



# THE FIRST NATIONS AND INUIT HOME AND COMMUNITY PROGRAM (FNIHCC)

Caring for Children: Status, Opportunities and  
Challenges

February 2007



# Presentation Overview

- Introduction
  - Mandate of FNIHB
  - Basic Information about First Nations and Inuit
- FNIHCC Program information
  - Services and eligibility
- Children and Youth receiving FNIHCC services
- Innovations in delivering care
  - Linkages with other programs
  - Use of technology
- Future Directions



# Key Messages

1. FNIHCC is a new and still evolving program which provides basic home and community care services to First Nations and Inuit (FN/I).
2. The program currently reaches 95% of its eligible population despite a challenging implementation environment.
3. Evaluation findings indicate several gaps exist in the services provided.
4. Integration of services at the community level is important to address client needs and demand for services.
5. Linkages with other programs is the key to the success of the program.
6. We are here to share our experiences but also to learn from more established programs.



# Introduction

- Federal government has the responsibility to provide most health and social services to First Nations on reserve and Inuit in designated communities.
- Main federal departments are Health Canada and Indian and Northern Affairs Canada (INAC).
- The goal of the First Nations and Inuit Health Branch (FNIHB) is to provide FN/I with accessible, effective and sustainable quality health services contributing to improved health outcomes for FN/I.



# First Nations and Inuit

- 698 FN reserves and 27 Inuit communities with over 780,000 individuals
- According to the 2004 Canadian Population Health Initiative report “*Improving the Health of Canadians*”, compared to the non Aboriginal population:
  - The life expectancy of Aboriginal people is, on average, 10 years less;
  - Aboriginal infant mortality is three times higher;
  - Suicide rate is six times higher;
  - Diabetes rate is three times higher; and,
  - Unemployment and poverty rates are three times higher.
- The leading cause of deaths in children and youth is injury (suicide, MV accidents and fires).





# FNIHCC Background

- In 1999 the Government of Canada announced new funding for the establishment of a home and community care program for First Nation and Inuit communities.
- \$152M was provided over a 3-year period to develop the program with \$90M available for ongoing program service delivery.
- The program was designed to:
  - enable First Nations and Inuit to meet the increasing home care demands of community members living with chronic diseases and disabilities; and
  - To address the health service gap as a result of the shift away from institutional care towards community-based care.



# Key Features of FNIHCC

- Service delivery models emphasizing coordinated service delivery based on assessed client needs
- Coordinated case management and client/family involvement
- Builds on and links with existing home care nursing services, INAC In-Home Adult Care and other related health and social services
- Services provided by Trained/Certified personal care workers supported by home care nurses
- Supports the access to a broad spectrum of **common** essential health related services from client assessment to professional and para-professional services for clients



# Essential Program Elements

- Structured client assessment process
- Managed care process (case management, care coordination)
- Access to home care nursing
- Access to personal care provided by trained providers
- Access to in-home respite care
- Established linkages with other health and social services
- System of record keeping and data collection
- Access to appropriate supplies and equipment



