



INDIGENOUS HEALTH NETWORK

Serving Hamilton, Niagara, Haldimand, Brant, Burlington and Norfolk

POSITION STATEMENT¹

ONTARIO HEALTH TEAMS INDIGENOUS ENGAGEMENT IN HAMILTON, NIAGARA, HALDIMAND, NORFOLK, BRANT, AND BURLINGTON January 9, 2020

Background

With the introduction of the Ministry of Health's (ministry) Ontario Health Team (OHT) model of health service delivery, organizations submitting applications will be required to successfully partner with Indigenous leaders in the planning and implementation of health care services. In accordance with Bill 74: *The People's Health Care Act, 2019*² the ministry has stipulated that the OHTs will be expected to:

- Reduce current health disparities experienced by Indigenous peoples in Ontario;
- Redesign care in a way that will improve care for and meet the diverse needs of the Indigenous population;
- Demonstrate that they respect the role of Indigenous peoples in the planning, design, delivery and evaluation of services for their community;
- Demonstrate that they are able to provide culturally safe care for Indigenous Peoples.

The ministry's document *Ontario Health Teams: Guidance for Health Care Providers and Organizations* provides direction related to the above-mentioned expectations and sets out the requirement that this will be achieved through partnership with Indigenous-governed organizations. When an OHT application has been submitted for a region that includes one or more First Nation communities, endorsement from those communities is necessary.³

Indigenous Peoples' Health in Canada

The health status of Indigenous Peoples is well below that of the rest of Canada.⁴ Indigenous Peoples experience disproportionate health inequities compared to their non-Indigenous counterparts, including higher rates of infant and maternal mortality, obesity and diabetes, mental illness and suicide, tuberculosis, and exposure to environmental contaminants.⁵

¹ This position statement was prepared by the North Simcoe Muskoka Indigenous Health Circle and adapted by the Hamilton Niagara Haldimand Brant (HNHB) Indigenous Health Network (IHN).

² Bill 74: The People's Health Care Act 2019 <https://www.ola.org/en/legislative-business/bills/parliament-42/session-1/bill-74>

³ Government of Ontario (2018). *Ontario Health Teams: Guidance for Health Care Providers and Organizations*. Retrieved from http://health.gov.on.ca/en/pro/programs/connectedcare/ohd/docs/guidance_doc_en.pdf

⁴ National Collaborating Centre for Indigenous Health (2013). *An Overview of Aboriginal Health in Canada*. Retrieved from https://www.nccih.ca/495/An_Overview_of_Aboriginal_Health_in_Canada.nccih?id=101

⁵ National Collaborating Centre for Indigenous Health (2018). *Supporting Indigenous Health Inequity Reporting in Canada: An Executive Summary on the PanCanadian Health Inequalities Reporting initiative*. Retrieved from https://www.nccih.ca/595/NCCAH_in_the_News.nccah?id=433

The factors that underlie these health disparities are multi-faceted, but are inextricably linked to colonial policies and practices – both historic and contemporary – that undermine Indigenous Peoples’ social determinants of health across lifespans and generations.⁶ This includes the systemic causes of violence against Indigenous women and girls, and racism in the health and child welfare systems, that leads to racial disproportionality and the negative effects on families and communities.^{7,8}

The “Calls to Action” set out by Canada’s Truth and Reconciliation Commission (TRC) provide a way forward for improving health outcomes for Indigenous Peoples, calling on all levels of government, individual Canadians, and other organizations to work in partnership to effect change.⁹ Of particular relevance to Indigenous participation in OHT development is the Calls to Action that states:

“There is a need to transform the health system for Indigenous peoples to ensure that the right systems, policies and legislation contribute to the right care, at the right time, in the right place. This means ensuring that Indigenous Peoples can exercise their inherent rights to control their own health services. . . Change will be achieved through a return of accountability, resource allocation and responsibility to the individual communities to which Indigenous people belong.”

