occur through the interdisciplinary model of service delivery. These informal follow ups are not as intimidating as an appointment and serve as an effective means of checking in on the patient to ensure, for instance, they are doing their daily exercises.
14. Coordinated Care Planning (discharge) was raised as a key issue that is leading to gaps in service delivery and inequitable health care to Indigenous people. In addition, there is a need to clarify consent issues between hospitals and First Nations.
15. There is a particular challenge with hospitals not notifying First Nation communities, via their respective health departments/health directors, that a community member has been discharged. Community-based care provisions cannot be made when this communication does not happen. Coordinated Care Planning and processes for patient self-identification are suggested as ways to improve this communication.

## Training

The training of health care workers is extremely important, as they are the representatives of the system at the point of care. Health care workers, Indigenous and non-Indigenous, should have access to training which suits their needs. All health care workers should understand cultural safety and have an understanding of issues that may be present when encountering Indigenous patients. It is important that the training of health care workers that work in Indigenous communities and with Indigenous peoples ensures accountability to those communities.

16. Current training for Indigenous health care workers should be readily available, easily accessible and tailored for their needs. This includes:
  - a. A champion ensuring the investment of funds into training is more widely available is recommended.
  - b. The identification and development of an inventory of education and training opportunities is necessary. The interest of helpline.ca shows promise and should be followed up on.
  - c. The development of training partnerships and a related website.
17. Organizations should provide an annual report of training to their funders that is easily accessible.
18. Continue and extend cultural safety training to address institutional racism and trauma, and assess how to apply this knowledge appropriately and adequately. Training must be accountable to Indigenous communities and understand the reality of challenges facing those communities. It is important that the organizations which provide training know how build strong relationships with Indigenous communities. Training topics could include:
  - a. Training on the Indigenous organizations in the South West LHIN
  - b. Training on the First Nations in the South West LHIN
  - c. Training on Indigenous peoples in the South West LHIN
  - d. Training on the history and culture of the First Nation territories in the South West LHIN
  - e. Training on current events of Indigenous people and mental emotional impacts i.e. Truth and Reconciliation Commission; Missing and Murdered Indigenous Women
  - f. Training on Non-Insured Health Benefits (NIHB).
19. Increased investments in Indigenous community-based training in the areas of primary health care. Training topics could include:
  - a. Wound management
  - b. One day training on adult day programming
  - c. ASIST training
  - d. Mental health first aid
  - e. Workshop on mindfulness therapy as a tool for pain management
  - f. Training in the areas of:

- i. mental health and addictions
- ii. palliative care
- iii. pain and symptom management
- iv. long-term care
- v. geriatric services

### **Cultural Safety**

Cultural safety affects every stage of health care for Indigenous peoples. Indigenous patients have consistently expressed negative experiences due to stereotypes, ignorance and racism. These experiences do not encourage Indigenous patients to seek out the care they need. Cultural safety is more than sensitivity training, but rather a fundamental shift in the health care system's relationship with Indigenous peoples.

- 20. Work in partnership with local, regional and/or provincial Indigenous governing bodies and health service organizations to develop a strategy to ensure culturally secure data collection. This work needs to be guided by existing domestic and international best practices and led by Indigenous governing and/or health service organizations.
- 21. Support the comprehensive care of the patient wholistically, where patient health could be improved through the consideration of physical, mental, emotional, and spiritual needs. Service providers could offer patients with access to a diverse range of health care professionals, as well as traditional Indigenous sources of care. The strength of SOAHAC is interdisciplinary teamwork that ensures care is complemented and not duplicated, continuity of care, and that patients are not lost to follow-up.
- 22. Indigenous clients continue to report encounters with racism and negative health care experiences in South Western Ontario. Cultural safety must be a priority and consistently evaluated to ensure constant/vigilant practice.
- 23. It is essential for practitioners to provide culturally safe health care by considering and acknowledging a patient's unique understanding for their health issues and prescribed treatment.

### **Communication**

Communication is the cornerstone of any healthy relationship. This includes communication to Indigenous patients and their family, Indigenous communities, and a consistent feedback loop to the health care providers.

- 24. Improve outreach activities: Indigenous communities should have access to what and where particular services are available.
- 25. Improve prevention: diabetes and non-sacred tobacco use, for instance, complicate other health issues. Though much prevention work is being done, more is necessary. This could be done through positive ways rather than focusing on the negative. An excellent

example of this is promoting healthy eating and appropriate exercise, while attaching it to Indigenous knowledge about local plants/foods, sustainability and other teachings.

26. Provide communication support to patients when attending medical appointments to ensure that necessary information is understood by the patients. Also provide explanations of diagnostics at point of care or in a reasonable time frame. This could be achieved by providing patients and family members with more written information or DVDs relating to preparation for procedures, hospital stay, discharge and post care.
27. Interactions with health practitioners at various stages of the patient journey could provide an opportunity for patients and their support networks (e.g. family members, friends) to complete a questionnaire to provide feedback and improve advocacy.
28. Communication should also be emphasized at a higher level. The South West LHIN should meet regularly with Indigenous health practitioners in the area, so as to ensure policy, providers and front line workers are not out of step with community needs.

