2/19/2015

FIRST NATIONS REGIONAL HEALTH FORUM

SUMMARY REPORT

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1.0 INTRODUCTION

The Manitoba Keewatinowi Okimakanak Inc. (MKO) Chiefs in Assembly of July, 2014 by Resolution #2014-07-12 "urge(d) a meeting be convened immediately between the MKO Chiefs, the Minister of Health for Manitoba, the Minister of Health for Canada, and the CEO of the Northern Health Authority; that funding be provided by the parties to host the meeting in MKO territory, and MKO will coordinate, that funding be provided for the development and implementation of a joint health model for MKO First Nations Health that is based on current realities and Treaties, and satisfactory to First Nations."

On February 19, 2015, a one day northern Manitoba First Nations Health Forum initiated by the MKO in Thompson, attended by leadership from First Nations, Canada, the Province and the Northern Health Region (NHR) met to discuss current realities and planning for northern Manitoba First Nations Health care services. The meeting was led by MKO Grand Chief David Harper, attended by Pam Smith Regional Executive Officer of First Nations Inuit Health Branch ("FNIHB"), Helga Bryant Chief Executive Officer, Northern Health Region and Barry Mathers Executive Director, Aboriginal Northern Health on behalf of Manitoba Health. The other participants consisted of leaders from First Nations, senior regional officials from Health Canada, Northern Health Authorities and Manitoba Health, First Nation community member health service personnel, Youth and Elders.

Although no actual process was determined at this stage, all the parties consisting of the MKO First Nations, Health Canada – FNIHB, NHR and Manitoba Health committed to going forward to improving access to health services and improving health outcomes for First Nations.

2.0 PRIORITIES IDENTIFIED

All parties expressed a commitment to partnering together and being open to addressing different models of health care. FNIHB noted that there can be an increased access to insured services and further that this process is not about a transfer of FNIHB program or from the Province. It is about a service delivery on new models for improved health outcomes.

Meeting together was seen as a good process. Mention was made with respect to the four First Nation communities still being under the Province of Manitoba jurisdiction by virtue of the `64 Agreement` due to the relocation.

The discussion process in sharing perspectives, knowledge, experiences and aspirations to moving forward on northern First Nations health care services emerged with a list of priorities. It is significant to note the guidance of the Elder advising 'We have to know who we are and where we came from … and to be mindful of the Treaties, Treaty rights and the founding relationship with the Crown.'

A framework of priorities grounded in ensuring a continuum of health care and a more responsive health services system identified as listed below, are not set out in any order of priority;

a. Access to Physicians;

b. Health Care Provider Teams;

c. Mental Health;

d. Pre-Natal and Post-Natal;

e. Transportation;

f. Navigation Support;

g. Electronic Medical Record consistency;

h. Public safety;

i. Education and Training;

j. Community Health Assessment.

3.0 DISCUSSION ON PRIORITIES AND IMPLEMENTATION ISSUES

The Agenda questions on the Group discussion for priority setting were:

- What have been the Previous Priority Setting Areas?
- What are the Present and Future Perspectives?
- What are the Opportunities and Challenges?
- What should be the Strategic Priorities?
- Identify Proposed Priority Areas for Moving Forward?
- What should be the Goals and Objectives?
- What should the Strategic Direction look like?

The large group discussion forum gathered the 47 participants in one plenary setting to share their perspectives, challenges, potential solutions and implementation issues from the Agenda questions. Other related questions posed by the participants during the discussion are included as considerations for further review and discussion. While it was noted that some improvements to health services had been made there are persistent gaps with existing silos on direct service. The focus of the discussion was to identify priorities and to seeking solutions for a new approach to health care service delivery on making improvements to health outcomes for First Nations in northern Manitoba.

FNIHB posed questions for consideration in going forward such as What is to be the role of FNIHB? Is there a Regional role for the RHA and the Tribal Councils? That it was important to have details on the long term basis to a Health Service Model, a health entity to take over what FNIHB does although there is not a lot of new money.

Others, looking long-term to hospitals and to combining communities priority areas, with some communities in closer proximity with large populations see a need for hospitals or health centers. Currently there is the Cree Nation Tribal Health and Four Arrows Regional Health Authority. The main problem noted is that there is no one coordinating body and this is viewed as a major gap. Previous initiatives were the NAPHWI that was in place under the previous Health Care Fund for services including diabetes, Traditional healing and a suicide prevention strategy to some communities and there was the NAHPS that ended as well.

