



ATLANTIC POLICY CONGRESS
OF FIRST NATIONS CHIEFS SECRETARIAT

BRIEFING NOTE

TITLE: Health and Wellness Issues in Atlantic Canadian First Nations Communities

ISSUE: There are many issues and concerns associated with the health and wellness of First Nations people in Atlantic Canada and this Note provides an overview of the most pressing issues.

Attachments YES [X] NO []

BACKGROUND:

Here is an outline of the current health issues / concerns being worked on through APC and MMAHB and the associated subcommittees. Some align with the Chiefs priorities on health (mental health, addictions, elder care, investing in children and youth) while others do not but are still very important to the health and welfare of Atlantic First Nations. These were also the issues brought to the attention of the Minister of Health, Leona Aglukkaq when she visited the region on August 15, 2011.

CONSIDERATIONS/IMPACTS/ISSUES:

- ***Funding Sustainability:*** Atlantic Canada is unique because 75% of our First Nations communities are 'Transfer' communities, meaning that they have a significant degree of influence over health funding and how it is utilized in the community. However, the funding cap on transfer payments to communities (3%), particularly smaller communities, presents significant problems. The approach to funding and the formula basis used for First Nations communities must be revised based on a common standard to reflect current needs and a range of comparable programming & services for all FN in the region not solely based on population. Funding based on comprehensive FN health plans and strategies is required to connect funding to outcomes and results. Strong evidenced based accountability at the community level is key for all our FN communities.
- ***Non-Insured Health Benefits:*** The expected federal program review will look at ways to reduce costs. NIHB makes up a very large portion of the FNIHB budget and is a core essential basic service to FN and Inuit people. Plans to reduce services and or expenditures further will directly impact people and their health status. In particular in Atlantic Canada the impending registration of newly recognized First Nations under the McIvor decision and

the Qalipu landless band in Newfoundland, there is a concern that funding and services of the Non-Insured Health Benefits program at FNIH will suffer unless new funding is provided. First Nations communities must have assurance of the Minister that funding to NIHB programming will not be cut and will meet the needs of all First Nations communities and people in the Atlantic region.

- ***Mental Health and Addictions:*** Mental Health and Addictions continue to be an issue in Atlantic First Nations Communities. Mental health programming is non-existent and requires dedicated funding allocation for the Atlantic region based on the detail strategy developed in collaboration with the FN in the region. Addictions issues are moving from sole addictions based on alcohol consumption to include other more complex addictions to illicit and prescriptions drug abuse.
- ***Prescription Drug Abuse:*** In recent years the prevalence of prescription drug abuse in Atlantic First Nations communities has been on the rise and has required focused action and collaboration. Traditional addictions such as alcohol are still serious issues, however, more attention needs to be paid to the misuse and abuse of prescribed drugs such as opioids and benzodiazepines (Benzos). This requires a fully integrated collaborative region wide approach to address all aspects of the problem and to address issues effectively.
- ***Children and Youth:*** Services dedicated to Children and Youth living in First Nations communities needs to improve and continues to face significant challenges. The youth need positive programming to ensure that they grow into healthy well-adjusted adults and do not face serious challenges of addiction or suicide based on a total lack of hope. Programming, services and supports must empower the young people. Presently, there are serious gaps in youth programming at the community level.
- ***Evidence Based Programming in First Nations Communities:*** Merging community annual reporting based on the funding agreement and accountability requirements with the collection of key relevant health status data in a paper-based or web based format will alleviate the current activity reporting burden on communities while at the same time allowing for the collection of relevant health status data to enable communities themselves to make more evidence based decisions for community health planning and services to address needs. Strong evidence based accountability at the community level is key.
- ***Co-Management of Health Programming and Services in Atlantic Canada:*** The evaluation of the Mi'kmaq Maliseet Atlantic Health Board (MMAHB) indicated that there needs to be a more balanced relationship between the Federal government (FNIH) and the MMAHB Chiefs if real improvements to First Nations health and wellness are to take place. At present, input is being sought from regional Health Directors etc. on what the new model of co-management would look like and how it would function.

