

A grid of nine colored squares: a large black square on the left, a 2x2 grid of blue and red squares, and a 2x2 grid of red, black, and light blue squares.

CHIEFS OF ONTARIO

A grid of four colored squares: a red square, a black square, and two light blue squares.

11th ANNUAL HEALTH FORUM

“Transforming the Future of Community Health & Wellness”

Health Sector Update

A grid of seven colored squares: a blue square, a red square, a blue square, a black square, a light blue square, a blue square, and a black square.


Our Health, Our Future



TFNHSOC-Public Health (Trilateral First Nations Health Senior Officials Committee)


Working Group Members: First Nations, Federal and Provincial Government Reps,
Public Health Agency of Canada, Local Public Health Units:

➤ Activities focus on:

1. Building/expanding on relationships and potential partnership models
 2. Finalization of the Cultural Competency Training Modules
 3. Continued advocacy to address funding issues (both federally and provincially)
 4. Continuing work in resolving jurisdictional issues
 5. Linking with Social Determinants of First Nations Health
 6. Linking with Environmental and Drinking Water Issues
 7. Ensuring First Nations input into the Ontario Public Health Standards (OPHS)
 8. Strengthening relationships between other core working groups of TFNHSOC.
 9. Development of a Knowledge Transfer and Exchange Plan
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Emergency Management and Preparedness


- Provide briefings to Chiefs in Assembly around issues related to the Office of the Fire Marshal and Emergency Management.
 - This is in relation to evacuations during an emergency (flooding or forest fires) and the specific needs of First Nation communities and their members.
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Injury Prevention

Provide Ontario representation to AFN Injury Prevention/Chronic Disease Working Group

Activities include:

1. standards development in relation to slips, trips and falls.
 2. support for First Nations living with a disability in Ontario
 3. Exploring concussions and motor vehicle accidents
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Mental Health & Addictions Working Group:



Key Accomplishments:

- ✓ 100+ First Nations supported by CWDTs
- ✓ Deployment and implementation support for 30 telemedicine units in First Nations communities
- ✓ Trauma-informed care training successfully delivered to 60 front-line workers and organizations in First Nations communities
- ✓ PDA Needs Assessment completed
- ✓ Sharing results of engagement under MH&A Strategy, Phase 2 with SHEJ Committee
- ✓ Visioning exercise
- ✓ Information Sharing:
 - ✓ Broadband Connectivity
 - ✓ Kids Help Phone
 - ✓ ICES Report Card

Projects in Development:

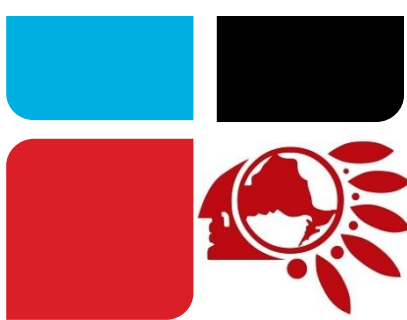
- ❖ Life Promotion projects:
 - ❖ Photovoice project for First Nations youth
 - ❖ Expanding Safe Talk
- ❖ Literature Review on maternal impacts of opioid use

Future Directions:

- ❖ Supporting implementation of the Mental Wellness Continuum Framework:
 - ❖ MH&A Service Inventory
 - ❖ Building resources and tools
 - ❖ Community Capacity Building
 - ❖ CWDT Training Strategy (MWCFW & TIC Training)

Supporting Actions:

- Broadening the MHAWG's expertise
- Cross-working group collaboration
- Connecting with OFNYPC Youth Forum



Healthy Smiles Ontario

- Working Group formed and met from April – September 2016
- The First Nations members were not prepared to recommend endorsement of HSO implementation for First Nations with automatic enrollment for Ontario Works recipients
- Outstanding issues:
 - Payer of last resort (NIHB vs MOH)
 - Extra billing to clients must be eliminated
 - Support by MCSS for OW administrators' workload
 - Solutions to remote community access to services
- A comprehensive information campaign is required to ensure informed consent by First Nations who may wish to enroll; this campaign should be developed by MOHLTC but vetted through First Nations before release.
- SCA Resolution to continue work on these issues




Health Research Sector

Data Governance:

1. Partnership with the Institute for Clinical Evaluative Sciences – First Nation Data Governance Agreement.
2. Working with FNIGC on the development Regional Information Governance Centres – National initiative.
3. First Nation Data Governance Committee in place – looking for members

Health is currently involved in four major partnerships in research:

1. Aging and Frailty
 2. Chronic Disease
 3. Reducing the Burden of Diabetes on First Nation Communities
 4. Cancer Surveillance – Phase-I – Report currently being developed
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Health Research Sector

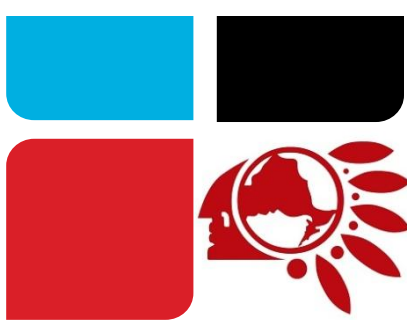
Survey Work – First Nation Information Governance Centre

