



**MATAWA HEALTH  
CO-OP**

# Governance and Local Decision Making in a Hub Model

Presented to ISC Ontario Joint Gathering – May 15, 2019  
#ONJOINTGATHERING



# Our Team Presenting Today



FRANCES  
WESLEY

Matawa Health  
Co-operative  
Executive Director



ALISON  
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Specialized Nurse  
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# Full Presentation Outline

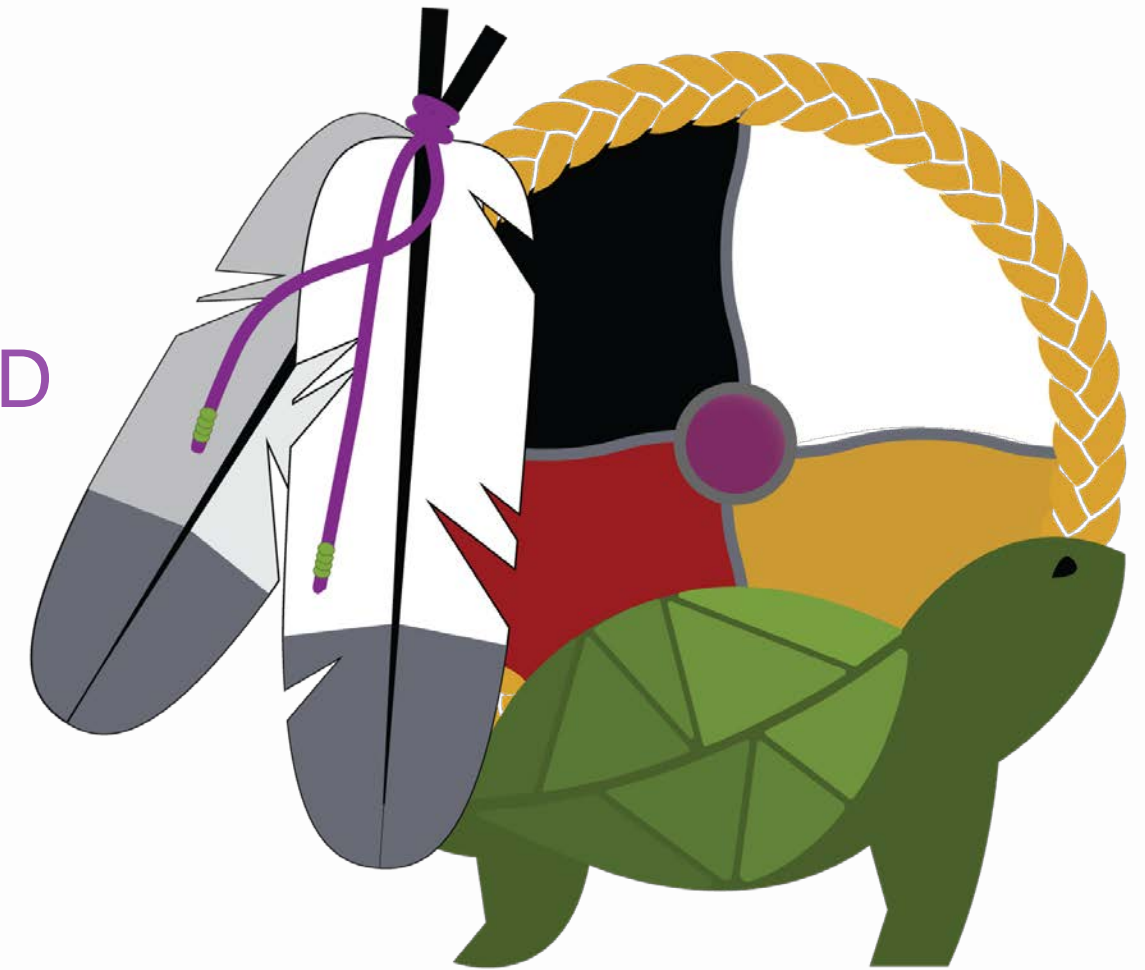
## 1. BACKGROUND

- Matawa First Nations Management
- Matawa Matawa Health Co-operative (MHC)

## 2. MHC PROJECTS THAT SUPPORT GOVERNANCE AND LOCAL DECISION MAKING

- Northern Ontario School of Medicine Partnership
- Establishing Environmental Health Officer Services
- Transferring management and responsibilities of nursing services (Alison Linklater, RN, BScN, CDE, Specialized Nurse Consult)

## 3. CLOSING/WRAPUP



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# MISSION

Matawa First Nations are committed to supporting each other and focusing our collective efforts on core strategic priorities.