- ***Electronic Medical Records in First Nations Health Centres:*** APC with the assistance of Sharon Rudderham, Health Director of Eskasoni First Nation recently submitted a proposal to Canada Health Infoway to implement EMRs in Nova Scotian First Nation Health Centres. Nova Scotia was chosen as the pilot because many physician offices in NS have EMRs and would allow for easier integration. If the project is approved and successful we will be looking to implement EMRs in all Atlantic Canadian First Nations Health Centres. Having EMRs in the Health Centres will allow for improved client safety, easy detection of infectious disease outbreaks, integration with the provincial health systems including radiology, lab results etc; and health data to support evidence based decision making for health planning purposes.
- ***MMAHB Communication and Engagement Processes:*** Communications and input from the appropriate people is an essential piece when designing health policies for First Nations in Atlantic Canada. Community input via the Health Directors and the Health Advisory Committees of the MMAHB are often utilized for their expertise. Some examples of this include the Renewing the Chiefs Health Priorities Process as well as the research undertaken re: enhanced co-management of the MMAHB.
- ***Upcoming Health Events:*** Atlantic First Nations Health Conference, November 14-16, 2011 (Halifax). This years' theme is *Atlantic First Nations Health: Walking the Path to Wellness*. The conference workshops and plenary session will focus on the Chiefs Health Priorities of mental health, addictions, elder care and investing in children and youth. At the end of this document you will find the invite letter, registration form and Honouring Our People award nomination forms. These are also available on the APCFNC website for printing and downloading.

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Date: September 2011



ATLANTIC POLICY CONGRESS
OF FIRST NATIONS CHIEFS SECRETARIAT

TITLE: Funding Sustainability for First Nations Communities

ISSUE: Seventy-five percent of communities in Atlantic are Transfer communities but the funding formula is inadequate

Attachments YES [] NO []

BACKGROUND: Atlantic Canada is unique because 75% of our First Nations communities are 'Transfer' communities, meaning that they have a significant degree of influence over health funding and how it is utilized in the community. However, the funding cap on transfer payments to communities, particularly smaller communities, presents significant problems.

CONSIDERATIONS/IMPACTS/ISSUES:

- Transfer funding is limited to status First Nations living on reserve and as we know First Nations communities often provide service to those not registered but living on reserve. This can lead to deficit situations on reserve.
- Transfer funding is on a 3% escalator. An AFN study reasoned that to meet the needs of the communities an 11% escalator is needed. This presents an 8% gap in funding over many years.
- Lack of adequate funding leads to lack of human resource capacity. Many communities, because their funding allotment is based on population, not need, are unable to recruit and retain health professionals such as nurses. Because the funding is so inadequate, communities are unable to provide full time work, wage parity with off reserve jobs, professional development etc. As a result, health professionals seek employment elsewhere.
- For smaller communities the funding allotments for programming are so small they are often unable to have effective programs.

UPDATE: First Nations communities in Atlantic Canada need a review of the transfer model and the funding escalator. Funding should be based on need, not population. We need to ensure sustainability for our First Nations communities.

Recommended Action/Next Steps:

- Review of the funding escalator and establish a new formula for transfer communities.
- Funding to be based on need, not population.
- Funding based on comprehensive FN health plans and strategies is required to connect funding to outcomes and results. Strong evidenced based accountability at the community level is key for all our FN communities.



ATLANTIC POLICY CONGRESS OF FIRST NATIONS CHIEFS SECRETARIAT

TITLE: Non-Insured Health Benefits (NIHB) First Nations and Inuit Health Services Standards

ISSUE: With the impending registration of newly recognized First Nations under the McIvor decision and the Qalipu landless band in Newfoundland, there is a concern that service with the Non-Insured Health Benefits program at FNIH will suffer.

Attachments YES [] NO []

BACKGROUND: The expected federal program review will look at ways to reduce costs. NIHB makes up a very large portion of the FNIHB budget and is a core essential basic service to FN and Inuit people. Plans to reduce services and or expenditures further will directly impact people and their health status. It is estimated that 2500 new First Nations will be registered under the McIvor Supreme Court Decision and another 25,000 to 40,000 new registered First Nations in Newfoundland under the Qalipu landless band. (Estimates for Qalipu are unclear and range from 28,000 by Indian and Northern Affairs to 40,000 by independent estimates) FNIH intends on hiring another 4 program consultants to deal with the influx. FNIH also have said in the past that NIHB are not capped so there should be no negative effects associated with the new registrants.

The Atlantic Health Directors at their meeting on November 16-17, 2010 also expressed concerns relating to this issue.

