2009 Aboriginal Health Forum Pathways for Collaboration

Summary Report

Valhalla Inn, Thunder Bay
March 4 and 5, 2009

Ontario
Local Health Integration Network

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1.0 Executive Summary

Engagement with Aboriginal people is identified as a priority in the North West Local Health Integration Network's (LHIN) Integrated Health Services Plan (IHSP) 2007-2010. Since the release of this Plan, Aboriginal community engagement has been ongoing to better understand the health status of Aboriginal people, community priorities related to health and the health service challenges they face in accessing services.

In March 2008, the North West LHIN hosted its first Aboriginal Health Forum in Thunder Bay, Ontario. Entitled, *Elements of Change,* the purpose of this Forum was to build relationships, work together and improve/enhance communication. Building on the 2008 Forum, the **2009 Aboriginal Health Forum, *'Pathways to Collaboration',*** was designed to:

- continue to build relationships,
- continue to share information, and
- identify strategies for collaboration and partnership.

The North West LHIN Board Chair and Chief Executive Officer presented information about the LHIN, its development, current initiatives and the identification of opportunities to achieve the North Wet LHIN's vision "healthier people, a stronger health system – our future".

Key note speakers focused on the concept of collaboration and working together while panel presenters provided concrete examples of success stories of collaboration in four key topic areas: Chronic Disease Prevention & Management, Mental Health & Addictions, eHealth, and Senior Services. Workshop discussion groups provided an opportunity for participants to share their perspectives pertaining to these topic areas. In addition, participants were able to share and discuss community engagement protocols as they relate to each Treaty area, urban and Métis populations.

In total, 130 people from 36 communities from across the region attended the Forum. Post Forum evaluations indicated that Elders' participation, keynote speakers, panel presentations, discussion groups, networking opportunities, meals and fitness breaks were highly rated. Overall, participants indicated that the **2009 Aboriginal Health Forum** provided an increased understanding of collaboration. More time for questions and information sharing were identified as areas needing improvement. For future Forums, participants called for more action-oriented sessions to enable on-going learning and sharing information.

2.0 Introduction

In 2004, fourteen (14) Local Health Integration Networks (LHINs) were created across Ontario with the mandate for planning, coordinating, integrating and funding the delivery of health care services. Within its mandate since April 2007, the LHINs are responsible for funding hospitals, Community Care Access Centres, community health centres, mental health and addiction agencies, long term care homes and community support services. The Ministry of Health and Long Term Care (MOHLTC) continues to retain responsibility for other program/services such as: public health, physician services, Family Health Teams, ambulance services, provincial laboratories, provincial networks and provincial programs such as TeleHealth, the Trillium Gift of Life Network and Cancer Care Ontario.

The North West LHIN continues to work together with its health care partners to achieve its' vision of a *Healthier people, a strong health system—our future.* A key priority of the North West LHIN's Integrated Health Services Plan (IHSP) 2007 – 2010 is 'Engagement with Aboriginal People'. To date, Aboriginal engagement in the North West LHIN has consisted of:

- including Aboriginal membership on various LHIN advisory committees,
- meeting with individuals and groups to discuss health issues and provide information about the LHIN,
- hosting "Meet and Greet" sessions at the Ontario Hospital Association's annual Aboriginal Health Conference (2007 and 2008), and
- hosting two Aboriginal Health Forums, (2008 and 2009).

Participants at last year's Forum requested more opportunities to discuss and share information about specific priorities and that future Forums be held to:

- continue to build relationships,
- continue to share information, and
- identify strategies for collaboration and partnership.

Based on input from the 2008 Aboriginal Health Forum, the **2009 Aboriginal Health Forum – *Pathways for Collaboration*,** was designed to:

- build relations by identifying specific protocols for engagement,
- share information by presenting up to date information about the LHIN, and
- identify strategies for collaboration and partnership by: (1) sharing examples of successful collaborative initiatives from a provincial, regional, and local perspectives, and (2) engaging participants in discussing the ideas and information presented by key note speakers and panelists.

Key note speakers presented on the concept of collaboration and working together, drawing from their own personal experiences. Panel presentations pertained to four key topic areas that had been identified through previous engagement with Aboriginal people and confirmed by the 2009 Aboriginal Health Forum Planning Committee. Topic areas included: Chronic Disease Prevention & Management, Mental Health & Addictions, eHealth, and Senior Services. Workshop sessions provided an opportunity for

participants to share their perspectives regarding each topic area as well as to identify community engagement protocols for each Treaty group, urban and Métis populations.

This report provides a description of the events that took place over the two days of the **2009 Aboriginal Health Forum** and summarizes the panel presentations along with the workshop discussion groups. [See Appendix II and Appendix III for details]

3.0 Forum Description

An Aboriginal Health Forum Planning Committee was established in January 2009 with representatives of the Métis Nation of Ontario, the Ontario Native Women's Association, the Sioux Lookout First Nation Health Authority, Dilico Child and Family Services, the North West LHIN Aboriginal Board members and staff. The role of the planning committee was to provide advice regarding the organization of the Forum, identification of keynote speakers, panel topics, presenters, Elder involvement and the focus for the workshop discussion groups.

Aboriginal communities and Aboriginal health service providers were invited to identify two participants to attend the Forum from their respective community or organization. In total, 130 delegates from 36 communities from across the region took part. Elders provided a traditional opening and closing ceremony followed by a drumming group on the morning of the first day. Some of the Elders were available for the duration of the Forum, providing advice and guidance, as needed. The moderator ensured that the agenda was followed and was flexible enough to accommodate changes, as required.

The LHIN's Aboriginal Board members Co-Chaired the event and welcoming remarks were provided by the Co-Chairs and the North West LHIN Board Chair. Key note speakers focused on the concept of collaboration and working together. Each drew from their own personal experiences to address the ways that Aboriginal and non-Aboriginal people have been working together and how they can continue to work together while recognizing the types of challenges that exist.

The North West LHIN's Chief Executive Office and Board Chair's presentation consisted of basic information regarding the region as a whole, the LHIN governance structure, identification of the members on the Board of Directors, the Integrated Health Services Plan and its priorities, the nature of Aboriginal community engagement, current initiatives, accomplishments and an identification of opportunities for building the future for healthier people and a strong health system in the Northwest. This presentation can be located on the LHIN's website at www.lhins.on.ca.

Panel presentations pertained to the four key topic areas: Chronic Disease Prevention and Management, Mental Health and Addictions, eHealth, and Senior Services. Success stories were presented from provincial, regional and local perspectives. Day One of the Forum included three panel presentations pertaining to the topics of Collaboration, Chronic Disease Prevention and Management, and eHealth. Following the panel presentations, the LHIN Chief Executive Officer and Co-Chairs provided a review of the themes presented in preparation for workshop discussions.

To better inform the LHIN and improve ongoing communication, a workshop on community engagement protocols was held on the first day of the Forum. For this workshop, discussion groups were formed according to Treaty groups, urban and Métis populations including Grand Council Treaty #3, Nishnawbe-Aski Nation (Treaty #9), Robinson Superior Treaty area, Urban and Métis. Each table selected a facilitator and detailed notes for each group affiliation are provided in Appendix II. Refreshment breaks included a Tai Chi session facilitated by a Taiji Master and a 'Meet and Greet' reception

was held at the end of Day One to support participant networking opportunities and engagement with LHIN staff.

Day Two of the Forum included two panel presentations pertaining to Senior Services and Mental Health and Addictions. Two discussion workshop sessions on Day Two were held pertaining to the four priority topics. Participants had the opportunity to select two workshops based on their theme of choice. Four specific questions were provided at each session related to each theme area and responses were recorded. The detailed notes for these workshops are provided in Appendix III.

A copy of the Forum Agenda for Day One and Day Two is included as Appendix I. A summary of the panel presentations and subsequent workshops of the **2009 Aboriginal Health Forum** follow in section 4.0 of this report.

4.0 Panel Presentations and Workshops

4.1 Collaboration Panel: Working Together with Health Care Partners

Panelists presented examples of collaborative work in the area of palliative care; mental health and addictions; and, support services in a regional health care centre that includes traditional healing practices.

Key elements identified that contribute to successful collaboration initiatives included: working together in partnership, as a team; having a shared goal; empowering communities; setting political issues aside; taking the time to understand and appreciate each stakeholder's roles and needs; increasing cultural awareness and including traditional knowledge and practices.