The mandatory shared governance and single funding envelope model of an OHT means Indigenous autonomy and control of their funding will be relinquished to the OHT. Therefore, Indigenous communities may be willing to contribute to the design of OHTs, but will not formally partner in an OHT.

Many stakeholders have taken first steps to align programs and policies with the health-related TRC Calls to Action. Promising and emerging responses include: Indigenous-directed health and health-related services, and efforts to increase the number of Indigenous health care providers and the employment of specialized roles such as Indigenous patient navigators to serve as a bridge between Indigenous patients and the health care system.^{10,11} While these responses are encouraging, to improve the health of Indigenous Peoples in Canada, system-level changes that re-align authorities, accountabilities and resources are needed to improve the health of Indigenous Peoples.⁸ The introduction of OHTs provides an opportunity for such transformative change.

⁶ Greenwood M. (2018). Challenges in Health Equity for Indigenous Peoples in Canada. *Lancet*, 391:1645-01648.

⁷ National Inquiry into Missing and Murdered Indigenous Women and Girls: *Part III-Knowledge Keeper and Expert Hearings*, Toronto June 2018 Summary <https://www.mmiwg-ffada.ca/part-ii-and-part-iii-knowledge-keeper-expert-and-institutional-hearings/>

⁸ Diversity and Equality in Health and Care (2016) 13: 334-8, *Research Paper: Canadian Indigenous Women’s Perspectives of Maternal Health and Health Care Services: A Systematic Review* <http://diversityhealthcare.imedpub.com/canadian-indigenous-womens-perspectives-ofmaternal-health-and-health-care-services-asystematic-review.pdf>

⁹ HealthCareCan (2018). *Bringing Reconciliation to Healthcare in Canada: Wise Practices for Healthcare Leaders*. Retrieved from <https://www.healthcarecan.ca/2018/04/11/healthcarecan-releases-wise-practices-to-address-the-health-related-truth-and-reconciliation-commission-trc-calls-to-action/>

¹⁰ *First Peoples, Second Class Treatment: The role of racism in the health and wellbeing of Indigenous peoples in Canada*. Retrieved from <https://www.wellesleyinstitute.com/wp-content/uploads/2015/02/Summary-First-Peoples-Second-Class-Treatment-Final.pdf>

¹¹ Hamilton Niagara Haldimand Brant LHIN (2019). *Indigenous Peoples’ Health and Wellness*. Retrieved from <http://www.hnhblhin.on.ca/goalsandachievements/integrationpopulationbased/indigenoushealthandwellness.aspx>

Position Statement Objective

This position statement was prepared by the North Simcoe Muskoka Indigenous Health Circle and adapted by the Hamilton Niagara Haldimand Brant (HNHB) Indigenous Health Network (IHN). The HNHB IHN is made up of Indigenous health and social service providers from across the communities of Hamilton, Niagara, Haldimand, Brant, Burlington, Mississaugas of the Credit First Nation, and Six Nations of the Grand River. Together with the LHIN, the IHN seeks to address the health needs and issues of local Indigenous communities.

In this way, the principles outlined are both informational and instructive, providing a starting point for a framework to guide relationship building within the context of an OHT.¹²

The position statement is intended to support the successful engagement and potential partnership opportunities between OHTs and Indigenous health leadership. The statement outlines four principles central to authentic engagement, aligned with Indigenous worldview, and with tangible recommendations suggested for each principle.

Principle 1: Appropriate and Meaningful Consultation

To ensure constructive, co-operative relations based on mutual respect, the province of Ontario has stressed the importance of an *“effective approach to consultation that will move Ontario and Aboriginal peoples toward a new era of cooperation and partnership.”*¹³ With this in mind, consultations must respect the diversity of opinions, histories, and decision-making processes present “at the table”. As well, consultation must be initiated at the onset of a process to facilitate full and equitable partnership, and not as an after-thought.

