OFIFC

Ontario Federation of
Indigenous Friendship Centres

SUBMISSION TO THE PREMIER'S COUNCIL ON IMPROVING HEALTHCARE AND ENDING HALLWAY MEDICINE:

SECOND REPORT – A HEALTHY ONTARIO: BUILDING A SUSTAINABLE HEALTH CARE SYSTEM

AUGUST 2019

INTRODUCTION

The Ontario health care system is experiencing many challenges arising from the disaggregate way health care services are planned, managed, and delivered. Because of the many different structures and stakeholders, there has been no alignment or integration of health service systems in communities. Indigenous people face unique challenges in accessing health care and are often left vulnerable, alone, and neglected because they are unable to obtain services they need. We are collectively presented with an opportunity to repair and replace elements in the health care system that are broken, to improve its performance for all Ontarians, including urban Indigenous people.

The Ontario Federation of Indigenous Friendship Centres (OFIFC) submits this response to the 2nd Report, *A Healthy Ontario: Building a Sustainable Health Care System*, by the Premier's Council on Improving Healthcare and Ending Hallway Medicine.

Within this submission, the OFIFC coalesces the perspectives of the Friendship Centres and responds with opportunities to advance the Premier's Council's strategic priorities and actions for the urban Indigenous population. Friendship Centres strengthen the performance of the Ontario health care system by improving urban Indigenous patient experiences through support for families and caregivers, addressing different health care needs, and relieving pressure on the health care system. Urban Indigenous communities and organizations must be engaged as partners in Indigenous health, healthcare, and the health care system through transparent accountable mechanisms as we provide critical perspectives on how best to leverage this new opportunity to have an impact on Indigenous health status in the province of Ontario.

URBAN INDIGENOUS PEOPLE AND FRIENDSHIP CENTRES IN ONTARIO

The OFIFC is pleased by the inclusion of this statement in *The People's Health Care Act, 2019*: "The people of Ontario and their government […] recognize the role of Indigenous peoples in the planning, design, delivery and evaluation of health services in their communities." We interpret the statement as a commitment to an ongoing partnership between the Ontario government and Indigenous organizations to create a cost-effective, high-quality health care system resulting in better health care for our communities.

Recognition of the role of Indigenous people in the health care system requires explicit acknowledgement, inclusion and collaboration with urban Indigenous communities and organizations. According to 2016 Census, in Ontario, over 85% of Indigenous people live off-reserve in urban and rural areas.[1] To have the broadest and most effective

[1] Statistics Canada. (2018). 2016 Census Data.

impact on Indigenous health status, the province must look to supporting urban Indigenous organizations and communities that have been working to improve Indigenous health and the social determinants of health for decades. The Ontario Friendship Centre Movement is the largest urban Indigenous service network in the province supporting this vibrant, diverse, and quickly-growing population through health social and cultural programs and initiatives.

As the Premier's Council moves ahead with public engagements on its ten strategic policy recommendations and long-term plans for implementation, it will important to remember the responsibilities and opportunities of the Ontario Friendship Centre Movement with respect to the health and wellbeing of the urban Indigenous population. With over 55% of the total Indigenous population living in a city or a town with a Friendship Centre,[2] Friendship Centres, as community-based urban Indigenous service providers, are well positioned to support the "quadruple aim" of the Premier's Council, to: enhance patient experience, improve population health, reduce costs, and improve work life of health care providers.

Friendship Centres support the health care system by:

- Delivering health promotion and disease preventative programs that reduce risks of chronic diseases thusly improving quality of life and prevent long-term and lifetime medical costs.
- Supporting Indigenous people to navigate the health care system to receive appropriate and timely care. This function improves Indigenous people's patient experience and reduces the usage of emergency departments for care, as well as reduce costs by attending to issue before they become aggravated.
- Delivering home and community care programs that support Indigenous people to stay in their homes and communities longer, rather than moving into long-term care or hospital care.
- Developing partnerships and networks between service providers to build coalitions, exchange resources, collaborate and avoid service duplication, which increases seamless service experience and reduces costs.
- Delivering mental health and addictions programs that support healing and recovery and divert Indigenous people away from negative outcomes.
- Supporting health care providers and their staff to deliver Indigenous culturally competent and safe services through trainings, information sharing, partnership, and co-development of policies and programs.
- Reducing capacity pressures of the health system by providing wrap-around, culturally-grounded, and community-based health and social services that improve Indigenous people's health outcomes.
- Addressing social determinants of health, such as employment, housing, education, transportation, food security and culture, which impact short- and long-term health outcomes of urban Indigenous people.

[2] Statistics Canada. (2018). 2016 Census Data.

