Summary Report on the Assembly of First Nations (AFN) Non-Insured Health Benefits (NIHB) National Dialogue Session

October 17-18, 2023

Saskatoon Delta Bessborough Hotel Saskatoon, Saskatchewan

REPORT ON THE ASSEMBLY OF FIRST NATIONS (AFN) NON-INSURED HEALTH BENEFITS (NIHB) NATIONAL DIALOGUE SESSION

October 17 – 18, 2023

Saskatoon, Saskatchewan (SK)

Day 1: October 17, 2023[1]

Dialogue Session #1. AFN Advocacy and Partnerships Relating to NIHB

Dialogue Session #2. NIHB Pharmacy Benefit through an Indigenous Provider Lens

Dialogue Session #3. A NIHB Journey through Mental Health and Addictions

Dialogue Session #4. NIHB Vision Care Benefits

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Day 2: October 18, 2023

Dialogue Session #6. The Cancer Journey and NIHB

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Dialogue Session #8. Anti-Indigenous Racism in the Healthcare System

Dialogue Session #9. Jordan's Principle Long-Term Implementation

Moving Forward with National Advocacy

Moving Forward with National Advocacy

Knowledge Keeper:	Loretta Mandes, Beardy's and Okemasis First Nation, SK
Facilitator:	Natasha Caverley, Turtle Island Consulting
Notetaker:	Melissa McKelvey, Self-employed Contractor
Graphic Recorder:	Liisa Sorsa, ThinkLink Graphics
Sign Language Interpreters:	Debbie Parliament and Team, Connect Interpreting Services
AFN Co-Leads:	Jenny Gardipy and Melanie Morningstar

1 Original agenda for the NIHB National Dialogue Session in Appendix A

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EXECUTIVE SUMMARY

The Assembly of First Nations (AFN) advocates on behalf of First Nations across Canada as directed by First Nations-in-Assembly. The work includes facilitation and coordination of national and regional discussions and dialogue; advocacy, legal and policy analysis; communications with orders of government; and relationship building between First Nations and the Crown, public and private sectors.

For access to healthcare, the Government of Canada has a fiduciary responsibility to deliver primary and supplementary health services to First Nations as rightsholders. First Nations have a Treaty Right to healthcare in Canada with various Treaty negotiations and case law that recognize and affirm Treaty Rights in Section 35 of the *Constitution Act, 1982*. Specifically, the 1935 Dreaver case[2] found that the Medicine Chest clause in Treaty 6 intends to address healthcare needs of First Nations and recognizes Canada's responsibility to support the health and well-being of First Nations.

Administered by Indigenous Services Canada's (ISC) First Nations and Inuit Health Branch (FNIHB), the Non-Insured Health Benefits (NIHB) program[3] asserts that they are the payer of last resort, offering coverage to eligible First Nations for health benefits not covered by other social programs, private insurance plans, and provincial/territorial health insurance. In contrast, the First Nations-in-Assembly assert the Government of Canada has a fiduciary responsibility to uphold the Treaty and Inherent Rights to healthcare.

The NIHB Navigators are often on the front lines in their interactions with and advocacy for NIHB clients, families, and communities. It is important to hear their voices on transformative change in NIHB program design. In April 2023, regional NIHB Navigators requested AFN bring together NIHB clients, First Nations Elders, service providers, partner organizations, NIHB Navigators, and leadership to discuss ways to collectively strive towards advancing culturally safe solutions to address challenges within the NIHB Program. As a result, on October 17-18, 2023, the AFN hosted the NIHB National Dialogue Session on Treaty 6 Territory in Saskatoon, Saskatchewan.

The NIHB National Dialogue Session Summary Report is a foundational document to support First Nations advocacy and solution-focused approaches on NIHB program reform. It gives an overview of key topics discussed during the two-day event.

KEY THEMES IDENTIFIED

The NIHB National Dialogue Session included nine dialogue sessions to reinforce the following key themes in relation to NIHB program reform. Please see ***Appendix B: Key Themes Identified*** for a more detailed description.

Nothing about us without us	Self-determination	Person-,family-, and community-centred	Wholistic health and wellbeing	Resilience-informed	Strengths-based practice
FIrst Nations capacity first	Accessibility and disability lens	Health equity, diversity, inclusion, and anti-racism	Gender- and 2SLGBTQQIA+-	Lifespan and generational perspective	Trauma-informed care

2 Craft, A. & Lebihan, A. (2021). *The Treaty Right to Health: A Sacred Obligation*. National Collaborating Centre for Indigenous Health.

3 The NIHB program covers goods and services related to vision care, dental care, mental health counselling, medical supplies and equipment, prescription, and over-the-counter products (pharmacy benefits) and medical transportation (when medically required services not offered locally). https://www.sac-isc.gc.ca/eng/1572537161086/1572537234517

Taking Care

Discussions about anti-Indigenous racism in healthcare and the NIHB program may bring up unexpected feelings or require readers to reflect on specific issues and/or recall experiences that may be triggering and difficult to deal with emotionally (for example, trauma).

If you experience any of these responses, we encourage you to contact a mental health specialist/counsellor, your local Elder, medicine person, knowledge carrier/keeper, or other support person(s). *Please refer to* ***Appendix C: Taking Care*** *for contact information.*

The NIHB National Dialogue Session supports self-determined, continuum of care priorities and includes First Nations access to timely and culturally safe health benefits. The dialogue session served as a platform, with a focus on partnerships and allyship, to bring together participants with a united voice, for transformative change to the NIHB program.

OBJECTIVES

The AFN hosted the NIHB National Dialogue Session to serve as a platform to share knowledge, collaborate, and advance the NIHB transformational reform and First Nations advocacy.

Specifically, the objectives of the dialogue session were to:

- inform and educate on NIHB journeys and processes.
- highlight First Nations with accessibility needs; and in rural, isolated, and northern communities' unique issues, concerns, and priorities.
- inform future development of a strategic/advocacy plan to address challenges faced by clients, NIHB Navigators and service providers.

The AFN will work to collectively implement culturally safe solutions and identify ways to address challenges within the NIHB program by actively listening to all impacted by the NIHB program.

STRUCTURE AND OVERVIEW

The AFN held a two-day in-person dialogue session focused on notable NIHB areas, such as vision care, dental care, pharmacy, mental health, and addictions counselling. Elder Loretta Mandes initiated the event with stories and a prayer, emphasizing the importance of the NIHB Program. Discussions included First Nations-specific priorities, emerging trends, unmet needs, solution-oriented strategies, and advocacy for quality improvement.

Natasha Caverley[4] facilitated the two-day event, promoting respectful discussions. Debbie Parliament (Connect Interpreting Services) provided sign language interpretation, with insights shared by Marsha Ireland and Max Ireland from the First Nations' deaf perspective. ThinkLink Graphics Recorder, Liisa Sorsa captured key themes visually during the two-day event.

4 Natasha previously worked with and alongside AFN Health Sector and the regional NIHB Navigators to document recommendations and related considerations for the reform of the NIHB Medical Transportation.

