



Talking Together to Improve Health

Key findings from the Ontario Public Health Unit Survey on engagement with First Nations communities.

A survey of Ontario public health units' perspectives on current principles and practices of engagement between First Nations communities and public health units, as well as perceived successes and challenges was conducted within the context of this project.

This summary provides the key findings of the Ontario Public Health Unit Survey on engagement with First Nations communities. More detailed findings can be found in the Executive Summary and Full Report, which can be found at www.publichealthontario.ca. This survey is one phase of data collection from a multi-phase research project.

The term "First Nations community" is utilized throughout this report as a respectful alternative phrase for the term "reserve". It refers to a community which is officially recognized and administered on land that was set aside under the *Indian Act* or under a treaty agreement, and which is governed by a band council. The term "Indigenous" refers to all persons of Indigenous ancestry – First Nations, Métis, and Inuit.

Project Goal

This research project is seeking to determine what mutually beneficial, respectful, and effective principles and practices of engagement between First Nations communities and public health units in Northeastern Ontario can be identified as an important step in working toward improved opportunities for health for all.

Introduction

Ontario's public health units deliver a broad range of population health programs aimed at improving the health of the community, protecting the health of all, and ensuring everyone has equal opportunities for health. Public health units are required to tailor programs and services to the local context and community needs. Thirty-five (35) public health units operate across Ontario (previously 36), and 21 of them intersect with the boundaries of 133 First Nations communities.

This multi-phase research project involves a literature review, a survey of Ontario public health units, interviews with key informants, and gathering information via focus groups, sharing circles and interviews with individuals from five to six First Nations communities from Northeastern Ontario.

The literature review explored strategies, approaches, and principles of engagement and collaboration between Indigenous Peoples and public sector agencies in North America, New Zealand, and Australia. Four themes emerged: **respect, trust, self-determination**, and **commitment**. Within each of these principles, a number of wise practices were also identified – viewed as specific actions which can contribute to more successful partnerships with First Nations communities.

In August 2017, a survey which explored the implementation of these wise practices within local public health units was sent out to each of the then 36 Ontario Medical Officers of Health. The invitation was for one organizational survey to be completed by each public health unit, on behalf of the organization, utilizing the internal processes that were most suitable to them.

A total of 24 public health units responded to the survey. Ten of these respondents indicated that they do not engage with First Nations communities because their health unit does not intersect with the boundaries of any First Nations communities. These 10 responses were excluded from this report to focus solely on engagement practices between public health units and First Nations communities.

Key Findings

Findings are based on responses from 14 public health units who intersect with First Nations communities. The final response rate for this survey was 67% when only public health units (14/21) who intersect with First Nations communities are considered.

Engagement context

- » First Nations community health centres and/or health directors play an important role as a first point of contact within the initial engagement process. The impetus for engagement is often a direct request from a First Nations community for a specific program or service.
- » Public health units use engagement approaches that focus on relationship building and are tailored to the First Nations community perspectives.
- » Vaccine preventable diseases and the prevention and control of infectious diseases are the most common program areas for engagement.

Specific health unit practices

- » Only two public health units have First Nations representation on their board of health or a health unit advisory group.
- » Although half of public health units have Indigenous Peoples employed, responses point to opportunistic rather than purposeful employment practices.
- » Most public health units (79%) have provided cultural awareness/competency training to staff.
- » Few public health units have policies or guidelines for First Nations community engagement.
- » Half of public health units consider First Nations communities in their overall strategic planning and/or in program planning processes.

Factors that contribute to engagement

- » Some public health units proactively seek opportunities to engage with First Nations communities, while some tend to provide support and/or service when requested by First Nations communities.
- » Most engagement practices considered to be successful or positive focused on building relationships with First Nations communities and led to opportunities for further collaboration.

Challenges to meaningful engagement

- » Lack of clarity with regards to which health organizations are most responsible or appropriate to deliver a public health service within a First Nation community are cited by public health units as a challenge to meaningful engagement.
- » Things like staff turnover, financial pressures, and a lack of data on Indigenous health needs are perceived to hinder engagement.
- » Engagement was felt to be less successful when programming discussions did not result in any actual implementation.

Future engagement

- » The majority of public health unit respondents (79%) did not feel their staff members possess the skills and knowledge to effectively engage with First Nations communities.
- » More than 75% of public health unit respondents felt more resources, including funding for both public health units and First Nations communities and training supports, would be useful to further support their engagement with First Nations communities.
- » When asked about plans to follow specific protocols to further guide engagement, most public health units (64%) were uncertain or were waiting for the release of protocols to determine their use.

Discussion

Four principles were identified in the literature review: respect, trust, self-determination, and commitment, each with associated wise practices. This discussion explores the extent to which these principles and associated practices are evident in the examples described by public health units.

