OFIFC

Ontario Federation of
Indigenous Friendship Centres

SUBMISSION TO THE STANDING COMMITTEE ON SOCIAL POLICY:

BILL 74,

THE PEOPLE'S HEALTH CARE ACT, 2019

ABOUT THE ONTARIO FEDERATION OF INDIGENOUS FRIENDSHIP CENTRES

Founded in 1971, the Ontario Federation of Indigenous Friendship Centres (OFIFC) works to support, advocate for, and build the capacity of member Friendship Centres across Ontario.

Emerging from a nation-wide, grass-roots movement dating back to the 50's, Friendship Centres are community hubs where Indigenous people living in towns, cities, and urban centres can access culturally-based and culturally-appropriate programs and services every day. Today, Friendship Centres are dynamic hubs of economic and social convergence that create space for Indigenous communities to thrive. Friendship Centres are idea incubators for young Indigenous people attaining their education and employment goals, they are sites of cultural resurgence for Indigenous families who want to raise their children to be proud of who they are, and they are safe havens for Indigenous community members requiring supports.

In Ontario more than 85 per cent of Indigenous people live off-reserve, in urban and rural communities. The OFIFC is the largest urban Indigenous service network in the province supporting this vibrant, diverse, and quickly-growing population through programs and initiatives that span justice, health, family support, long-term care, healing and wellness, employment and training, education, research, and more.

Friendship Centres receive their mandate from their communities, and they are inclusive of all Indigenous people – First Nation, Status/Non-Status, Métis, Inuit, and those who self-identify as Indigenous.

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 is no aligned or integrated system of health services 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.

The Ontario Federation of Indigenous Friendship Centres (OFIFC) submits this brief to the Standing Committee on Social Policy in connection with its study of Bill 74, *An Act concerning the provision of health care, continuing Ontario Health and making consequential and related amendments and repeals*, commonly known at *The People's Health Care Act, 2019* ("Bill 74").

The OFIFC agrees that centralizing the planning and coordination of health services may be beneficial to strengthen directives and system alignment and service coordination for the Indigenous population. But urban Indigenous people, service providers and organisations need to 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 Long-Term Care (MOHLTC), Ontario Health, and Ontario Health Teams. To learn from past mistakes, it is imperative that urban Indigenous people, service providers and organisations, including Friendship Centres and the OFIFC, be engaged and consulted as partners directing the process.

RECOMMENDATIONS

1. The creation of an accountable decision-making mechanism at the provincial level directly informing the participation of provincial urban Indigenous service providers, such as the Ontario Federation of Indigenous Friendship Centres.
2. Formal recognition of urban Indigenous communities and service providers within Bill 74, *The Peoples Health Care Act*, 2019.
3. A broadened scope of engagement mechanisms for urban Indigenous communities and service providers in the legislation.
4. The entrenchment of a statutory and regulatory framework on Indigenous Health Planning Entities to ensure the provision of health services in urban Indigenous community settings.
5. Strong accountability from Ontario Health and Ontario Health Teams to mandate partnerships with community and social service providers, such as Friendship Centres, to end hallway medicine and improve health outcomes, including ensuring the provision of culturally-safe health services for Indigenous people, in urban Indigenous community settings.

OVERVIEW OF RECOMMENDATIONS

1. **The creation of an accountable decision-making mechanism at the provincial level directly informing the participation of provincial urban Indigenous service providers, such as the Ontario Federation of Indigenous Friendship Centres.**

While the OFIFC is supportive of the principle behind subsection 8.1 (1.1) of *The People's Health Care Act* – the provision on an Indigenous health council to advise the MOHLTC – the OFIFC recommends the legislation be amended to create an accountable decision-making mechanism at the provincial level directly informing the participation of provincial urban Indigenous organisations. Urban Indigenous people form self-determining communities across Ontario and through urban Indigenous service providers, such as Friendship Centres, are exercising their authority to address community health issues and deliver culture-based services. Friendship Centres are already key partners supporting an effective and efficient health care system to deliver local and regional services to urban Indigenous people, and the OFIFC is the provincial representative of Friendship Centres. This mechanism would then empower provincial urban Indigenous organisations, such as the OFIFC, to support a centralized approach to planning and coordination of health services, an approach that will be reliant on strong partnerships and communication between the MOHLTC and urban Indigenous organisations.

