

# **The Importance of the Romanow Report for Rural, Remote and Aboriginal Health**

Romanow Forum

# Characteristics of Rural, Remote, and Aboriginal Communities in Canada

- People who live in these communities are tied to the land by historical and cultural traditions, by long-term economic investment and a preference for living in small communities, closer to nature.
- Generally, the health of people living in these communities is poorer than that of their urban counterparts; indeed health status declines with distance from urban centres. Conversely, Aboriginal people have a lower level of health in urban southern centres.
- Compared to urban residents, rural citizens have shorter life expectancies, higher death rates and higher mortality rates (adapted from the report- Rural Health in Rural Hands: Strategic Directions for Rural, Remote, Northern and Aboriginal Communities)

## “The Case for Change”-Romanow

- The future of Canada’s health care system must reflect the values, needs, and expectations of all Canadians, including Canada’s Aboriginal peoples. The poor health status of Canada’s Aboriginal peoples is well known and a serious concern not only to Aboriginal peoples but to all Canadians. The situation is unacceptable and must be addressed.

# The Commissions Work.

- Purpose to understand the various issues and to hear directly from Aboriginal peoples.
- Commission worked with the National Aboriginal Health Organization to host a national forum on Aboriginal health issues.
- People from First nations, Métis, Inuit, and urban Aboriginal communities came together to share.

# Constitutional Assumptions & Funding for Health Services

- Canadian government responsible for funding of people living on reserves.
- Aboriginal peoples link federal health programs to statutory or treaty obligations

## Federal Health Programs –

1. Public or community health programs.
2. National initiative such as diabetes, alcohol and drug.
3. NIHB-funding for prescription drugs, dental, vision care, transporting patients to and from specific health care services

Health Transfer- transfer of certain responsibilities i.e. community health and primary health care services

# Provincial Funding structures

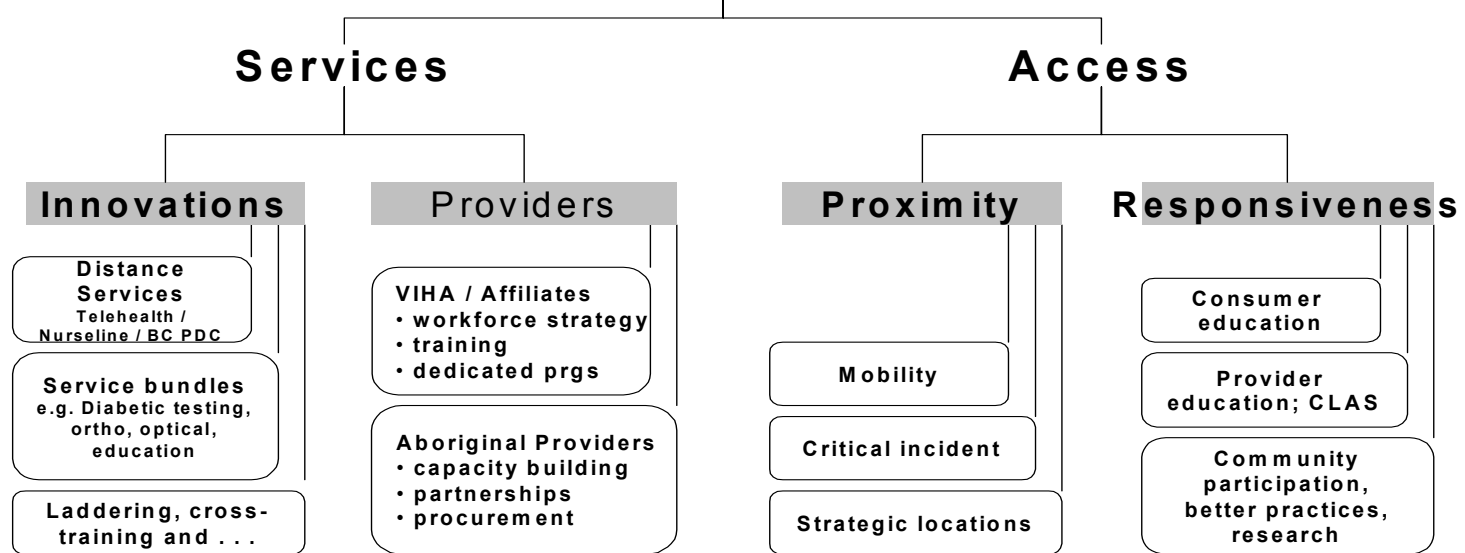
## VIHA

- Regional Director
- Manager South Island
- Nutritionist
- Clinical Diabetes Nurse
- Liaison Nurse
- Health Outreach Workers
- Aboriginal Health Clinic
- Aboriginal Employment Partnership