By working together as a regional community, we will use our combined knowledge and resources in order to champion the social and economic vitality of our First Nations and invest in community and people building.



**Matawa**  
FIRST NATIONS



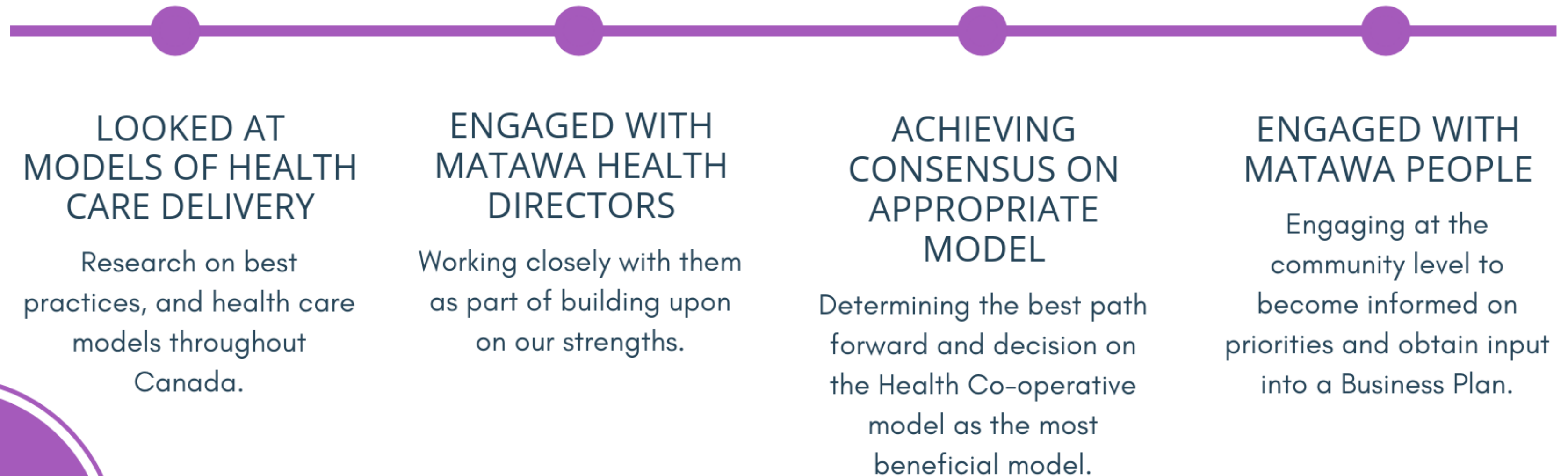
## GOVERNANCE, NOT JUST IN HEALTH...

