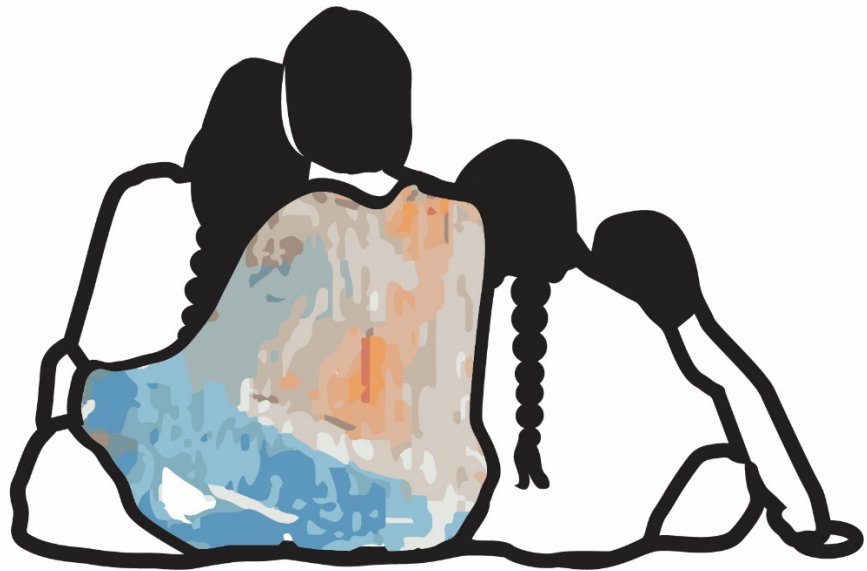




FIRST NATIONS HEALTH TRANSFORMATION SUMMIT

Getting the Relationships Right: Health Governance in the Era of Reconciliation



SUMMIT REPORT

February 13-14, 2018

Toronto, ON

Traditional Territories of the Mississaugas of the New Credit First Nation



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EXECUTIVE SUMMARY

The **First Nations Health Transformation Summit** took place February 13-14, 2018, in Toronto, Ontario on the Traditional Territories of the Mississaugas of the New Credit First Nation. The Summit was an opportunity for First Nations, the federal government, and provinces/territories to come together to develop shared priorities and determine next steps towards closing jurisdictional gaps in First Nations health. The First Nations Health Transformation Summit, *Getting the Relationships Right: Health Governance in the Era of Reconciliation*, is part of the Assembly of First Nations (AFN) efforts to facilitate relationship building, and highlight innovative First Nations built health programs, services and systems from across the country that have found success in overcoming jurisdictional gaps. With 429 persons in attendance, the Summit included First Nation delegates, AFN's Chiefs Committee on Health members and health technicians, corporate and government officials, Elders, and other guests. The Summit was opened by Elder Valerie King and the Manitou Mkwa Singers and Drum Group.

In the Summit's welcoming remarks, AFN National Chief Perry Bellegarde stated that in the spirit of reconciliation the federal government had committed to getting the relationship right. This commitment includes acknowledging First Nations as experts in their own health, rather than regarding First Nations health as a "problem". National Chief Bellegarde stated that First Nations want a responsive culturally safe health system. A new fiscal relationship with the federal government should be established that properly resources self-determined First Nations health care systems.

The AFN Health Portfolio holder, Ontario Regional Chief Isadore Day reminded participants to think not only about issues related to health funding and jurisdiction over the course of the summit, but about what this work means for their communities; for those that are sick or have passed away; and for those that are living a good healthy life. The conversations that they were having could save lives and even the small changes have the power to save one life.

Dr. Michael Kirlew, a family doctor serving First Nations clients in Sioux Lookout, stated that the health care system has never been about justice or fairness; the system works to forget First Nations people or, in Jordan Anderson's case, the system worked to avoid him. First Nations continue to fall through the cracks because the system is inherently broken. Colonization designed the systems which do not serve First Nations in the way we need them to; they were not designed for good outcomes. Dr. Kirlew stated that an Indigenous, patient-centered system would be the transformation needed to impact people personally. Courageously innovative transformation should not be a policy option; it is the only way forward.