Participants discussed improving NIHB program accessibility by removing barriers. Sign language interpretation was provided by Debbie Parliament of Connect Interpreting Services. Marsha Ireland and Max Ireland shared insights from a First Nations' deaf perspective, emphasizing the importance of inclusivity. ThinkLink Graphic Recorder Liisa Sorsa captured key themes visually alongside oral presentations.[5] *Please refer to* ***Appendix D: Graphic Recordings from ThinkLink Graphics.***

Appendix E: Notable Reflections identifies additional voices and recommendations from each dialogue session. The reflections do not supersede any official recommendations prepared by the AFN in its advocacy role or by First Nations communities, organizations and service providers based on their respective mandate and responsibilities in healthcare.

DAY 1: OCTOBER 17, 2023

Opening Prayer

Loretta Mandes started the dialogue session in a good way with prayer and words of wisdom.

Welcoming Remarks

Andrew Bisson, (Director, AFN Health Sector) gave opening remarks via video. He spoke to the need for more First Nations personnel in the healthcare system and to be full partners at healthcare decision-making tables—supporting access to quality, culturally safe healthcare. Also, he spoke of the urgent need to (1) address anti-Indigenous racism in healthcare which is a contributing factor to ongoing health inequities, chronic health problems and death for First Nations, and (2) provide timely mental health and trauma-informed well-being resources in First Nations communities.

Melanie Morningstar, AFN Associate Director welcomed participants and thanked them for taking the time away from their important work to contribute to First Nations health priorities and solutions related to the NIHB program.

Dialogue Session #1. AFN Advocacy and Partnerships Relating to NIHB

Jenny Gardipy, (Senior Policy Analyst, AFN Health), presented on advocacy and partnerships in the context of the NIHB program. Jenny mentioned that directives established by resolutions at First Nations' Chiefs-in-Assemblies inform the AFN Health's advocacy and partnerships to advance aspirations of First Nations, while respecting their sovereignty and jurisdiction. In addition, the AFN Health Sector continues to: (1) Advocate for Inherent and Treaty Rights, (2) listen to First Nations' communities, and (3) partner with healthcare partners, organizations, and associations.[6] The overall intent of AFN advocacy and partnerships is to improve the overall health of First Nations nationally.

The AFN Health Sector advocates for NIHB at many tables within the AFN and within the federal government, such as the Chiefs Committee on Health, NIHB Navigators Network, and the NIHB Joint Review Steering Committee.

The overall mandate of the AFN Health Sector is to protect, maintain, promote, support and advocate for First Nations Inherent, Treaty, Constitutional, and International Rights to improve wholistic health and well-being of First Nations.

5 Graphic recordings serve as tangible snapshots of the knowledge and insights exchanged in the meeting space. Please refer to Appendix A to view the four graphic recordings (illustrations) produced by Liisa.

6 Examples of AFN's healthcare partners include the Canadian Dental Association, Canadian Medical Association, Indigenous Pharmacy Professionals of Canada, Canadian Association of Optometrists, First Nations Indigenous Governance and First Nations Health Managers.

Dialogue Session #2. NIHB Pharmacy Benefit through an Indigenous Provider Lens

Amy Lamb, Chief Executive Officer of the Indigenous Pharmacy Professionals of Canada (IPPC), and Kierra Fineday, NIHB Navigator for the Federation of Sovereign Indigenous Nations co-presented on the NIHB pharmacy benefit through an Indigenous provider lens. Both Amy and Kierra, trained Indigenous pharmacists, provided participants with unique perspectives about what goes on "behind the counter" when accessing pharmacy care. For example, pharmacists navigate increased workloads,[7] engage in clinical assessments, and determine jurisdictional scope of practice considerations.

> ***"The NIHB-CSP is not there to keep you safe, it is there to monitor us."***
> **- Participant**

The NIHB-Client Safety Program (CSP)'s[8] subsequent function is to monitor First Nations clients who access restricted prescription medications (for example, opioids, benzodiazepine, stimulants, gabapentin-pregabalin and/or nabilone prescriptions). The NIHB-CSP is not in the best interest of First Nations clients. Specifically, once First Nations clients "enroll" into the NIHB-CSP, the client is in the "monitored" program for life, and First Nations recovered individuals can find themselves still on a list years later, and this can be triggering and upsetting for them to discover. As a result, some healthcare providers do not want to assist and provide care to First Nations clients due to NIHB program administrative barriers. Overall, these access and administrative challenges leads to the cultivation of anti-Indigenous racism. Amy and Kierra shared the work of the IPPC to support ethical, culturally safe, and competent care in pharmacy.[9]

Dialogue Session #3. An NIHB Journey through Mental Health and Addictions

Nelson Alisappi (AFN Health), Charity Fleming (Qualia Counselling Services) and Peter Swan (Care Group) shared challenges in the NIHB program's mental health and wellness gaps and best practices in First Nations mental health and addictions.

The presenters noted discrepancies between psychologists' fees and NIHB program coverage nationally. In addition, the presenters posed a question: How is the NIHB program meeting Truth and Reconciliation Commission of Canada Calls to Action? For example, TRC Calls to Action #22 and #23.[10]

*Please refer to **Appendix F: Mental Health and Addictions Resources**.*

Dialogue Session #4. NIHB Vision Care Benefits

Laurel Laurin (Canadian Association of Optometrists) and Susanne Berg (Saskatchewan Association of Optometrists) co-presented on vision care benefits in Canada.

7 For example, managing health human resources staff shortages and managing enhanced regulations/ responsibilities.

8 The NIHB Client Safety Program intends to prevent "double doctoring" and address issues with certain prescription medications such as benzodiazepines, opioids, and stimulants. This includes clients who receive high doses of prescribed medications and/or prescriptions through multiple prescribers or pharmacies. Source: https://www.sac-isc.gc.ca/eng/1576430557687/1576430636766

9 The IPPC is an Indigenous-led association that empowers and represents Indigenous professionals in pharmacy.

10 For more information: https://www.canada.ca/en/immigration-refugees-citizenship/corporate/transparency/committees/cow-jun-10-2021/truth-reconciliation-commission-implementation-all-cta.html

Laurel discussed government relations and advocacy work to date with the Canadian Association of Optometrists and the lobbying efforts to support *Bill C-284: An Act to Establish a National Strategy for Eye Care.*[11] The proposed legislation would bring national leadership on eye health and vision care together to:

- create a Chief Vision Officer position and Vision Desk similar to the Chief Public Health Officer;
- increase research funding to advance evidence-based strategies on eye health and vision care (for example, diabetic retinopathy);
- fund to support groups who advocate for and help individuals with vision loss;
- enhance access for specified populations (for example, children, seniors, and Indigenous Peoples); and
- streamline processes for new medicines and technology to treat and prevent vision loss.

Similar to reflections shared in the NIHB pharmacy benefits, vision care providers often hesitate to work with the NIHB program due to the outdated fee schedule and discrepancies in-service delivery and administration. As a result, some optometrists opt-out of vision care services to NIHB clients.

Susanne discussed her experiences as a practicing optometrist to repair eye health and vision care for clients. Through the NIHB Program, First Nations clients need pre-approval for a partial exam. Optometrists cover any upfront costs for NIHB clients with vision issues who do not have pre-approval. In addition, a doctor must provide a letter with a reason for the partial exam. From there, the NIHB Program states private insurance coverage must pay first and then, with approval, NIHB as the payer of last resort. Cases such as this, puts vision care providers in a difficult position, as it is not a publicly funded service.

Dialogue Session #5. Canada Dental Plan

Marsha Simmons discussed the Canadian Dental Plan[12] and its implications for First Nations people and communities.