CONSIDERATIONS/IMPACTS/ISSUES:

- How will Non-Insured Benefits deal with the potential influx of health claims? Are four new personnel enough?
- Is funding through NIHB guaranteed to reflect the new numbers of First Nations living in Atlantic Canada? Need assurance that funding to NIHB will not be negatively affected.
- Some Non-Insured Health Benefits program consultants will be temporarily moved to Newfoundland to deal with the newly registered First Nations. How will this affect the present client base in Atlantic Canada?

RECOMMENDED ACTION(S):

- Need more information about how FNIH Non-Insured Health Benefits is going to address the issue and if additional funding will be provided to address the current and future cost impacts to the Atlantic region.
- First Nations communities must have assurance that funding to NIHB programming will not be cut and will meet the needs of all First Nations communities and people in the Atlantic region.



ATLANTIC POLICY CONGRESS OF FIRST NATIONS CHIEFS SECRETARIAT

TITLE: Mental Health and Addictions Issues in Atlantic First Nations Communities

ISSUE: Mental Health and Addictions continue to be an issue in Atlantic First Nations Communities. Mental health programming is non-existent and requires dedicated funding. Addictions issues are moving from addictions based on alcohol consumption to include addictions to illicit and prescriptions drug abuse.

Attachments YES [] NO []

BACKGROUND:

- Mental health is a growing concern in Atlantic First Nations communities. The legacy of the Residential Schools is just one area where mental health services are essential. Unfortunately, there is no dedicated funding for mental health services outside the Residential School File. Building Health Communities and Brighter Futures claim to provide funds for mental health but the funding is often insufficient to be useful.
- Addictions continue to be a concern in Atlantic First Nations communities. Addiction has moved beyond that of just alcohol abuse to include illicit and prescription drug abuse. Addictions programming must understand the current realities of addictions in First Nations communities.

CONSIDERATIONS/IMPACTS/ISSUES:

- Mental health is a growing concern and without dedicated mental health funding the communities are unsure how to proceed with getting assistance for those suffering from mental health issues. The jurisdictional issue associated with mental health adds confusion. The federal government claims that the province is responsible for mental health but the provinces are often backlogged and First Nations people are placed on waiting lists often exceeding 6 months. The Short Term Crisis Intervention Mental Health Counseling provided through NIHB is limited to crisis and 12 sessions. This is insufficient to meet the needs of many First Nations dealing with a mental health issue.
- Addictions programming needs to adjust to the realities of today's addictions. (See Briefing Note on Prescription Drug Abuse for more information) At present, any First Nations person attempting to enter a NNADAP treatment facility in Atlantic Canada who is also on prescription drugs or methadone is not permitted to enter the program. More support needs to be given to these individuals.

UPDATE:

- First Nations organizations in Atlantic Canada repeatedly advocate for dedicated mental health funding that will address mental health issues in the communities in a culturally relevant fashion at the time when the services are needed.
- First Nations organizations and communities repeatedly advocate for addictions programming that is culturally relevant, accepting of potential concurrent disorders and programming that is family or community based.

Recommended Action/Next Steps:

- First Nations communities and organizations need to continually advocate for dedicated mental health funding from the federal government. The provinces are unable to handle the case load they already have and First Nations people suffering from mental health issues are slipping through the bureaucratic cracks. This needs to be resolved immediately. First Nations and Inuit Health must work with the communities and organizations to address the issues associated with mental health programming and services. Simply stating that Brighter Futures and Building Healthy Communities are addressing these is not enough.
- Addictions programming needs to understand the current realities of addictions in First Nations communities and work to address them. First Nations communities and organizations need to continue to advocate and First Nations and Inuit Health must work with communities and organizations to address the issues associated with addictions.
- Mental health programming requires dedicated funding allocation for the Atlantic region based on the detail strategy developed in collaboration with the First Nations in the region.



ATLANTIC POLICY CONGRESS
OF FIRST NATIONS CHIEFS SECRETARIAT

TITLE: Prescription Drug Abuse in First Nations Communities in the Atlantic

ISSUE: The prevalence of prescription drug abuse in First Nations communities

Attachments YES [] NO []

BACKGROUND: In recent years the prevalence of prescription drug abuse in Atlantic First Nations communities has been on the rise. Traditional addictions such as alcohol are still serious issues, however, more attention needs to be paid to the misuse and abuse of prescribed drugs such as opioids and benzodiazepines (Benzos).

