Aboriginal Health Transition Fund

Ontario Adaptation Plan

Adaptation in Process: Health Care for Aboriginal People in Ontario

FINAL REPORT

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EXECUTIVE SUMMARY

Ontario has been at the forefront in designing and implementing health programs and services that have been adapted or created to provide culturally appropriate services to better meet the needs of Ontario's Aboriginal population for over 25 years. This work in developing and implementing Aboriginal health programs and services is enhanced through the Aboriginal Health Transition Fund (AHTF).

In 2008-09, Ontario accessed the federal government's Aboriginal Health Transition Fund (AHTF) Adaptation envelope. Following the submission and approval of its Adaptation Plan by Health Canada, the Ministry of Health and Long-Term Care (MOHLTC) entered into a Contribution Agreement with Health Canada that would transfer $6.18 million from Health Canada to the Ministry of Health and Long-Term Care to support Ontario's Aboriginal Health Transition Fund (AHTF) Adaptation Plan. By 2010, Health Canada extended the AHTF whereby the Ministry and some of its projects received an additional $497,925 for 2010-11 to wrap up project activities, support knowledge translation activities and to afford projects more time to complete their project evaluations.

The Aboriginal Health Transition Fund (AHTF) is a national initiative that was created by the federal government to support:

- Provinces and territories to adapt their existing health services to better meet the needs of all Aboriginal peoples, including First Nations, Inuit, Métis, and those living off reserve and in urban areas (Adaptation envelope).
- First Nations and Inuit communities and organizations to integrate existing federally funded health systems within First Nations and Inuit communities with provincial and territorial health systems (Integration envelope).

The Ontario Aboriginal Health Transition Fund (AHTF) Adaptation plan includes 31 unique adaptation projects that have been funded since 2008-09. These projects reached all major geographical regions of the Province through diverse activities ranging from academic research, building permanent structures, collaborative planning, capacity building/ training, and strengthening and building partnerships between mainstream health providers and Aboriginal communities.

The 31 projects were located throughout the province. The sponsoring organizations were both Aboriginal and non-Aboriginal and included non-profit service and policy organizations, academic institutions, hospitals, and Local Health Integration Networks (LHINs).Further, the projects have represented Aboriginal people throughout the lifespan including projects aimed at children, youth, adults and Elders.

Most of Ontario's Aboriginal Health Transition Fund adaptation projects were complete as of September 2010. Five (5) projects were completed in 2008-09. A further five (5) projects finished their activities in 2009-10. Sixteen were completed by September 2010 and the remaining three projects will wrap up by March 2011.

Evidence from a survey of 26 projects suggests that most projects have met their goals and objectives. Most sites struggled initially as a result of funding and timing delays, however, the research suggests that the projects were able to move forward (albeit with altered work plans and budgets) to craft adaptation projects to address Aboriginal health needs.

The Ontario AHTF Adaptation Plan of 2008-2010 has contributed to the potential for reaching the long-term objectives to improve the health outcomes of Aboriginal people by improving access to health care and responding to the needs of the Aboriginal community. It has done this by funding a range of adaptation projects designed to enhance health care programs and services that contribute to better health of Aboriginal peoples in Ontario. Some of the most promising results are identified below.

Key Accomplishment Highlights

Resource Development

- As a result of the AHTF in Ontario, **over 38 new resources have been developed to support adaptation for the long term health improvement for Aboriginal people living in Ontario.** These include educational documents, environmental scans, needs assessments as well as three permanent structures (e.g., Timmins and District Hospital). These resources target a variety of subjects including mental health and addictions, maternal and child health, cultural safety, medical translation, Hepatitis C, and community perceptions among others.
- Filling critical data gaps: The Ontario Federation of Indian Friendship Centres (OFIFC), through a formal partnership with four Aboriginal organizations and two academic institutions, will fill a critical health data gap in an unprecedented study of health for urban First Nations, Métis and Inuit people in two Ontario cities. Another project led by the Aboriginal Health Access Centres (AHACs) through their partnership with the Association of Ontario Health Centres (AOHC) will also contribute to health data gaps through the AHTF sponsored Electronic Client Registry (ECR).

Relationship Building

- All AHTF projects have involved an element of relationship building and community engagement or collaboration. For some projects, these relationships have already started to translate into tangible outcomes. For example, AOHC/AHAC has attributed their successes in income parity of AHAC physicians, involvement in provincial strategies to an opportunity to establish relationships with key players.
- **Fifteen (15) projects implemented advisory committees to oversee either all or some aspect of their AHTF project. Four plan to preserve these committees post-AHTF.**

- **The LHINs report that the AHTF has afforded them a critical opportunity to begin to build networks with the Aboriginal community to better understand community needs and facilitate strategic planning.**
- AHTF adaptation projects had variable starting points in terms of relations. Some sponsors had well established relationships with Aboriginal; communities and or mainstream health care. Others were starting fresh. **The common ground was that the AHTF allowed a critical gap in perspective to be gained**

Training and Capacity Development

- **Training and capacity building has occurred with well over 400 Aboriginal and non- Aboriginal youth and adults in all areas of the province.** Areas of focus include colorectal cancer, caregiver support, palliative care, and cultural sensitivity.
- Mainstream institutional/organization learning was evidenced through projects such as the Centre for Addiction and Mental Health (CAMH) project, where institutional protocols were challenged and Aboriginal approaches *adapted* in the residential treatment program.
- **Two Aboriginal Health Access Centres have begun the process of accreditation**.

Sustainability

- **Four projects have secured non-AHTF funds to sustain elements of their AHTF projects.**
    - CAMH will continue to offer their Aboriginal specific *residential treatment program* and will expand it to include programming for Aboriginal women,
    - Lakehead University's *palliative care project* will continue as the result of a five-year Canadian Institutes of Health Research (CIHR) grant.
    - The South West LHIN in collaboration with their Aboriginal Advisory Committee successfully secured $1.2 million for an Aboriginal Aging at Home Initiative. This includes implementation of an Aboriginal patient navigator based out of the Southern Ontario Aboriginal Health Access Centre.
    - The Ontario Federation of Indian Friendship Centres has secured a grant to continue analysis of the *Our Health Counts* data.
- **Five projects have included recommendations from environmental scans/needs assessment into their organizational business plans or Integrated Health Service Plan (IHSP). Five additional projects plan to incorporate findings into long term organizational planning.**
- **Considering 1) the additional funds that some projects have acquired, 2) the resources developed (the knowledge gained and new tools developed), 3) the training/capacity development accomplished, 4) the successful plans and adaptations of services, and 5) the relationships developed, the sustainability of some aspects of the AHTF Adaptation projects is highly probable.**

Unanticipated Outcomes

- Cross project learning and sharing of promising-practices has occurred as a result of meetings and engagement opportunities provided by the Ministry of Health and Long-Term Care (MOHLTC). As a result, some initiatives have been expanded, partnerships have been formed, resources and processes have been shared and used to improve and expand AHTF projects.

Ontario's AHTF Adaptation Plan is described by one project site as a "*critical catalyst*" in providing more equitable health services for Aboriginal people. The process of adaptation will be a long one and while significant advances have undoubtedly been made, there is still much work to be done in realizing the long term goal of improving health outcomes for Aboriginal Ontarians. The critical issue now is to determine how the gains made as a result of the AHTF can be maintained in moving forward. Recommendations are identified on page xviii.

SUMMARY OF REPORT

This Final AHTF Ontario Adaptation evaluation report of the Ontario Aboriginal Health Transition Fund (AHTF) Adaptation Plan summarizes the accomplishments and challenges of 31 projects funded throughout the life of Ontario's AHTF Adaptation Plan - during 2008-09 to 2010-11.

The AHTF is a federally-funded national initiative. Ontario's Adaptation Plan was crafted to blend with ongoing initiatives in Ontario with the same long-term objectives – meeting the health care needs and closing the health status gap between Aboriginal residents and other residents of Ontario. Recognizing that traditional Aboriginal approaches to optimum health have aspects that have not been present in most mainstream health care approaches and that some compromises might be necessary from all, the 'adaptation' approach was applied to First Nation, Inuit and Métis health care approaches as well as mainstream health care approaches.

The 31 projects were located in all areas of the province and had sponsors from Aboriginal organizations, Aboriginal health care providers, mainstream health care providers, Local Health Integration Networks (LHINs), hospitals, universities and provincial health promotion organizations.

Most of Ontario's AHTF projects were complete as of September 2010. Five (5) projects were completed in 2008-09. A further five (5) projects finished their activities in 2009-10. Sixteen were completed by September 2010 and the remaining three projects will wrap up by March 2011. Evidence from a survey of 26 projects suggests that most projects have met their goals and objectives. While sites struggled initially as a result of funding and timing delays; the research suggests that the projects were able to move forward (albeit with altered work plans and budgets) to craft adaptations that would address Aboriginal health needs.

Based on surveys/interviews with the leads of 26 projects, case study interviews, September 2010 final reports, 2009-10 Year End activity reports submitted in June 2010, and selected Year End reports from the 2008, this comprehensive summative evaluation report includes information on all 31 projects.

The dominant activities of Ontario's AHTF adaptation projects are captured within five main themes. These themes and corresponding projects are described in table S.1 on the following page.

Table S.1: Ontario's AHTF Projects Organized by Type of Primary Activities.

Activity Themes	*Projects*
Environmental scanning and resulting planning to assist adaptation of services	• Aboriginal Engagement and Planning by LHINs and partners (N=11). • Maternal and Child Health and Elder/Long-term Care, Sioux Lookout Meno Ya Win Health Centre. • Aboriginal Health Circle, Barrie Area Native Advisory Council.
Developing new knowledge or tools that would assist in adapting the provincial health system	• Our Health Counts. • Medical Lexicon, SLMHC. • Aboriginal Preceptors – Anishnawbe Health. • Aboriginal Colorectal Cancer Education – Cancer Care Ontario.
Adapting training /capacity development to meet the training needs of Aboriginal providers	• Palliative Care in First Nation Communities, CERAH, Lakehead University, Kenora Chiefs Advisory, Dilico, SLMHC. • Urban Aboriginal Health Conference, Native Canadian Centre of Toronto. • Caregiver Support Training, The Friends.
Service enhancements through program adaptation	• Association of Ontario Health Centres (AHOC)/ Aboriginal Health Access Centre (AHAC) Network. • Keewaytinook Okimakanak (KO) Telemedicine. • Hospital Discharge Planning (LHINs). • Children's Mental Health (LHINs).
Developing culture-based programs/services within Aboriginal and Ontario health service providers to better meet the needs of Ontario's Aboriginal community	• Aboriginal Treatment Cycle, Centre for Addiction and Mental Health (CAMH). • Support for Homeless and At-Risk, St. Christopher House. • Aboriginal Healing Room, Timmins and District Hospital. • Traditional Culture and Tobacco Use Youth Program, Wabano Centre for Aboriginal Health. • Hep C Education, Ottawa Inner City Health.

These five types of projects serve to organize the information in each section of this report. While they have been categorized by their dominant activities, there are many commonalities in their approaches. Many of these commonalities (relationship building, resource development, etc.) were promoted by Ontario's AHTF approach.

Key Accomplishments

The data that follow summarizes the major accomplishments of Ontario's AHTF adaptation projects. This summary also includes accomplishments that focus on relationships, resource development sustainability, and potential impacts. Further details and a more comprehensive overview of AHTF Ontario Adaptation accomplishments are provided in the main body of this report and in the tables in Appendix B.

The accomplishments have been organized by project theme. It should be noted that there are differential achievements by project type as would be expected given the great diversity of organizations participating in the AHTF process.

1. Scanning and Planning Projects

Environmental scanning and/or planning were the primary focus of 15 of the 31 projects and were therefore the most frequent focus of AHTF projects. Twelve (12) of these were LHIN projects. It should be noted that scanning and planning was part of the activities of many projects, however, these 15 projects identified it as their primary focus.

Scan and plan projects had two primary foci: data collection and community engagement. All of the projects (15) in this category included some element of community engagement for the purposes of understanding and planning. Community engagement ranged from establishing formal planning and steering committees (n=11) for the AHTF project to targeted focus groups and planning sessions involving the local Aboriginal community.

Seven adopted formal community data collection processes to understand health and service needs. Through these projects, baseline data have been generated on health status, mental health and addictions, service availability, Elder care, and maternal and child health for specific service areas in the province.

The culmination of this work has had short term impact and demonstrated potential for longer term effects. According to project sites and stakeholders, the AHTF has resulted in increased communication between the LHINs and the Aboriginal communities in their service areas, increased partnership among LHINS for Aboriginal health planning, enhanced LHIN capacity to understand community needs on specific health topics as well as longer term changes in services for Aboriginal communities.

Longer term potential is evidenced by six projects. Five have developed strategies, policies and practices that are intended to be incorporated into long term organizational planning to meet the recognized need. A further three had already included findings into their 5 year business plans. For one project, the AHTF enabled a successful proposal to secure $1.2 million for an Aging at Home strategy. Finally, the AHTF has resulted in better representation of Aboriginal people in health planning entities in the Barrie area.

Detailed Accomplishments

- Nine of the 15 Scanning and Planning AHTF projects implemented Aboriginal advisory committees.-
- *Sioux Lookout Meno Ya Win Health Care Centre* (SLMHC) received AHTF funds for two *scanning/planning* projects. The Aboriginal Elder's Environmental Scan report

was completed in 2008-09 and is publicly available. The Maternal/Child Environmental Scan has been drafted and is finalized. These reports will assist in planning and adapting future programs and services that will service First Nations in the Sioux Lookout region.

- Needs Assessment/Strategies- *Central West LHIN, Mississauga Halton LHIN, North East LHIN, Central LHIN, North West LHIN (3 projects), South West LHIN, Toronto Central LHIN*.
- Cultural Sensitivity Training provided to mainstream providers – *Barrie Area Native Advisory Council, South East LHIN, Central LHIN, Central East LHIN.*
- *Barrie Area Native Advisory Council* (BANAC)/Aboriginal Health Circle succeeded in establishing seats for its representatives on local health planning Leadership Councils and held 20 community engagement sessions. The Aboriginal Health Circle will continue to meet and cultural sensitivity training will continue to be offered.
- Five of the projects indicated an intention to implement AHTF developed strategies post AHTF.

Sustainability and Legacy

- Walpole First Nation secured a nurse practitioner to visit the community on a weekly basis as a result of their relationship with the *Erie St. Clair LHIN*.
- Five sponsors expected to maintain their Aboriginal Advisory committees/panels/circles for future engagement/planning purposes (*Central East LHIN, Central West LHIN North West LHIN (2 projects), Central LHIN, BANAC).*
- Three LHIN-sponsored projects reported incorporating their community-based recommendations into their Integrated Health Service Plans (*Toronto Central LHIN, South West LHIN/Erie St. Clair LHIN, and the North West LHIN*).
- *Toronto Central LHIN* intends to keep their Aboriginal Health Coordinator on staff post AHTF.
- The *South West LHIN* has improved capacity to address *Aging at Home* for Aboriginal people in their service area. Through the AHTF project, it collaborated with its Aboriginal Advisory Committee to prepare a proposal that resulted in $1.2 million in funding to address Aging at Home for Aboriginal people. The Aging at Home initiative has already resulted in the implementation of patient navigators for Aboriginal patients in London Ontario hospitals.
- *Toronto Central LHIN* – as part of the AHTF work, a work plan for an Aboriginal Diabetes research project was developed. This plan has been selected for funding under the MOHLTC's High Risk Populations projects.

2. New Knowledge/Tools Projects

Of the four projects that intended to create *new knowledge/tools*, progress has been made in collecting information and data that will enable health planners, policy makers, and educators to plan more effectively and to provide more culturally relevant services for Aboriginal clients.

All of the projects in this category involved a degree of community engagement and partnership between Aboriginal and non-Aboriginal groups, capacity building through training opportunities and the development of tools that have the potential for long term applicability and use. These projects targeted very specific activities including, culturally sensitivity curriculum, colorectal cancer awareness and screening tools and training, a lexicon of medical terms translated into Cree, Oji-Cree, and Ojibwa with training, and the collection of health data for the Urban Aboriginal population.

The projects in this category demonstrate potential for affecting longer term impacts for Aboriginal health services, but are reliant on continued use of the tools and training in service delivery and or data for health planning.

Detailed Accomplishments

- *Our Health Counts* (OHC) is the largest of all of Ontario's AHTF adaptation projects and has resulted in the collection of health data for three urban Aboriginal populations in Ontario: Primary successes and potential of the OHC project include:
  - Development and testing of a formal research governance and data sharing structures to support partnerships between Aboriginal organizations, and research institutes to support Aboriginal ownership of the data and process.
  - Implementation and testing of innovative survey and sampling techniques including community concept mapping for survey development and respondent driven sampling (RDS). Both of these techniques were indicated to be highly successful. Respondent driven sampling was particularly successful for the First Nation and Inuit communities.
  - Generation of representative data for the First Nations (n=524) community in Hamilton and the Inuit community in Ottawa (n= 504). Once released, this data will be applicable to planning, policy and understanding across jurisdictions.
- *Sioux Lookout Meno Ya Win Health Centre* (SLMHC) developed a Medical Lexicon that includes 1,800 health-related words translated into three Aboriginal languages – Cree, Oji-Cree and Ojibwa, as well as, training their own interpreters. Elders from across the territory had gathered to provide feedback on the accuracy and consistency of the terminology. This Lexicon's primary use is to improve the communication between Aboriginal clients and SLMHS medical staff, to facilitate better understanding of their diagnosis, treatment, and prevention. The Lexicon will facilitate a more informed care environment for Aboriginal clients in the SLMHC area, in addition to the SLMHC sharing the tool with other institutions.
- Cancer Care Ontario (CCO) adapted colorectal cancer education and training materials for Aboriginal audiences. They provided training, using a sustainable 'train the trainer' approach, to over 140 health service providers in all major geographical areas of the province. Their efforts have resulted in increased collaboration between mainstream and Aboriginal organizations, improved access to culturally relevant materials, increased cancer education amongst the Aboriginal population. There has been Aboriginal involvement in the program design, delivery and evaluation framework. Long term impacts on health behaviour and screening will be based on

the uptake and sharing of information at the community level, which is difficult to predict.

- Anishnawbe Health Toronto (AHT) has completed its cultural safety curriculum materials for undergraduate health sciences students. However, lack of resources has meant that the curriculum materials have not yet been implemented.

Sustainability and Legacy

- *Our Health Counts*
    - Training opportunities provided in concept mapping, RDS, survey and data collection for partner organizations and research assistants. Also, learning opportunities for non-Aboriginal partners in Aboriginal processes for research and data collection.
    - Data sharing agreements in place to support data linkage at two and five years (2012 and 2015) between the OHC data and administrative health databases held by the Institute of Clinical and Evaluative Sciences (ICES).
    - The Ontario Federation of Indian Friendship Centres has secured funding to continue analysis and reporting for specific health topics.
    - Tungasuuvingat Inuit (TI) is currently pursing funding opportunities to evolve the project into a longitudinal design.
- *SLMHC* – Continued implementation and expansion of the lexicon and further training for interpreters.
- *CCO* – Availability of resources and toolkits on-line and training opportunities.

3. Training/Capacity Development-Related Projects

There were three training and capacity development. They focused their efforts on meeting critical training and capacity needs for high priority health areas for Aboriginal people in order to support adaptation of health programs and services. These focused on caregiver support, in-community palliative care, and urban Aboriginal health.

Training and Capacity Development projects typically started with existing knowledge or an adapted resource/practice and then went on to train practitioners to utilize/implement the knowledge and/or adapted resource.

The legacy of these projects lies again in the uptake of the information by relevant stakeholders. The Lakehead University, Centre for Education and Research on Aging and Health (CERAH) will continue to evolve though funding from the Canadian Institutes of Health Research (CIHR).

Detailed Accomplishments

- *The Centre for Education and Research on Aging and Health* (CERAH) at Lakehead University and partners adapted a palliative care model including community pre-requisites, training and curriculum that can be utilized in First Nation communities to improve community capacity. Twenty-one First Nation communities were involved

in the development of a grief and bereavement curriculum and received the training and resource materials. Three Grand Council Treaty #3 communities were beginning to develop palliative care teams.

- *The Native Canadian Centre in Toronto* sponsored an Urban Aboriginal Health Training Conference and developed a model for future delivery of training sessions.
- Caregiver support training by *The Friends*, provided caregiver support and training adapted to Aboriginal caregivers in the Parry Sound area and the establishment of caregiver support network in surrounding Aboriginal communities.

Sustainability and Legacy

- *CERAH, Lakehead University*
  - Three communities are beginning to develop palliative care teams.
  - Aspects of this project will be continued as a result of a five-year CIHR grant.
  - Palliative care resources, developed through this project, continue to be available on the web.

4. Service Enhancement Through Program/Service Adaptation Projects

There were four service enhancement projects funded through Ontario's AHTF Adaptation Plan. Service enhancement projects either worked on improvement and adaptation of infrastructure or addressed the understanding/planning of the adaptation approach (pending further resources for implementation). The focus of these projects include: client data capture, accreditation, telemedicine, hospital discharge planning and children's mental health. Through these projects, the AHTF has enabled an adaptation of service delivery methods to provide better service to Ontario's Aboriginal community.

Notable achievements include: mobilizing telemedicine technology for service delivery in rural and remote communities, creating an even playing field for Aboriginal Health Access Centres, and developing models for discharge planning.

Long-term changes have been realized through some of the projects including significant changes to the Aboriginal Health Access Centres. Long term potential is also provided through the availability of hospital discharge planning tools and expanded availability of hospital discharge planning, but once again, this depends on use of these services/tools.

Detailed Accomplishments

- As a result of the AHTF, the *Aboriginal Health Access Centres (AHACs*) were included in a number of initiatives that will position them to provide better services for Aboriginal clients. These include: funding for and participation in the MOHLTC Diabetes Education teams, increased collaboration with Community Health Centres (CHCs) and the Association of Ontario Health Centres (AOHC) They also set in motion two longer-term efforts: electronic client records (ECRs) and accreditation for the AHACs .

- *Keewaytinook Okimakanak Telemedicine* (KOTM) informed many health care provider groups of the potential for improving health care through video conferencing, especially for remote communities. The KOTM Adaptation project has provided the opportunity to strengthen and create new partnerships in the areas of Mental Health and Addictions, e-Health (Infection Control), Chronic Disease Management and Home Care. Telemedicine services have also been expanded. KOTM provided public health workshops to regional video conference sites on a number of health topics.
- Three area LHINs collaborated with the Six Nations of the Grand River to create a structure and resources for more systematic Hospital Discharge Planning.

Sustainability and Legacy

- *Hospital Discharge Planning* – manual for discharge planning, brochures, hospital algorithm and a draft model of care to support discharge planning has been developed by HNHB, WW, MH LHINs together with Six Nations of the Grand River.
- AOHC/AHACS:
  - As a result of the AHTF, two Aboriginal Health Access Centres will undergo accreditation with plans for additional centres to become accredited in the future.
  - Improved alignment with Community Health Centres resulting in increases in base funding for AHACs and in physician salaries.
  - New capacity to support improved data management within and between AHACs.

5. Culture-based Service Projects

Five projects focused their efforts on adapting programs/services specifically for Aboriginal audiences. The largest project was the CAMH's residential treatment program.