The social determinants of health[13] hinder First Nations access to culturally safe and preventative oral health therapies at the community level. The lack of access to timely and quality dental care is an ongoing challenge for First Nations people and often results in the need to access emergency-based dentistry through the NIHB dental program. An increase in general anesthesia use rates, oral health surgeries and costs, and medical trauma also continues to affect First Nations clients.

Dental disease diagnoses are two times more common among First Nations than non-First Nations nationally.

In a northern isolated fly-in community, a mom of five children needed to arrange root canal surgery. It cost $400 for the pre-op consultation. After six months, she is still waiting for "timely" reimbursement.

11 For more information: https://www.canada.ca/en/immigration-refugees-citizenship/corporate/transparency/committees/cow-jun-10-2021/truth-reconciliation-commission-implementation-all-cta.html

12 The Canada Dental Plan is the interim dental plan prior to the new Canadian Dental Care Plan https://www.canada.ca/en/revenue-agency/services/child-family-benefits/dental-benefit.html .

13 Social determinants of health are the major factors impacting and influencing people's and communities' collective physical, mental, emotional, and spiritual well-being.

Issues noted with the Canada Dental Benefit include:

- it is not "universal."
- it is implemented in a phased approach.
- interim benefits with applications are open until June 30, 2024—depending on an adjusted family net income.
- if dental costs are paid by private insurance or NIHB program coverage, they are ineligible.
- families with non-status children (under 12 years), without dental coverage, may be eligible while First Nations caregivers must continue to pay up front, submit receipts, and wait for reimbursement.
- for First Nation caregivers to receive reimbursement, caregivers must also receive the Child Tax Benefit for each child.
- it will have a minor impact on First Nations oral health nationally.

Upon completing this report, new developments occurred after the initial rollout of the Canada Dental Plan where the federal government moved to the next phase of the Canada Dental Plan which is now called the Canadian Dental Care Plan.[14] The AFN will continue to monitor and analyze any impacts of the federal government's dental care plan rollout.

DAY 2: OCTOBER 18, 2023

Dialogue Session #6. The Cancer Journey and NIHB: First Nations Health Authority's Cancer Journey Work and their Work on NIHB

Richard Jock and John Mah (First Nations Health Authority—FNHA) shared their progress in the ongoing journey to revolutionize healthcare for First Nations in British Columbia (BC). With a strong dedication to empowering First Nations to take control of their health outcomes, the focus is on being proactive and advancing the delivery of comprehensive and wholistic health and wellness services.

In October 2013, as part of the *BC Tripartite Framework Agreement on First Nations Governance*,[15] Health Canada transferred its design, management, and delivery role of First Nations health in BC to the FNHA led by the First Nations Health Council.[16] In April 2023, the FNHA received federal 10-years of federal funding to support the continuation of health programs and services for BC First Nations communities.

The FNHA draws upon the *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP) and sets the stage to transform BC's First Nations' health governance processes and services. FNHA's focus is on governance and partnerships; access to quality health services which includes mental health and wellness; addresses anti-Indigenous racism in healthcare; and supports health and wellness innovative strategic priorities.[17]

14 For more information, please see: https://www.canada.ca/en/services/benefits/dental/dental-care-plan.html

15 For more information, please see: https://www.fnha.ca/Documents/framework-accord-cadre.pdf

16 For more information, please see: https://www.fnha.ca/

17 Strategic Priority #1: improve seamless access to quality services, programs and initiatives. Strategic Priority #2: improve equity of care. Strategic Priority #3: enhance cultural safety and humility of services. Strategic Priority #4: ensure operational effectiveness and interdepartmental collaboration.

Overall, FNHA's approach to First Nations-led and informed transformative healthcare focus is to develop and implement health benefit plans which incorporate the following design principles:

- focus on prevention
- ensure plan is easy to understand
- reduce administrative barriers
- minimize out of pocket expenses
- promote culturally safe services
- identify priorities through community engagement
- incorporate provider feedback
- ensure plan is financially sustainable

First Nations people in northern regions of Canada often experience longer wait times for chemotherapy appointments and inconsistencies in accessing medical transportation associated with cancer care.

In 2017, the FNHA partnered with the BC Ministry of Health to create a First Nations pharmacare plan (PharmaCare Plan W[18]) comparable to or better than the NIHB Program but under the authority of FNHA.

Through community engagement, the FNHA facilitates access to culturally safe providers which includes access to in-community service providers to improve access for clients living away from home and/or in urban areas.

Richard and John also spoke about FNHA's role in cancer care. From 2017 to present, the FNHA is involved in various initiatives to improve culturally safe cancer care for First Nations Peoples in BC, such as partnerships, prevention, screening, cultural safety, and survivorship. For example, the FNHA was a key contributor to the 2017 *Improving Indigenous Cancer Journeys: A Road Map*.[19]

Dialogue Session #7. NIHB and Seniors/Elders Care

Jonathan Dunn (AFN Health Sector) discussed the implications of the NIHB program on long-term and continuing care.

Long-term and continuing care, particularly for First Nations Seniors and Elders includes pharmacy care, dental care, vision care, audiology care and foot care—just to name a few. See **Appendix G** for additional stories.

Jonathan outlined seven stages for optimizing wellness for First Nations Seniors and Elders:

1. **Recognize the need for long-term care and continuing care.** This means acknowledging and accepting the deterioration of health, disability, or chronic illness. Barriers may hinder understanding and communication during this time of change which may include depending on other people for daily tasks. Seeking support is important as it ensures that all parties understand what is going on.
2. **Seek information and assistance.** This is a crucial stage where First Nations clients need to get support. They are looking for available options within and outside their community. There is often limited access to culturally

18 This includes pharmacy, dental, mental wellness and counselling, vision care, medical transportation, medical supplies and equipment, and Medical Service Plan (MSP) enrollment. Source: https://www.fnha.ca/benefits/pharmacy.

19 For more information, please see: https://www.fnha.ca/WellnessSite/WellnessDocuments/improving-indigenous-cancer-journeys-in-bc.pdf

appropriate healthcare information and resources, lack of awareness of long-term and continuing care services available on- and off-reserve, and concerns about the adequacy of coverage for specific and cultural healthcare needs for clients.

3. **Evaluate long-term and continuing care options.** This means involving First Nations Seniors and Elders and having family/community support when exploring long-term continuing care services. Access to culturally appropriate care options on-reserve continues to be limited.
4. **Navigate the healthcare system.** First Nations Seniors and Elders with family/community support are beginning to access long-term continuing care services or transition to continuing care. There are disparities in healthcare quality and access in terms of communication barriers with healthcare providers and concerns about language and cultural safety. Also, navigating changes in NIHB Program policies and coverage are difficult. There is generally no seamless transition and cultural appropriate care considerations when First Nations clients move to long-term care centres. Furthermore, there is a need for timely delivery of medical supplies and equipment (including medications) to clients.
5. **Manage NIHB claims and coverage for care received.** As previously mentioned in earlier dialogue sessions, NIHB Program administrative burdens, delays, or random denials of claims lead to financial stress. Appeal denials and continued advocacy for coverage of certain equipment or medications not initially approved are resulting in clients becoming their own navigator.
6. **Support First Nations-led and informed palliative and end-of-life care.** Palliative and end-of-life care is complex. There is a need to focus on comfort care and quality of life. There are limited palliative and end-of-life care resources on-reserve which results in clients requiring off-reserve options. The off-reserve palliative and end-of-life care options have limited inclusion of cultural practices, language, traditions, and ceremonies. Taking a wholistic approach to palliative and end-of-life care means providing emotional, physical, spiritual, and mental support for clients and their families. Seamless transitions from continuing care to palliative and end-of-life care should be well-coordinated and minimize distress for clients.
7. **Support ongoing care and advocacy.** There is an urgent need to advocate for policy changes in long-term and continuing care for First Nations Seniors and Elders. This includes maintaining a strong connection of care to cultural practices and community.