Research shows that an increase in social spending benefits population-level outcomes, such as decreases in avoidable mortality and increases in life expectancy.[3] Applying this to a Friendship Centres context, delivering services within a cultural framework specific to the individual can be up to four-times more effective than delivering the same services outside of their cultural identity.[4,5,6] When delivering programs and services, Friendship Centres operationalize culture-based frameworks to appropriately address the needs of each unique community, family, and individual and produce better outcomes per investment. This sets us apart from mainstream providers and makes investment in enhancing the health capacities of Friendship Centres the sensible choice.

OFIFC POSITION ON INDIGENOUS ENGAGEMENT

> **Urban Indigenous communities and organizations must be engaged as partners in Indigenous health, healthcare, and the health care system through transparent accountable mechanisms.**

Within the current large-scale changes to the Ontario health care system, urban Indigenous people, service providers and organizations must have a clearly articulated role outlining their active involvement in the planning, design, delivery and evaluation of health services and systems in their communities at all levels – Ministry of Health and Ministry of Long-Term Care, Ontario Health, and Ontario Health Teams. Through decades of experience, we can say conclusively that building productive relationships with Indigenous partners is foundational to addressing Indigenous health. To achieve goals of improving Indigenous health and increasing access to quality, cost-efficient health services, sustainable engagement structures are essential and must be developed in collaboration with Indigenous organizations and communities transparently. Direct accountability to Indigenous partners provides the opportunity to improve the health system based on community priorities.

For an example of positive, productive engagement of Indigenous communities, organizations and leadership in the Ontario health care system, the OFIFC recommends the Ontario government examine the model set by Cancer Care Ontario (CCO). CCO prioritized the development of relationships with Indigenous partners, based on trust, respect and accountability, as a necessity to developing and achieving strategic health goals. COO understood that relationship development had to occur on

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[3] Dutton, Daniel J., Forest, Pierre-Gerlier, Kneebone, Ronald D., & Zwicker, Jennifer D. (2018). “Effect of provincial spending on social services and health care on health outcomes in Canada: an observational longitudinal study”. CMAJ Jan 2018, 190 (3) E66-E71; DOI: 10.1503/cmaj. 170132

[4] Griner, D., and Smith, T. B. (2006). Culturally adapted mental health interventions: A meta-analytic review. *Psychotherapy: Theory, Research, Practice, Training, 43(4)*, 531-548.

[5] Benish, S. G., Quintana, S., and Wampold, B. E. (2011). Culturally adapted psychotherapy and the legitimacy of myth: A direct-comparison meta-analysis. *Journal of Counseling Psychology, 58(3)*, 279-289.

[6] Hall, G. C., Ibaraki, A. Y., Huang, E. R., Marti, C. N., and Stice, E. (2016). A meta-analysis of cultural adaptations of psychological interventions. *Behavior Therapy, 47*, 993-1014. P. 995.

multiple levels - provincially, regionally and locally – to counterbalance a top down approach to policy development and program delivery. With Indigenous partners, CCO developed accountability structures and processes, such as advisory committees, annual reporting, and relationship protocols, that supported Indigenous feedback and direction on critical objectives and issues. CCO respected and supported the role both health care system and Indigenous partners play in Indigenous health, which collectively allowed for great achievement in reducing the burden of cancer on Indigenous people.

We highlight the CCO example as an important lesson that should be considered as Ontario is establishing Ontario Health and Ontario Health Teams. The processes of establishing Ontario Health and Ontario Health Teams have not been as transparent as necessary to establish some confidence on the part of Indigenous communities and organizations. The OFIFC believes this runs counter to the preamble of *The People's Health Care Act, 2019*, which states that the people of Ontario and their government "recognize the role of Indigenous peoples in the planning, design, delivery and evaluation of health services in their communities." As we are at the beginning of charting out this new system, the Premier's Council should seize the opportunity to ensure Ontario Health and Ontario Health Teams work with Indigenous communities and organizations to build relationships and establish transparent and accountable mechanisms based on respectful partnerships, if they are to not repeat the meaningless, ineffectual engagement of the Local Health Integration Networks.

RESPONSE TO PREMIER'S COUNCIL RECOMMENDATIONS

The Premier's Council identified 10 key recommendations to end hallway health care and improve the design and delivery of Ontario's health care system. We put forward our responses and action items as modeled on the Premier's Council report.