Some key lessons learned from this panel on collaboration included: ensure to gain permission and support from the Aboriginal community, "*although it takes extra time and effort, it is worth it*!"; collaboration is based on connections in the community which builds and strengthens relationships; continued collaboration requires increased cultural awareness, cultural sensitivity, cultural competence, developing new working relationships and establishing formal agreements through consultation and planning protocols.

4.1.1 Workshop - Community Engagement Protocols

Following the first panel on collaboration, a workshop was held to build on the relationships with Aboriginal communities that had begun over the previous year, including the 2008 Aboriginal Health Forum. This session provided the opportunity for participants to identify community engagement protocols from their Treaty or group affiliation.

The following questions guided discussion.

1. What information would you like to see shared between Aboriginal communities/organizations, the LHIN and other health care providers?
2. What advice can you provide to the LHIN and other health care providers to ensure collaboration when planning health services?
3. What is working well in terms of engagement in your area (give examples of some success stories).
4. How can the LHIN and your community work together to overcome existing barriers for collaboration (e.g. policies and other barriers)?

Participants identified the following common protocols as being important for any Aboriginal Community Engagement:

- mutual respect,
- cultural sensitivity,
- active Aboriginal involvement,
- use a bottom-up and holistic approach,
- relationship building,
- information exchange, and
- communication.

It should be noted that each Treaty area also identified different protocols and there were also some specific protocols. Detailed notes from each Treaty or group affiliation are included in Appendix II. This information will be brought forward to future engagement opportunities to further refine community engagement protocols for the North West LHIN and the Aboriginal communities in this region.

4.2 Chronic Disease Prevention and Management (CDPM)

Panelists shared examples of collaborative work with community and health care partners in the area of Chronic Disease Prevention and Management. Presentations included an outline of the provincial framework and its significance; a regional strategy; and a local project.

Key elements identified that contribute to successful collaboration in CDPM included: stakeholder ownership and active involvement for change; communities engaged in their own care; recognition that one size does not fit all; community education and capacity building; partnering and aligning resources; and being accountable to the community for results.

Key lessons learned include: population based strategies and shared messaging helps to shift the role of health care providers; open and honest communication helps to bridge the gap of distance and culture; flexibility is extremely valuable to bridge the gap in services; and co-facilitated workshops are beneficial.

4.2.1 Workshop – CDPM

The following questions guided the workshop discussion on CDPM and a brief synopsis of the responses to these questions follow.

1. What is working well in your community in terms of service delivery related to the management of chronic disease (e.g. arthritis, diabetes, cardiac care, cancer care)?
2. How could the management of chronic diseases be improved in your community?
3. What is impacting your ability to address chronic diseases in your community? (e.g. policies, other barriers)?
4. How do you access other health care partners?

Improved access to care was identified by participants as having had a positive impact on the prevention and management of chronic disease in communities. In addition, a variety of education and training programs were identified as being effective both for prevention and management. Programs identified that work well include: exercise programs, traditional healing initiatives and the introduction of a dental screening program. New health care practitioners were mentioned as having a positive impact on the quality of life for people impacted by chronic disease.

Key issues to improve the management of chronic diseases included: culturally-sensitive services such as translation services as well as having workers who are skilled in health care terminology. Participants noted that lack of resources and funding meant that

specific health care positions were lacking in Aboriginal communities. Examples of positions required by communities are: physiotherapists, occupational therapists, physicians and nurses. An on-going need for the training of front line staff was also identified as a means to improve the management of chronic disease in Aboriginal communities.

Many participants indicated that the distance patients need to travel to access care, travel costs and the lack of transportation are significant barriers to address chronic disease prevention and management. A lack of equitable, ongoing funding and other resources was frequently mentioned as a barrier to address chronic disease management. The need to communicate more effectively with patients was also cited as an important strategy to improve CDPM. It was noted that at times, community members may not understand their diagnosis and its significance to their wellbeing. In other instances, it was noted that people are resistant to changing their lifestyle and may require additional counselling as a means to improve their health

Successful initiatives identified by participants for CDPM include: mechanisms to learn, share and discuss information such as meetings, video conferencing, networking, referrals, associations, forums and blogs. Health care staff who visit the community such as chiropodists, nurses, traditional healers, physicians and nurse practitioners were viewed as being very helpful and a valuable resource. Cultural sensitivity and providing services to help patients understand their options better was cited as needing improvement.

4.3 eHealth

EHealth is the use of technology in health care. Some examples of eHealth used in the North West LHIN include shared electronic health records, remote care (through TeleHealth) and instant images (Picture Archival and Communication System - PACS). The panelists provided success stories pertaining to the provincial EHealth Strategy; a regional example of innovation and the growth of telemedicine; and an example of how a specific health strategy can be delivered directly to individuals in remote communities by using technology.

Key elements identified that contribute to successful collaboration in eHealth include: creating a common vision and prioritizing principles; active participation by stakeholders in the planning, implementation and evaluation of eHealth strategies; and reducing complexity by narrowing strategies down to a manageable number of projects.

Key lessons learned through these initiatives indicated that building community capacity and sharing information across the region can improve access to services and save financial resources.

4.3.1 Workshop Discussions – eHealth

The following questions guided the workshop discussion on eHealth and a brief synopsis of the responses follow.

1. What health care technology is currently being used in your community that is working well?
2. What challenges exist in your community for connecting and linking to health care partners and services to meet your community or organization needs?
3. What policies or other barriers exist that impact your ability to use technology to access and link with health care services to meet your community needs?
4. What technology opportunities exist to collaborate or link with other health care partners?

Participants identified the Health Information System (HIS) as facilitating the collection of immunization data from on-reserve populations as working well. HIS is evolving to include other uses such as teleHealth, public health, communicable diseases, tuberculosis programs, K-NET (Kuhkenah Network) video conferencing and archives. The intent is to input data in real time; enable data to be used elsewhere; free up internet and other infrastructure such as computers, KO (Keewaytinook Okimakanak) TeleHealth, and internet phones. In addition, health screenings and using the internet to conduct research and the ability to email a colleague for assistance or advice were mentioned by participants as working well.

Participants indicated that issues pertaining to capacity building and training, connection problems and outdated equipment due to a lack of resources as challenges for connecting and linking to health care partners and services. At times, participants noted that weather can cause connections to fail in northern and remote communities.

Lack of knowledge about technology, federal and provincial jurisdictional issues, lack of community involvement in decision making, and competition between communities for resources were noted as creating inconsistencies and inequities. Some difficulties associated with dial up connections and computer networking was also identified as barriers that impact their ability to use technology to access services. Participants noted that program sharing could otherwise occur if communities were better connected electronically.

Participants indicated a widespread need for access to telemedicine. There was also a need expressed for improved systems such as the electronic management of records, links to health offices with Meditech and electronic digital imaging (Picture Archiving and Communication System - PACS). The need for more learning about best practices elsewhere was also cited as an opportunity for collaboration and linking with other health care partners.

4.4 Senior Services

Panelists presented examples of collaborative projects in palliative care, meeting Elder care needs in hospital, and meeting Elder care needs in an urban setting. The projects included success stories related to palliative care in 12 First Nation communities in Northwestern Ontario; a video visitation project for elders in hospital to connect with their families in remote communities; and facilitating services for the transition of seniors moving from their remote communities to an urban setting.

Panelists noted that key elements contributing to success for seniors and collaboration include: a team approach; being cultural sensitivity; having culturally appropriate supports; working with and respecting the direction of the Elders; strengthening the local team; developing good rapport; weaving the principles of culturally integrated health services into the fabric of the organization; and having a negotiated agreement with the major stakeholders.

Some key lessons learned included: communication is key; programs must be easily accessible; more community and volunteer involvement is needed.

4.4.1 Workshop Discussions – Senior Services

The following questions guided the workshop discussion in senior services and a brief synopsis of the responses follow.

1. What is working well in your communities to support seniors and Elders?
2. What challenges does your community face in providing care for seniors and Elders?
3. What policies or barriers exist that impact your ability to meet the health care needs of seniors and Elders in your community?
4. What ideas do you have that would help meet the health care needs of seniors and Elders specific to collaboration such as networks and partnerships.

Participants identified a variety of social, recreational and learning programs as being particularly effective in supporting seniors/Elders in their communities. Ensuring that seniors and Elders have access to the care they need and delivered in a way that is comfortable for them was identified as being important. Participants identified the use of their own language; traditional practices; home care; escort and translation services; and teleHealth as working well.

