

## Non-Insured Health Benefits Navigator Annual Activity Report

<b>Region</b>	ATLANTIC
<b>Name of Organization</b>	Atlantic Policy Congress of First Nations Chiefs Secretariat
<b>Fiscal Year</b>	2019-2020
<b>NIHB Navigator Objective:</b> to provide advocacy and support for First Nation and Inuit clients on Non-Insured Health Benefits and other health related issues.	
<b>In addition to the Program reporting requirements outlined in the Reporting Requirements Section of this Schedule, the Recipient shall submit to the Minister progress reports which include the information included below.</b>	
<p>Raising awareness and fostering understanding of the NIHB program through <b>outreach</b> and <b>education</b>:</p> <ul style="list-style-type: none"> <li>• number of activities/presentations provided – <b>19</b></li> <li>• number of participants – <b>928</b></li> <li>• number (and examples of) communication products or projects – <b>19</b></li> <li>• <b>Examples:</b> <ul style="list-style-type: none"> <li>• NB Summer games, NS Summer games, and pow wow in Charlottetown, and presentation at Native Council in PEI</li> <li>• Community outreaches in Tobique First Nation, Eel River Bar, Pabineau, and info booth at All Chiefs and Council meeting in Dartmouth. MCDC, JL Isley Mawiomi</li> <li>• Atlantic Regions Elders Gathering in Moncton in June, set up booth, met many elders in the region</li> <li>• Elders Gathering in Wagmatcook First Nations, Eskasoni First Nations for Customary Care and Adoptions, Acadia First Nations First Annual Health Fair           <ul style="list-style-type: none"> <li>• Info exchange with NSHA MH and Addictions Navigators</li> <li>• Outreach to community partners for urban indigenous</li> </ul> </li> </ul> </li> </ul>	

Building **Knowledge** (of e.g. policies, programs, conditions, etc.) and **Networks** (relationships) :

- Development activities undertaken - **71**
- New contacts formed (e.g. with providers, organisations, provincial and federal governments, etc.) – **92**

**Advocating** and **problem solving** on behalf of clients (by benefit if possible):

- number of correspondence (calls, emails, meetings) - **698**
- number of referrals - **59**
- number of appeals – **12**

Major **accomplishments** during the reporting period (what is one thing you feel most proud of?):

- Community outreach in NB, Tobique First Nation - Health team, NB summer games, reached several people, made connections with many NB Chief and Council and Director and staff at the Fredericton Friendship Centre, Eel River Bar community including their health department, band office, fisheries office, and AHS. I went to stores and gas stations and local pharmacy to put posters up and to leave cards should any community members need to reach out. Pabineau First Nations met health team, office staff and some community members.
- Community outreach in PEI, information booth at the Charlottetown Pow wow, made connections with other aboriginal organizations, vendors, MCPEI staff and volunteers. This was a great way to meet community members that reside in urban setting.
- Community outreach NS, Summer games were very successful in reaching out too many communities at the same time. I met hundreds of people, that came by my booth to ask questions, sometimes to complain about their situations. Gave out many cards and made so many connections. I got many follow up questions and requests for help from that community outreach. Wagmatcook Elders Gathering, many surrounding communities rented buses to bring their elders to this event, and they all look forward to this every year. Elders talking about seeing old friends and remembering those that passed into the spirit world and couldn't be physically at their favourite time. I made so many connections there with many elders from many communities. The highlight of this for me, was meeting an elder I was assisting in a successful appeal to get her dentures, she was just as lovely in person as on the phone. 2 days of outreach with Eskasoni, for the Customary Care and Adoptions, they requested my help with navigating and understanding the process for children in care or children adopted to family members. , Acadia First Nations, set up an info booth at their first annual Health Fair, so many other health professionals there, great connections made. Made many connections with organizations that service the urban indigenous community.
- APC held an Elders Gathering in Moncton, was so successful in reaching many community members and connecting elders with services needed
- Set up an information booth at the All Chief and Council Meeting in Dartmouth, met many councillors and able to give my card to many should they know someone that needs assistance navigating thru NIHB

