



Meaningful Engagement:

Relationship building with First Nations and public health in Ontario

Alanna Leffley, Senior Epidemiologist, Grey Bruce Health Unit

Maurice Switzer, Nimkii Communications

Kim Lalonde, Nipissing First Nation

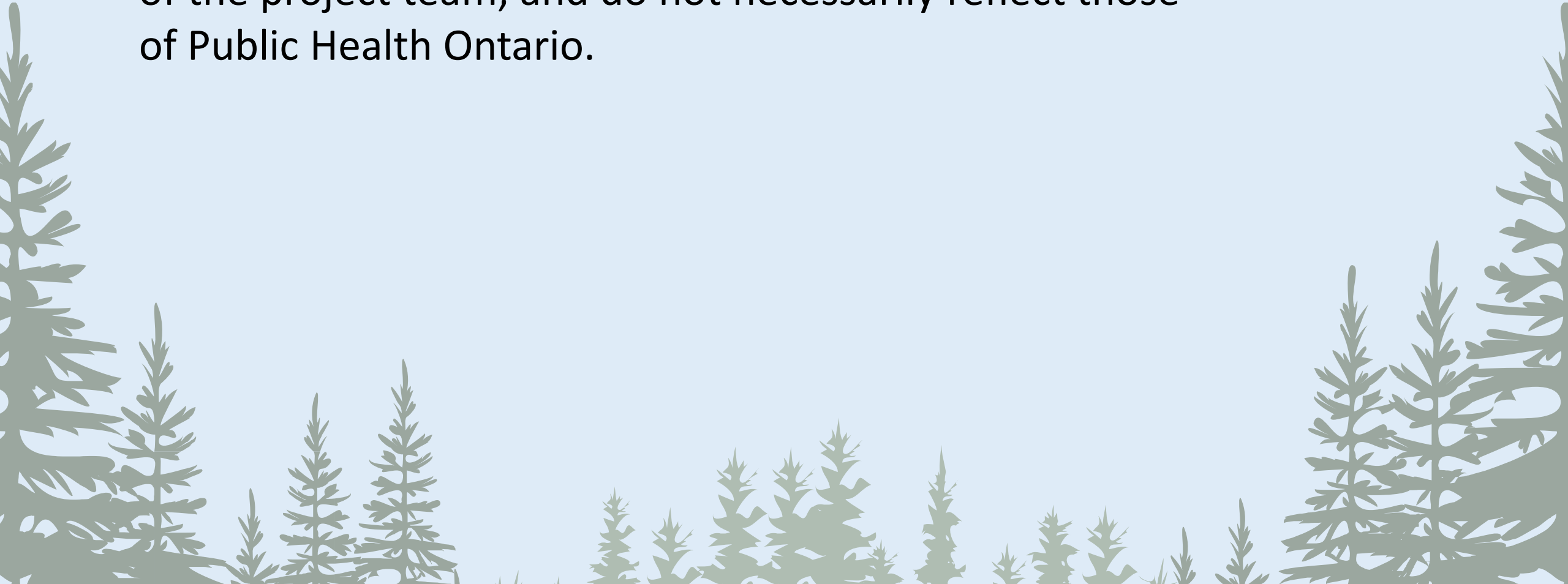
Mariette Sutherland, Manager, Indigenous Engagement, Public Health Sudbury & Districts

Presentation to APHEO Conference, November 27, 2018

*Locally Driven Collaborative Project funded
and supported by Public Health Ontario*

Disclosure

The views expressed in this publication are the views of the project team, and do not necessarily reflect those of Public Health Ontario.



