# ABORIGINAL COMMUNITY ENGAGEMENT STRATEGY

WITHIN THE

*WATERLOO WELLINGTON LOCAL HEALTH INTEGRATION NETWORK SERVICE AREA*

# FINAL REPORT

08 APRIL 2011

Johnston Research Inc.

96 Serene Way, Vaughan, ON L4J 9A2
TEL: 905-889-4430
FAX: 905-889-9961

andrea@johnstonresearch.ca
www.johnstonresearch.ca

## Table of Contents

# 1. Introduction

As part of the integrated health planning process, the Waterloo Wellington Local Health Integration Network (WW LHIN) began their Aboriginal Community Engagement process by conducting a needs assessment. Health needs were explored through examination of available Aboriginal Peoples Survey, 2006 data, Census 2006 data, focus groups with the Aboriginal community and an on line survey for Aboriginal residents.

Consistent with the LHIN's community engagement protocols an Aboriginal advisory committee was struck to oversee and drive the needs assessment. This groups was pivotal in developing the on line survey questionnaire as well as in promoting the focus groups

The next stage of the Community Engagement process is to take the findings of the needs assessment back to the community and work together with other organizations/agencies to seek solutions to the outlined needs. This document proposes that process. This report is not meant to supplant the significant body of work already completed by the LHIN in terms of community engagement[1]. Rather the aim is to enhance this work by acknowledging it and applying it to the Aboriginal community and the more specifically the findings of the needs assessment.

# 2. Community Engagement

## 2.1 What is Community Engagement?

> *In the WWLHIN, community engagement is more than a legislative responsibility - it is key to the way in which we work.*
>
> *Local decision making is the model on which the LHINs are built - a model that values the input of local residents and health care professionals to the planning and decision making process*[2].

Community engagement refers to the methods by which LHINs and HSPs interact, share and gather information from and with their stakeholders. The purpose of community engagement is to inform, educate, consult, involve, and empower stakeholders in both

[1] February 2011. LHIN Community Engagement Guidelines and Tool Kit. http://www.waterloowellingtonlhin.on.ca/uploadedFiles/Home_Page/About_Our_LHIN/LHIN%20Community%20Enagement%20Guidelines%20and%20Toolkit%20-%20February%202011%20-%20FINAL.pdf

[2] Taken from the WW LHIN's *Engaging Our Communities* page of their website. http://www.waterloowellingtonlhin.on.ca/Page.aspx?id=6598

health care or health service planning and decision-making processes to improve the health care system. Community engagement activities can be ongoing or project specific, outbound or inbound[1].

Section 16.2 of LHSIA defines "Community" as patients and other individuals in the geographic area of the network, health service providers and any other person or entity that provides services in or for the local health system, as well as employees involved in the local health system. [1]

Stakeholders are individuals, communities, political entities or organizations that have a vested interest in the outcomes of the initiative. They are either affected by, or can have an effect on, the project. Anyone whose interests may be positively or negatively impacted by the project, or anyone that may exert influence over the project or its results is considered a project stakeholder. All stakeholders must be identified and managed/involved appropriately.[1]

## 2.2 The Principles of Community Engagement[1]

These seven recommendations reflect the common beliefs and understandings of those working in the fields of public engagement, conflict resolution, and collaboration. In practice, people apply these and additional principles in many different ways.

**1. Careful Planning and Preparation**
Through adequate and inclusive planning, ensure that the design, organization, and convening of the process serve both a clearly defined purpose and the needs of the participants.

**2. Inclusion and Demographic Diversity**
Equitably incorporate diverse people, voices, ideas, and information to lay the groundwork for quality outcomes and democratic legitimacy.6 LHIN Community Engagement Guidelines and Toolkit - February 2011

**3. Collaboration and Shared Purpose**
Support and encourage participants, government and community institutions, and others to work together to advance the common good.

**4. Openness and Learning**
Help all involved listen to each other, explore new ideas unconstrained by predetermined outcomes, learn and apply information in ways that generate new options, and rigorously evaluate public engagement activities for effectiveness.

**5. Transparency and Trust**
Be clear and open about the process, and provide a public record of the organizers, sponsors, outcomes, and range of views and ideas expressed.

**6. Impact and Action**
Ensure each participatory effort has real potential to make a difference, and that participants are aware of that potential.

