

Promoting a Healthy First Nations - First Nations & Inuit Branch Partnership



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General Purpose



- **To highlight what the Quebec Health Managers attempted over many years to create balance working in culture and harmony. Understanding the opportunities and limitations of our FNIHB partner, and focus upon our joint goal to improve health services at the community level.**

Objective



- 1. History of FNIHB**
- 2. How the First Nations Health Managers build strength together;**
- 3. How the First Nations Health Managers network work with the FNQLHSSC;**
- 4. How the First Nations Health Managers build relationships with FNIHIB through Health Canada Liaison;**
- 5. Where we are today**

First Nations Inuit Health Branch (FNIHB)



- “In 1974, the Minister of National Health and Welfare tabled the *Policy of the Federal Government concerning Indian Health Services*. The policy reiterated that no statutory or treaty obligations exist to provide health services to Indians.
- However, the federal government wanted to ensure the availability of services by providing it directly where normal provincial services (were) not available, and giving financial assistance to indigenous Indians to pay for necessary services when the assistance (was) not otherwise provided”.

First Nations Inuit Health Branch (FNIHB)



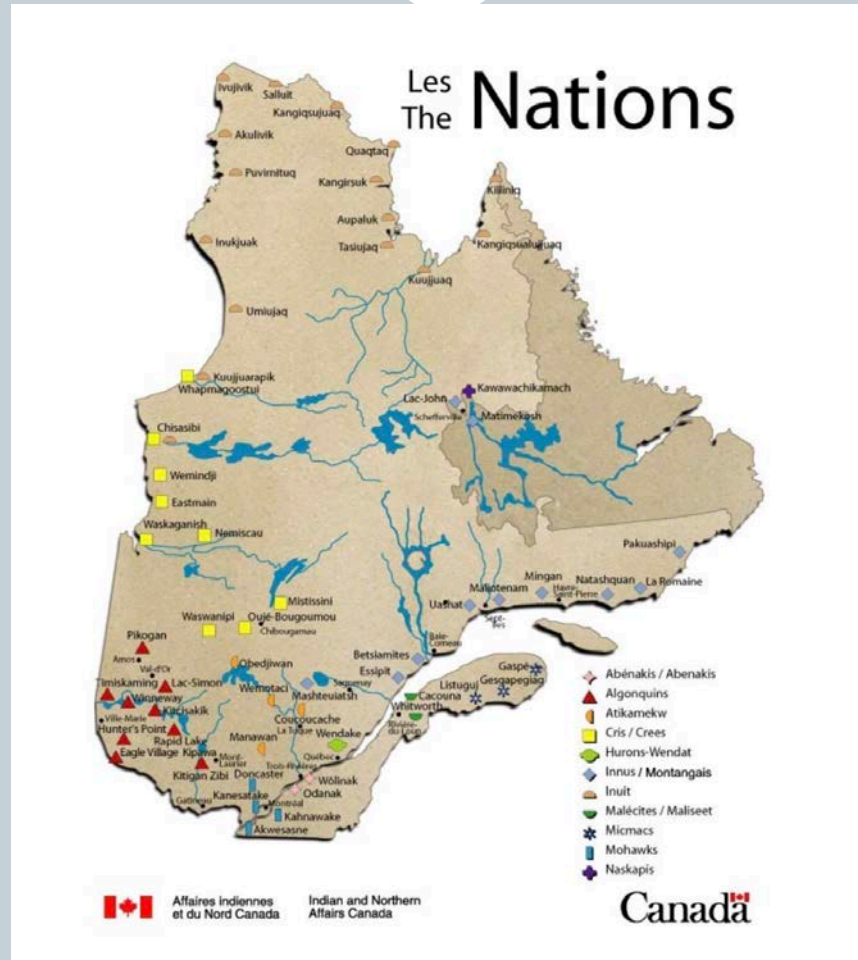
- In 1979, a new [Indian Health Policy](#) was announced. It stated that uninsured benefits would rely upon "professional medical and dental judgment." The policy also recognized the need for community development, a strong relationship between Indian people, the federal government, and the Canadian health system.
- Medical Services Branch started to work towards transferring control of health services to First Nations and Inuit communities and organizations in the mid-1980's through the [Strategic Policy, Planning and Analysis Directorate](#).

