Internal Scan of Programs and Services Offered to Local First Nations Communities

Report

MIDDLESEX-LONDON HEALTH UNIT

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Table of Contents

Acknowledgements.....i

Introduction.....1

Background Information.....1

Internal Environmental Scan.....1

References.....3

Appendix

Appendix A- 'Agreement with Council of Band' template.....3

Appendix B- Summary of finding from the Internal Environmental Scan.....7

Acknowledgements

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Introduction

The First Nations population has many risk factors that contribute to their poor health outcomes including low education/employment, poverty, obesity, lack of preventative oral health, environmental health concerns, childhood injuries and negative effects on child development (Best Start, 2011). Public Health Ontario (2014), states that aboriginal children are more likely to experience vulnerabilities in early child development that will impact the rest of their life course. Working with our local First Nations communities to improve their social determinants of health is an important Public Health strategy.

There are three First Nations communities west of London: Oneida Nation of the Thames, Chippewa of the Thames, and Munsee-Delaware Nation. Each community has its own culture, strengths, and challenges.

Oneida Nation of the Thames has a population of 1293, with 503 households. They have a total of 446 children under the age of 25, with 100 children under 5. Approximately, 28.02% of the band has a high school certificate or equivalent and 58.38% are employed. The average household income is $84,547 (Environics Analytics, 2015).

Chippewa of the Thames has a population of 827, with 294 households. They have a total of 339 children under the age of 25, with 43 children under 5. Approximately, 24.17% of the band has a high school certificate or equivalent and 57.71% are employed. The average household income is $42,526 (Environics Analytics, 2015).

Munsee-Delaware Nation has a population of 196, with 82 households. They have a total of 58 children under the age of 25, with 14 children under the age of 5. Approximately, 15.15% of the band has a high school certificate or equivalent and 47.27% are employed. The average household income is $44,011 (Environics Analytics, 2015).

Background Information:

The Health Promotion and Protection Act, states in section 50 that a health unit can develop, in partnership, with each band an *"Agreement with council of band"* to determine programs and services the health unit will offer to band members. See Appendix A for the agreement template.

This agreement also states that a member from the band, or if two or more bands enter into the agreement together, can jointly appoint a member of the band to sit on the Board of Health.

Peterborough County-City Health Unit and Eastern Ontario Health Unit each have an agreement in place with their local First Nations communities. In Peterborough, the Chief of Curve Lake First Nation is a member of the Board of Health, and was the chair of the board in 2014. Peterborough County-City Health Unit offers all of their programs and services to their local First Nations communities. The administration determines whether they want the health unit or Health Canada to provide the services.

Middlesex-London Health Unit (MLHU) does not currently have a formalized agreement with either Oneida Nations of the Thames, Chippewa of the Thames, or Munsee-Delaware Nation.

Internal Environmental Scan:

MLHU has a history of providing some program supports to the local First Nations communities upon request. However, lacking is an understanding of the current nature of the supports, as well as a common understanding of what is possible. An internal scan was conducted between May 25 and July 22, 2015 by a Public Health Nurse (PHN) from the Early Years Team to determine:

- What teams are interacting with local First Nations communities,
- What program and services are offered,
- Are such activities done in partnership with communities or to address a gap in services,
- Did the communities request the support or was it initiated by the Health Unit,
- Is there a desire to enhance Health Unit program and services to the population?

In total, 19 managers were contacted through email to setup a meeting time, and 17 managers responded. One large program with three managers sent a single manager to represent them; therefore all programs participated. One manager completed the survey for two teams. Most of the meetings consisted of the manager of the team and the Public Health Nurse conducting the survey. Several of the meetings included the manager and team members who work(ed) with the First Nations population.

In total, 14 teams stated they provide services to the local First Nations communities. Of these 14 teams, 6 specifically stated they work in-directly with the local First Nations communities. Two teams stated they do not provide services to the local First Nations communities because Health Canada provides these services. Two teams explained they have work with the local First Nations communities in the past.