**7. Sustained Engagement and Participatory Culture**
Promote a culture of participation with programs and institutions that support ongoing quality public engagement.

# 3. Engaging the Aboriginal Population

## 3.1 Understanding Population Demographics of the Aboriginal Community[3]

The demographic characteristics of the Aboriginal population in the LHIN services areas are based on the Aboriginal Peoples Survey 2006 and were as follows:

- There were 9,990 Aboriginal people living in the WW LHIN service area.
- Most people self-identified as First Nations at 70% and Métis at 29%. Few people (1.8%) identified as Inuit.
- Conservative estimates of population growth put growth between 2002 and 2006 at 34.4%.
- The Aboriginal population is younger. The median age of Aboriginal residents of WW LHIN is 29.0 compared to 36.9 years for the WW LHIN population generally. There is also a greater proportion of the aboriginal population under 15 years of age.
- Few (15%) Aboriginal residents have lived in the area for their whole lives. Many have migrated to the area for work or family reasons.

## 3.2 Aboriginal Stakeholders and Organizations in the WW LHIN Service Area

There are no reserve lands or Métis settlements in the WW LHIN service area. There are eight organizations that support Aboriginal community members in areas of education, employment, justice, political representation, or residential school impacts and intergenerational effects as identified in table 3.3.

Table 3.3 Aboriginal Organizations in the WW LHIN Service Area.

[3] Further demographic and health status data can be found in the 2011 WW LHIN Aboriginal Health Needs Assessment prepared by Johnston Research Inc.

| Aboriginal Organization | Contact Information |
|---|---|
| **Weejeendimin Native Resource Centre** | 42 College Street<br>Kitchener, ON N2H 5A1<br>(519) 743-8635 |
| **Aboriginal Legal Services** | 40 Baker Street<br>Guelph, ON N1H 4G1<br>(519) 767-5137 |
| **The Healing of the Seven Generations*** | 42 42 College St Upper Unit<br>Kitchener, Ontario N2H 5A1 |
| **University of Guelph**<br>**Aboriginal Resource Centre/Aboriginal Advisory Committee** | Aboriginal Resource Centre<br>Federal Building, 620 Gordon Street<br>Student Life<br>University of Guelph<br>Guelph, Ontario, N1G 2W1<br>519-824-4120 |
| **Grand River Community Métis Council*** | President Cora Bunn<br>corabunn@hotmail.com<br>Council's e-mail address<br>Métisofgrandriver@hotmail.com |
| **Anishnabeg Outreach***<br><br>***The catchment area is Kitchener, Waterloo, Guelph, Cambridge and Wellington County.***<br><br>***The goal of Anishnabeg Outreach is to assist Aboriginal individuals in their search for employment, training and education opportunities.*** | Kitchener Office<br>151 Frederick Street<br>Suite 501<br>Kitchener, ON N2H 2M2<br>TEL: (519) 742-0300<br>FAX: (519) 742-0867<br>TOLL FREE: 1-866-888-8808<br>erc@anishnabegoutreach.org<br><br>Guelph Office<br>11A Suffolk Street East<br>Guelph, ON<br>N1H 2H7<br>TEL: (519) 763-5292<br>FAX: (519) 763-1335<br>TOLL FREE: 1-855-589-5292<br>guelph@anishnabegoutreach.org |

| | |
|---|---|
| **University of Waterloo Aboriginal Services**<br>**St. Paul's university College** | Aboriginal Services<br>St. Paul's University College<br>519-885-1460 ext. 209 |
| **Wilfred Laurier University**<br>**Faculty of Social Work*** | MSW Aboriginal Field of Study<br>120 Duke Street West<br>Kitchener, Ontario, ON, N2H 3W8<br>Phone: 519.884.0710 x5249<br>Fax: (519) 888-9732 |
| **K-W Urban Native Wigwam Project** | 51 Church St.<br>Kitchener, Ontario<br>519-743-5868 |

*organizations that were represented in focus group discussions.
There are also a number of provincial territorial organizations representing Aboriginal interests in the province.

## 3.1 Why is Aboriginal Community Engagement Important for the WW LHIN?

Aboriginal cultures (norms, beliefs, practices) are generally quite different from the Euro-centric cultures of Canadian society that dominate the health care system. In recognition of these differences, the WW LHIN determined that it was necessary to understand the health care needs and preferences of Aboriginal residents in order to provide adequate services to them. The first stage of the process, consulting Aboriginal residents, has yielded information that confirms the differences in needs and preferences (see the 2011WW LHIN Aboriginal Health Needs Assessment Report).