For example, Bill 74 gives Ontario Health the power to merge, transfer, and close health-care services and gives the MOHLTC the power to issue directives to Ontario Health, Ontario Health Teams, and health service providers. If these actions impact services currently being delivered to the Indigenous population, provincial urban Indigenous organisations must be included on these decisions with equal influence to ensure no service disruption or service elimination is experienced by urban Indigenous people.

The OFIFC and MOHLTC have had notable successes with the Urban Indigenous Health Table (UIHT), but its range of success is limited in its role as an advisory table. Enhancing this Table to include decision-making authority for urban Indigenous members will result in better collaboration, cooperation, integration and a reduction in costs for health services delivered in urban Indigenous communities. By supporting a greater role for Indigenous involvement in health policy and service delivery decision-making, urban Indigenous organisations will be engaged and invested in the MOHLTC's strategies and policies and can guide its implementation to achieve greater success rates. This enhanced mechanism will ensure an approach to policy development and service delivery decisions that are respectful of Indigenous histories, teachings, and cultural understandings of health. Most importantly, it will better support urban Indigenous service providers to increase the scope of front-line, community-driven and culture-based health services for urban Indigenous people.

The OFIFC recommends the following amendment to Bill 74:

> The Minister shall establish the following councils:
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> 1. An urban Indigenous health council with decision making authority over issues impacting their communities to work, collaborate and cooperate with the Minister on health, services, and evaluations.

Entrenching an urban Indigenous council at the MOHLTC displays a commitment to partnership with urban Indigenous people and organisations based on trust, accountability, and cooperation. Through this provision, we believe MOHLTC initiatives will undoubtedly improve the quality of health experienced by urban Indigenous people accessing Indigenous and mainstream health care in Ontario.

2. Formal recognition of urban Indigenous communities and service providers within Bill 74, *The Peoples Health Care Act*, 2019.

In Bill 74's preamble, the OFIFC is pleased by the inclusion of this statement: "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 our ongoing partnership to create the most cost-effective and structured health care system possible for all Ontarians, including urban Indigenous people. As such, there should be formal recognition and understanding that Indigenous communities in Ontario include urban Indigenous communities and urban Indigenous service providers.

With the majority of the Indigenous population in Ontario living in urban spaces, to be inclusive of Indigenous people, health initiatives must explicitly acknowledge and incorporate urban Indigenous communities. In Ontario, over 85% of Indigenous people live off-reserve and over 55% of the total Indigenous population lives in a city or a town with a Friendship Centre.[1] An approach narrowly focused on "First Nation, Inuit and Métis people" renders invisible the existence of the majority of the Ontario Indigenous population as well as their distinct and established urban Indigenous communities, including long-standing urban Indigenous service providers that support communities. The *Misquadis*[2] precedent, which proclaims urban Indigenous communities to be political communities, must be respected and upheld in order to fulfil constitutional responsibilities to all Indigenous communities in Canada, regardless of legal definition.

It is the responsibility of the Ontario government, MOHLTC, Ontario Health and Ontario Health Teams to actively include urban Indigenous people, communities, service providers and provincial organisations in all activities, initiatives, strategies, and mechanisms that impact Indigenous health in Ontario. To fail to do so would mean not

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

[2] *Ardoch Algonquin First Nation v. Canada (Attorney General)* [2004] 2 FC 108, 2003 FCA 473

only driving inefficiencies and costly end goals, but would also be misaligned with legal responsibilities to Indigenous people living in Ontario.

3. **A broadened scope of engagement mechanisms for urban Indigenous communities and service providers in the legislation.**

To achieve the goals of the Bill 74 – to continuously improve patient experience, constantly promote better value, ensure best outcomes for every dollar spent, and improve the overall physical health, mental health and well-being of Ontarians – the scope of advice and the role provided by Indigenous engagement mechanisms must be broadened to include health systems, not limited to 'health services'. Indigenous people, service providers and provincial organisations interact with the Ontario health care system on multiple levels - such as receivers of front-line services, participants on regional networks and committees, health service providers, and partners on regional and provincial policy and program design. Considering these multiple and intersecting areas of interaction, Indigenous people can provide expert perspective and advice to build upon successes and eradicate inefficiencies within the health care system.