Project Team Members

- ▶ Dr. Marlene Spruyt, Laurie Zeppa, Hilary Cutler, Algoma Public Health
- ▶ Dr. Lianne Catton, Chantal Riopel, Lynn Leggett, Porcupine Health Unit
- ▶ Alanna Leffley, Grey Bruce Health Unit
- ▶ Dr. Sheila Cote-Meek, Dr. Carol Kauppi, Laurentian University
- ▶ Chris Bowes, Brianne Peshko, Jessica Love, North Bay Parry Sound District Health Unit
- ▶ Sandra Laclé, Dr. Suzanne Lemieux, Renée St Onge, Dr. Penny Sutcliffe, Mariette Sutherland, Dr. Ariella Zbar, Public Health Sudbury & Districts
- ▶ Kerry Schubert-McKay, Temiskaming District Public Health Unit
- ▶ Tracey Zurich, Thunder Bay Health Unit (librarian support)

Indigenous Circle Members

- ▶ Dr. Sheila Cote-Meek, Laurentian University
- ▶ Rachel Cull, Misiway Milopemahtesewin Community Health Centre
- ▶ Gloria Daybutch, Maamwesying North Shore Community Health Service
- ▶ Dr. Emily Faries, University of Sudbury
- ▶ Dr. Kevin FitzMaurice, University of Sudbury
- ▶ Kim Lalonde, Nipissing First Nation
- ▶ Caroline Lidstone-Jones, Weeneebayko Area Health Authority
- ▶ Dr. Michael Hankard, University of Dr. Sudbury
- ▶ Dr. Marion Maar, Northern Ontario School of Medicine
- ▶ Pam Nolan, Garden River First Nation Wellness Centre
- ▶ Maurice Switzer, Nimkii Communications
- ▶ Pamela Williamson, Noojmowin Teg Health Centre

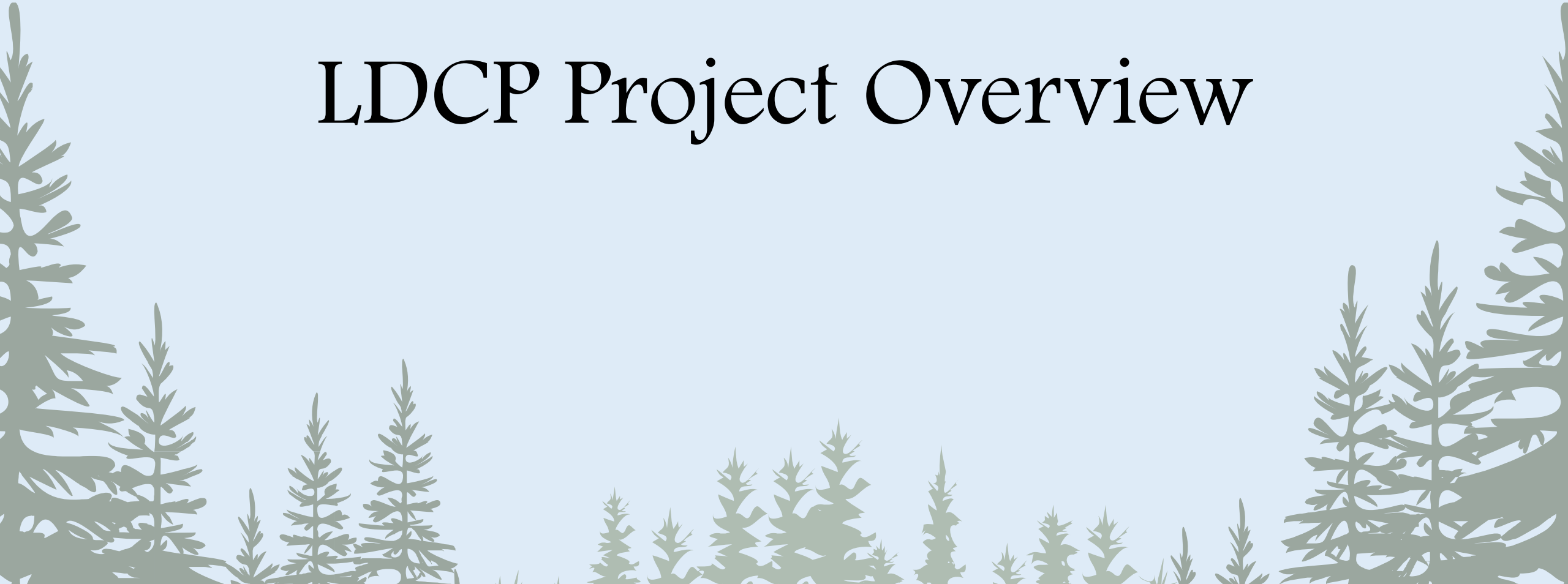
LDCP Project Team & Indigenous Circle – September 2017 Meeting



Presentation Objectives

- 1) Overview of the LDCP project, its objectives and background.
- 2) Explore the findings from a survey of public health units and their perceived successes and challenges in engaging the First Nation communities in their area.
- 3) Principals and practices that may foster public health engagement with First Nations communities.
- 4) Reflect on the challenges and benefits of engagement.