CONSIDERATIONS/IMPACTS/ISSUES:

- Nova Scotia RHS Results (2007) indicate that 13.3% of adults have used codeine, morphine or opiates and 9.5% have used sedatives.
- Addiction to such harmful drugs (when misused) can lead to:
 - a significant risk of accidental overdose resulting in death,
 - criminal activity,
 - destabilization of the family and the community,
 - numerous health issues such as increased risk of contracting blood borne diseases and infections such as HIV/AIDS, STI's and Hepatitis B, C.
- An indication of the problem facing First Nations communities are the statistics relating to methadone treatment in the four Atlantic provinces. Methadone is used to assist those addicted to opioids in kicking their addictions. The numbers presented here indicate only those who are seeking treatment and who utilize the NIHB insurance. Those who have yet decided to seek treatment are not included.
 - New Brunswick Methadone Users (2009) – 383
 - Nova Scotia Methadone Users (2009) – 55
 - NFLD and PEI Methadone Users (2009) – 7
- Non-Insured Health Benefits (NIHB) has instituted a Prescription Drug Monitoring Program that flags potential abuses and works to resolve them. However, those who are abusing prescription drugs often bypass NIHB and use alternative methods of payment to obtain their drug to in turn abuse or sell it to others. Also, not all potentially addictive drugs are included in the program.

UPDATE:

This issue will only continue to grow if we do not find a way to combat it.

Recommended Action/Next Steps:

- Advocate for more prevention activities on reserve.
- Advocate for a more detailed monitoring system that would include **all** potentially addictive prescription drugs
- Apply pressure to the various provincial governments on working with NIHB or developing their own (NS has a monitoring program already) Prescription Drug Monitoring Program to identify and work with those who do the prescribing as well as those who suffer from the addictions to end the abuse.
- A fully integrated collaborative region wide approach to address all aspects of the problem and to address issues effectively is needed.



ATLANTIC POLICY CONGRESS OF FIRST NATIONS CHIEFS SECRETARIAT

TITLE: Child and Youth Services in Atlantic First Nations communities.

ISSUE: Services dedicated to Children and Youth living in First Nations communities needs to improve. The youth need positive programming to ensure that they grow into healthy well-adjusted adults. At present there is a gap in youth programming at the community level.

Attachments YES [] NO []

BACKGROUND:

- During the winter of 2011 the Chiefs of the Mi'kmaq Maliseet Atlantic Health Board underwent a process to identify their health priorities. The result was the identification of four areas where work was needed in providing programs and services. One of the four priorities areas was "Investing In Children in Youth"
- The All Chiefs also passed a resolution (#2011-12) supporting the MMAHB Chiefs identified priorities.
- Programs and services for Children and Youth in First Nations communities are underfunded and in need of revisiting.

CONSIDERATIONS/IMPACTS/ISSUES:

- Recreational facilities in First Nations communities are essential to keeping First Nations youth active in their communities. However, there is often not enough funding for the development of these facilities. Sports and recreation are known as protective factors in keeping children and youth out of drugs, alcohol and negative interactions with law enforcement.
- There is presently no dedicated funding for Assisted Living for Children and Youth living in First Nations communities. This is a serious oversight that needs to be resolved. While the policies may exist within First Nations and Inuit Health, the funding authorities do not. Communities are already financially stretched in providing Assisted Living for Adults and need funding to provide the basic services for children and youth.
- At present there are no addictions programming for youth in the Maritime Provinces. Youth who are dealing with addictions issues are sent to adult facilities, provincial facilities away from their family and community and which are not culturally relevant or sent to the Charles J. Andrews facility in Labrador. Addictions programming that are family focused, local and culturally relevant is essential to youth who are dealing with addictions issues.

UPDATE:

- The three issues listed above are only three of many issues that need to be addressed when it comes to ensuring First Nations Children get a positive start in life.
- The MMAHB Chiefs would like to see real action on this priority area.

Recommended Action/Next Steps:

- First Nations organizations and communities will continue to advocate for more programming for children and youth. First Nations and Inuit Health must work with communities and organizations on developing programming and services for youth as a protective factor in their development.