Dialogue Session #8. Anti-Indigenous Racism in the Healthcare System

Everyone at the national dialogue session can think of a negative experience in the healthcare system.

Marlene Larocque (AFN Health) provided a presentation on anti-Indigenous racism in the healthcare system.

Marlene began the presentation with a definition of systemic racism.

Historical examples of systemic racism include epidemics (for example, smallpox and tuberculosis), the Residential School System and Indian Hospitals. Contemporary examples of systemic racism include forced sterilization of Indigenous women, birth alerts, culturally unsafe care in clinics/hospitals, and the cases of Joyce Echaquan[20] and Brian Sinclair[21] which demonstrate that healthcare can be fatal for First Nations.

20 For more information, please see: https://www.cbc.ca/news/canada/montreal/joyce-echaquan-systemic-racism-quebec-government-1.6196038

21 For more information, please see: https://www.cbc.ca/news/canada/manitoba/winnipeg-brian-sinclair-report-1.4295996

Key areas of focus:

- Increase the number of Indigenous Peoples in healthcare professions.
- Increase access to traditional approaches to health and safe patient navigation.
- Provide cultural safety and humility training.

Through an interactive discussion, Marlene distributed case studies to reflect on the effects and implications of anti-Indigenous racism in healthcare. Participants commented the federal government does not account for and fully apply the Treaty Right to health.

Systemic Racism: **Demonstrated through bias, assumptions, lack of adequate care, undignified care, and stigma. The outcomes of systemic racism include health disparities, culturally unsafe and vague accountability processes, and premature death.**

In 2023, the AFN First Nations Chiefs-in-Assembly passed AFN Resolution #30/2023 *(Towards a National Cultural Safety and Humility Standard)* which seeks to recognize the importance of enhancing access to quality, culturally safe healthcare that is free of Indigenous-specific racism and that affirms Indigenous cultures, rights, and identities. Also, AFN Resolution #30/2023 supports the adoption of the British Columbia Cultural Safety and Humility Standard[22] or similar standards by federal, provincial, and territorial governments and entities across the country.[23]

Dialogue Session #9. Jordan's Principle Long-Term Implementation

Jessica Quinn (AFN Social Development) shared her insights on the long-term implementation of Jordan's Principle.

Jordan's Principle is a child-first principle that aims to eliminate service inequities and delays for First Nations children and states any public service available to all other children must be available to First Nations children without delay or denial.

Jordan's Principle applies to all First Nations children, regardless of whether they live on- or off- reserve; not limited to children with disabilities; and stated in Indigenous Services Canada (ISC) policy. Therefore, non-status children on-reserve are eligible for coverage under Jordan's Principle.

In late October 2023, the AFN was to appear before the Federal Court of Canada to seek approval of the Final Settlement Agreement on compensation that pertains to compensation of First Nations children and families harmed by discriminatory practices in the First Nations Child and Family Services Program and the narrow application of Jordan's Principle. Earlier this year, the Canadian Human Rights Tribunal approved the Final Settlement Agreement. The settlement agreement includes more than $23 billion to compensate over 300,000 children and families. AFN will lead engagement on the compensation distribution protocol.

Jordan's Principle Policy priorities:

- center on community-based funding and First Nations control
- community-based responses to urgent needs; federal program and service reform

22 For more information, please see: https://healthstandards.org/standard/cultural-safety-and-humility-standard/

23 For more information, please see: https://afn.bynder.com/m/63a3444439662a9d/original/2023-SCA-Resolutions-Update.pdf

- support for First Nations youth into adulthood, transition to adult services
- oversight, advocacy, and complaints mechanisms
- provincial/territorial collaboration and implementation

Long-term implementation and advocacy to support Jordan's Principle is ongoing.

The AFN First Nations Chiefs-in-Assembly passed AFN Resolution #40/2022 *Ensure Quality of Life to the First Nations Child and Family Services Program of Jordan's Principle.*[24] This work returns to the First Nations-in-Assembly for review and decision in December 2024.

Further advocacy and long-term implementation include:

- enhance federal programs/services to close service gaps
- collect data on gaps in programs/services for First Nations children, youth, and young adults
- enhance pre-natal and parental supports
- support decentralization of governance[25]
- establish regional processes to advance Jordan's Principle.

Presentation by the First Nations Health Managers Association (FNHMA)

Established in 2010, the First Nations Health Managers Association (FNHMA) is a national association committed to the design and delivery of training, certification and professional development of individuals who provide healthcare services to First Nations across Canada.[26]

Marion Crowe is the FNHMA Chief Executive Officer. She expressed her appreciation to work in partnership with the AFN—*we are lifting all the other sister organizations up!*

FNHMA is hoping to develop curriculum by us for us for patient navigation in hospitals.

Finally, Marion encouraged participants to visit the *Rise Above Racism* website, which gives allies tools in cultural competence, humility, and accountability.[27]

Partnership is the beauty of all spirits; we cannot do this work in isolation.

24 For more information, please see: https://afn.bynder.com/m/21c00e27416974f6/original/40-2022-To-Ensure-Quality-of-Life-to-the-First-Nations-Child-and-Family-Services-Program-and-Jordans-Principle.pdf

25 This may include delegation of authority to tribal councils, regional authorities, and communities.

26 For more information, please see: https://www.fnhma.ca/about

27 For more information, please see the Rise Above Racism website: https://riseaboveracism.ca/

Moving Forward with National Advocacy

In terms of next steps, facilitator Natasha Caverley (Turtle Island Consulting) will summarize the NIHB National Dialogue Session into a report. The summary report will be a foundational document to support First Nations advocacy and solution-focused approaches on NIHB program reform.

Graphics recorder, Liisa Sorsa offered reflections on her graphic illustration work.

Melanie Morningstar (AFN Health Sector) thanked all participants for their valuable contributions. She spoke of the need for transformational change, and assured the group that AFN would move their voices forward. She said that the NIHB Program needed to provide a continuum of care and be client-and community focused. She said the AFN would continue to advocate the "nothing about us, without us" approach.

Finally, appreciation was extended to the regional NIHB Navigators. Melanie noted how important their voices were in within the communities, region sand at AFN tables.

Closing Prayer

Elder Loretta closed the National Dialogue Session with a prayer.

APPENDICES

Appendix A: Agenda

AGENDA

Room: Battlefords

Purpose: To serve as a platform for knowledge sharing, collaboration, and progress in advancing NIHB advocacy.

Objectives:

- inform and educate on NIHB processes and changes;
- strategize and create a future strategic plan to address challenges faced by clients, NIHB Navigators, and service providers; and,
- advocate for culturally safe solutions to address challenges within the NIHB program.