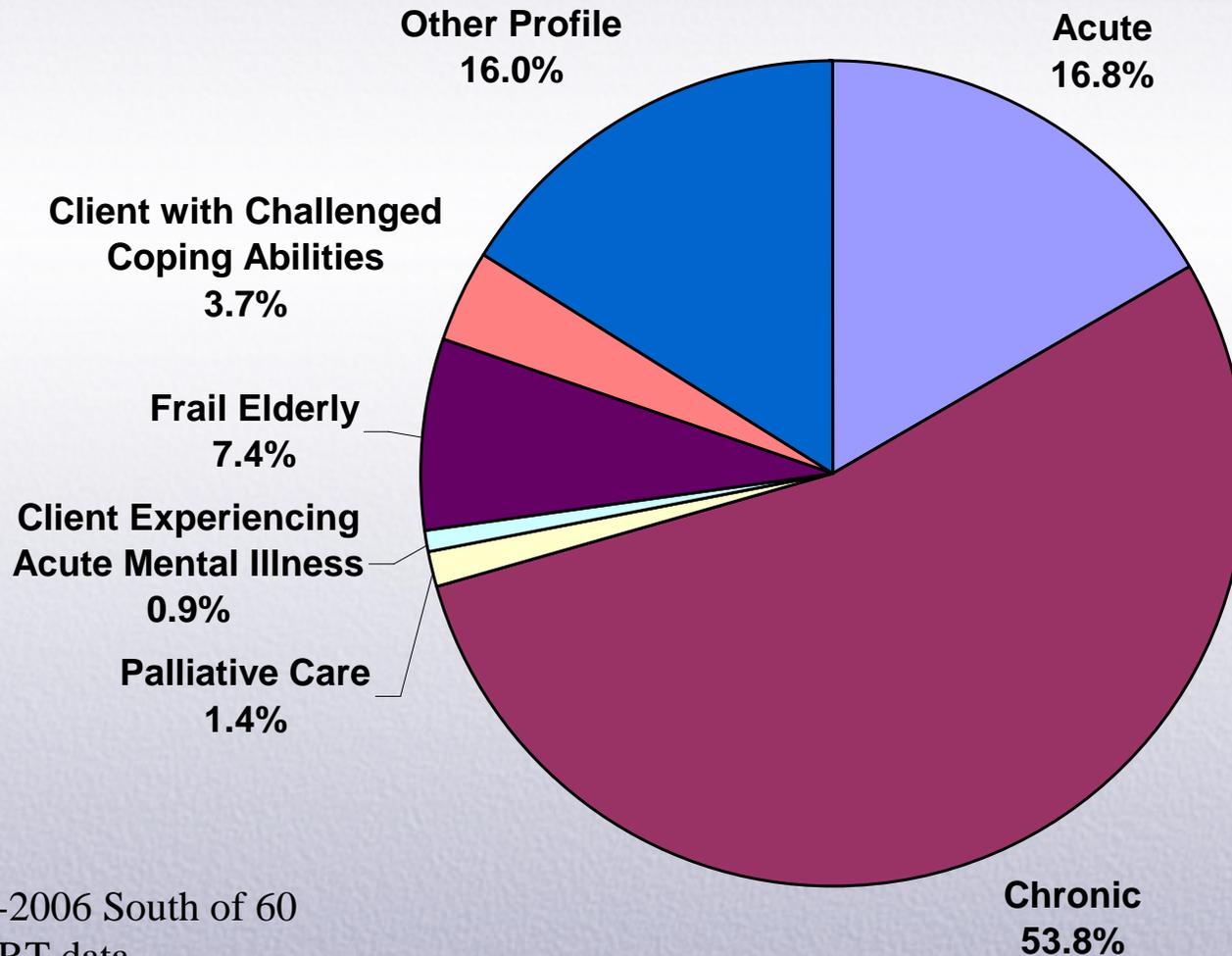


# Status of FNIHCC Implementation

- 684/698 communities (98%) have been funded for program development activities
- Currently, 95% of the eligible on-reserve population have access to some or all FNIHCC services



