2016 Ontario Budget Submission from the Aboriginal Health Access Centres of Ontario

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Summary of Recommendations for 2016 Ontario Budget

1. Ensure that healing programs are part of the core basket of services that Aboriginal Health Access Centres provide. Make the necessary investment of $4 million to support and promote traditional healing programs and services in Aboriginal Health Access Centres (AHACs).

2. Address the funding inequities of AHACs as compared to their CHC counterparts through making an investment in information management costs to support high quality data and reporting. A onetime investment of $585,980 and an ongoing investment of $1,530,105.00 for all ten AHACs is required.

Part One - Introduction

In 1994, following an exhaustive Aboriginal consultation, Ontario developed the Aboriginal Health Policy, which led to the birth of the Aboriginal Health Access Centres (AHACs). Ontario’s ten AHACs were founded to address the complex impacts of colonization and inter-generational trauma and play a powerful role in the healing, health and wellbeing of Indigenous peoples. AHACs’ ability to deliver clinical care services, integrated chronic disease prevention and management, maternal and child health care, addictions counseling, traditional healing, mental health care, and programs for youth and seniors has made them key agents of positive change in Aboriginal communities across Ontario. For the AHACs, culture is treatment. Through this approach, AHACs have earned the trust and credibility of the communities they serve. The interprofessional team within each AHAC works to reconnect Indigenous peoples with the practices, sense of community and cultures that were taken away over the course of centuries. They do this through working collaboratively to offer a wide range of programs and services that address the physical, emotional, mental and spiritual needs of Indigenous peoples.

As result of the increasing demand for services and programs, the AHACs grew from 1995 to 2005. By 2005, the demand for AHAC services outpaced funding levels. By 2007, it was clear that there was a financial crisis. Continuing to present day, wait lists grow and centres are struggling to keep up with the demand for their services. Despite these major challenges, Ontario’s ten AHACs continue to operate as community health spaces that offer a sense of belonging and access to Indigenous programs and services for healing and wholistic health.

Part Two- AHAC and MOHLTC: A History

In 2011, the AHACs chose to transition from the Aboriginal Health and Wellness Strategy (AHWS) to the Ministry of Health and Long Term Care (MOHLTC). Since that time, it has been noticed that the core funding received by AHACs is substantively lower than their CHC counterparts. CHCs serving similar numbers of clients and in similar geographic areas typically receive substantially more funding than AHACs. These models are often compared because they are both: community
governed mature, well-established models of primary health care with interprofessional teams; focus on marginalized populations; and offer wholistic health services beyond strictly illness treatment. Given the similarities in service volumes and models of care, the core funding inequities AHACs face in relation to their CHC counterparts is crippling.

Since their transfer in 2011, the MOHLTC has acknowledged the AHACs’ underfunding issue and made repeated commitments to address the inequity. They committed to conducting a funding parity review in order to address the systemic funding inequity within the sector. This commitment, now five years old, has yet to materialize. The AHAC circle has submitted a proposal to the Ministry of Health and Long Term care in regards to information management (IM) funding. The request for all ten AHACs was:

1. One-time funding for the Business Intelligence Reporting Tool(BIRT): $585 980.00 and;
2. Ongoing annualized IM costs: $1 530 105.00.

This funding would provide more equitable funding for the AHACs as compared to their CHC counterparts. It provides a platform and resources for the centres to extract and report high quality data and ultimately will enable AHACs to produce program and produce the CHC-equivalent of centre- and sector-specific high quality performance dashboards and management reports. AHACs have identified development of an Information Management Strategy as a priority to accurately assess and improve the quality of service delivery and management accountability. Development of a central, standardized approach to data and information management is a fundamental first step. The 10 AHACs use the same EMR instance as the CHCs. This will allow these centres to enable BIRT relatively quickly. Leveraging the solution and experience gained in BIRT is both cost-effective and provides an opportunity for the AHACs to benchmark against both CHCs and each other.

