

SIX NATIONS OF THE GRAND RIVER

Health Plan

Community Based Health Assessment

2021



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Acknowledgement is also given to our front-line staff, community partners, clients, families and the people of Six Nations of the Grand River.

Community Profile

Understanding the current and future needs of one's community is important.

The following community profile highlights the health care needs within the Six Nations community. It offers insight into how the future of the Six Nation's Health Services, through its strategic and operational health plans are shifting to address and service these needs now and in the future.

Six Nations of the Grand River is bounded by Brant County and Haldimand County and to the north: Mississauga of the New Credit First Nation, Haldimand County, and Norfolk County to the south; Haldimand County to the east; and Brant County to the west. Physical boundaries of the Reserve include Brant County to the north; Regional Road #20 to the south; Oneida Road/CN Railway tracks to the east; Bateman Line to the west.



The main reserve is located approximately 25 km southwest of the city of Hamilton, Ontario between the cities of Brantford, Caledonia and Hagersville.

Six Nations of the Grand River Territory covers 46,500 acres of land of the original 960,000 acres. There are two political bodies on reserve—Six Nations of the Grand River Elected Council and the Haudenosaunee Confederacy Council.

As a community, we are the only First Nation Territory in North America where all six Haudenosaunee nations - Seneca, Cayuga, Onondaga, Oneida, Mohawk and Tuscarora are living together.

Additional community information can be found at <http://www.sixnations.ca/CommunityProfile.htm>

Governance and Guiding Principles

Six Nations of the Grand River Elected Council (SNGREC)

Six Nations of the Grand River Elected Council (SNGREC) is the political body responsible for the administration of departments that support the Six Nations of the Grand River Territory.

SNGREC is guided by the following: RESOLUTION NO: GC#271/04/10/2018

Vision Statement (SNGREC)

With the knowledge and guidance of our Haudenosaunee values; our people will enjoy a healthy, content, safe and self-sustaining diverse community.

Mission Statement (SNGREC)

The Haudenosaunee values and principles guide, strengthen and advance our community, programs and services, now and for the next Seven Generations

***Note:** In November 2019, the newly elected 58th Six Nations of the Grand River Council was oriented to their role. At that time, the Six Nations Health Services Team presented their mission, vision and values, along with their most recent strategic priorities including goals and plans.*

When the global pandemic was announced in March 2020, the attention of the entire Health Services department turned to the Covid-19 Pandemic Response.

Six Nations Health Services (SNHS)

Six Nations Health Services is a department under the authority of the Six Nations of the Grand River Elected Council.

Health Services is the department responsible for helping the people of the Six Nations of the Grand River Territory to maintain and improve their health and wellness through the availability of, or access to, health services in the region.

The current mission, vision and values statements remain in place as they continue to resonate with the Department, its employees, clients and community partners.

VISION: A wholistic system that inspires people to achieve wellness.

MISSION: Our mission is to create a safe environment to guide, support and care for our community members on their wellness journey.

CORE VALUES: Our core values are reflected in our relationships with each other, with our clients and community.

Together we value preserving the unique identity of the Six Nations Community through our commitment to...

- **Cooperation/Working Together:** We build, preserve, strengthen and maintain partnerships with our community to support wellbeing.
- **Good Mind:** We work with one another in honesty, trust and integrity.
- **Strength:** We create unified services that support our clients to succeed in spite of their challenges.
- **Respect:** We honor our people by having an open mind and acceptance.
- **Compassion:** We care for our people with empathy, dignity, and equality.

“Putting Our People First”

The Six Nations Health Leadership Team regularly sets aside many days and meetings each year to regularly review and discuss the Health Plan: including community health needs, strategic direction and operational plans and objectives.

Client and family surveys and discussions are also regularly undertaken to gain client-centred focus updates which enhance our planning and delivery to different health care services, programs and initiatives.

Health Services History:

Six Nations Health Services began its operations as a department under Six Nations Elected Council in 1994. The first Director was in place until 2007. The second Director provided leadership from 2007 until 2014.

Since 1993, the Department has undergone dramatic growth with the addition of several services from both Federal and Provincial funding sources. Due to the manner in which proposals were submitted and accepted, the department outgrew its available space and organizational structure.

The third, and current Director, has been working with the team since 2014 to support the Department's changing direction and growth. Under the leadership of the current Director of Health Services, SNGR Elected Council, and the Health Leadership Team, a more wholistic and integrative approach to Six Nation's health services was recognized and approved. The movement to decolonize the previous organizational structure was adopted to better reflect the harmonization of Western and Traditional Indigenous medicine systems.

In March 2015, discussions with FNIHB and Six Nations Elected Council were initiated beginning the transition to a new funding agreement model. This has been a key priority over the last five years.

Currently underway is a Health Transformation project supported by a Trilateral Relationship Agreement with the Federal and Provincial Ministries of Health, signed in 2018. Also in progress is the development of a Six Nations “Ontario Health Team”, a responsibility under the provincial government’s new crown agency, Ontario Health.

Locations

Six Nations Health Services are provided in the following environments.



- White Pines Wellness Centre
- Jay Silverheels Complex
- Maternal Child / Birthing Centre
- Paramedics Base
- Iroquois Lodge
- Gane Yohs Medical Centre
- Gedeo and Egowadiya’dagenha’ - Land Based Healing Centre
- Community, Home and School Visits

Emergency medical services are available locally in Brantford, Hagersville and Simcoe with larger tertiary care hospitals located in Hamilton and London



Finance and Reporting

Six Nations Health Services recognizes the increased flexibility that is provided to the community in managing overall service delivery. We see important benefits in having increased control over health programs and services with the ability to allocate resources according to community priorities. This transformation is designed to move us to the forefront of best practices for First Nations communities and allows us to recruit and retain the right people to support current and future growth.

The addition of Federal Health management funding allows us to create portfolios of service delivery that supports the need to engage at the community level and externally with our partners to manage our service in a population-based framework of health care.

Over the next five years, Health Services will continue to transition into an organizational structure that effectively supports a model of care which better reflects wellness, achieved through the combination of evidence based western approaches to health care and experience-based Haudenosaunee/traditional approaches appropriate for our community members.

Operational revenue is received through several different government agreements.

