SUMMARY

The Assembly of First Nations (AFN) hosted a series of Virtual Regional Focus Groups on Long-term and Continuing Care from July 25-27 and August 1-3, 2023. The purpose of the focus groups was to discuss First Nations priorities for the reform of the Assisted Living (AL) and the First Nations and Inuit Home and Community Care (FNIHCC) Programs.

The AFN is mandated by AFN Resolution 44/2022, *Co-Development of Policy Options with ISC for a Memorandum to Cabinet on the Wholistic Long-term and Continuing Care Framework*, to co-develop policy recommendations for the creation of a Wholistic Long-term and Continuing Care (LTCC) Framework with the Technical Working Group on Social Development (TWGSD) with oversight from the Chiefs Committee on Health (CCOH). The vision of the Framework is to ensure persons with different abilities and aging First Nations receive equitable access to care services at home.

Informed by a series of First Nations-led engagements held between September 2020 and September 2022, the AFN identified seven priorities for reform. These priorities serve as a foundation for advancing a First Nations-determined collective vision of an enhanced and culturally responsive LTCC Framework that effectively meets the diverse needs of First Nations. The seven priorities include:

1. **Culture as the Foundation for Long-term Care Services to First Nations:** Leveraging the two-eyed seeing approach to bridge the Western and Traditional health modalities, with the inclusion of land-based activities, ceremonies, and traditional medicines.

2. **Wholistic Care from Preconception to End of Life:** Encompassing First Nations' priorities of well-being to encapsulate an individual and community in all dimensions from preconception to end of life, addressing the social determinants of health, and shifting from a deficit-based model to a strength-based model.

3. **Restructuring and Advancing Infrastructure in First Nations:** Procuring additional investments to develop facilities and wellness centers on-reserve, including infrastructure, home adaptations, refitting existing buildings, technological updates, data management and telecommunications.

4. **Scalable and Sustainable Resources:** Transition to needs-based, predictable, and sustainable funding that accounts for emergency preparedness, prevention and transitional efforts, utilities and operations, capital, socio-economic realities and rising needs across all sectors, and attaining wage parity.

5. **Building and Supporting First Nations Health Human Resources:** Encourage Multidisciplinary teams working in a circle of care model, including: nurturing kinship systems, recruitment and retainment efforts, safe work environments, system navigators, hybridization of Western and Traditional health modalities, increased specialized training and the development of accredited certification programs.

6. **Governance and First Nations-determination:** Supporting First Nations determination through partnerships and capacity building to build readiness, coordination of partnerships and bridging the gap between services and jurisdictions.

7. **Equitable Access to Services Across Canada:** Promote diversity, equity, empowerment and inclusivity for persons with different abilities and diverse populations across the lifespan, ensuring individuals can live and thrive within their First Nations and have equitable access to services.

WHAT WE HEARD

The Virtual Focus Groups facilitated information sharing and dialogue on the priorities for reform and for building a First Nations Wholistic LTCC Framework. Discussions focused on regional perspectives and priority areas towards a First Nations vision of a LTCC Framework. The sessions provided a platform for First Nations to share stories and identify their priorities, which in turn informs the development of policy recommendations to reform the two federal programs. Based on feedback provided during the Virtual Focus Groups, reform of the AL and FNIHCC Programs must include the following:

1. **Culture as the Foundation for Long-term Care Services to First Nations:**

   - Enable access to traditional Indigenous foods in long-term care settings, including addressing systemic barriers administration faces to provide the food (e.g. regulations, staff capacity, workspace to process food, etc.).

   - Incorporate Indigenous languages into care settings for seniors and those living with dementia and other neurological conditions.

   - Engage with First Nations to discuss how to address and eliminate racism in healthcare.

   - Promote culturally safe environments and accountability mechanisms that combat anti-Indigenous racism.

   - Support hiring medicine peoples in salaried positions or honorariums to promote traditional wellness.

2. **Wholistic Care from Preconception to End of Life:**

   - Move beyond a biomedical assessment, towards assessing physical components of health along with assessing emotional, spiritual, and mental comments of wellness.