The People's Health Care Act specifies the requirement for the engagement of Indigenous people on health services in the preamble, and in subsection 44 (2.a) on Indigenous health planning entities. To clarify and strengthen the benefits of engagement to the MOHLTC and Ontario Health, the OFIFC recommends that the sections be phrased in the following ways:

> Preamble Amendment:
> Recognize the role of Indigenous peoples and organisations in the planning, design, delivery and evaluation of health services and systems in their communities.
>
> Subsection 44 (2.a) Amendment:
> Engage the prescribed Indigenous health planning entities in a manner that supports the role of Indigenous peoples and organisations in the planning, design, delivery and evaluation of health services and health systems in their communities.

These provisions would help to clarify the obligations and engagement purposes of the MOHLTC, Ontario Health, and Ontario Health Teams to Indigenous people, communities and organisations in developing health priorities.

4. **The entrenchment of a statutory and regulatory framework on Indigenous Health Planning Entities to ensure the provision of health services in urban Indigenous community settings.**

In moving forward with health transformations contained in Bill 74, it is critical that the mistakes of the *Local Health System Integration Act* (LHSIA) are not replicated. Therefore, Indigenous health planning entities must be established with clearly articulated regulations developed in collaboration with Ontario Indigenous groups and organisations.

When *LHSIA* was enacted in 2006, it called for the establishment of Indigenous health planning entities and French language health planning entities. At the time, six French language health planning entities (FLHPE) were established with regulations.[3] The regulations outlined the entities' role in advising the local health integration networks (LHIN), including engagement, priorities and needs, health service providers, planning and integration, and accessibility and quality improvement. The FLHPE were incorporated, demonstrated a relationship to the Francophone community in the area, and had an awareness of planning and delivery of health services. Conversely, the Indigenous health planning entities were never established. And in their place, LHINs established LHIN-based Indigenous health advisory committees. These committees were terrible mechanisms to address Indigenous health issues and priorities because they: were chronically underfunded; dictated by the LHIN; marginalized Indigenous issues from LHIN decision-making processes; conducted inconsistent engagement with Indigenous groups; and constituted voluntary and uncompensated membership.

Bill 74 presents an opportunity to learn from the mistakes of the *LHSIA* regarding Indigenous health planning. The establishment of the Indigenous health planning entities and their regulations should occur in active partnership and consultation with Indigenous people, communities, and organisations to reach consensus on their processes, scope, range, responsibilities, and roles in its engagement with both Ontario Health and Ontario Health Teams. Friendship Centres must be included as equal and active members or partners of the Indigenous health planning entities because they are significant urban Indigenous service providers supporting Indigenous health outcomes.

When the full slate of 30-50 Ontario Health Teams are instituted, it will be important for the Teams to engage early and consistently with the Indigenous health planning entities to understand the landscape and community priorities of Indigenous people. The entities should act as a link between on-the-ground service delivery of the Ontario Health Teams and overarching coordination and management of Ontario Health. Performing this role with multiple Ontario Health Teams over varying geographies will be unfeasible for many Indigenous organisations and communities.

It is the expectation of the OFIFC that the Indigenous health planning entities will:

- Engage local Indigenous communities on the identification of health needs and priorities.
- Identify, develop, and support strategies to improve access to and accessibility and integration of, health services for Indigenous people.
- Support the building and maintenance of relationships between local Indigenous communities and organisations and health service providers, Ontario Health Teams, and Ontario Health.
- Collaborate with Ontario Health Teams and Ontario Health on Indigenous traditional health and its harmonization with biomedical care to facilitate culturally-safe patient-, family-, and community-centred care.

[3] Regulation 515/09, s 3(1).

- Advocate on behalf of Indigenous patients and families to increase access to health and community services.
- Support Indigenous people to navigate the Ontario health system to receive consistent, coordinated care and ensure they feel safe and comfortable in clinical settings.
- Promote awareness and consultation between patients, families, communities, and health service providers on new and ongoing programs, strategies, and evaluations.
- Support ongoing Indigenous cultural competency training and developments to all health system staff.

Bill 74 provides a new opportunity to fix the shortcomings of previous legislation by committing to clearly articulated regulations that will enable sustainable urban Indigenous participation on Indigenous health planning entities and support Indigenous people in improving their health outcomes and their access to health services.