Federal Contribution Agreements:

- Indigenous Services Canada – First Nations Inuit Health Branch, CMHC - \$17,194,199.00 (BLOCK, FIXED and SET)

Provincial Contribution Agreements:

- MOH, MLTC, LHIN, MCCSS – IHWS - \$19,230,235.28.00 (SET)

Other Agreements:

- Proposal based Funds (Federal/Provincial – SET/TERM, local organizations)
- Funds received from OFNLP, SNEC, accommodations and client revenue, Research - McMaster University

The following charts summarize the revenues for the last two fiscal years.

2019-20 Budget

Revenue:	Federal Contribution Agreement	\$13,072,106.00
	Provincial Contribution Agreements	\$13,640,014.00
	Other Agreements	<u>\$ 1,771,534.00</u>
TOTAL REVENUE:		\$28,483,654.00

2020-21 Budget

Revenue:	Federal Contribution Agreement	\$17,194,199.00
	Provincial Contribution Agreements	\$19,230,235.28
	Other Agreements	<u>\$ 685,540.00</u>
TOTAL REVENUE:		\$38,513,230.59

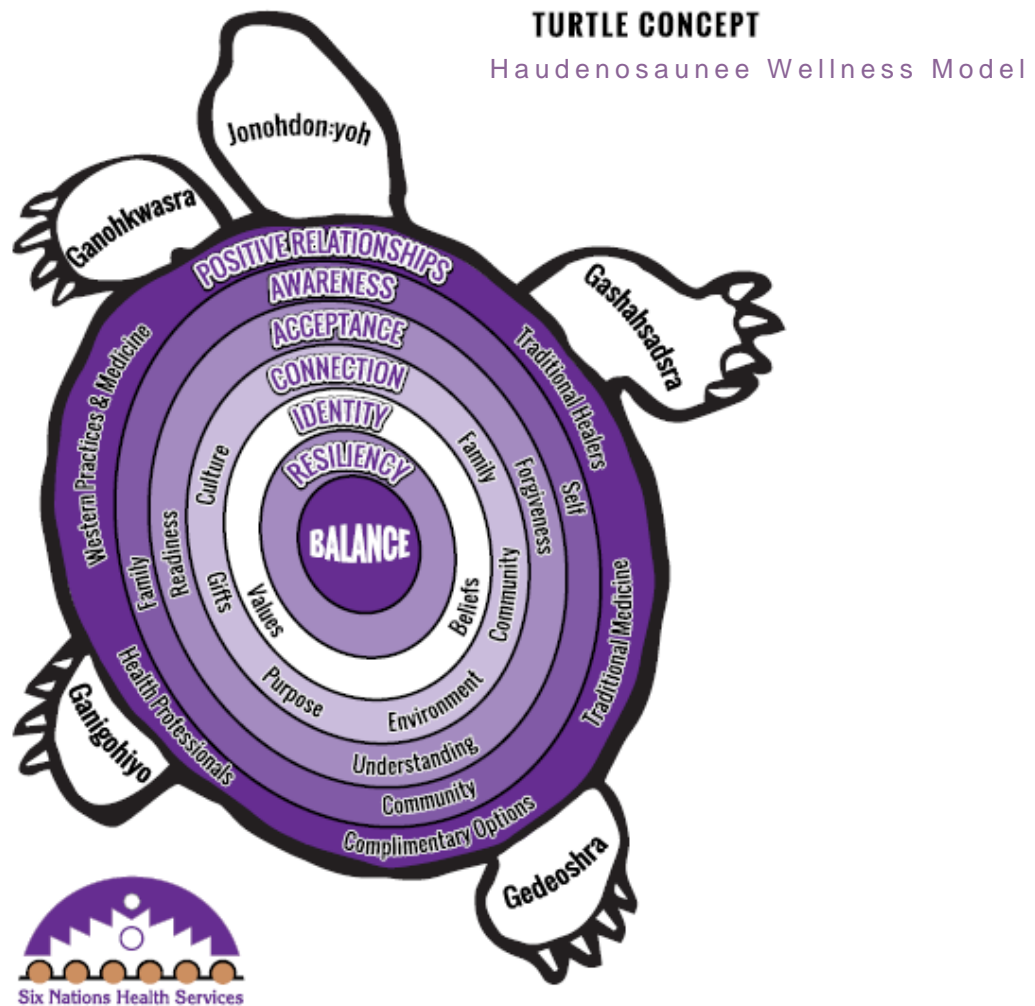
The Health Services department is supported by an internal Health Finance team led by a Financial Control Officer (FCO). The Health FCO reports directly to the Chief Financial Officer of Six Nations of the Grand River Central Administration Finance Department.

Reporting for the over 400 reports due on an annual basis is supported by the Technical Reports Coordinator and the Health Leadership Team. This complex annual reporting requires the coordination of operational, financial and human resource data for submission on monthly, quarterly and annual bases.

The financial and reporting requirements are a key area under review as part of the Health Transformation project.

Haudenosaunee Wellness Model

The following drawing represents a trauma-informed framework and practice model for Six Nations Health Services. It was developed to guide the thinking and decision-making processes which support both program development and the interactions of health services providers with each other and with community members.



This wholistic wellness framework, titled Jonoh'dony:oh, emphasizes the harmonization of traditional Indigenous practices and beliefs, western "mainstream" practices and beliefs and other practices and beliefs that can augment and complement each other and are meant to be options for individuals on their life path.

This framework also recognizes the distinct life path of each and every community member, including the health service providers. The interactions we have with one another provide an opportunity for reciprocal learning. And the relationships we build make the health service provider available to community members when they need specific guidance for wellness.

Self-direction and self-management are key concepts of this model. Health providers must meet the person where they are on their journey and support

them in taking the steps in the direction they are ready to go. The destination is diverse and individual. Self-reflection and self-awareness are required for finding purpose and identifying health beliefs. Autonomy in decision making is supported by health service providers without judgement.

The context or environment is an important component in the wellness of individuals. The use of a Good-mind, in the thoughts and actions, of caregivers who supporting people trying to make change is paramount to success. This creates a safe environment for sharing which promotes the development of a strong relationship between the provider and the community member. Additionally, the two row wampum represents the guiding principle of interpersonal interactions.

Each person is on their own path, using their own way, to achieve their own versions of wellness. Service providers are there to support. In this model, wholistic wellness is attained through the inter-connectedness of the body, mind and spirit. All are important to consider when providing services to an individual. Wholistic wellness also involves the whole person including the physical, emotional, intellectual and social. The person resides in the larger context of culture and environment and their emotional experience. Balance of the whole person and a conscious interconnectedness of the body, mind and spirit creates opportunity for overall wellness.