(FNIGC):

1. First Nation Early Childhood, Education and Employment Survey (FNREEES)
2. Regional Health Survey (RHS) – Phase 3 – completed

Other Projects:

1. Diabetes Population Risk Tool (DPoRT)
 2. Environmental Scan – Health Research
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Health Research Sector

Accomplishments:

1. FNREEES – Peoples Report to be published
2. RHS – Collection completed – FNIGC National Report – Fall 2017
3. First Nations Research Symposium Report - <http://health.chiefs-of-ontario.org/sites/default/files/files/First%20Nation%20Symposium%20Report-COO.pdf>
4. On-line Data tool - <http://coo.data.fnigc.ca/online->
5. Cancer Risk Factor Report- <https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=355106>




First Nations Advisory Committee on Home Care Engagement

- May 25, 2016 - Ontario First Nations Health Action Plan (OFNHAP) announced - commitment to improve home care services.
- August, 2016 Ministry of Health & Long Term (MOH/LTC) and Chiefs of Ontario entered into formal engagement to develop recommendations and advice on how to improve home care services.
- Terms of Reference developed. A First Nations Advisory Committee on home care commenced with 2 representatives from each PTO/Independents and the Six Nations of the Grand River. Terms of Advisory Committee will continue until March 31, 2017. COO and the MOH/LTC will undertake to co-chair the meetings






First Nations Advisory Committee on Home Care Engagement (con't)

- Face to face meetings took place in October, 2016, and January, 19 & 20, 2017.
 - The Advisory Committee has made clear that community-based, culturally-relevant home care and palliative care services are required ensuring that First Nations persons can remain at home during their final journey.
 - March, 2017 - face-to-face meeting scheduled for late March to collectively review the training issues and make recommendations for funding for palliative care and other training issues, such as PSW wage equity, recruitment and retention.
 - Following this face-to-face meeting in March, recommendations will be drafted in conjunction with COO and MOH/LTC and tabled with the Ministry of Health and OCCOH.
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NIHB Navigators

The Southern and Northern NIHB Navigators continue to assist First Nation citizens with accessing and navigating NIHB and collaborating with other First Nations, health organizations and agencies. The following are some of the case scenarios:

- **Pharmacy/Drugs:** Palliative client required nutritional supplement and was denied. Nutritional supplements are covered if client is deemed palliative; main issue was that there are two forms that had to be filled out separately; the nutritional supplement form and the palliative form. Through further discussions, the NIHB Drug Exception form got revised and now has a checkbox to mark if the client is palliative.
 - **Medical Transportation:** Client denied travel to Traditional Healer of their choice based on MT policy of accessing nearest service. However, the Traditional Healer policy does not state a client has to go to the nearest Healer; As a result, travel was approved and NIHB communicated to all Regions that clients do not have to go to the nearest Healer.
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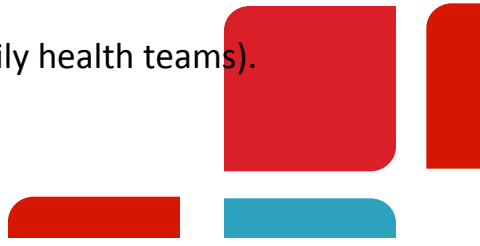


NIHB Navigators

- **Medical Supplies and Equipment:** Client is invoiced for a MS&E item dispensed at a hospital. Client was to pay upfront and then apply for reimbursement from NIHB. The invoice along with client's status card was sent to NIHB for payment and eliminated need for reimbursement. As a result, all NIHB regions are reviewing MS&E items that are dispensed at hospitals and to identify areas for improvement.
 - One case scenario 27 emails and phone calls over two days to work out the issues. After a decision for a benefit is reversed and approved, Navigator may also spend time assisting client/service provider with the process.
 - Between the two NIHB Navigators, there are regularly 60 hours spend on client calls weekly, 15 hours on administration such as, writing briefing notes, preparing and doing presentations, information booths, sending notices out to communities, and working with service providers, provincial and federal counterparts. Navigators also do an e-newsletter and update the NIHB Guides annually.
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First Nations Health Information Management in Ontario (FNHIMiO)

- The FNHIMiO Project is engaging First Nations to implement access to information management tools available in Ontario that improve health information management, provide better support for community health service delivery and reporting, and support improved information sharing with partners.
 - The Project is guided by the Knowledge Management Advisory Group (KMAG) which operates under resolutions related to public health, surveillance and eHealth that were passed by all Ontario Chiefs in Assembly.
 - With support from KMAG, the Project:
 - Identifies the requirements to implement and sustain the use of tools provided by the province or available in the market place that improve health information management within First Nations health service organizations. This includes completing a needs review with each First Nation to identify their priorities for health information management;
 - Develops and validates privacy and security policies, and tools, templates, and checklists to support planning, implementation, adoption, and use of health information management tools;
 - Provides ongoing guidance and support; and
 - Increases clinical workflow coordination with partners (e.g. LHINs, PHUs, family health teams).
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Data Management Working Group