Part Three-Traditional Healing

Traditional programs are a core part of the AHACs basket of services and are foundational for achieving better health outcomes for Indigenous populations. These programs and services are designed to address the ramifications of inter-generational trauma, colonialism and the residential school system. Many of these traditional programs seek to heal Indigenous peoples through healer clinics, storytelling, ceremonies, feasts, drumming, dancing and traditional arts and crafts, to name a few. Traditional healing programs, in the past few years, have not been resourced to adequately meet community needs. There is substantial evidence that showcases the value that healing programs have on Indigenous people’s health and wellbeing. The Aboriginal Healing and Wellness Strategy (AHWS) conducted an evaluation on the healing programs they fund and the results indicated that almost 100% of clients felt that the healing programs made a positive difference in their lives. These programs increased access to health care services; supported healthy lifestyle choices; increased access to traditional providers and supported and assisted clients and families in
the healing process. AWHS programs impacted clients in a variety of areas beyond just physical health.

<table>
<thead>
<tr>
<th>Areas of Impact</th>
<th>Percentage of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happiness and contentment</td>
<td>88%</td>
</tr>
<tr>
<td>Balance in their lives</td>
<td>87%</td>
</tr>
<tr>
<td>Stress levels</td>
<td>80%</td>
</tr>
<tr>
<td>Social supports</td>
<td>81%</td>
</tr>
<tr>
<td>Sleep habits</td>
<td>62%</td>
</tr>
</tbody>
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One AHAC in particular has developed a program called “Beauty for Ashes” which seeks to improve health and social outcomes for Indigenous individuals, families and communities by releasing deeply rooted emotional effects of past and present trauma through relational healing and indigenous knowledge by using narrative story telling within safe and supportive environments.

**Beauty for Ashes Program**

Maamwesying North Shore Community Health Services Inc. has begun offering the Beauty for Ashes program to their community. It is based on best practices coming out of Alaska (Family Wellness Warrior Initiative (FWWI) and is a five day intensive residential program based in storytelling. The program is designed to train, educate and help participants heal from the impacts of domestic violence, child sexual abuse and child neglect using an established curriculum and incorporates the cultural approaches of a teaching circle, sharing circles and storytelling. Participants have reported growing in many ways including through grieving, healing, developing healthier relationships, connecting to and trusting others and developing assertiveness and self-efficacy.

The evaluation of the program has shown: a reduction in substance abuse, anxiety, trauma symptoms and depression; healing from childhood trauma; improved family wellbeing through personal healing, improved communication, empathy and problem solving skills. The first BFA program in Ontario was held in 2014 with the help of the team from Alaska. The six month follow up results of this program showed that people were taking better care of themselves, managing their medications and diabetes better, some had quit drinking and smoking entirely. Overall, all participants reported an improvement in their physical, mental, emotional and spiritual health.

**Healing Programs across AHACs**

There is significant evidence that suggests programs like Beauty for Ashes improve the overall health and wellbeing of the clients it serves. Program creators are already seeing results and are
confident that the results will save the health care system millions of dollars annually. The Beauty for Ashes program has put in a proposal to the Ministry of Health for an initial investment of approximately $400 000.00. These funds cover all human resourcing and built environment necessities to make the program possible.

Given the needs of the communities that AHACs serve and the evidence to support the value of these programs, investing in healing programs is a prudent investment for the province of Ontario. For one, it supports the recommendations emerging from the *Truth and Reconciliation Commission* that urge the federal, provincial and territorial governments to acknowledge that the current state of Indigenous health in Canada is a direct result of previous Canadian government policies, including residential schools. The recommendations also encourage the government to provide sustainable funding for existing and new Aboriginal healing centres and programs to address the physical, emotional, mental and spiritual harms caused by residential schools.

We hope to see the “Beauty for Ashes” program or similar programs that fit the community need are implemented across Ontario through more AHACs. We know the success of these programs and want to scale them up so they reach more Indigenous peoples in the province.

Recommendation:

1. That healing programs be included in the core basket of services for AHACs; and

2. That the MOHLTC fund the ten AHACs at $400,000 per AHAC for a total of $4 M to develop and implement these healing programs.

These funds will be used as a way to get healing programs off the ground and into communities that need them. Based on best practice there will be evidence based measures and indicators to track the progress of the healing programs.

We sincerely hope that the province will recognize the incorporable value of healing programs for Aboriginal peoples in Ontario and makes the necessary investments to support the health and wellbeing of Aboriginal peoples in Ontario.

Thank you.