Mainstream health services were adapted to include Aboriginal traditions/approaches in order to improve access to health services for Aboriginal health care clients. These projects may have had to acquire new information through consultation with Elders and traditional healers as well as train their staff in the new approaches.

Some of the accomplishments included:

- *The Centre for Addiction and Mental Health* (CAMH) in Toronto was successful in adapting its residential treatment program to establish an ongoing Aboriginal-specific and culturally-appropriate cycle for addictions/mental health. Evaluation results suggest that this program has not only been effective in reducing addictive behaviours, but in providing a critical link for their Aboriginal clients to Aboriginal culture, practices and community resources.

- *St. Christopher House* developed programs and created new partnerships with local health services providers to address the needs of the homeless and marginally housed Aboriginal people in Toronto focusing on mental health/addictions and diabetes.
- *Timmins and District Hospital* built an Aboriginal Health Care room located in the hospital for the use of patients, families and traditional healers.
- *Wabano Centre for Aboriginal Health* (WCAH) developed and delivered a culturally informed teaching and camp programs for over 100 youth (7-18) aimed at engaging youth in traditional practices and understanding the risks of smoking while fostering resilience. A manual prepared with the guidance of stakeholders and Elders will be used to support education and training in traditional tobacco use and parenting within the centre. These resources have the potential to be utilized by other communities across Canada and the United States.
- *Ottawa Inner City Health*, working with the Aboriginal community, published a culturally appropriate (First Nations) Hepatitis C training manual for Métis and Inuit communities. Training on the curriculum has also been provided to health care service providers. The true measure of the impact of this curriculum would involve uptake and application of training in the care environment.

Sustainability and Legacy

- New residential *treatment* cycle available for Aboriginal men at the Centre for Addiction and Mental Health.
- Availability of specific culturally-appropriate space for Aboriginal patients and their families to participate in ceremony and traditions at the Timmins and District hospital.

6. Relationships

Most projects successfully engaged in relationship building with the local Aboriginal communities and their representatives, with each other, and with other health care/promotion providers and LHINs. Some of these relationships were established at the outset of the project while others developed over the course of the AHTF. Almost half (15) of the projects implemented advisory committees and four of these will continue their committees post AHTF.

Opportunities for information sharing provided by the MOHLTC AHTF team were identified as an important mechanism for establishing critical links, sharing information resulting in cross project germination of ideas.

The primary concern pertaining to developing relationships centered on the need to allow relationships to develop over time. This is particularly the case for those projects that had limited prior engagement/relationships to draw on for their AHTF project. For these projects, timelines posed a challenge to meaningful community engagement.

Trust relationships are a culturally important aspect of any joint endeavour. Relationship building and establishing partnerships remained a cornerstone of almost all of the adaptation projects, although it takes time to establish trust. Some funded

organizations/institutes already had a strong connection with the Aboriginal community and sought to build relationships with mainstream providers. Others had the health background, but lacked the community perspective. The common ground was that the AHTF allowed a critical gap in perspective to be gained.

Many of the LHINs reported that the AHTF provided a crucial opportunity to begin to engage Aboriginal communities through Advisory councils and/or engagement sessions and workshops. On the other hand, three funded Aboriginal organizations (BANAC/Aboriginal Health Circle, KO Telemedicine, and the AHACs) indicated that, prior to the AHTF, they struggled to gain visibility, credibility and voice among mainstream audiences and have suggested that at project end they had made some inroads.

Fifteen projects established advisory committees to either oversee the total implementation of the AHTF project or an aspect of the project. Four of these will continue post AHTF.

The projects that reported that they had engaged Aboriginal organizations/partners early on in their developmental process were more likely to report that their engagement strategy was successful compared to those with later consultations. Eleven of the 31 projects were implemented through a partnership between two or more organizations as was specified in the original proposal

An example of a project with defined partnerships from project start-up is the *Our Health Counts* project. This project established a project governance structure including representatives from four Aboriginal organizations (Ontario Federation of Indian Friendship Centres (OFIFC); Ontario Native Women's Association (ONWA); Métis Nation of Ontario (MNO) and Tungasuvvingat Inuit (TI)). This formal governance structure was guided by Memorandums of Understanding signed among the organizations. Formal and working relationships were established with a multidisciplinary team of researchers from five academic institutes including the Centre for Research on Inner City Health (CRICH) and the Institute for Clinical Evaluative Sciences (ICES). Inherent in their participatory action research approach was continued partnership with communities for data collection and participation in the development of surveys and process.

Throughout the AHTF, the MOHLTC provided opportunities for communication between the AHTF projects. Between 2008 and 2010, the MOHLTC sponsored multiple events for the projects to share their process and findings. These opportunities were identified by some projects as playing a critical role in expanding their AHTF projects and informing their future activities. Some examples of cross-project learning and sharing that occurred as a result of these events included:

- CCO and BANAC were able to partner to implement the *Let's take a stand… against colorectal cancer* in the North Simcoe Muskoka (NSM) service area.
- Resource distribution- both the SLMHC and the NW LHIN were able to access resources developed through Centre for Addiction and Mental Health's (CAMH) AHTF project.

- The LHIN Aboriginal Network is a network of representatives from all the LHINs in Ontario. While developed pre-AHTF, it became formalized as a result of the AHTF. The AHTF provided the capacity for a dedicated network chair. This network was critical in filling the gap between the LHINs and some of the AHTF projects.

Results on interviews conducted with partners (developed during AHTF) suggest that from the partners perspective there is a feeling that:

- The AHTF benefitted the project partner.
- Change had occurred and would be long-lasting, a sense that the relationship would continue post AHTF.
- Evidence exists that AHTF would or had translated into additional opportunities for programs, services, resources at the community.

7. Resource Development

Many resources were developed and according to the AHTF strategy, most have been or will be made available to appropriate audiences. The resources created by AHTF have the potential to be applied in contexts beyond those in which they were created. Many projects explored topics that are of great concern for Aboriginal people throughout the province and in some cases the country. The critical link is providing a mechanism to increase availability to maximize uptake and ultimately utility of the developed resources.

Ontario's 31 AHTF adaptation projects have been responsible for the development of 15 educational resources, 20 research reports, and 3 permanent structures.

The following tables (S.2 − S.4) detail the resources reported by projects by September 2010.

Table S.2 Educational Documents/Curriculum Developed by Ontario's AHTF Adaptation Projects

Educational Resources Developed	*Accessibility*
1. Cultural safety curriculum for Ontario undergraduate health and medicine programs (AHT)	Available by request to the MOHLTC.
2. Training Manual for urban Aboriginal health training for Aboriginal and non-Aboriginal health service providers highlighting a culture-based approach for working with seniors with diabetes (NCCT)	Distributed to conference participants to be used to organize conferences locally. Available electronically on request.
3. Curriculum tools adapted for Hepatitis C Virus program (OICH)	Available by request to the OICH.
4. Adapted *Let's Take a Stand Against Colorectal Cancer* curriculum for Aboriginal audiences (CCO)	Distributed to participating communities/ regional partners. Available on CCO website.
5. Medical Lexicon with 1,800 entries in Ojibwa, Cree and Oji-Cree (SLMHC)	Currently being finalized. To be available and distributed broadly.
6. "Healthy Choices, Healthy Babies" Teaching Package –(SLMHC)	Available by request to SLMHC
7. "Finding Our Way Through: Navigating Loss and Grief in First Nations Life" curriculum including a facilitators guide and workbook for 14 instructional hours (CERAH, Lakehead University) 8. Brochures on palliative care translated into Oji-Cree (CERAH, Lakehead University)	Distributed to participating communities. Brochures available on CERAH, Lakehead University website.
9. Cross Cultural Reference for Health Care Providers: *A guide regarding cultural safety* (SW LHIN and Erie St. Clair LHIN)	Currently being finalized.
10. Culturally based smoking manual (Wabano Health Centre)	Available on Wabano website.
11. Cultural based parenting manual (Wabano Health Centre)	Available by request to Wabano Health Centre.
12. Hospital Discharge Planning Resources: manual, pamphlet, algorithm and draft model of care (Hamilton Niagara Haldimand Brant LHIN, Mississauga Halton LHIN, Waterloo Wellington LHIN)	Available by request to the MOHLTC
13. Knowledge Transfer Training Module (Hamilton Niagara Haldimand Brant LHIN, Mississauga Halton LHIN, Waterloo Wellington LHIN)	In development.
14. Cultural Safety Training Modules and training available on request (BANAC)	Available by request to the BANAC
15. Elder Abuse Workshop The Friends/ NE LHIN.	Available by request

Table S.3: Research Reports Developed by Ontario's 2008-2010 AHTF Projects

Research Reports Developed	*Accessibility*
1. Environmental Scan determining the need for cultural safety training in Ontario's academic health and medicine programs (Anishnawbe Health Toronto)	Available by request to the MOHLTC.
2. Study of Aboriginal mental health and addictions treatment services in the province of Ontario (CAMH)	Available by request to Jeff D'Hondt or Peter Menzies at CAMH
3. Literature Review of Wise Practices in Aboriginal mental health and addictions (CAMH)	
4. Needs assessment for mental health and addictions needs of Aboriginal clients in the GTA (CAMH)	
5. Key informant interviews with Aboriginal Concurrent Disorder Treatment professionals (CAMH)	
6. Synthesis report on Wise practices, needs assessment, key informant interviews, and literature review (CAMH)	
7. Evaluation report including change management strategies and best practices for telemedicine (KO Telemedicine)	Internal report.
8. "Palliative care in First Nations Communities: The Perspectives and Experiences of Aboriginal Elders and the Educational needs of their Community Caregivers." (CERAH- Lakehead University)	Available by request to CERAH (Lakehead University)
9. AOHC/AHAC Data Collection Environmental Scan.	Internal report.
10. Elder Continuum of Care Environmental Scan- identifying, population demographics, health status, inventory of currently available services, utilization of services, and service issues (SLMHC)	Widely distributed. Available on the Sioux Lookout Meno Ya Win Health Centre website
11. Maternal Health Environmental Scan including: "Traditional First Nations Birth Beliefs and Practices", "Models of Maternal Care Delivery for Aboriginal and Remote Communities: A Review of International Literature." (SLMHC)	Available on request from SLMHC

Research Reports Developed	*Accessibility*
12. "Rural and Remote Obstetric Care Close to Home: Program Description, Evaluation and discussion of Sioux Lookout Meno Ya Win Health Centre obstetrics."	Published paper: *Canadian Journal of Rural Medicine*, 2009 spring; 14(2):75-9.
13. Environmental Scan Research identifying high priority programs and community Tele Health needs (KO Telemedicine)	Internal Resource.
14. Evaluation report including change management strategies and best practices for telemedicine (KO Telemedicine)	Internal report.
15. Aboriginal Health Needs Assessment (CW and MH LHIN)	Available on request and electronically on LHIN website.
16. CD including inventory of locally available Programs and Services (NWLHIN)	CD produced, but not yet distributed. Plans for dissemination with a user guide to communities and select providers.
17. Inventory of Available Aboriginal mental health and addictions programs in the NE LHIN service area	Available by request to the NE LHIN.
18. Aboriginal Health Programs and Services Analysis & Strategies Report (NWLHIN)	Available by request to the MOHLTC or the NW LHIN.
19. Urban Aboriginal Community Engagement Summary – Toronto Central, Central, Central East, Central West, Mississauga Halton LHINs.	Currently being finalized.
20. "Our health, Our Future" – Information report locations, services, mandate and barriers for the Aboriginal Health Access Centres (AOHC/AHACs)	Available by request to AOHC

Table S.4: Permanent Structures developed by Ontario's AHTF Adaptation Projects

Permanent Structures	
	• Smudge Room as part of their two year program (CAMH)
	• Adaptations made to client residences (CAMH)
	• Traditional Aboriginal Healing Room (Timmins District Hospital)

Challenges and Opportunities for Growth

The AHTF has also experienced challenges and opportunities for growth and understanding at the provincial and project levels. Early on in the development process, the Ministry of Health and Long-Term Care (MOHLTC) was concerned with the lack of flexibility of the AHTF envelope. MOHLTC was further hindered by funding delays and delays in signing the Contribution Agreement with the Federal government. These delays translated into project implementation delays for almost all projects.

Some First Nations organizations raised concerns with a pan-Aboriginal approach, which tends to assume that all Aboriginal peoples share the same culture. This issue was relevant to the AHTF adaption efforts in Ontario and, in spite of repeated efforts; MOHLTC was unable to fully involve all First Nations key organizations in the AHTF process. These concerns had ripple effects for the projects.

At the project level, sites were challenged by revisions to provincial procurement directives, limited Aboriginal engagement, and changes to budgets and work plans as a result of delayed timelines and Contribution Agreements. In addition to these over-reaching challenges, individual projects sites also reported localized challenges in accessing relevant health data, retaining and recruiting health staff and professionals, retaining AHTF staff, engaging appropriate contractors, incorporating cultural models into a mainstream system, and sustainability.

Conclusions and Recommendations

Based on the above summary, it can be concluded that:

- The Ontario AHTF Adaptation Plan of 2008-2010 has contributed to the potential for reaching the long-term objectives for Aboriginal health. It has done this by funding a range of adaptation projects designed to enhance health care programs and services that meet the health care needs of Aboriginal people and contribute to better health of Aboriginal peoples in Ontario.
- The 31 funded projects were all fully implemented and all but four projects had concluded their project activities by September 31 2010.
- Three projects will wrap up their activities by March 31, 2011.
- As reported by 26 project leads, 21 projects had fully met or almost met their project objectives by September 2010.
- Some Ontario AHTF Adaptation projects will be sustained including those that have seen their AHTF project incorporated into the core business of the organization (i.e. CAMH; SW LHIN- patient navigator), and for four other projects which have secured external funding to carry on AHTF precipitated activities.

Despite the apparent accomplishments of the projects, there are many more health care areas that require attention. Even for those areas addressed by the Ontario AHTF Adaptation projects, there is continuing work to do to maintain the gains. Some projects started with gathering knowledge and planning. They will need time

and resources to implement their plans. Others did training and capacity development, both of which need to continue and expand to include new participants (e.g. new non-Aboriginal providers) and reinforce previous training. Projects that implemented changes in their infrastructure and/or services will need to continually train staff consult with Aboriginal advisors and evaluate their practices.

- Through the process of developing and implementing the AHTF approach in Ontario, many lessons were learned and input was received that can contribute to guiding future processes. During the 2008-10 implementations of activities, projects already benefited from and participated in an AHTF-initiated process that provided an opportunity to discuss challenges, share ideas around lessons learned and best practices.
- In addition to project objectives, Ontario AHTF Adaptation Plan objectives of relationship building and resource accessibility were supported and have been clearly accomplished.
- There is further opportunity for adaptations that can better reflect original expectations, which may not have been met due to limitations and reductions of time.
- Considering 1) the additional funds that some projects have acquired, 2) the resources developed (the knowledge gained and new tools developed), 3) the training/capacity development accomplished, 4) the successful plans and adaptations of services, and 5) the relationships developed, it is estimated that the sustainability of some of the AHTF Adaptation Plan projects and the relationships established is highly probable. Some adaptations may require additional resources in order to be sustainable in the future.
- The AHTF resulted in the development of many new partnerships (both formal and informal), and collaborations among both Aboriginal organizations, and Aboriginal and non-Aboriginal organizations. Relationship building and Aboriginal community engagement were the cornerstone and a success indicator of many projects, often requiring the development of mechanisms (e.g. Aboriginal health councils, Aboriginal research governance councils, community-based work groups, etc.) for decision-making, informing direction, and providing guidance from the Aboriginal community.

The recommendations that emerge from this assessment focus on the future in three ways:

- ensuring sustainability of the current projects
- fostering extensions and dispersion of service models and resources, and
- changes that would enhance any future AHTF funding efforts.

It is recommended that

- The provincial and federal governments recognize the progress made and the importance of timing for continued development in order to determine those projects that have the greatest potential for reaching adaptation and consider those sponsors for strategic investment.
- Project sponsors maintain their partnership relationships, valuing them in order to maintain the gains that have been achieved to date.
- The MOHLTC continue to foster communication among the various projects and their partners (as they did during the project implementation period) with information sharing.
- Needs assessment projects should be encouraged to incorporate their findings into their organization's long-term planning.
- The MOHLTC and the federal government provide and publicize information-sharing opportunities for key stakeholders in regional and federal conferences, and through other presentation media, by creating a central repository for all of Ontario's AHTF resources, make them available on-line, and publicize the content widely, and do the same for AHTF-generated resources across Canada.

For future adaptation programming it is recommended that Ontario and Canada:

- continue its approach to providing adaptation resources for organizations with all level of resources and recognizing that moving sponsors along the Stages of Adaptation may take several iterations,
- consult with national, provincial/territorial and appropriate regional Aboriginal organizations when designing an Aboriginal program/approach to health, and
- provide appropriate funding so that more Métis organizations could be supported in their engagement in the process.

Table of Contents

1. Ontario AHTF Overview

The national Aboriginal Health Transition Fund (AHTF) was created to support:

- First Nations and Inuit communities and organizations to integrate existing federally funded health systems within First Nations and Inuit communities with provincial and territorial health systems.
- Provinces and territories to adapt their existing health services to better meet the needs of all Aboriginal peoples, including First Nations, Inuit, Métis, and those living off reserve and in urban areas.

The Ontario Ministry of Health and Long-Term Care received AHTF funds from the federal government to "*adapt Ontario's existing health services to better meet the needs of all Aboriginal peoples, including First Nations, Inuit, Métis and those living off-reserve in urban areas*."

In June 2008, the Ministry of Health and Long-Term Care's (MOHLTC) Aboriginal Health Strategy Unit (AHSU) provided the federal government with an Ontario Adaptation Plan in order to access resources from the Aboriginal Health Transition Fund (AHTF).[1] In August 2008, Health Canada approved Ontario's Plan and a Contribution Agreement was signed by both parties in February 2009. Projects were notified of the funding and Transfer Payment (TP) Agreements were signed between Ontario and the AHTF Adaptation project recipients in March 2009.

The plan included about $6.67M in funding for 31 innovative projects that were intended to promote adaptation of the provincial health care system in order to better meet the needs of Aboriginal peoples and communities. Provincial Programs Branch (PPB), Ministry of Health and Long-Term Care managed the implementation of the AHTF Adaptation Plan through its partnership with the 31 projects. The Ontario AHTF Adaptation Plan was funded by Health Canada and implemented by the Ontario Ministry of Health and Long-Term Care between 2008-09 and 2010-11.

Of the 31 projects that were funded in 2008-09, five received funding for 2008-09 only. At least two projects were able to start work before funding was provided, using their own funds. As a result of the delayed signing of the Contribution Agreement (CA) between Ontario and Canada in 2008-09 Ontario's AHTF Adaptation projects did not receive the full funding that they had requested in their original proposals. Since almost a fiscal year lapsed during these CA negotiations, Health Canada decreased its allocation to the MOHLTC. The majority of projects were required to revise their original budget requests to accommodate the reduced funding and reporting timelines.

[1] Aboriginal refers to (in alphabetical order) First Nation, Inuit and Métis people and/or communities.

Those 26 projects that received funds for 2008/09 and 2009/10 were given approximately 1.5 years to complete their work. Some of these 26 projects were allocated some additional funds and a six-month extension into the 2010/11 fiscal year.

The 31 projects funded under AHTF were distributed across the entire province and led by organizations that included:

- Off-reserve Aboriginal organizations.
- First Nations communities.
- Local Health Integration Networks (LHINs).
- Ontario health service providers (hospitals, cancer care, primary care and mental health).
- Post-secondary institutions.

The Ontario AHTF Adaptation approach included partnerships with Aboriginal organizations and First Nation communities. Many of the projects' activities were related to developing new or enhanced relationships and linkages between Aboriginal and Ontario health service providers in order to improve planning and/or to deliver health services to the Aboriginal community.

The AHTF projects have been grouped into the following five themes that summarize the main focus of the Ontario Adaptation AHTF projects (Table 1.1). Any given project may engage in more than one activity type. These categories are used throughout this report to provide a reference point to facilitate understanding of the Ontario Adaptation projects.

Table 1.1: Ontario's AHTF Projects Organized by Type of Primary Activities.

Activity Themes	*Projects*
Environmental scanning and resulting planning to assist adaptation of services ***Funding Received: $1,804,162***	• Aboriginal Engagement and Planning by LHINs and partners (N=11). • Maternal and Child Health and Elder/long-term care, Sioux Lookout Meno Ya Win Health Centre (SLMHC). • Aboriginal Health Circle, Barrie Area Native Advisory Council.
Developing new knowledge or tools that would assist in adapting the provincial health system ***Funding Received: $1,478,566***	• Our Health Counts. • Medical Lexicon, SLMHC. • Aboriginal Preceptors, Anishnawbe Health. • Aboriginal Colorectal Cancer Education, Cancer Care Ontario.
Adapting training /capacity development to meet the training needs of Aboriginal providers ***Funding Received: $:461,881***	• Palliative Care in First Nation Communities, CERAH, Lakehead University. Kenora Chiefs Advisory, Dilico, SLMHC • Urban Aboriginal Health Conference, Native Canadian Centre of Toronto. • Caregiver Support Training, The Friends.
Service enhancements through program adaptation ***Funding Received: $:1,024,053***	• Association of Ontario Health Centres (AHOC)/Aboriginal Health Access Centre (AHAC) Network. • Keewaytinook Okimakanak Telemedicine. • Hospital Discharge Planning (LHINs). • Children's Mental Health (LHINs).
Developing culture-based programs/services within Aboriginal and Ontario health service providers to better meet the needs of Ontario's Aboriginal community ***Funding Received: $:623,117***	• Aboriginal Treatment Cycle, Centre for Addiction and Mental Health (CAMH). • Support for Homeless and At-Risk, St. Christopher House. • Aboriginal Healing Room, Timmins and District Hospital. • Traditional Culture and Tobacco Use Youth Program, Wabano Centre for Aboriginal Health. • Hep C Education, Ottawa Inner City Health.

2. Ontario AHTF Evaluation Considerations

The Ontario AHTF Adaptation Plan includes a variety of projects, which should both individually and collectively strengthen the provincial health system's ability to better meet the needs of Aboriginal peoples. The overall objectives of the AHTF projects include improving patient/client access to services and improving Aboriginal health outcomes. These projects were and are being undertaken in diverse health care settings including acute care, primary care, chronic disease screening, community health programs, front-line services, and health education/ promotion. Other projects will work to strengthen the broader Ontario health system capacity and knowledge, such as increased LHIN engagement with Aboriginal communities/ organizations to discuss local health needs and priorities, and by generating new Aboriginal health status information under culturally appropriate governance arrangements.

The MOHLTC was responsible for ensuring the design of the AHTF Ontario Adaptation Plan:

- Providing individual and collective support to the projects to ensure projects meet their individual objectives.
- Remaining consistent within the goals and objectives of the AHTF.
- Supporting Ministry objectives to improve access to health programs and services including Aboriginal health programs and improving the health outcomes of Aboriginal people in Ontario.
- Meeting provincial and federal accountability requirements.
- Including an evaluation of the plan itself as well as the funded projects in a manner conducive with the requirements specified by Health Canada.

While the evaluation of the Ontario AHTF Adaption Plan takes into consideration federal AHTF objectives, the Ontario evaluation focuses on the Ontario Adaptation plan and its projects only. The federal government is leading an overall evaluation of the AHTF across Canada. The national evaluation focuses on all provinces and territories and includes an evaluation of the Integration and Pan-Canadian envelope projects across Canada.