# Provincial Structures

- **Regional responsibility for:**
  - Aboriginal Health Initiative Program
  - Direct Service Contracts
  - Aboriginal Health Plans
    - Aboriginal Health Advisories
    - Identifying local health issues
    - Identifying appropriate responses to health issues
  - Regional Aboriginal Health Structure

# Improved Aboriginal health





## **“Disconnects” highlighted in Romanow**

- Competing constitutional assumptions
- Fragmented funding for health services
- Inadequate access to health care services
- Poor health outcomes

## Example of a Partnership Approach: First Nations Partnership Programs

- 'Primary' health & well-being holistically conceived
- Geographic & social determinants of health
- First Nations–initiated approach that has impacts on multiple social determinants of health
- Can Aboriginal Health Partnerships support this kind of promising initiative?

## ECD key to community development

- When? 1989 – present
- Where? 10 groups of on-reserve rural FN
- What? 2 yr diploma in Early Childhood Care
- Why? Key to community development plan
- 1. Strengthen capacity to achieve universal & culturally specific goals for 0 – 6 yr olds
- 2. Enable adult ed., training & employment

## Unique model combining several key elements

- Bicultural (Euro-Western & indigenous)
- Community based delivery by communities (local control, tailored to local circumstances, university partner support)
- Community of learners
- Community of practice

## Indeterminate outcomes ...

- Revitalization of elder roles and knowledge
- Intergenerational relationships (social cohesion)
- Network of working relationships (social inclusion)
- Social support
- Broad community support for child wellness initiatives (social cohesion, social will)

## EDUCATION / VOCATION OUTCOMES

- Highest rates of post-sec diploma completions in Canada
  - 95% grads remain in communities
  - 78% grads now working in related fields
- e.g., Aboriginal Head Start, daycare, early nutrition, infant development, supported child care, after school care, language facilitation, service administration

# OUTCOMES FOR ADULTS

- Education
- Employment
- Healing
- Social supports
- Social inclusion
- Cultural identity, knowledge, pride

# OUTCOMES FOR CHILDREN

- ECD programs evolving as ‘hubs’ for multisectoral service centres
- Daycare – safe environment, nutrition, ‘socialization’, pride, cultural language & literacy
- Dental caries, Healthy babies, Immunization, Prenatal education & care, FASD, Nutrition, Early identification, Referrals, Coordinated, local access to purchased diagnostic services and specialized providers, child protection – keeping children safe & well in their own communities



## LEARNING POINTS

### 'Community-based, Community-paced'

- Priorities for community development
- Tailored to culture, needs, goals, circumstances of community members
- Values “Young Children Are Our Future”
- Ownership, Control and Access (OCA)  
Increases success & sustainability
- Indeterminate outcomes
- Documentation & information sharing (univ role)
- Coalitions

# Challenges

- Enormity of need, Specificity of conditions & goals
- Jurisdictional ambiguities (dominos, no cloverleaf designs)
- Fragmentation of services & funding
- Instability of services & funding
- Passing the buck
- Mobility of populations
- Requirement of already developed capacity & extensive commitment of time for planning, application, implementation, evaluation, accountability

# *Aboriginal Health Partnerships*

- Consolidation of funds across jurisdictions intended to streamline access to funding
- Multi-sectoral, integrated services
- Beyond 'silos' – health, social serv, housing, envir.
- Flexible, community-identified priorities & service delivery approaches
- Small & large scale demonstration projects
- Transparency, accountability, evaluation
- Funding based on readiness (who's ready?)
- Training?
- Per capita funding – are needs equal?

# Issues Specific to Rural and Remote Communities

- Lack of consensus on what “adequate” access should include.
- Focus on symptoms rather than cause.
- Need for effective linkages to urban centres.
- Challenge of serving the smallest & remote communities.
- Urban approaches applied to rural communities.
- Lack of research.

# Improving Access to Health Care- Romanow

Rural and Remote Access Fund should be used to....

- to attract and retain care providers
- support the expansion of telehealth approaches
- support innovative ways of delivering health care services i.e. demonstration projects.
- Process must be in place to monitor, evaluate, and disseminate results