A person needs resiliency to be able to live well through challenges presented to them on their path. Dr Martin Brokenleg's *Circle of Courage* program used with youth informed the development of this framework. In order to develop resiliency, an individual requires the four universal attributes: Belonging, Mastery, Independence and Generosity.

The relationship between client and caregiver contribute to the person's sense of *belonging* within the community and also within the service they are receiving. This sense of belonging contributes to the trust generated by the service providers. The person needs a sense of *mastery* or accomplishment in activities, role and occupations. Opportunities for success are important in developing mastery. The *independence* to be able to manage their own problems, and guide their own path is important to develop self-efficacy in activities, emotional regulation and thought patterns. *Generosity* instills a sense of purpose by allowing the individual to feel valued, and to know that they have something to contribute to other people within the community.

Combining these four concepts creates a supportive system for both clients and caregivers on the wellness journey. The terms have been replaced with concepts in the language to better reflect the community.

The Haudenosaunee Wellness Model has guided the operational planning of the department and has been shared with other services and organizations in the Six Nations community. Through a demonstration project, tools have been developed to support further incorporation of the model into practice. Additional training and support are planned for all staff over the next year, and are incorporated into orientation sessions for new staff.

Demographics and Health Characteristics:

Six Nations of the Grand River has the largest population of all First Nations in Canada. While documentation suggests that approximately 13,000 of Six Nations, 27,559 (2019) members live on the territory sharing the natural resources and funded services, we are aware that there are many more people residing on the territory. In addition, those living off territory often choose to return “home” when facing health issues.

Six Nations of the Grand River
Age: According to Residency As of December 31, 2019

Age - Years	Male			Female			Total On Reserve	Total Off Reserve	Total Member - ship
	On Reserve	Off Reserve	Total Male	On Reserve	Off Reserve	Total Female			
0 - 4 yrs.	314	92	406	278	83	361	592	175	767
5 yrs - 9 yrs	461	229	690	439	207	646	900	436	1,336
10 yrs - 14 yrs	460	338	798	454	328	782	914	666	1,580
15 yrs - 19 yrs	502	385	887	486	356	842	988	741	1,729
20 yrs - 24 yrs	556	457	1,013	523	489	1,012	1,079	946	2,025
25 yrs - 29 yrs	544	546	1,090	529	576	1,105	1,073	1,122	2,195
30 yrs - 34 yrs	517	518	1,035	465	552	1,017	982	1,070	2,052
35 yrs - 39 yrs	478	478	956	408	522	930	886	1,000	1,886
40 yrs - 44 yrs	431	465	896	383	509	892	814	974	1,788
45 yrs - 49 yrs	352	532	884	325	501	826	677	1,033	1,710
50 yrs - 54 yrs	405	528	933	367	583	950	772	1,111	1,883
55 yrs - 59 yrs	427	553	980	450	621	1,071	877	1,174	2,051
60 yrs - 64 yrs	359	431	790	455	586	1,041	814	1,017	1,831
65 yrs - 69 yrs	266	349	615	325	518	843	591	867	1,458
70 yrs - 74 yrs	165	259	424	215	406	621	380	665	1,045
75 yrs - 79 yrs	91	181	272	129	326	455	220	507	727
80 yrs - 84 yrs	62	139	201	97	243	340	159	382	541
85 yrs plus	65	253	318	109	528	637	174	781	955
TOTAL	6,455	6,733	13,188	6,437	7,934	14,371	12,892	14,667	27,559

Six Nations’ largest age group is that between the ages 14-64 according to Indigenous Services Canada, 2019. However, both children and elders are revered and essential to our community as a whole. Both have important health care needs as one considers the impact of health over one’s life journey, along with the need for emotional, physical, spiritual, and mental balance.

All ages are cared for by the programs and services of Six Nations Health Services. In fact, Six Nations Health Services is working to become its own “Six Nations Ontario Health Team”. With the introduction of the Government of Ontario’s 2019 proclamation of the Connecting Care Act, which formally established “Ontario Health” as the sole Crown agency overseeing regional health care, all responsibilities once held by the Local Integrated Health Network (LHIN) have been transferred to Ontario Health. This change has enabled Six Nations to build upon the existing integrated health team- to lead, plan and deliver additional essential health care to their people and their community.

Impact of Population Health and the Health System:

The transformation process involving the move from health care planning and responsibilities to Six Nations by both the federal and provincial governments are timely but not yet complete. The process serves to further strengthen our goal to harmonize Western and Traditional Indigenous medicine systems and decolonize past practices. This process, now in progress, will continue take some time to fully actualize. A complete community health assessment and review will take place over the next year by Six Nations Health Services once the impacts of the current global pandemic have decreased.

Until the transition to Ontario Health in the province is complete, Six Nations Health Services acknowledges the consultation and community health planning efforts carried out by the Hamilton, Niagara Haldimand and Brant LHIN in their 2019-2022 Integrated Health Service Community Plan (IHSP). The IHSP which through an extensive consultative process identified strategic direction for three years (from April 1, 2019) supports, and aligns with the Ontario Ministry of Health and Ontario Ministry of Long-Term Care priorities and local priorities to address and reflect the unique health needs of the community and HNHB residents.

Dramatically improving the patient experience through:		
Quality	Integration	Value
Dramatically improving the patient experience by embedding a culture of quality throughout the system	Dramatically improving the patient experience by integrating service delivery	Dramatically improving the patient experience by evolving the role of the HNHB LHIN to become health system commissioners

Based on the IHSP consultations, Indigenous and First Nations community members expressed numerous social conditions which negatively impact their health and well-being such as lack of affordable housing, poor connection to community, lack of transportation, distrust in health care providers, and social misunderstandings of Traditional Indigenous ways of being.

The HNHB LHIN worked with the HNHB Indigenous Health Network (IHN) to understand the needs of local communities and to identify strategies to improve the healthcare experience and health outcomes for Indigenous Peoples.

The IHSP priorities were informed by a multipronged approach and guided by three key components:

- Community Engagement,
- Environmental Scan and
- Strategic Priorities.

