



## 2015 - 2018 Strategic Plan for Indigenous Peoples Health & Wellness

The table below identifies the Indigenous Health Network's 2015-18 Strategic Plan goals, objectives, activities, and achievements to date:

Goal #1: Improve access to cultural competency training for healthcare professionals for future cultural safety			
Objective	Activities	Achievements/Progress to Date	Ongoing Activities
<p>A. Examine and evaluate various cultural competency trainings offered in the HNHB LHIN to identify the most appropriate program for endorsement by the Indigenous Health Network.</p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 3 members to enroll and review ICS Training</li> <li><input checked="" type="checkbox"/> Identify training models to be included in evaluation</li> <li><input checked="" type="checkbox"/> Develop a criteria/core competencies for evaluation of ICS, OFIFC training, and others</li> <li><input checked="" type="checkbox"/> Present evaluation and recommendation to IHN for group endorsement</li> <li><input checked="" type="checkbox"/> Advise HNHB LHIN on appropriate training for future funding opportunities</li> </ul>	<ul style="list-style-type: none"> <li>• Roslynn Baird, Jennifer Dockstader and Lori Davis Hill completed online Indigenous Cultural Safety (ICS) training and recommended that the IHN endorse this training as a first step towards improving cultural safety in healthcare settings. Locally based training should be provided as a second step.</li> <li>• ICS training was identified for evaluation in an effort to maintain alignment with other LHINs and Ministries.</li> <li>• Criteria such as accessibility, facilitation, interaction with peers, historical accuracy, and self-reflection were used to evaluate the training effectiveness.</li> <li>• IHN approved this recommendation and has endorsed ICS training.</li> <li>• In February 2016, HNHB LHIN invested \$75,000 over 2015-16 and 2016-17 to support up to 460 individuals to participate in ICS Training.</li> <li>• Jennifer Dockstader completed ICS post-training <i>From Bystander to Ally</i> and recommended that the IHN endorse this training and advise the HNHB LHIN to invest in ICS post-training for healthcare professionals.</li> <li>• October 2018, the HNHB LHIN invested \$200,000 in 2019-20 to support a minimum of 800 individuals to participate in ICS training, including supporting 200 individuals in <i>From Bystander to Ally</i> post-training.</li> <li>• As of March X, 2019, X individuals completed online ICS training in 2018-19.</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor the release of new training programs and initiate content review as deemed appropriate by the IHN.</li> </ul>

<p>B. Explore strategies to encourage health professionals and organizations to participate in cultural competency training and support providers in the HNHB LHIN to plan for ongoing cultural competency training for staff.</p>	<ul style="list-style-type: none"> <li>☑ Gather provincial, national and international data and reports to support the need for cultural safety training.</li> <li>☑ IHN will recommend groups of individuals who should participate in LHIN sponsored ICS training.</li> <li>☑ IHN and LHIN will continue to learn from promising practices in other regions about how to implement strategies that encourage uptake of training.</li> <li>☑ Engage with mainstream providers to collaborate on effective strategies for increasing cultural safety and cultural appropriateness of services.</li> </ul>	<ul style="list-style-type: none"> <li>• The need for cultural safety training has been echoed in TRC Final Report, UN Declaration on Rights of Indigenous Peoples, Ontario's Apology for Residential Schools, and First Nations/Ontario Political Accord. These recent reports and commitments demonstrate the importance of Ontario based and locally based training for health professionals.</li> <li>• IHN recommended that hospital frontline staff, emergency departments, mental health workers, primary care physicians, and healthcare administrators be prioritized to participate in ICS training.</li> <li>• LHIN senior leadership continues to encourage ICS training for identified mainstream health service providers.</li> <li>• IHN organizations have advocated, spread awareness and partnered with mainstream organizations in the following activities:             <ol style="list-style-type: none"> <li>1. DAHAC &amp; HRIC with HHSC to host Partners in Health Event</li> <li>2. SOADI &amp; DAHAC presentation at Urban Indigenous Health Forum</li> <li>3. IHN representation and member presentations at Toronto Indigenous Health Conference</li> <li>4. IHN Chair representation at LHIN's Provincial Indigenous Health Leads Network Annual Meeting</li> <li>5. Niagara IHN member recommendations to Walker Family Clinic re: Spiritual Space</li> <li>6. SOADI contacted to support Chiropody School in Toronto address TRC Calls to Action and increase Indigenous enrollment.</li> </ol> </li> <li>• LHIN senior leadership continues to encourage ICS training for IHN-identified priority front-line health service providers and all LHIN-funded health service providers.</li> <li>• All LHIN sub-region Directors have completed ICS training.</li> </ul>	<ul style="list-style-type: none"> <li>• These activities are ongoing and will continue to be advanced by the Network</li> </ul>
--	---	---	--

