

2019-2020



**ATLANTIC POLICY CONGRESS
OF FIRST NATIONS CHIEFS SECRETARIAT**

**HEALTH RESEARCH AND COORDINATION
2019-2020 ANNUAL REPORT**

Completed By:

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Executive Summary

Atlantic Policy Congress of First Nations Chiefs Secretariat (APC) is a policy research organization that analyzes and develops culturally relevant alternatives to federal policies that impact on the Mi'kmaq, Maliseet, Innu and Passamaquoddy communities and people.

APC's continues to focus on the important needs of the communities for funding and basic services to meet the growing health needs in every community.

This report will outline the following work completed under health research and coordination services:

- Health Partnership Meeting Cycle;
- Health Directors' Meetings;
- Health Conference;
- MMAYC activities;
- Nursing Policies;
- Other Health Policy Activities; and
- Overall management of the APC Health Staff.

This annual report will demonstrate the progress completed from April 1, 2019 to March 31, 2020.

Work Plan Activities

Objective 1: Administer the Atlantic First Nations Health Partnership (Health Partnership)			
Activities	Results Achieved	Staff Responsible	Timeframe
<p>1. Coordinate the logistics for all Health Partnership Meetings, its committees, and other working groups.</p>	<p>PUBLIC HEALTH AND PRIMARY CARE (PHPC) COMMITTEE</p> <ul style="list-style-type: none"> • Three regularly scheduled PHPC Committee meetings; • Seven PHPC Sub-committees (Healthy Child Development, Healthy Living, Chronic Disease Prevention and Management Strategic Action Plan, Communicable Disease Control, Home Care, Jordan’s Principle, Health Assessment and Surveillance) solicited ideas from Health Directors and proposed funding initiatives to the Committee; • Received direction on work priorities from the Health Directors and Health Partnership meetings; • Updated the committee work plan for the year; • Provided guidance and oversight around Indigenous Services Canada–First Nations and Inuit Health Branch (ISC-FNIHB) program planning; • Lead committee on the development of the new Child and Youth Committee; • Continued oversight regarding Indigenous Early Learning and Child Care funding for the first two meeting cycles; • Many of the PHPC’s committee items have been moved over to the Child and Youth Committee in the third meeting cycle; • The Committee provided oversight and advice to several ongoing projects for a part of the year including: The Children’s Oral Health, Aboriginal Diabetes Initiative (ADI), Midwifery, Fetal Alcohol Spectrum Disorder (FASD); • Continued oversight regarding Jordan’s Principle funding in the first two Health Partnership Meeting Cycles; • Continued tracking PHPC work as it pertains to the Truth and Reconciliation Commission’s (TRC) Calls to Action; • Received updates and presentations on: ISC-FNIHB’s Atlantic Emergency Planning, ISC-FNIHB’s progress and plans in support of acting on TRC Calls related to PHPC programs, the innovation fund, Opportunities for Indigenous-led Evaluation as a Tool for Transformation, MAWIW Breath of Life Project Work Plan, water quality and infrastructure collaboration, impacts of crystal meth on communities, and updates on the Atlantic First Nations Water Authority; • Provided oversight and engagement on regular project funding for the coming fiscal year; • Engaged on future new budget investment funding, Chronic Disease funding, Palliative Care funding, Health Emergency Management funds, Canada’s Tobacco Strategy Funding, Jordan’s 	<p>Director of Health, Associate Director of Health, Health Policy Analyst, Mental Wellness Project Manager, NIHB Navigator, and Health Partnership Coordinator</p>	<p>April 1, 2019 to March 31, 2020.</p>