## Appendix A: Recommendations by Project

### Project #1: Aboriginal Data Report for the South West LHIN Health Links

It is difficult to plan, implement and evaluate effective health programs and services without accurate information regarding the size and characteristics of the Aboriginal population, the prevalence rates of acute and chronic illness, and the rates of use of health care services. Such deficiencies have additional and wide-ranging consequences. For example, the lack of accurate information contributes to damaging stereotypes which feed racism, itself a significant barrier to health care access (Allan & Smylie, 2014).

Even if health care data collection captured Aboriginal patients, the health care utilization and health status of Aboriginal peoples would still go under-documented due to lower hospital admission rates, under-treatment and/or health care ‘underuse.’ Examples include:

- Hospital admission rates. Evidence from Hamilton suggests that Aboriginal people visiting Emergency Departments are not admitted to hospital at the same rates as the general population despite rates of chronic disease that would suggest the need for treatment (Firestone et al., 2014; Smylie, Firestone, et al., 2011).
- Under-treatment. A recent study in Alberta demonstrated that First Nations persons were less likely to receive a coronary angiogram compared to non-First Nations persons within 24 hours of an acute myocardial infarction (Bresee et al., 2014).
- ‘Under-use.’ Evidence demonstrates that racism can present a substantial barrier to health care treatment (Allan & Smylie, 2015), with Aboriginal people actively strategizing around how to manage negative responses from health care providers in advance of Emergency Department visits (Browne et al., 2011). Evidence also suggests that material barriers such as transportation prevent people from accessing health care services (Firestone et al., 2014; Smylie, Firestone, et al., 2011). The phenomenon of underuse is demonstrated by the premature mortality of First Nations persons in Canada compared to the general Canadian population, including from causes that can be addressed through treatment in hospital such as respiratory tract infection (Health Canada, 2009; Oliver, Peters, & Kohen, 2012; Tjepkema, Wilkins, Senécal, Guimond, & Penney, 2009).

#### **Recommendation A:**

Support, in partnership with Aboriginal agencies, better Aboriginal data collection to ensure Health Links impacts and efficacy can be evaluated with respect to Aboriginal people.

- Pursue core areas for data collection:

- Aboriginal-specific population based health service utilization data.
- Aboriginal-specific population based health status data regarding comorbidities and chronic illness; and, complex health needs including mental health, substance use and dual diagnosis.
- Data regarding key social determinants of Aboriginal health including housing and income.
- Expand focus of Health Links to include “under-users” by developing and implementing key metrics that address:
  - Unmet health care needs.
  - Barriers to access.
  - Under-treatment (e.g. study in Alberta demonstrating that First Nations people are less likely to receive a coronary angiogram compared to non-First Nations persons within 24 hours of an acute myocardial infarction).
- Develop and support synergies between Health Links and other research and policy initiatives that impact the South West LHIN such as upcoming data linkages with ICES.

**Recommendation B:**

Work in partnership with local, regional and/or provincial Aboriginal governing bodies and health service organizations to ensure data collection is culturally secure. Develop a strategy for the culturally secure collection of identity data, including Aboriginal identity data in vital registration and health service utilization data systems. This work needs to be guided by existing domestic and international best practices and led by Aboriginal governing and/or health service organizations. These same principles apply to the creation of Coordinated Care Plans within Health Links.

**Recommendation C:**

Identify and address resources and capacities needed to respond to service gaps for Aboriginal people in Southwestern Ontario.

- Time and resources are needed to support the full engagement and action of Aboriginal service organizations and stakeholders who are already stretched to capacity.
- Continue and extend cultural safety training to address institutional racism and trauma, and assess how to apply this knowledge appropriately and adequately.
- Increased support and training of Aboriginal health care professionals as well as increased awareness and education for mainstream providers.
- There are important unmet material needs such as transportation that need to be addressed in order to allow equitable access to services for Aboriginal people in the region.

## **Project #2: Aboriginal Diabetes in South West Ontario: Winning the Fight against Diabetes**

Community participants and service providers shared concrete suggestions for ways services and programs can better respond to the issue of diabetes among Aboriginal people and better support individuals and families. Recommendations are grouped by the following key theme areas:

### **OUTREACH TO COMMUNITY**

1. Improve surveillance and outreach activities to clients to promote improvements in follow-up and participation in currently available services.
2. Conduct specific outreach to those who are socially isolated and may be at risk of developing complications of diabetes.
3. Respond to the literacy levels of the community by developing communications packages that respond to the literacy needs of the community.
4. Bring the community leadership on-side to understand the impact and extent of the issue in the community.
5. Provide diabetes information as a standard practice to the whole community at places other than health facilities. Make this information available at community events, through the school system, and from the community leadership.
6. Reduce the shame and stigma of diabetes by providing the opportunity for community members to discuss the condition openly and objectively. Address specific local misconceptions or misunderstandings about diabetes and the impact on the individual.