### Indigenous Led Initiatives in other Areas

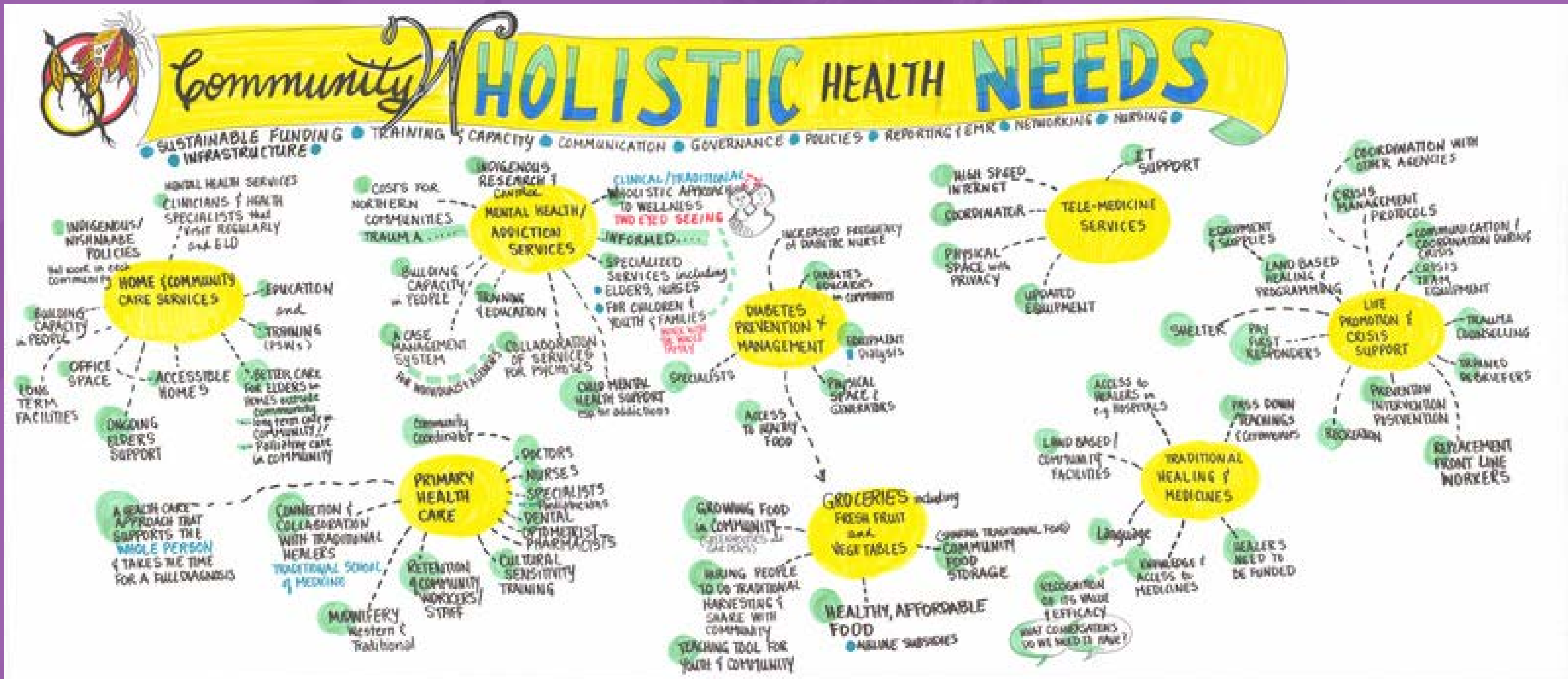
- ISO Certification (since 2012)
- Four Rivers Environmental Services Group
- Gathering of Rivers for Community Care Charity
- Kiikenomaga Kikenjigewen Employment & Training Services
- Matawa Education and Care Centre
- Matawa Education Authority
- Matawa Non-Profit Housing Corporation
- Nibi Water Services
- Rapid Lynx Telecommunications

# PAVING THE WAY FOR INNOVATION IN HEALTH CARE

## ROLL-OUT FROM 2017 - 2019 (CURRENT)



# What We Heard



# ENGAGEMENT SESSIONS IN 2018

Numerous interactive meetings/sessions with the Matawa Health Directors and Matawa community members including on-reserve Youth, Elders, community members, health and mental health professionals in the communities along with engagement sessions with Matawa off-reserve members took place. The purpose of the engagement was to assist in identifying Matawa Health Co-operative priorities and to form the basis of a Business Plan. The following priorities were identified:

MENTAL  
HEALTH &  
ADDICTIONS

DIABETES

CHRONIC  
DISEASES



# RECOMMENDATIONS FROM COMMUNITY ENGAGEMENT

It was determined from the feedback we got from the engagement sessions that we consider hiring qualified individuals for the following positions.

- Physician (lack of physician services)
- Mental Health counsellors (Case managers and crisis management)
- Foot care specialist/nurse (lack of foot care services)
- Nurses (RNs, NPs)
- Certified Diabetes Educator (RN)
- Community engagement leads for Thunder Bay & Geraldton to assist with discharge planning, advocacy, navigating and translation services

# ESTABLISHING AN INTER-PROFESSIONAL PRIMARY CARE HEALTH TEAM

- Completed Business Plan and approved for funding in 2018
- 1 Clinical Coordinator, 4 Nurses (2 are Certified Diabetes Educator), 1 Foot Care Specialist, 4 Mental Health Counsellors and 1 P/T Physician
- Foot care and other IPPCH services began in February 2019 coordinated through Clinical Coordinator



# 2017 - 2018 MATAWA HEALTH CO-OPERATIVE ACTIVITIES



## ESTABLISHED BOARD OF DIRECTORS

Made up of Matawa Health Directors



## BY-LAW DEVELOPMENT



## INCORPORATION

Completed in 2017. Became a member of Health Care Co-operatives Federation of Canada.



