

# **Health Committee Minutes**

---

**October 3 & 4, 2001**

**ITC 5<sup>th</sup> Floor, Ottawa On.**



**Health Committee Members:**

**Presenters:**

John MacDougall  
Elena Labranche: Arrival on the second day  
Maureen Cooney  
Lorne Kusagak  
Larry Gordon  
Tracy O’Hearn  
Ikey Evalik

**Regrets:**

Annie Quirke  
Fred Elias  
Iris Allen

**ITC Health Staff:**

**Presenters:**

Onalee Randell:	Acting Director
Kunnuk Takpannie	Administrative Assistance
Catherine Dallas	Health Senior Policy Advisor
Lucy Kalinda	Policy Advisor
Tooneejoulee Kootoo	Policy Advisor
Sharon Edmunds	NIHB Coordinator
Kerrie Duncan	Health Information Initiative



## Minutes

### 1. *Welcome and Introductions*

- Onalee Randell welcomed everyone and initiated introductions around the conference table

### 2. *Confirm Agenda*

- The agenda was confirmed with the exception of the addition of a presentation on Tobacco Control

### 3. *Meeting Sept 7 Teleconference Minutes*

- ITC staff and files being worked on and will be sent to RIA's
- Motion to accept minutes as produced by Larry Gordon, seconded by John MacDougall, Motion Carried

### 4. *Nunavut First Nations & Inuit Home and Community Care Presentation*

- Joe Barnes, Nunavut Health and Social Services Territorial Home Care Co-ordinator presented the Nunavut Home Care Program
- Joe stressed the importance of partnership
- All Nunavut communities will receive service delivery by November 2001
- See handout in binder for more information
- Project a real success with a model that should be looked at for other federally sponsored health programs

### 5. *HRDC Project - Home Care Sector Study*

- Lucie Kalinda is prime for this project
- Briefing note in binders
- Need to take mental health needs into account
- Bring HRDC Aboriginal Relations Office into Home Care Study
- Find out how many people have been displaced from their communities due to lack of facilities – part of needs assessment
- No money yet - Decision made by the Health Committee to support ITC involvement - \$ 40k to make recommendations and identify current needs of Inuit
- Use funding from national program to fund this initiative
- Look into other sources of funding to take care of some of the needs identified in this project – Look at what other organizations are doing
- Form an aboriginal working group to look at Home Care resourcing issues in First Nations and Inuit programs
- Committee must identify if this is a priority issue requiring further work and identify which groups should be involved



- Next meeting October 13 – Steering Committee – to establish a working group – looking for names
- Entering Phase II requiring Inuit input at this stage
- *Committee Decision* - No choice but to participate decision made by Health Committee to support ITC involvement
- ITC STAFF will take these comments and draft a work plan for Committee input / feedback/ approval

#### **6. Inuit Health Information Initiative - Aboriginal Health Infrastructure**

- Presented by Kerrie Duncan - See notes in binder
- Issues around language, Inuit involvement, funding, aboriginal consideration in national scene, framework, connectivity, etc.
- Create Inuit specific agenda with objective of linking data bases, conducting skill assessments and training on specific system related operation
- Need for us to establish an ITC Inuit Technical Health group - then secure funding - \$170k coming
- Question - Who does the decision-making / have authority to move forward?
- Not officially on the Health Committee agenda yet
- Committee Decision - Strike a committee now and then look for funding from national committee
- Prepare an action plan for moving forward

#### **7. Inuit with Disabilities**

- Tooneejoulee Kootoo presented a Draft Report From the Consultation on the Needs of Inuit with Disabilities – see report in binder
- Will send an electronic version of the paper to all participants and health committee members and stakeholders for feedback and or recommendations
- Final report will translated in Inuktitut
- Get Bernadette to do some illustrations for us
- Contact Ian at HRDC re funding available to Inuit for disabilities and employment
- ITC can look at taking a lead role in identifying and accessing funding with the aim of capacity building
- Will present to Federal Cabinet (Josie to meet with Rock) before monies will be available
- Consider NGO funding - Issues around not-for-profits organizations in the north
- Identify who / where to get regional resources / input