OHT applicants must understand that any form of pre-existing relationship with Indigenous leadership – such as Indigenous board or committee members and individual employees – does not preclude the need for undertaking focused consultation on potential OHT partnerships with First Nation communities and Indigenous-governed organizations. Further, in order to comply with the ministry’s expectation that OHTs address current health disparities experienced by Indigenous people of Ontario, consultation must include a respectful recognition of the legacy of colonization upon the health and wellbeing of Indigenous Peoples. Lastly, it is important for organizations that wish to successfully consult with Indigenous leadership to have an understanding of the Indigenous collectivism mindset. Leadership from an Indigenous perspective is approached as a unified whole; through meaningful consultation and input from their broader community. In this way consensus is reached.¹⁴

¹² Government of Canada, Department of Justice (2018). *Principles respecting the Government of Canada’s relationships with Indigenous Peoples*. Retrieved from <https://www.justice.gc.ca/eng/csj-sjc/principles-principes.html>

¹³ Government of Ontario (2019). Draft guidelines for ministries on consultation with Aboriginal peoples related to Aboriginal rights and treaty rights. Retrieved from <https://www.ontario.ca/page/draft-guidelines-ministries-consultation-aboriginal-peoples-related-aboriginal-rights-and-treaty>

¹⁴ Gambrell K. (2017). The Case for an Indigenous Collectivist Mindset. *Emerald Insight*.

Consultation and engagement in the past have been inadequate and as a result, health disparities continue to worsen.¹⁵ To remedy this situation, non-Indigenous health care leaders must follow the policies, guidelines and protocols related to consultation of the Indigenous communities they are working with, and ensure that consultation is based on the four principles and wise practices for relationship building: Respect, Trust, Self-determination and Commitment.¹⁶ Failure to follow processes for consultation with Indigenous stakeholders will inevitably prove to be counterproductive and endorsement will not be provided.

Principle 2: True and Equal Partners

Indigenous people are the experts regarding their health care needs and solutions, and are experts in the circumstances that have historically created existing health inequities which continue today. It is essential that Indigenous leadership is engaged as true and equal partners in the redesign of health services to ensure improved care that will meet the diverse needs of the Indigenous population. It is incumbent upon OHT applicants to recognize the nature and quality of existing relationships and how this may be impacting health outcomes of Indigenous Peoples. It is essential that every effort be made to repair and build relationships, ensuring Indigenous health leaders and delegates have positions on governing boards; Indigenous community members are included as members of advisory committees; and clear mandates and responsibilities are agreed upon by the parties involved. Delegates will not be provided if health care leaders do not take the appropriate steps to ensure an equitable partnership.

The Indigenous perspective of partnership within the context of Bill-74 would ensure that mainstream partners recognize Indigenous rights in decision-making including Ownership, Control, Access to and Possession (OCAP) of First Nations health information¹⁷ and agree to diplomatic relations. Multi-lateral relationships engage one another diplomatically through respectful dialogue and cooperation. Decisions are not made unilaterally.

¹⁵ Richmond CAM. (2016). Creating conditions for Canadian Aboriginal health equity: the promise of healthy public policy. *Public Health Reviews*, 37(2).

¹⁶ Talking Together to Improve Health Project Team (2017). *Talking together to improve health – key findings from the Ontario Public Health Unit Survey on engagement with First Nations communities, Sudbury, ON: Locally Driven Collaborative Projects.* <https://www.publichealthontario.ca/-/media/documents/ldcp-firstnations-engagement-survey-report.pdf?la=en>

¹⁷ First Nations Information Governance Centre (2014). *Ownership, Control, Access and Possession (OCAP™): The Path to First Nations Information Governance* https://fnigc.ca/sites/default/files/docs/ocap_path_to_fn_information_governance_en_final.pdf

Principle 3: Right to Self-Governance

By virtue of their sovereignty and under Canadian Law, Indigenous Peoples have the right to self-governance.¹⁸ The *United Nations Declaration on the Rights of Indigenous Peoples*, which Canada has a commitment to, echoes a similar message: “*Indigenous Peoples, in exercising their right to self-determination, have the right to autonomy or self-government in matters relating to their internal and local affairs, as well as ways and means for financing their autonomous functions.*”¹⁹ As stated in Bill-74: *The People’s Health Care Act, 2019* the ministry has stipulated that OHTs will be expected to “*demonstrate that they respect the role of Indigenous peoples in the planning, design, delivery and evaluation of services for their community.*”² Our belief is that this is a firm statement of Indigenous rights in health care design and delivery.