## RECOMMENDATIONS FROM ENGAGEMENT

Establish primary care health care services

# MATAWA HEALTH CO -OPERATIVE BOARD OF DIRECTORS

“

A health co-operative means ownership by us and our communities. Its about providing the best services for our people, sharing resources and managing/operating our own health system. We choose to work together in unity to break the barriers, to close the gaps and to find true pathways to healing.



Matabwa First Nation Health Directors and Matabwa staff spearheading the MHC at the first funding agreement signing on March 28, 2018

# 2019 AND FUTURE MATAWA HEALTH CO-OPERATIVE ACTIVITIES

## BRANDING AND COMMUNICATIONS

Based on Communications Strategy - branding, radio shows, social media, posters/brochures, Matawa Messenger

## CAPACITY BUILDING INCLUDING TELEMEDICINE INFRASTRUCTURE

Ontario Telemedicine Network

## POLICY, PROCEDURES, MEDICAL RECORDS MANAGEMENT SYSTEM

Mustimuhw electronic medical records

## PARTNERSHIPS WITH SERVICE PROVIDERS

Who may already be providing some health care services

# 2019 AND FUTURE MATAWA HEALTH CO-OPERATIVE ACTIVITIES - CONTINUED

## MENTAL HEALTH & ADDICTIONS

Developing a strategic evidence-based approach to the opioid and other substances epidemic