DAY 1 - OCTOBER 17, 2023		
TIME	**ACTIVITY**	**LEADS**
8:00 am to 8:45 am	Breakfast Served	
8:45 am to 9:00 am	Opening Prayer	**Loretta Mandes,** Knowledge Keeper (Treaty #6)
9:00 am – 9:05 am	**Welcome and Introductions**	**Natasha Caverley,** Facilitator
9:05 am to 9:15 am	**Assembly of First Nations (AFN) Opening Remarks**	**Andrew Bisson,** Director, AFN Health Sector
9:15 am to 10:30 am	**Dialogue Session #1 -** AFN Advocacy and Partnerships relating to NIHB	**Jenny Gardipy,** Senior Policy Analyst – NIHB, AFN Health Sector
10:30 am to 10:45 am	Refreshment Break	
10:45 am to 12:00 pm	**Dialogue Session #2** –NIHB Pharmacy • NIHB Pharmacy Benefit through an Indigenous Provider Lens	**Amy Lamb,** Chief Executive Officer (CEO), Indigenous Pharmacy Professionals of Canada and **Kierra Fineday**, NIHB Navigator, FSIN
12:00 pm to 1:00 pm	Lunch Served	
1:00 pm to 2:15 pm	**Dialogue Session #3 –** An NIHB Journey through Mental Health and Addictions • Gaps, Challenges, Best Practices	**Nelson Alisappi,** AFN Health Sector and **Charity Fleming**, Qualia Counselling Services
2:15 pm to 2:30 pm	Refreshment Break	
2:30 pm to 3:45 pm	**Dialogue Session #4 –** NIHB Vision Care Benefits • Awareness of the Bill C-284, An Act to establish a national strategy for eye care	**Laurèl Laurin,** Director, Government Relations & Stakeholder Relations, Canadian Association of Optometrists
3:45 pm to 4:45 pm	**Dialogue Session #5** –Canada Dental Plan • Benefits Analysis and its impact on First Nations	**Marsha Simmons,** Pinaysiiwak Consulting
4:45 pm	End of Day One	

AGENDA

DAY 2 - OCTOBER 18, 2023		
TIME	**ACTIVITY**	**LEADS**
8:00 am to 9:00 am	Breakfast served	
9:00 am to 9:15 am	**Review of Day One**	**Natasha Caverley,** Facilitator
9:15 am to 10:30am	**Dialogue Session #6:** The Cancer Journey and NIHB • First Nations Health Authority (FNHA)'s Cancer Journey work and their work on NIHB	**Richard Jock,** Chief Operating Officer and **John Mah**, Vice President, First Nations Health Benefits and Services First Nations Health Authority, BC
10:30 am to 10:45 am	Refreshment Break	
10:45 am to 12:00 pm	**Dialogue Session #7:** NIHB and Seniors/Elders Care • Optimizing Senior Wellness: A Focus on NIHB in Long-term and Continuing Care	**Jonathan Dunn,** Senior Policy Analyst, AFN Health Sector
12:00 pm to 1:00 pm	Lunch Served	
1:00 pm to 2:00 pm	**Dialogue Session #8:** Anti-Indigenous Racism in the Health Care System • How do we support clients facing racism?	**Marlene Larocque,** Senior Policy Advisor, AFN Health Sector
2:00 pm to 3:15 pm	**Dialogue Session #9:** Jordan's Principle Long-Term Implementation	**Jessica Quinn,** Senior Policy Analyst, AFN Social Development
3:15 pm to 3:30 pm	Refreshment Break	
3:30 pm – 4:00 pm	**National NIHB Dialogue Session:** • Moving Forward with National Advocacy • Graphic Recorder's Illustrations	**Natasha Caverley,** Facilitator and **Liisa Sorsa,** ThinkLink Graphic Recorder
4:00 pm – 4:10 pm	**Closing Remarks**	**Melanie Morningstar,** Associate Director, AFN Health Sector
4:10 pm – 4:15 pm	**Closing Prayer**	**Loretta Mandes,** Knowledge Keeper (Treaty #6)
4:15 pm	End of Day 2	

APPENDIX B: KEY THEMES IDENTIFIED

1. **Nothing about us without us.** This statement signifies regional First Nations must be engaged and consulted as a minimal requirement when the federal government develops, revises, and implements health benefits programs. As such, where health benefit coverage is self-determined, the federal government needs transformative change and a decolonial approach: First Nations-led, informed and community-driven.
2. **Self-determination.** The *United Nations Declaration on the Rights of Indigenous Peoples*[28] (UNDRIP) states Indigenous Peoples have the right to self-determination. Legal decisions on Aboriginal title and Inherent Rights create ways for some First Nations communities to advance self-determination, such as, enabling First Nations to take a proactive lead on the design, development, implementation, and evaluation of their healthcare programs and services.
3. **Person-, family- and community- centred.** Recognizes the centre of care and customizes healthcare and related supports to include the person, family, and community's needs and unique circumstances. The NIHB program, which includes medical transportation, must hear, honour, and reflect First Nations families', and communities' voices.
4. **Holistic health and well-being.** A holistic perspective[29] to health and wellness will influence the health of First Nations. It is important to understand the social determinants of health[30] and recognize the unique geographic environments (rural, northern, urban, and isolated communities) and barriers.
5. **Resilience-informed.** Guided by ethical values of respect, inclusion, truth-telling, wisdom and belonging, resilience-informed approaches include policies, funding, programs, and practices that are based on shared values, foundations, and processes in support of First Nations self-determination.
6. **Strengths-based practice.** Respects Indigenous rights to self-determination and empowers First Nations through a focus on their Inherent Rights and resilience. The federal government must acknowledge and recognize First Nations approaches to health and well-being as strengths to develop, access and strengthen programs, services, and supports.
7. **First Nations capacity first.** Ensure any new health investments across the continuum of care and adequate capacity for First Nations, families, and communities to build up current health systems' infrastructure and resources.
8. **Accessibility and disability lens.** Protect First Nations rights and dignity, and include First Nations people with disabilities over the lifespan and across the generations using an accessibility and disability lens to incorporate universal design principles into health program designs.
9. **Health equity, diversity, inclusion, and anti-racism.** Reflect equity, diversity, and inclusion in all approaches used throughout the continuum of care. Welcome, embrace, and respect First Nations from diverse backgrounds, with unique healthcare needs and lived experiences, and co-create culturally safe/safer environments. Without delay, strive to eliminate racism and its impacts within the healthcare system (includes health benefit program design).
10. **Gender- and 2SLGBTQQIA+-informed.** Assess potential implications on health policies, programs, services, and other health initiatives, with a gender- and 2SLGBTQQIA+-informed approach. Strengthen resources, value, and support lived experiences of diverse gender identities and sexual orientations to ensure equity.

28 United Nations Declaration on the Rights of Indigenous Peoples: https://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf

29 Holistic health and well-being acknowledge the whole person and reflects the need for balance and harmony among the spiritual, emotional, mental, and physical aspects of self.

30 The Social determinants of health: https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html

11. **Lifespan and generational perspective.** Reflect on First Nations' interdependent and interrelated lifespan and responsibilities to one another, from preconception to death. Address equitable and accessible care as First Nations' needs for care changes throughout the stages of life.
12. **Trauma-informed care.** Address the root causes of trauma across the lifespan, rather than the symptoms[31] and include trauma-informed principles of safety, trust, choice and control, compassion, collaboration, empowerment (strengths-based), and peer support.

