

Inuit Health Information Initiative

Aboriginal Health Infostructure

Telehealth

Health Research

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Inuit Nipingat Qanuinngettiarnirmut
A Voice for Inuit Health

Inuit Health Information Initiative (IHII)

- Charter Update (Project to Program)
 - 20 million/year program funding
 - Recognizes IHII explicitly
 - Inuit Issues Paper
- Positions
 - 170,000 for this year - ...
 - Key tasks this year
 - Indicator development: Injury Prevention, Home and Community Care, Diabetes, Mental Health
 - Workplan Development
 - Ownership, Control, Access and Possession of Data

IHI – Summary

- Next steps/regional capacity
- Documents to circulate
- Health Information Conference
(Report in Binder)
- Six key recommendations
- Conference well accepted – people felt they learned

Aboriginal Health Infostructure

“Health Canada should ensure that resources committed and dedicated for capacity development and training are designated for Aboriginal people to support the Aboriginal Health Infostructure and Aboriginal participation within the Canada Health Infoway”. Canada Health Infoway Recommendation 7.3

Aboriginal Health Infostructure

Health Canada, in partnership with other federal departments, should make a **sustained commitment** to the development of an **economic** infrastructure, as it relates to the development and implementation of the health infostructure in Aboriginal communities.

In doing so, the health infostructure initiative will **facilitate employment, career development, capacity building, increased economic development, personal and community income, community stability, training opportunities and improvements to the health and social condition of Aboriginal peoples.**" Canada Health Infoway Recommendation 7.7

Aboriginal Health Infostructure

■ What is it?

- A network of people, organizations, institutions involved in improving access to and quality of health information. It supports integration of health information through appropriate use of technology and communication; building or strengthening relationships and processes for management and exchange.

Aboriginal Health Infostructure

- Why is it important?
 - Provides opportunity to get into the technological infrastructure.
 - Will support community-based efforts
 - Will “hear” issues of ownership, control, access and possession – re: the Electronic Health Record.
 - Parallel processes in progress (CHI – F/P/T)

Aboriginal Health Infostructure

- An Inuit-specific vision
 - Inuit Health Technical Working Group?
- Proposal Suggestions
 - Canadian Health Infoway Corporation – \$500 million – no funding guidelines yet.
- This is the umbrella project
 - (all others are part of this – IHII, Telehealth)

Aboriginal Health Infostructure

■ Key Audiences/Components

- Inuit both well and not well – Health Information
- Health Professionals in Inuit Communities – Learning Inuit-specific Health Needs/Issues
- Network for Medical Interpreters
- Provision of information regarding Medical Procedures
- Research Agenda
- Health Information Public Use Files

Telehealth

- Currently developing a Blueprint and Tactical Plan
- Funding will be directed from The Primary Care Transition Fund (\$180 million) – I think!!
- Recommend – a Community-based Telehealth Pilot Project

Telehealth - Community-based Pilot Project

■ Cancer Support Groups

- National support groups (do we have enough cancer survivors/clients in need of support that we could manage regional groups)
- Language issues

■ Mental Health Support Groups for Prison Populations

- Televisiting with prison populations
- Mental health support – elders/leaders/friends

Telehealth – Community-based Pilot Project

- Traditionally all equipment has been placed in health facilities.
 - Issues of ownership and access
- Other Primary Prevention Activities
 - Prevention Education (Nationally driven – Pauktuutit) – Health Shows at the RIA offices
 - Video Meetings
- Evaluating Telehealth in northern communities.
 - Is it working?
 - Are people happy/satisfied with the services?
 - Does it improve access? How?

Health Research

- Identified as a health priority – to control the research agenda.
- What are the issues with becoming involved?
- What procedures/standards should be established?
- Researchers are approaching us, not us approaching them – getting it turned around!