OFIFC

Ontario Federation of
Indigenous Friendship Centres

Bill 175: *An Act to Amend and Repeal Various Acts Respecting Home Care and Community Services*

June 2020

About the Ontario Federation of Indigenous Friendship Centres

Founded in 1971, the Ontario Federation of Indigenous Friendship Centres (OFIFC) works to support, advocate for, and build the capacity of member Friendship Centres across Ontario.

Emerging from a nation-wide, grass-roots movement dating back to the 1950's, Friendship Centres are community hubs where Indigenous people living in towns, cities, and urban centres can access culturally-based and culturally-appropriate programs and services every day. Today, Friendship Centres are dynamic hubs of economic and social convergence that create space for Indigenous communities to thrive. Friendship Centres are idea incubators for young Indigenous people attaining their education and employment goals, they are sites of cultural resurgence for Indigenous families who want to raise their children to be proud of who they are, and they are safe havens for Indigenous community members requiring supports.

In Ontario more than 85 per cent of Indigenous people live off-reserve in urban and rural communities. The OFIFC is the largest urban Indigenous service network in the province supporting this vibrant, diverse, and quickly-growing population through programs and initiatives that span justice, health, family support, long-term care, healing and wellness, employment and training, education, research, and more.

Friendship Centres receive their mandate from their communities, and they are inclusive of all Indigenous people – First Nation, Status/Non-Status, Métis, Inuit, and those who self-identify as Indigenous.

Introduction

The Ontario Federation of Indigenous Friendship Centres (OFIFC) submits their response to Bill 175, *An Act to amend and repeal various Acts respecting home care and community services*, also referred to as *Connecting People to Home and Community Care Act, 2020*, to the Standing Committee on the Legislative Assembly.

The Province continues to strive to improve the Ontario health care system by passing legislation and advancing strategic policy. With the introduction of Bill 175, we are midway through the Ontario Health transformations with the staged transitions of home care and community services into Ontario Health, Ontario Health Teams and Local Health Integration Networks (LHIN). It is imperative that the legislation and regulations maintain at the forefront the intention to improve the health outcomes and frontline experiences of the urban Indigenous population. This document outlines our position in relation to the Bill 175's implications for Ontario Friendship Centres and the urban Indigenous communities in which they serve.

The OFIFC submits this document with the understanding that Ontario and its health care system are immersed in a public health crisis caused by the COVID-19 pandemic. The scale of the impact of COVID-19 on the health of the Ontarians and on the capacity of the health care system is unknown with wide ranging projections and models. As such, it is our expectation that Ontario will revisit this legislation with a new perspective on the capacities and vulnerabilities of the home and community care system and conduct public engagement, including with urban Indigenous communities and organisations, on appropriate amendments.

Analysis of Bill 175

OFIFC POSITION ON GOVERNMENT APPROACH TO INDIGENOUS RELATIONS

The OFIFC is concerned with direction of Ontario's relationship with Indigenous people as expressed through Ontario communications about Bill 175. Specifically, the Ministry of Health (MOH) references "maintain[ing] the government-to-government relationship with Indigenous communities in the delivery of home and community care services."[1] This approach is exclusionary to the overwhelming majoritiy of Ontario Indigenous people who live in urban communities and remain unserved by band council governments and provincial territorial organisations. In Ontario alone, over 85% of Indigenous people live off-reserve and over 55% live in cities and towns with a local Friendship Centre.[2] *Misquadis*[3] states clearly that urban Indigenous communities who self-determine to organise service and program delivery to the people in those

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[1] Ontario's Regulatory Registry. "Modernizing the Legislative Framework for Home and Community Care". Retrieved from: https://www.ontariocanada.com/registry/view.do?postingId=31727&language=en

[2] Statistics Canada. (2018). 2016 Census Data.

[3] *Ardoch Algonquin First Nation v. Canada (Attorney General)* [2004] 2 FC 108, 2003 FCA 473

communities must be acknowledged in policy and program decisions which will impact their lives in order for the Crown to fulfil constitutional responsibilities to all Indigenous communities in Canada, regardless of legal definition. By taking a “government-to-government”, Ontario renders invisible the existence of the urban Indigenous population as well as their distinct and established urban Indigenous communities, including long-standing urban Indigenous service delivery organisations and agencies that support those communities.

In using “government to government” language for home and community care services, the provincial government is working against long established relationships with urban Indigenous service providers, such as Friendship Centres, who have provided essential, culture-based home and community care services to urban communities for over 20 years. Urban Indigenous service providers have the experience and expertise required to effect change in the home and community care in their communities. Ontario has increasingly made strides in equitable recognition, inclusion and support of urban Indigenous people, communities, and service providers, however, focusing provincial/Indigenous relationships exclusively on *Indian Act* organisations and communities will erode progress made in improving Indigenous health outcomes. As Ontario moves forward with legislated policy change of the home and community care system, the Ontario government, Ministry of Health and Ministry of Long-Term Care, Ontario Health and Ontario Health Teams are responsible for actively including urban Indigenous people, communities, service providers and provincial organisations in all activities, initiatives, strategies, and mechanisms that impact Indigenous health in Ontario. The failure to do so would mean not only driving up inefficiencies and costly end goals but it would also be misaligned with ethical responsibilities to Indigenous people living in Ontario.