The Indigenous right to self-governance must be respected and applied within the context of OHT planning. Mainstream partners will be required by Indigenous leadership to integrate formal structures through which Indigenous communities would oversee and lead the administration of their health care service provision and related programs and policies. More Indigenous ownership regarding the design and control of health services will help to address Indigenous communities’ health needs and challenges.²⁰

Principle 4: Indigenous Health in Indigenous Hands – Indigenous Governed Health Care Services

An Indigenous-governed health system would see Indigenous organizations and communities positioned to plan, manage and deliver their own health care; this includes receiving and managing their own health care funding. By ensuring Indigenous Peoples are leaders in their health care, rather than passive beneficiaries, emphasis is placed on finding Indigenous solutions to Indigenous concerns. While non-Indigenous health professionals often demonstrate compassion and empathy for their patients, it is not typical that they are able to comprehensively understand the full impact of Indigenous histories, worldview and cultural paradigms – all necessary in order to provide patient-centered care. As such, health care must be Indigenous-governed, positioning Indigenous leaders as the central authority for decisions about Indigenous health and well-being.

It is important to note here that Indigenous-governed organizations are led entirely by Indigenous leaders and boards of directors in which the members are Indigenous themselves, and where governance and operations are fully determined by Indigenous people. Indigenous “representation” on a board does not mean the board is Indigenous-governed.

¹⁸ Government of Canada, Department of Justice (2018). *Principles respecting the Government of Canada’s relationships with Indigenous Peoples*. Retrieved from <https://www.justice.gc.ca/eng/csi-sic/principles-principes.html>

¹⁹ United Nations (2007). *United Nations Declaration on the Rights of Indigenous Peoples*. Retrieved from <https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html>

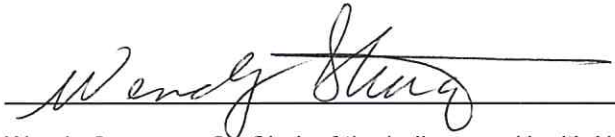
²⁰ HealthCareCan (2018). *Bringing Reconciliation to Healthcare in Canada: Wise Practices for Healthcare Leaders*. Retrieved from <http://www.healthcarecan.ca/2018/04/11/bringing-reconciliation-to-healthcare-in-canada-wise-practices-for-healthcare-leaders/>

Although Indigenous health services have historically been planned and delivered by the Western medical systems' organizational leadership, the evidence clearly indicates that Indigenous health outcomes only improve at the rate in which self-determination and Indigenous control over Indigenous-informed health processes increase.²¹ Given the emergence of OHTs, the Alliance for Healthier Communities' resolution that Indigenous health should be in Indigenous hands is both time sensitive and urgent to act upon.²²

Conclusion

The successful redesign and delivery of Indigenous health care services will be dependent upon the degree to which Indigenous leadership is able to lead this process while being fully supported in exercising their right to self-governance and self-determination. Increased effort must be made to create strategies and supportive environments that foster engagement, representation and leadership of Indigenous people, from initiation of planning through to the implementation of OHTs.

Sincerely,

A handwritten signature in cursive script, reading "Wendy Sturgeon", written over a horizontal line.

Wendy Sturgeon, *Co-Chair of the Indigenous Health Network
& Executive Director of Niagara Chapter-Native Women Inc.*

A handwritten signature in cursive script, reading "Margaret Copeland", written over a horizontal line.

Margaret Copeland, *Co-Chair of the Indigenous Health Network
& Community Health Nurse at Mississaugas of the Credit First Nation*

²¹ Alliance for Healthier Communities (2019). Resolutions Presented at 2019 Annual General Meeting.

²² Ibid.