Some of the challenges communities face regarding the delivery of senior services was identified as: lack of transportation options to access services; a lack of available local

services, programs and supports; language barriers; insensitive treatment at hospitals; and the cultural competency of hospital staff.

Participants identified the lack of accessible transportation options, and the lack of accessible and supportive housing as being key barriers that impact the ability to meet the health care needs of seniors and Elders in Aboriginal communities. Language barriers, as well as an overall lack of awareness and understanding of the impacts that change has on the lives of seniors/Elders, was noted to be a challenge. The inability for seniors/Elders to pay the costs associated with attending various social and recreational programs as well as the lack of funding for communities to provide specific programming for seniors/Elders was seen as creating barriers to engage seniors/Elders in specific activities. Policies with narrow guidelines and established frameworks do not fit the reality of Aboriginal communities. The extensive paperwork that accompanies funding and federal and provincial jurisdictional issues were also identified as imparting additional barriers. The Métis group indicated they were not recognized as health service providers, which restricts their communities' ability to meet the health care needs of their senior population.

Identification of approaches that could help meet the health care needs of seniors and Elders specific to collaboration was:

- networks and partnerships as well as sensitivity training,
- socialization between youth and Elders, and
- enhanced access to health care and facilities.

4.5 Mental Health And Addictions

Panelists presented examples of collaboration in mental health and additions services pertaining to training for holistic care, providing a holistic approach in the delivery of services, including traditional approaches within an Aboriginal wellness centre, and describing the crises situation of substance abuse and addictions for a First Nation community in Northwestern Ontario.

Key elements that contributed to the success of these collaborative initiatives for mental health and addictions included: full partnership and participation in all aspects of research or program development; community endorsement; open dialogue; a client focused approach; mutual support; and collaboration occurring at many levels and across services.

Key lessons learned included: listening to the community; respecting local traditions and cultural knowledge; understanding the political processes involved; internal collaboration happening in a blended agency; collaboration is not about competition; there are no short term solutions; and consistency in care and service delivery must be nurtured.

4.5.1 Workshop Discussions – Mental Health and Addictions

The following questions guided the workshop discussion on mental health and additions and a brief synopsis of the responses follow.

1. What types of mental health and addiction issues affect your community?
2. What is working well in your community to support people with mental health and addictions issues?
3. What challenges/barriers do your communities face in providing care for people with mental health and addictions issues?
4. What opportunities exist for collaboration with other health care partners and other communities/organizations related to providing services for people with mental health and addictions?

Participants identified a comprehensive list of mental health and addiction issues that impact their communities such as: drug, alcohol and solvent abuse; gambling; residential school abuse trauma; depression; grief; stress; suicide as well as Alzheimer's, dementia and bi-polar disorders. Other issues such as physical, family and Elder abuse, fetal alcohol syndrome and stigma attached to mental health issues were also identified as impacting their communities. The high cost of living and housing was identified as having an impact on those who face issues of mental health and/or addiction. Long waiting lists, lack of awareness of what services are available and the need for early intervention and treatment was also cited as important issues affecting Aboriginal communities.

Participants identified several supports that exist for people with mental health and addictions such as: education and training related to traditional and conventional counselling, programs such as the Red Cross' Prevention Circle, the Ontario Provincial Police's Drug Abuse Resistance Education (D.A.R.E) program and 'Walking the Path' as well as land based and cultural activities. Other support programs such as exercise, sports, retreats, sharing circles and methadone clinics were also identified as working well.

The lack of necessary programs, services and resources for youth, the limited number of treatment centres and the lack of around-the-clock coverage for mental health services were identified as barriers to care. Wait lists, lack of culturally appropriate services, racism and discrimination, stigma, the lack of relationship between regional services and Aboriginal communities, inadequate funding for services, the lack of follow up support, and the inequitable difference with services such as reimbursement of transportation costs was also identified as barriers to care.

Some opportunities identified by participants for collaboration with other health care partners, communities and organizations include: build on the strength of and incorporate eHealth and teleHealth counselling; multi-disciplinary training; cultural awareness, cultural competency of health care providers and cross-cultural training of health care professionals; prevention programs; promoting collaboration among stakeholders, and shared responsibility between jurisdictions for mental health and addictions.

5.0 Summary

The **2009 Aboriginal Health Forum** provided an opportunity to share information and identify strategies for collaboration and working together. There were a total of 27 evaluations collected at the end of the Forum (a 3% response rate). [See Appendix IV for details.]

Respondents indicated the following:

78% of the respondents identified that they have an increased understanding of collaboration opportunities. Comments included:

- The knowledge gained was valuable especially through input of others in breakout sessions.
- Lots of sharing. Good information.
- Good contacts for future projects.
- Great opportunity for collaboration/networking.

In addition, 85% of respondents said that they had enough opportunity to provide input, making comments such as:

- Many new relationships were developed.
- Lots of opportunity for input.
- Workshops were a good venue for idea exchange.

Participants on both days provided positive comments about the workshops, panel presentations, keynote speakers, networking opportunities, the participation of Elders, the meals and fitness breaks and the opportunity to learn and share ideas. Participants rated both the workshops and the presentations very high. Participants cited the following areas for improvement, more time for questions to share information, and being exposed to more information on what can be done to support the health care needs of Aboriginal people.

Participants suggested that future Forums be action-oriented with more time for presentations and discussions and that future topics and approaches should include:

- More information about the LHIN (what it does and solutions it can offer).
- Small group activities, interaction, idea sharing focused on Aboriginal health priorities.
- Video presentations with a focus on success stories from Aboriginal communities.
- More Aboriginal traditional knowledge.
- Different professions and academics who focus on Aboriginal health.

6.0 Next Steps

- The Forum *Summary Report* will further inform the North West LHIN as it continues with Aboriginal health planning and the establishment of an Aboriginal Health Services Advisory Committee.
- The North West LHIN will continue to work with and engage Aboriginal people in developing its Aboriginal Community Engagement Plan and in addressing the health care needs of Aboriginal people within the LHIN area.
- The North West LHIN will continue to provide Aboriginal communities and organizations with timely information regarding health care issues in this region.
- The North West LHIN is committed to working with the North West LHIN Aboriginal Health Services Advisory Committee once it is established to address Aboriginal health needs, issues, gaps and priorities.

Appendix I Agenda

Day 1

March 4, 2009
7:30 a.m. to 5:00 p.m.
5:00 p.m. to 6:00 p.m. - Networking
Valhalla Inn, Thunder Bay

Forum Moderator: Ed Yerxa, Program Coordinator, Couchiching First Nation

7:30 a.m.	**Registration and Buffet Breakfast**	**Ballroom and Lobby**
8:30 a.m.	**Opening Ceremony -** Elders Freda McDonald, Sarah Sabourin, Ernie Kwandibens **Medicine Wheel Spirit Singers –** Freda McDonald and Beatrice Twance: ***Morning Prayer and Life Giving Song***	**Ballroom**
9:00 a.m.	**Welcome and Introductions:** ***Pathways to Collaboration*** Ennis Fiddler, Board Member, Forum Co-chair Judy Morrison, Board Member, Forum Co-chair Jan Beazley, Board Chair North West LHIN	**Ballroom**
9:30 a.m.	**Keynote Presentation:** ***Working Together and Collaboration*** Joe Morrison, Elder Joe Morrison will reflect on his memories of First Nations and reserve communities where he noticed how people worked together and how they made visitors feel welcome.	**Ballroom**
10:30 a.m.	**Refreshment Break**	**Ballroom**
10:45 a.m.	**North West LHIN Presentation** **Gwen DuBois-Wing, Chief Executive Officer** **Jan Beazley, Board Chair**	**Ballroom**

	North West LHIN	
11:15 a.m.	**Collaboration Panel: *Working Together with Health Care Partners*** **Moderator:** Karen Peterson, Senior Consultant, North West LHIN Kim McKay-McNabb, Assistant Professor, First Nations University of Canada Josephine Potson, Traditional Healing Coordinator, Gizhewaadiziwin Health Access Centre Cathy Bruyere, Project Consultant, Couchiching First Nation **Questions and Answers**	**Ballroom**
12:15 p.m.	**Buffet Lunch**	
1:00 p.m.	**Workshop: *Community Engagement Protocols*** What are the best ways for communities to engage with the North West LHIN and other health care providers? Share your views and experience.	**Breakout Rooms (See Reverse of Name Tags)**
2:00 p.m.	**Panel Presentation: *Chronic Disease Prevention and Management*** **Moderator:** Mary McGeown, Senior Consultant, North West LHIN Mike Hindmarsh, President, Hindsight Healthcare Strategies Alison McMullen, Director, Preventive Oncology, Regional Cancer Care Ann Waswa, Registered Nurse, Eabametoong First Nation **Questions and Answers**	**Ballroom**
3:00 p.m.	**Refreshment Break**	**Ballroom**