The needs assessment clearly identified that although there is overlap the Aboriginal community has culturally specific health needs. Most obvious was the need for a greater balance between Western models of care and holistic traditional Aboriginal care through provision of culturally relevant health services for Aboriginal residents. The history of colonization and residential schools has likely contributed to lack of empowerment and mistrust that characterizes some people's relationship with the mainstream health care system.

There is also an apparent health disparity between the Aboriginal community and the total LHIN population for all chronic conditions for which comparative data could be provided. This includes rates of diabetes, asthma, and chronic bronchitis which were twice as high for the Aboriginal population. This disparity should pose a concern for any

health agency looking to keep health spending costs down especially given that the Aboriginal population is growing and displays a higher incidence despite their comparative youth.

## 3.2 Challenges for Aboriginal Community Engagement

There are few Aboriginal organizations in the service area that represent Aboriginal interests and of those in existence none focus specifically on health. This presents a challenge to the implementation of Aboriginal specific strategies. However, based on the participation in the focus groups, there is a strong but vocal contingency of community members who are interested in addressing Aboriginal health care needs.

## 3.3 Community Based Recommendations for Improving Aboriginal Health

The following strategies were described by focus group participants in response to improving access and quality of care in the WW LHIN region.

1. **Local access** to traditional Aboriginal health care models through an **Aboriginal health care centre**, offering services in an existing centre, facilitating discussions around engaging traditional healers to provide services within the community.

2. A**dvocacy and support services** to the Aboriginal community to assist Aboriginal residents: understand their health care rights, find appropriate health professionals and needed services, and lobby for greater inclusivity of Aboriginal perspectives in mainstream medical practice.

   One suggestion included mandatory **cultural sensitivity training** for all health providers-while some suggested that training should be Aboriginal specific others indicated that this would be unrealistic and suggested that a more appropriate solution would be general (not Aboriginal specific) cultural sensitivity training.

   E**mpowerment training** or services to help Aboriginal community was a suggested strategy for improving access and quality of care issues

3. Opportunities for the Aboriginal community to come together in **sharing circles** to discuss health concerns and provide support and information to other members in accessing care.

4. **Information distribution** to the Aboriginal community on health issues that are of particular concern for Aboriginal people. For example, local health care providers who employ a holistic care approach.

# 4. Next Steps for Community Engagement

An important aspect of any relationships is both a balance of power and trust. The seven principles of community engagement identified by the LHIN are a good place to start when thinking about how to further engage the Aboriginal community.

The needs assessment has raised hope in the Aboriginal community that their health and welfare is on the agenda and will now be recognized. The LHIN's relationship with the community has been seeded by the needs assessment process. However, the continuity and growth of this positive relationship is contingent upon how this data is used. The community is expecting and was assured that data would be shared back with them so this is where future engagement should begin.

1. Disseminate the report as widely as possible to the Aboriginal community including all of the people who participated in focus groups and in the online survey as well as needs assessment advisory committee members.

2. Invite interested community members to attend a meeting to discuss the finding s and develop action plans and potential agencies or community organizations who could work with the LHIN.

3. With the organizations that are interested, **convene a meeting** to
   a. Agree on the definition of the problem(s).
   b. Set objectives and strategies to address the needs and potential solutions.
   c. Agree on a division of tasks, budget and a time line.

4. Engage other stakeholders who may be able to help move the action plan forward. While outside of the LHIN service area, the following organizations may provide insight into providing traditional care. Their consultation could be pivotal in moving forward in helping Aboriginal residents access the traditional care that they clearly want and need

   - Anishnawbe Health of Toronto
   - De Dwa Da Dehs Nye - Aboriginal Health Access Centre (Hamilton)

   Other stakeholders could include the MOHLTC, Métis Nation of Ontario (MNO), the Ontario Federation of Indian Friendship Centres (OFIFC), and First Nation and Inuit Health Ontario Region (FNIH OR)

5. A **periodic review of needs** would also be advisable as they could very well change as some needs are met and health practices change. With the background of this needs assessment, there is the possibility of greater depth the next time.