



STAFF REPORT INFORMATION ONLY

Developing the Toronto Indigenous Health Strategy

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To:	Board of Health
From:	Medical Officer of Health
Wards:	All
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SUMMARY

This report describes the community-led process for developing Toronto's first Indigenous Health Strategy (IHS) and the establishment of the Toronto Indigenous Health Advisory Circle (TIHAC). The report also outlines next steps for the strategy's development and implementation.

Toronto Public Health (TPH), Toronto Central Local Health Integration Network (TC LHIN) and Anishnawbe Health Toronto (AHT) have partnered on the development of a community-led Indigenous Health advisory circle. The TIHAC is in the process of creating a wholistic and comprehensive Indigenous Health Strategy that will guide the work of both TPH and the TC LHIN in improving health outcomes in Toronto's Indigenous community.

TPH provides a number of public health programs and services that are accessed by the Indigenous community. However, more needs to be done to address the disparities in health status between Indigenous and non-Indigenous residents of Toronto, and to address the social determinants of Indigenous health.

The development and implementation of a comprehensive Indigenous Health Strategy has been identified as a priority action in *A Healthy City for All, Toronto Public Health's Strategic Plan: 2015-2019*.

Financial Impact

There are no direct financial implications arising from this report.

DECISION HISTORY

On December 9th, 2013, Anishnawbe Health Toronto (AHT) presented their research to the Board of Health on premature death among Toronto's Aboriginal community. This presentation reinforced the need for TPH to continue partnering with AHT and the Toronto Central Local Health Integration Network (TC LHIN) in the establishment of a comprehensive, community-led and integrated Indigenous Health Strategy (IHS) to improve health outcomes for Toronto's Indigenous community.

ISSUE BACKGROUND

Toronto has the largest and most diverse urban Indigenous population in Ontario (Enviroics Institute, 2010). While there is little local data on Indigenous health, national and First Nations databases indicate that Indigenous people fare worse than the non-Indigenous population on many health indicators (Gionet & Roshanasfshar, 2013; Olding et al., 2014).

Indigenous people living in Toronto face a disproportionate burden of social challenges across the known determinants of health as well as barriers in accessing health services. Indigenous people experience higher rates of poverty, unemployment, homelessness, involvement with child welfare, food insecurity and challenges within the education system – all contributing to poor health outcomes (McCaskill et al., 2011; NCCAB, 2013; Olding et al., 2014; Steward et al., 2013).

Reducing Indigenous health inequities falls within the mandates of both the TC LHIN and TPH. Both organizations currently are working together with AHT to reduce the health inequities experienced by Indigenous people through the development of an Indigenous Health Strategy.

COMMENTS

The Toronto Indigenous Health Advisory Circle (TIHAC) was established to recognize that the IHS must be led by community members themselves: 'Indigenous health in Indigenous hands'. This is in line with the principle of self-determination and echoes recommendations recently released in *Truth and Reconciliation Commission of Canada: Calls to Action* (2015) and in the City of Toronto's *Statement of Commitment to Aboriginal Communities* (2012).

A Steering Committee comprised of TPH, TC LHIN and AHT oversaw the creation of the TIHAC through a communications and outreach strategy informed by the Vision Wheel, a strategic planning tool adapted from the traditional Medicine Wheel (see attachment).

A number of community experts were consulted to develop the TIHAC structure. The governance of similar Indigenous health initiatives across Canada was reviewed and community stakeholders were also engaged. In 2014, TPH and TC LHIN met with the leadership of over 15 Toronto-based Indigenous organizations to gather recommendations on TIHAC membership, governance, roles and responsibilities.

Based on stakeholder engagement, TIHAC has been structured in the following way:

- A small, agile circle of Advisors was created
- Membership represents the diversity within Toronto's Indigenous community
- Advisors represent themselves rather than the mandates of the organizations they work for
- Consensus is used as a more traditional decision-making model to issue recommendations
- TIHAC is guided by an Elders' Council
- Youth participate through a vibrant Youth Council
- Indigenous worldviews are integrated throughout meetings and work
- TPH and TC LHIN leadership participate at meetings in a consultative and listening capacity, not as Advisors; they also ensure action on recommendations
- Reference groups are established to address specific social determinants of Indigenous health, as necessary
- PTOs (Provincial Territorial Organizations) are consulted, when required

The Steering Committee also met with the Ministry of Health and Long-Term Care, Ministry of Aboriginal Affairs and Provincial Territorial Organizations to discuss Indigenous health planning in Toronto, and future opportunities for collaboration with TIHAC in fulfilling their mandate.