## NURSING TRANSFER

Engaging with Matawa First Nations on nursing transfer process

## TRADITIONAL HEALING & MEDICINES

Incorporating into the work we do

# 2019 AND FUTURE MATAWA HEALTH CO-OPERATIVE ACTIVITIES - CONTINUED

## PHYSICIAN SERVICES

- Recruitment
- NOSM Residency Program

## BULK PURCHASING

Purchasing large quantities for a lower unit price

## CAPITAL INFRASTRUCTURE

Plan and support capital projects in the Matawa communities

## FOOD SECURITY

Provide access to nutritious foods

# Building a Matawa Health Cooperative

COMMUNITIES WORKING TOGETHER



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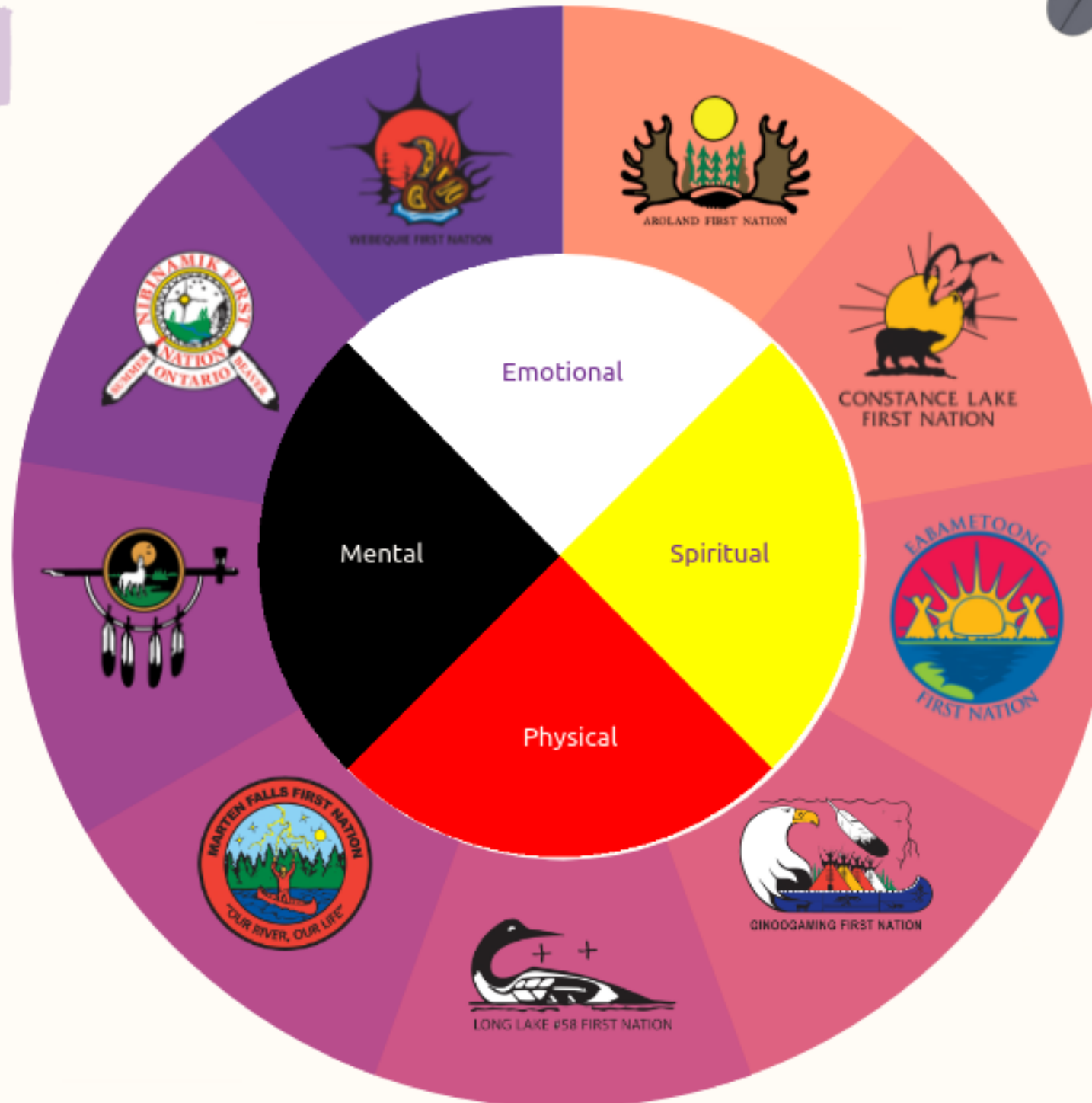
## ADMINISTRATIVE

- Capital
- Human Resources
- Technology
- Funding
- Policy/Legislation
- Changes

## PROGRAM DEVELOPMENT

## MENTAL HEALTH

- Traditional Healing and Medicines



## CLINICAL

- Primary Care (Physicians, nurses, etc.)
- Nursing Transfer
- Public Health
- Environmental Health Officers (2)
- Dental Care
- Traditional Medicine



# PARTNERING TO BUILD SUCCESS



- Continued commitment of Matawa leadership (Chiefs and Councils, Health Directors and Membership)
- Continued work with Matawa Health & Social Meno Biimadeswin Program
- Member of Health Care Co-operatives Federation of Canada and Physician Recruitment Committee of Thunder Bay
- NOSM Residency Program
- Other organizations: St. Joseph's Care Group, Anishinabe Mushkiki, Mustimuhw, Nishnawbe Aski Nation (Health Transformation)

# POST GRADUATE FAMILY MEDICINE RESIDENCY TRAINING

Primary Health Care in a Remote First Nations Community



- Tripartite Agreement announced on February 14, 2018 for this *first of its kind* program
- Came from the desire of Eabametoong First Nation to do things differently in the area of physician services
- Ensures the protection and control of Indigenous knowledge and greater First Nation's role in curriculum development
- Physician resident now in place
- In alignment with Matawa's overall goal to take over health services

# Establishing Environmental Health Officer Services

Canadian Public Health Inspector Certified EHOs to protect, promote and enhance the health of Matawa First Nation communities through Environmental Public Health programs and services in the areas of:

- Communicable disease control
- Drinking water
- Health and housing
- Food safety
- Solid waste
- Public buildings
- Emergency preparedness and response
- Risk assessment
- Environmental contaminants research
- Wastewater disposal
- Pest management





## **DIABETES WELLNESS DAY**

"I got my feet worked on (which I didn't want to do but the nurse was awesome), she made me comfortable. My sugars are on track."