Health Directors/Managers



- In the Quebec regions there are 28 communities;
- 11 Nations
- 1994 Health Director's developed a committee to support the development of programs and services for First Nations communities. Known today as First Nations Quebec & Labrador Health & Social Services Commission (FNQLHSSC)

Map of First Nations Communities in Quebec



FNQLHSSC



- “Created in 1994, the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) is administered by a Board of Directors made up of seven members who are elected by the General Assembly of the FNQLHSSC.
- The Board of Directors possesses all of the powers that it is entrusted with by the General Assembly as well as all of the associated duties.
- These powers and duties must be ratified by the Assembly of First Nations of Quebec and Labrador (AFNQL). The Board of Directors is accountable to the Chiefs of the AFNQL as well as the General Assembly”.

Health Directors/Managers Build Strength Together



- FNIHB would hold a caucus meeting inviting each community to attend.
- The issue was that it was their meeting telling Health Directors/Managers how we should delivery our programs and services.
- Health Director's requested to FNIHB to hold their own quarterly caucus meetings funded by FNIHB, and Health Directors/Managers would determine their own agenda based on the needs of their communities.

Health Directors/Managers Build Strength Together



- In 2004 FNIHB announced new investments, Maternal Child Health was one of them;
- In 2006-2007 Health Directors/Managers took a stand that they would no longer have pilot project's, each community would receive funds and gave the mandate to the FNQLHSSC to work in partnership with FNIHB to support their decision;
- 2006-2007 No funding was allocated to the communities

Strengthening Relationships



- With the support of the FNQLHSSC a funding formula was developed and agreed by FNIHB and communities to the revised funding allocation.
- Each community received funding based on a funding formula developed in 2008.
- Significantly strengthens local capacity building

Strengthening Relationships



- Health Canada suggested that Health Managers each submit a proposal to apply for funding for Jordan Principle in each respective community.
- It was brought to FNQLHSSC that not all Health Managers had the resources (time) to submit a proposal, and requested an alternative process for accessing these dollars be developed.
- With the Commission's support a formula was created and the funding was divided amongst the QC First Nations on a 'per (child) capita' basis.

Relationships



- **Our relationship significantly strengthens local capacity building in health services;**
- **First Nations communities have developed Health Directors/Managers with the knowledge, skills, and attitudes to improve community health using techniques and indicators that are evidence based;**
- **Quebec region recognizes one of their major activities is to support Health Directors/Managers improve the health of their community.**

Today's Partnership



- Quebec Health Directors/Managers Network understands that there is a disconnect between the different levels of government and that the funding allocations are based on program authorities created by the Treasury Board & FNIHB National level;
- Quebec Health Directors/Managers are aware that we are accountable for reporting requirements;
- FNIH Contribution Agreements ('transfer' and 'global') allow Health Directors/Managers the ability to determine health priorities based on each communities needs.

Today's Partnership



- Our Relationship with Quebec FNIHB Region is the reverse of the Adult Children of Alcoholics concept - **Don't talk - Don't feel - Don't trust**
- *Our present relationship is*
- **“Let us talk”** about our challenges
- **“Let us feel”** how we can work together to overcome challenges
- **“Let both sides build trust in each other”** to overcome challenges that will improve our community's challenges

Today's Partnership



- **Overcoming Language barriers**
- **Reporting**
- **Moved away from policing the agreements**
- **Respecting the Partnership**
- **Sharing based on our Traditional values**
- **Improving contribution agreements by having Our input as health managers**
- **Local capacity building**
- **First Nations Inuit Health Branch (FNIHB)**

Conclusion



- **Nation to Nation relationships**
- **Based on Cultural values & principals**
- **Health Directors guides the process of how the partnership will work together**
- **The FNQLHSSC supports Communities to advocate on behalf of Health Managers**
- **We are continuously working together to strengthen and improve the partnership with FNIHB**

Questions??



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Thank you

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