	<p>Principal Service Coordination; and Health Services Integration Fund (HSIF); and</p> <ul style="list-style-type: none"> Finalized and completed the annual Committee Self Assessment. <p>MENTAL WELLNESS COMMITTEE</p> <ul style="list-style-type: none"> Three regularly scheduled Mental Wellness Committee meetings; Received direction on work priorities from the Health Directors and Health Partnership meetings; and Four working groups (Capacity and Training, Non-Insured Health Benefits (NIHB) Medical Transportation, Treatment Centre Governance, and Treatment Service Diversification) met several times. <p>Capacity and Training Working Group</p> <ul style="list-style-type: none"> Met four times in 2019-2020 via in-person and teleconference sessions to help plan and execute the training conference; and Contributed toward the finalization of a multi-year training plan for Atlantic First Nations communities. <p>The Treatment Centre Governance and Treatment Centre Service Diversification working groups collaboratively met twice in 2019-2020 and focused on:</p> <ul style="list-style-type: none"> Clarifying the Atlantic National Native Alcohol and Drug Abuse Program (NNADAP) and Youth Solvent Addiction Committee (YSAC) treatment centre governance models as they now exist. Include key aspects of governance: board and decision-making structures, stakeholders, accountability and reporting requirements to stakeholders, and accreditation practices/results; Get Treatment Centre perspectives on what is working and what could be improved upon/how to best accomplish this; Summarize strengths, needs and a process for supporting change; and The working group completed a national Treatment Governance scan with the help of Horizons Community Development Associates. <ul style="list-style-type: none"> Updated the Committee Work Plan; Received Treatment Centre Review updates; Received updates and presentations on the Indian Day School and 60s' Scoop settlements, and Correctional Services Canada; Services Canada collaboration, Suicide Prevention, Indian Residential School transitions, Know More National Youth Opioids Awareness Campaign, Service Canada (overview of services, services for individuals on-reserve and those recovering from addictions); 	
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	<ul style="list-style-type: none"> • Received updates on projects to support victims of family violence and provided advice on future funding; and • Received budget 2017, 2018, and 2019 Updates and Management Operating Plan (MOP) Planning for 2020-2021: <ul style="list-style-type: none"> ○ Review of approved 2019-2020 funding; ○ Funding decisions for 2019-2020 and 2020-2021; ○ Review of affirmed funding for 2019-2020; ○ Mental Wellness Team Funding; ○ Budget 2017 Mental Wellness and Suicide Prevention Funding for 2020-2021; ○ Murdered and Missing Indigenous Women and Girls (MMIWG) funding and Indian Residential School (IRS) Resolution Funding for 2020-2021, ○ Canadian Drug and Substance Strategy (CDSS) Wrap Around Funding;; ○ Budget 2018 funding for addictions treatment centres and services; and • Budget 2019 funding: <ul style="list-style-type: none"> • Assisted with directing Capacity and Learning Priorities for 2019-2020; • Continued to work towards implementation of the Mental Health and Addictions Strategic Action Plan; • Planned for an evaluation of the Mental Health and Addictions Strategic Action Plan; and • Finalized and completed the annual Committee Self Assessment. <p>MENTAL WELLNESS TRAINING</p> <ul style="list-style-type: none"> • One large-group training session regarding the Indian Day School Class Action Settlement on November 19 to 21 at the Crowne Plaza in Moncton, New Brunswick; <ul style="list-style-type: none"> ○ Approximately 94 delegates attended from 26 communities and organizations from across the Atlantic; ○ Included in six panels, presentations, and activities on topics ranging from Indian Day School background to self-care; and ○ Included a banquet dinner with a keynote address by Regional Chief Roger Augustine and a performance by Sisters of the Drum. • Two smaller group training sessions on February 4 and 5 again on February 6 and 7 focused on motivational interviewing; <ul style="list-style-type: none"> ○ Took place at the APC Office; ○ Instructed by Scott Janssen of the Nova Scotia Health Authority as well as the Motivational Interviewing Network of Trainers (MINT); ○ Training had 34 community, tribal council, and treatment centre mental health and addictions workers from across the Atlantic; and ○ Course evaluations noted a high degree of satisfaction from attendees and requested similar training sessions in the future. <p>NON-INSURED HEALTH BENEFITS (NIHB) COMMITTEE</p> <ul style="list-style-type: none"> • Three regularly scheduled NIHB Committee meetings; 		
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	<ul style="list-style-type: none"> • Updated the Committee Work Plan and Multi-Year Business Plan; • Received direction on work priorities from the Health Directors and Health Partnership meetings; • Joint Assembly of First Nations (AFN)-NIHB Review including First Nation engagement; • Appeals Process, NIHB Navigator work, The Elder Care Working Group (ECWG), NIHB Dental department and scope of practice, medical cannabis; • Continued the ECWG and had volunteers from the ECWG partake in all committee meetings as non-voting members; • Continued implementation of the Elder Care Strategic Action Plan; • ECWG held two in-person meetings and three conference calls. In December in-person meeting, Elders expressed interest in being part of Health Partnership Evaluation Task Group; • Continued to provide guidance and oversight in the development of funding to provide traditional healer services to First Nations Clients; • The Atlantic received a new NIHB Navigator and the position will be hosted in New Brunswick by Wolastoqey Tribal Council Incorporated; • Advised on issues related to the use of dental therapists in communities; • Received presentations and updates on pharmacy related items, ambulance services and billing, medical cannabis, Healing Our Nations, use of psychostimulants in children and youth, and medical transportation for opioid replacement therapy; • Collaborated with the Mental Wellness Committee re the NIHB Mental Health Counselling within the Mental Wellness Continuum; • Continued investigation into the available resources for First Nations interpreters/liasons in provincial hospitals; and • Received presentations and provided feedback/guidance on new Jordan’s Principle funding. <p>CHILD AND YOUTH COMMITTEE</p> <ul style="list-style-type: none"> • The Child and Youth Committee held their first re-integrated meeting in Moncton, New Brunswick in December, thus only holding one meeting for 2019-2020; • The Child and Youth Committee meeting focused on getting to know one another, providing an overview of the Health Partnership, Terms of Reference, Committee Member Roles, Sub-committees (Healthy Child Development, Midwifery) and other key provisions (e.g., Capital); • The committee learned how each Child and Youth Committee program works in the Atlantic (e.g., funding, service delivery, key contacts, etc...), including: <ul style="list-style-type: none"> ○ Dental Therapy; ○ Children’s Oral Health Initiative; 		
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	<ul style="list-style-type: none"> ○ Maternal Child Health; ○ Fetal Alcohol Spectrum Disorder; ○ Canadian Prenatal Nutrition Program; ○ Jordan’s Principle; ○ Aboriginal Head Start on Reserve; ○ Indigenous Early Learning and Child Care Initiative (IELCC); ○ IELCC Governance; and ○ Indigenous Midwifery. <ul style="list-style-type: none"> ● The committee discussed Child and Youth business moved from PHPC: <ul style="list-style-type: none"> ○ Child and Youth Committee Work Plan items (2019-2020); ○ Action items from PHPC meeting; and ○ Items discussed at Health Partnership and Health Directors. ● The Committee learned the function of the Committee Coordination Group and the Policy Group: <ul style="list-style-type: none"> - process of referring items; and - sample items relevant to Committee. <p>HEALTH PARTNERSHIP</p> <ul style="list-style-type: none"> ● The Health Partnership hosted their three regular meetings, two in Dartmouth, Nova Scotia and one in Sheshatshiu Innu First Nation, Labrador; ● The Atlantic Chiefs updated their health priorities in September 2016. These are Mental Wellness (including Mental Health and Addictions) and Chronic Diseases (including Prevention and Management). These priorities have directed much of the work for 2019-2020 and the Atlantic Chiefs have reaffirmed these priorities in 2019 with a small amendment to include youth; ● Received regular reports on the Aboriginal Health Human Resources Initiative (AHHRI), Bilateral Committees, and the Health Services Integration Fund (HSIF), Indian Day School and 60s’ Scoop settlements, and Indigenous Research in the Atlantic; ● Received regular reports from the Health Directors Co-Chairs; ● Received regular reports from the three-four Committees’ Co-Chairs; ● Received regular financial updates on project funding from FNIHB/ISC; ● Completed the Chronic Disease Prevention and Management Strategic Action Plan and began working on the implementation; ● Maintained guidance and oversight for the First Nations Control Models (FNCM) Working Group; ● Maintained guidance and oversight for the four approved projects to support victims of family violence; ● Maintained guidance and oversight over Jordan’s Principle funding in the Atlantic; 		
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	<ul style="list-style-type: none"> • The Health Partnership received updates from the AFN and the Chief's Committee on Health, • Received presentations from the AFN, Health Canada on cannabis legalization, prescribing stimulants to children and youth age five to 24, community-based worker training opportunities, provincial governments, and health authorities. These presentations began conversations around First Nations health care gaps, the social determinants of health, and opportunities for collaboration between the Health Partnership and these other bodies; • The Health Partnership voted on funding regarding Chronic Disease and Management, Emergency Management funding, Long Term Care, and Palliative Care; • The Atlantic Chiefs voted to be the interim governance structure for the IELCCI until January 2021; • Developed the Child and Youth Committee's Terms of Reference; and • The Child and Youth Committee has been re-established and reintroduced to the Health Partnership cycle. <p>SUPPORT MEETINGS</p> <ul style="list-style-type: none"> • Organized three Health Partnership Co-Chairs agenda planning sessions (one meeting in advance of each Health Partnership meeting); • Organized three First Nations Caucus agenda planning sessions (one meeting in advance of each Health Partnership meeting); • Organized three Committee Coordination Group meetings to delegate tasks that cross the boundaries of one committee into another (one meeting after each cycle); and • Organized three Health Partnership Policy Group meetings to address policy concerns in Health Partnership operation (one meeting after each cycle). 		
<p>2. Complete Partnership Activities</p> <p>Health Policy</p>	<ul style="list-style-type: none"> • Provided policy support for the Health Partnership, its committees, and working groups; • Drafted mental wellness and addictions training plan for community-based workers; • Liaised with the New Brunswick Mental Health Commission re an Atlantic-wide conference (originally scheduled for April 2020); • Developed relationships with Provincial mental wellness and suicide prevention offices; • Participated in the Health Partnership evaluation process and hosted several Health Partnership Evaluation Task Group meetings and contracted external evaluators to assist with the evaluation; and • Began the Mental Health and Addictions Strategic Plan evaluation. 	<p>Director of Health, Associate Director of Health, Health Policy Analyst, NIHB Navigator, and Mental Wellness Project Manager</p>	<p>April 1, 2019 to March 31, 2020.</p>
<p>Objective 2: Conduct Three Atlantic Health Director Meetings</p>			