In total, 49 services were provided to the local First Nations communities as well as several First Nations agencies in London. A total of 16 partnerships were created. See Appendix B for a full list of programs and services offered. A majority (n=28) of the programs and services were offered to the local First Nations communities by MLHU compared to the local First Nations communities requesting services (n=20) from MLHU.

Five teams indicated they have key contact times, either as “on-going” or “annually”, which they work with the local First Nations communities. Eleven teams stated they work with the local First Nations communities on an “as needed” basis.

All of the teams were asked if they planned or wanted to enhance their teams programs or services to the local First Nations communities. Two teams explained they are in the process of enhancing services. Three teams would like to enhance their services, five teams stated they will continue with the work they are already doing, and seven teams stated they do not plan on enhancing services at this time. Internal guidance about what is possible when working with the local First Nations communities is desired by teams.

A majority of teams felt MLHU would benefit from an internal coordinated approach to working with the First Nations communities. Teams felt that by working together, staff can be more effective and efficient, reduce duplication of services, and provide better services to our local First Nations communities.

See Appendix B for a summary of all of the findings.

References

Best Start Resource Centre. (2011). *A Sense of Belonging: Supporting healthy Child Development in Aboriginal Families.* Toronto, Ontario, Canada: author.

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Ontario Government. (1990). *Health Protection and Promotion Act, R.S.O., c. H.7* . Retrieved from: http://www.ontario.ca/laws/statute/90h07#BK57

Public Health Ontario. (2014). *The First 5 Years: A Foundation for Life.* Retrieved from: http://www.publichealthontario.ca/en/eRepository/OHP_infog_FirstFiveYears_2014.pdf

Appendix A – 'Agreement with Council of Band' template

Memorandum of Agreement

Between

----- First Nation Council
(hereinafter referred to as "the council")

And

Board of Health for the -----
(Hereinafter referred to as "the Board of Health")

The parties hereto agree as follows:

1. The Board of Health will make available to ----- First Nation the programs and services offered by the ----- as detailed in Schedule 1.
2. ----- First Nation will pay the Board of Health for the services according to the formula detailed in Schedule 2.
3. This agreement will be in effect until is superseded or replaced by a subsequent agreement or until it is terminated by either party by giving twelve (12) months written notice.
4. All the terms and conditions of the Schedules are incorporated in to this agreement. This agreement and the attached Schedules embody the entire agreement and supersede any other understanding or agreement, oral or otherwise, existing between the parties at the date of execution and relating to the subject matter of this agreement.

In witness whereof the parties hereto have duly executed this agreement as of the _____day of _____, 20**XX.**

On behalf of the Board of Health for the ----- Health Unit:

_____ By: _____
Witness **Name**
Position: Chairperson, Board of Health

_____ By: _____
Witness **Name**
Position: Medical Officer of Health

On behalf of ----- First Nation Council:

_____ By: _____
Witness **Name**
Position: Chief of ----- First Nation

_____ By: _____
Witness **Name**
Position: General Manager

Schedule 1

Programs and Services

Offered to

----- First Nation

By the

Board of Health

For the

----- Health Unit

In general, all of the programs and services provided by the ----- Health Unit through-out **area (e.g. city, county)** are made available to ----- First Nation Band members including the programs and services mandated by the Ontario Public Health Standards published by the Minister of Health for Ontario, pursuant to the Health Protection and Promotion Act, 1998, R.S.O. 1990, c. H.7, s. 7(1). These programs and services also include the program standards (including the protocols, and supportive guidance and best practice documents) for the following areas: **Chronic Diseases and Injuries** (Chronic Disease Prevention, Prevention of Injury and Substance Misuse)**; Family Health** (Reproductive Health, Child Health)**; Environmental Health** (Food Safety, Safe Water, Health Hazard Prevention and Management)**;** and **Infectious Diseases** (Infectious Diseases Prevention and Control; Rabies Prevention and Control; Sexual Health**,** Sexually Transmitted Infections, and Blood-borne Infections; Tuberculosis Prevention and Control, and Vaccine Preventable Diseases); and local needs programs.