APPENDIX C: TAKING CARE

You can also consult any of the following resources:

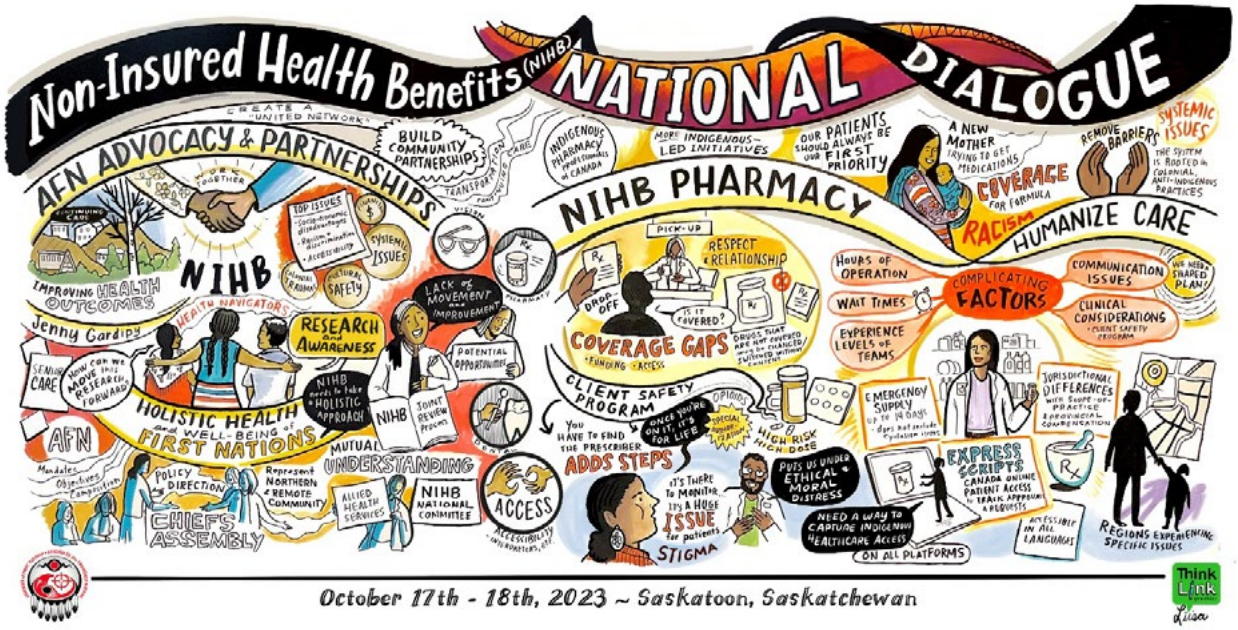
Hope for Wellness Line: The First Nations and Inuit Hope for Wellness Help Line is available by phone at **1-855-242-3310** or through the new online chat counselling service. https://www.hopeforwellness.ca/ Residential School Survivors and Family Crisis Line: The Indian Residential Schools Crisis Line is available 24-hours a day for anyone experiencing pain or distress because of their residential school experience. Crisis line: **1-800-721-0066.** https://www.irsss.ca/ Talk Suicide Canada: This crisis line is available 24/7 and provides support and resources in your local area. You can phone them at **1-833-456-4566** at any time or text between 4 pm and 12 am ET at 45645. https://talksuicide.ca/	Wellness Together Canada: This mental health resource provides Canadians with access to 24/7 support services, including counselling and peer support, especially when during crisis. https://www.wellnesstogether.ca/en-CA If you are interested in connecting with these services immediately: You can access a counsellor at any time by phone or video call, such as Skype or Facetime at **1-866-585-0445.** You can access peer support services from 4 pm to 12 am ET, 7 days a week at **1-888-768-2488.** Adults can **text WELLNESS** to **741741** for immediate crisis support. Youth can **text CONNECT** to **686868** for immediate crisis support.

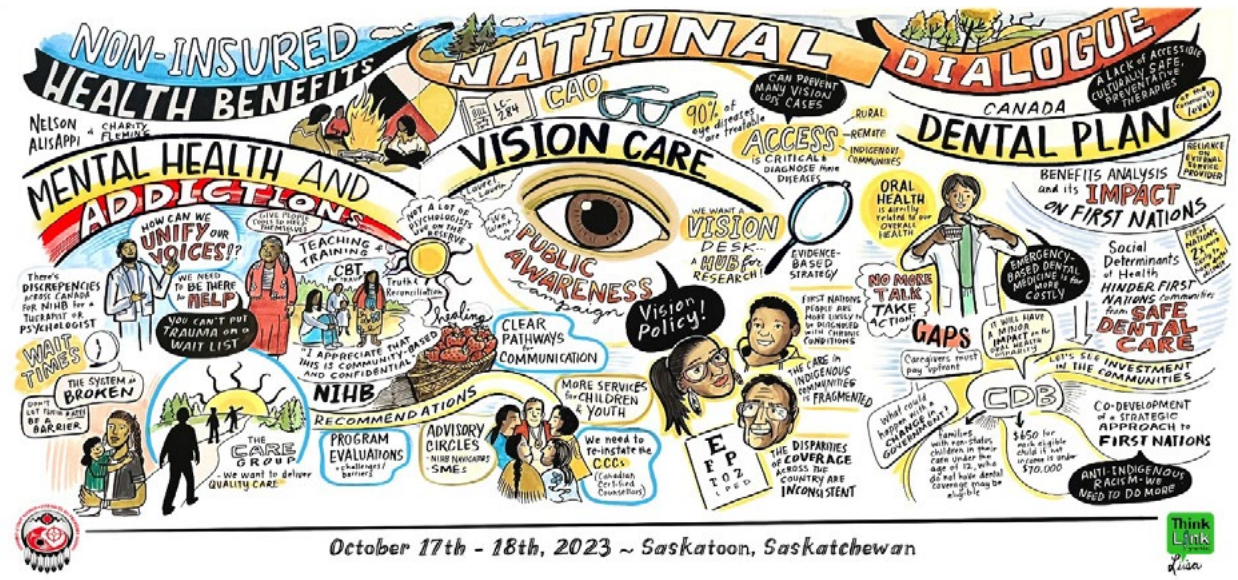
31 Recognize the prevalence of trauma (for example, intergenerational trauma); how trauma affects people, families, and communities; how people who experienced trauma can be re-traumatized in biomedical healthcare settings; and ways to understand and share healing pathways.

