

Approaches to Community Wellbeing:

A First Nations Public Health Model



Sioux Lookout
First Nations
Health Authority

May 15, 2019

- Understand the role of the Sioux Lookout First Nations Health Authority (SLFNHA)
- Understand a First Nations approach to public health
- Identify approaches to overcome barriers to the transition of services under First Nations governance

Learning Outcomes



Background/ Context

- SLFNHA was established by the Sioux lookout area Chiefs in 1990
 - Recommendation from Scott, McKay, Bain Report
- Governed by the Chiefs in Assembly
 - Annual General Meeting
 - Ad Hoc meetings if required
- Directed by the SLFNHA Board of Directors
 - Quarterly meetings
- Supported and guided by the Chiefs Committee on Health
 - Quarterly meetings

Governance

- Chiefs recognize SLFNHA as the regional health authority
- SLFNHA takes its direction from the Chiefs of the communities it serves
- Direction is formalized and documented through Chiefs in Assembly Resolutions

Authority



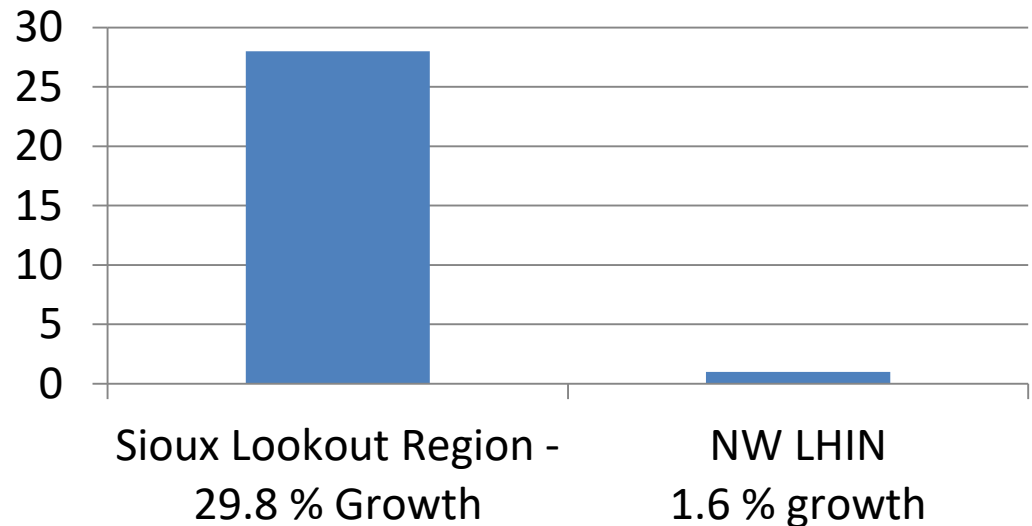
Catchment Area

- SLFNHA provides services to 31 Communities
 - 80% are remote (accessible only by air and ice road)
- 2 Treaties
- 6 Tribal Councils
- Two time zones
- Two Public Health Units:
 - Northwestern HU
 - Thunder Bay District HU

Geographic Realities

The total population for this area is over 30,000 and is rapidly expanding.

20 Year Population Projection (2011 – 2031)*



*Sioux Lookout Meno Ya Win Health Centre, Long Term Care Bed Study (2013) Chefurka Consulting International Limited *in association with* HCM Group Inc

Growing Population

- In 2006, SLFNHA developed the Anishinabe Health Plan, a comprehensive plan for health services in the region including transitioning health services to First Nations governance. Public health was identified as a major gap.
- In 2010 the Chiefs-in-Assembly mandated SLFNHA to develop a regional public health system.
- With funding from Health Canada's Health Services Integration Fund, SLFHNA developed the Approached to Community Wellbeing model, which launched in 2015.

Planning & Advocacy



Approaches to Community Wellbeing

- Regional integrated Public Health System called “Approaches to Community Wellbeing”
- First Nations Governance
- Unique Public Health model that fits the needs, values, and priorities of the First Nations communities
- Adaptable system that can be tailored to each community



Approaches to Community Wellbeing

The Anishinabe people of this land are on a journey to good health by living healthy lifestyles rooted in our cultural knowledge.