---- Victoria Nate, Participant

# Nursing Transfer Presentation Outline

Alison Linklater, Specialized Nursing Consult

- What is a Nursing Transfer?
- Past History
- Nursing Services in First Nation Communities
- Benefits of a Nursing Transfer
- What Does the Nursing Transfer Look Like?
- Next Steps



# What is a Nursing Transfer?



Nursing transfer is the process of transferring management and responsibilities of nursing services from one level of government to another organization or government

Currently, Indigenous Services Canada (formerly known as Health Canada) fully or partially manages nursing services in Matawa communities

- With the exception of Long Lake #58 and Ginoogaming First Nations

First Nation communities will gain greater control over their own nursing services with the Nursing Transfer

# Nursing Services in First Nation Communities

- + Nurses are often the main contact with the health care system in many First Nation communities in Norther Ontario
- + The provision of primary health care places unique demands on nurses working in First Nation communities
- + Nurses may provide care in homes, schools, health centres and nursing stations that include home and community care, community health, primary health care and emergency care

# Nursing Services in First Nation Communities (Continued)

- + With limited access to hospitals and physicians, nurses often process advanced knowledge, skills and clinical judgement
- + Many times, there are not enough nurses to properly staff our health centres and nursing stations
- + Training for nurses is not always readily available





# Past History

- In the late 1980's, the Federal Government Cabinet approved the health transfer policy framework for transferring resources for Indian health programs south of the 60<sup>th</sup> parallel for Indian control
- The Federal Government believed that First Nations people could provide better health care for their own people
- Not all First Nation communities completed the Health Transfer of their Health Programs

# What Benefits does the Nursing Transfer Bring to our First Nation Communities?

## GOVERNANCE

Leadership and community learns more about how their nursing services are delivered

Leadership and communities working together to strengthen their nursing services

## INCREASED FLEXIBILITY

In how, what, when, and where services are delivered in the community

## CLOSER CONNECTIONS

Nursing services to better meet the needs of the community

## BETTER RELATIONSHIPS

Between Nurses, First Nation Leadership & community members

Nurses feeling part of the community

Community members feeling they can rely on Nurses



# Benefits of a Nursing Transfer (Continued)

- Nursing services working with the community health programs (instead of working separately)
- Improved continuity of care and cultural safe care
- Increased accountability and responsibility to community
- Promotes community growth
- **IMPROVED HEALTH OUTCOMES** for our Peoples



# Criteria to Enter into the Nursing Transfer

NURSING TRANSFER PROCESS IS A KEY STEP TOWARDS SELF - DETERMINATION AND HEALTH TRANSFORMATION

*Before entering the Nursing Transfer Process, the following must be completed:*

- Engagement with leadership, its membership and health staff
- Creation of a Band Council Resolution (BCR) granting the nursing transfer
- Evidence of successful financial and administrative experience in program management