5. **Strong accountability from Ontario Health and Ontario Health Teams to mandate partnerships with community and social service providers, such as Friendship Centres, to end hallway medicine and improve health outcomes, including ensuring the provision of culturally-safe health services for Indigenous people, in urban Indigenous community settings.**

The People's Health Care Act should define in its legislation an imperative for Ontario Health and Ontario Health Teams to connect with community-based service providers in order to improve healthcare and end hallway medicine. 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.

Friendship Centres support the health care system by:

- Delivering health promotion and preventative programs that reduce risks of chronic diseases and prevent long-term and lifetime medical costs to address the chronic diseases.
- 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.
- 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, partner and avoid service duplication, which reduce 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.

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.[4] Research is showing that delivering health services within a cultural framework specific to the individual can be up to four-times more effective than delivering the same health services outside of their cultural identity.[5,6,7] When delivering programs and services, Friendship Centres operationalize culture-based frameworks to appropriately address the needs of each unique community, family, and individual. This sets us apart from mainstream providers.

<u>The OFIFC recommends the following amendment to Bill 74:</u>

Ontario Health will engage with urban Indigenous community-based service providers providing health and social services:

1. To promote health equity, including equitable health outcomes, to reduce or eliminate health disparities and inequities, to recognize the impact of social determinants of health, and to respect the diversity of urban Indigenous communities in the planning, design, delivery and evaluation of services;
2. To participate in the development of health promotion strategies in cooperation with primary health care services, public health services and community-based services to support population health improvement and outcomes;
3. To provide health and related social services and supplies and equipment for the care of persons in home, community and other settings and to provide goods and services to assist caregivers in the provision of care for such persons;
4. To provide information to the public about, and make referrals to, health and social services; and
5. To fund non-health services that are related to health services that are funded by the Minister or an integrated care delivery system.

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[4] 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

[5] 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.

[6] 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.

[7] 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.

Linkages to urban Indigenous service providers must come with accountability measures to ensure health services are safe for Indigenous people to access and partnerships are respected. When the Ontario Health Teams are established, and the integration of community health service providers within these teams takes place, the MOHLTC and Ontario Health will have an opportunity to evaluate their performance regarding Indigenous community partnerships and culturally-safe services. If health service providers do not meet minimum requirements of performance and quality[8], they will not be part of Ontario Health Teams. Further incentivization for health service providers can be built into service accountability agreements with Ontario Health Teams. These measures will help to ensure that no matter the point of contact with the health care system, the Indigenous patient will receive safe, patient-centred care.

Accountability to urban Indigenous people also requires ongoing performance evaluations in a public and transparent process. Health services accessed by Indigenous people under the LHINs were often poorly delivered and siloed away from the Indigenous community. Under the centralization of Ontario Health, reporting mechanisms on Indigenous health data and outcomes to Indigenous communities will be vitally important. Evaluation and reporting will demonstrate the progress of effective integration of health and social services under Ontario Health and Ontario Health Teams.

<u>The OFIFC recommends the following amendment to Bill 74:</u>

> Ontario Health shall include in the annual report data and evaluation relating specifically to Indigenous health issues addressed by Ontario health teams.

The language on provincial standards has been removed from Bill 74 and the OFIFC would recommend its inclusion in the Bill 74 moving forward. Provincial standards are an effective accountability mechanism to set minimum expectations for health programs and services delivered by health service providers and coordinated by Ontario Health Teams. Ontario Health would be held accountable by the MOHLTC for implementing the standards including its protocols and guidelines.

<u>The OFIFC recommends the following amendment to Bill 74:</u>

> The Minister may issue provincial standards for the provision of health services that are provided or arranged by Ontario health, Ontario health teams or health service providers where the Minister considers it to be in the public interest to do so.
>
> Every Ontario health team and health service provider to which a standard under this section is directed shall comply with the standard.

These provisions would support the accountabilities and obligations of the MOHLTC, Ontario Health, and Ontario Health Teams to Ontarians including Indigenous people and communities.

[8] Requirements should be set in partnership with provincial urban Indigenous organisations.

CONCLUSION

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 organisations 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 from *The People's Health Care Act* to enable better care for all Ontarians.