Vision

- The Teachings of our People
- Language
- History
- Family
- Wholistic
- Honour Choices and Respect Differences
- Share Knowledge
- Connection to the Land
- Supportive Relationships and Collaboration



Values

- Improved approaches to community wellbeing, which are integrated, wholistic, sustainable, and proactive.
- Increased community ownership over our health and health system
- More people leading the way who are committed to healthy communities
- Safer communities
- More people making healthy choices
- More children are being raised to be healthy community members
- Increased connection to the teachings of our people

Goals

approaches to

COMMUNITY WELLBEING

BACK TO MOOS

We are **CONNECTED** to the **Land**

Connected to the Teachings of our People

We are speaking our **Language**

We are practicing the **Spirituality** of our **CHOICE**

We have an **Awareness** of the **NATURAL ENVIRONMENT** and the need to **PROTECT IT !!**

our **DOGS** are under control...

CLEAN & SAFE

Safe Communities

our dogs are under control

WASTE MANAGEMENT

Public works up to **Standard**

ROADS

Safe clean **WATER**

VALUES

Vision

The **ANISHINABE** people of **THIS LAND** are on a **Journey** to **GOOD HEALTH** by practicing lifestyles rooted in **Cultural Knowledge**

Teachings of our PEOPLE

Connection to the LAND

Family

Sharing KNOWLEDGE

Language

Honouring Choices & accepting Differences

supportive Relationships

Holistic

our History

Children are being raised to be **HEALTHY COMMUNITY MEMBERS**

our **FAMILIES** know how to **CARE FOR** their **Children**

our children & youth are **EDUCATED** (traditional/modern)

consistent **DATA** collecting

Integrated Holistic Sustainable approaches

ACCESS to information

ACCESS to **HEALTH CARE**

PROACTIVE AWARENESS of healthy issues

BALANCE of **CHOICE** of **MEDICINE**

STAFF TRAINING SPACE

Community Ownership over our **Health**

empowered

Participation in health programs

connected & supported Communities

Caring for EACH OTHER

Using **Skills** from **WITHIN THE COMMUNITY** to solve problems

Healthy Choices

CLEAN WATER

SPORTS OPPORTUNITIES Equipment

physical activity as part of living in the community

Food from our **gardens**

Food from the **Land**

foods that **NOURISH** our **BODIES**

HEALTHY Leaders people **Leading the Way**

who are committed to **Healthy Communities**

WE ARE COMMITTED TO **HEALTHY COMMUNITIES**

WE KNOW WHO WE ARE

ELDERS mentor & teach

Approaches to Community Wellbeing



For more information contact the Approaches to Community Wellbeing Team at 1-800-842-0681

February 2015



- Health Information Management Review
- Health Indicator Report
- Negotiations with Data Sources resulting in Data Sharing Agreements
- Regional Our Children and Youth Health Report
- Community-level Child Health Status Reports
- IT infrastructure to support data collection
- Mustimuhw Information Solutions implementation
- Immunization Repository
- Capacity Building (OCAP training, Data Conferences)

Data Collection and Analysis

- Community engagement processes
- Health Directors meetings
- Participation in development of regional strategies (Oral Health, Early Childhood Screening, Nursing Strategy)
- Support program evaluations
- Community Wellbeing Facilitators at Tribal Councils and Communities
- Ongoing planning for ACW

Planning and Evaluation

- New area we have just started working on
- How to we look at policy from a traditional Indigenous perspective?



Policy

- Work alongside the Anishinaabe Bimadiiziwin Research Unit
- Would like to further support communities in implementing OCAP protocols, identifying public health research priorities, and utilizing existing research available

Research

- Ethics
 - Work to ensure all programs and services are done ethically and align with our values
- Capacity Building
 - The whole model supports capacity building of communities (training, resources, mentorship, funding)
 - Aim to enhance the standards of our training and improve efficiency of conducting trainings/conferences in the future
- Communication
 - Health promotion materials
 - Networking

Other Roots for Community Wellbeing



Building Healthy Relationships

Family Health

Raising Our Children

Youth Development

- Support in nutrition (including breastfeeding), child safety, parenting, prenatal and postnatal wellbeing
- Trainings and mentorship for community-based workers
 - Previous trainings include: Traditional Indigenous Family Parenting (regional), Indigenous Doula Training (regional)
 - How to conduct home visits (1 community)
- Development of resources
- Will begin providing one-on-one support to women staying at the hostel while awaiting to deliver their baby