### **HEALTH SERVICES**

7. Provide standardized regular screening of all community members, regardless of risk, and starting at age 10.
8. Provide after-hour services for clients on evenings and weekends and provide a telephone hotline where clients with questions can get immediate and culturally effective advice and information in response to diabetes specific health concerns.
9. Ensure that clients get the personal support they need when attending medical appointments to ensure they understand the communications provided by doctors and other health professionals.

### **HOLISTIC APPROACH**

10. Support the holistic approach in service provision that responds to the need for emotional and spiritual supports for clients to help them with the significant personal adjustments they need to make. Support clients to break through the emotional barriers that can prevent them from seeking help.

**SUPPORT COMMUNITIES TO GAIN ACCESS TO HEALTHY NUTRITIOUS LOW-COST FOODS**

11. Address the immediate need for access to healthy nutritious food by supporting the expansion of community gardens and community markets in the communities to provide access to low cost fresh food.
12. Support communities to partner with local farmers, food co-ops and other non-mainstream food sources as a way to provide local communities with access to quality low cost nutritious food.
13. Communities should consider establishing an independent food co-op controlled by the community to increase access to quality low cost nutritious foods.

**TRANSPORTATION**

14. Address the transportation barriers community members face. Explore locally based alternative approaches to ensure that no client is prevented from attending clinics and services due to the lack of a car or access to one.

**TRAINING FOR HEALTH PROVIDERS**

15. Provide ongoing training to health care providers to support the provision of unbiased and supportive health care by hospitals and non-Aboriginal health care providers

### **Project #3: Aboriginal Patient Journeys: Telling Our Stories**

The following section summarizes the specific themes for improvements that emerged from the Aboriginal Patient Journeys.

#### **Practitioners' Respect for Culture**

1. It is essential for practitioners to provide culturally competent healthcare by considering and acknowledging a patient's unique understanding for their health issues and prescribed treatment

#### **Preferred Methods of Care**

2. Comprehensive care of the patient holistically, where patient health could be improved through the consideration of physical, mental, emotional, and spiritual needs. Service providers could offer patients with access to a diverse range of health care professionals, as well as traditional Aboriginal sources of care.
3. Coordinated and collaborative efforts between different health care providers involved in the patient journey.
4. Support increased communication to patients and provide patients and family members with more written information or DVDs relating to preparation for procedures, hospital stay, discharge and post care.

#### **Support Systems**

5. Interactions with health practitioners at various stages of the patient journey could provide an opportunity for patients and their support networks (e.g. family members, friends) to complete a questionnaire to provide feedback and improve advocacy.
6. Additional support (e.g. education) provided to patients and their family members to instill the confidence and well-being needed to feel comfortable when discharged home.

#### **Needs and Expectations of Health Care**

7. Improved range of transportation options to access health care services.
8. Provide explanations of diagnostics at point of care or in a reasonable time frame as key informants were often relatively unfamiliar with their health issue prior to seeking out care and treatment.
9. Strength of SOAHAC is interdisciplinary teamwork that ensures care is complemented and not duplicated, continuity of care, and that patients are not lost to follow-up.
10. Organize a Cancer Care Patient Survivors support group.

## Project #4: Aboriginal Education & Training Capacity

Across the healthcare system there are a number of mainstream health care organizations that have developed training supports, education and capacity building initiatives that are designed to support providers in addressing clients/patients with complex and chronic conditions. Aboriginal communities are not always well engaged in mainstream services, and may not access these trainings and supports for that reason.

As a result of the experience in undertaking this contract, the following statements could be made:

1. Health care training is extremely difficult for Aboriginal health care workers to access. They are not always aware of the opportunities available and/or they are not able to access it. The training that does exist is not necessarily beneficial for the workers, as it is not tailored, or even aware of, situations facing workers in Aboriginal communities.
2. Current training is not accountable to Aboriginal communities and exists in relative ignorance of the challenges that face communities, including jurisdictional issues, intergenerational trauma, and availability of services.
3. Organizations that currently provide health care training do not understand how to approach or partner with Aboriginal communities.
4. Organizations outsource some of their training to third parties and/or expect employees to have the necessary training prior to employment.
5. Organizations did not provide an annual report of training to the funder in a way that is easily accessible.
6. The training partnership and offer of a website is welcomed by First Nations/Aboriginal Health Service providers.
7. The South West LHIN requires a champion to ensure that the investment of funds into training is more widely available to First Nation and Aboriginal health service providers.
8. The identification and development of an inventory of education and training opportunities will require an investment of time and resources. The interest of helpline.ca shows promise and should be followed up on. The approach will need to rely on an exhaustive external environmental scan of training opportunities.