Aboriginal Health Access Centres and Aboriginal Community Health Centres

REPORT TO COMMUNITIES (2016)

© AHAC and Aboriginal CHC Wholistic Model of Health and Wellbeing

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AHACs AND ABORIGINAL CHCs REPORT TO COMMUNITIES (2016)

AHACs AND ABORIGINAL CHCs SERVE INDIGENOUS PEOPLE MOST AT RISK FOR POOR HEALTH

According to a recent practice profile study conducted in partnership with the Institute for Clinical Evaluative Sciences (ICES), the clients seen by AHACs and Aboriginal CHCs require, on average, **30%-50% more** primary care compared to the average Ontarian. It was also found that the AHAC clients are predicted to require greater health care generally compared to the average population. This study predicted that **40%** of the AHAC population require higher health care overall, compared to **16%** of the Ontario population.

**Client Complexity and Social Determinants of Health**

The sector understands that culture, colonization, income, education, adequate housing and diet are all social determinants of health contributing to poorer health and wellness outcomes. Therefore, the sector provides comprehensive client care, including services of traditional healing to address the social and spiritual determinants of health.

Aboriginal Health Centres and Health Access Centres see people who are marginalized with complex histories of racism, trauma and stigma. The Centres are places of healing and belonging.

**Comorbidities**

- **57.1%** of the AHAC population have 5 or more comorbidities, compared to a provincial average of 43.6%.
- **15.4%** of the AHAC population served have 10 or more comorbidities, compared to a provincial average of 7.7%.

The top reasons for clients accessing primary care services are: Diabetes (Type II), smoking cessation, mental health, hypertension and well care.

**Non-insured**

About half of the AHACs and Aboriginal CHCs, along with the Aboriginal Nurse Practitioner-Led Clinic (NPLC) and Aboriginal Family Health Team (FHT), serve non-insured clients.

**Health Promotion and Prevention with and for Indigenous Communities**

The AHACs, Aboriginal CHCs, Aboriginal NPLC and FHT are actively engaged in community outreach and health promotion services following an Indigenous, wholistic healing and wellness model. Services being provided encompass mental, physical, emotional and spiritual care.

**Preventing and Managing Diseases**

- **43.4%** Colorectal Cancer Screening rate in AHACs versus a 30% rate in Ontario overall.
- **53.8%** Colorectal screening rate in Aboriginal CHCs versus a 30% rate in Ontario overall.
- **68.2%** Cervical Cancer Screening rate in Aboriginal CHCs versus a 64% rate in Ontario overall.

**Improving Access**

- ✓ The Sector provides health services in the following Indigenous languages: Oji-Cree, Cree, Inuktitut, Iroquois, Mohawk and Ojibway.
- ✓ Most AHACs provide home and community visits for primary care. The clients that they typically see are complex: frail seniors, those requiring palliative/end of life care, those with mental health problems, disabilities and isolated/remote.
- ✓ The sector also provides primary care services through Ontario Telemedicine Network (OTN).
- ✓ Traditional healers, counsellors, medicine people, Elders and traditional teachers work with people on traditional healing services.

AHACs AND ABORIGINAL CHCs DO A BETTER JOB KEEPING PEOPLE OUT OF EMERGENCY DEPARTMENTS

AHACs and Aboriginal CHCs ease pressures on hospitals by keeping people out of expensive Emergency Departments.
INTEGRATED, EFFECTIVE AND COORDINATED SERVICES
The sector is a unique, integrated and coordinated primary care model blending western best practices with Indigenous healing approaches.

The sector is actively breaking down jurisdictional barriers by working with First Nations, Inuit and Métis (FNIM) communities and provincial health systems to integrate federal and provincial health resources. This enables high levels of innovation in delivering comprehensive services focused on improving health outcomes, accelerating Indigenous health gains and community wellness.

SECTOR RESOURCING
Ministry of Health and Long-Term Care (MOHLTC) and the Local Health Integration Networks (LHINs) invest approximately $45M in 10 AHACs, 3 Aboriginal CHCs, 1 Aboriginal NPLC and 1 Aboriginal FHT.

✓ A total of 10 Traditional Healer positions are funded to base budgets.
✓ The Sector employs approximately 600 people.
✓ Within our AHAC, Aboriginal CHC, NPLC and FHT sector, we are currently retaining approximately 60% Indigenous health and social service professionals, as well as traditional healers (or 360 employees).
✓ The Sector supports ongoing Indigenous and non-Indigenous health and social service professionals’ practicums and has over 350 volunteers.

DATA INNOVATION IN AN EVIDENCE-BASED, INDIGENOUS MODEL
✓ The AHACs and Aboriginal CHCs have used the same Electronic Medical Records (EMR) since 2013, with data becoming more sophisticated each year.
✓ 2016 estimates show that the sector serves over 66,000 clients yearly (or over 25% of FNIM populations in Ontario).
✓ By 2017, through advanced technologies, the sector will have enhanced reporting capabilities.

FOSTERING TRANSFORMATIVE CHANGE: TOWARD HEALING AND RECONCILIATION
The sector does its part to uproot systemic Indigenous-specific racism in the health care system. For example, SOAHAC developed an online Indigenous Cultural Safety (ICS) training which incorporates international standards and practices in anti-racism, anti-oppressive and decolonizing pedagogies.

In efforts to close the population health information to improve health planning for Indigenous people, a number of AHACs are supporting

Our Health Counts Urban Aboriginal Health Database Project in Hamilton, Toronto, Ottawa and London.

Our Health Counts initiative is an Indigenous-informed, innovative population health survey project that generates socio-economic and health statistics for urban Indigenous communities in a self-determined, culturally safe manner.
INDIGENOUS COMMUNITY GOVERNED AND PROVINCIALLY FUNDED PRIMARY HEALTH CARE CENTRES

Dilico FHT, Six Nations FHT, Pkwàkàganàg FHT, Tungasuvvingat FHT, Sioux Lookout Meno Ya Win Health Centre and Weeneebayko Area Health Authority (WAHA) are not affiliated with the Association of Ontario Health Centres (AOHC).