		<ul style="list-style-type: none"> <li>• LHIN has offered ICS training to all sub-region anchor table members. Completion rates as of March X, 2019: <ul style="list-style-type: none"> <li>○ Niagara: 24%</li> <li>○ NNW: 30%</li> <li>○ Brant: 69%</li> <li>○ HN: 57%</li> </ul> </li> <li>• Since, October 2017, all LHIN funding letters that include new funding for FTEs include requirement that all new-hire FTEs receive LHIN-funding ICS training with timelines for completion</li> <li>• LHIN Health Links Project Manager, all Health Links Transformation Leads and Model Adaptors, and all LHIN Care Coordinators embedded in Community Health Centres and De Dwa Da Dehs Nye&gt;s have completed or been offered in ICS training.</li> </ul>	
<p>C. Create a standardized framework for ongoing training opportunities, including minimum core competencies and training timelines, for health service professionals working in hospital and community settings. Explore mandating this framework.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Identify core competencies to be included in the framework.</li> <li><input type="checkbox"/> Assess the current state of these competencies among HNHB health care organizations.</li> <li><input type="checkbox"/> Research details of mandate in other jurisdictions i.e. performance measurements, accountability, sustainability</li> <li><input checked="" type="checkbox"/> Recommend framework to be mandated and identify implementation plan.</li> <li><input checked="" type="checkbox"/> Make official IHN policy statement to 'mandate cultural competency training &amp; require training updates' within the HNHB LHIN.</li> </ul>	<ul style="list-style-type: none"> <li>• Diane Smylie, Provincial Manager for Ontario's Indigenous Cultural Safety Training has been invited to attend an upcoming IHN Meeting to share an update and identify where the IHN can input and further support the provincial plan for roll out.</li> <li>• Provincially, work is underway to identify methods for evaluating impact of ICS training on the ground level. IHN has expressed interest in supporting this work.</li> <li>• IHN Chair advocacy for mandating ICS training at LHIN Provincial Indigenous Health Leads Network Annual Meeting</li> <li>• LHIN will bring ICS training updates to each business meeting.</li> <li>• Provincial program working with LHINs to develop training plans and strategies that extend beyond the online program.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to monitor progress of BC Interior Health Authority in regards to measurement of cultural safety in organizations</li> </ul>