Through this process the following specific strategies and plans for improving services for Indigenous Peoples was created:

Specific Strategies and Plans for Improving Services for Indigenous Peoples:		
HNHB LHIN Strategic Directions	Alignment with Provincial Objectives	Strategies & Plans for Improving Services
QUALITY <i>Dramatically improving the patient experience by embedding a culture of quality throughout the system</i>	Access Inform Protect	Indigenous Cultural Safety Training Increase the capacity of non-Indigenous health care providers to deliver high quality, culturally safe care through the development, implementation and evaluation of a plan for ongoing Indigenous Cultural Safety training.
	Access	Primary Care Engage with primary care providers who primarily serve indigenous patients to identify their unique health care needs and develop a local primary care strategy.
INTEGRATION <i>Dramatically improving the patient experience by integrating service delivery</i>	Connect Protect	Health Links Strengthen respectful relationships and formal partnerships with Indigenous agencies in each Health Link, such as First Nation Health Services, Friendship Centres and Aboriginal Health Access Centres, to be valuable partners in care coordination and transition support for Indigenous clients living with complex chronic conditions.
	Access Connect	Home & Community Care Engage with LHIN-funded Indigenous organizations providing home and community care services to identify the distinct needs of Indigenous clients living both on and off reserve.
	Access Connect	Mental Health & Addictions Work with LHIN-funded Indigenous organizations to identify, plan, implement and evaluate a LHIN-wide Early Intervention strategy to improve access, continuity, and coordination of care.
	Access Connect Inform	Diabetes Continue to grow new and innovative partnerships between primary care, Indigenous and non-Indigenous Diabetes Education Programs, and Nephrology programs, to increase access to specialized diabetes services for Indigenous Peoples.
	Access Connect	Hospice Palliative Care Develop a plan to deliver equitable access to high quality care and support for First Nation and urban Indigenous Peoples, in alignment with the pan-LHIN document, <i>Advancing High Quality, High Value, Palliative Care in Ontario: Declaration of Partnership and Commitment to Action</i> .
	Access Connect	Patient Navigation Develop and implement a communication strategy to educate Indigenous and non-Indigenous providers about the role of Aboriginal Patient Navigators.
VALUE <i>Dramatically improving the patient experience by evolving the role of the HNHB LHIN to be health system commissioners.</i>	Protect	Health Equity Compile a Health Equity Impact Assessment Supplementary Tool that references literature and resources about the social determinants of health influencing the health statuses of Indigenous Peoples in the HNHB LHIN.

Source: www.hnhblhin.on.ca

The IHN is comprised of representatives of local Indigenous health and social service organizations. In addition, the HNHB LHIN engaged with healthcare leaders and community members from Six Nations of Grand River Health Services to gather additional input.

The IHN reinforced their commitment to the priority areas identified and listed below.

- **Cultural Safety**
- **Traditional Healing and Wellness**
- **Strengthening the Family Unit**
- **Mental Health and Addictions**
- **Chronic Disease Prevention**

In addition, the IHN voiced the need to move forward with reconciliation to address the legacies of colonization.

The significance of traditional practices as part of indigenous health care systems is an ongoing priority within our community's health needs. It is echoed by studies such as the *Ontario First Nations Study on Aging (2019)*. This study looked at the impact of one's life course and the frailty of aging First Nation's adults. It found that "frail First Nations seniors were 1.7 times more likely to have parents who attended residential schools; and that frailty in First Nation adults was associated with life experiences such as not having paid employment, not having access to nutritious food, and using illicit drugs over one's life course".

This 2019 study also reinforced the "importance of First Nation adults having access to traditional healers, traditional foods and spirituality as they got older or sicker: 1 in 4 people in the oldest age groups lived with five or more chronic conditions (Ontario First Nations Study on Aging, 2019). Therefore, First Nation people require accessible health services and chronic disease management at younger ages. These findings are consistent with Six Nations Health Services mission, vision, values, and strategic and operational health plans.

The Six Nations Family Health Team is one example of how Six Nations Health Services is responding to the wholistic health needs of their community. The multi-disciplinary team sees patient volumes of 15-20 patients per day. Patients often have chronic conditions such as diabetes, cardiovascular problems, episodic illness or respiratory conditions. A local Traditional Medicine Practitioner is available for patients wanting emotional, physical, spiritual, and mental balance in addition to or instead of western medicine.

Egowadiya'dagenha (Land Based Healing Centre) is another example of services striving for harmonization of traditional and western medicine practices. They offer a mental wellness programs for individuals and their families in collaboration with Ogwanogwatrae Tseh Niyogwaiho:de (Traditional medicine program).

Harmonization of traditional and western medicine through partnerships are abundant and continue to support the health needs of Six Nations people. Currently, a partnership with St. Joseph's Health supports a satellite dialysis clinic and Extendicare Assist supports Iroquois Lodge and their long-term care practices.

Cultural sensitivity education, training awareness and advocacy continues with non-indigenous health care partners, including hospitals who have started to embrace indigenous health best practices, including sensitivity training for front line staff, introducing of onsite indigenous health navigators (Including Jordan Principled Teams) or providing indigenous family space where traditional practices can occur in a non-traditional health environment.

Ideally, Six Nations Health Services strives to operate an entire spectrum of culturally appropriate services and programs as a long term goal.

How community health needs are being met and addressed by the Six Nations Health Services Team are discussed in this document, along with our strategic and operational plan update.

Introduction to the Community Based Health Assessment:

Due to the impact of the COVID-19 pandemic, an abridged strategic Health Plan has been adopted by the Six Nations Health Services Department. When appropriate, a more robust review and strategic Health Plan update will be developed, post pandemic. This document serves as our updated health plan. It covers several areas including: the community health profile of Six Nations, and the strategic and operational goals of Six Nations Health Services developed to address our community health needs.

Building on the previous 2016 Health Plan, Six Nations Health Services continues its transition towards an integrated model of care which best reflects wellness achieved through the combination of western-based health approaches and experience-based Haudenosaunee/traditional approaches appropriate for our people and community members.

This model of care is essential as it move Six Nations Health Services to the forefront of culturally-appropriate and sensitivity-based best practices for First Nations communities. It also enables us to recruit and retain the right people to support current and future growth.

Furthermore, this inclusive health care model pursues a safe and quality improvement approach to client-centred care and services which respectfully and rightfully puts our people first.