Northern Manitoba First Nations share common challenges in accessing and providing health to that of some First Nations in other provinces who have achieved major successes in health care and control of health programs and services delivery as decision makers and parties to the decision making. e.g.; The Northern Inter-Tribal Authority in northern Saskatchewan that exists as a partnership and the Sioux Lookout Regional Hospital in northwestern Ontario where First Nations leadership involved from the beginning now sit on the Hospital Board as partners. Possibilities for Manitoba were noted in these parallel experiences on how successes came about in those regions and that it is just as achievable here with the commitment of the FNIHB , NHR, and Manitoba Health together with the First Nations working to mobilize from within – it raises a lot of hope for positive developments.

One First Nation leader spoke to moving on a framework arrangement. Others echoed this view in speaking to a collaborative partnership and a sustainable health care services approach.

Some suggested they need to take into consideration the scope of the Determinants of Health – low socio economic conditions contribute to poverty and poorer health – lack of housing, education and employment and includes gender and other areas etc..

The Elder posed an important question stating `How are we to define health?'

Public Safety: The issue of Public Safety and protection was considered by several to be a health priority. One community is faced with 95% of crime causing harm and injuries in the community that are alcohol related, that this impacts child caring, linked to suicide and high numbers incarcerated. The community struggles with trying to work with the RCMP in the community and that because of these circumstances – the community experience has been that the justice system is health related and should be a health priority.

Priority of Access to Physicians: Priority of access to physicians in ensuring a continuum of care to life- long good health for First Nations was viewed as critical. As one participant stated 'Health is the life of our people'.

The NHA has an inter-professional team model with distinct differences between the Nurse Practitioner and Physician used in the RHA structure and that this can be shared

There is an urgent need for doctors and to look at options for recruitment north that will serve to create consistency in patient care. One community proposes keeping the doctors based in Winnipeg and to have an arrangement for a regularly scheduled two-week turn-around time as a northern clinic practice. This is seen as providing a continuum of care and quality health care with one doctor doing the patient assessments. All are seeking primary care for physician services. The problem is to having continuity of physician care to the First Nation and the difficulty of recruitment of doctors as few seek to practice medicine in the north. It is the provinces responsibility but the system is not working. The physician services are needed to be in place. It is good to do priority setting – This community did a Health Assessment to identifying areas to prioritize the recruitment for Physicians. Once the doctor is in place, then we can make plans since the health care plan comes from the doctor and to assisted living and to personal care.

Regarding Physician Services the University of Manitoba Northern Medical Unit AM DOCS – the Health Canada decides. Where is the First Nation decision making -to have a body to delegate physicians? This system is not working. The Physician Services is too scattered and needs to be

The current northern health care services was viewed as unnecessarily complex and while the geographic distance between First Nation communities has its unique challenge that contributes to limited accessibility to health services – different approaches or models of health service is needed.

centralized.

Manitoba province has been supportive to the NRHA and confirmed four new physicians to be in place in March to June 2015.

Health Assessment: What is the reorganization impact regarding FNIHB?
Community Health assessment: Expertise is needed to have strategic planning in the community for a review of services such as the Nursing Station to acquire better equipped to work on prevention. A better health facility in the community, to have health Professionals in the community

Patient Health Assessments at community: need to be made by a doctor. To working with health care providers and having Health Assessments at the community.

RHA's have planning cycles – but they rarely focus on First Nation communities – The information that has been gathered from community mainly goes to supporting health services to the Town and other places. It is hoped this Session will move on getting a focus that must be to First Nation areas for our communities. There has to be respect to patients and their rights, to having support services, to addressing privacy issues, to addressing diagnostics and dialysis needs. Cases of improper diagnosis – a person's right to have a second medical opinion, to having access to services for e.g.; MRI.

The communities know the issues – we have evidenced based information. Should it be FNIHB or an independent person to address process and going forward on what are the health issues? We must have proper protocol in place, a facility in place, diagnostics in place and other equipment.

Education and Training: The Four Arrows RHA noted there is a lack of health trained First Nations health professional to work in the north – Emphasized the need for First Nation individuals to provide services as key but there is a lack of education and training.
A stark reality is the experience faced by Four Arrows who lost an opportunity to keeping their Public Health Program despite having the funding, unfortunately were unable to recruit someone with Public Health Administration education to the northern position and with that the funding and the program was lost. It is critical to encourage students and the education system to provide instruction in the areas of math and sciences towards various careers in health.