APPENDIX D: NIHB NATIONAL DIALOGUE SESSION GRAPHIC RECORDINGS

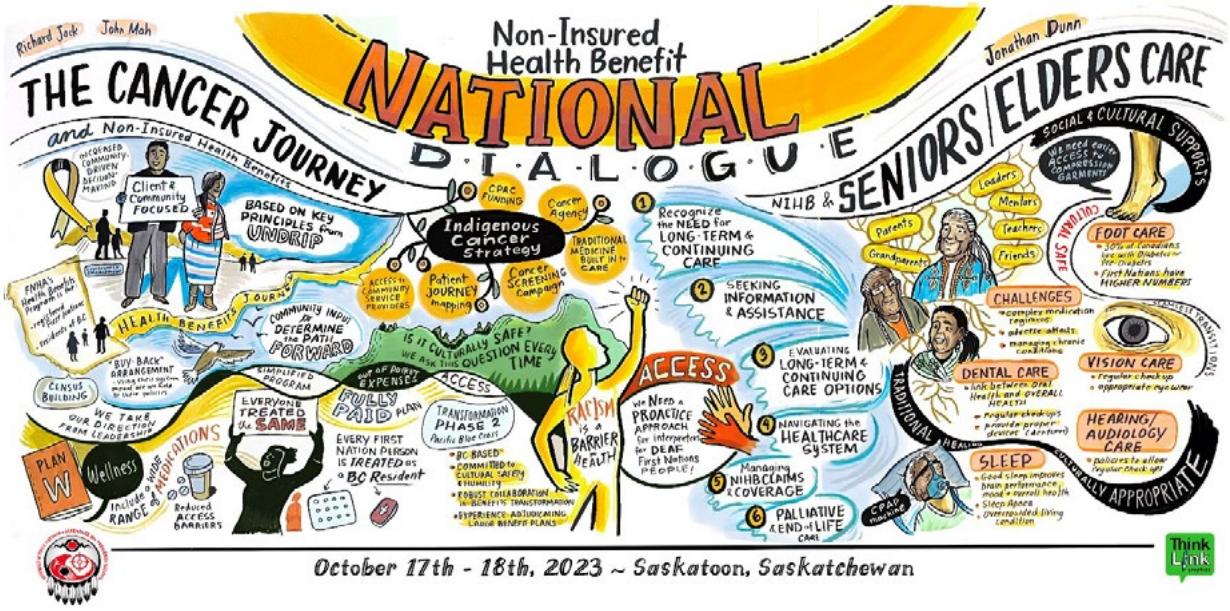
The following are the four NIHB Dialogue Session graphic recordings prepared by Liisa Sorsa.

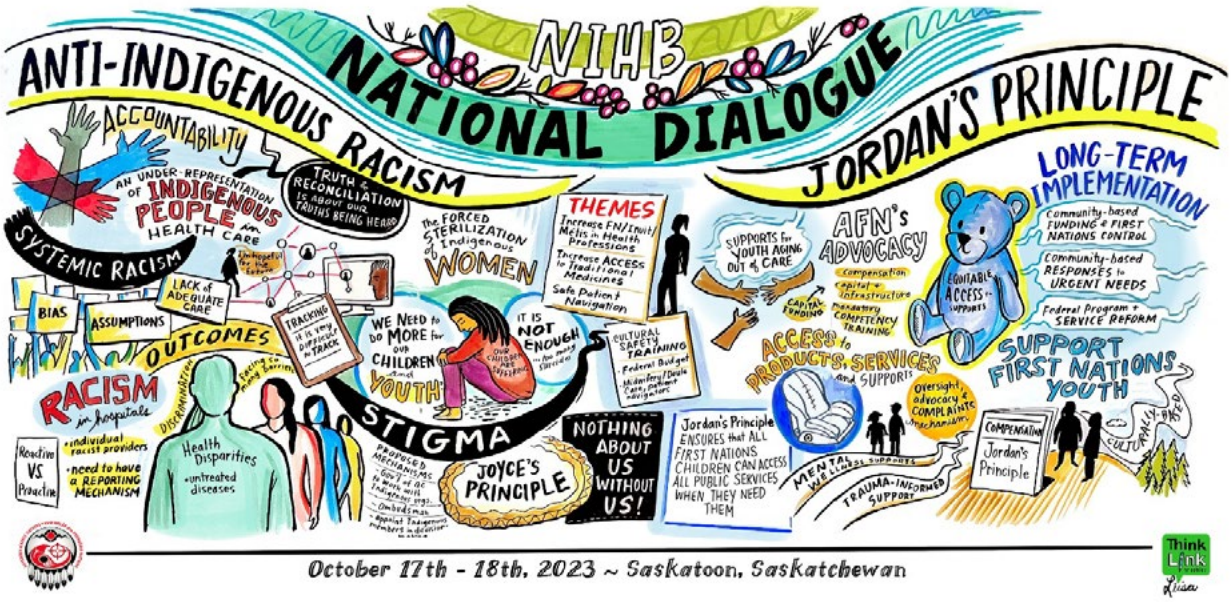
Day 1 (October 17, 2023)





Day 2 (October 18, 2023)





APPENDIX E: NOTABLE REFLECTIONS

Advocacy and Partnerships

- A recurring theme AFN Health continues to hear from First Nations is the NIHB policies and processes often do not align with First Nations' priorities and needs.
- The NIHB regional office operates in siloes and often interpret and implements NIHB policies and procedures inconsistently, such as prior approvals and denial of appeals, which is problematic.
- First Nations representatives gave the following recommendations:
    - Modernize the NIHB program.
    - Operate the NIHB program in the same client-first approach as the Jordan's Principle's program and address the "offloading" of NIHB decision-making to Jordan's Principle.
    - Invest in acknowledging and researching the benefits of allied health services (for example, massage therapy, chiropractic, podiatry) and provide allied health services closer to home.
    - Support and recognize Indigenous-led and informed healthcare associations, such as the Indigenous Dental Association of Canada.

NIHB Pharmacy

- To access culturally safe and trauma-informed practices, coordinate a community of practice of "NIHB Aunties" to support NIHB Navigators and clients.
- In terms of transportation and accessibility, there is no coverage for shipping prescription items. Unlike medical supplies, the freight to ship liquid infant formula by air to a remote community is over $250 per month. NIHB only reimburses the pharmacy $5.85 to dispense liquid infant formula, leaving freight costs up to client to cover.
- To understand and represent First Nations' healthcare data, priorities, needs, and issues, research must be done to inform innovative First Nations-led and informed solutions.
- Increase reimbursement for compound medications (includes compounding time and high-quality ingredients) to reform the NIHB program coverage.
- Cover medication reviews under the NIHB program and cover pharmacists' time, research, and consultation for medication reviews.
- As a first point of contact to healthcare in community settings, fostering a mutually trusting relationship between pharmacists and clients is important.
- A participant shared a story about a pharmacist asking for an emergency supply of restricted medications for a First Nations client but received push back from the NIHB program and subsequently, did not approve the prescription. Participants shared similar stories whereby healthcare providers (for example, dentists) pay upfront costs and are only reimbursed quarterly rather than monthly. NIHB Pharmacy is aware of the above issues. A recommendation for pharmacy reform is to ensure it is Indigenous- led and supports self-determination.

NIHB Mental Health

- Partner with counselling and psychological associations to advocate for NIHB program mental health and addictions counselling reform.
- Increase the number of sessions covered by the NIHB Program.
- Support the immediate reinstatement of Canadian Certified Counsellors in unregulated provinces/territories under the NIHB program.[34]
- Reform NIHB program coverage for family counselling and group counselling which includes priority for First Nations trauma-informed and culturally safe service providers.
- Differentiate how First Nations counsellors are identified as service providers; how traditional healing and wellness service providers are identified and recognized; and who reviews, monitors, and updates NIHB service provider criteria.
- Increase mental health supports for First Nations children and youth.
- Wait times for First Nations clients to access mental health and addictions counselling are problematic.
- Siloed mental health and addiction services are problematic.
- Reform NIHB program coverage for couples counselling in terms of rates and status eligibility.
- The lack of access to mental health practitioners on reserve is an issue.
- "I found myself getting very emotional. All of us have stories."