Strategic Direction

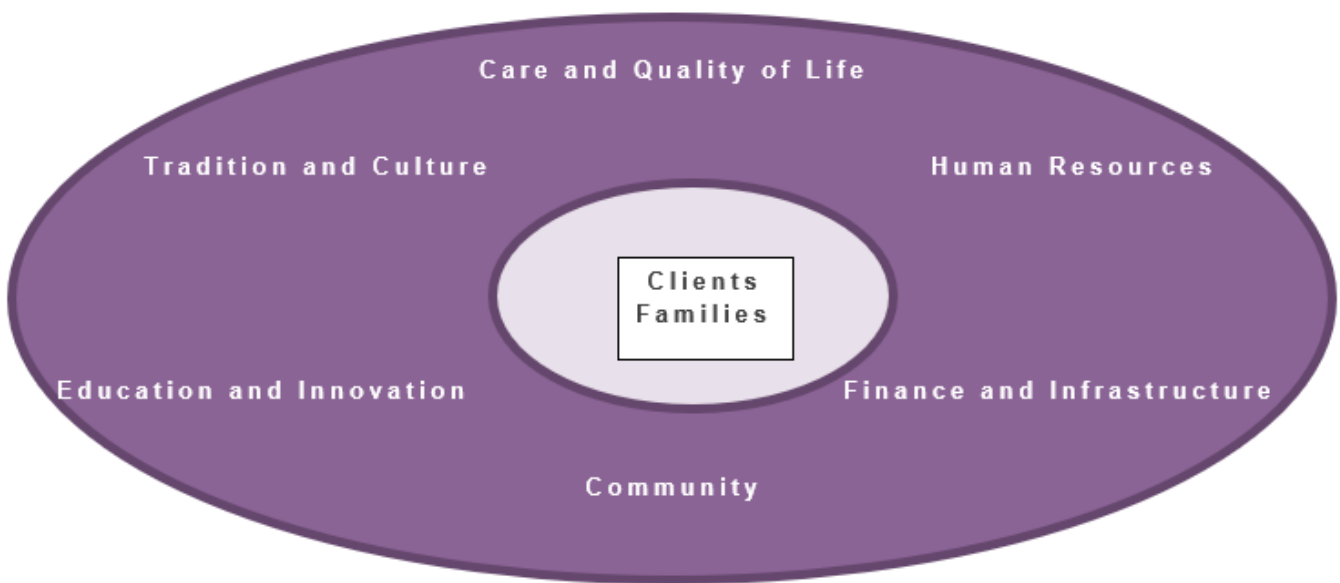
Faced with challenges in a rapidly changing and unstable socio economic, political and health care environment, Six Nations Health maintains a vision and strategy to align the organization with the needs of the Six Nations community.

The Six Nation’s Vision continues to be “A wholistic system that inspires people to achieve wellness. This will be accomplished through different phases of the original strategic long-term plan- “2023 in the Making”, starting with adapting to a changing landscape–Building a Sustainability Health and Wellness Plan and ending with Six Nations Health Services being recognized as a leader of Indigenous Health and Best Practices.

Strategic Plan Priorities

In 2019, Six Nations Health Services briefly updated its long term strategic plan - “2023 in the Making”. Strategic priorities were refreshed to better align this long term strategic plan with emerging health care trends and operational and financial changes currently impacting Six Nations Health Services. A key example of being the Health System Transformation Project with funding provided on an annual proposal basis from Ontario Ministry of Health and ISC – First Nations Inuit Health Branch, Ontario Region

Below are our updated strategic priorities:



Strategic Priorities:

- **Tradition and Culture-** Culture as foundation, enhancing indigenous spiritual, and cultural environment and practices. Harmonizing of traditional and western practices
- **Care and Quality of Life-** Providing safe and exemplary client centered care that supports health and wellness programming and services in response to and in anticipation of needs.
- **Finance and Infrastructure** Ensuring fiscal viability overseeing our current physical environment, equipment, systems and technology.
- **Human Resources-** Ensuring quality staff are recruited and retained and offered opportunities for growth and development.
- **Education and Innovation-** Offering education which supports innovation and best practices.
- **Community-**Collaborating with other health and community organizations to identify and better meet the needs of our Six Nations people.

Six Nations implements its Health Plan and strategic direction through a series of operational (work) plans updated and approved by the Director of Health Services and SNGR Elected Council. Ultimately, Six Nations Health Services and its various care programs must strive for long term sustainability as soon as conceivable.

Our Strategic Health Plan builds on our strengths and opportunities, including:

- Our competent, highly skilled, knowledgeable staff
- Our high quality of care and services provided
- Leveraging opportunities to:
 - Develop new and stronger partnerships with other providers
 - Introduce new communication and branding initiative; enhancing our profile
 - Identify opportunities to eliminate waste and gain efficiencies
 - Influence new health care professionals and providers coming into our community to commit to Six Nations Health Services

Our Strategic Health Plan ensures we are focused on:

- Delivering the best care for clients and families;
- Building/developing partnerships/alliances to better serve clients/families through integrated care;
- Being a magnet organization for staff and health care professionals;
- Using our resources wisely.

Risk Management

To implement the strategic plan effectively Six Nations Health must anticipate and mitigate various risks by closely monitoring three factors:

- Demand for services and care- Six Nations Health provides care services that fluctuate due to the actions of other health care partners/providers along with changing demographics.
- Government Support- Six Nations must secure well in advance key changes and decisions with all levels of government who are responsible for health funding.
- Affordability- While required investments must be considered on their own merits and they must never financially overextend the health services.

Additional information regarding how Six Nations Health Services manages risk can be found in the Risk Management Plan and in Policies: 011 Risk Management and 012 When Things Go Wrong.

Six Nations of the Grand River Health Plan

Six Nations of the Grand River entered into a five-year Block Funding Federal agreement in 2016 to support its Health Plan and its goal of an integrated model of care which better reflects wellness achieved through the combination of evidence based western approaches to health care and experience-based Haudenosaunee/traditional approaches appropriate for our community members.

This Health Plan reflects the efforts and knowledge of the Health Leadership Team, Six Nations Health Services, front line staff, community partners and client, and families input as this new model of care for the community evolves to be fully actualized.

A major step forward for Six Nations of the Grand River is progress through the process to become recognized as an Ontario Health Team. Bilateral meetings with the Ontario Ministry of Health and Ontario Health have recently created movement in this aspect. This is important progress following the elimination of the HNHB - LHIN and shift to Ontario Health West.