	Taiji (Tai Chi) Session with Master Peng Youlian	
3:30 p.m.	**Panel Presentation:** ***eHealth*** **Moderator:** Cindy Crowe, First Nations Consultant Bruce Sutton, Chief Information Officer Thunder Bay Regional Health Sciences Centre, St. Joseph's Care Group Tina Kakepetum Shultz, Telemedicine Community Engagement Coordinator, KO Telemedicine Esmé French, Regional Stroke Rehabilitation Specialist, Northwestern Ontario Regional Stroke Program **Questions and Answers**	**Ballroom**
4:30 p.m.	**Closing Remarks: Day 1** Ennis Fiddler, Board Member, Forum Co-chair Judy Morrison, Board Member, Forum Co-chair North West LHIN	**Ballroom**
5:00 p.m.	***Meet and Greet – Networking*** Often the best ideas come from talking informally with each other. Don't miss this opportunity to share your ideas and learn from others. Enjoy hot and cold appetizers and refreshments as you network with your colleagues from across the North West LHIN region.	**Viking Room**

Day 2

March 5, 2009
7:30 a.m. to 4:00 p.m.
Valhalla Inn, Thunder Bay

Forum Moderator: Ed Yerxa, Program Coordinator, Couchiching First Nation

7:30 a.m.	**Registration and Buffet Breakfast**	**Ballroom and Lobby**
8:30 a.m.	**Welcome, Introductions and Recap from Day 1** Ennis Fiddler, Board Member, Forum Co-chair Judy Morrison, Board Member, Forum Co-chair North West LHIN	**Ballroom**
8:45 a.m.	**Panel Presentation: *Senior Services*** **Moderator:** Susan Pilatzke. Senior Consultant, North West LHIN Holly Prince, Aboriginal Research Coordinator, Centre for Education and Research on Aging and Health (CERAH), Lakehead University Margie Kimball, Activity Coordinator, Extended Care and Renée Southwind, Manager, Communication and Community Development Meno Ya Win Health Centre, Elder Care Program Peggy Cutfeet and Sheila Beardy, Life Long Care Support Workers, Nishnawbe-Gamik Friendship Centre	**Ballroom**
9:45 a.m.	**Refreshment Break** **Taiji (Tai Chi) With Master Peng** Experience the energy boost that taiji can give you. This session is for everyone, even if you have never tried taiji before.	**Ballroom**
10:00 a.m.	**Panel Presentation: *Mental Health and Addictions*** **Moderator:** Shelly Whitney, Long Term Care Coordinator, Métis Nation of Ontario Cristine Rego, Provincial Aboriginal Training Council,	**Ballroom**

	CAMH Rose Pittis, Director of Mental Health and Addictions, Dilico Ojibway Child and Family Services Tannis Smith, Mental Health Rehabilitation Worker, Anishnawbe Mushkiki Stanley Stephens, Band Councilor, Health Portfolio, Constance Lake First Nation **Questions and Answers**	
11:15 a.m.	**Review of Themes and Preparation for Workshops** Gwen DuBois-Wing, Chief Executive Officer Ennis Fiddler, Board Member, Forum Co-chair Judy Morrison, Board Member, Forum Co-chair North West LHIN	**Ballroom**
11:30 a.m.	**Buffet Lunch**	**Ballroom**
12:30 p.m.	**Workshops – Session One** Chronic Disease Prevention & Management eHealth Mental Health & Addictions Senior Services	**Viking Room** **Odin Room** **Fireside Room** **Icelandic Room**
1:15 p.m.	**Workshops – Session Two** Chronic Disease Prevention & Management eHealth Mental Health & Addictions Senior Services	**Viking Room** **Odin Room** **Fireside Room** **Icelandic Room**
2:15 p.m.	**Refreshment Break**	
2:30 p.m.	**Keynote Presentation:**	**Ballroom**

	Sharing Your Ideas to Build Common Ground Brenda Small, Dean, Neegahneewin College Brenda will share her insight and experience with building collaborative relationships in the example of the Aboriginal community working with Confederation College. This shared experience may help you to carry forward your ideas and the lessons learned at this Forum.	
3:30 p.m.	**Closing Remarks/Wrap Up** Ennis Fiddler, Board member, Forum Co-chair Judy Morrison, Board Member, Forum Co-chair Jan Beazley, Board Chair Gwen DuBois-Wing, CEO North West LHIN	**Ballroom**
3:45 p.m.	**Closing Ceremony - Elders**	**Ballroom**
4:00 p.m.	**Adjournment**	

Appendix II Detailed Notes – Community Engagement Protocols

Question 1:
What information would you like to see shared between Aboriginal communities, organizations, the LHIN and other health care providers?

Treaty 3 Group

- User friendly information on the LHIN – without the technical jargon (e,g, structure, map, organizational flowchart, how to access funding, response time to proposals, where to go with concerns, how to get concerns addressed, number of Aboriginal staff, statistics re: # of Aboriginal workers as a % of LHIN's office) (7)
- Education re: cultural awareness, sensitivity (3)
- Statistics to compare communities and to learn from one another keeping in mind confidentiality (2)
- % of youth that are informed for suicidal prevention, i.e. doctor's qualified to assess?
- Bring all agencies together for an information forum, i.e. federal vs provincial
- Culturally sensitive data
- Who are the frontline – any Anishnawbe?
- Are all communities represented?
- Accountability – policing mechanism for health care professionals
- Ethics committee, i.e. physician complaints
- How will LHINs ensure concerns get to the appropriate individuals.
- What information is restricted or not known or confidential and what is available
- Gathering information from community members as a whole
- More traditional medicine knowledge
- Cultural awareness and cultural competency
- White privilege/ethno-centric world view
- Linkages with other agencies in your community (i.e. mainstream)
- Information on the process for Ministry regulations for advisory committees
- Enhanced linkages
- Impacts of isolation, remoteness

Treaty 9 Group

- Information on the LHIN: funding accountability, organizational structure and processes, funding options and opportunities, programs (inventory and service descriptions) (5)
- Funding options and opportunities
- Programs
  - inventory and service description
  - Both programs in First Nation and LHINs programs
  - Federal programs PARTNERSHIPS
- Gaps in service
- First Nation community needs

  - isolation barrier – remote, lack of resources hospital/community clinics
  - high transportation costs
  - access (basic healthy choices)
  - organizational structure and process
- Open communication lines for networking of agencies
- The need for translation services as they are vital for communication
- Inform the clients of the services that are available and follow up
- Statistical information i.e. how many diabetics in population, prenatal, demographics etc.
- Federal programs (potential partnerships)
- Gaps in service

Robinson Superior Group

- Information on the LHIN: Aboriginal funding compared to other LHINs, how objectives are determined, how many proposals received and how many approved, why proposals not successful, annual budget and spending
- Proposals ASAP – not 2 weeks notice
- Need Aboriginal specific training – via email
- Aboriginal health services registry
- Distance average Aboriginal must travel to access health services vs cost of service provided in community
- Annual budgets and spending
- Why proposals are not successful
- How many proposals received vs approved
- Equal share of dollars for Aboriginal people – almost 20% of population – and, a say in how it is distributed
- Where the LHINs get objectives
- How many Aboriginal survey's received
- Why was invitation to Aboriginal Forum selective?
- Is reporting consistent from First Nations to CCAC
- North West LHIN vs other LHINs – re: Aboriginal specific funding

Urban/Métis Group

- Need program and information sharing and collaboration within all organizations (4)
- Input from everyone to develop Aboriginal health strategy
- Funding formula to address Aboriginal issues (proportionate/needs based)
- Partnerships (possible funding proposals, etc.) collaborations - share funding
- Be transparent – organizations are threatened by all new things/change, including LHINs
- Have each Aboriginal planner(s) work with the urban Aboriginal communities (Kenora, Fort Frances, Thunder Bay, Dryden, Red Lake, Atikokan, etc.) to have them develop Aboriginal health strategies under the LHIN's mandate
- Some communities only have one Aboriginal agency
- Program sharing within all organizations
- Partnering between programs
- LHINs need to know about transportation issues

- Where is the LHIN in regards to physician recruitment and retention?
- Community Care Access Centre's (CCAC) criteria for homemaking services needs to be reviewed

Question 2
What advice can you provide to the LHIN and other health care providers to ensure collaboration when planning health services?