ATLANTIC POLICY CONGRESS
OF FIRST NATIONS CHIEFS SECRETARIAT

TITLE: Evidence Based Programming in First Nations Communities

ISSUE: Merging community annual reporting with the collection of relevant health status data in a paper-based or web based format will alleviate the reporting burden on communities while at the same time allowing for the collection of relevant health status data to enable communities to make evidence based decisions for community health planning.

Attachments YES [] NO []

BACKGROUND:

- At present the reporting burden on communities is extensive. Much of the information being reported is duplicate or redundant for community health planning purposes. The reporting requirements as laid out in contribution agreements with Health Canada are more concerned with how funding is being spent (accountability) rather than on the collection of health status data (health surveillance) that could be used to improve community health planning. A new system would also enhance accountability to the communities which is key.

CONSIDERATIONS/IMPACTS/ISSUES:

- The reporting requirements as laid out in the community specific contribution agreements are not designed to capture information that could assist communities in making evidence based decisions in their community health planning activities. The data captured through annual reporting is generally based on accountability measures and not actual health surveillance.
- The numerous paper based reports are burdensome for the health centres in the communities.
- There is a lack of health status data being collected by the communities or First Nations and Inuit Health, Atlantic Region. The information collected is often not useful for understanding the health status of the individual communities.
- Present reporting structure does not ensure accountability to the community but to First Nations and Inuit Health. This needs to change.

UPDATE:

- E-Health section at First Nations and Inuit Health, Atlantic region has developed a strategic plan 2010-2015 with the following anticipated outcomes:
 - FNIH-Atlantic supports First Nations and Inuit communities' completion of community health plans, population health surveillance plans and evaluations
 - FNIH-Atlantic continues to support community capacity development for community health planning, annual reports and evaluations
 - FNIH-Atlantic program indicators link with the communities' health status indicators and are reflected in communities' health plans
- The national First Nations and Inuit Health Branch in Ottawa is also presently developing a strategic plan.
- It would be beneficial to have the reporting burden identified as well as the lack of health status data in those strategic plans with a solution to both problems outlined and a commitment from both FNIH Atlantic and FNIHB National to working with Atlantic First Nations communities on developing a more useful web based or paper based reporting and data collection mechanism.

Recommended Action/Next Steps:

- Meet with E-Health section of First Nations and Inuit Health, Atlantic Region and Debra Keays-White, Regional Director of First Nations and Inuit Health, Atlantic Region, Agatha Hopkins, Director, Health Information Analysis and E-Health Solutions and Kandace Terris, Director, Funding Arrangements and Capacity Development to confirm support and partnership on the endeavor.
- Meet with Valerie Gideon, Director General, Strategic Policy, Planning and Analysis Health Canada; Shelagh Jane Woods, Director General, PHCPH, and Stephane Hardy, Director General, Business Planning and Management Directorate to explain and advocate for a more streamlined, web or paper based process for reporting and data collection.
- Obtain agreement from pilot communities of Eskasoni (NS), Membertou (NS), Waycobah (NS), Wagmatcook (NS), Potlotek (NS), Conne River (NFLD), Elsipogtog (NB), for possible participation in the initial phase of the new reporting system to reduce the paper burden for the FN communities. These communities are already working with the E-Health section of First Nations and Inuit Health, Atlantic Region on the Population Health Surveillance Capacity Development Project.
- Establish a working group of Health Directors, E-Health and funding arrangements sectors of Health Canada and APC to design a reduced paper based or web based reporting template which works for the First Nations communities.
- The intent would be to produce a complete performance data via the First Nation website to be accessible to FNIHB for all reporting requirements rather than sending in multiple reports to FNIHB. FN would be provided a reporting exemption for various program reports required under the agreement.
- On the Financial side a detailed audit report would be provided to FNIHB as well as quarterly reports to fulfill all reporting requirements of agreements.

- Pilot the system and approach in the initial pilot communities
- Evaluate success of the paper based or web-based reporting template for possible use by other First Nations
- Roll out the proposed approach to other interested Atlantic First Nations communities.



ATLANTIC POLICY CONGRESS
OF FIRST NATIONS CHIEFS SECRETARIAT

TITLE: Co-Management of Health Programming and Services in Atlantic Canada

ISSUE: Next steps for the MMAHB Evaluation: Research into what a Co-Management Model in Atlantic Canada would look like.