Development of the Health Plan

This Health Plan reflects the population of the Six Nations of the Grand River Territory. We are fortunate to have members of our health team, who are skilled in epidemiology, clinical expertise and research, and who keep us up to date about new and emerging health trends, along with community health and population statistics.

In our community, elderly members make up 25% of our population and are our link to the past and our traditions. Despite the rates of chronic disease, our community members are living longer than they have previously. Our plan supports all community members from infants and children, youth, adults and seniors.

This program plan allows us to take care of the aging population and create a community of wellness which extends the lives of children, youth and adults. By reallocating roles, we are in a better position to create and monitor the most appropriate services to respond to community needs.

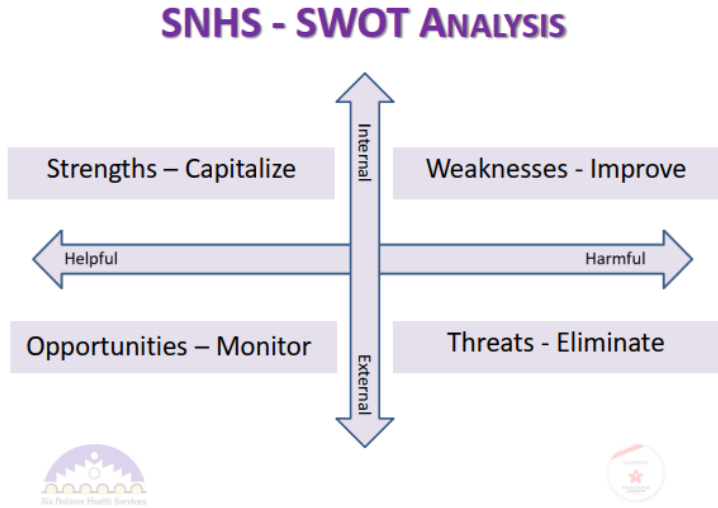
Input and advice from community members has been a consistent contributor to the planning process as this advice has led to the strategic formulation of the overall direction of the Health Plan.

The Health Plan was developed in consultation with the Health Leadership Team, front-line staff and community members along with input from the Human Services Committee of Six Nations of the Grand River Elected Council.

Indigenous Services Canada (ISC) First Nations Inuit Health Branch (FNIHB), Ontario Region provided key documents which assisted in the collaboration and preparation of the previous 2016 Health Plan. This plan is considered evergreen, and is regularly reviewed and revised to reflect the most current information.

SWOT Analysis

Six Nations Health Services recognizes the value of a SWOT analysis as an integral part of any strategic planning work. This allows for the identification of areas to capitalize, improve, monitor and eliminate as part of the strategic planning process.



Below is a summarized list of identified priorities for Health Services (high level) which was presented to the 58th Six Nations of the Grand River Elected Council in 2019.

SNHS – PRIORITIES AND GOALS

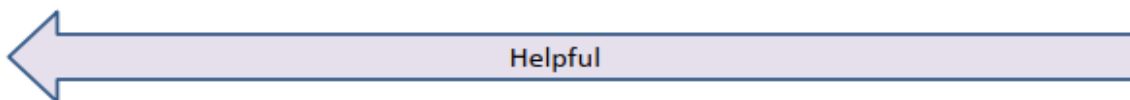
Priorities	Goals
<ul style="list-style-type: none"> • Increased space • Implementation of Health Plan and Haudenosaunee Wellness Model • Access to data regarding incidence and prevalence to inform priority • Staff recruitment and retention • Responsive to community issues • Integration of services • Elders Health 	<ul style="list-style-type: none"> • Provision of quality health care and wellness services • Harmonization of Western and Traditional medicine practices • Continually improving performance and efficiencies • Working collaboratively with partners and stakeholders to achieve our goals • Community engagement • Providing a supportive work environment

The following charts reflect a comprehensive SWOT analysis of Six Nations Health Services and programs.

SNHS - SWOT ANALYSIS INTERNAL

Strengths - Capitalize

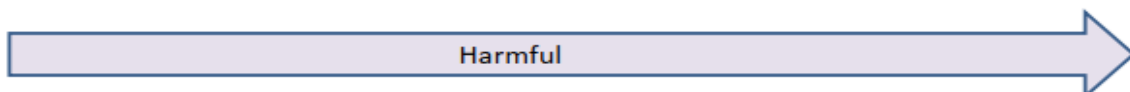
- Strong vision, mission, values
- Dedicated staff with expertise and resilience
- Trauma Informed Approach
- Haudenosaunee Wellness Model – meet people where they are
- Access to Indigenous knowledge and Haudenosaunee medicine practitioners to support programs and services
- Multidisciplinary approach
- Flexible programs, location needs-driven
- Focus on Haudenosaunee Culture within services
- Dedicated passionate staff
- Large diverse staff
- Very intelligent and knowledgeable staff



SNHS - SWOT ANALYSIS INTERNAL

Weaknesses - Improve

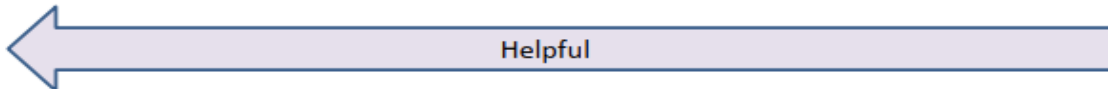
- Community and staff impacted by trauma
- The overall department growing faster than the system that provides us with support services
- Department policies, procedures and process flows
- Council processes and policies create barriers and slow down workflow - Committee processes lengthy
- HR - Multiple vacancies, consistently understaffed, HR process delays
- Recruitment and Retention - Wages -Lack of Resourcing for program staff
- Staff Engagement
- Central Finance – financial authority limits creates delays – spending, accepting funds, VISA
- Computer services - Insufficient IT support
- Environment: Space inadequate
- Working together: Gaps in collaboration at the department level
- Poor communication among staff, programs and departments
- Program silos – each program working with various family members independently and not the family as a whole
- Duplication of services across departments within and outside of health