The four principles of Need, Impact, Capacity, and Partnerships and Collaboration underpin all mandated programs and services and are meant to be used by Ontario boards of health to guide the assessment, planning, delivery, management, and evaluation of public health programs and services. In addition, the four principles from the Royal Commission on Aboriginal Peoples will be integrated into all board-First Nation collaboration: that is, Mutual Recognition, Mutual Respect, Sharing, and Mutual Responsibility.

Schedule 2

The allocation of the Board of Health's Budget for public health programs and services between the **names of municipal partners** and **-----** First Nation is based on population data.

Population figures for the **names of municipal partners** are based on federal census data. ***For 1999,*** census data was adjusted for Statistics Canada's estimate of population growth. Population figures for **-----** First Nation are provided by **-----** First Nation as at December 31st of each year.

Appendix B- Summary of Findings from the Internal Environmental Scan

1. Does your team provide services to local First Nations communities?

In total, 14 teams stated they provide services to the local First Nations communities. Of these 14 teams, 6 specifically stated they work in-directly with the communities. Examples of in-direct services include:

- Providing publically funded vaccines, upon request
- Completing of cold chain inspections if the health centres order vaccines
- Providing private well water safety testing kits
- Attending Sexual Health Clinics
- Receiving comprehensive school health programming if attending primary and secondary schools in London and Middlesex County

Two teams (Food Safety and Health Hazard Prevention and Management, and Vector-Borne Disease Team) do not provide services to the local First Nations communities because Health Canada provides these services. The Food Safety team does, however, provide Food Safety Inspections at special events in London or Middlesex County where First Nations vendors could attend.

Two teams (Screening, Assessment, and Intervention team and Southwest Tobacco Control Area team) have worked with the local First Nations communities in the past.

2. Which local First Nations communities do you target?

In total, 13 teams identified Oneida Nation of the Thames and Chippewa of the Thames as their target audiences. Eight teams identified Munsee-Delaware Nation as their target audience. All of the teams indicated they work with First Nations clients who live in London or Middlesex County.

*teams could identify more than one community they target

3. Please indicate all of the local First Nations agencies you work with, the programs/services you offer, and the way you work with them (committee member/partnership, staff education/train the trainer approach, health promotion activities (campaigns etc.), one-on-one direct service/support to clients).

Agency	Team	Partnership	Service	Outcome
Antler River Elementary School	Oral Health		X	Dental screening and educational lessons for all of the children (one-on-one direct service, group teaching) in the school.
	Sexual Health Promotion Team		X	Sexual health education group session to grade 7-8 students
At^losha o Zhaawanong o St. George Street Housing	Best Beginnings Team		X	One-on-one counselling with clients and professional education to staff
	Best Beginnings Team		X	One-on-one counselling with clients
Chippewa of the Thames Health Centre	Early Years Team		X	Healthcare Provider Outreach to Community Health Nurse
	Best Beginnings Team		X	A one-time professional educational session was held to all First Nations Health Centres. NCAST information: • Keys to Caregiving • Promoting Maternal Mental Health during pregnancy
	Healthy Communities and Injury Prevention Team-Kids Need a Boost		X	Group & one-on-one education with parents, staff education, resources offered to clients (pamphlets and booster seats)
	Rabies and Safe Water Team		X	Provides private well water sampling kits
	Infection Disease Control Team/Vaccine Preventable Disease Team		X	Cold chain inspections and staff education
	Vaccine Preventable Disease Team		X	Provides publically funded vaccines
	Chronic Disease Prevention and Tobacco Control Team		X	Community of practice-emails to the Community Health Nurses
Health Weights Connection	Early Years Team	X		Committee member
Munsee- Delaware Health Centre	Early Years Team		X	Healthcare Provider Outreach to Community Health Nurse