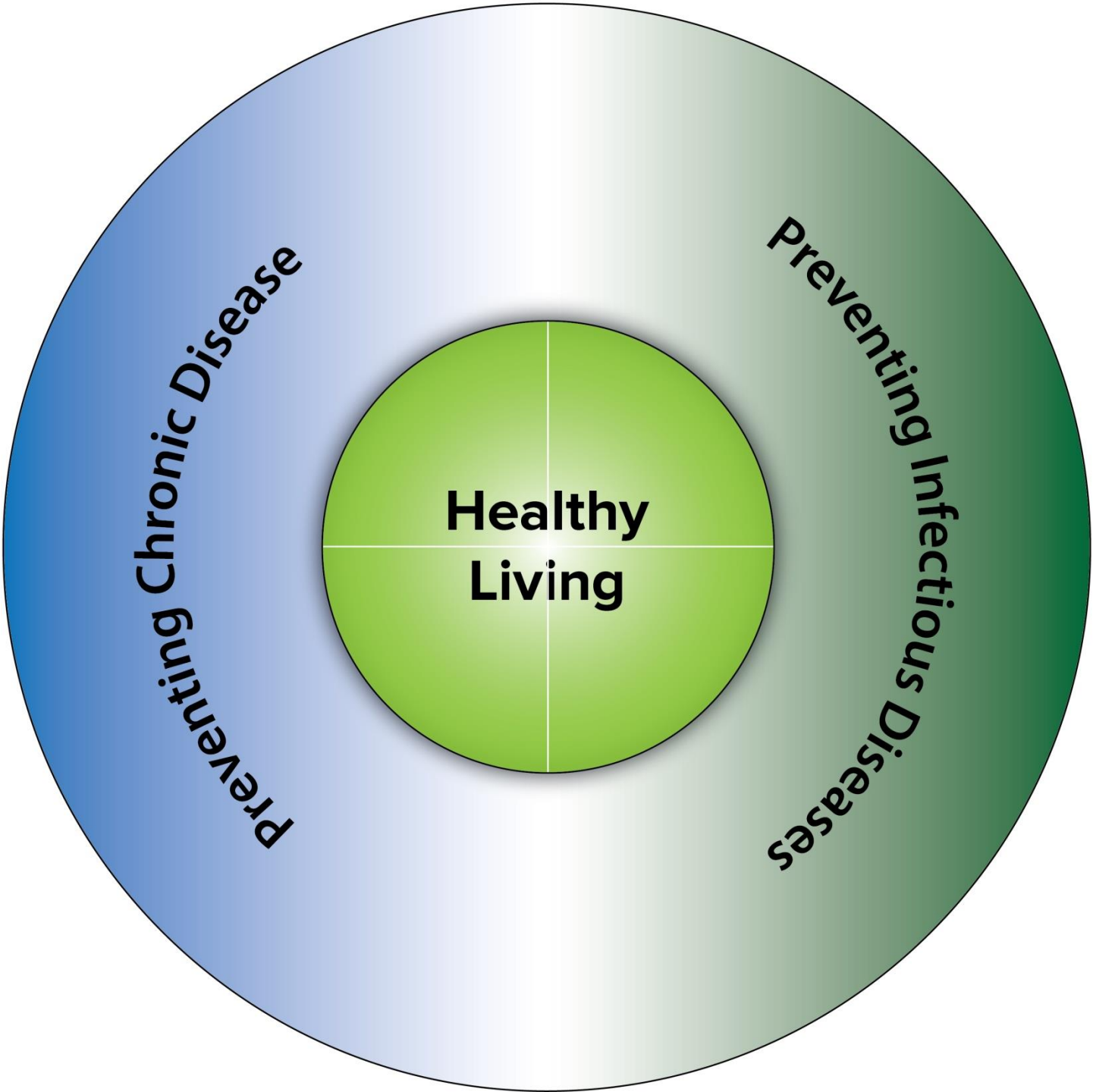
Family Health

- Youth Workers Network
- Workshops, Trainings, Conferences for Youth Workers
- Anishinabe Youth Network Facebook Page
- Booths and presentations at schools
- Community youth events
- Resources and mentorship for youth workers
- Partnership with Carleton University on Indigenous Youth Future Project to foster youth resiliency