From the two national AHTF stated goals (noted on page 1), Ontario's evaluation focuses on the expectation that Ontario has adapted its existing health services to better meet the needs of all Aboriginal peoples, including First Nations, Inuit, Métis, and those living off reserve and in urban areas in addition to the national objectives stated below.

The national AHTF program objectives include:

- Improving integration of federal and provincial/territorial funded health systems.
- Improving access to health services.
- Supporting the adaptation of provincial and territorial health services to better meet the needs of First Nations and Métis peoples and Inuit people.
- Increasing the participation of First Nations and Métis peoples, and Inuit peoples in the design, delivery and evaluation of health programs and services.

3. Approach and Limitations

The purposes of this Final Evaluation report are to provide the following:

- Discussion of provincial and project progress in implementing Ontario's Adaptation Plan.
- Report of project and provincial immediate outcomes, outputs, and potential.
- Report of project and provincial challenges.
- Recommendations to strengthen future adaptation efforts in Ontario and to inform future collaborative efforts between the Provincial and Federal governments in the area of Aboriginal health.

The methodology utilized for this Final Evaluation report includes two main components:

- Extensive primary data collection.
- Supplemental secondary data analysis.

Primary data were compiled using the following three sources: seven case study site visits and interviews, an on-line survey with some interview supplements, and telephone interviews conducted with key stakeholders from the Provincial and Federal and First Nations governments.

The evaluation committee selected the case study projects based on the following characteristics: northern/southern focus, urban/rural focus, Aboriginal-led/non-Aboriginal-led, organization-led/First Nation-led, LHIN-led, having a provincial target/local area focus, and by the type of service delivery (e.g., hospital-based). The seven case study sites are:

1. Our Health Counts (OFIFC).
2. Medical lexicon translation (Sioux Lookout Meno Ya Win Health Centre).
3. Aboriginal Engagement and Planning (South West and Erie St. Clair LHINs).
4. Aboriginal Planning Circle (BANAC-Aboriginal Health Circle).
5. Palliative Care in First Nations (CERAH, Lakehead University).
6. Primary Health Care Reform within Aboriginal Health Access Centres (AOHC/AHAC Network).
7. Residential Inpatient Treatment Program (CAMH).

The first round of seven case study site visits took place between October and November 2009. Aboriginal evaluation consultants visited each of the seven selected projects to observe the project environment when possible and met with all relevant and available project managers, staff and other stakeholders. The primary purpose for the site visits was to discuss the project implementation successes, challenges, and lessons learned to-date and record their direction and input on the evaluation approach and indicators.

A second round of site visits were completed with six of the seven case study sites in May 2010. Due to delays in ethics review, the seventh site was not visited until September 2010. These site visits helped inform the case studies included in Addendum A.

The data collected using the case study approach was used to support the development of the evaluation framework. The data was also used to identify the common project themes for reporting and provided the basis for the coding of secondary data.

A total of 33 people responded to the online survey representing 26 of the 31 adaptation projects. Survey data provided the basis for understanding the indicators of success and barriers at the project level. It also provided the foundation for understanding how the projects responded to the AHTF process. Survey data was supplemented with project level reports to ensure representation of as many projects as possible by this report deadline.

Telephone interviews were also conducted with four organizations who participated in the AHTF as partners to an AHTF sponsored organization.

Key stakeholder telephone interviews were also conducted with provincial and federal staff who were directly involved in the Ontario AHTF. Interviews involved a one and a half hour semi-structured interviews. The following stakeholders provided insights and perspectives on Ontario's AHTF process.

- One federal representative.
- Three Provincial government representatives.
- One representative from the Chiefs of Ontario.

Stakeholder interviews provided crucial 'big picture' perspectives of the overall planning and implementation of the AHTF at the federal and provincial level. These data provided key insights into considerations for future provincial/federal collaboration involving Aboriginal issues.

Secondary data collection activities involved a systematic review of the following types of documents:

- AHTF federal background documents.
- AHTF Ontario background documents.
- Adaptation project proposals.
- Adaptation project annual reports from September 2010, June 2010 and June 2009 for projects that had only run in the first fiscal year.

4. Evaluation Accountability and Timeline

4.1 Accountability

Four levels of accountability governed this evaluation: 1) an AHTF evaluation committee, 2) a representative selection of seven case study projects, 3) the Ministry of Health and Long-term Care (MOHLTC), and 4) all 26 active AHTF projects. The following two accountability measure tables describe first, the selection process and/or composition of each authority, and second, the process by which they were engaged in the evaluation.

Accountability Measure	*Composition*
AHTF evaluation committee	The AHTF Evaluation Committee was comprised of mostly Aboriginal representatives from 5 AHTF projects and MOHLTC, specifically: • Lisa Tabobondung, SW/Erie St. Clair LHIN (until Spring 2010). • Holly Prince, CERAH, Lakehead University. • Vanessa Ambtman, Toronto Central LHIN. • Karen Peterson, North West LHIN (until October 2009). • Slavka Angelova, AOHC/AHAC project team (as of November 5, 2009). • Miriam Johnston, Senior Policy Specialist, Ministry of Health.
A representative selection of seven case study projects	The evaluation committee selected the 7 case study projects based on the following characteristics: northern/southern focus, urban/rural focus, Aboriginal-lead/non-Aboriginal, organization-lead/First Nation-lead, LHIN-led and having a provincial target/local area focus, and by the type of service delivery (e.g., hospital-based). (See the list on page 6).
The MOHLTC office	The MOHLTC assigned a specific team to focus solely on the AHTF Adaptation Plan. This is the office responsible for the evaluation activities.
All 26 active AHTF projects	All Ministry of Health and Long-term Care AHTF Adaptation projects that were active in the 2009/10 and 2010/11 fiscal years were included.

Accountability Measure	*Process*
A representative selection of seven case study projects	The representative case study projects were consulted for the specific purpose of providing input into the development of the Ontario evaluation framework. Through a series of site visits and meetings in each project location data were gathered on feedback of evaluation considerations and details on their current activities, successes and challenges were provided by each of the projects.
The MOHLTC office	Responsible for the first review of each of the four main deliverables (the framework and three reports) in their draft format for the main task of ensuring any errors and omissions are corrected, as well as the accuracy of any claims provided.
All 26 active AHTF projects	Responsible for the review of each of the four main deliverables in their draft format. The projects were responsible for ensuring that their partners had been given an opportunity to review and comment on the framework. The review of the Draft Final Report took place via teleconference in late 2010 by all projects.
An AHTF evaluation committee	Responsible for the review of each of the four main deliverables in their draft format. This committee reviewed the four deliverables to ensure the evaluation and its products meet the needs of the AHTF projects, as well as the MOHLTC and Health Canada. Responsible for ensuring that all input from the projects and the recommendations were considered in the development of the framework / reports in a meaningful manner and the finalization of each product.

4.2 Timeline

There were four main deliverables: 1) an Evaluation Framework, 2) a Mid-term Report, 3) a Final 2009/10 Report, and 4) a Final 2010/11 Report.

The specific evaluation tasks and timeline are provided below.

Evaluation Task	*Timeline*
• **Consultation with 7 AHTF projects to develop the Evaluation Framework**	Oct. 12 - Nov. 6, 2009
• **Final Draft Evaluation Framework**	November 30, 2009
• **Approval of the Final Mid-Term Evaluation Report *(it is based on June and September 2009 project reports, and the case study site visits)***	February 25-26, 2010
• **Spring Data Collection *(online surveys and/or interviews with most AHTF projects and case study data collection in 7 projects, Aboriginal organizations and the provincial and federal governments)***	April - May, 2010
• **Draft 2009/10 Evaluation Report**	June 30, 2010
• **Teleconference with all AHTF projects to finalize the Draft 2009/10 Evaluation Report**	October 2010
• **Fall Data Collection *(interviews with extension projects and key provincial government and Aboriginal organization representatives)***	October 2010
• **Final 2010/11 Evaluation Report**	February 2011
• **Sharing of 2010/11 Report with all AHTF projects**	March 2011

5. The Ontario Approach to Addressing Aboriginal Health

Ontario's approach to adaptation has been diversified across the health care continuum and has included projects in the acute care, primary care and community health sectors with focuses on chronic disease screening, front-line service delivery as well as health education and health promotion. The projects have involved First Nation communities as well as urban First Nation, Inuit and Métis populations allowing for enhanced understanding and responding to the health needs of Ontario's Aboriginal population.

5.1 Overview of Ontario's Approach to Addressing Aboriginal Health for the Past 25 Years

Ontario has been adapting health services and providing culturally-appropriate services to better meet the needs of Aboriginal Ontarians for more than 25 years. In the 1980's the Ontario Ministry of Health and Long-Term Care began funding long-term care facilities on-reserve at Six Nations, Akwesasne, and Manitoulin Island.

Also in the mid-1980's, Ontario adapted the Community Health Centre (CHC) program to include two Aboriginal-specific CHCs – Anishnawbe Health in Toronto and Missiway in Timmins. Both of these CHCs are based on the CHC model and include organizational governance by members of diverse Aboriginal communities and traditional Aboriginal healing programs and services in order to better meet the needs of Aboriginal people.

The programs and services operated from the Sioux Lookout Meno Ya Win Health Centre were adapted prior to AHTF to meet the health care needs of the First Nations population in the Sioux Lookout area. The Sioux Lookout Meno Ya Win Health Centre is an amalgamation of a federal and provincial hospital that serves the Sioux Lookout Region including the remote First Nations in the area. Not only have many of its programs and services been adapted to better meet the needs of the large Aboriginal population it serves, but provincial legislation was passed so that traditional meats and foods can be served at the hospital to Aboriginal clients. In addition, the new opened hospital, which recently opened, has also taken into consideration the unique cultural needs of the region and supported the inclusion of appropriate space for a traditional healing program within the hospital.

Another example of Ontario hospital programs that have been adapted is the Lake of the Woods Healer program at the Kenora Hospital. This program was implemented in the early 1980s to adapt hospital services to include traditional healing.

Ontario has also provided funding for Aboriginal community-based programming such as community support services, mental health and addictions, and diabetes for Aboriginal people throughout the province. In addition to these programs, the Ministry has provided funding for initiatives to address Aboriginal HIV/AIDS education, problem gambling, tobacco control, cancer care, and other initiatives. All of these programs and initiatives have been adapted by Ontario in collaboration with Aboriginal people.

Ontario, in collaboration with Aboriginal communities both on- and off-reserve, developed the first provincial Aboriginal Health Policy in 1994. The intention of the policy was to guide the MOHLTC in addressing access inequities in First Nation/Aboriginal health programming. The policy was also intended to enable the MOHLTC to respond to Aboriginal priorities, adjusted existing programs to respond more effectively to needs, and supported the reallocation of resources to Aboriginal initiatives, and improved interaction and collaboration between Ministry branches to support holistic approaches to health.

Since 1994, Ontario's Aboriginal Health Policy has been a guide to the Ministry of Health and Long-Term Care in addressing Aboriginal health issues. The Aboriginal Health Policy is being implemented through the Aboriginal Healing and Wellness Strategy (AHWS) as well as through a number of other Aboriginal health initiatives that the Ministry of Health and Long-Term Care funds.

The ministry funds ten Aboriginal Health Access Centres (AHACs) that were modeled after Anishnawbe Health in Toronto and the Community Health Centres (CHCs). In addition to the AHAC initiatives, the MOHLTC has provided over $1M through the AHWS to support five Aboriginal Health Planning Authorities, such as Noojimawin Health Authority located in Toronto.

Through AHWS the ministry also funds maternal and child health programs that were established to meet Aboriginal health needs.

The ministry has taken steps to include the Aboriginal community in local health planning and ensure that there is an avenue for community voices to be heard. On March 28, 2006, the Local Health System Integration Act, 2006 (LHSIA) received Royal Assent. Local Health Integration Networks (LHINs) are responsible for local health system planning, funding and community engagement. The LHINs represent community-based health care by engaging local Ontarians in health care discussions and building a locally integrated health care system that meets the needs of local health care patients and communities. One of their priorities is to help break down barriers faced by patients trying to navigate the system. LHSIA directs the 14 LHINs to engage the Aboriginal community and requires the LHINs to include information on Aboriginal health issues addressed by the LHIN in their annual reports.

While the current federal adaptation funding is the focus of this evaluation, it is apparent that Ontario has been at the forefront of adapting provincial health

programs and making available culturally-appropriate health services to better meet the needs of First Nations, Inuit and Métis for many years. Ontario recognizes the important role the federal government has in Aboriginal health and appreciates the support provided to Ontario to support its efforts in providing culturally appropriate health services to Aboriginal people.

There are many examples of successful Ontario initiatives that have been providing health programs and services to meet the unique health needs of Aboriginal populations and the evaluation team felt it was important to identify them in this report.

The LHINs provide a valuable opportunity for continued collaboration and sustainability of the AHTF project outcomes and adaptations by incorporating these models as a way to make improvements in the health care system to be more responsive and culturally appropriate for diverse Aboriginal populations across Ontario. The LHINs can contribute to this sustainability by:

- Adopting the models and resources from AHTF to become integrated into the larger health care system.
- Providing an opportunity for knowledge transfer and sharing of promising practices among health service providers.
- Working with Aboriginal communities in a more coordinated and open manner building on new partnerships and relationships.

Some LHINs have made real progress in establishing and maintaining relationships and partnerships with the Aboriginal community and have been sharing their promising practices and lessons learned with other LHINs. The LHINs can also learn from the lessons shared, challenges and opportunities identified through the various Aboriginal community engagement processes involved in the development and implementation of many of the projects. In some cases, LHINs may be able to build on or act on some of the recommendations provided by Aboriginal communities, look at needs assessments and improve communication through leveraging the connections, partnerships and collaborations that were formed through this process so that there can be continued improvements and opportunities created in local health care systems to better meet the needs of Aboriginal communities.

6. Community Needs

6.1 Federal Government Approach to Addressing Needs

Over the long term, the federal AHTF is intended to result in:

1) Improved integration of federal, provincial, territorial (F/P/T) funded health systems.
2) Improved access to health services.
3) Health programs and services that is better suited to Aboriginal peoples.
4) Increased participation of Aboriginal peoples in the design, delivery, and evaluation of health programs and services.

According to federal stakeholders, engagement in the planning of the AHTF occurred at several levels:

- The first engagement occurred in a meeting between Premiers and the PM where both parties agreed that collaborative work was essential.
- At the First Ministers meeting in 2004, funding for the AHTF was allocated.
- Since that time, there has been staff level engagement with updates provided at first minister meetings, to Ministers of health and to Deputy Ministers.
- Five provinces participated in the initial planning group for the AHTF although Ontario was not one of the participating provinces.
- At the program level, bilateral federal/provincial meetings took place on a province-by-province basis as well as teleconferences and a National AHTF workshop in 2008.

6.1.1 Ontario Provincial Perspective

A number of challenges were identified with regard to Federal planning and implementation of the AHTF. These are discussed further in Section 9. Generally, provincial representatives who were interviewed reported that the AHTF had been planned and implemented '*a little well*' or '*somewhat well*'.

Suggestions for improving national planning and implementation included:

- Better engagement of the Ontario government in planning and implementation. Including:
- Increased recognition of existing provincial approaches to adaptation and greater provincial autonomy in approach. For example, local AHTF projects had to be approved by the federal government.
- Improved federal understanding of provincial legislation and processes to support seamless transition of funds and efficient administration.
- Establishing more feasible federal timelines.
- Less bureaucracy and more support to the Province.

6.1.2 Federal Perspective

Overall, the federal perspective on the development and implementation of the federal AHTF plans diverged from the province. From a federal perspective the intent of the AHTF was not to directly meet the health needs of the Aboriginal population, but to facilitate changes within the health system to ensure that needs are better met over time. Overall, they reported that their strategy was effective and that the implemented strategy was the most appropriate strategy to use. Specifically, access to federal funding has:

- Resulted in partnerships built between the Ontario LHINs and Aboriginal organizations. As a result, the Ontario government and the LHINs are more knowledgeable about Aboriginal health issues as well as enablers and barriers to service.
- Provided incentives to bring partners together and has assisted the Ontario government in facilitating and building relationships amongst a number of partners including LHINs and Aboriginal organizations.
- Allowed the federal government to engage provincial organizations, and the MOHLTC.

6.2 Provincial Government Approach to Addressing Needs

Ontario AHTF Adaptation Plan includes a variety of projects, which are anticipated to:

1) Both individually and collectively strengthen the provincial health system's ability to better respond to the needs of Aboriginal peoples.
2) Improve patient/client access to services and health outcomes.
3) Strengthen the broader Ontario health system capacity and knowledge, through culturally relevant: a) engagement and b) generation of new Aboriginal health status information.

6.2.1 Provincial Perspective

Overall, the Ontario AHTF was viewed by provincial staff as being implemented and planned well. They described their approach as participatory. All Aboriginal and First Nations organizations were invited to submit proposals for the AHTF. Meetings were held with interested First Nations. In spite of repeated efforts to engage communities and organizations, some First Nations organizations did not participate, for reasons described in Section 9. As a result, the province did not have the desired full participation of First Nation organizations.

While provincial staff do report that the process has been successful in terms of meeting some of the needs of Aboriginal people in Ontario, they are quick to point out that the level of adaptation that has occurred to date is a 'drop in the bucket'. In other words, there is much work that still needs to be done towards better adapting the health care system in order to create an environment where Aboriginal health needs are met. Suggestions for future concentration are included in Section 10.

6.2.2 Federal Perspective

The strengths of the Ontario AHTF development and implementation from the federal perspective included:

- Engagement with a wide variety of Aboriginal and non-Aboriginal organizations in the development of the Ontario AHTF process.
- The Ontario process for assessment and review of proposals.
- Provincial and regional level workshops that brought together the AHTF project leads to discuss successes, issues and solutions.
- utilization of partnerships to adapt programs and services in two key areas:

  - Increasing availability of services to Aboriginal people.
  - Improving appropriateness of services provided to Aboriginal people.
- The Ontario evaluation process.

6.3 Projects Approach to Addressing Needs

The projects received AHTF funds to support the adaptation of Ontario's health care system to assist in adapting health services to provide more appropriate health care for Aboriginal people living in the province.

As discussed in Section 1, Ontario's AHTF projects can be classified according to their primary activities or five main themes:

- *Scanning and planning*.
- *Development of new knowledge /tools.*
- *Training and capacity development.*
- *Service enhancement*.
- *Culture-based programs/services*.

The bulk (15) of Ontario's AHTF projects and more specifically LHIN projects focussed on *environment scanning, increased coordination and planning* activities to understand and identify Aboriginal health needs within service areas as well as to begin the process of meeting those needs.

The needs addressed through these initiatives were community engagement, relationship building and needs assessment or environmental scanning research. While many of the projects in this category were broad in scope (i.e., general health needs of Aboriginal residents in the areas), a few reported a more specific focus including mental health and addictions, Elder and long-term care, and maternal and child health.

The four projects focusing on the development of *new knowledge or tools* recognized a need for the knowledge or tool and for training in methods of disseminating the knowledge or use of the tool. For the Our Health Counts project, the largest of all of the AHTF projects, the recognized need was for health data and information about the needs of the urban Aboriginal populations in the Hamilton and Ottawa areas to assist in better planning.

For the Colorectal Cancer Care Education project, it was the need for 1) culturally appropriate information about the disorder, its symptoms and care, and 2) individuals skilled in the presentation of the information. In the case of the Sioux Lookout Meno Ya Win Health Centre's (SLMHC), Medical Lexicon project, it was the need 1) expressed by interpreters for consistency in the translation of English medical terms into the vocabulary of the speakers of Ojibwa, Cree, and Oji-Cree, and 2) for training interpreters and other interested health care personnel in the use of the lexicon.

The three projects aimed at *training and capacity development* recognized the needs of Aboriginal communities, Aboriginal service providers and in some cases mainstream health service providers to develop specific sets of skills or understandings to facilitate the implementation of culturally relevant care models. Projects in this category focused on palliative care, urban Aboriginal health, and support for community caregivers. These projects focused on the needs for information, models of care, and developing community capacity to integrate the models/tools into their care practices.

Projects focusing on *service enhancements through program adaptation* reported addressing Aboriginal health needs for strengthening and expanding existing structures and tools to support improved health service for Aboriginal people in the long term. The Aboriginal Health Access Centres (AHACs) recognized the need for: 1) improving collaboration among the 10AHACs centres and with the CHCs; 2) improved data collection and use; and, 3) following organizational best practices, i.e., accreditation.

Keewaytinook Okimakanak (KO) Telemedicine recognized the need to develop the appropriate partnerships to facilitate the expansion of telemedicine in urban and remote community locations not previously served and in high priority health service areas. These areas include: Home Care/Aging at Home, Mental health and Addictions, Chronic Disease Management, and E-Health/Pandemic Preparedness.

The Hamilton Niagara Haldimand Brant (HNHB), Mississauga Halton (MH) and Waterloo Wellington (WW) LHINs joint LHIN project recognized the need for culturally appropriate and coordinated hospital discharge planning as well as the need for access to health services by families of children with mental health needs.

Projects developing *culture-based program/services* adapted and/or created culturally relevant programming for specific health intervention and promotion. The CAMH residential treatment program project was the largest project in this category. These AHTF projects addressed health needs for high risk/need subsets of Aboriginal people in urban settings. For example, CAMH recognized the need for an Aboriginal-specific in-patient addictions treatment cycle. Using a less formal structure, St. Christopher's House addressed the need for support and intervention for Aboriginal people in acute crisis (homeless and high risk of becoming homeless) and chose to provide this through their culturally-rooted Meeting Place Program. Specifically, the program aimed to provide opportunities for prevention, awareness and skill building for homeless and at-risk Aboriginal people in Toronto. Timmins Hospital addressed the need for patients to have a place to carry out traditional ceremonies by building a traditional healing room on the hospital grounds.

Ottawa Inner City Health addressed the need for a culturally appropriate Hepatitis C awareness campaign. The Hep C project addressed the need for health care providers and residents to understand the health implications of the Hep C virus. Their target groups were Métis across the province and urban Inuit. Wabano Aboriginal Health Centre (WAHC) filled a need to educate youth in the effects of non-traditional tobacco use through culturally and age appropriate program activities.

6.4 Overall Ontario Contribution to Addressing Needs

6.4.1 Provincial Perspectives

According to provincial government representatives, all of Ontario's 31 projects were developed and assessed according to the Federal guidelines for AHTF projects to ensure that the projects supported the goals and objectives of the federal AHTF Adaptation envelope.

There was a great diversity among the 31 Ontario adaptation projects. Some projects developed tangible structures such as healing rooms at the Timmins and District Hospital and the Smudge Room at CAMH. The majority of projects focused on community engagement and partnership development (e.g., LHIN projects, BANAC-Aboriginal Health Circle).

Examples of AHTF contributions provided by provincial stakeholders included:

- CAMH –the 21-day Aboriginal in-patient treatment cycle to be integrated into the CAMH mainstream treatment program on a regular basis.
- Our Health Counts collected urban Aboriginal health data using survey-based data and administrative health data (e.g. hospital separation, physician utilization data). To date, urban Aboriginal health data such as this is not available in any jurisdiction in Canada. Further, the Our Health Counts team is considering establishing a longitudinal data collection approach once this initial phase has been complete.
- The Centre for Education and Research on Aging and Health (CERAH), Lakehead University and the Kenora Chiefs Advisory have created a First Nations specific model of developing community palliative care teams. This model is being piloted in First Nations communities in north-western Ontario and resources are available for any other organization who may be interested in adopting the model.
- Cancer Care Ontario (CCO) has successfully adapted educational resources about colorectal cancer that are better suited to Aboriginal audiences. These resources have been distributed to select communities throughout the province.