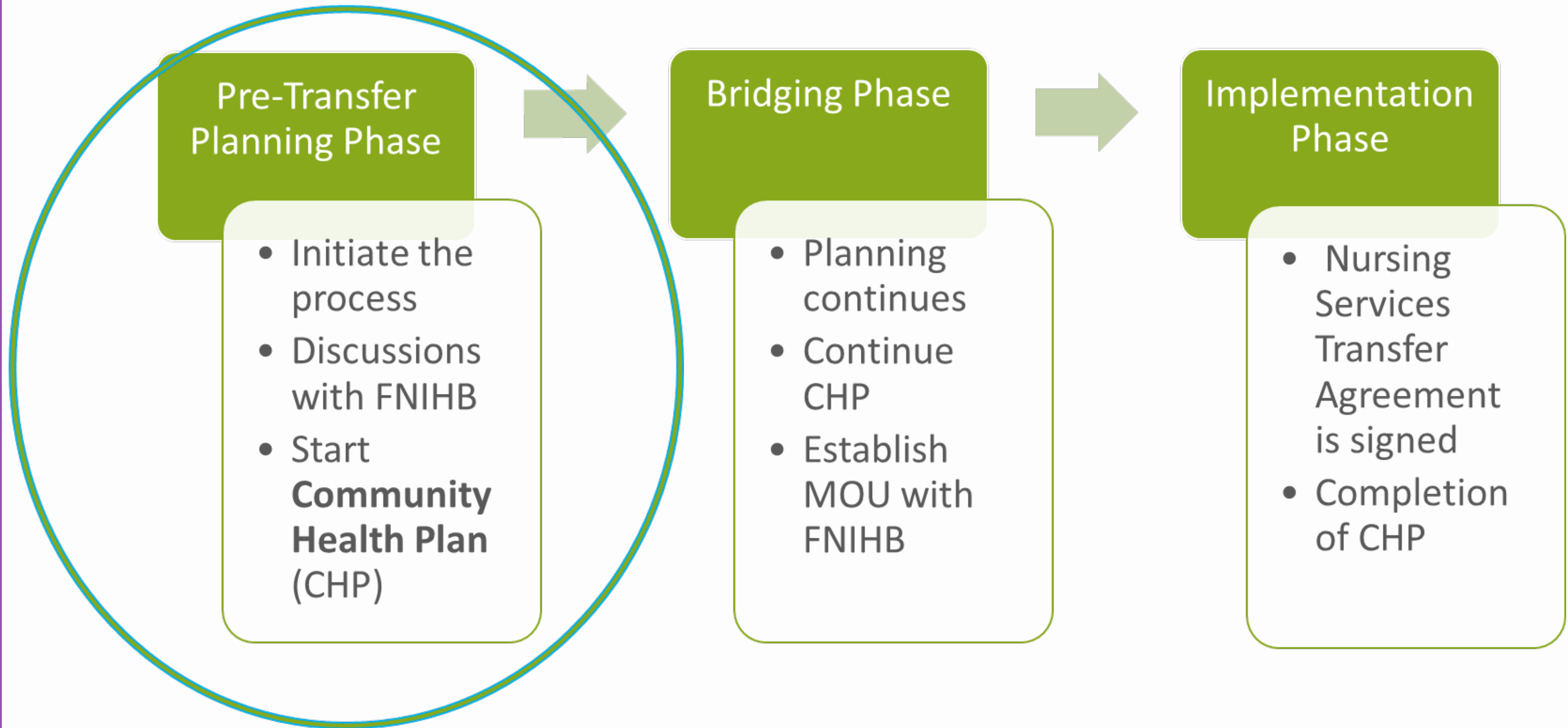
*(If a community is unable to provide evidence, they have the option of partnering with another community or organization to complete the nursing transfer)*





# What does the Nursing Transfer Process Look Like?

# Steps in the Nursing Transfer Process



# NEXT STEPS— Working with First Nation Leadership and Their Communities



Matawa Health Co-operative's goal is to assist and support their First Nation communities in transferring the nursing services from Indigenous Services Canada to their communities



Matawa Health Co-operative would like to work alongside the First Nations leadership and communities as they establish their nursing services



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# WHERE ARE WE AT IN THE NURSING TRANSFER PROCESS?

Continuing community  
engagement with Matawa First  
Nations including Leadership,  
Health Directors, Membership  
and Health Staff (started in  
February 2019 and continuing to  
present)





# NURSING TRANSFER

# FEARS

## Process

GROUND-BREAKING  
PLANTING THE SEEDS

KEY STEP TOWARDS HEALTH TRANSFORMATION

WE WILL TELL THE GOVERNMENT WHAT WE WANT  
THERE ARE OPTIONS

FOCUS ON MORE THAN THE PHYSICAL

THERE ARE OTHER MODELS TO LEARN FROM

- KEENAYTINOOK OUMALUNAK
- SHIBOGAMA
- SUPINA REGIONAL NURSING STRATEGY

WE ARE HERE

### PHASES

1. PRE TRANSFER

DEVELOPING HEALTH PLANS

- Community health priorities & needs
- Administrational & Programs

2. BRIDGING

ANNUAL RE-EVALUATION OF NEEDS  
WORKING IN & OUTSIDE

3. IMPLEMENTATION

WE'RE LOOKING FOR:  
COMPETENT  
ETHICAL  
JUDGEMENT

CREATION OF INDIGENOUS NURSING STANDARDS  
NURSING WITH CARE AND ADVOCACY FOR OUR PEOPLE

WHAT PATIENTS NEED  
CULTURALLY SAFE CARE  
TRAUMA INFORMED CARE  
CHOICES  
TRUST  
DEFERRED PATIENTS

GETTING ORGANIZED

WHAT DO WE WANT?

WHAT TYPES OF NURSES ARE NEEDED?

HOW DO WE ATTRACT NURSES TO THE NORTH?

HOW DO WE CHANGE & GROW?