Respect

Based on findings from the literature review¹, the principle of respect focuses on the need for non-Indigenous Peoples to understand, acknowledge, and appreciate both the history and current context of Indigenous Peoples.

- » Public health units described communications, building respectful relationships, and respecting the wishes of First Nations communities in any interactions as important to meaningful engagement.
- » The majority of public health units who responded to the survey have provided cultural competency training to their employees, or have made training available through other providers. The nature of the training varies, however, and there would be opportunities to deepen the training and to broaden its reach. It may also be important to shift toward a broader approach of cultural safety and cultural humility.

Trust

Based on findings from the literature review¹, the principle of trust is recognized as foundational to the establishment of respectful and mutually empowering long-term relationships.

- » Allowing enough time for relationship building was seen as important by public health units; having face to face meetings; and enlisting respected people in communities were described as ways that public health units build trust.

Self-determination

Based on findings from the literature review¹, partnerships with Indigenous Peoples have been identified to be more successful if the principle of self-determination is considered and understood.

- » The principle of self-determination was described throughout survey responses, most notably by the many public health units who describe their engagement approach as being driven by First Nations community needs.

Commitment

Based on findings from the literature review¹, commitment, focuses on the importance of tangible and sustainable action to develop and maintain long-term and effective partnerships. Some specific wise practices were evident:

- » Two public health units who responded to the survey had First Nation representation on their board of health, and two public health units had an Indigenous Advisory Committee.
- » Half of the public health units had written agreements for particular programs and services, and three had Indigenous engagement included in their strategic plan, board motion or other formal process.
- » Staff and management positions at some public health units explicitly incorporate Indigenous engagement as part of their roles.
- » Some public health units noted they were looking to enhance their recruitment strategies to increase the number of Indigenous staff.

Conclusion and Next Steps

The responses from public health units that engage with First Nations communities demonstrate that engagement with First Nations communities is important for and valued by these public health units. Although elements of engagement principles and practices can be seen in actual public health unit examples, many principles are not widespread or well-established in practice at this time, and there is opportunity for the principles to be more fully evident in public health practice.

These survey findings are one piece of a larger exploration and represent only the perspectives of Ontario public health units that responded to the survey. Findings from the literature review and this report will be utilized to inform future phases of the broader research project. As a whole, this cumulative data gathering process will bring all perspectives and learnings together (from First Nations communities, community health organizations, public health, and the literature) to identify engagement examples, principles, and wise practices for respectful and meaningful engagement.

¹Talking Together to Improve Health Project Team. (2017). *Talking Together to Improve Health: Literature Review*. Sudbury, ON: Locally Driven Collaborative Projects

Report Authors (in alphabetical order)

Annie Berthiaume, Chris Bowes, Dr. Sheila Cote-Meek, Kimberly Lalonde, Chanelle Larocque, Renée St Onge, Mariette Sutherland, Maurice Switzer, Laurie Zeppa

Indigenous Circle

Dr. Sheila Cote-Meek, Laurentian University
Rachel Cull, Misiway Milopemahtesewin Community Health Centre
Gloria Daybutch, Maamwesying North Shore Community Health Service
Dr. Emily Faries, Dr. Kevin FitzMaurice, Dr. Michael Hankard, University of Sudbury
Kim Lalonde, Nipissing First Nation
Caroline Lidstone-Jones, Weeneebayko Area Health Authority
Dr. Marion Maar, Northern Ontario School of Medicine
Pam Nolan, Garden River First Nation Wellness Centre
Maurice Switzer, Nimkii Communications
Dr. Pamela Williamson, Noojmowin Teg Health Centre

Research Team

Dr. Marlene Spruyt, Laurie Zeppa, Algoma Public Health
Dr. Lianne Catton, Chantal Riopel, Lynn Leggett, Porcupine Health Unit
Alanna Leffley, Grey Bruce Public Health
Dr. Sheila Cote-Meek, Dr. Carol Kauppi, Laurentian University
Chris Bowes, Amy Campbell, Jessica Love, North Bay Parry Sound District Health Unit
Sandra Laclé, Chanelle Larocque, Annie Berthiaume, Dr. Suzanne Lemieux, Renée St Onge,
Dr. Penny Sutcliffe, Mariette Sutherland, Dr. Ariella Zbar, Public Health Sudbury & Districts
Tracey Zurich (librarian services support), Thunder Bay District Health Unit



The “Talking Together to Improve Health” Project team would like to thank Public Health Ontario (PHO) for its support of this project. The team gratefully acknowledges funding received from PHO through the Locally Driven Collaborative Projects program.”

The views expressed in this publication are the views of the project team, and do not necessarily reflect those of Public Health Ontario.