Mr. Joe Gallagher, Chief Executive Officer of the First Nations Health Authority (FNHA), provided an overview presentation entitled "FNHA: The Past, Present and Future of Systems Innovation in British Columbia". FNHA's health partnership with Canada shifted from government designed services to a true health partnership consistent with the United Nations Declaration on the Rights of Indigenous



Peoples. The British Columbia Tripartite Framework Agreement on First Nations Health Governance provided a phased approach to transformation which resulted in transfer of designated Health Canada headquarter functions to First Nations control in July 2013, and regional functions in October 2013.

Mr. Sony Peron, the Senior Assistant Deputy Minister for Indigenous Services Canada (ISC) stated that health transformation was the result of a shift in the way that the government thought about First Nations health. Initially, they were making all the decisions and now they want to behave like true partners and come to an agreement on implementing health transformation. Positive changes need to happen within government programs and policies while health transformation takes place.

A panel presentation entitled “Highlighting Emerging Health Transformation Governance Models” moderated by Dr. Valerie Gideon, Senior Assistant Deputy Minister, First Nations and Inuit Health Branch, ISC, provided further insight into health transformation. Okimaw Wallace Fox, Onion Lake First Nation, provided an overview of their treaty-based funding model. Ms. Marjolaine Sioui and Mr. David McLaren, First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC), shared work being done to support the vision of the FNQLHSSC “Through our self-determination, a global and concerted approach, individual and collective commitment, we will be healthy people connected to Mother Earth and our physical, mental, emotional and spiritual well-being will be balanced”. Mr. Sol Mamakwa and Mr. Ovide Mercredi, Nishnawbe Aski Nation (NAN), stated that - in the past years, there has been many crises in the NAN communities and the colonial health system is killing their people. Their advocacy work on health transformation began in June 2015; they worked within NAN to advocate, develop relationships and build capacity towards health transformation. NAN presented a plan for health transformation to the Federal Government in October 2016, and they now have a way to carry out this work.

On Day 2, the conversation continued with the “Innovative Models on Health Transformation across Jurisdictions” panel that was moderated by Dr. Margo Greenwood, Academic Lead of the National Collaborating Centre on Aboriginal Health, and Vice-President of Aboriginal Health for the Northern Health Authority in British Columbia. Ms. Gail Boehme of the All Nations Healing Hospital, Fort Qu’Appelle, Saskatchewan, shared that their hospital had a shared vision for service provision as those provided by previous speakers. Another innovative approach, the All Nations Healing Hospital Health Delivery Model, provides a culturally sensitive and coordinated Primary Health Care Approach which is community- directed and implements multi-disciplinary/cross-disciplinary teams who work seamlessly in a multi-jurisdictional environment. Ms. Tracy MacPherson, Whitehorse General Hospital, provided an overview of the services offered in the First Nations Health Programs at the Whitehorse General Hospital. They stem from a 25-year partnership between the Whitehorse General Hospital, Yukon Government, Canada, and the Council of Yukon First Nations. The program recognizes the impact of residential schools and colonization and provides services that support First Nations such as, traditional meals, diagnostic translation and other supports.

The Honourable Eric Hoskins, Minister of Health and Long-Term Care, Government of Ontario, stated that the current colonial health system is not working for First Nations. In May 2014, the Chiefs of



Ontario signed an accord and launched the First Nation Health Action Plan, where they dared to do things differently. Ontario is now funding 16 primary care teams, helping 70,000 First Nations people and First Nations lead 15 of the 16 teams. Access to traditional healers, nurse practitioners, and mental health practitioners that respect culture are weaved into these teams. Further to this, there are 34 new First Nations-led health and wellness programs in the province. Mr. Hoskins explained that this is just the beginning, and they continue to receive proposals from First Nations to build on this work. Supports operate in a culturally safe way and are developed, delivered and managed by First Nations communities. Mr. Hoskins stated that they believe that a respectful partnership has grown, and the goal is to have these decisions be made in First Nations and managed by First Nations themselves.

Regional Caucus sessions were held on the afternoon of Day 2 and, while there was some expected divergence in views, the following represents some common issues as identified by the different regions:

- Throughout all regions, there are several gaps in health services for First Nations. While small gains have been made, there is a lack of traditional health services in all regions.
- There is an urgent need to address the broken system, such as the need to address mental wellness in First Nations; ongoing work needed in the area of addictions; and the need to address chronic diseases and palliative care, amongst others.
- Engagement with First Nations at the local and regional levels to result in shared decision making, accountability, and transparency throughout the process is required.
- Need to identify and address jurisdictional issues between provincial/territorial and federal governments' roles and responsibilities.
- Many discussed how change and transformation could be addressed within the context of the Canada Health Act.
- The process of transformation will take time – it takes time to build trust, time to engage effectively with First Nations, and time to strategize between First Nations and undertake other activities.
- Funding needs to be equitable and effective, sustainable, First Nations-specific, and committed beyond the current government.
- Health should be a priority at the AFN, and the National Chief should champion these issues nationally with the rights holders leading the way.
- There is a need to work on unity and collaboration between First Nations within regions.
- In treaty areas, a strong desire to have First Nations' control of health services better reflect treaty rights was emphasized.