Treaty 3 Group

- LHIN should come to the communities and allow Aboriginal people to play an active role in the planning process with an open mind to their opinions and suggestions and no hidden agenda (9)
- LHINs need to engage FNIHB (First Nation Inuit Health Branch) Regional Director General in developing First Nation projects, programs. There needs to be a better and improved relationship. It seems that a tripartite process is not favourable (2)
- Collaboration does not mean one person on the Board
- Community involvement/input – decision makers/Elders
- The community has to be the ones to identify their needs of services
- Put proposal out to community for feedback and recommendations
- Translators – Ojibway, OjiCree?
- Need youth representation
- Integrate traditional values re: RESPECT utilize Elders in development
- Invite LHINs to communities to LISTEN
- Identify barriers: communication, education, distance, language
- Have more Aboriginal representation on the Board and in working groups
- First Nations to be part of committee, i.e. development
- Need culturally-appropriate health services including culturally sensitive medical staff
- There should be mandatory cultural sensitivity training for LHIN staff to include a cross-section of Aboriginal people from across the region.
- Set up Aboriginal working groups
- Needs to have more First Nation presence
- Each Treaty area should have their own Aboriginal advisory committee
- Structure protocol for process re: individual to overall LHINs
- Establish protocols between Health Canada and LHINs so our First Nation rights are not eroded.
- Aboriginal people want to be an active part of the process, not told after the fact that changes have happened.
- No hidden agenda when collaborating
- Provide more training/support for new reporting formats
- First Nation representatives on Board is good to see – more would be appropriate based on service area and more Aboriginal staff too

Treaty 9 Group

- Consultation at the grass roots level
    - Funding should be distributed to community level

    - Planning at community level
- Proper representation (community level)
- Specialist visits (community level) – physio, dental, optometrist, speech therapist,
- Referrals take long
- What is recommended by specialists are not being followed up or funded
- Need specialist visits to communities
- Identify key stakeholders and bring them to the table
    - First Nations health services staff,
    - Other service providers, program leads (Region),
    - Elders/youth,
    - First Nations leadership (community, Tribal Council, program leads)
- Engagement strategy
    - Cross cultural training
    - Community culture
        - Ethics
        - Protocols
    - Workshops in communities
    - Videos
- Media strategy
    - Website
    - Translation
    - Web stream LHIN meetings
- Include First Nations via video to participate in LHINs meetings
- Unique care needed for Elders especially language, adjustment to changes re: location, culture shock, dietary needs
    - Set up support groups with discretionary abilities <u>especially</u> for dietary needs

<u>Robinson Superior Group</u>

- Need annual program planning session with working groups
- Should be a mandate for Aboriginal people – not blended, let us develop our objectives and plans
- Need to better advertise, communicate LHIN sessions (maybe a treaty area contact (coordinator)

<u>Urban/Métis Group</u>

- Needs to be better discharge services to ensure client needs are met
- Need translators and medical escorts
- LHINs need to be aware of the diverse area/communities within the Northwest
- LHINs need more communication to Aboriginal agencies about what services are mainstream
- Examine potential partnerships in the regions (i.e. three organizations apply for funding for similar projects – combine them to increase partnerships and the work they can do)
- Be transparent
- Prevention programs: culturally specific and gentle exercises for seniors (SAGES – Seniors Aging Gracefully with Excercise)

- Health exercises and active living (HEAL)
- This Forum – good opportunity to give feedback
- Allocate resources from LHIN to Aboriginal communities to assist in the planning for effective collaboration
- Aboriginal service providers require more resources to provide culturally appropriate services to the significant # of Aboriginal people in existing facilities (health)
- Client needs such as – interpreter, client advocacy, after care, etc.

Question 3
What is working well in terms of engagement in your area (give examples of some success stories)?

Treaty 3 Group

- Getting help with reporting formats from the LHIN
- First Nation representation on Board is good to see, more would be appropriate based on service area
- Forums are working well
- Ask me in five years – too early
- There is no engagement in our area, no last year's report, no specific Aboriginal report.
- The non-native industry is working well in the Northwestern area.

Treaty 9 Group

- Western/traditional medicine (needs to be recognized)
- Paraprofessionals need to be recognized, they do a lot of work at the community level
- Support (professional)
- Crisis response – collaboration with Nodin to provide training
    - *Demonstration of Federal/Provincial partnership*
- Holistic workshop bringing stakeholders together
- KO (Keewatinook Okimakanak) Telemedicine
    - Directly engage Chiefs
    - Go to Chief's meetings
        - NAN
        - Tribal Council
- Engage with community – Health Directors
- Using video to reach Health Directors and Chiefs
- Traditional baking/cooking at long term care site
- Interpreter services have begun to be offered but need to be developed - ideally 24/7
- Interpreters need to be trained in health terminology especially
- More of a team approach to delivery of services to clients/communities

Robinson Superior Group

- Robinson Superior First Nations and organizations have networks and communications
- Fund Mushkiki health care positions
- Nurse practitioner funding
- LHINs are forcing First Nations to increase reporting skills

Urban/Métis Group

- Friendship Centres
    - Life Long Care programs are very successful in all communities within the North West LHINs
    - * 13 years experience dealing with Aboriginal clientele and their needs
    - * Clientele have trust in the Friendship Centre's Life Long Care program
    - * Life Long Care program is a very strong advocate for Aboriginal needs
    - * 13 years has led to strong networking between Aboriginal and mainstream agencies
- Community experience and expertise
- This Forum good opportunity to give feedback
- Urban Aboriginal Strategy: federal, provincial, municipal support, Aboriginal service providers, expanding membership to include community members i.e. Elders, youth, grass roots people
- Developed community plans and priorities – child poverty currently being the priority
- Online database of health service providers

Question 4
How can the LHIN and your community work together to overcome existing barriers for collaboration (e.g., policies and other barriers)?

Treaty 3 Group

- Have a Treaty #3 representative to work with the LHIN to ensure services
- LHINs should look at other provinces' Regional Health Authorities and how they consulted Aboriginal communities
- Need more Aboriginal politicians, representative in the system, i.e. government, decision making
- Recognition, have a dialogue, have input into policy development and legislation Policies are developed without First Nation participation and so want to be involved especially in regards to the 'duty to consult'
- Need a consultation protocol
- First Nation communities need to be directly consulted on what the LHIN's are about with information sessions on history, today, future
- What is the role of the Aboriginal Lead Planning Team member?
- Overcome the existing barriers including policies and language
- Require agencies to consult communities before submitting proposals
- Identify the barriers
- Understand culture from the people

- Be more approachable and visible
- Overcome the "research to death" syndrome – BRING IT TO LIFE
- How can we work together?
- Increased First Nation participation – voice
- Redefine - Define, relationships
- Policies?
- Racism-talk about impacts on both sides – get everyone together to understand each other
- Build relationship at all levels
- Develop strategy

Treaty 9 Group

- Community visit by LHIN and other funding agencies
- Senior position within LHIN with expertise in First Nations engagement
    - Build advisory team to include Elders, tribal councils
- Support position -- Liaise with First Nations
    - Position to be filled upon recommendation of First Nation consultation
- Minimal - no consultants
- Engage First Nations' Chiefs directly
    - annual Chief's gathering
    - go to communities
- Annual Service Provider gathering and include federal programs
- Too many rules/regulations create barriers especially for First Nation communities that don't fit within the "box"
    - Identify needs per community rather than using a cookie cutter approach (3)
    - Policies should be driven by the needs of the community rather than funders – bottom up approach vs top down
- Timeframes are unrealistic i.e. year end surplus, one time funding (2)
- Multi-year funding
- Increase capacity for training i.e. train the trainers from within First Nation communities
- Be flexible when looking at obstacles
- Dream about ideal
- Identify barriers
- Figure out ways to overcome them
- Cultural awareness

Robinson Superior Group

- Aboriginal specific reporting – realistic reporting for funding received
- Provide reporting assistance (Admin $ or workers)
- Work with Treaty area – not Provincial Territorial Organizations
- Send information (communication) to HEALTH STAFF, then send a copy to the Chief
- Advertise in newspapers
- More education on LHIN's and services/programs – more low level not "high level" information

Urban/Métis Group

- Adequate funding formulas based on needs/population
- Be aware of the diversity of the North West LHIN's area, i.e. rural communities, Northern communities, cities
- Regional funding/work plans/collaborations (2)
- Identify and address common training needs
- Facilitate organizational and community groups relationships
- Continue to shorten wait times
- Examine how funding can be distributed to, for and by Aboriginal people specifically
- Increase funding for prevention activities (3)
- Identify gaps
- Provide education related to proposal submissions (what does the LHIN expect)
- Allocate minimum of 13.6% (Aboriginal population %) of the LHIN's budget ($519 million) to Aboriginal engagement process

Appendix III Detailed Notes – Panel Presentation Discussion Groups

CHRONIC DISEASE PREVENTION AND MANAGEMENT

Question 1
What is working well in your community in terms of service delivery related to the management of chronic disease (e.g., arthritis, diabetes, cardiac care, cancer care)?