1. **Put patients at the centre of their health care. Patients should be well-supported and treated with dignity and respect throughout all interactions with the health care system.**

Speaking to urban Indigenous patient experiences, it is important to address the role that racism and discrimination plays in the health of urban Indigenous people and their access to health care. Indigenous people, living in cities, towns and rural areas across Ontario, are experiencing systemic and interpersonal racism based on their Indigeneity at the individual, family and community level. Urban Indigenous individuals experience racism at every point of interaction with the health care system, from front-line providers to health administrators. This creates fear, anger and mistrust of the health care system, preventing Indigenous people from seeking out health care for acute or chronic issues, resulting in worse health outcomes and higher costs.

Action Items
The government should:

- Ensure health care providers receive meaningful Indigenous cultural competency training to better support, communicate and deliver services to Indigenous patients and families with clarity and compassion.
- Work with urban Indigenous organizations to address barriers to health care as experienced by urban Indigenous patients, families, caregivers, and providers about the range of health services available at every age and stage of life.
- Measure patient experiences and patient engagement, including Indigenous patients, along each stage of a health care journey by collecting and using standardized and digitally-enabled patient reported experience measures (PREMs).
    - This should be done in partnership with urban Indigenous organizations and Indigenous patients to optimize meaningfulness and appropriateness.

2. Improve patients' and providers' ability to navigate the health care system, simplify the process of accessing and providing care in the community, and improve digital access to personal health information.

Urban Indigenous patients have difficulties navigating the health care system, due to long wait-times, inconvenient service hours, interjurisdictional barriers, unknown pathways to specialized care, racism, fear, or language barriers. Language translation services for Indigenous people who primarily speak their Indigenous language are inconsistently available across the province. Indigenous people are often placed in situations where they must navigate difficult pathways to health, mental health, healing and traditional health services.

Action Items
The government should:

- Co-develop and implement programs with Indigenous organizations that help Indigenous patients navigate the health care system.
- Work with primary care and health care providers to ensure that they have information sharing, referral tools and relationship protocols to link with the urban Indigenous service providers, enabling seamless transitions for patients.
- Equitably compensate Indigenous translators in health care provider settings.

3. Support Indigenous patients and urban Indigenous providers at every step of the health care journey by ensuring effective primary care is the foundation of an integrated health care system.

The lack of accessible or available primary care has a negative impact on urban Indigenous people, especially those requiring specialized medical and home care. Within urban Indigenous communities, there are not enough culturally safe, local and available primary care options. In northern locations, many Indigenous people are forced to seek primary care in larger urban centres or go without treatment if they are unable to travel. Accordingly, urban Indigenous people use the hospital emergency

departments as their primary care access site in far greater numbers than non-Indigenous Ontarians.[7]

Action Items
The government should:

- Work with urban Indigenous organizations and communities to address the barriers to primary health care for Indigenous patients, including supporting the expansion of culturally-appropriate primary care sites and providers within urban Indigenous communities.
    - This should include exploring the development and sustainable delivery of primary health care in Ontario Friendship Centres and Aboriginal Health Access Centres.
- Work with urban Indigenous organizations and communities to improve patient access to services by extending or modifying service hours and/or delivery models to better match Indigenous population needs.
- Facilitate connections between primary care and community mental health and addictions supports and services with urban Indigenous service providers.

4. Improve options for health care delivery, including increasing the availability and use of a variety of virtual care options.

Friendship Centres have had successes with providing or supporting virtual health care and traditional health to Indigenous people, as a means to address barriers to health care services. Acting as a hub, Friendship Centres are able to use technology to connect Indigenous people to information and services they need.

Action Items:
The government should:

- Work with urban Indigenous service providers to increase access to virtual visits for Indigenous patients who want them, while also protecting patient choice.

5. Modernize the home care sector and provide better alternatives in the community for Indigenous patients who require a flexible mix of health care and other supports.

The urban Indigenous population of all ages require equitable access to a variety home and community care services. The home care service providers are not able to provide culturally-appropriate, community-driven care, which is the most effective way to address the home care and health needs of Indigenous seniors. Nor does the home care sector recognize the important role that urban Indigenous service organizations play in health promotion, prevention, management and care for the urban Indigenous population. Yet the home care sector depends on our organizations to provide ongoing support and care to Indigenous patients with home and community care with no additional funding or resources.

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[7] Smylie, Janet, Prince, Conrad, & Mayo, Sara. (2011) *Our Health Counts: Urban Aboriginal Health Database Research Project*. Toronto: St. Michael's Hospital. p. 12

Action items:
The government should:

- Modernize home care legislation to recognize and support the role of urban Indigenous service providers as deliverers of quality home and community care services.
- Develop accountability processes, which include performance indicators, provincial standards of care, assessments of program effectiveness, and financial expenditures with annual reports, with urban Indigenous communities and organizations.
- Support and respect an Indigenous person's choice of services regarding their home and community care and health needs, especially as it incorporates Indigenous traditional healers, health and healing practices.
- Increase the number of Indigenous home and community care service providers, including the recruitment of Indigenous language-speakers.
- Provide home and community care training opportunities to urban Indigenous organizations and caregivers.