- National Navigators meeting in Ottawa, this was most informative, and I learned much, and made great connections with National office folks, Express Scripts, and the other Navigators nationally, and to learn the differences in our roles, but ultimately the same goal. I voiced concerns over wait times on lines and inquired if their call centre staff were culturally appropriate or trauma informed. I expressed my concerns on calling the call centre, being greet in an unfriendly manner, and expressed concern about our people calling in and not being spoken to in a good way, as this was my experience on the phones. Learned they have had staffing issues and many turn arounds, which led to the long wait times, sometimes waiting an hour to be disconnected. In turn, I know have the contact info for the managers and email them directly with my concerns, questions, and request for guidance as I try and help community members with their issues. Express Scripts also acknowledge they do need some cultural sensitivity training. I learned so much from this meeting, and recommend that we meet more often, maybe instead of 2 times, maybe 3 times would be beneficial. Also suggested that going to AFN and get training in the beginning of work term. This was most helpful to me, meeting my counterparts, meeting people that I would need connect with, much easier when you have met in person.
- Elder Care Working Group has been amazing; I enjoy working with elders and feel that their contributions can be amazing. The ECWG now has elder representation in every committee. They strive to do better for their respective communities, regions.
- Connecting with NSHA Mental health and addictions navigators, these individual work with our most vulnerable urban population including indigenous population. This was a great connection, as it was the navigators and the detox staff and addictions counsellors. They had many questions, and we thankful for the connection and all received my card and left posters with them to put in their community areas. My ability to use my previous connections to connect people. Met with FNIHB (Pharmacy and dental) and Dalhousie Dental. Outreach to community partners, Northend Health Clinic and MOSH (Mobile Outreach Street Health), and the Mi'kmaw Native Friendship Centre

**Major obstacles or challenges during the last reporting period:**

- Orthodontic benefits remain a challenge and result in frustration for many clients and some move forward with a request for an appeal. Many dental concerns came up, confusion on why things are not covered. Dental concerns around dentures and why is it so hard to get new ones. The confusion with clients and providers on dealing with codes and communication coming from Ottawa. Frustration around wording for procedures. Attention is given to dentist and hygienist, but more attention and training should be with their front-line staff that are doing the paperwork to put in claims.
- Limitations within NIHB policy for access to therapies (physiotherapy) when access to this type of benefit could and has been proven to assist with healing and reducing further injury and mobility challenges, ultimately reducing the cost of injury and NIHB. This comes up frequently in conversations with clients. Frustration is felt when they can get pain medication but would prefer to get help to deal with pain in other ways, wanting to learn other ways to elevate pain and increase mobility.
- Honestly, I felt some mistrust with FNIHB and people in community, I heard lots of stories of feeling like they weren't taken care of properly, dealt with in a good manner. Many issues brought forward about dental issues, and physiotherapy, medicine not covered and generally they felt it was pointless to appeal.

- Concerns from community around trying to accessing medical supplies and equipment, some said they just gave up. Assisted some with getting the things they needed.
- Elders feeling confused and frustrated with services covered. Many referred to it as Indian Affairs and remember a time when it wasn't so hard to navigate.
- Wait times calling drug exception line, many of us expressed concern. Suggested that they communicate with us the Navigators, if they are having staff issues, so we can be more understanding, and work better together to help people. I expressed concerns around the DEC call centre staff, how they dealt with people calling, worried for elders feeling belittled. Discussions around cultural sensitivity training for the new hires to the DEC
- Understanding my role on the NIHB committee, I was reporting on my activities, and the committee asked about the other regions, which I reported what I knew, but it was clear that this wasn't clear to all in the committee meeting. It was discussed that I will reach out to other navigators and report for them. Discussions on what exactly I will be reporting on will be discussed further.
- Many challenges were discussed with respect to the benefits of Indigenous focus detox programs, and addiction programs, and many concerns were brought up with getting indigenous folks the appropriate help and they wanted more information on any programs available in the region and what NIHB covers regarding transportation and the steps required to get all those pieces together. Discussions on cultural wrap around addiction programs.
- Much confusion around traditional healers, who qualifies to be one. Sweats and traditional Healers for the urban indigenous folks. Confusion on transportation, from the city to where sweats are held. How to access them. The city does not have medical drivers, medical drivers are in communities, but not the urban community. The closest medical drivers are in Sipekne'katik (Indian Brook). Also, I did receive a couple of calls for transportation to get from the city to Sipekn'katik to get to the dentist there when they reside in the city. Some of these clients don't feel comfortable with unknown dentist, they prefer family dentist, but some questions on why they can't use a dentist closer. I believe it should be the clients choice who they are comfortable with and the other issue that comes up for some is they miss the scheduled appointment with a dentist in the city, and they are no longer able to use that dentist.

Other relevant observations, comments or information:

I have learned much this pass year and look forward to learning more. I have something that I will bring forward the coming year.

Navigator: Miranda Pierro

Date: April 8, 2020