Agency	Team	Partnership	Service	Outcome
	Best Beginnings Team		X	A one-time professional educational session was held to all First Nations Health Centres. NCAST information: • Keys to Caregiving • Promoting Maternal Mental Health during pregnancy
	Southwest Tobacco Control Area Network Team	X		Provided support and funds to run a youth program in 2013 which was to discuss the concerns of tobacco use and the effects on the environment
	Rabies and Safe Water Team		X	Provides private well water sampling kits
	Healthy Communities and Injury Prevention Team -Kids Need a Boost		X	Group & one-on-one education with parents, staff education, resources offered to clients (pamphlets and booster seats)
	Infection Disease Control Team/Vaccine Preventable Disease Team		X	Cold chain inspections and staff education
	Vaccine Preventable Disease Team		X	Provides publically-funded vaccines
	Chronic Disease Prevention and Tobacco Control Team		X	Organized a tobacco group for youth
N'Amerind Friendship Centre	Food Safety Team		X	Food Safety Inspections
	Sexual Health Promotion Team		X	Attended a health fair
	Chronic Disease Prevention and Tobacco Control Team	X	X	Attended a health fair, group education sessions, provide resources, worked with staff to staff to implement Harvest Bucks program
Oneida Health Centre	Early Years Team		X	Healthcare Provider Outreach to Community Health Nurse
			X	Professional education sessions to the staff
		X	X	Developmental Screening Clinic in partnership with Developmental Pediatricians
	Best Beginnings Team		X	A one-time professional educational session was held to all First Nations Health Centres. NCAST information: • Keys to Caregiving • Promoting Maternal Mental Health

Agency	Team	Partnership	Service	Outcome
				during pregnancy
	Rabies and Safe Water Team		X	Provides private well water sampling kits
	Healthy Communities and Injury Prevention Team -Kids Need a Boost		X	Group & one-on-one education with parents, staff education, resources offered to clients (pamphlets and booster seats)
	Healthy Communities and Injury Prevention Team - Workplace		X	Consultation for workplace, staff have attended a workplace workshop
	Sexual Health Promotion Team		X	Education session to parents and youth
	Infection Disease Control Team/Vaccine Preventable Disease Team		X	Cold chain inspections and staff education
	Vaccine Preventable Disease Team		X	Provides publically funded vaccines
	Chronic Disease Prevention and Tobacco Control Team		X	Community of practice-emails to the nurses, have attended a health fair
Southwest Ontario Aboriginal Health Access Centre (SOAHAC) o City	Reproductive Health Teams	X		Developed a prenatal needs assessment
	Early Years Team		X	Healthcare Provider Outreach
	Oral Health	X		Worked in partnership with SOAHAC (city and reserve) and 3M to arrange fluoride varnish application training to the SOAHAC staff and arranged for screening, education in the schools.
	Infection Disease Control Team/Vaccine Preventable Disease Team		X	Cold chain inspections and staff education
	Chronic Disease Prevention and Tobacco Control Team	X	X	Community of practice-emails to the Nurse Practitioners. PHN has been in communication with SOAHC to determine if they would like to be listed as a resource on a new handout, worked with staff to implement Harvest Bucks program.
o Munsey	Early Years Team		X	Healthcare Provider Outreach

Agency	Team	Partnership	Service	Outcome
	Healthy Communities and Injury Prevention Team - Fentanyl Patch Program		X	Education to the Healthcare Providers about the Patch 4 Patch Return program
	Infection Disease Control Team/Vaccine Preventable Disease Team		X	Cold chain inspections and staff education
	Chronic Disease Prevention and Tobacco Control Team		X	Community of practice-emails the Nurse Practitioners
Standing Stone Elementary School	Healthy Communities and Injury Prevention Team -Kids Need a Boost		X	Education booth at parent teacher night, resources & booster seats distributed
	Oral Health		X	Dental screening and educational lessons for all of the children (one-on-one direct service, group teaching) in the school
Aboriginal Babies and Beyond Coalition	Reproduction Health Team and Early Years Team	X		Plan and attend events/fair
First Nations Early Literacy Book Bag	Early Years Team	X		Working with Chippewa, Munsee, Oneida to create First Nations Early Literacy book bags
First Nations Breastfeeding Support	Early Years Team	X		Working with Chippewa, Munsee, Oneida to develop a breastfeeding peer support plan
Oneida Childcare	Early Years Team		X	Licensed Childcare Outreach- professional education: child development and Ages and Stages Questionnaire
Chippewa Childcare	Early Years Team		X	Licensed Childcare Outreach- professional education: child development and Ages and Stages Questionnaire
	Healthy Communities and Injury Prevention Team -Kids Need a Boost		X	Staff & parent education
All three communities: Administration level, Fire, Ambulance, Nurses, other staff, members of the communities	Emergency Preparedness		X	2008 developed an e-mail distribution list to First Nations contacts to inform of outbreaks etc. Have completed 2 Fit testing events to Oneida staff and community members. The Emergency Preparedness manager was a part of their emergency exercises for evaluation.

