Diverse Inclusive Governance: A New Approach to Aboriginal Health Governance

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Objectives

• Establish the need for a new approach to Aboriginal health governance in the province of Ontario

• Outlines a high-level strategy by which Ontario’s Local Health Integration Networks (LHINs) can serve to improve Aboriginal control over health priority setting and service delivery.
The Need for a New Approach - Ethics

The ethical importance of self-determination for Aboriginal peoples is well established in both academic literature and provincial and federal policy documents:

*New Directions - Aboriginal Health Policy for Ontario 1994*

Two Key Principles can be distilled from these documents:

1. Individual Aboriginal communities have the right to define a relationship with LHINs that meets their unique needs
2. Individual Aboriginal communities have the right to determine the scope of their participation and control in priority setting and delivery of health services
The Need for a New Approach - Evidence

• Research by Chandler and Lalonde (2003) has identified strong links between self-determination, cultural continuity, and suicide among Aboriginal peoples.

• The suicide rate on reserves with control over their health services was 89 vs. 125.1 on those without such control.

• Chandler & Lalonde’s findings suggest that the Ministry’s pan-Aboriginal approach to health governance may be self-defeating.
Evidence – Self-Determination and Health

• New research by Lavoie et al. (2010) has found correlations between self-determination and health outcomes.

• Study measured health outcomes in terms of hospitalization for Ambulatory Care Sensitive Conditions (ACSC).

• After signing an integrated or a transfer agreement with the First Nations and Inuit Health Branch of Health Canada (FNIHB), communities’ rates of hospitalization for ACSC decreased with each following year.
Strategy - Diverse Inclusive Governance

A strategy to realign the relationships between Aboriginal communities, LHINs, and the MOHLTC.

Three Principles:

• *Diversity* – Respect for the important differences in values and needs of Aboriginal communities across Ontario

• *Inclusiveness* – Address the unique health needs of all of Ontario’s Aboriginal peoples (First Nations, Inuit, and Métis) both on reserve and in urban centers

• *Governance-Based Intervention* – Alter the reporting framework of LHINs to ensure accountability for Aboriginal control over health planning
Strategy – DIG (continued)

• LHINs would remain responsible for their core functions of funding & resource allocation, performance management, community engagement and local health service planning.

• DIG specifies how LHINs are to discharge these responsibilities in order to promote self-determination over health planning for Aboriginal communities.

• DIG approach each LHIN to develop unique relationships with each Aboriginal community in their respected region.

• Relationships are to be unique in that each community will be able to define for itself how much involvement it wishes to have in the planning process, and how roles and responsibilities are to work within the relationship.
New Relational Model
Consultation vs. Control

Key to the DIG approach is the distinction between consultation and control.

• Consultation and control are best understood as two extremes on a continuum of community engagement with government decision making. Where consultation involves obtaining Aboriginal feedback on analysis, alternatives and/or decisions, control involves placing final decision-making authority in the hands of Aboriginal peoples.

• The DIG approach is designed to promote Aboriginal control, rather than consultation, over community health care.
Tactics – Regulation, Reporting, and Accountability

• Regulation – Require LHINs to provide individual Aboriginal communities decision-making power over priority setting and service delivery for healthcare in their communities.

• Reporting – Require LHINs to detail ongoing Aboriginal engagement in quarterly and annual reports. Provide reports to both MOHLTC and Aboriginal Communities.

• Accountability – Expand Accountability Agreements between MOHLTC and LHIN Boards of Directors to include Aboriginal engagement.
Performance Indicators - Communities

DIG’s first layer of performance measurement operates at the community level and is aimed at monitoring health outcomes and access. Rather than adopt a single set of health outcomes for Aboriginal communities across Ontario, the DIG strategy ties the health outcomes to be measured to the healthcare priorities set by the community.

As an example, if a community were to select diabetes treatment and prevention as one of its key priorities, a number of key indicators would be selected:

• prevalence of T2DM modifiable risk factors (↑BMI, ↑Stress, ↓SES)
• prevalence of people with hyperglycemia (T1DM, T2DM, GDM) diabetes
• the prevalence and incidence of long term complications: visual loss, end-stage renal disease, lower limb amputation, CVD among diabetes patients
• equitable access to culturally appropriate health services for diabetes (T1DM, T2DM, GDM) prevention and control
The second layer of indicators is aimed at measuring LHIN success in implementing DIG as well as delivering accessible, culturally safe healthcare services for Aboriginal communities.

For all indicators, information must be collected from aboriginal communities and LHINs

• Community control over health
  – At what stage of the planning process was the community contacted?
  – How many times was the community contacted and engaged?
  – Are youth and elders involved in decision making?
  – To what degree was community engagement satisfactory?

• Cultural Safety
  – How many programs have cultural safety training?
  – How many staff actually participate?
  – Do aboriginals using those programs report improved satisfaction?
  – Does aboriginal access increase?

• Aboriginal access to health services: primary care, mental health care, home care, and long-term care.
### Building Support

#### What’s in it for the Community?
- Improved health outcomes
- Increased community involvement
- Increased self determination
- Cultural safety in service delivery
- Improved access to quality services
- Improved equity
- Improved community health
- Respectful communication

#### What’s in it for the LHIN/MOHLTC?
- Improved health outcomes
- Fulfills mandate of community engagement
- Devolves authority
- Aboriginal acceptance of and collaboration with LHINs
- Improved access to communities
- Improved equity
- Building of a trust relationship
- Respectful communication
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