

Shibogama First Nations Council

Health Transformation



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Shibogama First Nations Council
Health Services



Introduction

Kingfisher Lake First Nation, Wunnumin Lake First Nation, and Wapekeka First Nation have health transfer agreements with the federal government.



History

In 1986, the Minister of Health and Welfare launched the “transfer initiative” in response to community interest in having more control over health services.

For the three transferred Shibogama communities, the original health transfer agreements were between the community and the Queen in right of Canada, represented by the Minister of the Department of National Health and Welfare.





The first agreements were signed in 1994 and had expiration dates of 1999. Each community's agreement was amended several times in the initial five (5) year period.

1994

Transfer Agreements & Process

The purpose for transferring control of health services was to enable the community to:

- design health programs, establish health services, and allocate funds according to community health priorities;
- ensure public health and safety is maintained by providing mandatory health programs; and to
- strengthen and enhance the accountability of the community, to community members

The transfer agreements are not intended to affect any Treaty rights and aim to recognize the community's longstanding entitlement to healthcare. The agreements also outline that each community's health services should follow their individual community health plans established in 1993 during the pre-transfer phase.

Transfer Evaluation – 5 years

The three transferred communities underwent an evaluation five (5) years post-transfer. The evaluation documents provide information about Shibogama's role within health transformation for each of the three communities.

At the time of the initial evaluation, the Chiefs authorized the creation of a two level service framework: services that are controlled by and delivered by the communities (primary care nursing), and services delivered by SFNC to the communities (secondary care – which included consultation and advisory, recruitment and clinical oversight of nurses, patient transportation, and support with health planning, and has expanded to date as you will see on the next slides)



Progress is more important than perfection.

Sam Sinek



Where We Are Now - Nursing

Over 30 years later, the transferred communities still retain control over primary care services in their community. Current funding allows for 2-3 nurses per rotation, who stay for 4 weeks at a time. More is needed.

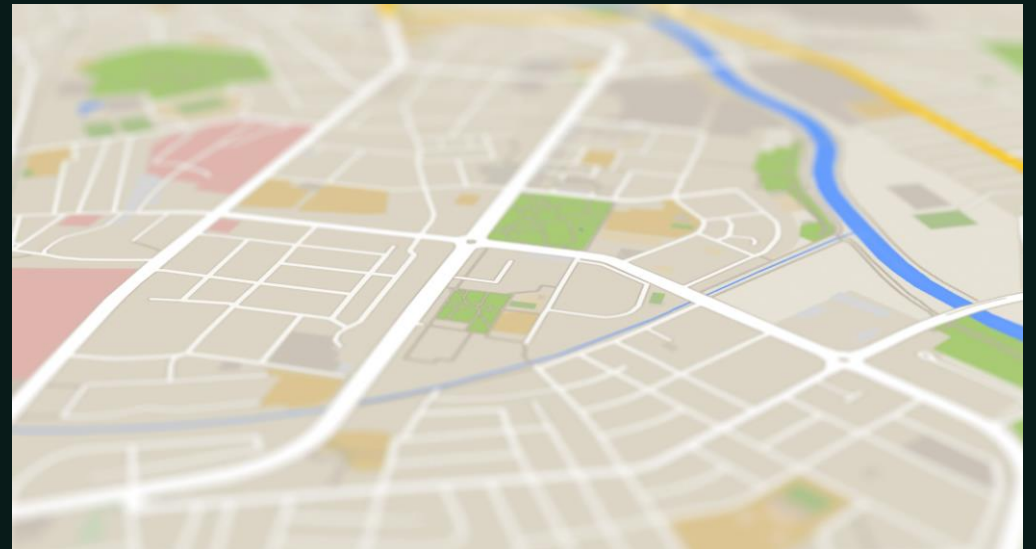
SFNC Second Level (Nursing) Services: The Nursing Program Manager provides clinical guidance for primary care (community) nurses, and supervision for the enhanced nursing programs delivered by SFNC, which include the Home and Community Care program, Public Health Nurses, Nurse Practitioners, and Occupational Health Nurses at the Newmont (Musselwhite) Mine. Shibogama currently employs 15 Nurses – RPN, RN, PHN, NP.

Other duties include: Advocacy and partnerships with funders and stakeholders, assisting with the recruitment and hiring of community nurses, policy review and creation, quality assurance, collaboration with our Nurse Practice Consultant, and health planning.



Patient Navigator

The Patient Navigator assists clients to navigate the NIHB Program and related provincial/territorial programs and services by increasing awareness of the NIHB Program, providing direct support, and gathering information on health access issues and identify ways of improving health services for clients.



Additional Supports – Mental Wellness

Choose Life

Youth Wellbeing Team - Payahtakenemowin: Mental Wellness Programming, Drop in Centre (Shib Crib), Land-Based Programming, Youth Outreach and Cultural Programming

Jordan's Principle

One SLP and one MH Clinician hired per community (health transferred only) Currently funded to visit community 10-15 days per month

Mental Wellness Team

Community Counselling: Registered (Indigenous) Professionals x 4 - Currently funded 1 week/month

Case Management

For community members seeking Mental Health services outside of community - collaborate and share information, provide support

Crisis Support

Regional Crisis Coordinator: Funded by NAN, Available to help support communities in crisis

Health Transformation Interviews: Needs Identified by Community Members

- Better health transportation systems needed in the communities and in urban areas like Sioux Lookout, Winnipeg and Thunder Bay.
- More home care workers and better facilities for elders needed in the community. Elders don't want to leave the community but would rather stay in their homes but with proper facilities such as elders group home like the ones in urban centers.
- Palliative care workers – Elders end of care workers
- More or frequent visits by health professionals in the communities like optometrists, dentists, cancer clinics, prenatal clinics.

Health Transformation Interviews: Needs Identified by Community Members, cont.

- Housing issues, such as mould that affects health.
- Water and sewage issues in the communities.
- Better drug addictions and alcohol programs, certified community addictions and alcohol workers.
- Certified CHR (community workers) should be active at all times.
- More First Aid Training programs to be in place.
- Health care workers from community should be trained and certified in their programming for them to be effective.

Health Transformation Interviews: Needs Identified by Community Members, cont.

- Some people moving to urban centers for medical issues and purposes, however, their medications are not looked after by NIHB along with their transportation costs in the cities.
- Community dialysis machines to be in communities.
- Need more community diabetes health care workers.
- More and frequent diabetes training workshops to be done in communities.

Health Transformation Interviews: Needs Identified by Community Members, cont.

Emergency Planning and
Exercises

Nursing stations to be better
equipped for emergencies in
the communities

First aid and First Responders
to be funded and hired to
work in the communities for
emergencies





Summary

Although the verbal comments shared in the previous slides may not be as desirable as written surveys, we did obtain valuable feedback through face-to-face meetings with community members.

Going forward, it is crucial for Shibogama First Nations Council to continue to seek information from its members, and work to build relationships for strong collaboration with the shared goal of increasing health for all people.



Thank you

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