<p>D. Continue to develop and share resources tailored towards improving non-Aboriginal providers' knowledge and awareness of Aboriginal Peoples' history, values, beliefs and culture.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Conduct inventory of IHN resources (i.e. committees, partnerships, councils).</li> <li><input type="checkbox"/> Evaluate inventory for relevancy, gaps and usefulness</li> <li><input type="checkbox"/> Reformat existing Resource Guidebook</li> <li><input type="checkbox"/> Re-distribute Resource Guidebook</li> <li><input checked="" type="checkbox"/> Continue to explore materials to promote local Aboriginal knowledge</li> <li><input checked="" type="checkbox"/> Create a distribution plan for IHN brochures</li> </ul>	<ul style="list-style-type: none"> <li>• IHN Brochure was updated and distributed to five hospitals in HNHB region (BGH, HHS, NHS, WHGH, NGH).</li> <li>• IHN Public Service Announcement was aired on CHCH TV between August 2015 and January 2016.</li> <li>• Update HNHB LHIN Website and HNHB IHN Website</li> <li>• IHN hosted community engagement event for recommended mainstream health service providers who have already completed online ICS training to continue their personal and professional development with more information about Aboriginal Peoples' history and experiences with colonialism and with anti-discrimination response training education on interrupting and stopping discriminatory and racist actions and interactions experienced by Indigenous People in the healthcare setting.</li> </ul>	
---	---	--	--

**Goal #2: Improve access to Traditional Healing to support clients in a culturally appropriate way**

Objective	Activities	Achievements/Progress to Date	Ongoing Activities
<p>A. Develop a referral protocol in collaboration with one LHIN hospital for referrals to Traditional Healing services or supports for Aboriginal patients.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Identify hospital site &amp; lead contact</li> <li><input type="checkbox"/> Select department to focus and learn more about current referrals patterns.</li> <li><input type="checkbox"/> Identify supports needed to increase referral to community services</li> <li><input checked="" type="checkbox"/> Plan for a staff training/information session</li> <li><input checked="" type="checkbox"/> Develop implementation plan</li> <li><input checked="" type="checkbox"/> Discuss and share learnings</li> </ul>	<ul style="list-style-type: none"> <li>• Amber Skye, Project Lead for Traditional Medicine on Six Nations is scheduled to attend July 2016 IHN Meeting to share an update on progress to date and discuss how the IHN can support, and where there is opportunity to partner with urban organizations</li> <li>• Following Six Nations Health Conference, Ministry of Health and Long-Term Care and HNHB LHIN have partnered to support a Six Nations Traditional Healing Advisory Council and Traditional Healing Program. Part of this work will include the development of a referral protocol and improving dialogue and partnership with mainstream providers.</li> </ul>	
<p>B. Explore opportunities to bridge the connection between Aboriginal healers, the healthcare system and the people.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Demonstrate the value for traditional healing through sharing of stories/experiences (patients/healers) and through cost analysis.</li> <li><input type="checkbox"/> Address policies on use of traditional healing in health care (LHIN policies/Provincial Acts/Hospital policies). Create dialogue with providers.</li> </ul>	<ul style="list-style-type: none"> <li>• Six Nations Health Conference on Moving Forward Together towards Harmonizing Indigenous and Mainstream Medicines hosted a dialogue on the value and importance of Traditional Indigenous approaches to healing.</li> </ul>	
<p>C. Explore models of traditional healing and wellness delivery.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Literature review of models of delivery (E.g. Sioux Lookout Model).</li> <li><input type="checkbox"/> Host an Elder gathering to discuss models of Traditional Healing and Wellness.</li> </ul>	<ul style="list-style-type: none"> <li>• Six Nations has plans to host an Elder gathering organized by Traditional Medicine Advisory Council and Traditional Medicine Coordinator.</li> </ul>	