Attachments YES [] NO [X]

BACKGROUND:

The Mi'kmaq Maliseet Atlantic Health Board was created to improve the health status of Atlantic First Nations through co-management of federal health programs and services. In 2009 an evaluation of the MMAHB was conducted. In September 2010 the evaluation results were presented to the MMAHB with approval for APC/FNIH to jointly move forward in creating a plan to implement the recommendations of the evaluation. The first step is to research potential co-management models that would give more authority and accountability to the Atlantic Chiefs through the MMAHB.

CONSIDERATIONS/IMPACTS/ISSUES:

The 2009 Evaluation of the MMAHB indicated strongly that the MMAHB was viewed as not having enough clout in decisions regarding First Nations Health programming and funding in Atlantic Canada. As a first step towards addressing all the recommendations of the evaluation, it was decided by the MMAHB Evaluation Steering Committee to research potential models of co-management that would make the balance of power between First Nations and Inuit Health, Atlantic Region and the MMAHB Chiefs more even.

UPDATE:

- The Evaluation Steering Committee (which includes 2 Chiefs, Chief Shirley Clarke and Chief Darlene Bernard, 2 FNIH Wade Were and Robin Arthur and 1 APC employee Amanda Peters) met on December 8, 2010 and drafted a new definition of co-management based on the results of the MMAHB evaluation. (See below)
- It was decided by the Evaluation Steering Committee that this definition would go before MMAHB for approval to move forward with creating a model of what MMAHB, based on the new definition of co-management would look like. *It is important to note that no actions would be taken to alter MMAHB at this point, only research to see what MMAHB would look like given the new definition of co-management.*

- The definition agreed upon at the January 2011 MMAHB was:
 - *“co-management is shared power, authority and accountability over the financial resources and allocations of FNIH’s programs and services within the Atlantic region.”*
- The definition was taken to the All Chiefs meeting in January 2011 and presented as a working definition to guide the research into potential models of co-management. The definition was accepted by the All Chiefs (Resolution #2011-009) and work began on developing a potential model.
- It was decided by the MMHAB Evaluation Steering Committee that regional input from Health Directors, Health Technicians and the MMAHB subcommittee members would be sought. This process is currently taking place.

Recommended Action/Next Steps:

- Take the input received from regional Health Directors, Health Technicians and members of the MMAHB subcommittees and present them to the MMAHB at the September 2011 meeting for direction on further action.



ATLANTIC POLICY CONGRESS
OF FIRST NATIONS CHIEFS SECRETARIAT

TITLE: Electronic Medical Records in First Nations Health Centres

ISSUE: Having Electronic Medical Records (EMRs) in First Nations communities will ultimately lead to better health data for health program and services delivery. A health status comparable to the rest of Canada is the goal.

Attachments YES [] NO []

BACKGROUND:

The Atlantic Policy Congress of First Nations Chiefs (APC) with the assistance of Sharon Rudderham, Health Director of Eskasoni First Nation recently submitted a proposal to Canada Health Infoway to implement EMRs in Nova Scotian First Nation Health Centres. Nova Scotia was chosen as the pilot because many physician offices in NS have EMRs and would allow for easier integration. If the project is approved and successful we will be looking to implement EMRs in all Atlantic Canadian First Nations Health Centres.

CONSIDERATIONS/IMPACTS/ISSUES:

Having EMRs in the Health Centres will allow for improved client safety, easy detection of infectious disease outbreaks, integration with the provincial health systems including radiology, lab results etc. and health data to support evidence based decision making for health planning purposes.

UPDATE:

The proposal submitted to Canada Health Infoway did not fall into any of the categories outlined in the HSU Project Demonstration Projects but is being considered by the provincial EMR Implementation program at present.

Recommended Action/Next Steps:

Continue to follow up with our contacts at both Canada Health Infoway and advocate for funding to implement EMRs in Atlantic Canadian First Nations communities.



ATLANTIC POLICY CONGRESS
OF FIRST NATIONS CHIEFS SECRETARIAT

BRIEFING NOTE

TITLE: Communications and Engagement Processes of the Mi'kmaq Maliseet Atlantic Health Board (MMAHB)

ISSUE: How the MMAHB communicates and engages with the stakeholders (subcommittees, communities, All Chiefs, FNIH etc.)