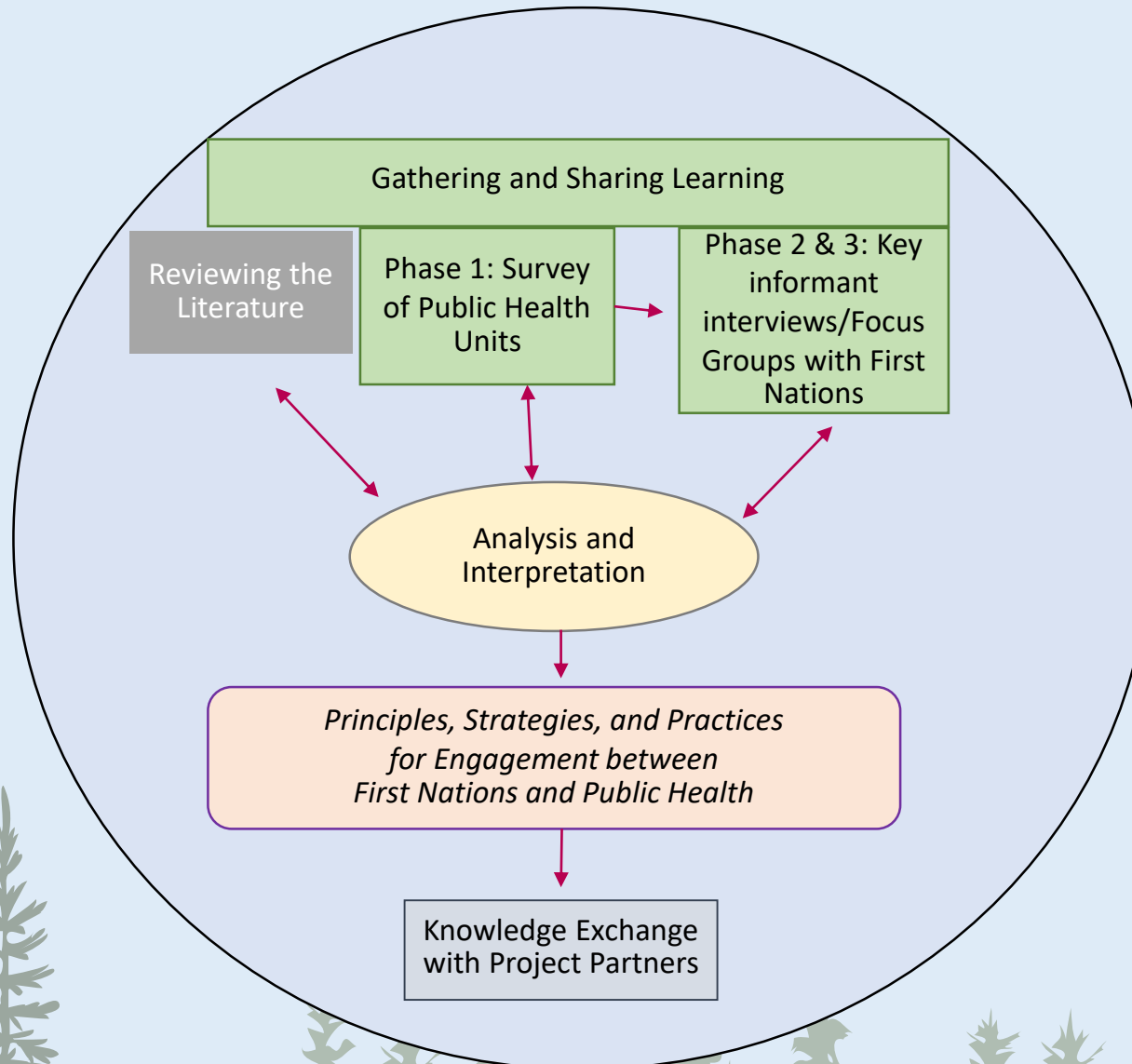
LDCP Project Overview



Research Question

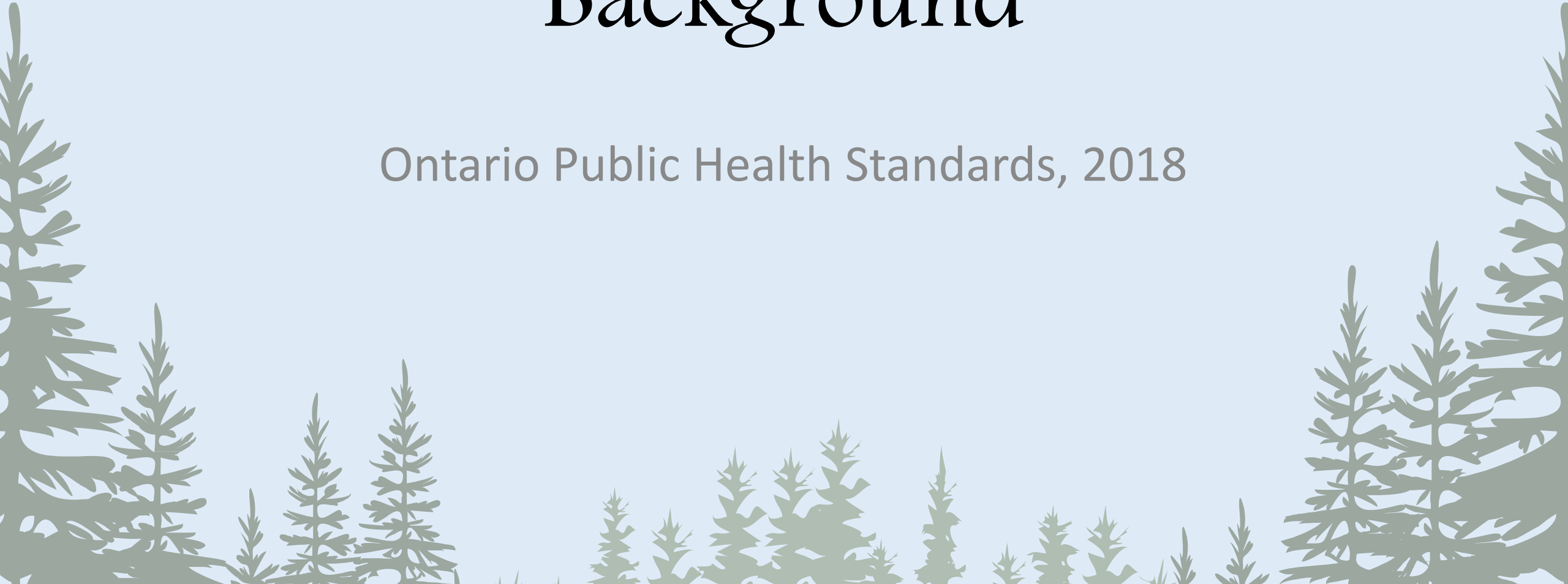
“What mutually beneficial, respectful and effective principles and practices of engagement between First Nation communities and public health units in Northeastern Ontario can be identified, as an important step in working toward improved opportunities for health for all?”

Participatory Study Design



Background

Ontario Public Health Standards, 2018



Ontario Public Health Standards, 2018

Requires boards of health to engage with Indigenous and First Nations communities, organizations

- Relationship with Indigenous Communities Guideline – created to assist in the implementation of the Health Equity Standard
- Mentions engagement should include the fostering and creation of ***meaningful relationships, collaborative partnerships*** with Indigenous community and organizations
- Should be done in a ***culturally safe, culturally humble and trauma informed way***

Population Health Assessment and Surveillance Protocol, 2018

- Examples of indicators to be considered when assessing the populations in our regions:
 - Ethnicity/Race
 - Indigenous Identity
- This presents a challenge to Epidemiologists because:
 - Very few of the administrative databases collect this information;
 - Jurisdictional issues around follow-up for some programs (like infectious diseases, rabies, HBHC)
 - Statistics Canada products like CCHS do not collect data in First Nations communities
 - High non-response rates for many communities for Census