Access to Care

- 24/7 nursing (2)
- Ongoing clinic
- Regular Nurse Practitioner and doctor's visits
- Registered Nurse 5 days/week
- TeleHealth
- Home community care
- Dilico visiting nursing, nutrition, social worker, foot care
- Muskrat Dam:
  - increased physicians program (3-4 days)
  - more referrals to specialists
- Satellite dialyses unit in Fort Frances
- One-on-one with nurse practitioners, diabetes educator and other health professionals in our communities
- Better access to medical care
- Translator in our health unit is key – essential
- Ensuring there are Aboriginal people where clients are taken for appointments

Education/Training

- Training (diabetes education) (5)
- Prevention education in schools (3)
- Chronic disease self management program
- More awareness of disease through education, translators
- Health promotion activities
- Diabetes Thunder Bay
- John Hopkins pilot educational sessions
- Resources to promote program
- Tags to inform about food (culturally sensitive)
- Aboriginal cancer care committee – cancer teaching tools
- Fort William – 2 chronic disease master trainers. May be doing leader training
- Train group leader in community
- Educate client/family on diagnosis
- Smoke free environments and practices
- Target young people with traditional ways and incorporate traditional healings

- Use medicine wheel, traditional use of tobacco
- Taking young people out on the land (field trips)
- More awareness of chronic diseases
- “Biggest Loser” – fitness programs, grocery store tour
- Falls prevention team
-

Specialized Programs:

- HEAL Program (Healthy Eating Active Living) (2)
- Pilot project with John Hopkins (monitoring) (2)
- Thunder Bay – health program with Ontario Native Women
- St. Joseph’s specialized programs: arthritis, diabetes, Aboriginal staff
- Chronic disease self-management program
- Aboriginal cancer care committee developing cancer teaching tools
- Healthy Weights Program giving people healthy food options
- Community Kitchen
- Mushkiki programs
- Community Health Centre model – interdisciplinary model, clinical, counselling, healthy activities,
- chiropodist (short wait)
- Range of Motion exercises
- Long term care
- Diabetes information sessions
- ALF program
- Dental screening
- Falls prevention team
- Public relations in cardiac care e.g. Heart and Stroke Foundation
- An openness to address minor ailments through traditional healing e.g. medicines and practices!

Health Care Providers

- Nursing
- Chiropodist
- New family health team
  - social worker, dietician, nurse practitioners
- Nurse practitioners and other health professionals in our community
- First Nation placements – medical students

Question 2
How could the management of chronic diseases be improved in your community?

Access to Care

- Increase translation services
- Workers who are skilled in terminology (4)
- More family doctors - provide yearly physicals (4)
- Registered Nurse 5 days/week (2)
- More time for cultural/language barriers
- Health Care
  - Co-ordinators
  - Liaison

    - *Aftercare
- Information pamphlets translated
- Bring physiotherapy, occupational therapy etc. into communities
- Lack of services in Atikokan (need partnership)
- Need medical doctor with Family Health Team
- Address the issues which are
    - shortage of Doctors and health practitioners
    - long wait times at emergency rooms
    - immediate access to efficient translators e.g. 'interveners'
    - basic awareness of the online access tools that are available to all
- More urban opportunities
- Better access to medical care
- More awareness of chronic diseases

Education/Training

- Educate client/family on diagnosis
- Train front line workers in chronic disease management (3)
- Information pamphlets translated
- Use cancer centre model – ask what is your understanding of your diagnosis
- Diabetes information sessions
- More training and chronic disease management programs
- Fund school activities and education that promote health
- Train group leaders in community

Funding/Resources

- Ongoing funding – not annual (2)
- Lack of resources

Health Care Providers

- Specified positions for chronic disease management to ensure appropriate time and resources are spent on education, support, monitoring to reduce complications, prevention (3)
- Regular nurse practitioner visits

Programs/Facilities

- More fitness facilities
- Long Term Care options needed

Other

- Adopt different best practice models (2)
- Inter-agency advisory committee to include those with the disease being discussed (2)
- Assess readiness for change – motivation for different stages

Question 3
What is impacting your ability to address chronic diseases in your community (e.g. policies, other barriers)?

Access to Care

- Distance – access to health care – more expensive (4)
- Transportation (4)
- Buses sometimes can't get to appointments
- Need more LHIN vans
- Need escorts/translators
- Access to specialty services (2)
- Cost of food – access to fresh fruit and vegetables
- Available staff
- A nurse to follow up with all clients
- Patients readiness for change
- High cost of living
- Lack of awareness of agencies in my area
- The various acronyms
- TRAVEL – Non Insured Health Benefits vs Northern Travel Grant

Education/Training

- Training and getting people to attend sessions (3)
- Lack of education
- Getting people to attend education, etc.
- People don't understand diagnosis – need community resource to speak in non-medical terms and translate when appropriate
- Basic awareness of the online access tools that are available to all
- Patient's readiness for change

Funding/Resources

- Need multi-year funding (4)
- Funding not needs-based (3)
- Funding for programs and workers
- Inequitable funding especially in small communities (3)
- Lack of networking/linkages
- Defining who funds what
- Collaborative funding would be best

Policies

- Changes in pharmacy policies
- Non-Insured Health Benefits (NIHB) rejects some medications that work best for clients (i.e. LANTIS)
- NIHB pays for assistive devices but will not pay shipping
- Confidentiality issues
- Provincial/federal jurisdictions

Question 4
How do you access other health care partners?

Successful Practices

- Networking opportunities (2)
- Referrals by phone (2)
- Contracts with other organizations (2)
- Forums/Conferences (2)
- Emergency
- Sharing best practices
- Proposals
- Committees
- Interagency meetings
- Online blogs (Healthcare exchange site)
- Diabetes Associations
- Visits to communities (physicians, nurse practitioners)
- Chiropodist to communities
- Health Canada nurses to fly-n communities
- Traditional healers come to communities
- Tele-medicine – video conferencing with groups and individuals
- Outreach clinics
- Using TeleHealth systems

Recommendations for Improvement

- Teach health care worker proper etiquette for working with First Nations people and communities
- Educate re: traditions and traditional medicine/practices
- Need assistance in identifying agencies in my area e.g. various acronyms
- Have staff from non-Aboriginal agencies hold an outreach clinic in an Aboriginal agency at no cost
- Need to have liaison position between people and health care professionals to help direct them to what's available – "patient advisors or navigators"

eHEALTH

Question 1
What health care technology is currently being used in your community that is working well?

- HIS (Health Information System) – collecting immunization data from on-reserves
- Intent:
  - data input from communities to be used by communities in real time
  - can be used elsewhere too – free internet/infrastructure as well i.e. computers.
- HIS is devolving to make way for other teleHealth
- Other public health:
  - well women

    - communicable disease
    - TB (tuberculosis) program
    - K-NET
        - video conferencing and archives (can watch later if missed),
- KO TeleHealth
- internet phones
- Health screens
- eHealth – email, using internet (searching/information)

Question 2
What challenges exist in your community for connecting and linking to health care partners and services to meet your community or organization needs?

Education/Training

- No capacity building/training (4)
- Lack of training about technology
- Lack of training, equipment, updated and current technology due to lack of resources ($) (informed personnel)

Funding/Resources

- Connections (2)
- Equipment outdated due to lack of resources (2)
- Interoperability (what inter connects between software/organizations)
- Consistency of technology between buildings and sites
- Current vs obsolete
- Software
- $$ -- reluctance to invest
- Weather – lack of connection
- Unreliability of equipment i.e. computers, faxes, etc.
- Network is marginal
- Lack of sites in communities

Policies

- Size dictates service
- Being linked with other communities without consultation

Question 3
What policies or other barriers exist that impact your ability to use technology to access and link with health care services to meet your community needs?