BACKGROUND: MMAHB communications and engagement processes have not always been completely effective but recent initiatives have sought to engage the appropriate stakeholders in the planning of two major initiatives: the renewal of the Chiefs Priorities on Health and the research project re: enhanced co-management of the MMAHB.

The process for engagement is as follows:

- 1) Initiative presented to the MMAHB usually jointly by APC/FNIH. The initiatives originate in discussions happening at the MMAHB or Health Advisory Committee level. For example, the enhanced co-management research happening now came out of the results of the MMAHB Evaluation Recommendations.
- 2) MMAHB decides on whether to pursue the initiative and advises to engage the stakeholders they feel would be appropriate to the topic. (i.e. Health Directors, Health Technicians, Health Advisory Committees etc.)
- 3) APC and FNIH plan and conduct engagement sessions ensuring to report back to the stakeholders to confirm what they said has been captured
- 4) Input received from stakeholders is reported back to MMAHB for recommendation on next steps
- 5) Any decisions are taken to the All Chiefs for discussion and resolution.

CONSIDERATIONS/IMPACTS/ISSUES: It is essential that MMAHB stakeholders be informed and engaged when developing new initiatives. Their informed insight and knowledge are essential to good planning. Recently, the MMAHB has engaged the Health Directors and the Health Advisory Committees in identifying the Chiefs Health Priorities as well as in the development of the action plans associated with each priority. It was the feeling of the MMAHB Chiefs that those working in the communities (Health Directors) and the subject matter experts were best positioned to define the

issues and recommend actions to address the issues. The final result was the document “Atlantic Chiefs Health Priorities: Guiding Principles” which will guide the work of MMAHB and its subcommittees, APC and FNIH over the next few years. The Chiefs Priorities and the guiding principle documents were approved by the All Chiefs.

Another important example of engagement is the research process for the potential enhanced co-management model. Once the All Chiefs resolved that the research was to begin, the MMAHB Evaluation Steering Committee decided to engage the Health Directors and the Health Advisory Committees and seek their opinions on the issue. Chief Darlene Bernard met with the regional Health Directors in June 2011 to seek their input and upon hearing that they needed more time to consider the issues, a questionnaire was sent out to seek further input. The results were presented to the Health Directors once more in September to ensure that the input received was correct and was not excluding important information. In August and September 2011 the Health Advisory Committees were also presented with research and their input was sought. All the input was then submitted to the MMAHB for consideration.

RECOMMENDED ACTION(S):

None



**ATLANTIC POLICY CONGRESS
OF FIRST NATIONS CHIEFS
SECRETARIAT**
www.apcfn.ca

September 24, 2011

Dear Atlantic Chiefs and Health Directors,

Re: Atlantic First Nations Health Conference: November 14-16, 2011

On behalf of the Atlantic Policy Congress, it is my pleasure to inform you of the upcoming Atlantic First Nations Health Conference to be held at the Holiday Inn, Dartmouth NS. The conference will take place from November 14-16, 2011 and this year's theme is "Atlantic First Nations Health: Walking the Path to Wellness" and will focus on the Atlantic Chiefs Health Priorities of mental health, addictions, elder care and investing in children and youth.

All are invited. However, APC will only sponsor one person who works with Health to represent your respective community. Expenses will be reimbursed to the one selected delegate **in accordance with the APC travel rates.**

Please note that lunch will be provided on all three days of the conference November 14-16, 2011. Additional delegates are required to pay an early bird registration fee of one hundred (\$100.00) for the conference prior to September 30, 2011 and one hundred and fifty dollars (\$150.00) thereafter. The registration fee will cover the cost of conference materials, breaks and lunches.

Confirmation of delegates would be greatly appreciated by November 4, 2011. We will welcome any number of delegates from your community, however due to budget constraints; we are unable to cover their expenses. Interested participants and the delegate will be responsible for making your own hotel reservations and travel arrangements.

I am enclosing the registration form. Please return your registration forms by fax, C/O Wanda Paul at (902) 435-8027. Also enclosed is the Honouring Our People award nomination process and nomination form. I would encourage you to nominate someone you feel greatly contributes to health and wellness in your community for this special award.

Should you have any questions, please do not hesitate to contact the APC Health Staff 1-877-667-4007 or via email at wanda.paul@apcfn.ca. Information will also be available via the APC website at www.apcfn.ca.