Challenges faced by PHUs implementing these standards

- No formal guidance on **how** to do so effectively
- Lack of knowledge about cultures, traditions of First Nations or their wishes to collaborate
- Lack of resources, direction and available data about First Nations communities in order to effectively plan programs and services

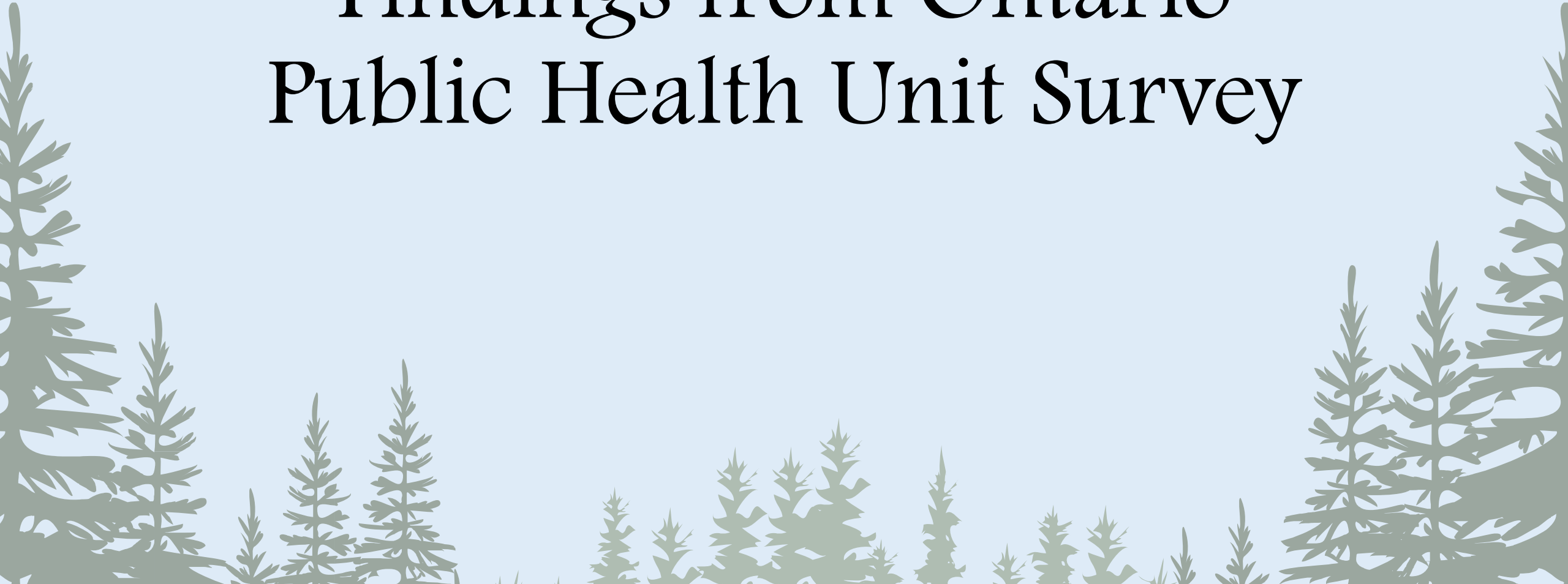
Population health assessment should be premised on a Respectful Engagement Approach

- Having Indigenous people engaged to provide guidance in this work
- Understanding and employing sound community based Participatory Action Research and Indigenous research methods
- Learning about and being respectful of OCAP® principles, with specifics determined with project partners and participating Indigenous communities
- Fostering a shared learning process
- Building on existing relationships and successes using a strengths-based approach

Truth & Reconciliation Call to Action #19

We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.