- Increased partnership and spirit of working together to address Aboriginal health amongst the LHINS.
- Timmins Aboriginal Healing Room – while a one-time initiative, this project has the potential to have a great long-term impact for the Aboriginal community. The project has built a culturally relevant space within the hospital specifically for Aboriginal families and patients.

Examples of needs met by Ontario's AHTF Process include:

- Filling data gaps for Aboriginal Health Information (Association of Ontario Health Centres (AOHC)/ AHAC Network) and Our Health Counts.
- Relationship building and partnership development between the mainstream system and the Aboriginal communities to increase availability and appropriateness of health care services (many LHIN projects, BANAC-Aboriginal Health Circle).
- Palliative care programming for First Nations communities (CERAH, Lakehead University).
- Adapting mainstream health promotion resources to increase awareness in the Aboriginal community for colorectal cancer (Cancer Care Ontario,) and Hep C (Ottawa Inner City Health, Métis Nation of Ontario and Tungasuvingaat Inuit).
- Adapting the provincial health system to provide culturally appropriate care. Medical translation to facilitate the full participation of First Nations people in their medical care (SLMHC, medical lexicon) and the CAMH 21 day Aboriginal-specific in-patient treatment program.
- Culturally relevant tobacco use prevention tools and programming for 7-14 year olds (Wabano Aboriginal Health Centre).

Again, from the provincial government perspective, while some of the Ontario AHTF projects have already demonstrated some initial transformation of health care, adaptation is a long-term process. Some programs will take a longer time to manifest effects and some may not result in immediate transformations of the system as they focus more on early stages, information sharing and partnership development.

From a provincial perspective, clearly progress has been made. However, they also acknowledged that in no way should the 31 projects, regardless of degree of success, be seen as meeting all of the adaptation needs of Ontario's Aboriginal community.

6.4.2 Federal Perspectives

From the Federal perspective, Ontario's contribution to meeting the needs of Aboriginal people was addressed through the development of partnerships for the purpose of increasing availability and appropriateness of services. The federal government representatives interviewed indicated that the specific contributions included:

- Increased awareness by the LHINs of Aboriginal needs and processes for adaptation.
- Increased service utilization by Aboriginal people.
- Increased awareness of services available.
- Health services moved closer to Aboriginal communities.

6.4.3 Project Perspectives

Projects were queried about two aspects of their understanding of the impact of AHTF on the health care options of Aboriginal people in Ontario. The first aspect considered the overall set of projects although realistically, respondents could only answer generally or for the projects with which they were familiar. The second aspect focused on their own project vis-à-vis the Ontario AHTF goals and objectives.

Project leads reported assessments similar to the provincial and federal representatives in that they viewed the AHTF process as a preparatory step towards improving health access for Aboriginal people in Ontario. This was particularly true for projects that focussed on scanning and planning activities. Most projects expected that in order for real impacts to be demonstrated further funding and government commitments would be needed.

Of the 26 projects responding to the survey, none saw the Ontario AHTF Adaptation Plan approach as the only answer although they were optimistic about its potential for contributing to the overall effort (Table 6.4.3a). A few projects felt that the current effort had not lived up to the potential (Table 6.4.3b). With a continued focus on 'projects you know about', respondents were less positive about their success in making a difference in this round of grants for First Nation people on and off-reserve as well as urban Aboriginal residents (Tables 6.4.3c and d). The Hepatitis C campaign launched by the Ottawa Inner City Health, the Our Health Counts projects, and the CE LHIN all deliberately included Métis and Inuit residents as well as First Nation people in their projects. Other projects worked *a lot* with urban Aboriginals as well, about 10 of the 24 projects answering (close to half).

Table 6.4.3a Potential of Ontario AHTF Adaptation Plan Approach for Meeting the Needs of Ontario's Aboriginal Communities

Project Type	*Number of Projects*	*Very Well*	*Well*	*Some-what*	*Not at all*
Scanning/planning	15	6	6		1
Knowledge/ tools	3	1	1	1	
Capacity development	2	1			
Program adaptation	3	2	1		
Culture-based pgms/svcs	5	2	1	3	
TOTAL	**28**	**12**	**9**	**4**	**1**

Table 6.4.3b Actual Effectiveness of Ontario AHTF Adaptation Plan Approach for Meeting the Needs of Ontario's Aboriginal Communities

Project Type	*Number of Projects*	*Totally*	*A Lot*	*Some-what*	*A Little*
Scanning/planning	15	1	5	4	2
Knowledge/ tools	3		1	1	1
Capacity development	2			1	
Program adaptation	3		1	2	
Culture-based pgms/svcs	5		3	1	1
TOTAL	**28**	**1**	**10**	**9**	**4**

Table 6.4.3c Degree that AHTF Projects Known About Have Contributed to Adaptation of Health Care System for…

Target populations	*Number of Projects*	*A Lot**	*Some-what*	*A Little*	*Not at All*
First Nation on-reserve	23	12	6	2	3
First Nation off-reserve	23	11	5	5	2
Inuit	22	0	1	5	16
Métis	24	8	8	3	5
Urban Aboriginal	24	10	7	4	3

* No one chose the answer option of *totally*.

Table 6.4.3d Degree that AHTF Projects Known About Have Changed or Adapted Health Care System for…

Target populations	*Number of Projects*	*A Lot**	*Some-what*	*A Little*	*Not at All*
First Nation on-reserve	23	10	5	3	5
First Nation off-reserve	23	10	4	5	4
Inuit	22	0	0	5	17
Métis	24	4	7	6	7
Urban Aboriginal	24	10	3	6	5

* No one chose the answer option of *totally.*

From the points of view of most of the projects, their projects were closely aligned with the AHTF goals and objectives (Table 6.4.3e) although some saw a gap between what they had identified as needs and what they actually accomplished (Table 6.4.3f).

Table 6.4.3e Relationship of Project-Identified Needs to AHTF Goals and Objectives

Project Type	*Number of Projects*	*Totally*	*A Lot*	*Some-what*	*A Little*
Scanning/planning	15	2	8	1	1
Knowledge/ tools	3		3		
Capacity development	2	1			
Program adaptation	3		2	1	
Culture-based pgms/svcs	5	1	3	1	
TOTAL	**28**	**4**	**16**	**3**	**1**

Table 6.4.3f AHTF Goals and Objectives Adequately Met by Project-Identified Needs

Project Type	*Number of Projects*	*Totally*	*A Lot*	*Some-what*	*A Little*
Scanning/planning	15	1	8	3	1
Knowledge/ tools	3		2	1	
Capacity development	2	1			
Program adaptation	3	1	1	1	
Culture-based pgms/svcs	5	1	2	1	1
TOTAL	**28**	**4**	**13**	**6**	**2**

7. Ontario AHTF Project Planning and Implementation

7.1 Project Development Processes

7.1.1 Community Engagement

Aboriginal communities were engaged in a few key and overlapping ways by AHTF projects. Reasons for community engagement included:

- provide advisory capacity and specific expertise
- address accountability
- provide information or specific health data (e.g., maternal and child health needs, health surveys to inform needs assessments)
- participate in training and development opportunities

Fourteen projects reported implementing a formal Aboriginal advisory/planning committee. In some cases, advisory committees were focused on specific aspects of the AHTF project while others' mandate was to oversee the complete implementation of the project. In two cases, multiple advisory committees were implemented to address First Nations and Métis needs separately.

Other commonly reported engagement methods included: focus groups, community visits, and consultation sessions.

The CAMH and OHC projects illustrate meaningful community engagement in an advisory and leadership role. As a result of recommendations made by the Aboriginal advisory committee, CAMH reviewed internal policy around noise and smoke to allow for the realization of important cultural aspects (smudging, drumming) of the treatment cycle program. As part of the planning for the implementation of the OHC survey, Aboriginal communities were engaged in community concept mapping workshops to determine the health issues that were of primary importance to the community for the development of the questionnaire.

A small minority also described the 'community' as mainstream health care providers, and for two projects community engagement was defined through planning and implementation with regional affiliates (CCO and AOHC/AHAC Network).

7.1.2 Community Ownership and Capacity Development

Community ownership was commonly accounted for through the implementation of Aboriginal advisory committees by the project sites who instituted advisory groups**.** Some project sites expanded on this concept to identify the degree of decision-making power the committee held. Some reported that advisory committees were responsible for directing, and overseeing all aspects of the AHTF project including budget allocation. Further, some project sites defined ownership as the ratio of Aboriginal to non-Aboriginal people on advisory committees and the number and diversity of Aboriginal organizations and groups represented. Nine project representatives did not provide direct comments on strategies for community ownership.

Few sites commented directly on Aboriginal capacity building. However, those who did referred back to hiring Aboriginal consultants, Aboriginal students and staff to complete AHTF work. The CERAH, Lakehead University project for improving palliative care at the community level, and the two *knowledge/tools* projects (Cancer Care Colorectal Cancer education and Sioux Lookout Health Centre's medical lexicon) all reported making progress on training although the budget and time-line restraints limited their reach.

> "Throughout the project, local health care providers were expected to take leadership in developing a palliative care program in their First Nation. These communities have started to develop palliative care protocols and guidelines appropriate for their community, and to identify resources needed to support and increase the number of home deaths in First Nations communities." (CERAH/Lakehead)

7.1.3 Research and Evaluation

Research was a large part of the AHTF project development. Nine interviewees indicated that research was a substantial part of the work completed. In some cases, research was the primary activity of the project (OHC/ Elder Continuum of Care, Maternal and Child Health – SLMHC). Research undertaken as part of Ontario's AHTF was established as needs assessment and environmental scanning to identify information gaps and available services. Three interviewees (SLMHC-Maternal Child Health, Elder Care Continuum; HNHB LHIN) compiled data on gaps in services. For example, the Maternal and Child Health Environmental scan provided details on available services, program descriptions, providers and client perceptions of perceived needs and satisfaction. This data will provide the basis for adaptation of the SLMHC maternity care program.

Needs assessment were the second most common research initiative reported by AHTF project sites. Five sites (CW LHIN, NE LHIN, MH LHIN, and OICH, and CERAH, Lakehead University) reported carrying out needs assessment research as part of their AHTF process. Sites typically focused on the health needs of the Aboriginal communities in general. Some exceptions to this included:

- Hamilton Niagara Haldimand Brant LHIN, Mississauga Halton LHIN, Waterloo Wellington (WW) LHIN and two Aboriginal partners, De dwa da dehs nye>s Aboriginal Health Centre and Six Nations of the Grand River focused specifically on child (0-6) mental health.
- Sioux Lookout Meno Ya Win Health Centre focused on Maternal and Child health in one project and on Elder health and long-term care in another.
- CERAH, Lakehead University focused on needs around palliative care.
- North East LHIN focused on mental health and addictions as well as health.

Overall, five projects indicated that they had completed an evaluation or had an evaluation in process. A further three reported that they we unable to conduct an evaluation and four had no plans to evaluate their project. Two projects had no comment. Sixteen projects did not provide responses. Only CCO and CAMH reported results from a formal evaluation process for their AHTF projects in the survey.

7.1.4 Planning and Sustainability

Twelve of the 31 AHTF projects identified planning or strategy development as their primary project goal at the outset. Common strategies employed to address long term planning included:

- implementation of advisory committees (11/12).
- commissioned research, needs assessments and targeted strategies for implementation (5/12).
- community consultation sessions and meetings.

For many of the AHTF projects sustainability was not a primary concern as the focus was on implementation. Sustainability became a concern later in the process. Sustainability considerations are identified as follows:

- *Scanning/planning/* projects generally expected to use the engagement activities to create enduring linkages to the Aboriginal community including the formation of advisory committees that would be available for future planning activities. They expected to use the information

generated by the scans for priority setting, planning and implementation of services where appropriate.

  - The exception was BANAC-Aboriginal Health Circle, expected also to have ongoing influence with mainstream local area health planning committees by including their representatives on those entities.

- *New knowledge/tools* projects expected to produce the knowledge/tools and make them available to whoever could/would use them and to have created a trained cadre of users.
- *Training/capacity development* projects expected to have trained local leaders and provided them with resources to continue their efforts in their communities.
- *Service adaptation* projects expected to implement the recommendations of the projects and expected that they might need additional funding to do so.
- *Culture-based* projects expected to initiate the programs/services, thereby developing new models for delivery, and to continue the initiatives. Only one project expected to continue without additional funding.

7.2 Strategies for Meeting Health Care Needs

7.2.1 Cultural Relevance

A cultural relevance strategy was reported by all responding projects. (Table 7.2.1) About a quarter of the projects reported that the cultural strategy was a critical and fully integrated part of the work they completed. Over half of the projects reported that the cultural strategy was an important piece of what they had accomplished for their project work, but not fully integrated throughout their project work.

Three AHTF projects used separate strategies, from the outset, to engage First Nations, Métis, and Inuit populations. These include OHC, CE LHIN and OICH. These will be explored further in section 8.

Table 7.2.1 Degree that AHTF Projects Used a Strategy of Cultural Relevance

Project Type	*Number of Projects*	*Totally*	*A Lot*	*Some-what*	*A Little*
Scanning/planning	15	4	7	2	
Knowledge/ tools	3	1	2		
Capacity development	2		1		
Program adaptation	3		3		
Culture-based pgms/svcs	5	1	2	1	
TOTAL	**28**	**6**	**15**	**3**	**0**

The Centre for Addictions and Mental Health (CAMH) also sought to provide an environment with choice for Aboriginal clients. The approach the CAMH AHTF project sought was to provide residential hospital beds to Aboriginal clients where they could choose between mainstream and traditional service provision and the spectrum in-between the two approaches.

SLMHC's Medical Lexicon project reported that the project was inherently culturally relevant. CCO involved Aboriginal experts to ensure cultural relevance of the awareness *tools and educational materials* that they produced. Further, the OHC project engaged in a process of concept mapping with three urban Aboriginal target populations to ensure survey questions were relevant and respectful of First Nations, Métis and Inuit populations.

Projects focusing on *scanning and planning* activities sought to ensure cultural relevance by developing culturally safe methods for engaging the Aboriginal community including:

- Tobacco offerings, opening prayers, including and acknowledging Elders.
- Hiring known and respected Aboriginal consultants to complete research activities.
- Developing 'rules of engagement' to guide collaborations with community partners.

Training and capacity development projects – CERAH, Lakehead University Palliative Care in First Nations project and *The Friends* – reported engaging Aboriginal communities early on in order to ensure that approaches/trainings were culturally relevant. For example, Lakehead University provided communities and health service providers with two opportunities to provide feedback on their grief and bereavement curriculum.

Finally, projects focused on developing *culture-based programs and services* also built in processes to ensure cultural relevance. For example, as part of CAMH's AHTF project, mandatory staff training was implemented to ensure that CAMH treatment staff could understand their Aboriginal clients better.

7.2.2 Aboriginal Participation

Most projects built Aboriginal participation into their plans (Table 7.2.2).

Table 7.2.2 Degree that AHTF Projects Used a Strategy of Aboriginal Participation

Project Type	*Number of Projects*	*Totally*	*A Lot*	*Some-what*	*A Little*
Scanning/planning	15	4	7	2	
Knowledge/ tools	3	2	1		
Capacity development	2		1		
Program adaptation	3	1	1	1	
Culture-based pgms/svcs	5	1	2	1	
TOTAL	**28**	**8**	**12**	**4**	**0**

The use of a strategy that included Aboriginal participation in the project work was reported by all responding projects. (Table 7.2.2) About a quarter of the projects reported that Aboriginal persons played key roles throughout the entire work undertaken by the project. Almost half of the projects reported that Aboriginal participation was an important piece of what they had accomplished for their project work, but not necessarily integral to all of the project work completed.

Many of the *planning*-focused projects relied on local Aboriginal organizations to provide the diverse cultural perspectives on planning and advisory committees. The degree to which the project included First Nations, Métis and Inuit perspectives was a function of the level of representation of these groups within the identified organizations. Unfortunately, the level of representation was not always reported.

7.2.3 Broad Geographic Reach

A select number of projects included broad geographic reach in their strategies (Table 7.2.3). In these cases, projects were most likely to describe *broad geographic reach* as the ability to reach Aboriginal populations in the all parts of the service area. For some this meant partnering with local Aboriginal organizations to adequately include targeted catchment areas.

Table 7.2.3 Degree that AHTF Projects Used a Strategy of Broad Geographical Reach

Project Type	*Number of Projects*	*Totally*	*A Lot*	*Some-what*	*A Little/ Not at all*
Scanning/planning	15	4	6	2	1
Knowledge/ tools	3	2		1	
Capacity development	2		1		
Program adaptation	3	1		1	1
Culture-based pgms/svcs	5	1	1	1	1
TOTAL	**28**	**8**	**8**	**5**	**3**

Three of Ontario's AHTF projects started with a provincial focus. For the Cancer Care Ontario and the AOHC/AHAC this meant establishing better linkages with regional affiliate organizations to affect province wide initiatives. On the other hand the Our Health Counts project included developing new partnerships with MNO and TI and the OFIFC to ensure representation of First Nation, Métis, and Inuit communities and included two Ontario cities.

Most of Ontario's AHTF projects had a local or regional focus. In terms of broadening geographical reach many of these projects indicated that their projects could have a broader geographic reach as a result of information sharing on websites, conferences and meetings. For example, CERAH, Lakehead University Palliative Care in First Nation communities, SLMHC Medical Lexicon and CAMH are sharing resources developed through the AHTF with other interested organizations and service providers.

The AHTF project lead group, organized by the MOHLTC, was identified as an important vehicle for information sharing and cross project learning contributing to the broad geographic reach of AHTF projects. This will be explored in further detail in Section 8.

7.2.4 Building and Enhancing Partnerships in Ontario

Building and enhancing province-wide partnerships was not a primary strategy for all project sites (Table 7.2.4a); however, it was a core strategy for some projects and a deliberate strategy of the Ministry of Health and Long Term Care. Many projects reported that through Ontario's AHTF process, MOHLTC provided opportunities for the AHTF project leads to gather, network and ultimately learn about other projects and organizations in the province. This strategic action by the Ministry led to the development of linkages and partnerships between LHINs and other organizations. In addition, some project sites reported that they used information gained at these meeting and teleconferences to better adapt and formulate their AHTF projects. In

many respects, there was a cross germination of ideas that was appreciated.

Table 7.2.4a: Degree that AHTF Projects Used a Strategy of Building Cross-Provincial Partnerships

Project Type	Number of Projects	Totally	A Lot	Some-what	A Little/ Not at all
Scanning/planning	15	4	6	2	1
Knowledge/ tools	3	1		2	
Capacity development	2			1	
Program adaptation	3		1		1
Culture-based pgms/svcs	5		1	2	1
TOTAL	**28**	**5**	**8**	**7**	**3**

Some of the projects had focused strategies of building province-wide partnerships through their individual AHTF projects (Table 7.2.4b). Typically, these projects focused on building relationships with mainstream health entities such as the MOHLTC, Health Canada.

Two of the service enhancement projects had a primary focus of building cross provincial partnerships as a strategy to improve adaptation of services to better meet the need of Ontario's Aboriginal population. The strategy was to increase visibility and understand of the potential of services provided. KO Telemedicine, while focused primarily on telemedicine service enhancements in the North West, sought to establish partnerships with the area LHIN, provincial ministries and the First Nations Inuit Health (FNIH) Ontario Region.

The AOHC/AHAC project engaged in a similar strategy, but also included strengthening their own intra organizational communications through quarterly meetings with the AHAC Executive Directors. They also established two sub committees to guide the both the Electronic Client Record (ECR) and AHAC accreditation aspects of their projects.

The projects commonly reported building partnerships with the Aboriginal community through Aboriginal organizations and with mainstream service provider organizations such as hospitals, primary care teams, etc.

Table 7.2.4b: Degree that AHTF Projects Used a Strategy of Building across Organizational Partnerships

Project Type	Number of Projects	Totally	A Lot	Some-what	A Little/ Not at all
Scanning/planning	15	4	7	2	1
Knowledge/ tools	3	1	1	1	
Capacity development	2		1		
Program adaptation	3	1	2		
Culture-based pgms/svcs	5	1	2	1	
TOTAL	**28**	**7**	**13**	**4**	**1**

There was a common theme among *scanning and planning* projects as many of them viewed their AHTF project as a first stage in "trust building" and relationship development with Aboriginal organizations. This provided the foundations, in some cases, for joint planning and "information sharing" between Aboriginal groups (primarily First Nations and Métis) and mainstream service providers. One project also reported involving regional municipal governments in planning (Mississauga Halton LHIN).

Training and capacity development projects moved beyond this phase to engage partners by providing training for Aboriginal and non-Aboriginal service providers.

7.2.5 Resource Development

Some of Ontario's AHTF projects reported resource development for First Nation health care clients was a relevant part of the project work (Table 7.2.5). Seven projects reported that resource development had little or nothing to do with their project efforts.

Successful partnerships developed as a result of the AHTF were also significant resources; however, this was discussed in section 7.2.4. In this section, we will focus on knowledge, human and material resources.

Table 7.2.5 Degree that AHTF Projects Used a Strategy of Resource Development

Project Type	Number of Projects	Totally	A Lot	Some-what	A Little/ Not at all
Scanning/planning	15		6		6
Knowledge/ tools	3	1	1	1	
Capacity development	2		1		
Program adaptation	3		2	1	
Culture-based pgms/svcs	5	1	1	1	1
TOTAL	**28**	**2**	**11**	**3**	**7**

Six *scanning and planning* projects indicated that developing resources was part of their AHTF work. Examples of resources included health needs assessment, environmental scans of available services and or service gaps, and cultural context documents. There was very little comment from this group on the extent of resource distribution. It is possible that given time delays, resource distribution is the next phase. It is also possible that respondents assumed that it was self-evident that the resources were for internal use. There was also a high level of non-response to this question among scanning and planning project respondents.

Projects classified as *developing new knowledge or tools* and *tools, training, capacity development* focused their efforts almost entirely on resource development and distribution. The CERAH Lakehead University Palliative Care in First Nations project developed and distributed resources to facilitate culturally appropriate palliative care. These resources were distributed locally, nationally, and internationally and are now available on the University website.

Other resources developed included 1) *The Friends* project developed and distributed resources in the form of books, DVDs newsletters and presentations on Elder care and caregiver support, and 2) CAMH's Smudge Room, renovated residences, in-patient and outpatient treatment cycle, etc.

A detailed table of the resources developed by the individual projects can be found in Section 8.1.

7.2.6 Awareness Building

Most projects reported using awareness building strategy as part of their process (Table 7.2.6). Awareness building activities had two separate foci that can be best understood in terms of project type. Projects focused on developing new *knowledge/tools* and *training/capacity development* concentrated awareness building on specific health topics (e.g., colorectal cancer, palliative care, caregiver support,) with the Aboriginal (primarily First Nations and Métis) caregivers and communities as the primary recipients.