We look forward to seeing you in November,

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Atlantic First Nations Health Conference 2011

Atlantic First Nations Health: Walking the Path to Wellness

November 14-16, 2011

Harbourview Holiday Inn, Dartmouth Nova Scotia.

REGISTRATION FORM

NAME	
POSITION/TITLE	
COMMUNITY/ORGANIZATION	
MAILING ADDRESS	
EMAIL ADDRESS	
CONTACT NUMBER	
FAX NUMBER	

Please check appropriate box:

<input type="checkbox"/>	Early Bird Registration Deadline September 30, 2011 \$100.00
<input type="checkbox"/>	After September 30, 2011 \$150.00
<input type="checkbox"/>	Registration fee attached (mail in)
<input type="checkbox"/>	I will pay registration fee at the conference

Payment Instructions:

- Make check payable to: Atlantic Policy Congress of First Nations Chiefs Secretariat.
- Please fax registration forms, ***No later than November 1, 2011*** to (902) 435-8027
Attention: Wanda Paul
- If mailing in your registration form please mail to :
Health Department
Atlantic Policy Congress of First Nations Chiefs Secretariat
153 Willowdale Dr.
Dartmouth, NS
B2V 0A5
Attention: Wanda Paul

Notes:

- Please be advised that the Atlantic First Nations Health Conference will be attempting to be environmentally friendly and will be going paperless. All information will be provided to you on a USB stick. Only the schedule will be provided on paper. Full outlines of presentations will be available for review at the registration desk.
- Please list any food allergies here:

Atlantic First Nations Annual Health Conference

Atlantic First Nations Health: Walking the Path to Well
November 14th -16th, 2011
Holiday Inn Harbourview, Dartmouth, Nova Scotia

Honouring our People Award

The Atlantic First Nations Health Conference Planning Committee is pleased to announce the “Honouring Our People” Award. This award is designed to acknowledge people that work in and/or for First Nations Communities in the Atlantic region and who are making a difference in the lives of those they are working with. This year awards will be presented to those working in one of the four areas identified by Atlantic Chiefs as health priorities: mental health; addictions; elder care; and child and youth. The Atlantic Policy Congress of First Nations Chiefs will provide a plaque to each of the chosen recipients of the “Honouring Our People” Awards to acknowledge their hard work.

All nominations must be received by October 7, 2011

Criteria

- All members of Community Health Staff or First Nation Health Related Organizations are eligible for nominations.
- Complete the attached nomination form.
- All information must be complete and submitted before the deadline. Any submissions coming in after the deadlines will not be considered.

Terms and Conditions

- Awards will be granted in the following way:
 - One award per province, 1 Nova Scotia, 1 New Brunswick, 1 Newfoundland and Labrador, 1 Prince Edward Island; 1 Life Time Achievement Award, 1 First Nations and Inuit Health Award for a total of six (6) awards
 - In the case of multiple nominations from one province, the Atlantic First Nations Health Conference Planning Committee will make the decision based on the strength of the nomination.

Deadline: October 7, 2011.

Please send Nominations to:
Atlantic First Nations Health Conference Planning Committee
Telephone: (902) 435-8021
Fax: (902) 435-8027
E-Mail: wanda.paul@apcfn.ca

Thank you and we look forward to receiving the nominations.

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Honouring Our People Award Nomination Form

Name of Nominee	
Name of the Nominator	
Contact for Nominator	
Community / Organization of Nominee	
Province of Nominee	
Priority Area Mental Health, Addictions, Elder Care or Child and Youth	
Professional Profile Explaining the nominees work in the priority area and how they have helped their community	
Personal Biography A brief description of the nominee to get a better understand of them as a person	
Person to Present the Award At the Conference in November	
Contact for the Award Presenter	
Photograph Included Please feel free to attach a photograph for inclusion in the Conference Report and a slideshow at the conference in November. This is not mandatory	Yes <input type="checkbox"/> No <input type="checkbox"/>

Is this nomination for the Life Time Achievement Award? Yes No

Is this nomination for the First Nations and Inuit Health Award? Yes No

If you feel there is not enough space provided please feel free to attach a separate piece of paper with all the information required.

Deadline for applications is **October 7, 2011**. Any nominations received after this date will not be considered.

Please forward the completed nomination form and all supplementary information to:

Atlantic First Nations Health Conference Planning Committee
Fax: 1-902-435-8027 or wanda.paul@apcfn.ca