Activities	Results Achieved	Staff Responsible	Timeframe
<p>1. Complete Three Atlantic Health Director meetings</p>	<ul style="list-style-type: none"> • Three meetings were held, two in Truro, Nova Scotia and one in Moncton, New Brunswick, along with a special Health Directors meeting to discuss the Indian Day School settlement on March 12, 2020 in Moncton, New Brunswick; • APC organized all the logistical arrangements including venue rental, catering, development of the agendas, meeting packages, and completed minutes (June 6 and 7, October 29 and 30, and February 10 and 11); • The Health Directors received regular updates on the Health Partnership and its committees and provided feedback for the Health Partnership Committees; • The Health Directors received regular updates on the Mental Health and Addictions Strategic Action Plan, its implementation phase and the beginning of its evaluation; • The Health Directors received regular updates on the APC Health Department, including all ongoing projects housed at APC and APC staffing; • The Health Directors were engaged with the implementation of the Chronic Disease Strategic Action Plan; • The Health Directors participated in a World Café to provide feedback on how best to distribute new budget funding; • The Health Directors were engaged on how best to allocate training funds for this fiscal year; • The Health Directors have continued to update their Terms of Reference; • The Health Directors retain two Co-Chairs to Chair the Health Directors meetings and observe Health Partnership meetings; • The Health Directors received regular updates on FNIHB's Regional Activities, AHHRI, the Indian Day School and 60s' Scoop settlements, HSIF, and FNCM; • The Health Directors received presentations and updates on many best practices around Indigenous midwifery, doulas, palliative care, Tui'kn (Passage) to Oral Health project, MAWIW Breath of Life Project, Impacts of Crystal Meth on communities, IWK service delivery, and how to become a Certified First Nations Health Manager from the First Nations Health Managers Association; • The Health Directors were engaged on the Future of the IRS and MMIWG Health Supports and provided insight on: <ul style="list-style-type: none"> - The 2020 First Nations Health Status Report; - IELCC funding and governance; 	<p>Director of Health, Associate Director of Health, Health Partnership Coordinator, and Health Admin Assistant</p>	<p>April 1, 2019 to March 31, 2020.</p>