The AFN Health Transformation Summit report captures the proceedings of the two day summit using notes provided by summit note takers and through reviewing forum recordings. Should participants or speakers have any concerns with the summaries provided, the AFN Health Sector asks that they contact them and any necessary amendments will be made.

1. BACKGROUND

In 2017, the Assembly of First Nations (AFN) published the *First Nations Health Transformation Agenda* (FNHTA) which provides an advocacy framework for advancing First Nations health. One of the foundational messages of the FNHTA is the need to [get the relationships right](#). This principle comes from the recognition that developing First Nations controlled health systems requires building relationships from the service delivery level, up to the provinces and territories, and with federal government involvement. In addition, these relationships must be based on the recognition and respect for First Nations inherent, Treaty and Aboriginal rights.

The **First Nations Health Transformation Summit** took place on February 13-14, 2018, in Toronto, Ontario. The Summit was an opportunity for First Nations, provinces and territories, and the federal government to come together and develop shared priorities to determine next steps towards closing jurisdictional gaps in First Nations health. Delegates shared their knowledge and also were able to learn more about important innovations in First Nations health systems governance from across the country.

The Summit objectives were to:

- Connect decision-makers and influencers (First Nations, the provinces/territories and the federal government) and generate conversations and commitment on working together to overcome jurisdictional challenges - thus moving towards improving health outcomes for First Nations.
- Demonstrate success and share promising models of jurisdictional cooperation and innovation.
- Support First Nations capacity development in health systems governance.

A total of 429 persons attended the Summit, including First Nations delegates, AFN's Chiefs Committee on Health members and health technicians, corporate and government officials, presenters, Elders, and other guests.

The Summit featured a Health Information Fair with exhibitors showcasing information, products and services with innovative approaches in First Nations health from associations, government partners, businesses, and others. There were sixteen booths in the Information Fair including a video booth hosted by the AFN where delegates could share their views on First Nations health transformation.



2. KEY SUMMIT THEMES

Discussions at the Health Transformation Summit were diverse, with presenters sharing perspectives and experiences in working to achieve health transformation, to regions highlighting their priorities. The following section outlines a number of the key themes that were discussed.

Culture as Foundation

First Nations health and well-being is rooted in, and connected to, their diverse cultures. The connection to culture must be a foundational element to health transformation work that seeks to shift away from western models of medicine and governance.

Key Points:

- **Traditional health services:** Elders, traditional healers, traditional medicines, healing ceremonies, and other First Nations practitioners are highly valued.
- **Cultural safety:** a sure way to ensure cultural safety is to have health systems be culturally grounded, culturally informed, and culture-driven.
- **Patient-centered systems and care:** cultural safety and humility are more likely when care and services are based on the individual, their history, and their culture.
- **Traditions and ceremony:** stories; passing on the teachings of ancestors; traditional meals; etc. are identified as sources of healing.
- **Traditional Governance models:** drawing on traditional teachings, laws, and beliefs to guide the development of health governance systems will best serve First Nations.

Self-Determination

First Nations Health transformation must be led by First Nations for First Nations. Self-determination implies freedom and independence from colonial systems which were never adaptable, nor respectful of First Nations. First Nations do not want a patchwork of disjointed services; self-determined health systems are more likely to be comprehensive, rooted in culture and traditional ways of knowing, and offer a coordinated continuum of wellness approaches.

Key Points:

- **Support First Nations capacity:** innovative First Nations-built health programs should be recognized, supported, and amplified. Accreditation, training and skills development for First Nations programs and practitioners is key.
- **Ownership:** health systems, supports and services should be managed and delivered by First Nations. Also, ownership of data and information, and expertise in their handling, is a priority.
- **Jurisdictional confusion:** disentangling from the complications of multiple and ambiguous jurisdictions, and getting out from between jurisdictional gaps, is required to facilitate progress towards self-determination.
- **Community level:** community-led, community-based, and community-driven programs and initiatives will lead to increased efficiency, as well as fewer parallel programs and lack of



integration. Also, if efforts are local, it is far more likely that they are First Nations-led, delivered, governed, self-determined, and culturally relevant.