Table 7.2.6 Degree that AHTF Projects Used a Strategy of Awareness Building

Project Type	*Number of Projects*	*Totally*	*A Lot*	*Some-what*	*A Little/ Not at all*
Scanning/planning	15	4	6	1	1
Knowledge/ tools	3	2		1	
Capacity development	2		1		
Program adaptation	3	1	2		
Culture-based pgms/svcs	5	1	1	2	
TOTAL	**28**	**8**	**10**	**3**	**1**

Projects falling in the *scanning/planning* and *culture-based programs* categories focused on developing awareness among mainstream service providers, with the Aboriginal community providing the information. For example, some of the LHIN projects reported engaging the communities to better understand community needs and health concerns. This was done through engagement sessions as well as through needs assessment-based research. There is also some indication that some sessions also involved mainstream service providers as opposed to the LHIN administration only. This is explored further in the Section 7.2.7. The CAMH and Central LHIN projects targeted awareness building activities directed toward their non-Aboriginal staff to better inform them of the historical and political context of Aboriginal people.

For the AOHC/AHAC Network project, awareness building was slightly different from the other AHTF projects. Their emphasis was on increasing provincial awareness among governments and mainstream service providers about the services that the AHACs provided.

7.2.7 Training and Professional Development

Training and development activities can be viewed as falling into two primary categories: internal and external training and development. Three projects specifically reported having no training or development as part of their strategy for meeting needs. AHTF projects reflected both types of training and in some cases did both simultaneously.

Table 7.2.7 Degree that AHTF Projects Used a Strategy of Training and Professional Development

Project Type	*Number of Projects*	*Totally*	*A Lot*	*Some-what*	*A Little/ Not at all*
Scanning/planning	15	2	2	4	3
Knowledge/ tools	3	2		1	
Capacity development	2		2		
Program adaptation	3	1	1	1	
Culture-based pgms/svcs	5	1	1	2	
TOTAL	**28**	**6**	**6**	**8**	**3**

Training and Capacity Building: Lakehead First Nations Palliative Care.

Training and capacity development was the cornerstone of the palliative care project. Through the AHTF, training was provided to over 40 community-based and mainstream service providers in grief and bereavement in First Nations communities, workshops on the development of palliative care teams, and community readiness assessments.

Through this project, three full time positions were created for Aboriginal people including project coordinator, and two community developer positions. Through their Participatory Action Approach to research, 11 First Nations community-based researchers were hired and trained.

Internal training and development refers to opportunities that were made available to increase the skills and capacity of the host organization(s) staff. For example, the SLMHC Medical Lexicon project involves training select staff on the use of the Lexicon with some community members also receiving training. As reported in the previous section, CAMH also incorporated training for their non-Aboriginal staff. Select members of the AOHC /AHAC Network project reported developing their skills in Electronic Client Registry (ECR) systems. BANAC-Aboriginal Health Circle specifically indicated a desire to have internal development, but allocated their slim resources to external training and development instead.

External training and development opportunities focused on individuals and groups outside of the AHTF host organization. These opportunities go hand in hand with awareness development as discussed in the previous section. Of the projects reporting external training a few (*training/capacity* and *new knowledge development* projects) focussed on providing training for the Aboriginal community/Aboriginal health service providers.

For example, CCO trained over 140 health service providers throughout the province in colorectal cancer screening. Whereas, planning type projects reported training for non-Aboriginal service providers through cultural safety training and skill enhancement. Four projects specifically cited offering this type of training. For example, the Central LHIN reported holding cultural *lunch and learn* sessions at each hospital within their service area.

8. Indicators of Project Success

There is great diversity among Ontario's AHTF adaptation projects and host organizations. It is important to put the relative successes of the AHTF projects into the context of the host organizations' starting resources in terms of organizational financial capacity and pre-AHTF understanding of Aboriginal communities and or mainstream health organizations and bodies. Understandably, those organizations with both a good pre- AHTF understanding of the key players and or financial resources would have the best opportunity to affect project implementation and presumably change within the tight timeframes imposed by the AHTF process. This is not to suggest that only well resources organizations would be funded, as it is critical that smaller, less resourced organizations also be given equal opportunity to participate in the AHTF. The reader is asked to keep this qualification in mind when considering project success.

The results in this section are based on both quantitative survey responses as well as qualitative data provided by the projects themselves in surveys and reports. Partner perspectives are considered where applicable.

8.1 Projects' Success at Meeting Goals and Objectives

By the end of the project, 21 projects reported that they had completely or almost completely met their goals and objectives.

Table 8.1a Degree that Project Achieved Goals and Objectives

Project Type	*Number of Projects*	*Totally*	*A Lot*	*Some-what*	*A Little*
Scanning/planning	15	5	4		
Knowledge/ tools	3	1	2		
Capacity development	2		2		
Program adaptation	3	1	2		
Culture-based pgms/svcs	5	1	3	1	
TOTAL	**28**	**8**	**13**	**1**	**0**

There was some evidence to suggest that projects adapted their initial goals and objectives in light of their community consultations. This suggests that community consultations for some were meaningful and open to taking advice from the communities.

8.2 Resource Development and Distribution

Over 40 educational and research based resources were developed through Ontario's AHTF not including three permanent structures, which were also supported by the AHTF. Table 8.2a-c outlines the contributions made by Ontario's AHTF projects including educational resources, research reports and

permanent structures. These tables also describe the distribution patterns of the developed resources. It is expected that many of these resources will have longevity beyond the AHTF and through sustained and deliberate distribution they may have potential impacts for service providers, health planners and Aboriginal communities throughout the province and potentially in other parts of the country.

Table 8.2a Educational Documents/Curriculum Developed by Ontario's AHTF Adaptation Projects

Educational Resources Developed	*Accessibility*
1. Cultural safety curriculum for Ontario undergraduate health and medicine programs (AHT)	Available by request to the MOHLTC.
2. Training Manual for urban Aboriginal health training for Aboriginal and non-Aboriginal health service providers highlighting a culture-based approach for working with seniors with diabetes (NCCT)	Distributed to conference participants to be used to organize conferences locally. Available electronically on request.
3. Curriculum tools adapted for Hepatitis C Virus program (OICH)	Available by request to the OICH.
4. Adapted *Let's Take a Stand Against Colorectal Cancer* curriculum for Aboriginal audiences (CCO)	Distributed to participating communities/ regional partners. Available on CCO website.
5. Medical Lexicon with 1,800 entries in Ojibwe, Cree and Oji-Cree (SLMHC)	Currently being finalized. To be available and distributed broadly.
6. "Healthy Choices, Healthy Babies" Teaching Package –(SLMHC)	Available by request to SLMHC
7. "Finding Our Way Through: Navigating Loss and Grief in First Nations Life" curriculum including a facilitators guide and workbook for 14 instructional hours (CERAH, Lakehead University) 8. Brochures on palliative care translated into Oji-Cree (CERAH, Lakehead University)	Distributed to participating communities. Brochures available on CERAH, Lakehead University website.
9. Cross Cultural Reference for Health Care Providers: *A guide regarding cultural safety* (SW LHIN and Erie St. Clair LHIN)	Currently being finalized.
10. Culturally based smoking manual (Wabano Health Centre)	Available on Wabano website.
11. Cultural based parenting manual (Wabano Health Centre)	Available by request to Wabano Health Centre.
12. Hospital Discharge Planning Resources: manual, pamphlet, algorithm and draft model of care (Hamilton Niagara Haldimand Brant LHIN, Mississauga Halton LHIN, Waterloo Wellington LHIN)	Available by request to the MOHLTC

Educational Resources Developed	Accessibility
13. Knowledge Transfer Training Module (Hamilton Niagara Haldimand Brant LHIN, Mississauga Halton LHIN, Waterloo Wellington LHIN)	In development.
14. Cultural Safety Training Modules and training available on request (BANAC)	Available by request to the BANAC
15. Elder Abuse Workshop The Friends/ NE LHIN.	Available by request

Table 8.2b: Research Reports Developed by Ontario's 2008-2010 AHTF Projects

Research Reports Developed	Accessibility
16. Environmental Scan determining the need for cultural safety training in Ontario's academic health and medicine programs (Anishnawbe Health Toronto)	Available by request to the MOHLTC.
17. Study of Aboriginal mental health and addictions treatment services in the province of Ontario (CAMH)	Available by request to Jeff D'Hondt or Peter Menzies at CAMH
18. Literature Review of Wise Practices in Aboriginal mental health and addictions (CAMH)	
19. Needs assessment for mental health and addictions needs of Aboriginal clients in the GTA (CAMH)	
20. Key informant interviews with Aboriginal Concurrent Disorder Treatment professionals (CAMH)	
21. Synthesis report on Wise practices, needs assessment, key informant interviews, and literature review (CAMH)	
22. Evaluation report including change management strategies and best practices for telemedicine (KO Telemedicine)	Internal report.
23. "Palliative care in First Nations Communities: The Perspectives and Experiences of Aboriginal Elders and the Educational needs of their Community Caregivers." (CERAH- Lakehead University)	Available by request to CERAH (Lakehead University)
24. AOHC/AHAC Data Collection Environmental Scan.	Internal report.
25. Elder Continuum of Care Environmental Scan- identifying, population demographics, health status, inventory of currently available services, utilization of services, and service issues (SLMHC)	Widely distributed. Available on the Sioux Lookout Meno Ya Win Health Centre website

Research Reports Developed	Accessibility
26. Maternal Health Environmental Scan including: "Traditional First Nations Birth Beliefs and Practices", "Models of Maternal Care Delivery for Aboriginal and Remote Communities: A Review of International Literature." (SLMHC)	Available on request from SLMHC
27. "Rural and Remote Obstetric Care Close to Home: Program Description, Evaluation and discussion of Sioux Lookout Meno Ya Win Health Centre obstetrics."	Published paper: *Canadian Journal of Rural Medicine*, 2009 spring; 14(2):75-9.
28. Environmental Scan Research identifying high priority programs and community Tele Health needs (KO Telemedicine)	Internal Resource.
29. Evaluation report including change management strategies and best practices for telemedicine (KO Telemedicine)	Internal report.
30. Aboriginal Health Needs Assessment (CW and MH LHIN)	Available on request and electronically on LHIN website.
31. CD including inventory of locally available Programs and Services (NWLHIN)	CD produced, but not yet distributed. Plans for dissemination with a user guide to communities and select providers.
32. Inventory of Available Aboriginal mental health and addictions programs in the NE LHIN service area	Available by request to the NE LHIN.
33. Aboriginal Health Programs and Services Analysis & Strategies Report (NWLHIN)	Available by request to the MOHLTC or the NW LHIN.
34. Urban Aboriginal Community Engagement Summary – Toronto Central, Central, Central East, Central West, Mississauga Halton LHINs.	Currently being finalized.
35. "Our health, Our Future" – Information report locations, services, mandate and barriers for the Aboriginal Health Access Centres (AOHC/AHACs)	Available by request to AOHC

Table 8.2c: Permanent Structures developed by Ontario's AHTF Adaptation Projects

Permanent Structures	
	• Smudge Room as part of their two year program (CAMH)
	• Adaptations made to client residences (CAMH)
	• Traditional Aboriginal Healing Room (Timmins District Hospital)

8.3 Relationships and Partnerships

Most projects successfully engaged in relationship building with the local Aboriginal communities and their representatives, with each other, and with other health care/promotion providers and LHINs. A few of these relationships were established at the outset of the project while most developed over the course of the AHTF. Almost half (15) of the projects implemented advisory committees and four of these will continue their committees post AHTF.

Opportunities for information sharing provided by the MOHLTC AHTF team were identified as an important mechanism for establishing critical links, sharing information resulting in cross project germination of ideas.

The primary concern pertaining to developing relationships centered on the need to allow relationships to develop over time. This is particularly the case for those projects that had limited prior engagement/relationships to draw on for their AHTF project. For these projects, timelines posed a challenge to meaningful community engagement.

Trust relationships are a culturally important aspect of any joint endeavour. Relationship building and establishing partnerships remained a cornerstone of almost all of the adaptation projects, although it takes time to establish trust. Some funded organizations/institutes already had a strong connection with the Aboriginal community and sought to build relationships with mainstream providers. Others had the health background, but lacked the community perspective. The common ground was that the AHTF allowed a critical gap in perspective to be gained.

Partnerships Rooted in the Proposal Process

Eleven of the 31 projects were implemented through a partnership between two or more organizations as was specified in the original proposal. The projects that reported that they had engaged Aboriginal organizations/partners early on in their developmental process were more likely to report that their engagement strategy was successful compared to those with later consultations. The success is attributed to little time spent in locating partners and developing structures as this had been achieved through the proposal process. That being said this would not have been appropriate or possible for all of the AHTF projects.

An example of a project with defined partnerships from project start-up is the *Our Health Counts* project. This project established a project governance structure including representatives from four Aboriginal organizations (Ontario Federation of Indian Friendship Centres (OFIFC); Ontario Native Women's Association (ONWA); Métis Nation of Ontario (MNO) and Tungasuvvingat Inuit (TI). This formal governance structure was guided by Memorandums of Understanding signed among the organizations. Formal and working relationships were also established with a multidisciplinary team of researchers from five academic institutes including the Centre for Research on Inner City Health (CRICH) and the

Institute for Clinical Evaluative Sciences (ICES). Inherent in their participatory action research approach was continued partnership with communities for data collection and participation in the development of surveys and process.

Further four of the LHIN –sponsored projects involved strategic partnerships between two or more LHINs to provide efficiency in addressing overlapping Aboriginal communities with similar health access and care needs.

Partnership Facilitated by the AHTF Reporting Structure

Throughout the AHTF, the MOHLTC provided opportunities for communication between the AHTF projects. Between 2008/10, the MOHLTC sponsored multiple events for the projects to share their process and findings. These opportunities were identified by some projects as playing a critical role in expanding their AHTF projects and informing their future activities. Some examples of cross-project learning and sharing that occurred as a result of these events included:

- CCO and BANAC were able to partner to implement the *Let's take a stand… against colorectal cancer* in the North Simcoe Muskoka (NSM) service area.
- Resource distribution- both the SLMHC and the NW LHIN were able to access resources developed through Centre for Addiction and Mental Health's (CAMH) AHTF project.
- The Toronto Central LHIN reported playing advisory roles in several other AHTF projects including the CAMH residential treatment program projects and the urban Aboriginal Health Conference sponsored by NCCT.
- The LHIN Aboriginal Network is a network of representatives from all the LHINs in Ontario. While developed pre-AHTF, it became formalized as a result of the AHTF. The AHTF provided the capacity for a dedicated network chair. This network was critical in filling the gap between the LHINs and the AHTF projects.

While many projects found this process a useful one for information sharing, a small minority indicated that the sessions were too numerous and the content was repetitive. This would likely have been the case for those organizations that had the least to gain in the sense that they already had well defined partnerships and knowledge.

Relationships between Aboriginal and Non- Aboriginal Organizations

Three funded Aboriginal organizations (BANAC/Aboriginal Health Circle, KO Telemedicine, and the AHACs) indicated that, prior to the AHTF, they struggled to gain visibility, credibility and voice among mainstream audiences and have suggested that at project end they had made some in-roads. However, this did not occur for KO Telemedicine to the extent that they had originally expected particularity with the Federal government.

AOHC/AHAC Network: Success in Increasing Provincial Profile

In starting the AHTF project, one of the primary goals of the AOHC/AHAC project was to increase awareness about the services provided by the AHACs and the inequitable funding provided to these organizations.

Through the AHTF, this project reported engaging in numerous Ministry level meeting, meetings with the AFN and regional First Nations organizations and PTOs.

Through a collaboration of CHCs, AHACs and the AOHC, AHTF activities enabled the return of CHC/AHAC physicians to equitable full salary levels in 2009, increase in base funding to the AHACs by 2.25%.

Through the AHTF, the AHACs have been transferred from being under the jurisdiction of the AHWS structure to the MOHLTC.

Examples of how AHTF initiated relationships with mainstream organizations have benefitted AHTF host organizations include:

- The AHAC network was included in a number of initiatives that will position them to provide better services for Aboriginal clients. These include: funding for and participation in the MOHLTC Diabetes Education teams, partnership with Community Health Centres (CHCs) and the Association of Ontario Health Centre (AOHC) resulting in a number of benefits to the AHAC structure (See sidebar).
- Further, the AHAC network secured inclusion in all AOHC corporate membership and social communication documents including annual report, promotional materials, Board of Directors meeting agendas and strategic planning. The AHAC network expects that this achievement will contribute to increased visibility and mainstream understanding of their programs and services.
- The KO Telemedicine added new telemedicine services for the Native Nursing Program, Paediatric Mental health Assessment, Dental Pre-Visit and Pharmacy consultation.
- The BANAC project, through their Aboriginal Health Circle, successfully met their objective to have greater participation of Aboriginal representatives on 18 local and region mainstream health planning and leadership entities. Given that representation and gaining voice is a challenge that many Aboriginal organizations face, the BANAC model may offer options for other organizations to develop strategies for gaining visibility within the mainstream health environment.

Two project sites reported that the federal government representatives were unresponsive to their attempts to involve them in their individual projects. On the other hand, three project sites specifically reported having strengthened bilateral relationship with the MOHLTC as a result of the AHTF process.

Building Relationships/Partnerships with Aboriginal Communities

As explored in previous sections, all of AHTF projects involved some level of engaging Aboriginal partner agencies and/or communities. Building relationships with Aboriginal communities was critical especially for those organizations that had little pre-AHTF connection to these communities. Fifteen projects established advisory committees to either oversee the total implementation of the AHTF project or an aspect of the project. Four of these will continue post AHTF.

Planning projects reported that the AHTF project provided the initial step in engaging their local Aboriginal communities and recognized that there is still much work to be done. Some developed advisory councils/committees with Aboriginal representation to oversee their projects, while others relied on engagement sessions with Aboriginal service providers and mainstream health care providers. At least two sites reported specific community engagement strategies (Erie St. Clair/South West LHIN and Central West LHIN).

Capacity and training and new knowledge/tools projects moved beyond community consultation to provide capacity development opportunities for Aboriginal communities on specific health care topics. Cancer Care Ontario cited their train-the-trainer approach as an example of innovative approach to engaging stakeholders in knowledge translation.

The Hamilton Niagara Haldimand Brant LHIN, Mississauga Halton LHIN, and Waterloo Wellington LHINs joint hospital Aboriginal Discharge Planning project in partnership with Six Nations has developed, through the AHTF, an Aboriginal discharge planning committee that includes representation of discharge planners from surrounding hospitals, local agencies, and front line service providers. This group meets on a quarterly basis and is currently working on developing a vision statement for the committee.

Three AHTF projects reported that they had implemented separate processes to engage the First Nations, Métis, and Inuit groups (Our Health Counts, Hepatitis C Awareness, and the CE LHIN). For example, the CE LHIN established two advisory circles: one for First Nations communities and a second for non-status, Métis and Inuit groups.

Results from interviews conducted with partners (engaged during the AHTF) reveal that from the partner perspective:

- the AHTF benefitted the partner.
- change had occurred and would be long lasting, a sense that the relationship would continue post AHTF.
- evidence that AHTF would or had translated into additional opportunities for programs, services, resources at the community.

True Example of Adaptation: CAMH

In realizing the vision of a culturally rooted 21-day treatment cycle, the CAMH project reported navigating numerous institutional protocols to create a truly adapted program.

The creation of a Smudge room and traditional drumming in a smoke free quiet hospital environment required administrative changes. Further, the incorporation of non-union staff for aspects of program delivery required further adaptation to CAMH's administrative protocol.

These changes required a great deal of education and perseverance. However, success is evidenced by the adoption of the Aboriginal-specific treatment cycle by CAMH's senior management.

Examples of how partnerships have translated into benefit for partner communities include:

- Implementation of an Aboriginal patient navigator at the London Health Sciences Centre (SW LHIN)
- Walpole Island First Nation has secured weekly visits of a nurse practitioner to this community health centre. They expect to build on this in the future and hope to secure the service of a doctor as well. (ESC LHIN)

8.4 Awareness of Adaptation

Many projects noted that creating awareness about the concepts, barriers and enablers of adaptation was not the focus of their projects. Rather this became outcome became incidental to the process as a whole. Further, no measures of awareness were implemented to truly determine whether awareness was increased through the AHTF projects. Nevertheless, there was some indication that through the AHTF processes a greater understanding of the barriers to adaptation was achieved. This was particularly the case for *scanning/planning* projects. Increased awareness was cited specifically for non-Aboriginal service providers (including LHIN administration) as the Aboriginal community inherently understands the barriers that they face in accessing health care.

Further, through research reports, needs assessments and data collection efforts, it is reported that there is an increased awareness of the health realities and demographics for some of the First Nations in Ontario (See Table 8.7). One example of this is the OHC project, which demonstrated a gross underestimation of Ottawa's Inuit population by Statistics Canada data sources.

"We made it clear that this was an adaptation project from the beginning. We were not going to throw anything away but adapt it. This is an on-going conversation and we recognize there will be a need to continually adapt this project/model." (CAMH)

The exception to this rule is the CAMH project. Given the very specific focus of the project of adapting an existing 21-day treatment program for Aboriginal clients, the focus of adaption was clear from the outset and guided their process and eventual output.

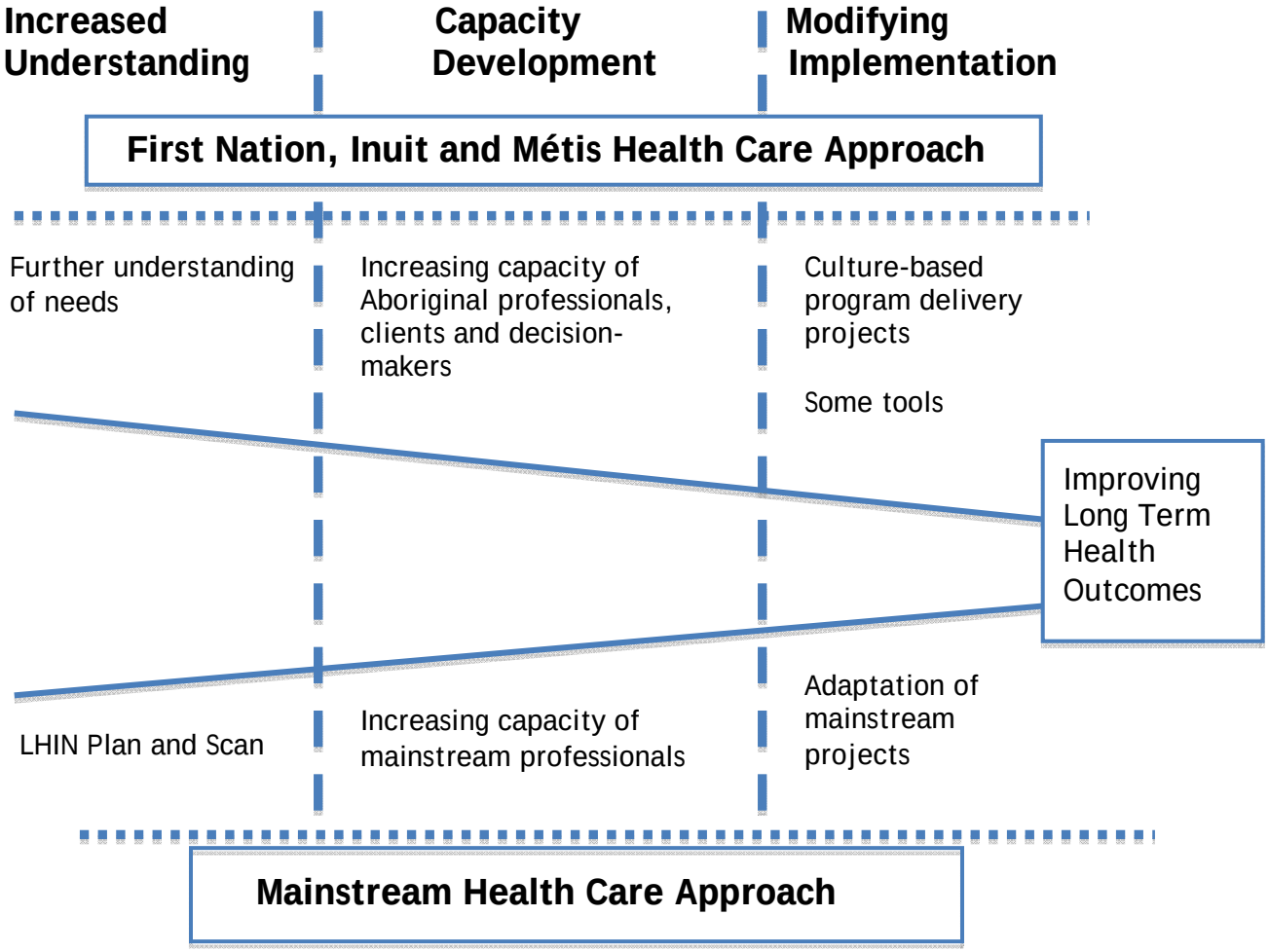
8.5 Ontario Health System, Program and Services Changes: The Legacy of Ontario's AHTF Plan

The diagram on the next page (8.7) presents a simplified process for adaptation of programs and services as a mechanism for improving long term health care from Aboriginal and mainstream perspectives. The Aboriginal concept of appropriate health care is different from the mainstream approach (two parallel but separate dotted lines at top and bottom). The AHTF Adaptation Plan has resulted in some but not sufficient adaptation to meet the original long term goal of improving health outcomes (converging solid lines that do not meet).