Agency	Team	Partnership	Service	Outcome
Special Events where they would have food ex. Western Fair, Children's Powwow, etc	Food Safety Team		X	Food Safety Inspections
Delaware Public School	Healthy Communities and Injury Prevention Team -Kids Need a Boost		X	Information provided to school, staff & parents through school newsletter, posters & rack cards to all grade one students
Fanshawe Collage- First Nations Centre	Sexual Health Promotion Team		X	Education session to students
John Paul II	Young Adult Team	X		2014: Advocacy work for schools in Northern Ontario, Planned a student educational workshop/retreat-grade 11 religion class on Aboriginal culture/awareness/rights-Elders presented
Lambeth Public School (FN community feeder school)	Child Health Team	X		Created an orientation/transition to First Nations students from Standing Stone school to Lambeth (pen pals, school tours, etc). The school is now responsible for this program.
Other	Infection Disease Control Team/Vaccine Preventable Disease Team		X	Community member have attended the team's annual workshop. Community members have called into the Communicable Disease Triage line.
	Vaccine Preventable Disease Team	X	X	PHN's send out suspension letters to off-reserve students and follow up with nurses on reserve to ensure children get their immunizations
	Child Health Team	X		Offered information regarding Triple P training for their staff members (Chippewa, Munsee, Oneida, N'Amerind, SOAHAC)
	Chronic Disease Prevention and Tobacco Control Team	X		Ministry of Finance working with Chippewa counsel-looking at tobacco use and how it is sold in local First Nations communities. This is in the very beginning stages and MLHU has had discussions on the periphery.
	The Clinic Team	X	X	Clients attend Sexual Health clinic at MLHU, Public Health Nurse complete follow-up calls to clients. Working with Regional HIV/AIDS Connection and local First Nations

Agency	Team	Partnership	Service	Outcome
				administration to develop a needle exchange program.
	Total	16	51 *49 is the total number of services offered as one service was offered to all of the communities	

4. **Were the program/service: requested by the staff in the local First Nations communities or offered by MLHU staff?**
   Twenty programs and services were requested by the staff at the First Nations agency, 28 programs and services were offered by staff at MLHU, and one service was client initiated.

5. **Please identify who are your contacts for the initiative(s), and indicate their title.**
   *a list of contact information is available upon request

6. **If programs/service are offered on the reserve; was permission obtained from band leaders?**
   SOAHC was responsible for obtaining permission for an oral health initiative with band leaders. The Clinic team is in the process of working with the band administration to implement their program.

7. **Does your team have key times that you plan correspondence with the local First Nations communities? If so, when?**
   Of the 14 teams who stated they work with the First Nations communities, 5 stated they have key contact times [on-going (n=3), annually (n=2)]. 11 teams stated they work with the communities on an "as needed" basis.

   *two teams identified two services their team offers, as "on-going" and "as needed basis."

8. **Does your team plan or want to enhance your programs or services to the local First Nations communities?**
   Of all of the teams surveyed, 2 teams are in the process of enhancements (Oral Health and The Clinic team), 3 teams would be interested in enhancing services: if additional resources were available (n=1), if the First Nations communities identified a need (n=1), or if there was internal clarification of the supports we can offer (n=1). Five teams stated they will continue with the work they are already doing, and 7 teams stated they do not plan on enhancing services at this time.