Therefore, it is recommended that:

1. Ontario broaden its direction to build relationships with all Indigenous partners in its policies and program implementation, including home and community care modernisation in order to include urban Indigenous people, communities, service providers and organisations.

2. The Ministry of Health and the Ministry of Long-Term Care engage urban Indigenous communities and organisations as partners in developing, implementing and evaluating any home and community care legislation, regulations, policies and programs.

OFIFC POSITION ON SCHEDULE 1 – *CONNECTING CARE ACT*

Under Bill 175, there are no provisions on health equity to improve access to care, quality of care or health outcomes. Health equity is the state in which all people (individuals, groups and communities) have the opportunity to attain full health potential and no one is disadvantaged from achieving this potential because of social, economic or environmental conditions.[4] It is clear that Ontarians are experiencing inequitable access to home and community care services based on a variety of social determinants of health, including systemic factors of the home and community care system. According to the Auditor General of Ontario's 2015 Annual Report on Community Care Access Centres, Ontario's Home Care Program provides services inequitably to Ontarians because of barriers based on location, caseload, wait times, capacity or proficiency.[5] A study by the Wellesley Institute found inequitable home care access among diverse senior population in the Greater Toronto Area, including disparities by gender, immigration status, country of origin, racialised identity, and language use in use and unmet needs for home care.[6] A 2016 survey of the OFIFC's Life Long Care program found that urban Indigenous people and Friendship Centres experienced a lack of cultural competency, partnership engagement, inconsistency service delivery, and extensive wait lists and that these were impediments to accessing home and community care services.[7]

Promoting health equity means creating the conditions where individuals and communities have what they need to enjoy full, healthy lives, including the ability to access the right home and community care services when they need them. People inhabit environments shaped by policies, forces and actions that influence their personal choices and behaviours over a lifetime and over generations. Meanwhile, promoting health equity creates the conditions for a systemic culture of addressing barriers to care. This is why Ontario needs to explicitly prioritise health equity within Bill 175 to embed it as a principle in the home and community care system. As COVID-19 is teaching us now, when health disparities are allowed to proliferate in population groups, it makes them particularly vulnerable during public health crises.

Therefore, it is recommended that:

3. Bill 175 include a commitment to equity and to the promotion of equitable health outcomes within the home and community care system.

OFIFC POSITION ON SCHEDULE 2 – *MINISTRY OF HEALTH AND LONG-TERM CARE ACT* AMENDMENTS

The OFIFC supports Bill 175's proposed amendments to Subsection 1, 6(1) of the *Ministry of Health and Long-Term Act* to include "To enter into agreements with Indigenous organisations to provide for home and community care services for Indigenous communities". It carries over the important role of Indigenous organisations

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[4] Ontario Public Health Association. Retrieved from: https://opha.on.ca/What-We-Do/Projects/what-is-health-equity.aspx

[5] Auditor General of Ontario. (2015) *2015 Annual Report: Chapter 3, Section 3.01: CCACs – Community Care Access Centres – Home Care Program*. Queen's Printer: Toronto.

[6] Seong-gee Um and Naomi Lightman. (2016). *Ensuring Healthy Aging for All: Home Care Access for Diverse Senior Populations in the GTA*. Wellesley Institute: Toronto.

[7] Ontario Federation of Indigenous Friendship Centres. (2016). *A Report on Home and Community Care in Ontario – an Urban Indigenous Population Report*. OFIFC: Toronto

in providing home and community care services, outlined in the *Home Care and Community Services Act, 1994*. It allows individual Friendship Centres to enter into funding agreements and partnerships on the delivery of home care and community services with health agents, such as Ontario Health Teams and Ontario Health.

At the same time, the OFIFC urges the Ministry of Health and the Ministry of Long-Term Care to continue to deal directly with the OFIFC on the administration of provincial home and community care programs, such as the Life Long Care (LLC) Program. The OFIFC, as the provincial representative of 29 Friendship Centres across Ontario, has the mandate and capacity to advocate and negotiate on behalf of its membership and has demonstrated its ability to support the delivery of high-quality, culturally-grounded, community-based home and community care services for urban Indigenous people. Friendship Centres do not want this role to be undermined by the Ontario government. Furthermore, approaching each Friendship Centres individually is the most inefficient, ineffective and inappropriate method of delivering home and community care services to urban Indigenous population.