6. Data should be strategically designed, open and transparent, and actively used throughout the health care system to drive greater accountability and to improve health outcomes.

Data is necessary to the evaluation of the relevancy, effectiveness, efficiency, impact and sustainability of the health care system. More information and data on the urban Indigenous population, including health outcomes, is needed to fully understand depth of Indigenous health issues and to make evidence-based decisions. Knowing that Indigenous people experience some of the lowest rates of wellbeing across many different health, social and economic determinants, it stands to reason that Indigenous-specific data must be collected by the Ontario government and shared publicly according to the 'Open by Default' principles.

Action Items
The government and Ontario Health should:

- Introduce legislation that keeps Indigenous patient information secure while also producing needed and necessary indicators of Indigenous health status.
- Develop a data use strategy, with urban Indigenous partners, to support the development of health sector evaluations and evidence-informed policy.
- Develop and implement an urban Indigenous performance measurement framework with indicators with urban Indigenous partners to evaluate and measure the health care system.
- Examine data it collects from urban Indigenous service providers to determine its relevancy in improving care and ensure indicators are used to manage the system.

7. **Ensure Ontarians receive coordinated support by strengthening partnerships between health and social services, which are known to impact determinants of health.**

Friendship Centres, as community-based urban Indigenous service providers, are well positioned to support the "quadruple aim" of the Premier's Council on Improving Healthcare and Ending Hallway medicine, to: enhance patient experience, improve population health, reduce costs, and improve work life of health care providers. The Friendship Centre model of integrated service delivery is flexible and responsive to community needs while building capacity for self-determination at an individual and community level. This unique model has proven effective in narrowing the socio-economic gap between Indigenous and non-Indigenous people.

Action Items:
The government should:

- Engage, support and work with urban Indigenous service providers providing health and social services to identify and align with shared objectives across government ministries and programs at the system level and at the point of service delivery.
    - Work with urban Indigenous organizations to conduct a cross-ministry review of services, policies, legislation and regulation with implications for Indigenous patients.
    - Identify opportunities to address and implement wholistic approaches that address multiple priorities, such as Urban Indigenous Homeward Bound.

8. **As the health care system transforms, design financial incentives to promote improved health outcomes for patients, population health for communities and increased value for taxpayers.**

Friendship Centres, as community based urban Indigenous service providers, are reducing expensive health service utilization, containing costs, improving health outcomes, and addressing the social determinants of health. They must be included in this opportunity as key stakeholders in improving urban Indigenous population health.

Action Items:
The government should:

- Review current funding models and system objectives with urban Indigenous service providers to ensure appropriate alignment between community goals and incentives.
    - This should include a review of restrictive funding models that exclude urban Indigenous service providers from participating and supporting the health care system.

9. **Address short- and long-term capacity pressures including wait times for specialist and community care by maximizing existing assets and skills and**

making strategic new investments. Build the appropriate health care system for the future.

Action Items:
The government should:

- Support urban Indigenous service providers to address areas of retention, distribution, compensation and training.
- Engage urban Indigenous organizations in the development of long-term capacity plans to address the capacity and sustainability of the health care system through training and employment.

10. Champion collaborative and interprofessional leadership development focused on system modernization capabilities.

Action Items:
The government should:

- Health sector leaders should champion the widespread incorporation of Indigenous cultural competency principles and policies into every aspect of the health sector.

NEXT STEPS

Urban Indigenous people are a growing and dynamic population with unique needs. Innovative and responsive approaches to health care are necessary to improve their health outcomes. It is vital to fully include urban Indigenous partners at every stage of shared work in addressing the health needs and priorities of urban Indigenous people. This is achieved through reliable, culturally-based program and service delivery, by repairing and building upon existing relationships and history, and through the ability to communicate effectively on collaborative efforts and results. All engagement or points of contact with urban Indigenous organizations and service providers must recognize the importance of building healthy, functioning relationships, consider the capacities of our membership, and work to develop processes that strengthen urban Indigenous communities across Ontario.

The OFIFC wishes to reiterate the importance of improving the current health system for the sake of urban Indigenous patients. *The People's Health Care Act* continues to build upon a partnership between Indigenous people and the Ontario health care system. The OFIFC's recommendations further our collective successes by putting into place concrete, effective mechanisms for Indigenous engagement and improving service delivery. The OFIFC looks forward to the next steps of engagement by the Premier's Council to enable better care for all Ontarians.