Overarching Objectives

1. Support and Enable First Nation Data Management at the Community and Regional Level
 - A. Strengthening awareness and use of existing data and research
 - B. Address the Technical Requirements for Data Management
 2. Establish Enabling Processes that Build Commitment and Functional Partnerships
 - A. Define Data/Research Governance and Protocols
 - B. Resolving Jurisdictional Barriers to Improve Patient Data
 3. Collaborate to Collect/Analyse First Nations Data and Develop Useful Studies
 - A. Define how qualitative and quantitative data and research be used to identify challenges and support evidence-based responses for diabetes/chronic disease prevention and management, public health, and mental health and addictions.
 - B. Work towards developing processes and agreements that support evidence-based responses for the TFNHSOC committees.
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First Nation Transformative Change and Response to Patients First Act

- Review and approval is being requested to HCU [Health Coordination Unit) and the OCCOH (Ontario Chiefs Committee on Health) regarding the development of a First Nation-specific engagement process to provide input into the reform of the health system in Ontario, including the implementation of ***Patients First Act*** (formerly Bill 41) and the LHIN renewal process
 - As per the Chiefs of Ontario standing corporate mandate to provide technical assistance and coordination support to First Nation regarding key issues
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*First Nation Transformative Change and Response to
Patients First Act*


ANALYSIS

- First Nations **must** have a say in how the proposed changes outlined in the Patients First Act will impact them, and what structural changes are required to make the health system in Ontario more responsive and effective for First Nations people.






NNADAP REVIEW

- The Assembly of First Nations and the Chiefs of Ontario support the investigation and continued advocacy for funding opportunities to address substance abuse issues in First Nations communities as defined in the Honouring Our Strengths Renewal Framework (Assembly of First Nations Resolution 23/2014 and Chiefs of Ontario Resolutions 13/07, 14/28).
 - Task group was struck to carry out the work to present to the Minister of Health and provide recommendations through a national process.
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NNADAP cont'd

- The work of the task force was a focus on current capacity building needs, effective, culturally based approaches to addictions, and investment required to provide adequate funding levels for sustainable programming and operating needs of Ontario Region (case scenario) NNADAP community-based programs and NNADAP/NYSAP Treatment centres, including validation of existing wage parity data.
 - The work is completed a report of the findings is being reviewed and will be able to support and provide policy and program direction to First National Inuit Health Branch (FNIHB).
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National NIHB Review Process

NIHB JOINT REVIEW OBJECTIVES:

- Enhance client access to benefits
 - Identify and address gaps in benefits
 - Streamline service delivery to be more responsive to client needs
 - Increase program efficiencies
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NIHB Review

The National Committee continues to pursue the mandate of resolution 126/2016:

- ***Secure on-going commitment and resourcing from Health Canada for the implementation of NIHB Joint Review Recommendations***
 - ***Call on Health Canada to provide support and resources for communities and regions to explore governance options for the delivery of NIHB.***
 - ***Joint Review Steering Committee to explore legislative and legal options to ensure NIHB delivery is based on Treaty and Inherent Rights***
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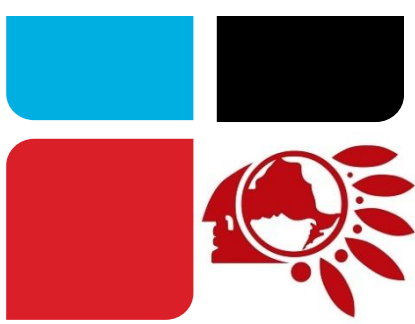
Update on National Health Accord

- The federal, provincial and territorial (FPT) health Minister's met in Toronto on October 18, 2016. The AFN presentation (A First Nations Health Transformation Agenda) was delivered by Regional Chief Isadore Day and Chief Tony Alexis, Chair of the AFN's Task Team on Health Accord (the Task Team).
 - The second meeting was on December 5, 2016 to confirm the First Nation key objectives.
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Health Accord Summary

- We call on each jurisdiction to work with First Nations within their jurisdictions to collectively establish a process for collaboration.
 - In addition, we propose a meeting/ a national dialogue in 2017 bringing together provinces, territories, the federal government and First Nations.
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National Health Accord

- The AFN has provided a submission for the First Nations Health Transformation document. the AFN has developed the proposal for the Indigenous Health Summit.
- The AFN has also submitted a submission there or new investments, in budget 2017 based on the resolution “Support for Health Investments in Budget 2017.”





National Health Technicians Network

- As the National Technical Committee, our responsibilities include: advocacy with FNIHB/Health Canada and National agencies to increase opportunities for First Nations to participate in and influence national health policy, health systems and programs/services development, based on Regional priorities.
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Health Technicians

- Mandates from the Chiefs in Assembly have been the catalyst for many of the National initiatives, such as the NNADAP review
 - Coordination of Ontario First Nations participation in the development of the Ontario response to National initiatives, eg: mental wellness continuum.
 - Support to the Ontario Chiefs Committee rep at the National level.
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