9. **Are there other ways your team would benefit from an internal coordinated First Nations approach to working with this community?**

   A majority (n=17) of the teams felt MLHU would benefit from an internal coordinated approach to working with the First Nations communities. One team explained it would depend on the model used (direct client or policy) if they would be involved or not. Another team stated they could provide advisory as needed and one team stated they would not benefit from this strategy.

   The benefits would be:
   - It will help to see what other teams are doing and able to leverage resources at the table, n=1
   - Cultural sensitivity training is needed, for better services for clients, n=1
   - It will increase meaningful relationships with the communities, n=1
   - We will be able to determine the needs of the community for reproductive health and collaboration with pregnant women, n=1
   - It will help with breaking down internal barriers, n=2

- The more we can increase awareness; we can increase referrals, and support the family/child's needs, n=2
- It is better to have a lead person and one contact instead of having 2-3 different contacts within the agency, n=3
- It will reduce duplication of our own services, and be more effective and efficient, n=3
- It is better for us to work together, so we can provider better services the communities, n=6

10. Are there any special considerations you would like in terms of an agency wide First Nations collaboration?

Special considerations identified:

- Keep an open mind, open communication and collaboration internally, n=1
- Programs that are offered off of reserves don't work- people will not attend. They need to be offered in their community, n=1
- Ask what the community wants, n=1
- We should understand their traditions; our conventional way of working might not be in line with their culture. E.g. sending emails- might not be the best way to make contact with someone, n=1
- If an internal committee created, the members need to be champions; someone who is passionate to make change, sees the visions, and have skills to make change happen, n=1
- Clear terms of reference if a group is created, n=1
- Reps should have to bring back to the teams the information so everyone is kept in the loop, n=1
- Suggestion to have one group (internal/external) together to cut down on time/meetings/staffing, Everyone getting the same message at once, n=3
- MLHU staff need cultural sensitivity training to learn how to work better with this population, n=11

11. Would your team like to have a representative on an internal committee to discuss work being done with the First Nations community to develop an efficient and effective collaborative strategy within MLHU?

In total, 13 teams indicated they would like to be included in an internal committee to develop an efficient and effective coordinated strategy to work with the local First Nations communities. Two teams stated they would like minutes only, and three teams would not be interested since they do not work with this population.

*a list of staff members who are interested is available upon request

12. Comments/additional thoughts or recommendations?

- Create a resource of what MLHU has to offer, so the communities can reach out to us, n=1
- The work that is being done with the communities is an extension of what is already being done, no new programing specifically done for the First Nations, n=1
- Information that is collected for statistics of local First Nations communities is owned by the First Nations communities. There are many rules for collecting or trying to get data from their administration, n=1
- First Nations, Métis, and Inuit funding through the school board provides funding for First Nations children (breakfast club, snacks etc.), n=1
- Federal and provincial funding should not decide what we can and cannot do. If they need our assistance and expertise then we should be able to provide it, while being aware of not duplicating services. Health Canada should be involved as we move forward, n=1
- Be respectful of the indigenous ways, n=1
- Let them [the Board of Health] know where we [MLHU staff] are coming from and why we are focusing on certain topics (SDOH), n=1
- Very happy about the health unit talking about how we can work with this population, n=1

- What is Health Canada doing around Food Safety? Do the communities get food recalls? Offered Food Handling/Safety course? MLHU could be involved if Health Canada is not involved, n=1
- We can work better together, we can do in-services together, n=1
- Concerns for the First Nations members who live in the city and don't want to live or receive support from the First Nations community or be involved with other First Nations agencies for a variety reasons, n=1
- How can we can integrate early years services, n=1
- Ensure that services from the teams are not lost or have to be withdrawn. This will look bad for our reputation if we have to pull out of the communities, breaks their trust in us, n=2
- Need strategies to know how to work better with their population and have positive outcomes (cultural sensitivity training), n=3