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Government of Nunavut Health and Social Services

Home Care Presentation to Inuit Tapirisat of Canada Health Committee

2001 10 3/4



Background

- In the fiscal year 1999-2000, Health Canada introduced the First Nation and Inuit Home and Community Care program to Nunavut
- It was introduced as a community based and community paced program
- Throughout 2000/01, many communities began the application process and struggled to comply with complex Home Care documentation and procedures
- In January 2001, the GN realized that communities were struggling and that program money would lapse in the existing and upcoming fiscal year



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Background

- A territorial Home & Community Care Coordinator was hired to get this program back on track.
- He identified issues and concerns that all of partners were experiencing:
 - The first two years were lost in introducing the program to Nunavut
 - Have to work around the community's schedules
 - The H&CC program framework and criteria was developed and designed for the south



Background

- Other issues included:
 - Most communities had not completed the Home & Community Care needs assessments
 - To change, modify, or alter the Health Canada FNIHB programs was a time consuming process
 - Health Canada had almost impossible timelines for establishing service delivery in 2001
 - In Nunavut there is a narrow window each year for ordering and shipping supplies



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Taking Direction from the Communities in Nunavut

- GN Health and Social Services, with funding from Health Canada, hosted a Home Care Conference in Rankin Inlet March 24 - 27, 2001.
- Home Care representatives from communities across Nunavut attended
- Also present were representatives from Health Canada NSDC, Nunavut RIA's, Nunavut Arctic College and guests from the Yukon.
- The conference addressed the outstanding issues and challenges with Home Care in Nunavut.



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Taking Direction from the Communities in Nunavut





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Taking Direction from the Communities in Nunavut

- Community Representatives and Inuit organizations made the following decisions to have GN H&SS:
 - Take the lead role in coordinating Home Care in Nunavut
 - Identify home care needs, capital requirements, training requirements and service delivery for each community
 - Provide service delivery of Home Care
 - Work on budgets with Inuit Partners and Health Canada to meet the increased needs of Nunavut



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Conduct Needs Assessments

- Twenty five communities in Nunavut participated
 - Assessments included home visits, focus groups, one-to-one interviews, survey questionnaires, and public meetings with community feasts
 - Surveyed persons with key knowledge
 - Technical information concerning demographics and existing services was collected
 - Used a Microsoft Access relational database and provided statistically valid data
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What We Found

- Training was wanted and needed in all communities
 - Almost all communities expressed the need for suitable transport of elderly and disabled
 - The next largest need was for in-home personal and respite care
 - Another significant area of need was that of medical equipment
 - Being the most remote region in Canada, acquiring vehicles and equipment would be priority items for the Capital Budget
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Capital Plans

- Specific capital funds of \$1.5m allocated to Nunavut for fiscal year 2001 04 01 - 2002 03 31
- Priorities are vehicles to enable service delivery and medical equipment and supplies to provide personal care - \$ 975,000.00 to purchase and deliver vehicles and \$ 525,000.00 to purchase and deliver medical equipment and supplies
- In future fiscal years, monies would be allocated to capital for maintenance, upgrading and replacement of equipment



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Training Plans

<u>Deliver first phase of training</u> Baffin Kivalliq Kitikmeot	Sept 10 & 16 Sept 22 Oct 29
Negotiate phase II training	Sept 30
Regional & Community Home Care coordinators trained on using computers and data bases	March 2002



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Training Plans





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Training Plans





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Training Plans





Service Delivery

- Service delivery is slated to begin in October
- Administrative structure, processes and procedures are now in place:
 - Client Referral
 - Assessment
 - Appeal Process
 - Service Delivery
 - Service Design and Evaluation
 - Health Statistics



Work Underway

- Program Leadership and Co-ordination
- Finance
- Program Development
- Capital Equipment
- Program Human Resources
- Program Data Collection Model
- Program Data Evaluation
- Reporting
- Communications & Community Meetings



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A Success Story !

- The Home and Community Care Program is an excellent example of how working in partnership can overcome seemingly insurmountable obstacles.
- A great deal has been accomplished in a short time.
- The goal of all of our efforts is to have service delivery in place for those who need it most -

Our People



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Thank You

Joe Barnes