<p>D. Explore models of Traditional health and healing delivery to develop a set of recommendations to increase access to Traditional healing and wellness services.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Development of guiding document/protocol for Indigenous Medicine Practitioners.</li> <li><input type="checkbox"/> Identify funding opportunities for Traditional Medicine.</li> </ul>	<ul style="list-style-type: none"> <li>• Six Nations developing guidelines for Traditional Medicine Practitioner Program that could have foundations that are transferable to other organizations and/or communities.</li> <li>• December 2017, HNHB LHIN funded Six Nations of the Grand River for Harmonization of Traditional Indigenous and Western Health Practices.</li> </ul>	
<p>E. Work with Aboriginal Patient Navigator Program to develop a communication strategy to further educate Aboriginal and non-Aboriginal providers as to the role of Aboriginal Patient Navigators and the Child and Youth Aboriginal Mental Health Navigators.</p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Identify current state of understanding and knowledge of this position (SWOT)</li> <li><input checked="" type="checkbox"/> Engage with Aboriginal and non-Aboriginal providers to identify what knowledge they would like to have</li> <li><input checked="" type="checkbox"/> Create an appropriate forum/workshop for sharing information about this program (e.g. by region, by organization etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• IHN hosted a Patient Navigator Coordination &amp; Engagement Event in March 2016, with 50 community healthcare workers to complete a SWOT analysis and discuss the role of the APN program among other programs and services. A culminating report and action plan was produced.</li> <li>• De dwa da dehs nye&gt;s AHC is scheduled to present about the APN Program to HNHB LHIN Clinical VPs in September or October 2016.</li> </ul>	

**Goal #3 : Strengthen the Family Unit to Improve Family Health**

Objective	Activities	Achievements/Progress to Date	Ongoing Activities
A. Promote Indigenous models of violence prevention training for front line workers.	<input type="checkbox"/> Environmental Scan of Indigenous Violence Prevention models. <input type="checkbox"/> Recommendation of models based on scan. <input type="checkbox"/> Support training opportunities for recommended models (identify funding opportunities).		
B. Promote family centered care within IHN organizations (similar to walk the talk).	<input type="checkbox"/> Share and promote information about family centered frameworks among IHN. <input type="checkbox"/> Develop an oath for family centered guidelines.		
C. Engage with other Ministries (e.g. MCYS, MCSS, MOE) to share and learn more about the family centered services and education they provide.	<input type="checkbox"/> Conduct outreach with other leads in ministries – create partnerships.		
D. Gather and share knowledge about youth rites of passage (Oherokon).	<input checked="" type="checkbox"/> Conduct a literature review of youth rites of passage practices. <input checked="" type="checkbox"/> Share different models/programs.	<ul style="list-style-type: none"> <li>● Timeline for engaging students through Amber Skye has passed.</li> </ul>	

**Goal #4: Improve Mental Health, Addictions and Suicide Prevention Services**

Objective	Activities	Achievements/Progress to Date	Ongoing Activities
A. Research new and innovative models for responding to mental health crisis situations in the community to develop recommendations for improving crisis response services for the Indigenous populations.	<input type="checkbox"/> Review crisis response models – invite others to share & educate network. <input type="checkbox"/> Advocate expansion.		
B. Conduct environmental scan of Indigenous MH&A services to identify current services, regional gaps, and areas of opportunity/expansion.	<input type="checkbox"/> Conduct internal environmental scan to identify gaps, funding and deficiencies Identify best practices in mental health & addictions services in IHN. <input type="checkbox"/> Host a MH&A engagement session with community.	<ul style="list-style-type: none"> <li>• 2018-19 ABP goal for HNHB LHIN – intended completion date is March 31, 2019.</li> <li>• HNHB Interim Indigenous Lead to bring environmental scan data for MH&amp;A services to October 2018 IHN meeting</li> </ul>	



**Goal #5: Chronic Disease Priority**

Objective	Activities	Achievements/Progress to Date	Ongoing Activities
<p>A. Complete a review of the current Walk the Talk toolkit and develop aiding resources to support this initiative.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Address needs and gaps within organizations.</li> <li><input type="checkbox"/> Compile IHN good news stories from Walk the Talk.</li> <li><input type="checkbox"/> Sign all IHN organizations to Walk the Talk.</li> </ul>		
<p>B. Continue to expand the Walk the Talk Health and Wellness Program by supporting IHN organizations to implement activities, such as the development of a Healthy Kids Challenge, to exemplify leadership in promoting health and wellness to their service recipients across the HNHB LHIN area.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> IHN organizations to participate in Healthy Kids Challenge.</li> </ul>		