There is a need for more trained Primary Care Medics to be responsible for Ambulance services - Paramedic Training, the Medivac services. Education focus: to have our own Nurses our own Doctors and other Health Professionals – to seeing Health Care from us our experience and perspective – We have our own Nurses and need to have our own people become Doctors. Need Prevention – Education about Diabetes; Treatment – and Support to Diabetes health. Must be considerations of the capacities, education and training to include the broader group of health care providers, technical and professionals

Health Care Providers: There is a need to have the various health care providers for the different services to the patients. The Nurses, Nurse Practitioners, Midwifery, Dietitians and others. The current Nursing Station Model has Nurses performing diagnostics, prescribing, social workers and dieticians. There is a need for other health care providers and they all need to have cultural competency. If screening is done this needs resources and where to make referrals. . The current model of the Nursing Station needs to expand and have other professionals – with a New Model with Sustainability of Primary Health Care and Assisted Living, to Chronic Diseases – diabetes, cancer, stroke and heart attacks for an aging population.

Northern Regional Health Authority has received increase dollars for physicians. RHA has nurse practitioners to link to doctors and this is good for continuity of skills. The RHA Physicians and Health service - there is the Northern Medical Unit Contract of AMDocs at the University of Manitoba – who are contracted by FNIHB, not the Province. This current system is not working.
Mental Health: Including, but not limited to suicide, drug and alcohol abuse, prescription drug misuse. This is tied into the concerns noted under the public safety issues. The NHA is willing to partner in Mental Health where there is an opportunity to be engaged and to bring expertise;

Pre-Natal and Post-Natal: Maternal Child Health, birthing care needs risk management and safe environment for example could do with Midwives – to pre and post natal care; negative experiences of child bearing mother enduring many hours of riding a bus.

Transportation and Ambulance Service: To Transportation Services on the requirements to have and keep Ambulance, there is Ambulance cost upfront to purchase the vehicle equipped. The have to be Primary Care Paramedics (PCPs) responsible and trained in EMR. This training requires funding. The Human Resources Development Canada has Innovative Training. There is a problem with the billing issue to FNIHB processing in the system that at times is declining payment. FNIHB will only accept Registered First Nations and this means that Unregistered children are not covered. The registration of children to obtain their membership needs to be addressed.

Navigation Services: Navigator support positions between Federal/Provincial and North/South; Regarding medical transportation and Patient Navigation at Perimeter Airlines, the FNIHB office is closed during lunch hour. The NHA noted it could assist in the Navigating between Federal and Provincial and North and South

Electronic Medical Record – There needs to be consistency and seamless application across services; when did you authorize Health Canada and Manitoba to use your head counts? – you did not give them permission to access that information. To have EMR compatibility - To have continuity of care – since First Nations are a mobile population our population numbers are used but not to the benefit north or to our communities. E-Files are great – but need Hi-Speed Internet – all communities do not have Information Technology, the Band Width – This is needed as part of the Planning

4.0 RECOMMENDATIONS

The determinants of health are vast, and while jurisdiction exists regarding health it need not hinder planning on health and to putting the resources together. The purpose of today was to focus on how to move forward and identifying the gaps created. Today we discussed how do we work together for a sustained moving forward process.

1. To look at different models of health care services to developing a health system on improving the health outcomes for First Nations.

2. That the Electronic Medical Record as a tool for health care should be one system that needs to be integrated.

3. That each community has a Community Health Assessment completed to looking at health services to the continuum of care.

4. That Health Assessments must be in place first as the priority areas are identified by the doctor from the set of health assessments.

5. To go after and seeking doctor Services in each of our communities.

6. There is a need for a framework agreement to move things forward.

7. To obtain MO Resolution on Northern Electronic Medical Records (EMR) because of the FNIHB Privacy Issues to avoid encountering problem faced in B.C. Health Transfer as the records are so tied to the federal health system they cannot get out of them easily now.

8. The regional going forward plan needs to have dedicated resources for this work to have a sustained collaborative partnership for change to the northern health care system

9. The Navigator Position to be housed at Keewatin Tribal Council Referral Services Unit to Navigation Service expansion for hospital referral not only to Winnipeg, for the North.

10. That FNIHB open Navigation Services during lunch hours at FNIHB office for the patients arriving at Perimeter Airlines. (MKO and FNIHB indicated this was currently being addressed).

5.0 NEXT STEPS

Framing Draft Action Plan and Next Steps: The question is How Do We Coordinate Moving Forward – All parties stated they each are committed to moving forward in a collaborative partnership.

A decision was made by each party leadership to continue with the working group and identified who is to sit to be that of Walter Wastesicoot - MKO, Donavan Fontaine - FNIHB, Rusty Beardy - NHA and Manitoba Health committed to confirming its technical person.

We must work closely to get things done – the session brings hope – we need a concrete plan to address the issues in our communities.

Acknowledgement:

Health Canada FNIHB was the funder to the Northern First Nations Forum on Health.