SNHS - SWOT ANALYSIS EXTERNAL

Opportunities – Monitor

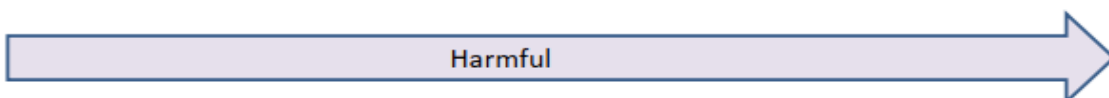
- Addressing historical traumas through decolonization, cultural safety, trauma informed care and Haudenosaunee values and principles.
- Can improve processes with support of policies
- Financial budget room to hire new staff members to support operations
- Support from the community and other organizations
- Refresh of Vision 20/20
- Exploring health system transformation options, evolution of services informed by community
- Collaboration/partnerships across health services and across community programs
- Creating policy, procedures and process flows that are informed by Haudenosaunee values
- Building capacity within the community to resource programs
- Empowering and building capacity of decision-makers
- Creating a holistic system informed by Western and Indigenous medicines



SNHS - SWOT ANALYSIS EXTERNAL

Threats - Eliminate

- Eurocentric paradigms are pervasive in the systems we work with
- Political divisiveness and unhealed traumas impact how we are able to reach all our community
- Operations struggle due to lack of space and funding
- Rapidly evolving political structures and strategies - Ontario Health Teams
- Restrictions from the government/funder level
- Industry shortages of health professionals
- Inflexible policies and procedures
- Timelines to make systemic changes
- Delays in recruitment
- Willingness of departments to work together
- Environmental degradation, development, reduced access to clean drinking water, reduced ability to harvest medicines, reduced access to safe spaces for land based programs etc.



Support for the Health Plan

As the governing body, Six Nations of the Grand River Elected Council has the authority to approve the Health Plan for submission to Indigenous Services Canada – First Nations Inuit Health Branch, Ontario Region.

Six Nations of the Grand River Elected Council is bound by the Procedure Regulations Policy.

Agreements must be signed by the Chief, no less than 6 signatures of Councillors and must be reviewed by the Senior Administrative Officer and Chief Financial Officer.

Six Nations Health Services submits regular reports to ISC-FNIHB, Ontario Region through its Director of Health Services in collaboration with Six Nations of the Grand River Elected Council.

The Director works with Council to put safety first and continues to secure approval for investments in Health Services for Six Nations and oversee financial and human resources with the goal of long term sustainability.

Community Health Priorities, Needs and Resources

As part of our community-based need assessment, and through consultation with Chief and Council; program staff and community members; and resident health demographics and health care needs; we have identified the following as the primary health needs within the Six Nations community.

The most serious health concerns are:

- Addictions
- Mental Health
- Cancer
- Diabetes
- Heart Disease
- Social Needs – Housing, Food Security

There are many causes for these health concerns which are related to trauma, knowledge, relationships and cultural identity issues. Through the planning of services that will be organized around a community developed Haudenosaunee Wellness model, our goal is to improve wellness and health outcomes for members of Six Nations of the Grand River.

- Implementing our Haudenosaunee Wellness Model across all health services which is a trauma informed approach incorporating our values and teachings.
- Building on a multi-sector approach to wellness to address the Social Determinants of Health

- Integration of mental health and addictions services to create a continuum of care – including prevention, early identification and diagnosis, crisis intervention and suicide prevention
- Harmonizing Traditional and Western medicine system approaches
- Wellness through chronic disease prevention and self-management for conditions such as diabetes, heart disease and stroke, as well as injury prevention as a primary prevention strategy

Current Health Status

Through a variety of sources, we have identified the health problems experienced by Six Nations of the Grand River community members, the causes of these problems and which community members have the most urgent needs

- Chronic diseases are common in our community, as in many FN communities. Good management of chronic disease is required to maintain or improve quality of life and prevention or minimize complications of these diseases. Behaviours that lead to the development of chronic disease are the same that perpetuate the problem after diagnosis. Behaviour changes require good self-management strategies and support. Changing lifestyle behaviours are difficult and must be supported by a system of caring people in a variety of sectors in the community.
- As previously stated, health over one's life journey is always a key consideration,
- Those with the most urgent needs are those in precarious situations: support during palliative and end of life care, support after discharge from hospital to treat more acute illnesses or post-surgery, those transitioning out of rehabilitation programs back into the community
- The less urgent, but most amenable to change are our young community members. Supporting them to make healthy life choices and to become strong and proud Haudenosaunee people will have a powerful impact on their health status later in life. This includes creating safe environments and opportunities to develop the tools needed to make informed choices. Providing positive experiences related to food, activity, leadership and culture.

Community Needs Assessment

Six Nations has explored the complex health needs of our community and has created a culturally specific framework through the Haudenosaunee Wellness Model to address these community needs. Moreover, our strategic plan and priorities focuses on these how to address these needs.

With the hiring of an epidemiologist, we have been able to connect with the Institute for Clinical Evaluative Sciences (ICES) and through an Applied Health Research Question project, we have begun identification of health status reports. Our initial request focussed on the adult population because we are aware of a gap in the available data from ICES past 2014. Additional revisions to the data request are being made continuously in collaboration with the ICES team.

Below is an initial data request completed in spring of 2021.