Youth Development

- Anti-bullying
- Romantic Relationships
- Youth-Elder connections
- Parenting

Building Healthy Relationships



Preventing Chronic Disease

Healthy Living

Preventing Infectious Diseases

- Tuberculosis control and education
- Hepatitis C Support and Treatment Service
- Harm Reduction
 - Needle Distribution Service (23 communities)
 - Opioid Overdose Prevention Program (8 communities)
 - Funded workers in 3 communities
- Health Promotion
- Infection Prevention and Control

Preventing Infectious Diseases

- Case and contact management of reportable diseases
 - Public Health Units receive positive cases, and share information with FNIHB who currently provides case and contact management
 - Wish to transition responsibility over to SLFNHA
 - Jurisdictional issues and legislative barriers make transitioning challenging

Preventing Infectious Diseases

- This area has not been developed yet, we are just beginning to support planning
- Undertook an environmental scan of food security initiatives in the region
- Developing guides on how to start up community growing projects and chicken rearing (for eggs)
- Adapting You're the Chef cooking program for northern context with some Indigenous recipes
- Developed Diabetes Regional Strategy that stemmed from the Community Health Worker Diabetes Project in collaboration with Dignitas International

Preventing Chronic Diseases

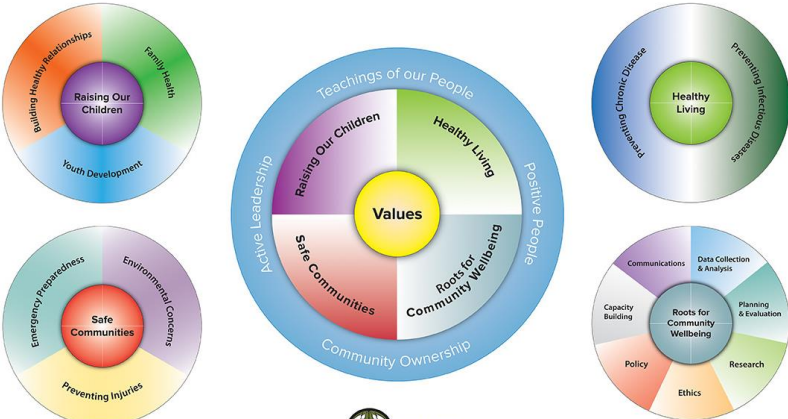


- This area has not been developed yet and we are submitting a proposal to begin planning work around environmental health
- Working on a pilot project on a heat solution for pest control (i.e. bedbugs and cockroaches)

Safe Communities

Regional Wellness & Response Program

Approaches to Community Wellbeing



For more information contact the Approaches to Community Wellbeing Team at 1-800-942-0681

February 2015

- Works alongside other ACW programs to ensure wholistic programming
- Supports communities in their responses to addictions
- Provides health promotion and training around mental wellbeing and addictions
- Provides a week-long Orientation to Healing program



Regional Wellness Response Program

- Currently the position has no legislative authority, but supports ACW by:
 - Providing clinical direction and overseeing data management
 - Building linkages to provincial system and providing expertise on provincial standards
 - Facilitating and building relationships with Indigenous organizations and communities to foster understanding of Indigenous approaches and knowledge
 - Navigating legislation and authority issues
 - Bringing stakeholders together to develop collaborative regional approaches
- Funding is cost shared between FNIHB and MOHLTC, and the position is hired by TBDHU and seconded to SLFNHA

Public Health Physician

- Bridging western and Indigenous perspectives/understanding of “public health”
 - Had to explain western public health parameters to communities, difficult to delineate from other areas of health when viewing things wholistically
 - Difficult to then explain our Indigenous model to western public health practitioners
- One size does not fit all
 - Communities are very diverse, and that diversity must be respected, which means approaches are different between different communities

Challenges

- Geography
 - Remote locations and many communities makes it challenging to reach all of them equally
- Sustainability
 - Short-term funding agreements make sustainability challenging
 - Funding is result-driven, and transforming public health takes time