Education/Training

- Fear – lack of knowledge – training (don't know how)
- Lack of knowledge about the technology, i.e. when is it appropriate to use / when is it not? (2)
- On site training needed

Policies

- INAC (Indian and Northern Affairs Canada) – getting service i.e. energy, internet conflict between provincial and federal re: responsibility and $
- Organizations allocation of resources varies from organization to organization therefore competition or communities perceive inconsistency/inequity
- Decisions affecting community (isolated/remote) made without community involvement

Funding/Resources

- Upgrade technology from dial up
- Funding
- Networking – program sharing (web cam, teleconferencing)
- Lack of new technology - are we competitive with other community partners?

Question 4
What technology opportunities exist to collaborate or link with other health care partners?

- That is what we'd like to know – is there a web site or mater list of best practices for the technology used??
- Networking -- What is the best tool to use? What is everyone using and does it work? Are we collaborating with each other? (marginal)
- Opportunity to link/collaborate with technology
- Need access to best practices of others (2)
- The electronic management records and electronic health records in Kenora
- Health office links with Meditech and electronic images (Picture Archival and Communication System)
- Telemedicine should be everywhere (need 'minimal' set standard of human contact)

SENIOR SERVICES

Question 1
What is working well in your community that supports seniors and elders?

Access to Care/Support

- Wellness, physician, nurse practitioner home visits
- Traditional medicine (Healing Lodge)
- Grocery stores have buses to go for groceries
- Escort and translators for medical appointments
- Diabetes/High Blood Pressure screenings
- Transportation
- In home care if not mobile
- TeleHealth

Education/Training

- Health education – diabetes
- Teachings – picking blueberries, sage, sweet grass

Programs

- Exercise geared to seniors (3)
- Weekly exercise group
- Recreational programs
- Health education - diabetes
- Senior centre
- Community events/feasts
- Adult Day Program
- Social – recreation
- Tai chi
- Games/crafts, traditional crafts
- Care for needs at home
  - Shovelling
  - Visitation
  - Companionship
  - Housework
- Outings
- Ceremony
- Seniors Maintaining Active Roles Together (SMART) Program
- 55+ Christmas party
- Community Care Access Centre - Home Support - Meals on Wheels

Question 2
What challenges does your community face in providing care for seniors and Elders?

Access to Care/Support

- Transportation – availability, accessibility, hours (5)
- No transportation for wheelchair patients in Sioux Lookout at present
- Lack of services
  - only Aboriginal organizations providing services
  - * transportation being a big issue
  - wheelchair accessibility
- No support
- Bring in support on reserve – can be intimidating, scared to leave reserve
- Translation – various dialects
- Translation – after hours
- Need medical escort
- Lack of volunteers
- Lack of family physicians
- Psycho-geriatric workers
- Caregiver programs/supports – Alzheimer's
- One of our participants noted that there are no senior supports in Long Bow Lake – he needs to go to Kenora for his services (20 minute drive)
- Distance
- Few accommodations for seniors receiving treatment

Funding/Resources

- Lack of funds
- Lack of volunteers

Policies

- Regulations for home support are too restrictive for those needing partial home support
- Criteria for all agencies should be reviewed

Other

- Lack of communication among elders
- Lack of training for home support workers on a local level
- *Poor treatment at hospitals
- Need education in culture (training)

Question 3
What policies or barriers exist that impact your ability to meet the health care needs of seniors and Elders in your community?

Access to Care/Support

- No transportation for wheelchair patients in Sioux Lookout at present
- Lack of seniors' accessible housing and supportive housing

Education/Training

- Lack of training for home support workers on a local level
- Language barriers
- Lack of awareness/understanding of changes in the lives of Elders, i.e. housing from old to new and financial impact on a senior with limited income

Funding/Resources

- *Distribution of funding
- Funding does not reflect the need
- Fees for attendance at Adult Day, 55+ etc.
- Fee for transportation
- Lack of funds
- Federal/provincial jurisdictions and funding

Policies

- Policies
  - must fit in framework to get money
  - guidelines are too narrow
  - funding does not reflect need
- Federal/provincial jurisdiction and funding
- Homemakers/Personal Support Worker cannot go in to help house clean and cook without client's need of total care, i.e...bath
- Regulations for home support are too restrictive for those needing partial home support

- Not being recognized as Health Service Provider by LHIN (Métis Nation of Ontario)
- More home visits – criteria from CCAC (Community Care Access Centres) (some cultural issues around personal care)
- Paperwork – more time spent here than with clients
- Privacy barrier

Other

- Client safety issues, i.e. bus not safe
- Privacy barrier

Question 4
What ideas do you have that would help meet the health care needs of seniors and Elders specific to collaboration (such as, networks, partnerships etc.)?

Access to Care/Support

- Area for seniors to wait comfortably in emergency rooms
- More Aboriginal people or volunteer presence in institutions
- High school volunteer hours (part spent with First Nations)
- Need more home makers, advocates, etc.
- "How long will we continue these exercises without any action?" was asked by one Elder present
- Bring all Bands together to make Long Term Care facility
- Most Aboriginal Elders will not enter mainstream Long Term Care facility
- Try to keep seniors together
- Ensure in-home care is in place if they choose not to go into Long Term Care
- Registry of all services in the LHIN

Education/Training

- Education about Community Care Access Centres
- Cultural (Aboriginal) curriculum in schools
- Education to health care providers – sensitivity training
- More socialization (mix kids and Elders)
- High school volunteer hours (part spent with First Nations)

Collaboration

- Multi-cultural collaboration: events, planning, groups

Funding

- Funding for home support worker and administration
- Put your money where your mouth is

MENTAL HEALTH AND ADDICTIONS

Question 1
What types of mental health and addiction issues affect your community?

Types of Mental Health Issues

- Anxiety/depression (including post natal depression, depression related to unemployment) (6)
- Residential abuse trauma (4)
- Post traumatic stress disorder, unresolved trauma (4)
- STRESS (4)
- Alzheimer's disease (2)
- CEP
- Suicide (2)
- Bipolar
- Dementia (2)
- Schizophrenia (2)

Types of Addictions

- Drug abuse (recreational, "street" and prescription) (8)
- Alcohol abuse (4)
- Solvent abuse (2)
- Gambling – silent – recreation - bingo - casino
- Methadone

Other Issues

- Physical abuse
- Elder Abuse
- Family violence
- Assault
- High cost of living / housing
- Working at all levels of mental health
- Early intervention treatment
- Lack of understanding of mental health issues (i.e. stigma)
- Lack of parenting skills
- Culture shock
- Child protection – intake
    - Depression
    - Suicidal thoughts
- Residential School Survivors
- Young parents
- Grief
- Lack of knowledge about what mental health services are available
- Treatment can be worse than the disease
- Difficulties in catching the "window" for optimal treatment of the addiction
- Long waiting lists
- FASD (Fetal Alcohol Syndrome Disorder) children
- Effects of drugs on development of brain

Question 2
What is working well in your community that supports people with mental health and addictions issues?

Access to Care/Support

- Support services
- Family support (informal)
- Patient transportation program
- Tele-psychiatry
- Community visits from professionals
- Healthy role models in Chief and Band Council
- Treatment centre
  - Making improvements to meet new addictions

Education/Training

- Mandatory cultural awareness training for all health care providers (2)
- More public awareness (2)
- Colonization process – awareness of roles
- Awareness and understanding of post trauma for individual and health care providers
- Listening to our Elders
- Physicians who are sensitive to needs of Aboriginal clients
- Hearing others sharing of common problems (mental health/addictions)
- Educational resources – workshops, pamphlets

Specialized Programs

- Walking the Prevention Circle by Red Cross (2)
- Fitness programs
- Ontario Provincial Police, D.A.R.E. (Drub Abuse Resistance Education) program and “Walking the Path” (more of a traditional program)
- Community activities with volunteers
- “Fit Nish” type program
- Land based / cultural activities – hunting, fishing, FAMILY
- Sharing circles
- Photo voice
- Traditional gatherings and healing approaches
- Workshops - education
- Organized sports – broomball, hockey, soccer, baseball, etc.
- Triple P Parenting Program
- First Nation retreat – Jackfish Island Days
- Methadone clinics are working well
- Traditional counselling
- Conventional counselling (individuals and families)
- TeleHealth counselling

Health Care Providers

- More social workers
- More specialized workers – dual diagnosis
- Dr. Braunberger (lecturer in Mental Health with NOSM)

- Physicians *sensitive to Aboriginal needs of clients

Other

- Best Practices
- Volunteers – crisis response – training provided
- Holistic approach having mental health with community health centre – hearing others sharing of common problems (mental health / addictions)
- More public awareness
- Informing people about the history

Question 3
What challenges/barriers does your community face in providing care for people with mental health and addictions issues?