On January 23rd, 2015 the TIHAC was officially launched at the Native Canadian Centre of Toronto. The day included a sacred fire, sunrise ceremony, pipe ceremony and community feast. Each Advisor received a symbolic element and cardinal direction to represent their role and responsibilities on TIHAC.

Harmonized Governance: TIHAC's Terms of Reference

Harmonized governance is a key concept guiding how TIHAC operates. This refers to the blending of both western structures with traditional Indigenous ways of being (referred to as "two-eyed seeing"). This commitment is engrained in TIHAC's Terms of Reference.

Each meeting is opened and closed in a traditional way by an Elder. An Ethical Code guides how Advisors work together, the role of Elders at meetings and traditional ways to address tension/conflict. The Ethical Code was created by the Elders' Council and is based on Haudenosaunee and Anishnawbe teachings.

Advising and Influencing: TIHAC'S Mandate

TIHAC has been meeting regularly since March, 2015. Their mandate is twofold:

1. Provide oversight, guidance and advice to the TC-LHIN and TPH in the identification, planning, implementation, funding, research and evaluation of culturally based, culturally secure health programs and services for the diverse Indigenous community in Toronto.
2. To influence public policy that impacts Indigenous health outcomes

The leadership of both TPH and TC LHIN are at the table to:

- Actively listen to TIHAC discussions
- Provide information and context to inform TIHAC recommendations
- Report back to the TIHAC on organizational follow-through, and
- Build trust and strong relationships with TIHAC

Evidence-Informed: Developing the Indigenous Health Strategy

In October, 2015 the TIHAC began a strategic planning process to develop the Indigenous Health Strategy. To inform priority setting, the TIHAC has reviewed the strategic priorities of the Ministry of Health and Long-Term Care, Ministry of Aboriginal Affairs, TPH, TC LHIN and the Provincial Aboriginal Leads Network (PALN) of the LHINs.

Well Living House Knowledge Products

Well Living House was commissioned to produce the following knowledge products to assist TIHAC in setting Indigenous health priorities in Toronto:

- The Aboriginal Population in Toronto: Existing Socio-Demographic and Health Information.
- A Comparison of Governance Structures within Aboriginal Health Strategies: Background and Governance Considerations in the Context of the Toronto Aboriginal Health Strategy.
- Aboriginal Health Programs and Services in the City of Toronto: A Map and a Comprehensive List of Service Organizations.
- Program Funding Streams: Toronto Aboriginal Health and Social Services.
- Briefing Synthesis of Program and Service Gaps for Aboriginal Populations in Toronto.

These knowledge products are currently being reviewed by TIHAC.

Community Engagement Sessions

The TIHAC has also reviewed community-identified health priorities. The Native Canadian Centre of Toronto (NCCT) conducted Indigenous community engagement sessions with various sub-populations from July to December, 2014. Youth, seniors/Elders, men, women and two spirit community members participated in sessions held at various Indigenous organizations. All sessions examined the health and wellbeing of Indigenous people at the individual, family and community levels. Participants were also asked to discuss how to best inform Aboriginal health planning, to describe culturally competent health services and to discuss the differences between traditional Indigenous and Western understandings of health.

Next Steps

The following next steps will inform the development of the Indigenous Health Strategy:

1. Indigenous Cultural Competency Training for Toronto Public Health (TPH) staff and managers to continue laying the foundation for organizational readiness to implement the Indigenous Health Strategy
2. Toronto Indigenous Health Advisory Circle (TIHAC) to continue strategic planning at a dedicated session in December, 2015
3. TIHAC will report back to stakeholders at a community forum and feast in early 2016
4. Feedback from community stakeholders to be incorporated through an iterative process, Spring 2016
5. TIHAC to finalize the Indigenous Health Strategy, Spring 2016
6. Indigenous Health Strategy presented to the Board of Health, Spring 2016
7. TPH to develop an Action Plan to integrate and support Indigenous Health Strategy priorities, Summer/Fall 2016
8. Develop Indigenous community-defined indicators to measure the impact of the Indigenous Health Strategy, Summer/Fall 2016

Toronto Public Health is committed to the process and design of the TIHAC, as well as the development of the first ever IHS for Toronto. Toronto Public Health will also continue to look for ways to eliminate barriers and increase access to its programs and services for and by Indigenous people in Toronto.