New knowledge and tools are expected to affect the long-term objective, but they will have a more indirect and possibly weaker impact (converging lines are farthest apart) than actual adapted services (converging lines closest). *Training and capacity development* activities are between the two in expected direct impact. This is also true of *planning and scanning* and needs assessment projects, which are even further away from the intended goal of adapting services for improvement of long term health outcomes. That is these projects will have further to go (require more resources/implementation) in order to truly effect the long term goal.

As we will see below while the model fits for many of the projects there are anomalies, which saw planning and scanning projects moving to service implementation. Further details on project accomplishments are detailed in Appendix B.

Graphic 8.7: AHTF Adaptation Plan Projects' Relevance



As seen on the continuum of adaptation, Ontario's adaptation projects have shown success in contributing to an environment of provincial adaptation.

Scanning and Planning Projects

For the 15 *scanning/planning* projects, the success was clearly in their ability to implement community engagement strategies, engage partners, and compile information on health needs, gaps/services and health care models and implement services. For these projects, program and service changes are the next logical step. In other words, now that the needs have been identified and the Aboriginal community has been engaged, the projects should be in the position to move into developing new knowledge/tools, training/capacity development, program adaptation and/or developing culture-based programs/services. For the *scanning/planning* sites that accomplished their AHTF specific objectives, there is acknowledgement that this is just a first step towards realizing the vision of adaptation.

Notable achievements of the Planning and Scanning Projects include:

- Nine of the 15 established and implemented Aboriginal advisory committees.
- Sioux Lookout Meno Ya Win Health Care Centre (SLMHC) received AHTF funds for two *scanning/planning* projects. The Aboriginal Elder's Environmental Scan report was completed in 2008-09 and is publicly available. The Maternal/Child Environmental Scan is finalized and is also publicly available. These reports will assist in planning and adapting future programs and services that will service First Nations in the Sioux Lookout region.
- Needs Assessment/Strategies- CW LHIN, MH LHIN, NE LHIN, Central LHIN, NW LHIN (3 projects), SW LHIN, Toronto Central LHIN
- Cultural Sensitivity Training provided to mainstream providers – BANAC, SE LHIN, Central LHIN, CE LHIN
- Barrie Area Native Advisory Council (BANAC)/Aboriginal Health Circle succeeded in establishing seats for its representatives on local health planning Leadership Councils and held 20 community engagement sessions. The AHC will continue to meet and cultural sensitivity training will continue to be offered.
- Five of the projects indicated an intention to implement AHTF developed strategies post AHTF.

Sustainability and Legacy

- Walpole First Nation secured a nurse practitioner to visit the community on a weekly basis – *ESC LHIN*.
- Five sponsors expected to maintain their Aboriginal Advisory committees/panels/circles for future engagement/planning purposes (Central East LHIN, Central West LHIN North West LHIN (2 projects), Central LHIN, BANAC).
- Three LHIN-sponsored projects reported incorporating their community-based recommendations into their Integrated Health Service Plans (*Toronto Central LHIN, South West LHIN/Erie St. Clair LHIN, and the North West LHIN*).
- Toronto Central LHIN intends to keep their Aboriginal Health Coordinator on staff post AHTF.
- The SW LHIN Aboriginal committee developed an *Aging at Home* business plan that resulted in $1.2 million in base funding to strengthen services to Aboriginal people living in the SW LHIN area. At the time of reporting, the Aging at Home initiative had resulted in the implementation of a patient navigator in the Southern Ontario Aboriginal Health Access Centre to provide support for Aboriginal patients in London area hospitals ¬South West LHIN.

- Toronto Central LHIN – as part of its AHTF project prepared a work plan for an Aboriginal Diabetes research project that was funded under the MOHLTC's High Risk Populations projects.

Knowledge/Tools Projects

For those projects that developed new *knowledge/tools* the level of impact really lies in whether or not the developed tools will affect policy and behaviour change to the degree necessary to suggest impact. This is impossible to determine definitively given the multitude of confounding factors. However, common sense holds that provided the initial tools are effectively designed (through actively engaging the Aboriginal community and other experts in the design phase) and widely distributed the potential impacts are increased.

Notable successes include:

- Our Health Counts (OHC) is the largest of all of Ontario's AHTF adaptation projects and has resulted in the collection of health data for three urban Aboriginal populations in Ontario: Primary successes and potential of the OHC project include:
    - Development and testing of a formal research governance and data sharing structures to support partnerships between Aboriginal organizations, and research institutes to support Aboriginal ownership of the data and process.
    - Implementation and testing of innovative survey and sampling techniques including community concept mapping for survey development and respondent driven sampling (RDS). Both of these techniques were identified by the project partners as being highly successful. Respondent driven sampling was particularly successful for the First Nation and Inuit communities.
    - Generation of representative data for the First Nations (n=524) community in Hamilton and the Inuit community in Ottawa (n= 504). The final report will be released publicly shortly. This data will be applicable to planning, policy and understanding across jurisdictions.

- *Sioux Lookout Meno Ya Win Health Centre* (SLMHC) developed a Medical Lexicon that included 1,800 health-related words translated into three Aboriginal languages – Cree, Oji-Cree and Ojibwa, as well as, training their own interpreters. Elders from across the territory had gathered to provide feedback on the accuracy and consistency of the terminology. This Lexicon's primary use is to improve the communication between Aboriginal clients and SLMHS medical staff, to facilitate better understanding

of their diagnosis, treatment, and prevention. The Lexicon will facilitate a more informed health care environment for Aboriginal clients in the SLMHC area, in addition to the SLMHC sharing the tool with other institutions.

- *Cancer Care Ontario* (CCO) adapted colorectal cancer education and training materials for Aboriginal audiences. They provided training, using a sustainable 'train the trainer' approach, to over 140 health service providers in all major geographical areas of the province. Their efforts have resulted in increased collaboration between mainstream and Aboriginal organizations, improved access to culturally relevant materials, increased cancer education amongst the Aboriginal population. There has been Aboriginal involvement in the program design, delivery, and evaluation framework. Long term impacts on health behaviour and screening will be based on the uptake and sharing of information at the community level, which is difficult to predict.
- *Anishnawbe Health Toronto* (AHT) has completed its cultural safety curriculum materials for undergraduate health sciences students. However, lack of resources has meant that the curriculum materials have not yet been implemented

Sustainability and Legacy

- *Our Health Counts*
  - Training was offered in concept mapping, Respondent Driven Sampling (RDS), survey and data collection for partner organizations and research assistants. Also, learning opportunities for non-Aboriginal partners in Aboriginal processes for research and data collection.
  - Data sharing agreements in place to support data linkage at two and five years (2012 and 2015) between the OHC data and administrative health databases held by the Institute of Clinical and Evaluative Sciences (ICES).
  - The Ontario Federation of Indian Friendship Centres has secured funding to continue analysis and reporting for specific health topics.
  - The TI is currently pursing funding opportunities to evolve the project into a longitudinal design.
- *SLMHC* – Continued implementation and expansion of the Medical Lexicon and the further training for interpreters.
- *CCO* – Availability of resources and toolkits on line and training opportunities.

Training/Capacity Development Projects

Training/capacity development projects focus are similar to the knowledge projects in that they also work to develop the antecedent factors that enable system level changes.

Accomplishments include:

- The Centre for Education and Research on Aging and Health (CERAH) at Lakehead University and partners developed a palliative care model including community pre-requisites, training and curriculum that can be utilized in First Nation communities to improve community capacity. Eleven First Nation communities were involved in the development of the curriculum and received the training and resource materials. Three Treaty #3 communities are beginning to develop palliative care teams.
- The Native Canadian Centre in Toronto sponsored an Urban Aboriginal Health Training Conference and developed a model for future delivery of training sessions.
- Caregiver support training by *The Friends*, provided caregiver support and training to Aboriginal caregivers in the Parry Sound area and the establishment of caregiver support network in surrounding Aboriginal communities.

Sustainability and Legacy

- Centre for Education and Research on Aging and Health (CERAH), Lakehead University
  - Three communities are planning to implement palliative care teams.
  - Aspects of this project will be continued as a result of a three-year CIHR grant.
  - Palliative care resources, developed through this project, are available on CERAH's website.

Service Enhancement Projects

Service enhancement AHTF projects tended to be longer term. Service enhancement projects either worked on improvement and adaptation of infrastructure or addressed the understanding/planning of the adaptation approach (pending further resources for implementation). The focus of these projects include: client data capture, accreditation, telemedicine, hospital discharge planning and children's mental health. Through these projects, the AHTF has enabled an adaptation of service delivery methods to provide better service to Ontario's Aboriginal community.

Notable Accomplishments include:

- The *Aboriginal Health Access Centres* (AHACs) were included in a number of initiatives that will position them to provide better services for Aboriginal clients. These include: funding for and participation in the MOHLTC Diabetes Education teams, increased collaboration with Community Health Centres (CHCs) and the Association of Ontario Health Centres (AOHC) They also set in motion two longer-term efforts: electronic client records (ECRs) and accreditation.
- *Keewaytinook Okimakanak Telemedicine* (KOTM) informed many health care provider groups of the potential for improving health care through video conferencing, especially for remote communities. The KOTM Adaptation project has provided the opportunity to strengthen and create new partnerships in the areas of Mental Health and Addictions, e-Health (Infection Control), Chronic Disease Management and Home Care. Telemedicine services have also been expanded. KOTM provided public health workshops to regional video conference sites on a number of health topics.
- Three area LHINs collaborated with the Six Nations of the Grand River to create a structure and resources for more systematic hospital discharge planning

Sustainability and Legacy

- *Hospital Discharge Planning* – manual for discharge planning, brochures, hospital algorithm and a draft model of care to support discharge planning.
- AOHC/AHACS
    - As a result of the AHTF, two centres will undergo accreditation with plans for additional centres to become accredited in the future.
    - A 2.25% base funding for AHACs and a comparable (to community health centres) salary increase for AHAC physicians.
    - New capacity to support medical data management within and between AHACs.

Culture Based Program/Services Projects

Some of the *culture based program/services* projects also show evidence of the potential for lasting impacts and long term service changes for Aboriginal clients.

- Traditional Aboriginal Healing Room in the Timmins District Hospital set the environment for the delivery of culturally relevant health care and provides a specific place for Aboriginal people to connect to their culture in an Aboriginal environment.
- CAMH's 21 day treatment cycle – adapted existing treatment cycles to include Aboriginal culture and perspectives. This program has also been demonstrated to be effective in not only helping clients with addictive behaviours but in providing critical cultural connections for Aboriginal clients. The success of this program lies in the fact that it has been adopted as part of the core programming at CAMH with plans to expand the program for Aboriginal women.
- Wabano Centre for Aboriginal Health (WCAH) developed and delivered a culturally informed teaching and camp programs for over 100 youth (7-14) aimed at teaching youth about the dangers of smoking, traditional practices, health promotion, and resilience. A manual prepared under the guidance of stakeholders and Elders will be used to support education and training in tobacco use and parenting within the centre.
- Ottawa Inner City Health working with the Aboriginal community published a culturally appropriate Hep C training manual and addressed the educational needs of Aboriginal people and health care providers regarding the Hepatitis C virus.

Sustainability and Legacy

- New residential treatment cycle available for Aboriginal men at the Centre for Addiction and Mental Health, and planning to expand it to include programming for Aboriginal women.
- Availability of specific space for Aboriginal patients and their families to participate in ceremony and traditions at the Timmins and District hospital.

9. Lessons Learned and Addressing Implementation Challenges

As would be expected with any new initiative, there were some significant lessons learned through the planning, roll out and implementation of the AHTF projects in Ontario. Implementation challenges were identified at the federal provincial level, and project level. The sections below indicate the challenges that were commonly experienced at each of the management levels.

9.1 Federal-Provincial Implementation Challenges

The initial challenges posed to the Ontario AHTF adaptation process occurred during Federal-Provincial consultation sessions. These sessions were aimed at identifying adaptation projects for the AHTF. Ontario was concerned with the degree of federal control and lack of flexibility in terms of how the adaptation projects were defined and funded. Ontario specifically had been working on initiatives aimed at improving the health outcomes for Aboriginal people such as the Aboriginal Healing and Wellness Strategy (AHWS) for years with proven success. The federal AHTF design neglected to consider any prior provincial expertise and/or infrastructure or how prior provincial Aboriginal health programs, initiatives and adaptation of health programs and services practices could contribute to the broader AHTF efforts.

The second challenge was a political one coming from the Chiefs' of Ontario (COO). The Chiefs of Ontario (COO) raised concerns about the consultation approach and process taken in Ontario to identify adaptation projects.

The Federal – Provincial funding process was one of the largest and most difficult challenges affecting almost all AHTF projects. While the AHTF was a five-year initiative that was to begin in 2005, it was only in 2006 that Ontario received notice from the federal government that AHTF funding was available to the end of March 2010. However, information regarding the funding parameters, criteria, processes and templates to guide the province in accessing funding was not received in final version until October 2006. The initial federal funding process required that the Ontario government agree to a 'reimbursement' approach where the province would cover the costs of the initiatives and would submit reports to the federal government in order to be reimbursed after the projects had been completed. The Ontario Ministry of Health and other jurisdictions could not support this approach.

In 2007, the federal government committed to providing the funds up front. However, in developing its Contribution Agreement template, the federal government did not consult with the provinces including Ontario. As a result, protracted negotiations took place to finalize the Contribution Agreement (CA) between Ontario and Canada until agreement was reached on a CA that was agreeable to both parties. Ontario received project funding in late 2008 and contribution agreements were prepared in 2009. Project Transfer Payment (TP)

Agreements were not finalized until February 2009. As a result, most Ontario Adaptation Projects were delayed.

Fifteen AHTF projects reported beginning *some* planning processes for the AHTF adaptation projects prior to March 2009, with five of these projects completing all deliverables by the June 2009 progress-reporting period. Almost all of the projects needed to re-adjust their work plan timelines to accommodate the delay in the flow of AHTF funds. Many projects needed to further adjust the scope of their original planned activities to reflect a reduced project budget.

9.2 Provincial Level Implementation Challenges

Ontario experienced three key challenges in implementing the Ontario Adaptation Plan: delays in signing project contribution agreements, revisions to the procurement directives, and limited engagement directly with First Nations.

9.2.1 Project Transfer Payment Agreement Delays

Ontario tried to mitigate the impact to the Ontario Adaptation projects by notifying all projects as early as possible about the delay and kept projects abreast of updates. Project proposals were submitted in the spring of 2008 and transfer payments were made in early 2009.

9.2.2 Revisions to Ontario Procurement Directives

In July 2009, the Ontario government issued new Procurement directives. All Ontario government ministries and the LHINs are required to comply with the new procurement directives. These new directives slowed the AHTF implementation process for two of the LHIN projects that relied on hiring outside expertise to complete their AHTF work. Both the North West and North East LHINs and their AHTF projects were significantly impacted by the new procurement directives.

9.2.3 First Nation Community Engagement

Some Ontario First Nations organizations indicated that they did not support a pan-Aboriginal approach that the ministry had undertaken in developing its Adaptation plan. While the Ministry did schedule a number of planning meetings, including a First Nations-specific meeting to support the development of the AHTF Adaptation Plan in the spring 2008, some of the First Nations representatives did not attend the spring 2008 AHTF planning meetings. The Ministry did follow up and attempted to reschedule additional meetings to ensure the input of the First Nations representatives. However, at least one organization did not participate in the meetings. Further, despite the Ministry's post- meeting follow-up requesting Aboriginal organizations to submit a proposal, these organizations did not submit proposals.

9.3 Project Level Implementation Challenges

The challenges identified in this section focus on broad level challenges. For a more detailed description of project challenges. see the *November 2010 AHTF Adaptation Evaluation Report*.

9.3.1 Budget and Timeline Constraints

While proposal submissions for the adaptation projects were submitted in the spring 2008, transfer payment (TP) agreements were not signed until early 2009. Proposal work plans were developed with an anticipated start date in the summer of 2008. However, most projects did not start fully until February 2009. As a result, project budgets and deliverables were adjusted to reflect the new funding and timeline realities.

Timing issues also resulted in a change in the structure of program delivery, which reportedly compromised the degree of collaboration, and partnership in AHTF projects. Originally, all local AHTF projects were set to be completed in joint partnership between the local LHIN and the institutions/organization. Only provincial based projects were intended to be carried out through direct transfer payments between the province and the organization. When timelines were condensed, the transfer process occurred directly between the organization/institute and the province. As a result, there may have been "missed opportunities for partnerships" (project informant).

Case study data revealed that four of the seven projects indicated that they would be unable to complete their projects as originally planned due to funding constraints. Projects indicated that their original budgets had been cut by more than half and, as a result, they had to alter the scope of their projects in order to address the budget realities.

Projects cited funding cutbacks as the reason for delays in project implementation and work plan changes. Some of the reported impacts of funding delays and budget cuts included:

- Several projects indicated scaling back the level of work. For instance, the AOHC/AHAC Networks noted that budget cuts had forced them to drop their planned activities to support coordination of child and youth services between the AHAC network and public health units. They felt that this would impact young Aboriginal women the most.
- Cancer Care Ontario reported that delayed funding resulted in a six-month lag between dissemination of awareness resources and the hiring of an educator, thus impacting the momentum of their project.

- In light of the budget changes, *The Friends* Caregiver Support Group project changed their engagement strategy and opted to hold a one-day conference to try to engage as many Aboriginal groups as possible in a short amount of time.
- The NCCT also opted to change their Urban Aboriginal Health Conference planning strategy choosing to invite specific participants rather than have an open invitation process in order to meet their tight project timelines.
- Erie St Clair and South West LHIN's indicated that funding delays would pose a challenge to the timely completion of their project evaluation.
- Hamilton Niagara Haldimand Brant LHIN, Mississauga Halton LHIN, and Waterloo Wellington LHIN's Children's Mental Health and Wellness project opted not to continue with development of the Fetal Alcohol Spectrum Disorder (FASD) screening tool kit because of the condensed timelines.

9.3.2 Community Engagement

While most of the projects indicated that community engagement was not a problem other felt as though the process could be improved. Program staff indicated historical, political and practical reasons for their inability to fully engage Aboriginal communities, organizations, leadership and/or clients.

- Historical issues such as mistrust of the government and residual trauma due to residential school participation were commonly cited as reasons for being unable to fully engage Aboriginal communities.
- Barriers to Aboriginal engagement included political issues at the Aboriginal political territorial organization (PTO) level and the belief that participation in AHTF would provide the basis for the federal government to shirk its fiduciary responsibility to First Nations.
- Practical barriers to the full engagement of Aboriginal partners, such as challenges posed by changing community leadership and the difficulties of fully engaging already overburdened Aboriginal professionals in advisory and planning committees.
- Timing constraints also posed a problem for meaningful community engagement. It can take a long time and concerted to forge a new relations this is further complicated if historical or political barriers need also to be addressed in the development of the relationship

Most AHTF projects did not include compensation for community members while the project personnel were being paid. This was particularly problematic for those organizations that started out with limited understandings of Aboriginal health needs and worldviews. These organizations were wholly dependent on the Aboriginal community to provide this understanding yet had limited resources (time and funding) to accomplish the degree of meaningful engagement required to develop this knowledge.

This observation was supported by a community partner who indicated that the engagement process was an "add on" to mainstream approaches rather than a unique culturally informed approach. They went on to say that some of the projects were set up for failure in the sense that they could never fully engage the communities given the time and funding constraints. Despite this challenge, the partner agreed that there had been positive results at the community level and expected the relationship to continue.

From the outset of the AHTF, concern was raised over its pan-Aboriginal approach. It was argued that a diversity of needs existed from group to group including First Nation people on reserve and off reserve, Métis, Inuit and urban Aboriginal peoples. There are obvious population size and cultural differences among and within these groups. Three AHTF projects addressed the needs of cultural groups through specific advisory committees and or products.

A primary problem noted for engaging the Métis was that there were few available partners and those were otherwise occupied. In terms of Inuit, many projects reported not being aware of Inuit people in their target area and a lack of Inuit-specific organizations.

9.3.3 Partnerships and Jurisdictional Issues

The challenges reported in this category focus on partnerships with Ontario health service providers. The Barrie Area Native Advisory Committee (BANAC)-Aboriginal Health Circle progress made in engaging the North Simcoe Muskoka (NSM) LHIN was reversed when the LHIN leadership was changed. The Aboriginal portfolio was given a lower priority under the new management. The NSM LHIN did its planning for adaptation for Aboriginal Health care during a period when BANAC was still searching for qualified staff.

Both the Central East LHIN and KO Telemedicine continued to experience difficulty in meaningfully engaging the federal representatives of First Nations and Inuit Health – Ontario Region. KO Telemedicine reported that this stemmed from the confusion between First Nations Inuit Health Branch and MOHLTC around who is responsible for which jurisdictional issues.

The AOHC/AHAC Network struggled continually to meet the goals and objectives of their AHTF project. The greatest barrier for their organizations was reportedly chronic underfunding and a lack of human resources to allocate to AHTF initiatives. In spite of these struggles, the AHACS were able to move their Electronic Client Registry forward complete with fields for traditional health care, start two AHACs toward accreditation (review to be complete in 2011) and provide support for AHACS at the provincial level.

9.3.4 Access to Relevant Health Data

The lack of valid, relevant data on Aboriginal health was identified as a major factor affecting the planning and execution of AHTF projects. This is further reflected by the fact that many project level survey respondents reported that access to representative health data is a primary health need. The Central LHIN noted it was particularly challenged in accessing data for urban Aboriginal people because there were no representative bodies in the Central LHIN jurisdiction.