LOOKING AT SIMILAR APPROACH

WORKING WITH SUPINA & PUBLIC HEALTH USE COMMUNITIES

MATANA Community Wellbeing FACILITATOR

GOVERNMENT USING OUR INFORMATION AGAINST US

WHO ARE NURSES ACCOUNTABLE TO?

WE ONLY HAVE A SET AMOUNT OF MONEY

- NO ROOM TO INCREASE
- ABLE TO RESPOND TO POPULATION INCREASES

CRAZY POLITICS  
LACK OF UNDERSTANDING

RESISTANCE OF NURSES (fall back on Health Canada approach)

HOW TO TRAIN, RECRUIT & RETAIN YOUNG PEOPLE?

# HOPES

FIRST NATIONS NURSES IN EVERY COMMUNITY

NURSES WANT TO STAY LONGTERM

MANAGEMENT FOR NURSES

FOLLOW-UPS in a timely way

SYSTEM for ACCOUNTABILITY OF NURSES & STANDARDS

NURSES HAVE CULTURAL SENSITIVITY

NURSING ASSISTANT PROGRAM at COMMUNITY

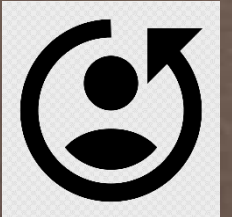
THE LODGE HAS A Nurse

TRANSLATION SERVICES

YOUTH MENTORSHIP at YOUNG AGE  
vill. Communities encourage

NURSES VISIT HOMES

FIRST NATIONS STREET vs. LONG TERM CARE in urban area

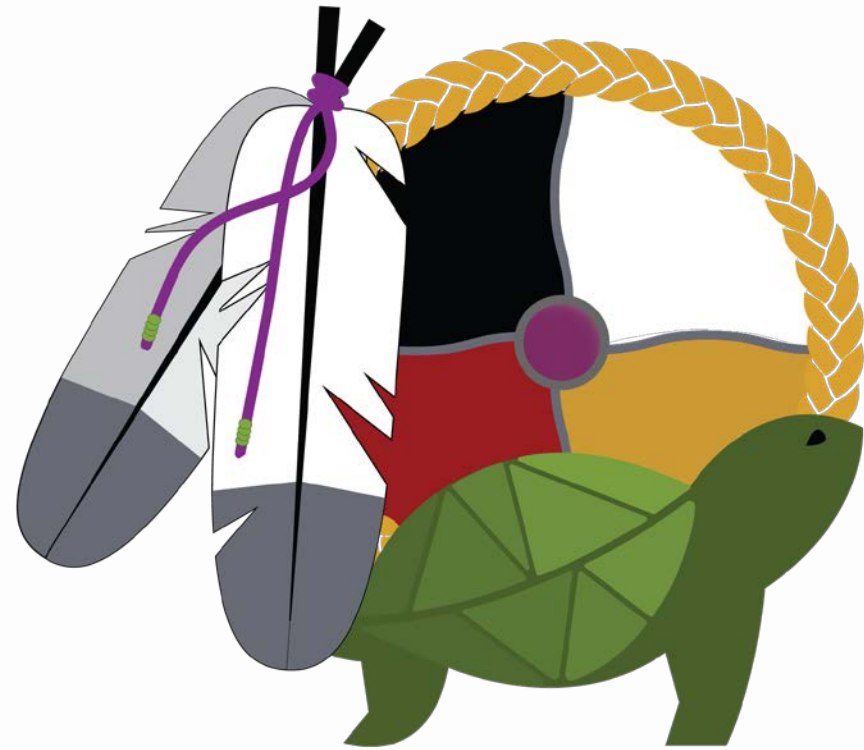


# Closing/Wrap -Up

- Our Health Co -operative Hub Model works for our First Nations
- Navigating the federal and provincial health vortex has been difficult and disconnected
- Can better incorporate our cultural knowledge and ways of healing into our health system
- Will continue to travel to our communities and will continue to hire additional staff ( ie. Nurse Practitioners, etc.) to reach our full complement
- We are breaking new ground in our communities, being the first at some of the initiatives we are undertaking
- We consider practical, on -the -ground solutions, directly impacting our people —as some of the major tenants of health transformation



# Feedback or Questions?



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CO-OP**

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