NIHB Vision Care Benefits

- Improve access to eye health and vision care services in First Nations communities with a particular focus on rural, northern and isolated areas across Canada.
- Collect and analyze vision care statistics and related eye health data on First Nations Peoples.
- Obtain a list of priorities from the NIHB Vision Care Working Group to determine how they align with priorities of First Nations Peoples.
- Ensure vision care priorities are based on actual average life expectancy of First Nations Peoples. For example, the NIHB Program covers annual eye exams for First Nations clients who are 65 years of age and older. However, in Alberta, the average life expectancy of First Nations men is now 60 years of age. For First Nations women, it is now 66 years of age.2
- Reform the NIHB Vision Benefit Program by expanding services to include the gold standard of comprehensive eye exams, including coverage for Optimal Coherence Tomography (OCT) and retinal scans.
- Update the antiquated NIHB Vision Benefit Program fee schedule for vision care providers remuneration.

Canada Dental Plan

- A client was denied orthodontics which led to drifts in adult teeth.

34 Recommendation #17 in the December 2022 Standing Committee on Indigenous and Northern Affairs Report entitled, Moving towards improving the health of Indigenous Peoples in Canada: Accessibility and administration of the Non-Insured Health Benefits Program.

- To enhance the response of community-driven, holistic health and wellness activities and infrastructure, and decrease reliance on external healthcare service providers, the federal government must invest directly to First Nations continuously.
- Expand NIHB program coverage for mouth guards and spacers.
- The federal government must fund an oral health strategy by First Nations for First Nations with specified timelines and measurable action plans.
- Focus the NIHB Program on prevention.
- Increase availability of dental therapists in First Nations communities.

First Nations Health Authority in BC

- Lead with culture and build this into the primary care model.
- Review and assess ways to improve accessibility for people with different abilities, includes alignment with accessibility legislation.
- Increase the number of healthcare providers to improve access to care for First Nations.
- Engage in continuous improvement which includes simplifying administration and make claims in electronic formats to be accessible 24/7. Any administrative changes to improve or simplify, will make healthcare providers want to join healthcare benefit programs.
- Improve access to cancer care with a focus on northern, isolated, and rural First Nations communities.
- First Nations health services are part of the health delivery system in BC, not segregated.

NIHB and Seniors/Elders Care

- Advance a First Nations-led and informed comprehensive continuum of care with a particular focus on First Nations Seniors and Elders.
- This includes AFN's advocacy to date in recommending a Seven Generations Continuum of Care approach for long-term and continuing care.[35]
- Streamline NIHB Program processes, which includes addressing NIHB Program administrative delays and denials. These processes have significant repercussions on optimizing wholistic health and wellness of First Nations Seniors and Elders.
- Recognize culture as foundation in optimizing wellness for First Nations Seniors and Elders. Social and cultural isolation is associated with deteriorating well-being and premature death.
- Recognize and support First Nations caregivers as they are the backbone of home care and long-term care.
- Provide an accessibility lens to First Nations home, community, and long-term care.

35 For more information, please see: https://afn.bynder.com/m/30591953bdc679f3/original/Our-Right-to-Health-First-Nations-Perspectives-Across-the-Generations.pdf

Anti-Indigenous Racism

- Implement *Joyce's Principle*[36] with a special consideration for First Nations children and youth, and the 2SLGBTQQIA+ community.
- Work with Indigenous organizations to implement *Joyce's Principle*.
- Establish an Ombudsman for Indigenous Health.
- Appoint Indigenous members on all decision-making bodies responsible for addressing and implementing *Joyce's Principle*.
- Track anti-Indigenous racism complaints made by clients against healthcare providers.
- Increase funding for First Nations-led organizations to advance anti-racist and culturally safe care.
- Fund First Nations-led and informed healthcare systems across Canada to support greater access to culturally safe care.
- "From a mental health perspective, I am thinking about those in our communities who are invisible—what are we doing for our children and youth? They are not able to lift their voices, describe that and speak to it."
- I found myself getting very emotional. All of us have stories.

36 For more information, please see: https://principedejoyce.com/sn_uploads/principe/Joyce_s_Principle_brief___Eng.pdf.

APPENDIX F: MENTAL HEALTH AND ADDICTIONS RESOURCES

1. Canadian Mental Health Association: https://cmha.ca
2. First Nations Mental Wellness Continuum: https://thunderbirdpf.org/fnmwc
3. *Honouring our strengths: A renewed framework to address substance use issues among First Nations People in Canada Report*[32]
4. Talking Stick App[33]

32 Link to report: https://thunderbirdpf.org/?resources=honouring-our-strengths-a-renewed-framework-to-address-substance-use-issues-among-first-nations-people-in-canada

33 A culture-based chat plat form created by and for Indigenous Peoples who seek a trusted emergency mental health support: Link: https://cdn.talkingstick.app/TalkingStick-TRIFOLD-ONLINE.pdf

APPENDIX G: ADDITIONAL SENIOR/ELDER CARE STORIES

Voice 1:

My husband fell ill and was rushed to the hospital. He was in the hospital for seven months. I was with him all the time. I had no access to funds and ate once a day. I could not have support from family at the hospital. Our niece held a fundraiser and she said to contact social services. So, I did and then NIHB covered the hotel and gave me $65/day. When my husband was transferred home, we were told we had to get an elliptical, a treadmill and other equipment but we could not get a medical bed.

We came home and there was no ramp. We had to fight tooth and nail. Finally, we got one built, but it was not safe—the nails were sticking up. It is still not fixed.

We had to buy the elliptical and treadmill. The both of us have to pay for our hearing aids. We also need new dentures but cannot replace them for another two years. Elders do not want to bother their kids.

Our people are going through struggles, it is not right. Where do we go?

I am honoured to be here [NIHB National Dialogue Session] …it is enlightening…information is so great. I am taking it home for my peers.

I am involved in a lot of things on my reserve. I can take back what we have learned here. They don't have to put up with ignorance. So many avenues, even if we have to wait.

I can't thank the Creator enough for allowing me to be here and to share with my peers.

I know a lot of my people are sharing the same struggles.

Voice 2:

There are challenges with compression garments and coverage through the NIHB Program. It is a lengthy process. Compression garments and socks help with circulation and wound management. The nurse must request blood pressure readings of the lower limbs which takes ~1.5 hours and two people. Once we get a reading, the NIHB program will cover a 20-30 mmHg stocking that has to be fitted by a licensed fitter. There needs to be easier access to compression socks.

There is ordering of special needs equipment (for example, floor to ceiling post). It is an occupational therapist or doctor's order. It gets delivered but there is no way to install it and you must call a third-party installer. You ask for the installation to be completed by Public Works and Housing; however, they do not necessarily have the ability to properly set up the special needs' equipment.

In the ISC Home and Community Care (HCC) Program , there is funding for equipment and the NIHB program also has funding for equipment. The HCC program provides a shower handrail, but it is not permanent, you cannot drill the handrail into the shower. The NIHB program can provide a permanent shower handrail, but then there is the issue of installation.

Ramps are a big issue. They cost ~$5000. and the installation of ramps is delegated to Housing, which is another underfunded, First Nations reserve program. Furthermore, there is funding for ramps for clients 65 years of age and older and for clients under 18 years of age through Jordan's Principle. What about funding access for ramps for clients between the ages of 18 to 64?

Power elevated wheelchairs (power elevation and additional features). Why are they not covered by the NIHB program? Also, maintenance is not covered when repairs are needed to the power elevated wheelchairs – why is this not covered? Not having access to medical equipment and supplies impacts clients' quality of life.

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