Challenges

- **Jurisdictional**
 - Jurisdictional issues between Ontario and the federal government over health services on and off reserve result in:
 - Lack of standards
 - No health surveillance or health status reports (until SLFNHA published one in 2018)
 - Lack of coordinated response to infectious diseases
 - Boil water advisories
 - The accountability to communities is not there, which has resulted in a lack of dedicated resources for public health
 - Developed a memorandum of understanding between federal government, provincial government, and SLFNHA to show commitment to ACW

Challenges

- **Legislation and Authority**
 - Lack of federal legislation governing public health
 - Unclear how provincial legislation applies to communities
 - Legislative responsibilities may not align with community needs
 - SLFNHA receives its mandate and authority from the Chiefs in Assembly for public health through resolutions
 - While this is respected by our partners, SLFNHA is not recognized to have the authority for public health within existing legislation
 - In the absence of legislative change, SLFNHA is reliant on relationships with health units to be able to implement important aspects of Approaches to Community Wellbeing or to negotiate with provincial data holders

Challenges

- Continuing to design and implement programs for Preventing Chronic Diseases and Safe Communities
- Looking into legislative options for formal recognition
- Model for consideration in the NAN Health Transformation process

Moving Forward



Other SLFNHA Services

- SLFNHA oversees a range of health services:
 - Physician services / Northern Clinic
 - Indigenous Interprofessional Primary Care Team (allied health)
 - Nodin CFI (mental health counselling)
 - Developmental Disability Services

Other Health Services

- Nodin CFI services:
 - Brief outpatient mental health counselling
 - In-school counsellor at local First Nations High School
 - Community-based counselling
 - On-call workers
 - Traditional Healing
 - Art Therapy
 - Clinical Psychology
 - Crisis response

Mental Health Services

- SLFNHA manages physician services for most communities:
 - Physician services for Sioux Lookout and First Nations communities are provided through Sioux Lookout Regional Physician Services Inc (SLRPSI).
 - Through a management agreement, SLFNHA provides management and administration of physician services for Northern First Nations (scheduling, billing, EMR support, recruitment, Medical Director).
 - Physicians provide service in community for a minimum of 1 week per month, depending on the community size, and are available for phone consults from community nurses 24/7.
 - SLFNHA runs the Northern Appointment Clinic in Sioux Lookout for northern First Nations clients who are temporarily in Sioux Lookout.

Physician Services/Northern Clinic

- The Primary Care Team provides:
 - nurse practitioner,
 - physiotherapy,
 - kinesiology,
 - occupational therapy,
 - dietary/nutritional consultation,
 - social work,
 - speech language services,
 - pharmacy consultation,
 - case management, and
 - psychiatry services.
- Traditional healing and interpreter services will begin as those roles are filled.
- The team also works with communities to provide in-community programs such as elder exercise programs, community gardens, and in-school healthy eating programs.

Primary Care Team

- **Complex Care Case Coordination**
 - Intensive case management and coordination for complex special needs children and youth up to the age of 18 years. Provides:
 - Case management support,
 - Access to community rehabilitative assessments,
 - Follow up care plans,
 - Training, and
 - Community-based worker supports.
- **MMW (Mashkikiwininiwag Mazinaatesijigan Wichiiwewin) /Transitions Program**
 - For adults 18 years of age and older living with developmental disabilities.
 - Provides support to clients and their families.
 - Provides assessment for eligibility to services, diagnosis, and help with medication.
 - Enables adults with developmental disabilities to continue to live in their homes in the community.

Developmental Disability Services

- SLFNHA also provides a range of client services to support our health services:
 - Hostel
 - Accommodations for clients who come to Sioux Lookout for health services
 - Two buildings – 220 beds total
 - Discharge and Benefits
 - Assistance with discharge travel arrangements, meal vouchers, additional appointments and cancellations
 - After-hours service available at toll-free line
 - Research and Special Projects
 - Anishinaabe Bimaadiziwin Research Program in partnership with Sioux Lookout Meno Ya Win Health Centre
 - Community Health Worker Diabetes Project in partnership with Dignitas International
 - Indigenous Youth Futures Partnership with Carleton University

Client Services and Other Projects

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Thank You! Miigwetch!