Attachments

A. Agenda

B. Participant Evaluation

NORTHERN MANITOBA FIRST NATIONS HEALTH

REGIONAL PLANNING SESSION
Riverlodge Place - Thompson, Manitoba
February 19, 2015
A G E N D A

9:00 a.m.	**Refreshments & Registration**
9:15 a.m.	**Opening Prayer – Elder**
	Opening Remarks – Purpose of Session Grand Chief David Harper, MKO – First Nations Pam Smith, Regional Executive Officer, FNIHB – Canada Helga Bryant, Chief Executive Officer, Northern Health Region Barry Mathers, Executive Director, ANH Manitoba Health **Overview of Agenda** Irene Linklater, Facilitator Session Communication and Rules of Engagement
9:45 a.m.	**GROUP DISCUSSION: PRIORITY SETTING – Session "A"** What have been the Previous Priority Setting Areas? What are the Present and Future Perspectives? What are the Opportunities and Challenges? What should be the Strategic Priorities? Discussion and Validation
	Health/Break - Open
11:00 a.m.	**GROUP DISCUSSION: STRATEGIC PLANNING - Session "B"** Identify Proposed Priority Areas for Moving Forward? What should be the Mission, Vision, Values?
12:00 p.m.	**LUNCH –** Update-Muskehki Contract, Grand Chief David Harper, MKO
1:00 p.m.	**GROUP DISCUSSION: STRATEGIC PLANNING – Session "B" Cont'd.** What should be the Goals and Objectives? What should the Strategic Direction Look Like? Discussion and Validation
3:00 p.m.	Health/**Networking Break**
3:15 p.m.	**GROUP ACTION PLANNING - Session "C"** Framing Draft Action Plan and Next Steps Discussion and Validation
4:15 p.m.	**Closing Remarks**
4:30 p.m.	**Closing Prayer**

Evaluation

47 Registered participants in total. 18 Completed an Evaluation Form: Nearly all noted they Agree 4 or Strongly Agree 5,
There majority of feedback was very positive. Some concerns to having meetings on same issues and no results.

What was most valuable?

1. Good dialogue – while the day was not linear as Agenda planned it was very helpful as we got to the priority issues – regardless a plan is now going forward – well done
2. Gathering with Chiefs and Health Technicians – continuing the discussion
3. Community information
4. Establishing a health model similar to NITA in SK or Ont. - most useful in MB, but all communities must agree to this concept
5. Having the Parties - Canada, Province –Chiefs in one room
6. Exchange of various views and perspectives
7. Having all levels of government at the meeting – but they should be prepared to make commitment to communities
8. The knowledge shared by all who spoke
9. The waste of money on duplicating efforts of `like` previous efforts with no outcomes.
10. Hearing other communities share their concerns, issues – similarities
11. Finding out where the problem areas are and what are suggested outcomes
12. The concept of a Regional entity to voice health concerns is a very good approach
13. Well organized and informed discussions and in short notice
14. Session very interesting and valuable

Suggestions for improvement

1. Get to the solutions
2. All communities must be represented at the next assembly – Info. must be shared at grass roots level.
3. Visit other models of decolonizing-deconstructing health with an indigenous world view
4. That previous conferences be summarized and shared to prevent duplication of efforts
5. Involve grass roots people and more technicians
6. Need at least 2 days for session
7. Feedback from all the people was valuable. Everyone had same concerns and comments. Good information back and forth
8. Focus need to keep participants focused

Topics for future sessions

1. The priorities for the next session

2. Separating politics and service delivery must be mentioned

3. Committee propose to bring main points in a format

4. Infrastructure concerns – issues Decolonizing health care – transformative change

5. Plans to actually address the issues we rehash the same issues without results

6. Resolve jurisdiction issues between federal & provincial govt

7. Strategic planning session

8. 64 Transfer Agreement – Treaty Health entitlement, Jurisdiction

General Comments

1. Good Session overall

2. Concept of unity in order to attain better health care must be achieved

3. What were the recommendations from the gathering held in 2010 in the very same building with the very same people – Can you please find these and forward to health directors and Chiefs too

4. We have to use our Treaty rights to health as a foundation on Health Care.

5. TOR sessions should be shared w Chief & Council to intent of session & level of participation from First Nations. How many times does the Prov. & Fed. govts need to be provided reports on the same issues that never really get resolved.

6. We need to continue with more sessions of this kind

7. This was a good information session, and it should continue efforts to identify the next step

8. Call for Chief absent

9. With all the info and to collect more we need to dedicate more time

10. Forum sessions need to continue and to develop plans short medium long term strategically