	<ul style="list-style-type: none"> - The COHI evaluation; - The Health Partnership Evaluation; - FNCM and HSIF; - Nursing Services Support Project; - Potential strategies for addressing suicide; and - FNIHB's potential name change. • Continuing to dig into the social deterrents of Health, the Health Directors received presentations and updates about the Atlantic First Nations Water Authority and the proposal for a Housing Partnership in the Atlantic; and • All meeting agendas, minutes, and other meeting materials are available upon request. 		
Objective 3: Organize and Host an Annual Atlantic Health Conference			
Activities	Results Achieved	Staff Responsible	Timeframe
1. Organize and host an annual regional health conference.	<ul style="list-style-type: none"> • This year's Elders Gathering was held in place of the usual Annual Atlantic First Nations Health Conference (typically held in November); • The 2019 Atlantic First Nations Elders' Gathering was presented by APC and was the first such event held since 2013; • The Gathering was held between June 18 and 19 at the Crowne Plaza in Moncton, New Brunswick; • In total, 89 Elders and companions attended from 27 communities across the Atlantic; • Those in attendance participated in eight panels, presentations, and activities on topics ranging from Traditional Medicine to Elder Isolation; • As part of the opening remarks, a video keynote address was submitted by Senator Brian Francis; and • Overall, it was a successful Gathering and feedback was provided by the Elders in attendance. The Final Report is available on APC's website: https://www.apcfn.ca/images/uploads/2019_Elders_Gathering_-_Final_Report_(2).pdf 	Director of Health, Associate Director of Health, Health Policy Analyst, Mental Wellness Project Manager, NIHB Navigator, and Health Partnership Coordinator	April 1, 2019 to March 31, 2020.
Objective 4: Support Mi'kmaq Maliseet Atlantic Youth Council (MMAYC) Activities			
Activities	Results Achieved	Staff Responsible	Timeframe
1. Host regular MMAYC meetings.	<ul style="list-style-type: none"> • Several MMAYC meetings were hosted via videoconference, April 26, June 17, November 15, and January 16, 2020. Meeting materials are available upon request. 	Health Policy Analyst	April 1, 2019 to March 31, 2020.
2. Assist MMAYC in carrying out the activities of MMAYC	<ul style="list-style-type: none"> • Provided support to host MMAYC meetings; and • No further MMAYC activities undertaken due to lack of participation and communication from MMAYC members. 	Health Policy Analyst and Director of Health	April 1, 2019 to March 31, 2020.