   - Take a client-centred approach and ensure services follow the lifespan of the individual, including flexibility with operating hours to meet the needs exceeding the typical work week (i.e., 9-5) schedule to meet needs during evenings and weekends.

- Deem palliative care an essential service element within the FNIHCC Program.

- Expand the palliative care philosophy, of providing comfort care, to chronic disease and pain management.

- Support access to mental health supports for First Nations survivors (e.g. Residential Schools, Day Schools, Indian Hospitals) and combat the crisis of misdiagnosis (e.g. intergenerational trauma, PTSD, etc.).

- Promote involvement with social events and maintaining social connections while in care, including connecting clients with each other, youth and the community to improve quality of life.

- Funding to increase LTCC initiatives to provide 24/7 access to care and services for clients.

- Promotion and inclusion of primary, secondary, and tertiary care in community and LTCC services.

3. **Restructuring and Advancing Infrastructure in First Nations:**

- Support access to funding for home refitting structures (ramps, bars, etc.), retrofitting, and renovations.

- Allocate resources to establish dedicated medical transportation services, including vans and drivers in all First Nations, alongside ongoing roadway and sidewalk maintenance to meet accessibility standards.

- Facilitate access to appropriate housing for clients, creating a safe home environment that comfortably supports all accessibility needs and requirements.

- Create data sharing agreements to better coordinate referrals, discharge plans and ensure similar standards of care practices.

4. **Scalable and Sustainable Resources:**

- Provision of funding to build AL facilities and multi-room wellness centers tailored to First Nations. New facilities can be developed for single communities, tribal community collectives, or as satellite campuses adjacent to provincial LTCC facilities. The different development options for new facilities will support the developments of new infrastructure for First Nations at all levels of readiness.

- Incorporate needs-based, flexible funding for First Nations providing continuing care services, based on demographic data and incorporating considerations for increased demand due to chronic diseases, aging population and accessibility needs.

- Enhancing funding accessibility by developing clear processes for all funding opportunities and providing assistance with identifying and navigating all funding opportunities.

- Facilitate streamlined access to funding envelopes for utilizing FNIHCC supportive elemental services (e.g. respite care, rehabilitation and other therapies, wellness and fitness, etc.).

- Eliminate wage gaps and ensure competitive salaries for care workers and medical appointment escorts.

5. **Building and Supporting First Nations Health Human Resources:**

- Provide training and professional development opportunities to recruit and retain First Nation health human resources and facilitate safe working environments.

- Fund staff housing and accommodations, with special attention for remote First Nations.

- Fund training specific to long-term care (chronic diseases, palliative, end-of-life, disability, etc.) in a cultural and social competent way.

- Expand decision-making authority to social workers and nurse practitioners to reduce assessment or referral delay.

- Increase access to respite care to support caregivers. Provide training to First Nations to certify members to provide these services for their own. to support.

- Fund and hire system navigators to assist caregivers and clients through AL, FNIHCC, and other programs such as Non-Insured Health Benefits.

6. **Governance and First Nations-determination:**

- Uphold First Nations autonomy to deliver services to members, whether on-reserve or off-reserve.

- Address jurisdictional issues through facilitating communication between all levels of government to coordinate with First Nations-led care initiatives.

- Support reconciliation through decentralizing services from ISC and promoting community-based management and initiatives.

- Support partnerships with provincial universities and colleges to encourage training.

- Bolster self-determination and flexible funding, so First Nations can fully meet the needs of clients (e.g., funding for burials, free physical activities for clients, etc).

7.   **Equitable Access to Services Across Canada:**

- Simplify the navigation of funding and access to care, including streamlining reports, referrals, requests, and coordination of federal government (AL, FNIHCC, NIHB, FNIHB clinics, etc.), and make the process transparent.

- Improve access to transportation coordination and support escorts.

- Promote inclusivity by removing the income assessment within the AL Program to allow unrestricted access to supports and services for all individuals with accessibility requirements, regardless of household income.

- Offering faith-based and spiritually-based services to First Nations within long-term care facilities to ensure First Nations with different belief systems have equitable access to these services.

- Collaborate with Jordan's Principle to ensure young people reaching the age of majority have smooth transitions to LTCC services, where required, through increased funding and access to post-majority service coordination.