9.3.5 Recruitment and Retention of AHTF Project Staff/Coordinator

Many projects have had challenges in attracting and retaining staff to oversee the AHTF projects. At least seven projects were affected by recruitment and retention issues. Challenges ranged from posting positions and not receiving any applicants, to filling the positions yet having the staff leave shortly after resulting in a shorter timeline to complete the scope of work. This is likely due in part to the fact that positions would have been short-term contract positions.

BANAC-Aboriginal Health Circle described their inability to recruit qualified staff locally and the need to advertise nationally to fill the positions. During the prolonged recruitment period, they were not able to function as planned.

9.3.6 Management Capacity

One project made a point to discuss the concept that the one size fits all approach does not work in the Aboriginal context. Communities vary by history, experience, size, remoteness, resources and capacity. Service delivery models need to be adapted not just for Aboriginal approaches in general, but to community capacity issues as well. The management capacity to deal with these issues varied across the AHTF projects. The lead organizations had differing levels of initial capacity for the adaptation projects. Some had already been working on adaptation prior to the AHTF and for others the AHTF provided an opportunity to begin the process of adaptation from a blank slate. As a result, not all AHTF projects can be evaluated using the same lens.

9.3.7 Sustainability

Sustainability is an issue for many projects without continued funding. The delay in start-up and funding for many projects has meant that they were not able to implement all of their project objectives. This may have impacted their sustainability plans.

However, many of Ontario's AHTF projects will continue on in some form. Five projects sites will be continuing all or some aspects of their AHTF projects using funding from non-AHTF sources. A further five have incorporated research and planning findings into the business plans of their organizations and five others intend to do so. Further, four have developed committees that will continue to focus on health service areas initially explored through the AHTF

10. Considerations for Future Investments in Addressing Needs

The statements within this section are respondent driven.

10.1 Project Perspectives

Almost all of the projects viewed the AHTF as a good addition to previous provincial efforts in addressing Aboriginal health needs and adaptation of programs and services for Aboriginal people. Much of the work completed through the plan was preliminary in nature. As a result, relationships and information have been generated and the next steps in maintaining relationships and implementing plans were frequently mentioned.

Projects also indicated higher engagement and potential impact for First Nations both on and off reserve. With few Métis and Inuit organizations in the communities, it was difficult for some sponsoring sites to identify and address their health needs directly. A higher level of success was reported for Métis than for Inuit residents.

When asked to provide recommended next steps in moving forward post AHTF, the project sites made a number of realistic and useful suggestions. These include immediate next steps, priority health care areas and suggestions for future AHTF-type initiatives.

Immediate Next Steps

Once again, project sites indicated that the AHTF should only be viewed as a preliminary step in paving the way for better access and appropriateness of care for Aboriginal people in Ontario. Many sites indicated that the timeline and funding was not sufficient to realize the goals as identified in the federal AHTF strategy. As such, project leaders noted a number of steps that needed to be taken to continue to move their relatively modest advances forward and to continue to lay the foundation for adaptation.

1. Development of a tripartite (federal/provincial/Aboriginal) strategy to breakdown jurisdictional barriers between the Federal and Provincial governments to allow greater partnership and ultimately better service delivery for Aboriginal clients. Projects called for a formal partnership and joint strategy on Aboriginal Health including equal and meaningful involvement of representative Aboriginal organizations and involvement and buy in from local LHINs.

2. A data strategy to allow accessibility, enhancement and expansion of existing sources of data for Aboriginal people. Evidence-based planning requires representative data, which is in short supply for Aboriginal people. This would also include establishing a repository of resources created through the AHTF to share amongst projects and communities. A final identified need

around data was the need for knowledge translation of resources created through the AHTF and other relevant knowledge for Aboriginal people and service providers. A disconnect remains between the people who collect knowledge and those who need it for planning. One site suggested the creation of a specific ministry position(s) responsible for knowledge translation to communities as well as mainstream service providers.

3. Some Scanning/planning projects reported that further funding is needed to capitalize on the momentum and continue to maintain and advance the relationships that have been forged through the AHTF process.

4. Increase capacity development and support of local Aboriginal organizations to allow them to become more meaningful partners in health planning and adaptation in Ontario.

5. Suggested resources aside from statistical data included: best practices guidelines for LHINs, forum for provincial and community organizations to continue to share information and resources, general sensitivity guidelines, and resources for health promotion.

Priority Health Areas

Health priority areas reported by the projects closely mirror those identified by provincial stakeholders. These are **not** reported in order of importance.

1. Prevention and health promotion.
2. Management of chronic disease.
3. Palliative care/ aging at home/ long-term care.
4. Mental health and addiction.
5. Child and youth development and health.
6. Housing and water.

Recommendations for Future AHTF type initiatives (Administration)

The project sites reported that a number of processes could have been incorporated into the initial AHTF process to increase the potential of improved outcomes. These include:

1. Greater involvement of Aboriginal people in all aspects of planning and implementation of 'Aboriginal' initiatives.

2. Advance notice of RFP to potential applicants to allow for better proposal development.

3. Funding should be tied to activities rather than dates.

4. A national communication strategy should be built into the process to allow projects sites from across the country to provide the opportunity for cross project learning and innovation.

5. Evaluation should be built into the process from the outset so that performance and outcomes can truly be measured. This would allow sites to

determine the impact of their activities. However, it should be noted that not all organizations would have the capacity to do this and as such capacity building would logically need to accompany this requirement.

6. More resources over a longer period of time.

10.2 Federal Perspectives

Recommended next steps:

1. Continue collaborative work in Aboriginal health.
2. Ongoing participation of Aboriginal populations in planning and delivery of health services.
3. Develop a clear definition of priorities and plans for the adaptation/integration of health services agreed upon by provincial government, federal government and the Aboriginal population.

10.3 Provincial Perspectives

The provincial perspectives on future efforts were extensive and included administration, partnerships and relationships, and high priority specific health areas. This section concludes with recommended next steps from the provincial perspective.

Administration

1. Improved communication and partnership between Federal/Provincial/ Aboriginal stakeholders in the development of future cross-jurisdictional initiatives on Aboriginal health. Many of the challenges identified in Section 9 are attributed to Ontario's lack of engagement in the development and implementation of the Federal AHTF.
2. Almost half of Ontario's AHTF projects were carried out by Local Health Integration Networks (LHINs). The LHINs are important vehicles for health service administration in the province. Some LHINs experienced challenges and delays in implementing their AHTF projects. Projects requiring LHIN partnerships would be better serviced by establishing a commitment by LHIN senior management to the process at the outset.
3. Greater involvement of Ontario's hospitals in adaptation projects. There are hundreds of hospitals in Ontario yet only two participated in Ontario's AHTF process.

Partnerships and Relationships

1. Leverage the successes that have been accomplished to date in continuing to bridge the gaps between Aboriginal communities and the mainstream health care system.

Specific health areas to be addressed in the future:

1. Mental health and addictions.
2. Improved access to primary care.
3. Greater emphasis on health promotion and prevention.
4. Diabetes.
5. Palliative care/home care/long terms care.
6. Child and Youth health.

Recommended next steps:

1. Continued focus on adaptation in Aboriginal community as opposed to First Nations only approach.
2. The Federal Government needs to engage provinces and territories and all Aboriginal partners in identifying and addressing Aboriginal health priorities.
3. Engage provinces/territories and all Aboriginal partners in longer term planning for the AHTF and the resources needed.
4. Set up a technical working group to look at effective administrative and decision-making processes to facilitate implementation of the AHTF that would meet accountability requirements, but minimize bureaucracy.
5. Less focus on politics and more of a focus on adaptation and improved services.
6. Closing the seams between federal and provincial health services.

11. Maximizing the Potential of Ontario's AHTF Projects

The true value and long-term impact of the AHTF should be considered as a future study. However, it is clear that resources and services have been both developed and to some extent implemented. While there is great cultural diversity among Ontario's Aboriginal population, there is also some common ground. The value of these tools is in their potential to be implemented and adapted in communities outside of those in which they were developed and tested. The primary challenge is finding a mechanism for communication for which the Ontario's AHTF efforts, successes, and lessons learned will be widely shared and evolved to meet the increasing demand and need to improve health status among First Nations, Métis and Inuit residents.

11.1 Recommendations

The recommendations that emerge from this assessment focus on the future in three ways:

- ensuring sustainability of the current projects
- fostering extensions and dispersion of service models and resources, and
- changes that would enhance a future AHTF funding effort.

ENSURING SUSTAINABILITY

Building on accomplishments to date.

It is recommended **that the provincial and federal government recognize the progress made and the importance of timing for continued development in order to determine those projects that have the greatest potential for reaching ADAPTATION and consider those sponsors for strategic investment.**

Partnerships are tenuous and require constant care and attention. For those projects that had limited understandings of Aboriginal health needs and worldviews, progress has been made in bridging the gaps (specifically between the LHINs and the Aboriginal community). It is recommended that **project sponsors maintain their partnership relationships, valuing them in order to maintain the gains that have been achieved to date**. It is further recommended that **the MOHLTC continue to foster the communication among the various projects and their partners as they did during the project with information sharing**.

Encourage strategic planning. While an assessment of need is a critical component to understanding service gaps, barriers and enablers, if this is not accompanied by a definite institutionally rooted strategy there is little impetus for change or 'adaptation'. It is recommended that **needs assessment projects should be encouraged to incorporate their findings into their organization's long-term planning**.

FACILITATING WIDER USE OF AHTF RESOURCES

It is recommended that ***M*OHLTC and the federal government provide and publicize information sharing opportunities for potential projects' sponsors**

- **in regional and federal conferences, and through other presentation media,**
- **by creating a central repository for all of Ontario's AHTF adaptation resources, make them available on-line, and publicize the content widely, and**
- **do the same for AHTF-generated resources across Canada.**

FUTURE ADAPTATION PROJECTS

Based on the need for smaller, local organizations to develop capacity before they can implement adaptation measures, and that adaptation is a long-term process with many initiatives needed to create social change, it is recommended that **for future Ontario AHTF initiatives, Ontario and Canada:**

- **continue its approach to providing adaptation resources for organizations with all level of resources and recognizing that moving sponsors along the Stages of Adaptation may take several iterations,**
- **consult with national, provincial/territorial and appropriate regional Aboriginal organizations when designing an Aboriginal program/approach to health, and**
- **provide appropriate funding so that more Métis organizations could be supported in their engagement in the process**.

Appendix A: Acronyms

AHWS	Aboriginal Healing and Wellness Strategy
AHAC	Aboriginal Health Access Centre
AHT	Anishnawbe Health Centre of Toronto
AHSU	Aboriginal Health Strategy Unit
AHTF	Aboriginal Health Transition Fund
AOHC	Association of Ontario Health Centres
BANAC-AHC	Barrie Area Native Advisory Committee-Aboriginal Health Circle
CCO	Cancer Care Ontario
CERAH	Centre for Education and Research on Aging & Health
CAMH	Centre of Mental Health and Addictions
COO	Chiefs of Ontario
CCC	Colon Cancer Check
CHC	Community Health Centres
COHI	Community Organization Health Inc.
FNIHB	First Nations and Inuit Health Branch
GTA	Greater Toronto Area
HSAPD	Health System Accountability and Performance Division
KO Telemedicine	Keewaytinook Okimakanak Telemedicine
LHIN	Local Health Integration Network
MNO	Métis Nation of Ontario
MOHLTC	Ministry of Health and Long-Term Care

OFIFC	Ontario Federation of Indian Friendship Centres
OHC	Ontario Health Centres
OICH	Ottawa Inner City Health
ONWA	Ontario Native Women's Association
PAR	Participatory Action Research
PPB	Provincial Programs Branch
SLMHC	Sioux Lookout Meno Ya Win Health Centre
TDH	Timmins and District Hospital
TI	Tungasuvvingat Inuit
TP	Transfer Payment Agreements
WCAH	Wabano Centre for Aboriginal Health

Appendix B: Project Goals, Accomplishments, and Planned and Realized Future Evolutions

Projects	*Project Goals (2008)*	*Adaptation Accomplishments (2008-2010)*	*Realized, Planned and Potential [2] Evolutions/ Dispersions*
Scanning and Planning Projects (N=15) **Funding Received: $1, 804,162**			
1. Aboriginal Health Circle - Barrie Area Native Advisory Circle (BANAC) and North Simcoe Muskoka LHIN[3] (See Case Study Report Addendum A) **AHTF Contribution $560,000**	Improve access to health services by engaging both Aboriginal and mainstream partners to work collaboratively towards the adaptation of services to improve access to health services and ensure services accommodate the various needs of the Aboriginal population.	**Available Resources** 1) Cultural Aboriginal Training Strategy developed including training modules and strategy to address cultural competence among mainstream service providers – training is available on request. 2) Website development – www.banac.on.ca. 3) Health Training Opportunities – five conferences were held to support community capacity building on diverse health topics. **Strategies/Plans** 1) Established the Aboriginal Health Circle (AHC)-Aboriginal health planning entity. 2) Secured Aboriginal representation on	**Realized** 1) The AHC is established and will continue to meet in the future. **Planned** 1) Training for mainstream providers will continue to be offered on a fee for service basis. 2) Continued representation on health planning committees and joint planning with the NSM LHIN specifically through the LHIN's Care Connections program to support integrated services. 3) Involvement of the Enaahtig Aboriginal Community Mental

[2] Potential Evolutions refer to possible uses for the data/findings for both the organization and non-host organizations.
[3] BANAC/NSM-LHIN received the second highest AHTF allocation in Ontario at $560,000 from 2008-2010 as such they are considered a high resource organization.

Projects	Project Goals (2008)	Adaptation Accomplishments (2008-2010)	Realized, Planned and Potential [2] Evolutions/ Dispersions
		NSM LHIN working groups (14) and sub geographical Local Leadership Councils (4) 3) Incorporated, with the NSM LHIN, an Aboriginal Integrated Health Service Plan into the LHIN's IHSP. **Increased Understandings** 1) Held 300 community engagement sessions to determine health priorities.	Health Program in the Doorway's Pilot project- supporting utilization of a singular assessment tool across four LHINs to encourage greater portability and accessibility of assessment data across jurisdictions. ***Potential*** 1) Through the continuing and strengthened relationship with the NSM LHIN and the Care Connections program the BANAC expects that advocacy will lead to better service delivery for Aboriginal clients. 2) BANAC process could be a model for other organizations seeking to increase their representation on planning entities. 3) Adaptation of training tools for other contexts and communities.
2. Odotsemag Project - Maternal Environmental Scan -	Conduct environmental scan that focuses on maternal and newborn programs and	**Available Resources** 1) Report on "Models of maternal Care delivery for Aboriginal and remote	**Planned** 1) A joint care map for all health care providers, including

Projects	Project Goals (2008)	Adaptation Accomplishments (2008-2010)	Realized, Planned and Potential [2] Evolutions/ Dispersions
Sioux Lookout Meno Ya Win Health Centre (SLMHC) **AHTF Contribution $25,000**	identifies service gaps to improve delivery of maternal newborn services to First Nations women (2008-09 only)	communities: a review of international literature". 2) Published article: "Rural and remote obstetric care close to home: program description, evaluation and discussion of Sioux Lookout Meno Ya Win Health Centre obstetrics." 3) Teaching package developed: *Healthy Choices Healthy Babies*. **Strategies/Plans** 4) Two day visioning and planning session with care providers from hospital, local and Northern communities. 5) The report will form the basis for revisions to the maternity care program in the hospital and in the community nursing stations. **Increased Understandings** 6) Qualitative interviews and review of "Traditional First Nations birth beliefs, and practices" submitted for publication to the National Obstetrics care Journal. 7) Environmental Scan of available services: database search and key informant interviews.	tools and resources listings. 2) Enhanced educational opportunities for lay care providers such as community prenatal educators, addictions workers and prenatal nutrition support workers. 3) In the Long term, SLMHC seeks to use the data to support a FN Doula program. ***Potential*** 1) Use of data collection process to guide other organizations/communities to investigate maternal health. 2) Use of applicable data to inform community, hospital maternal care for service areas with a high number of First Nations clients.

Projects	Project Goals (2008)	Adaptation Accomplishments (2008-2010)	Realized, Planned and Potential [2] Evolutions/ Dispersions
3. Elder Continuum of Care Environmental Scan - Sioux Lookout Meno Ya Win Health Centre **AHTF Contribution $25,000**	Conduct environmental scan to capture vital information required for planning and development of services to assist community elders to live safely in their own homes (2008-09 only)	**Strategies/Plans** **1**) Increased awareness of Elder's health needs in the community including: gaps in service: Anishnawbe health plan did not include Elder services, need for better training of health professionals in the North, recognition that census data underestimates the population. **Increased Understandings** 2) Completed baseline research (focus groups and surveys) identifying population demographics, health status, inventory of available services for Elder care including utilization of services and other access and use issues using a participatory research model guided by the Health Centre's Elder's Council.	**Realized** 1) The collaborative committee is now established and is informed of the needs through the needs assessment report. ***Potential*** 1) Use the research findings to support partnership development that will address the needs of Elders in the North including telemedicine, the NW LHIN. 2) Use of data/recommendations to effect policy change for increasing the number of long term care beds to equitable levels, implement supportive housing services, and enhance chronic disease self -management services.
4. Aboriginal Health Strategy - Central LHIN with Noojimawin Health Authority (NHA) **AHTF Contribution $57,088**	To develop an Aboriginal Health Strategy that will improve health outcomes for the Aboriginal population.	**Resource Available** 1) Cultural Awareness sessions held at each hospital in the service area. **Increased Understandings** 2) Health needs and priorities report – "Accountability of Care Project". 3) Established a Steering Committee.	**Planned** 1) Integration of report finding and committee recommendations in the IHSP over the next few years. 2) Follow up event to bring together service providers and the Aboriginal community in

Projects	Project Goals (2008)	Adaptation Accomplishments (2008-2010)	Realized, Planned and Potential [2] Evolutions/ Dispersions
		4) Workshop: "Dialogue and Collaboration: Keys to Effective Aboriginal Patient Care."	order to plan and build on report recommendations, and to further strengthen the newly fostered relationships.
5. Support Implementation and Planning - South East LHIN and Katarowki Native Friendship Centre (KNFC) **AHTF Contribution $44,450**	Support strategic planning/policy development and engage the Aboriginal population to ensure input into all LHIN processes.	**Resource Available** 1) Three cultural sensitivity training workshops provided by KNFC for mainstream service providers. **Increased Understandings** 2) Data gathering on how to promote self-identification of Aboriginal people in the health context.	**Planned** Additional cultural sensitivity training workshops and work on encouraging self-identification.
6. Weeneebayko Area Health Authority (WAHA) Integration - North East LHIN **AHTF Contribution $42,249**	Ensure capacity in place within NE LHIN to support the successful establishment of WAHA.	**No Report**	
7. Aboriginal Engagement/ Planning - Central East LHIN **AHTF Contribution $63,250**	Improve capacity to work with Aboriginal partners to develop an approach that will improve health outcomes for Aboriginal peoples.	**Increased Understandings** 2) Established two advisory circles: First Nations Health Advisory Circle and the Métis, Non-Status and Inuit Advisory Circle. Each has its own work plan and strategies.	

Projects	*Project Goals (2008)*	*Adaptation Accomplishments (2008-2010)*	*Realized, Planned and Potential [2] Evolutions/ Dispersions*
		3) Cultural education sessions for health authority staff 4) The advisory circles will continue post AHTF	
8. Mental Health Framework - North East LHIN **AHTF Contribution $53,750**	Lead the development of a comprehensive Aboriginal/First Nation/Métis mental health and addictions strategy framework for the NE as part of its overall mental health and addiction strategy for the NE LHIN region. Mental health services across the life cycle and in relation to Aboriginal women's mental health issues will be considered within the framework.	**Available Resources** 1) Inventory of Aboriginal Mental Health & Addiction Programs and Services in the NE LHIN. **Strategy/Plan** 2) FN/M Mental Health and Addictions Framework to guide MHA service improvements. Included community engagement and oversight from the ongoing participation of the Community Partnership Committee.	**Planned** 1) Review recommendation made by the NELHIN Local Aboriginal Health Committee (LAHC) advisory members and prepares a work plan.
9. Aboriginal Health Programs and Services Analysis & Strategies Project - North West LHIN Limited information available **AHTF Contribution $245,625**	To identify: Program and services in the NW LHIN, Community health needs/concerns, Gaps in service, Challenges/Barriers to Care, Opportunities for collaboration across the LHIN. To develop: Evidence-based recommendations to address Aboriginal mental health issues in the NW LHIN	**Strategies/Plans** 1) Recommendations related to MHA service planning. 2) Aboriginal MH&A Strategy (2010-2013) – to develop and implement a MH&A strategy that addresses local and regional models of care and delivery that are well coordinated and communicated in a culturally competent and safe manner.	***Potential*** This project represented a first step in building relationships between the LHIN and the Aboriginal communities in the service area- there is an opportunity now to build in these partnerships and implement the vision.

Projects	Project Goals (2008)	Adaptation Accomplishments (2008-2010)	Realized, Planned and Potential [2] Evolutions/ Dispersions
10. Aboriginal Engagement and Planning - Erie St. Clair and South West LHINs. (See Case study Report: Addendum A) Limited reporting for ESC **AHTF Contribution $126,500**	Improve capacity to work with Aboriginal partners to develop an approach that will improve health outcomes for Aboriginal peoples.	**Strategies/Plans** **3**) SW LHIN- Cultural Safety Strategy, primary Care Strategy, and Aging at home business plan **Increased Understandings** 1) Established an Aboriginal Advisory Committee in each LHIN. 2) ESC-community engagement sessions to explore diabetes and mental health	**Realized** LHIN secured 1.2 million in base funding to support an Aboriginal Aging at Home initiative. Through this initiative a patient navigator has been implemented for Aboriginal patients in London area hospitals
11. Aboriginal Community Engagement Coordinator - Toronto Central LHIN **AHTF Contribution $70,125**	Work with Aboriginal partners to develop a plan that identifies gaps and needs for Aboriginal health and develops a collaborative approach to adapting current health services to better meet the needs of urban Aboriginal peoples.	**Strategies/Plans** 1) Developed an Integrated Health Services Plan and strategic priority map that includes Aboriginal specific health planning developed and guided by the urban Aboriginal community. 2) Provided targeted funding to Aboriginal organizations in the LHIN Service Area **Increased Understandings** 3) Ongoing multi-LHIN collaboration for improved communication and coordination of urban Aboriginal health planning and community engagement services for First Nations, Inuit and Métis peoples who access services	**Realized** 1) Aboriginal specific content included in the IHSP. **Planned** 1) The coordinator will be maintained into the future

Projects	Project Goals (2008)	Adaptation Accomplishments (2008-2010)	Realized, Planned and Potential [2] Evolutions/ Dispersions
		interchangeably across multiple LHINs in the Greater Toronto Area (GTA) 4) Partnership development and networking with mainstream and Aboriginal organizations.	
12. Aboriginal Engagement/ Planning - Central West LHIN **AHTF Contribution $63,250**	Improve capacity to work with Aboriginal partners to develop an approach that will improve health outcomes for Aboriginal peoples.	**1, Increased Understandings** 1) Needs assessment and related advisory committee, 2) Partnership development and networking with mainstream and Aboriginal organizations. 3) Advisory Committee will continue Post AHTF.	
13. Community Defined Aboriginal Health Planning - Hamilton Niagara Haldimand Brant LHIN, Mississauga Halton LHIN, Waterloo Wellington LHIN and two aboriginal partners, De dwa da dehs nye>s Aboriginal Health	Enable Aboriginal communities (MH and WW) to develop feasible, evidence based health plans (local and regional) and facilitate unique relationships among traditional and non-traditional partners for planning purposes	**Extended to March 2011.** **Increased Understandings** 1) MH LHIN Needs assessment complete.	

