Approaches to Community Wellbeing

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Sioux Lookout
First Nations Health Authority
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The presenters have no conflicts of interest to declare.
1. Overview of Approaches to Community Wellbeing
2. Current status of implementation
3. Negotiation of legislative barriers
4. State of transition of resources
5. Application of Ownership, Control, Access and Possession
6. Community Perspective

Presentation Outline
Overview of ACW
• 31 Communities
  - 80% Fly-In
• 2 Treaties
• 6 Tribal Councils
• Two time zones
• Two Public Health Units:
  - Northwestern Health Unit
  - Thunder Bay District Health Units

Overview of ACW
• Approaches to Community Wellbeing = Public Health System
• Integrated model for public health service delivery
• Regional model to support 31 First Nations Communities
• Adaptable model to meet needs of communities

Overview of ACW
Vision:

The Anishinabe people of this land are on a journey to good health by living healthy lifestyles rooted in our cultural knowledge.
Values:

- The Teachings of our People
- Language
- History
- Family
- Wholistic
- Honour Choices and Respect Differences
- Share Knowledge
- Connection to the Land
- Supportive Relationships and Collaboration
Goals:

- Improved approaches to community wellbeing, which are integrated, wholistic, sustainable, and proactive
- Increased community ownership over our health and approaches to wellbeing
- Increased number of people leading the way who are committed to healthy communities
- Safer communities
- Increased number of people making healthy choices
- Increased number of children raised as healthy community members
- Increased connection to the teachings of our people
Current State of Implementation
Currently we are developing and/or offering services for:

- Preventing Infectious Diseases
- Raising our Children – Youth Development
- Roots for Community Wellbeing – Data Collection and Analysis, Planning
- Mental Health and Addictions prevention
Preventing Infectious Diseases

- Ongoing Tuberculosis prevention and control
- Harm reduction services (i.e. Needle Distribution Service)
  - Evaluation of Needle Distribution Service

Current State of Implementation
Preventing Infectious Diseases

- Hep C Support and Treatment Services
- Developing a regional strategy for skin infections
- Infection Prevention and Control (developing training program)
Youth Development – Important Issues

• Smoking
• Self-harm
• Bullying
• Addictions/Substance Abuse
• Not eating the right foods
• Low self-esteem
• Diabetes

Current State of Implementation
Youth Development - Values

Current State of Implementation
Youth Development – Goals

• Youth have a strong voice
• Youth are living healthy lifestyles
• Youth are engaging their minds towards a positive future
• Youth are following in the footsteps of their ancestors (connected to their traditional practices, traditional foods, culture, land, language, and spirituality)
• Youth have healthy relationships

Current State of Implementation
Youth Development – Current Work

- Youth Facilitator
- Anishinabe Youth Network Facebook page
- Youth Council handbooks
- Developing a network of Youth Workers

Current State of Implementation
Data Collection and Analysis

- Epidemiologist
  - someone who studies patterns of diseases
- Data clerk enters immunization records into FNHIS
- Developing data sharing agreements to bring First Nations information back under First Nations governance
- Investigating community-based EMRs to support community workers to keep track of information
Mental Health and Addictions prevention and capacity building

- Community Wellness Development Team
- Aboriginal Healing and Wellness Strategy
- Mental Health Trainer

Current State of Implementation
Authority to Conduct Public Health
<table>
<thead>
<tr>
<th>Authority</th>
<th>SLFNHA</th>
<th>Public Health Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authority to conduct public health services</td>
<td>Chiefs in Assembly Resolutions</td>
<td>Health Promotion and Protection Act</td>
</tr>
<tr>
<td>Authority to collect Personal Health Information (PHI)</td>
<td>Chiefs in Assembly Resolution</td>
<td>Medical Officer of Health outlined as a HIC under Personal Health Information and Protection Act</td>
</tr>
</tbody>
</table>
• Provincial legislation does not recognize SLFNHA’s authority from the Chiefs
• Legal opinions vary on whether SLFNHA is a Health Information Custodian as outlined in PHIPA
• After months of discussion, it seems to be generally agreed that SLFNHA is a HIC Authority to Conduct Public Health
Transition of Services
• Access to Personal Health Information is essential in order to transition services around Preventing Infectious Diseases
  • Beginning the process of data sharing agreements so SLFNHA can access PHI to do case and contact management of infectious diseases
  • Request in to transition the case and contact management of Reportable Diseases from FNIHB over to SLFNHA

Transition of Services
Has anyone had similar challenges in accessing Personal Health Information?
• The ability to take over Epidemiology services for our communities relies on the access to aggregate community-level data for our communities

• SLFNHA has the authority to conduct health surveillance and enter into data sharing agreements on behalf of communities through Chiefs in Assembly Resolutions
Application of OCAP
Throughout the process of negotiating access to data sources and in developing health surveillance processes, we are applying the principles of OCAP

- Ownership
- Control
- Access
- Possession
• First Nations data is currently housed in provincial databases

• In some cases, this data is blocked from provincial providers from accessing and analyzing citing “OCAP” but First Nations and organizations are also blocked from accessing the data

• This results in service inequity as First Nations are not receiving health status reports or surveillance

Application of OCAP
• Entering into data sharing agreements has taken considerable time and is ongoing

• Throughout the process we are educating people on the meaning of OCAP
Has anyone had similar challenges accessing aggregate data about their community/communities?

Has anyone had similar challenges returning First Nations information back into First Nations possession?
EACH Community IS DIFFERENT!!
• Communities are continuously in a state of crisis

• Insufficient resources allocated for public health, and acute cases take priority

• Inequities in health services including public health, mental health, primary care, and non-insured health benefits
• Chiefs in Assembly passed a resolution in September 2015 calling for a declaration of public health emergency

• Nishnawbe Aski Nation, SLFNHA, and SLFNHA’s Chiefs Committee on Health made a declaration of a health and public health emergency in the winter of 2016
• In Spring 2016, Ministry of Health and Long Term Care responded with a First Nations Health Action Plan and announcements of increased resources over the next 3 years

• Resources have yet to be dispersed
Approaches to Community Wellbeing Working Group

• Representatives from Tribal Councils and Independent Communities in the area

• Provides us on advice as to:
  – Which communities to visit, and when
  – How best to approach communities
  – What language to use in presentations and resources

• Provides input into development and implementation
• Positions at each Tribal Council, Sandy Lake First Nation, Misheekeegogamang Ojibway Nation

• Community Wellbeing Facilitators

• Support communities to plan how Approaches to Community Wellbeing will look and function at the community-level
Sandy Lake First Nation

• Been visited as part of the ACW planning and development stage 3 times
• Involvement in the ACW Working Group
• Currently recruiting a Community Wellbeing Facilitator for a short term contract
Sandy Lake First Nation

- Community of approximately 3000 people
- Nursing station cannot meet the demands of the population
- Very proactive community 😊
- Looking at the whole system in itself, not just public health
- Stronger understanding of what public health means than most communities
Sandy Lake First Nation

- Funded for a part-time public health nurse in the community, but currently vacant
  - Vaccinations
  - Well baby clinics
  - Flu clinics at the store and other public places
  - Pre-school visits for all four year old
  - Physicals prior to students leaving the community for high school
  - Blood borne infections
  - Needle Distribution Service
  - Blood pressure clinics, sugar test clinics

- When they do not have a public health nurse in the community, in puts an added burden on the rest of the nursing team
What is your community doing around public health?

Are you facing similar challenges?

What solutions have you discovered?
Contact us:

Toll Free: 1-866-337-0081
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Miigwetch! Thank You!