10 Most Common Chronic Conditions in Six Nations 18+ by Prevalence

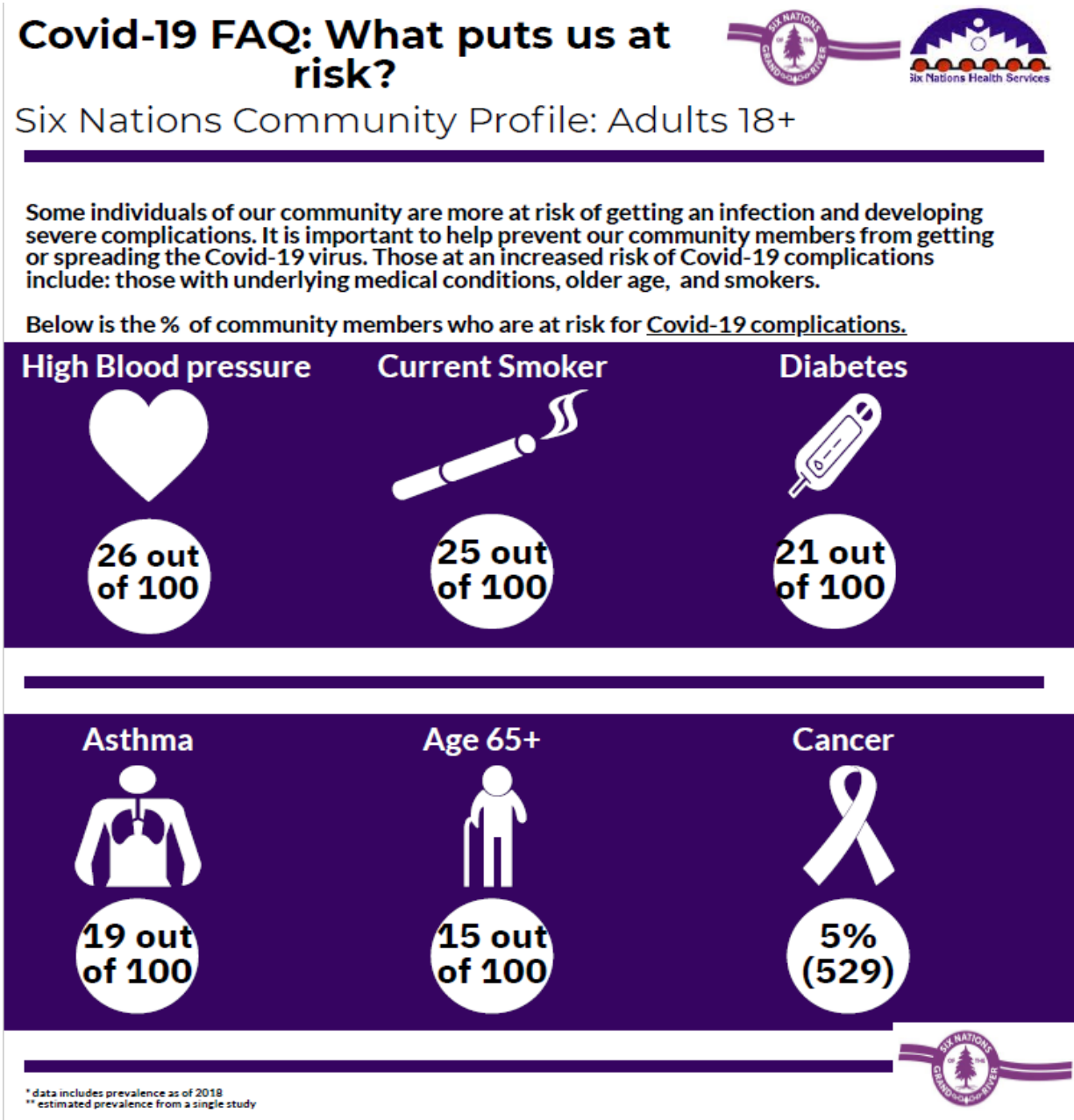
	Chronic Condition	Prevalence 18+
1	Osteoarthritis and other arthritis	34%
2	Hypertension	27%
3	Diabetes	22%
4	Coronary Artery Disease	7%
5	COPD	6%
6	Renal Disease	3%
7	Cardiac Arrhythmia	3%
8	Rheumatoid Arthritis	3%
9	Cancer	2%
10	Stroke	2%

About the data:

The Institute for Clinical Evaluative Sciences (ICES) supported data about the prevalence of chronic conditions. The datasets linked data from the Provincial databases and the Indian Registry to identify Six Nations band members ages 18+ who had the following disease categories (Asthma, Cancer, Congestive Heart Failure, COPD, Diabetes, Acute Myocardial Infarction, Rheumatoid Arthritis, Osteoarthritis and other Arthritis, Colitis or Crohns, Cardiac Arrhythmia, Hypertension, Chronic Coronary Syndrome, Stroke, Osteoporosis). This list is not exhaustive of all chronic conditions. Inclusion into this dataset includes those who are in the Indian Registry, members of Six Nations of the Grand River, with a valid health card number. Exclusion includes those <18 and >106 and those missing a postal code.

We cannot forget how the global pandemic has also brought forth more stressors and health risk factors for Six Nations community members.

In analysis of the potential impact of the Covid-19 virus on community members, the follow chart has identified the risk factors for Adults 18+ with underlying medical and health conditions.



Health Priorities

Our community members live and seek services both on and off reserve. As Health Care providers, we recognize that mainstream approaches and the medicine wheel concepts don't address all our needs. We identified the need for our own Six Nations or Haudenosaunee Model of health and wellness. In keeping with our vision and mission; we have designed a community wellness model.

To support our members, we recognize the need to harmonize Western medicine with our own through Indigenous medicine expanding the following:

- Understanding of history
- Understanding of medicine systems
- Understanding of needs
- Understanding of relationships
- Understanding how to work together

The harmonization model directly contributes to a strategy that can be implemented along with other departments within SNEC

This model incorporates our Haudenosaunee teachings, trauma informed care, alternative interventions and Western/Mainstream medicine to create a framework from which we can address any and all of our community needs.

The Cultural Safety Sub-Committee of our Quality Committee meets regularly to discuss these issues and monitor goals as a Health Services provider for Six Nations.

Health Resources/Solutions

Six Nations has created a culturally appropriate framework from which we can address any and all of our community needs.

- The Haudenosaunee Wellness Model reflects a framework of how we can work together to provide the support our people need to find their pathway to balance of mind, body and spirit.
- Areas of training needed to meet the health goals and objectives include cultural orientation to the community, trauma-informed care principles and strategies and best practices.
- Health Services currently has over 30 types of regulated and non-regulated health care professionals with a wide range of clinical skills. Recruitment of community members will continue to be a priority.
- Community assets include spaces for physical activity (walking track, sports fields, arenas, ball diamonds, playgrounds); opportunities for food access (greenhouse, community garden, food bank, Six Nations Farmers Association); access to Traditional Medicine Practitioners, Healers and Knowledge Keepers

SUMMARY

Through this ongoing analysis of our community needs and looking to future trends that will impact how we will deliver services, Six Nations Health Services will continue to involve community partners and leaders and engage them in our next 5 year strategic plan for our health and wellness programs and services.

Together, we will continue to operationalize a plan that respects our history, our culture and traditions and recognizes our present and will strive to meet our future challenges.

The Health Services Teams have all found exceptional ways to carry on through the pandemic and provide required and essential care and services despite restrictions place on their typical processes and practices.

This 2021 update is an interim step and update to Six Nation's Health Services Health Plan. Further revision and additional integration of community input are within the work planned by the Health Transformation Team over the next two years.

We look forward to the ongoing implementation of our plan to move us toward our vision of a healthy and well Haudenosaunee community.

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