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REFERENCES

- Aboriginal Affairs and Northern Development Canada. *Fact Sheet – 2011 National Household Survey Aboriginal Demographics, Educational Attainment and Labour Market Outcomes*. 2013. Retrieved November 14, 2013: <http://www.aadnc-aandc.gc.ca/eng/1376329205785/1376329233875>
- City of Toronto. *Presentation: Toronto's Aboriginal Community*. 2008. Retrieved November 14, 2013: <http://www.toronto.ca/demographics/>
- City of Toronto. Statement of Commitment to Aboriginal Communities in Toronto. Retrieved November 2nd, 2015: <http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=0b86608a99aa9410VgnVCM10000071d60f89RCRD>
- Environics Institute. *Urban Aboriginal People's Study: Toronto Report*, 2010. Retrieved October 30, 2015: <http://www.uaps.ca/wp-content/uploads/2010/02/UAPS-Toronto-report.pdf>
- Downey, B., M. Firestone, M. Snyder, and J. Smylie. *A Comparison of Governance Structures within Aboriginal Health Strategies: Background and Governance Considerations in the Context of the Toronto Aboriginal Health Strategy*. Well Living House, Centre for Research on Inner City Health, St. Michael's Hospital. April, 2014.
- Firestone, M. and J. Smylie *Briefing Synthesis of Program and Service Gaps for Aboriginal Populations in Toronto*. Well Living House, Centre for Research on Inner City Health, St. Michael's Hospital February, 2015.
- Firestone, M. and J. Smylie *Program Funding Streams: Toronto Aboriginal Health and Social Services*. Well Living House, Centre for Research on Inner City Health, St. Michael's Hospital April, 2015.
- Gionet, S, and S Roshanasfshar. *Select health indicators of First Nations people living off reserve, Métis and Inuit*. Health Statistics Division, Statistics Canada. January 2013. Retrieved November 14, 2013: <http://www.statcan.gc.ca/pub/82-624-x/2013001/article/11763-eng.pdf>
- McCaskill, D., K FitzMaurice and J. Cidro. *The Toronto Aboriginal Research Project Final Report*. Toronto Aboriginal Support Services Council. November, 2011.
- National Collaborating Centre for Aboriginal Health. *An Overview of Aboriginal Health in Canada*. 2013. Retrieved November 14, 2013: [http://www.nccah-ccnsa.ca/Publications/Lists/Publications/Attachments/101/abororiginal health web.pdf](http://www.nccah-ccnsa.ca/Publications/Lists/Publications/Attachments/101/abororiginal%20health%20web.pdf)

National Collaborating Centre for Aboriginal Health. *The State of Knowledge of Aboriginal Health: A Review of Aboriginal Public Health in Canada*. 2012. Retrieved November 14, 2013: http://www.activecircle.ca/files/resources/SOK_report_EN_web.pdf

Olding M., M. Firestone and M. Snyder. *The Aboriginal Population in Toronto: Existing Socio-Demographic and Health Information*. Well Living House, Centre for Research on Inner City Health, St. Michael's Hospital. April, 2014.

Public Health Agency of Canada. *Fact Sheet: Aboriginal Peoples*. 2012. Retrieved November 14, 2013: <http://www.phac-aspc.gc.ca/aids-sida/pr/sec6-eng.php>

Snyder, M., E. Payant, M. Firestone, and J. Pidutti *Aboriginal Health Programs and Services in the City of Toronto: A Map and a Comprehensive List of Service Organizations*. Well Living House, Centre for Research on Inner City Health, St. Michael's Hospital. April, 2014.

Statistics Canada. *2006 Aboriginal Population Profile for Toronto*. 2010. Retrieved November 14, 2013: www.statcan.gc.ca/pub/89-638-x/2009001/article/10825-eng.htm

Stewart, S et al. *Presentation: Aboriginal Homelessness and Health*. 2013. Retrieved November 14, 2013: http://www.ontarioshores.ca/UserFiles/Servers/Server_6/File/PDFs/Research/ResearchDay/2013/A1%20-%20Stewart.pdf

Truth and Reconciliation Commission of Canada. *Truth and Reconciliation Commission of Canada: Calls to Action*. 2015.