- **Balancing long-term goals with immediate needs:** while fulsome health transformation is underway, we cannot be passive. Meaningful incremental changes must be pursued in the meantime. Fulsome transformation takes time.

Getting the Relationships Right

It is widely recognized that most current relationships are not *right*. Throughout the Summit, it was articulated in a variety of ways that relationships between First Nations and Canada are not *true* relationships—First Nations are not *equal* participants. Historically, First Nations are not viewed as full partners in determining their own health, do not share decision making, and have minimal reason to trust Canadian governments. First Nations are not adequately represented during consultation and informational exchanges. First Nations generally do not own or even have access to their own data. Perhaps most importantly, First Nations do not determine budgets or manage the funds which purport to serve their increased wellbeing; they often do not know where funds are spent.

Key Points:

- **Shared decision making:** First Nations are not adequately represented during “consultations” and planning, or other forms of engagement. Community voices and youth are not heard. Instead of participating in decision making, First Nations consent, and approval is sought as an afterthought. First Nations want less top-down programming and implementation.
- **Shared priorities:** given the importance of combatting illness and increasing well-being, it is necessary that federal, provincial, territorial and First Nations governments develop and agree on shared priorities. Otherwise, coordination is inefficient and genuine cooperation is impossible.
- **Roles and responsibilities:** First Nations want these to be clearly articulated. Federal, provincial and territorial governments can no longer hide behind obscure jurisdictions. Jordan’s Principle must apply. Clear roles and responsibilities are essential components of transparency, and ensure accountability.
- **Proper engagement:** needs assessments, consultations, planning, budgeting and general decision making: these should be guided by fair partnership and engagement protocols. First Nations must have the opportunity to give full consent. Appropriate milieus for engagement are necessary. This includes ways of interfacing and engaging amongst and between First Nations.
- **Trust and transparency:** without full transparency, First Nations will continue to rightly distrust Canadian governments. First Nations want to know how budget numbers are determined, where do the funds go, and who administers and spends them. How can trust and transparency support the increased demand for First Nations-specific funding?
- **Honouring agreements:** First Nations demand increased respect for the agreements and commitments which governments have already made. There are persistent shortcomings in relation to: Treaties; the Truth and Reconciliation Commission; Jordan’s Principle; Non-Insured Health Benefits (NIHB); the Canada Health Act; the United Nations Declaration on the Rights of



Indigenous Peoples; and many others. The lack of commitment is partly why the National Chief suggested using the international arena to pressure Canada to act on the disparities in First Nations health.

Closing the Gap

Closing the gap in health outcomes, health services, capacity and funding was a common theme highlighted by participants and is the underlying reason for why health transformation that is led by First Nations, for First Nations must occur.

Key Points:

- **Health outcomes:** While discussing transformative change, forum participants continued to raise concerns regarding the current health and wellbeing of their First Nations, emphasizing that in many cases, there were health crises that required immediate attention and that were impacting First Nations at a greater level than non-First Nations. This included concerns regarding mental health and addictions, tuberculosis and Human Immunodeficiency Virus (HIV), palliative care, cancer, and chronic diseases (e.g. diabetes).
- **Health service access:** Access and availability of appropriate health services must be improved. This includes the supplies, equipment, and expertise required for prevention; screening; diagnosis; treatment and aftercare. First Nations need the services and capacity within their communities.
- **Human Resource Capacity:** In order to begin to close these gaps and to move forward with health transformation, more resources and attention must be given to building First Nations health human resource capacity. First Nations providers, administrators, and health managers have the best understanding of what is required for their people and are able to offer the care they need.
- **Sustainable, long-term, flexible funding:** Throughout the forum, participants highlighted that transformation and closing the health gap could not occur without sustainable, long-term, and flexible funding that reflected the health needs of First Nations and fully encompassed and considered administrative costs. Current funding models are not adequate to meet their health needs and address the health disparities.
- **Health as a priority:** Many summit participants shared that, somehow, health is not viewed as a priority by all of their communities, leaders, etc. There was a call for all leaders to make health a priority, and to be champions for health improvement and transformation.