INFORMATION **SEPTEMBER 2004**

The First Nations and Inuit Health Branch

The First Nations and Inuit Health Branch (FNIHB) at Health Canada works with First Nations and Inuit, a unique clientele with a special historic relationship with the federal government. The mandate of the Branch is to improve health outcomes for First Nations and Inuit; to ensure the availability of, or access to, quality health services; and to support greater control of the health system by First Nations and Inuit.

The Branch has pursued, during the last few years, a mission to create a "renewed relationship with First Nations that is based on the transfer of direct health services and a refocused federal role and that seeks to improve the health status of First Nations and Inuit". FNIHB provides for, or supports, the delivery of community-based health programs on-reserve and in Inuit communities as well as the provision of drug, dental and ancillary health services to First Nations and Inuit regardless of residence. The Branch also provides primary care services on-reserve in remote and isolated areas where provincial services are not readily available.

The Branch works closely with First Nations governments that deliver health services.

Forecasted expenditures for the First Nations and Inuit Health Branch total $1,702.1 M in 2004/05 (Adjusted Main Estimates). The funding is allocated to support community-based health programs and services and Non-Insured Health Benefits.

Expenditures have been incrementally increasing over the past five years - from $1,125 M in 1999/2000 to $1,678 M in 2004/05.

New Initiatives

While there have been improvements in the last 20 years, the health status of Aboriginal people remains significantly poorer than the average Canadian. The Government of Canada has recently taken steps to improve the First Nations and Inuit health system, an area of federal responsibility.

Budget 2003 committed $1.3B investment over five years for the First Nations and Inuit health system. This included:

- over $1 Billion to rebase the Non-Insured Health Benefits program funding;
- approximately $80 million for a comprehensive nursing strategy to stabilize the nursing workforce in FN/I communities;
- over $100 Million reinvestment in capital to address health and safety issues and ensure that facilities meet standards;

.../2

- a national immunization strategy for First Nations children on reserve ($32 Million over 5 years);

- enhancement of collection and analysis of First Nations health data ($6.0 Million over 4 years); and

- implementation of health service integration pilots to test, analyse and evaluate different models of integration ($10.8 Million over 3 years).

In addition, Budget 2003 provided new funding in other areas that impact on health outcomes, including:

- drinking water quality ($116M over five years) to monitor drinking water quality on reserve and distribution, and to build First Nations capacity; and

- clean-up of contaminated sites ($400K over two years) to address highest risk sites.

In 2002, the federal government announced $320 million over five years to expand and improve Early Childhood Development programming for Aboriginal children, including expansion of Aboriginal Head Start and new resources for FAS/FAE programming on-reserve.

First Nations and Inuit Programs and Services

Capacity for governance has been increasing incrementally over the past decade. First Nations and Inuit organizations now manage 70% of total community-health program expenditures and over 82% of First Nations and Inuit communities are involved in the devolution process.

Non-Insured Health Benefits:The NIHB program provides a range of medically necessary goods and services to approximately 749,725 status Indians and eligible Inuit and Innu that supplement benefits provided by private or provincial/territorial programs including: dental and vision care, prescription drugs, medical supplies and equipment, transportation to medical services, short-term/crisis mental health counselling and payment of health insurance premiums in British Columbia and Alberta.

<u>Community Programs</u>

Community-based programming focusses on improving health by promoting health and preventing disease. Program investments, in collaboration with First Nations and Inuit, support:

- healthy child development

- community mental wellness;

- youth suicide prevention programming;

.../3

- addictions prevention and treatment programming;
- healthy nutrition and activity promotion programming;
- disease/injury risk factor prevention programming; and
- community capacity building initiatives.

Primary Health Care:

FNIHB operates 213 health centres in semi-isolated communities and nursing stations in 64 remote and 10 semi-remote sites. The Home and Community Care program operates in over 600 communities.

The branch employs close to 700 nurses, and is responsible for direct program delivery in two hospitals (Norway House and Percy E. Moore - both in Manitoba), as well as funding for two more (Sioux Lookout and Moose Factory/ Weeneebayko - both in Ontario).

Public Health:

The Branch maintains programs that are designed to control communicable diseases, such as tuberculosis. There are also programs to monitor the safety of drinking water on reserve and initiatives to address other environmental health and contaminant issues, such as waste water management and the problem of mould in housing in First Nations communities.

The FNIHB also undertakes health surveillance, information, and analysis, including data development, data analysis, research evidence, and evaluation advice to support policy development, program priority-setting and decision-making on health-related investment.