Findings from Ontario Public Health Unit Survey



PHU Survey Findings

- In August of 2017, 35 PHUs were invited to participate in an on-line survey (one response per PHU)
 - 24 PHUs responded, 10 responses removed (due to lack of First Nations communities in their areas)
 - 14 of 21 (67%) PHUs responded to the survey (i.e., only findings from those having catchment areas encompassing First Nations communities were considered)
- They identified specific engagement practices, facilitators, challenges and supports needed for engagement

Engagement

- First Nations community health centres or health directors play important roles as first point of contact
- PHUs use various engagement approaches that focus on relationship building tailored to their First Nations community perspectives
- Program areas of VPD and ID were the most common programs for engagement

Specific health unit practices

- First Nations representation on their boards of health or advisory group (n=2)
- Half had Indigenous Peoples employed but were opportunistic rather than purposeful
- Most had provided cultural awareness/competency training to staff
- Few had policies or guidelines for First Nations community engagement
- Half considered First Nations communities in their overall strategic plan and/or in program planning

Factors that contribute to engagement

- Some proactively seek opportunities to engage with First Nations communities while others provide support and/or service when requested by First Nations
- Most engagement practices considered to be successful or positive focusing on building relationships with First Nations communities and led to opportunities for further collaboration

Perceived challenges to meaningful engagement

- Lack of clarity regarding which health organizations are most responsible or appropriate to deliver a public health service within a First Nations community
- For both – challenges with staff turnover, financial pressures
- Engagement was felt less successful when programming discussions with First Nations did not result in any actually implemented within community
- Lack of data on Indigenous health needs hinder engagement

Future engagement

- Majority (79%) did not feel their staff have the skills, knowledge to effectively engage with First Nations communities
- Most felt more resources, including funding for both public health units and First Nations communities for training supports, human resources would further support engagement
- Most were uncertain or were waiting for the release of protocols to guide further guide engagement



**Four Principles:
Trust, Respect, Self-Determination,
and Commitment**

Examples of meaningful engagement

- Health units described communications, building respectful relationships and respecting the wishes of First Nations communities in any interactions (respect)
- Allowing enough time for relationship building; having face-to-face meetings, enlisting help of respected people in communities; seeking input (trust)
- Engagement approaches driven by the needs of First Nations community needs (self-determination)

Meaningful Engagement ~ Commitment

- First Nations representation on boards of health or Indigenous Advisory Committees
- Written agreements for specific programs and services
- Health unit strategic plan, board motions or other formal processes
- Staff and management positions explicitly incorporate Indigenous engagement as part of their roles
- Enhanced recruiting strategies to increase Indigenous staff

Benefits of meaningful engagement

- Value of traditional knowledge is that it help us understand our environment, histories of our communities, context of the data we are looking at
- Value of learning together – we ALL learn something, get more complete picture of the issues we are working on

Areas for improvement

- Cultural competency training for PHU employees varies - training shifting towards deepened understanding of cultural safety and cultural humility
- Lack of resources, direction and knowledge – especially access to statistical data - among PHUs to collaborate as effective partners

Challenges for epidemiologists

- Due to high non-response rates in many First Nations communities – often greater than 35% - Census data is often the only data health units have about the communities in their regions
- Understanding OCAP[®] principles (Ownership, Control, Access and Possession)
- Better relationships with First Nations communities can lead to collaborative projects and opportunities to share but most importantly - better understand the data

Project Documents and Reports

Important findings to provide further context about Indigenous engagement practices and principles.

- ▶ Literature review report available at:
https://www.publichealthontario.ca/en/ServicesAndTools/Documents/LDCP/FirstNationsTeam_LiteratureReview_FINAL.pdf
- ▶ Executive Summary of literature review available at:
https://www.publichealthontario.ca/en/ServicesAndTools/Documents/LDCP/FirstNations_Engagement_LitReview_ExecutiveSummary_Final.pdf
- ▶ Public Health Unit Survey report available at:
https://www.publichealthontario.ca/en/ServicesAndTools/Documents/LDCP/FirstNationsTeam_HealthUnitSurveyReport_FINAL.pdf
- ▶ Executive Summary of PHU Survey Report available at:
https://www.publichealthontario.ca/en/ServicesAndTools/Documents/LDCP/FirstNations_Engagement_Survey_Summary_FINAL_2018.pdf

Acknowledgements

The “*Talking together to improve health*” project team would like to thank Public Health Ontario (PHO) for its support of this project. The team gratefully acknowledges funding received from PHO through the “Locally Driven Collaborative Projects program”.

Thank you – Miigwetch!