3. Network with local First Nations youth councils.	<ul style="list-style-type: none"> MMAVC members are representatives on the AFN National Youth Council, which involves two youth each (one woman and one man) to represent New Brunswick/Prince Edward Island and Nova Scotia/Newfoundland. 	Health Partnership Coordinator and Health Policy Analyst	April 1, 2019 to March 31, 2020.
Objective 5: Support the Further Development of Provincial First Nations Nurses Policies			
Activities	Results Achieved	Staff Responsible	Timeframe
1. Update the Provincial First Nations Nurses Policies	<ul style="list-style-type: none"> Not applicable for 2019-2020. 	Health Policy Analyst	April 1, 2019 to March 31, 2020.
Objective 6: Conduct other Health Policy Activities in Conjunction with First Nations and/or FNIHB/ISC			
Activities	Results Achieved	Staff Responsible	Timeframe
1. Update Atlantic chiefs, Health Directors/Technicians and Other Relevant Stakeholders.	<ul style="list-style-type: none"> Six monthly newsletters completed. Health excerpts available upon request; Presentations to APC All Chiefs; Briefing notes for Chiefs and senior management; Several <u>Mi'kmaq Maliseet Nations News</u> articles; Distributed health policy documents via email to increase understanding and awareness of emerging and existing health issues; Liaised with Atlantic Chiefs, Health Directors/ Technicians, and other relevant stakeholders to update them on emerging and existing issues as well gather feedback for Health Partnership and other coordinated health approaches for addressing Atlantic health policy issues; and Outcome: Increased understanding of Atlantic health policy issues, increased awareness of potential solutions, and greater knowledge of health decisions made by FNIHB/ISC and/or the Health Partnership. 	Director of Health and Associate Director of Health	April 1, 2019 to March 31, 2020.
2. Other policy support	<ul style="list-style-type: none"> Participated in health policy tables such as Nova Scotia Tripartite Health Committee, Dalhousie University, the Heart and Stroke Foundation, Wabanaki Council on Disability, and the Aboriginal Continuing Care Policy Forum. 	Director of Health, Associate Director of Health, Health Policy Analyst, Mental Wellness Project Manager	April 1, 2019 to March 31, 2020.
Objective 7: Overall management of the APC Health Staff			
Activities	Results Achieved	Staff Responsible	Timeframe

<p>1. Management of staff activities and evaluation of performance</p>	<ul style="list-style-type: none"> • Management of day to day activities of the health department were completed by the Director of Health and Associate Director of Health. Overall management of APC was completed by the Executive Director; and • Annual performance evaluations were completed for all applicable staff. 	<p>Director of Health and Associate Director of Health</p>	<p>April 1, 2019 to March 31, 2020.</p>
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For additional information or to request full meeting packages of meetings, please contact Jarvis Googoo via email at jarvis.googoo@apcfn.ca