Access to Care

- Lack of children/youth services (0 – 17 yrs old) (2)
- Waiting lists (2)
- Language, geography, aftercare, assessment
- Lack of family treatment centres and detox centres
- Lack of trained staff and health professionals
- Lack of accessibility to transportation and services
- Lack of openness to counselling
- Displacement from home environment
- No “follow up” support services – need to mobilize communities to provide follow up
- Need community-based treatment services
- Lack of community support to address issues
- Not having 24/7 coverage (crisis line - Aboriginal program specific)
- Lack of culturally appropriate services
- Lack of available services

Attitudes/Communication/Perceptions

- Discrimination/institutional racism (2)
- Not a great relationship between regional services and communities re: communication, information, accessibility (2)
- Lack of openness
- Lack of confidentiality (the fear of)
- Stigma about treatment/addictions
- Lack of trust
- Lack of professionalism
- Lack of advocacy for requests
- Lack of networking among support workers
- Preconceived ideas about an individual
- Finding good leadership role models

Education/Training

- Training shortfalls and *need more*
- Lack of education / knowledge of difference between helping and enabling

- Gap – not having enough counselling
- Lack of education about drugs
- Finding good leadership role models

Funding/Resources

- Inadequate funding for all services and differential(4) – needs to be based on need vs population
- No follow up support services (4)
- Lack of resources (3)
- Lack of community support to address the issue
- Waiting for treatment centre (list)

Policies

- Government (policies and regulations)
- Supportive housing – gaps – strict criteria
- People are not getting off methadone – could be time limit
- Inability to deal with window of opportunity to treat
- Base services on need versus population
- Non-insured policy – inequitable differences with services (e.g. $$ transportation – 20 cents for Non- insured vs 54 cents for Northern Travel Grant)
- Jurisdiction's responsibilities are divided

Other

- Appropriate diagnosis
- Competition among service providers
- Complexity of issues faced by the young people
- Prescription drugs

Question 4
What opportunities exist for collaboration with other health care partners and other communities/organizations related to providing services for people with mental health and addictions?

Access to Care

- Build on existing strengths and incorporate into eHealth
- Home treatment through TeleHealth counselling
- Methadone treatment – mandatory referrals for counselling
- Detox centre needed with specialized services
- Cultural competencies of the health care providers

Education/Training

- Training opportunities – multi-disciplinary training opportunities
- KO Telemedicine– training other agencies to help with TeleHealth counselling
- Training opportunities (therapists offer training to mental health workers)
- Develop Mental Health Therapist DEGREE program
- More prevention presentations
- Cultural awareness for individuals

- Awareness for physicians (other than psychiatry) that their prescriptions can lead to addiction

Networking/Collaboration

- Promote collaboration with key regional stakeholders (5)
- Video conferencing
- Community visits by LHIN staff
- Promote collaboration with key stakeholders
- *regional planning – facilitated process
- Partnering with the medical vans/patient transportation program
- Sharing of information from one profession to another and explain their roles – as well as leadership
- Working more closely with regional services
- Macro level planning to include many participants to create pilot projects and funding
- Build on existing strengths and incorporate into eHealth
- Macro level of planning to include many participants to create pilot projects and receive funding
- Share responsibilities between federal and regional providers (e.g. Health Canada, Ontario)
- After care needs to be collaborated with community

Programs

- More prevention
- Retreat programs
- Grief programs
- Provide cultural and spiritual help

Appendix IV Forum Evaluations

27 Responses (3% of Forum Participants)

Question 1
Did the Forum provide you with an increased understanding of collaboration opportunities?

Yes - 21

Comments:

- New information, activities happening in other places, best practice model for health care, input from others (7)
- Absolutely! Great opportunity for collaborating, networking, good contacts (4)
- Still a need to collaborate with Aboriginal organizations more closely
- Would be good to have one in Dryden or in each community
- We needed more time in break out sessions

Unsure – 4

Comments:

- Kind of lost me.
- Not really. A recap of last year.

No – 2

Comments:

- No new information. (2)
- Information shared, for the most part, was a repeat of previously dispensed information. Elders/traditional information and teachings are always enlightening though!

Question 2
Did you have enough opportunity to provide input at the Forum?

Yes – 23
Comments:

- Good to hear from other participants, feelings, successes, struggles, etc. (5)
- At breakout sessions
- Need more time for questions and answers
- Question/answer periods and meet and greet
- Many relationships developed

No – 4
Comments:

- Needed more time to share ideas, provide input, ask questions, network
- Needed to hear more from First Nations

Question 3
What did you like best about the Forum?

- Round table discussions (9)
- Networking (8)
- Meals (7)
- Opening ceremony and elders sharing (5)
- Rooms, accommodation (2)
- Panels, presentations (5)
- Information provided, learning about other agencies and their challenges and approaches
- Tai chi (3)
- Timing
- Variety of speakers
- Having facilitators from native communities and organizations.

Question 4
What did you like least about the Forum?

- Nothing – great job (12)
- Nothing new – need action (4)
- Lack of time for questions, information sharing (2)
- Did not keep my attention (2)
- No follow up from last year's Forum
- Not enough time
- Too little feedback
- I did not see a lot of feedback from participants
- No commitment to ensure equitable funding for First Nations organizations
- Opening ceremony too long
- Invite local First Nations

Question 5
How could we improve future Forums?

- More small group activities, interaction, idea sharing – focus on solutions (8)
- Explain what LHIN does and what solutions it can offer (5)
- More time for questions and answers (2)
- Feature success stories from remote communities (2)
- Send out a call for volunteers to help plan the next Aboriginal Forum – lots of great ideas and expertise in our communities
- Video presentations
- More traditional components
- Have people of authority in attendance
- More physical exercises during breaks
- Celebrate our successes through a gala event with entertainment
- Use simple language
- Include different professions and academics who focus on Aboriginal health
- Well done
- Timing –some presentations were rushed
- Have the Forum in April or May when weather is more predicable

- Bring in Aboriginal community members who are affected by addictions or health challenges to share their life experiences
- Have session on budget planning.

Question 6
What topics would you like to see in future events offered by the North West LHIN?

- Funding: what is available, where is it going, how to access (proposal writing) (4)
- More information on the LHIN: what it does, opportunities, impact (4)
- Workshop re: cultural sensitivity – aligning traditional practices with Western medicine (3)
- Success stories of collaboration
- More consultation
- More around primary health model, chronic care management, eHealth and how communities can be involved
- Focus on partnerships and prevention
- Hold Forums in the communities the LHIN works with
- Explain how chosen solutions are working for the various communities
- Focus on HIV
- Hold session on impact of past traumas
- Have working groups of practitioners and Aboriginal community representatives on how to improve services
- Offer pamphlet on education opportunities for health care workers

How would you rate your satisfaction with the key topic areas of the 2009 Aboriginal Health Forum? (Note: 1 is "Excellent", 6 is "Very Poor"):

Chronic Disease Prevention and Management	Average Rating
Speakers	2.3
Discussion Group	1.9
eHealth	
Speakers	2.4
Discussion Group	1.9
Seniors' Services	
Speakers	2.2
Discussion Group	1.8
Mental Health and Addictions	
Speakers	2.1
Discussion Group	1.9

Other Comments:

- Great job! (2) Good Forum for building capacity. Very informative (2). Very well organized. Good atmosphere. Good first step
- Need presentation(s) by LHIN to start off with who they are/what they're doing (2)
- First Nations people are in need of services in all areas. LHINs/government need to allow us to do our work for ourselves
- Thunder Bay's population will soon be 60% Aboriginal. Aboriginal people have sick population when compared to the mainstream populations. The allocation of funding and the funding model need to be addressed promptly in order to address these needs
- Focus on and consult with youth
- We need consistent, available, reliable translation services as health care providers.
- Need a "Registry of Services" in our LHIN
- Need more time in a small group setting
- People felt voice not heard last time
- Need to take lead in bringing health care organizations within the LHIN together i.e. provincial, federal – Health Canada, INAC, Health Authorities
- Food was healthy and plentiful
- Did not learn anything new
- Good examples of collaboration