Therefore, it is recommended that:

4. The Ministry of Health and Ministry of Long-Term Care be respectful in the delivery of home and community care services and continue to deal directly with the OFIFC on provincial level program administration.

OFIFC POSITION ON SCHEDULE 3 – *HOME AND COMMUNITY CARE SERVICES ACT* REPEAL

The OFIFC is concerned about the flexibility of the definitions and protections of home and community care services as Bill 175 repeals the *Home and Community Care Services Act* and transfers almost all of its key elements to regulation. The regulations can be changed by Ministers in Cabinet without ever going to a vote in the Legislature, eroding the public protections in home care services.

Specifically, the Home and Community Care Bill of Rights is currently protected in the *Home and Community Care Services Act*, but Bill 175 proposes moving the Bill of Rights to regulations. The OFIFC is opposed to this move, as the legislated Bill of Rights ensures that the rights of persons receiving community services from a service provider are fully respected and promoted. Indigenous people, many of whom have been subjected to discriminations by the Ontario health care system, require the enshrining of rights protections within home and community to safeguard themselves when they seek and receive services.

Therefore, it is recommended that:

5. The Home and Community Care Bill of Rights be included in the body of Bill 175 - *Connecting People to Home and Community Care Act, 2020* and not under its regulations.

OFIFC POSITION ON PROPOSED REGULATIONS

The ministry is planning to maintain core elements of the home and community care program, while introducing flexibility for Ontario Health Teams and other providers to implement integrated, effective and accountable models of care that respond to local needs.

Concerning the proposed new regulation under the *Connecting Care Act, 2019*, the OFIFC contributes the following as feedback:

- The OFIFC supports the inclusion of “diabetes education” as a new community care service provided by the Local Health Integration Networks, with the proviso that should create opportunities for Friendship Centres to receive program funding to provide culture-based diabetes education to urban Indigenous communities.

- To carry out the care coordination functions for Indigenous persons, the health service provider responsible for care coordination should develop meaningful service relationships with urban Indigenous services providers, such as Friendship Centres, similar to requirement by Boards of Health under the Ontario Public Health Standards. This will improve the impact of the care coordination functions by providing Indigenous community-based, culturally-grounded supports.

- The OFIFC supports the development of Guidance on Care Planning to ensure equity of access across the province. A specific guide for Indigenous communities should be developed for care coordinators in collaboration with the OFIFC to support the inclusion of urban Indigenous communities.

- The OFIFC approves of the removal of service maximums in service allocations to promote equity of access for Indigenous people.

- As mentioned in above sections, the OFIFC does not approve of the inclusion of a Bill of Rights for home and community care in regulation. It should be updated and carried in the body of the legislation under Bill 175.

- Enabling LHINs to be deemed health service providers and continue functioning in the role left by Community Care Access Centres must be followed with deliberate instruction on creating and maintaining service-based relationships with urban Indigenous service providers. The LHINs have failed at engaging Indigenous people and improving Indigenous health outcomes, so permitting them to continue as health service providers responsible for home and community care coordination puts access to services and health outcomes of Indigenous people at risk.

Conclusion

As the province is taking steps to update and strengthen home and community care legislation for all Ontarians, the needs and priorities of the urban Indigenous population must be included and addressed through all opportunities, strategies and consultations. The OFIFC sees potential within Bill 175 to improve health outcomes and experiences of urban Indigenous people. As the CCAC and LHIN systems have failed to provide consistent, quality and cost-effective home and community care services for Ontarians, and have further failed utterly to make an impact on Indigenous health status in the province, major changes to home and community care's service model must be made to improve service delivery and accountability to Indigenous people as their responsibility is transferred over to Ontario Health.

It is clear that urban Indigenous people home care needs are best addressed through wholistic, preventative and culturally appropriate and community-based approaches which focus on the interrelated physical, mental, emotional and spiritual aspects of health. These approaches are at the core of decades of experience with home and community care the OFIFC has through the Life Long Care Program. Because this program is delivered in a culture-based organisational setting it is able to leverage a board range of other supports that make a significant contribution to increasing the experience of program participants, as well as those who engage with them, whether it be young people offering support and receiving teachings or children learning Indigeous languages and playing with seniors. Building and enriching a sense of community and creating multi-generational experiences is a significant asset of the Life Long Care program in Friendship Centres that mainstream institutions cannot offer, and which directly benefits health status, quality of care, and quality of life.

Urban Indigenous organisations have been clear that legislation, regulations and policies which support local culture, reflect local values, and use Indigenous community-based methods are the most effective to achieve concrete outcomes on the ground. The OFIFC strongly recommends that changes to home and community care made during this transformative period incorporate the concerns, priorities, and protections required for safe community-based, culturally-competent care for urban Indigenous patients and their caregivers.