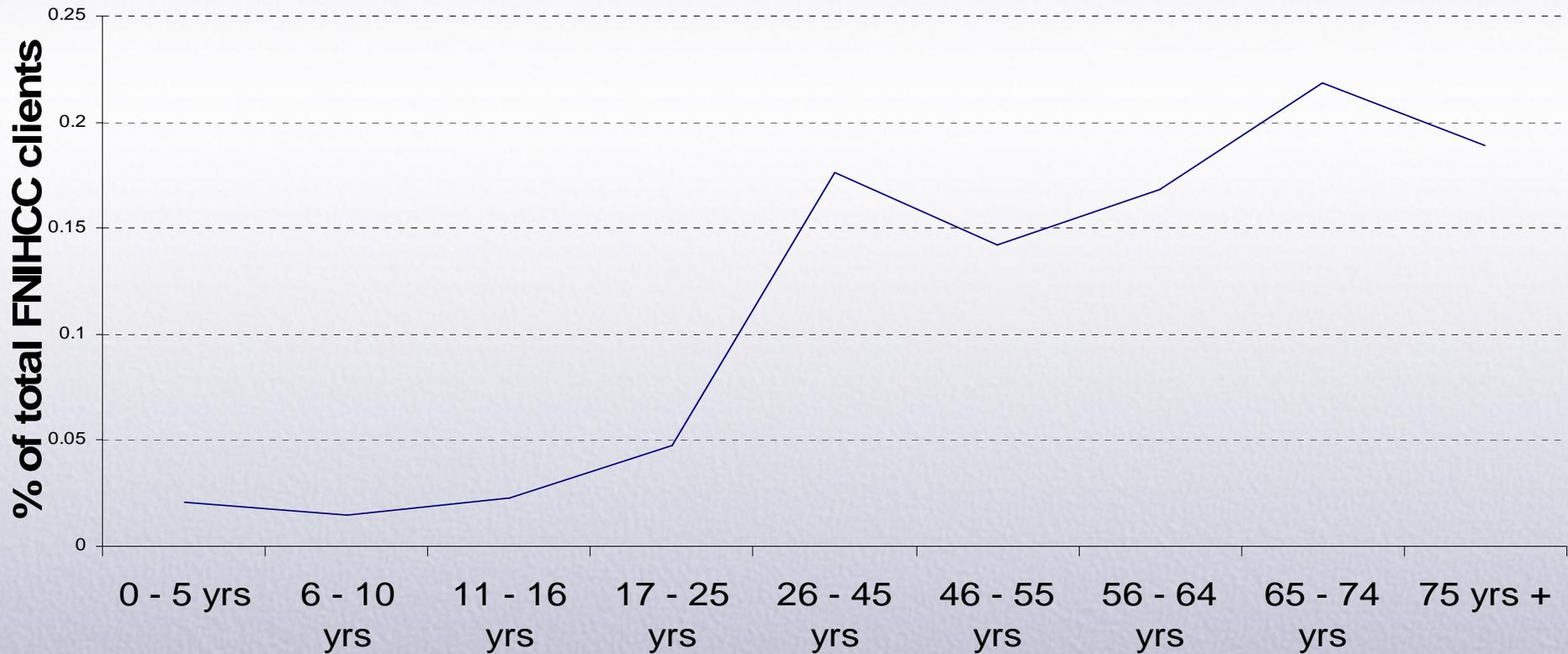
# FNIHCC Clients by Type, n=28,000



2005-2006 South of 60  
e-SDRT data



# FNIHCC Clients by Age





# Evaluation findings Study 1

The first study examined how the program has been implemented and found:

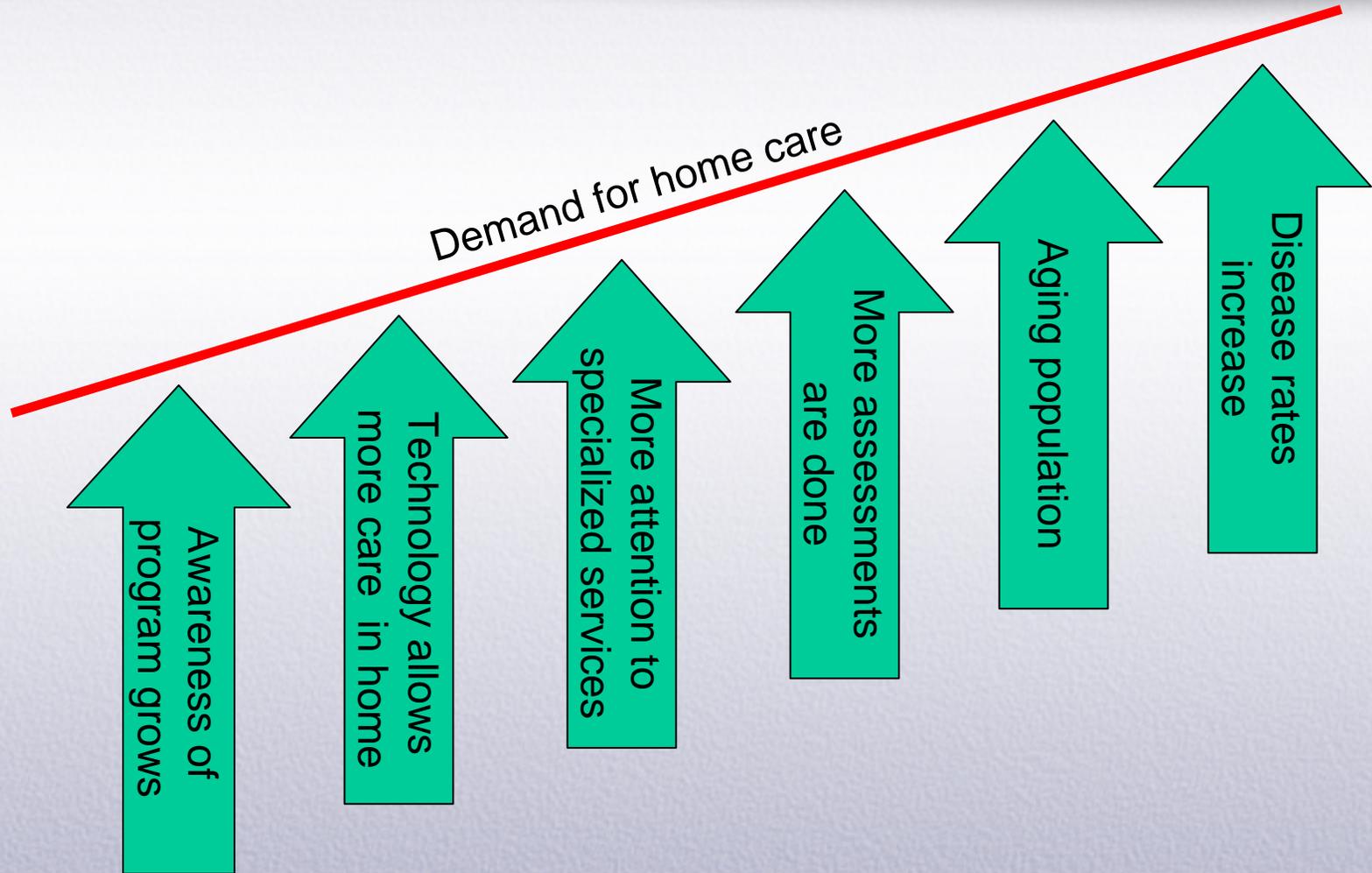
- Basic home care services in place in the majority of communities and communities have enhanced capacity to provide services and good quality of care
- Quality of life and outcomes improved for clients

However,

- FNIHCC is just a beginning, particularly for those communities that have been able to implement only minimal services with their funding allocation
- There is a need to examine ongoing funding to sustain and expand the program and to respond to needs in areas such as respite care, palliative care, and mental health



# Findings from Study 2, con't





# Pediatric home care in FN/I communities

## What we know:

- It is being done in communities of all sizes across Canada.
- Basic services are available (nursing, some respite, drugs, equipment and supplies).
- Limited access to therapies and specialists.

## What we don't know:

- Unmet needs of children and youth receiving home and community care.
- Kids/families who have to leave their communities to access services.





# Innovations in Delivering Care

(or how we are trying to overcome challenges)

- Integration of services at the community level
- Linkages with other programs
  - Federal (Maternal child health)
  - Provincial/Territorial (Nunavut)
  - Local (KO telehealth)



# Future Directions

- Developing a research agenda
- Enhancing availability and quality of services
- Working with Indian and Northern Affairs Canada to develop a full continuum of care, including long-term facility care
- Enhancing discharge planning and care coordination with all partners



Thank You