Projects	Project Goals (2008)	Adaptation Accomplishments (2008-2010)	Realized, Planned and Potential [2] Evolutions/ Dispersions
Centre and Six Nations of the Grand River **AHTF Contribution $92,500**			
14. Environmental Scan including referral patterns- North East LHIN **AHTF Contribution $142,875**	Conduct an environmental scan of health programs and services, to include referral patterns/networks between/within Aboriginal service systems and federally funded programs and services across the NE LHIN and/or those shared with other LHINs.	**Project extended to March 31, 2011**	
15. Environmental Scan of Aboriginal Health Services and Programs - North West LHIN **AHTF Contribution $192,500**	Conduct environmental scan of existing Aboriginal health services and programs and a health status survey of Aboriginal peoples.	**Available Resources** 1) Inventory of area health services and programs in CD format. **Strategies/Plans** 2) Aboriginal Health Services Plan (2010-2013) – to develop and implement an Aboriginal Health Services Plan which contains local and regional models of care and models for health services delivery that are well coordinated and communicated in a culturally appropriate manner. This plan also includes a diversity component with appropriate workplace cultural diversity indicators.	**Planned** Distribution of inventory of services CD. ***Potential*** This project represented a first step in building relationships between the LHIN and the Aboriginal communities in the service area- there is an opportunity now to build in these partnerships and implement the vision.

Projects	*Project Goals (2008)*	*Adaptation Accomplishments (2008-2010)*	*Realized, Planned and Potential [2] Evolutions/ Dispersions*
		Increased Understanding 1) Development of the Aboriginal Health Services Advisory Committee. 2) Final report on Aboriginal Health Programs and Services Analysis & Strategies that could be implemented for the NW LHIN population. Including interview data from 24 communities and 49/66 available sources.	

Projects	*Project Goals (2008)*	*Adaptation Accomplishments (2008-2010)*	*Realized, Planned and Potential [4] Evolutions/ Dispersions*
New Knowledge/Tools Funding Received: $1,478,566			
16. Our Health Counts[5] -- Ontario Federation of Indian Friendship Centres (OFIFC), Métis Nation of Ontario (MNO), Tungasuvvingat Inuit (TI), Ontario Native Women's Association (ONWA) and Centre for Research on Inner City Health (CRICH) (See Case study Report: Addendum A) **AHTF Contribution $1,075,562**	Work with provincial urban First Nations, Inuit, and Métis organizations and the Ontario Ministry of Health and Long Term Care to adapt Ontario's health information collection system to provide accessible, useful, and culturally relevant urban Aboriginal population health data to local, small region, provincial and federal policy makers.	**Designed Services/Available Resources** 1) Testing and validation of concept mapping and respondent driven sampling in FN/M/I research contexts. 2) Urban FN/M/I population health data for the First Nations people in Hamilton (n=524), and Métis (n=70) and Inuit (n=504) populations in Ottawa. 3) Agreements and strategy in place to guide linkage of OHC survey data to Provincial administrative health data bases to inform baseline, two-year and five-year data reports in partnership with Institute of Clinical and Evaluative Sciences (ICES) **Strategies/plans** 4) Formal research governance structure and data sharing agreements.	**Planned** 1) The TI intends to continue using the research model to facilitate longitudinal data collection. 2) Data will be available in 2012 and 2015 for the Urban FN population in Hamilton and possibly Inuit in Ottawa. ***Potential:*** 1) Respondent Driven Sampling was found to be a highly effective sampling method for the First Nations and Inuit urban Aboriginal communities. RDS may be applied to future data collection initiatives in order to overcome some of the sampling challenges posed by highly mobile communities. 2) Once the findings are released,

[4] Potential Evolutions refer to possible uses for the data/findings for both the organization and non-host organizations.
[5] There is a diversity of pre -AHTF organizational capacity and resource among the partners for this project. This project is classified as a having a high organizational resource given the contribution made as a result of the relatively high AHTF contribution.

Projects	*Project Goals (2008)*	*Adaptation Accomplishments (2008-2010)*	*Realized, Planned and Potential [4] Evolutions/ Dispersions*
		5) Participant consent received for data matching for year 2 and year 5 matching with Provincial administrative databases for FN. Potentially for the Inuit. **Increased Understandings** 6) Training provided in concept mapping and Respondent Driven Sampling to organizational staff, partner organizations and research assistants. 7) Community engagement in concept mapping and survey development.	there will be applicability to policy, planning and understandings among jurisdictions.
17. **Medical Lexicon Translation** - Sioux Lookout Meno Ya Win Health Centre (SLMHC) (See Case study Report: Addendum A) **AHTF Contribution $157,504**	Improve cultural and linguistic services focusing on the preservation of language and the development of new lexicon to clearly communicate medical terminology.	**Based on Interim Report** **Implemented Service** 1) Trained translators for clients whose first language is not English have been trained and are using the Medical Lexicon that translates medical terminology into three local First Nation languages. **Available Resources** 2) The Medical Lexicon is available for use by other health care providers whose clients would benefit from the translations.	**Planned** Dispersal of the Lexicon to as many other health care providers as possible.
18. Aboriginal Preceptors Program - Anishnawbe Health	This project will support adaptation of Ontario's health education system by	**Available Resources** Designed course curriculum for undergraduate university medical oriented	***Potential*** 1) Uptake of the curriculum into

Projects	Project Goals (2008)	Adaptation Accomplishments (2008-2010)	Realized, Planned and Potential [4] Evolutions/ Dispersions
Centre of Toronto **AHTF Contribution $33,000**	developing course curricula that will address the cultural competency in providing health services to the Aboriginal. Anishnawbe Health will be working in collaboration with a number of Aboriginal partners (2008-09 only)	students to address cultural competency among medical health professionals.	undergraduate medical programs throughout the province. 2) Adaptation of the curriculum to meet cultural competency training needs of in-service health care providers. With potential utility for: Aboriginal organizations, LHINs, hospitals, community organizations etc.
19. Let's take a stand against…colorectal cancer! - Cancer Care Ontario **AHTF Contribution $212,500**	In response to the Ontario government's introduction of a province-wide colorectal cancer screening program called ColonCancerCheck (CCC) to decrease mortality from colorectal cancer through early detection and treatment, Cancer Care Ontario's then-Aboriginal Cancer Care Unit developed the *Let's Take a Stand Against…Colorectal Cancer!* for Aboriginal audiences.	**Designed Services / Available Resources** 1) Developed and pilot tested a culturally responsive colorectal cancer tool kit. 2) Distribution of kit using mass mail outs and direct mail, to 1700 FN/M/I and mainstream organizations. 3) Train the trainer workshops (24 workshops with 378 service providers trained)	**Realized** Through this process CCO has been invited to share their process at four national conferences. A partnership with BANAC also was responsible for dissemination of data in their service area. **Planned** Using 40K of institutional provided funding, the CCO will offer training in three geographic regions of the province by June 2011. ***Potential*** 1) Translation of materials into more Aboriginal languages. 2) Rich feedback on the toolkit suggests that the materials

Projects	Project Goals (2008)	Adaptation Accomplishments (2008-2010)	Realized, Planned and Potential [4] Evolutions/ Dispersions
			developed using humour and were of a highly visual nature generated interest. The greatest barrier is translating the training into increased awareness and ultimately higher screening rates in Aboriginal communities. This step requires the health human resources in the communities to support this. This is difficult to support in a system that supports targeted diseases separately for example diabetes vs. chronic health conditions.

Projects	*Project Goals (2008)*	*Adaptation Accomplishments (2008-2010)*	*Realized, Planned and Potential [6] Evolutions/ Dispersions*
Training Capacity Development Projects Funding Received:$461,881			
20. Palliative Care in First Nations Communities: A Model to Guide Policy, Program and Human Resource Capacity Development – Centre for Education and Research on Aging and Health, Lakehead University, Kenora Chiefs Advisory, Dilico Anishinabek Family Care, Sioux Lookout Meno Ya Win Health Centre. (See Case study Report: Addendum A) **AHTF Contribution $392,676**	(1) Develop and deliver culturally appropriate education in FN communities. (2) Develop palliative care programs, and mentoring and supporting local palliative care teams in FN communities. (3) Validate a conceptual model to guide community capacity development and palliative care policy in FN communities that will be applicable to developing palliative care in FN communities across Canada.	**Implemented Services** 1) Three Treaty 3 communities were identified as having the antecedent conditions necessary to sponsor an in-community palliative care program and these communities, while leading the project, received additional support through the AHTF project toward development of palliative care protocols, guidelines and other resources for developing palliative care teams. **Available Resources** 2) Produced educational resources and program guidelines for developing palliative care in First Nations communities in Northwestern Ontario and elsewhere. Eg. *Finding our Way through: Navigating Loss and Grief in First Nations Life.* 47 Aboriginal and non-Aboriginal community representatives and service providers received training in 2009-2010. 3) Produced and distributed a series of 6 pamphlets covering elements of palliative care developed in partnership with 12 FN	**Realized** 1) Treaty 9 needs assessment expanded in partnership with SLMHC to include perspectives of medical interpreters. 2) Knowledge translation to the Blood Tribe First Nation in Alberta, two international conferences, four national and three regional conferences. **Planned** 1) The CERAH and other partners have secured a CIHR grant to continue work of validating a conceptual model to guide community capacity development and palliative care policy in First Nations communities that will be applicable across Canada, ***Potential*** There is relevance and applicability of the resource tools and models developed through this project for other FN communities in the Canada. CERAH and their

[6] Potential Evolutions refer to possible uses for the data/findings for both the organization and non-host organizations.

Projects	Project Goals (2008)	Adaptation Accomplishments (2008-2010)	Realized, Planned and Potential [6] Evolutions/ Dispersions
		communities available Oji-Cree and English. Distributed to communities and available on CERAH website to download. 4) Two-day workshop for 27 FN community health care providers on "Palliative Care Education for Front Line Workers in First Nations Communities." **Increased Understandings** 1) Built partnerships with local communities through an Advisory committee with representatives from partner organizations. 2) Needs assessments in two treaty areas (3 and 9) involving 21 communities. Corresponding report: *Palliative Care in First Nations Communities: The Perspectives and Experiences of Aboriginal Elders and the Educational needs of their Community Caregivers.*	partners have made some of their resources available for free on the web. See http://cerah.lakeheadu.ca.
21. Urban Aboriginal Health Conference - Native Canadian Centre of Toronto **AHTF Contribution**	Provide the forum for Aboriginal community based organizations and health academics/agencies to meet and engage in best practices regarding the overall health and service delivery for urban	**Available Resources** 1) Developed conference resource manual focused on urban Aboriginal health needs. **Increased Understandings** 2) Conference held with 25 Aboriginal health service providers.	***Potential*** Follow up with attendees and possible on going task force to continue to address urban Aboriginal health in a coordinated way.

Projects	*Project Goals (2008)*	*Adaptation Accomplishments (2008-2010)*	*Realized, Planned and Potential [6] Evolutions/ Dispersions*
$35,263	Aboriginal people (2008-09 only) in a conference.		
22. Caregiver Support Training - North East LHIN - Provide one-time funding for Aboriginal health service providers (The Friends) within the Parry Sound Planning area. **AHTF Contribution $33,942**	Provide an opportunity to learn and develop skills that will allow Aboriginal/First Nation health service providers to create their own caregiver support programs for specific populations. It also entails a quality standard and a reporting mechanism.	**Based on March 2010 report** **Available Resources** 1) Developed workshop on Elder abuse and delivered four workshops. **Increased Understanding** 2) Held 24 workshops on a variety of health topics. 3) Held one symposium on caregiver support. 4) Presentation to 80 participants. 5) Increased network and partnerships with mainstream and Aboriginal organizations/communities.	

Projects	*Project Goals (2008)*	*Adaptation Accomplishments (2008-2010)*	*Realized, Planned and Potential [7] Evolutions/ Dispersions*
Program Adaptations **Funds Received: $1,024,053**			
23. Association of Ontario Health Centres (AOHC)/Aboriginal Health Access Centres (AHACs) (See Case study Report: Addendum A) **AHTF Contribution $472,553**	Adapt and implement primary care reforms that have been introduced in primary health care organizations serving non-Aboriginal Ontarians, including: 1) Inclusion in health human resource and other provincial health strategies; 2) Accreditation of AHACs to improve organizational effectiveness and enhance quality of services for Aboriginal clients; and 3) Improvement of health data collection, management and reporting, moving toward full Electronic Client Records.	**Available Resources** 1) AHAC report *Our Health Our Future* on AHACs including information on locations, services, mandates and barriers. 2) Training and capacity building efforts to support AHACs in using the clinical management system (CMS) for tracking and performance measurement, **Strategies/Plans** 3) Development of framework and time plan for AHAC participation in the BHO accreditation and payment for full accreditation of two centers (will be complete in Fall/ Winter 2011) **Increased Understandings** 4) Partnership development and networking with mainstream and Aboriginal organizations.	**Realized** Provincial policy changes- base funding for AHACs increased by 2.25%, physician salary increases. **Planned** 1) Further accreditation for other AHC centres. 2) Statistical data analysis and reporting on using the clinical management system for tracking and performance measurement. ***Potential*** 1) A decision reached with the MOHLTC in September 2010 to transfer AHACs from AHWS to the MOHLTC. It is anticipated that this transfer will address the "second class" funding of the AHACs as compared to CHCs. 2) Data management and reporting

[7] Potential Evolutions refer to possible uses for the data/findings for both the organization and non-host organizations.

Projects	*Project Goals (2008)*	*Adaptation Accomplishments (2008-2010)*	*Realized, Planned and Potential [7] Evolutions/ Dispersions*
			tools and resources including recorded webinars, training tools and tip sheets may hold relevance for other organizations interested in pursuing a clinical management system.
24. Delivery of Programs in First Nations Communities - KO Telemedicine **AHTF Contribution $243,750**	Enhance MOHLTC/LHIN services currently being offered by making those services available to remote First Nations via telemedicine delivery in order to achieve operational efficiencies at a regional, provincial, and federal level.	**Designed Services/Available Resources** 1) Provided new telemedicine technology for the Native Nursing Program, Child Assessment for Mental Health, Dentist Pre-Visit, and Pharmacy Consult; 2) Used technology to support pandemic planning **Strategies/Plans** 3) Developed a change Management plan to create a vision for increasing access for remote FN communities to Mental Health, E-health, Chronic Care and Home Care services via telemedicine technology. **Increased Understandings** 4) Sought and developed partnerships to increase awareness of telemedicine options for FN communities.	***Potential*** Spin-offs for rural and remote communities in Ontario and potentially Canada.

Projects	*Project Goals (2008)*	*Adaptation Accomplishments (2008-2010)*	*Realized, Planned and Potential [7] Evolutions/ Dispersions*
25. Hospital Discharge Planning - Hamilton Niagara Haldimand Brant LHIN, Mississauga Halton LHIN, Waterloo Wellington LHIN and two aboriginal partners, De dwa da dehs nye>s Aboriginal Health Centre and Six Nations of the Grand River. **AHTF Contribution $105,500**	Connect Aboriginal people with appropriate Aboriginal specific community services and programs to assist in their recovery, maintain their well-being and independence in the community.	**Designed Services / Available Resources** 1) Hospital Discharge planning manual. 2) Brochure/pamphlet for Aboriginal clients to understand importance of discharge planning and available resources. 3) Algorithm for hospitals to facilitate discharge planning. 4) Draft model of care for discharge planning. **Increased Understandings** 5) Aboriginal Discharge Planning Committee. 6) Regular weekly rounds between community care access centres and long terms care/home and community care to discuss patients.	***Potential*** Communication plan for distribution of resources. Potential adaptation of resources for other hospital settings.
26. Children's Mental Health and Well-being - Hamilton Niagara Haldimand Brant LHIN,	Assist First Nations, Métis, urban/rural Aboriginal children (0-6 years) and their families who require earlier health interventions and support to maximize access to	**In Process – extended to 2010/2011**	

Projects	*Project Goals (2008)*	*Adaptation Accomplishments (2008-2010)*	*Realized, Planned and Potential [7] Evolutions/ Dispersions*
Mississauga Halton LHIN, Waterloo Wellington LHIN and two aboriginal partners, De dwa da dehs nye>s Aboriginal Health Centre and Six Nations of the Grand River **AHTF Contribution $202,250**	services and improve health outcomes.		

Projects	*Project Goals (2008)*	*Adaptation Accomplishments (2008-2010)*	*Realized, Planned and Potential [8] Evolutions/ Dispersions*
Culture-Based Programs/Services **Funding Received: $623,117**			
27. **Residential Inpatient Treatment Program -** Centre for Addiction and Mental Health (CAMH) (See Case study Report: Addendum A) **AHTF Contribution $362,840**	Examine and develop a model of how CAMH's Residential inpatient treatment programs can adapt existing resources to provide culturally appropriate and effective mental and substance abuse treatment services to Aboriginal people in partnership with CAMH Aboriginal Services, Toronto's Aboriginal community, and non-Native agencies that deliver social services to Aboriginal peoples.	**Implemented Services/Utilized Resources** 1) Pilot testing and incorporation of this program in the regular clinical rotation by CAMH's senior management. 2) Structural and policy changes within the hospital to accommodate the programming. Including changes to client residences and allowance of smudging and drumming. **Designed Services/Available Resources** 3) Developed, implemented and evaluated the residential treatment program under the guidance of two advisory committees. **Increased Understandings** 4) Communication of findings with communities and service providers. 5) CAMH staff training opportunities	**Realized:** 1) CAMH is currently applying this knowledge to a women's inpatient treatment program. 2) Incorporation of the treatment cycle into the regular clinical rotation by CAMH's senior management. ***Potential*** Applicability of research and data to any substance abuse residential treatment program for Aboriginal clients. As a result of the AHTF, CAMH has shared their data and information with Constance Lake First Nation, Timmins and District Hospital and the NELHIN.

[8] Potential Evolutions refer to possible uses for the data/findings for both the organization and non-host organizations.

Projects	*Project Goals (2008)*	*Adaptation Accomplishments (2008-2010)*	*Realized, Planned and Potential [8] Evolutions/ Dispersions*
		provided.	
28. Culture as Treatment Program for Youth - Wabano Centre for Aboriginal Health **AHTF Contribution $40,000**	A health promotion initiative that will focus on reducing the prevalence of tobacco use among Aboriginal boys and girls aged seven through 18, a cohort that is particularly at-risk in the Aboriginal population.	**Implemented Program** 1) Cultural education training session on tobacco cessation for Aboriginal parents, children, and youth. **Designed Services / Available Resources** 2) Developed a culturally driven practical tobacco cessation education resource for Aboriginal youth. 3) Parenting Bundle-this is a holistic and cultural approach designed to reintroduce parents and caregivers to traditional roles and responsibilities of parenting. **Increased Understandings** 4) Established an Elder advisory council.	***Potential*** The one-of-a-kind tools that were developed as a result of this plan can be utilized across Canada for supporting the health of Aboriginal communities.

Projects	*Project Goals (2008)*	*Adaptation Accomplishments (2008-2010)*	*Realized, Planned and Potential [8] Evolutions/ Dispersions*
29. St. Christopher's House - **AHTF Contribution $25,000**	To adapt existing resources to better serve Aboriginal adults who are homeless or at-risk of homelessness and dealing with mental illness and addictions (2008-09 only)	**Available Resources** 1) Time limited healing retreat and counseling services. 2) Staff training on intergenerational trauma. **Increased Understandings** 3) Roundtable discussions on needs of at risk Aboriginal people.	
30. Traditional Aboriginal Healing Room - Timmins and District Hospital **AHTF Contribution $112,600**	Provide Aboriginal traditional healing services with Elders, healers and traditional medicine people, including traditional counselors to meet the demand and need for traditional healing services.	**Available Resources** Built a 250 square foot round room within the hospital where Aboriginal patients and their families can meet and perform cultural ceremonies.	
31. Aboriginal Health Hepatitis C Education Initiative - Ottawa Inner City Health **AHTF Contribution $82,677**	Develop a culturally appropriate Hepatitis C Virus education program for urban Aboriginal people, Inuit, and Métis in Ottawa, which will contribute to the development of an integrated HCV treatment system, which is accessible to marginalized populations in Ottawa.	**Available Resources**. 1) HCV curriculum and resource materials developed and targeted for Métis and Inuit communities. 2) Training on the curriculum for health care service providers.	***Potential*** This format can now be adopted and adapted to address other health education needs

Appendix C: List of Adaptation Projects by Focus

Province-wide:

1. Our Health Counts - off-reserve Aboriginal health data
2. Aboriginal Health Access Centres- primary health care reform, health data management, and accreditation
3. Let's Take a Stand against Colorectal Cancer - Cancer Care Ontario

Hospital Focused:

4. Sioux Lookout Meno Ya Win Health Centre – Environmental Scan Elder Care (completed)
5. Sioux Lookout Meno Ya Win Health Centre – Maternal Environmental Scan (completed)
6. Sioux Lookout Meno Ya Win Health Centre – Medical Lexicon Translation
7. Timmins and District Hospital – Traditional Aboriginal Healing Room

LHIN Projects:

8. North West LHIN – Aboriginal Health Programs and Services Analysis & Strategies Report
9. North West LHIN – Environmental Scan – Aboriginal Health Services and Program Inventory
10. North East LHIN – Environmental Scan
11. North East LHIN – Mental Health Framework
12. North East LHIN - Weeneebayko Area Health Authority Integration
13. Central LHIN – Aboriginal Health Strategy
14. Central East LHIN – Aboriginal engagement/planning
15. Central West LHIN – Aboriginal engagement/planning
16. Erie St. Clair/South West LHIN – Aboriginal engagement/planning
17. South East LHIN – Planning and Engagement
18. Toronto Central LHIN – Aboriginal Health Coordinator
19. HNHB-MH-WW LHIN – Children's Mental Health and Well-Being
20. HNHB-MH-WW LHIN – Community defined Aboriginal health planning
21. HNHB-MH-WW LHIN – Hospital discharge planning

Aboriginal Organizations:

22. The Friends - Caregiver Support Training
23. Wabano Health Centre – Culture as Treatment youth program
24. Barrie Area Native Advisory Circle – Aboriginal Health Circle
25. Native Canadian Centre – Urban Aboriginal Health Conference
26. Anishnawbe Health Toronto – Aboriginal Preceptor's Program

Ontario Health Service Providers:

27. Centre for Addiction and Mental Health – Aboriginal Residential Inpatient Treatment Program
28. St. Christopher's House – Toronto – Aboriginal Program
29. Ottawa Inner City Health − Hep C Education

First Nation Projects:

30. Centre for Education and Research on Aging and Health, Lakehead University – Palliative Care in First Nations, Grand Council Treaty #3, Robinson superior Treaty, and Treaty #9
31. KO Telemedicine – Delivery of MOHLTC programs in First Nation communities