## 8. *Terms of Reference Review and Update*

- Notes are in the binder
- The overall purpose of the ITC health committee is to provide a forum to address health policy issues affecting Inuit and to make recommendations to the Board of Directors of ITC on various health policies.
- To guide/provide input into the work done by ITC Health Department
- Add *the National Inuit Youth Council* as part of membership
- Mention the mandate/mission/objective as set out by the ITC Board of Directors and why as an introduction to these points
- The passion and importance of why we come together as Inuit people – make it a stronger statement with obvious spirit of intent
- Consult, advocate, inform, - through the ITC Board
- Enforce/support the duty of Health Canada and territorial governments to consult & receive the consent of Inuit organizations (consent issue under review)
- Enforce/support the duty of Health Canada and territorial governments to comply with fiduciary obligations
- Health Committee Decision Making Process
  - Recommendations
  - Issue – 4 representatives from Nunavut
  - Will reflect on membership if beyond advisory
  - Majority/minority opinions to go to Board as one option
  - Decision making has traditionally worked in a consensus mode
  - Consensus model the we will use going forward
- Need to conduct a strategic planning session to review/renew direction and priorities – to include levels of involvement and resourcing requirements
- Things that need clarification
  - Establish policies and procedures
  - Determine levels of responsibilities
  - Determine who/how to co-ordinate representation at the numerous meetings
- ITC Health Department to prepare a position paper or document (with options) for terms of reference – to be reviewed at the next face-to-face (One time activity)

## 9. *Health Department Priorities*

- This is an extension of discussions in # 8 Above as part of a longer term strategic and tactical plan
- Not mentioned – Diabetes – access & jurisdiction issue
- Do we need to have direction from this Health Committee to stay involved?
- How should we pick and choose what issues to look at as they crop up (e.g. tobacco)
- We seem to follow the funding programs for First Nations people – important to have Inuit represented on as many aboriginal committees as possible – have a stronger voice
- Question – If we are not being heard like First Nations, what are we doing wrong?
- We need to aggressively articulate our regional and national needs as Inuit
- Can we utilize monies that are being given back to Health Canada and Treasury Board to fund the additional positions required to conduct research and participate at more national aboriginal meetings



## **10. Mental Health**

- See briefing note in binder
- \$55k available to address issues and develop strategies
- ITC Framework from last year
- Hire someone to review work done and follow up on Nunavik 24/7 Pilot Project - Opportunity to explore partnerships with GN & Nunavik
- Look at best practices and extend to do regional interviews - Interview/consider support for local services providers e.g. Baker Lake
- A suicide prevention strategy that focuses on suicide alone is too narrow a focus
- Bring together a group of experts
- Get mental health framework (version 27) in place - Spend monies out of \$55k to move this forward
- Cost out implementing strategies and providing infrastructure at the regional/community level

## **11. Non Insured Health Benefits (NIHB) - Inuit Expenditures**

- See ITC Health Department Memo and Review of Health Canada Expenditures to Inuit Draft Report in binder
- Presented by Laurel Lemchuk-Favel
- Issues arose around the absence of valid numbers because of varying Health Canada data collection practices and varying benefits region-to-region
- Variations included status aboriginal people in out-of-territory settings and non-status aboriginal people in territorial settings – complicates the determination of actual expenditures
- Inuit in GNWT are not differentiated from AFN – no separate numbers
- Many Inuit organizations do not have reliable data collection systems in place either
- Laurel will make adjustments to calculating costs per Inuit
- This report serves to identify those areas that need to be addressed for future, more accurate data collection

## **12. Health Renewal**

- Catharine and Onalee gave an update on health renewal
- HC has not yet indicated whether funding proposal accepted
- Policy technicians from AFN, ITC and HC have drafted a work plan up Nov 2002 for presentation to the Joint Committee on October 5th
- If proposal is approved, regions will be contacted immediately so that the hiring process for regional health co-ordinators can begin
- Job descriptions are in place
- Decision - If we get funding for regional positions, can we get people hired by December – 1 per region - probably a three year position – all agree



### 13. .... *NIHB Consent*

- Brad Sheen from Health Canada made a presentation on the federal legal requirement for consent
- Real concern over lack of Inuit involvement – not consulted and HC is at the pilot stage with AFN
- No budget has been allocated to ITC
- Land Claims Act is being ignored
- Health Canada is imposing unrealistic time frames – nine months to complete
- Concerns with how Health Canada will use information in the future if/when there are program changes
- Failed to mention that if Inuit don't sign, they are cut off from receiving health benefits
- Concerns with how Inuit will be informed of the issues and implications
- Legal issue – constitutional validity of attaching consent to a benefit before Inuit have given a decision is this privacy issue is on the same level as the constitutional right of Inuit to receive health benefits
- Next steps
  - Issues paper on directives review and budget
  - ITC will solicit legal opinion
  - ITC will request in writing to Brad Sheen for a meeting – cc Peter Cooney
  - ITC president will write a letter to Alan Rock and cc RIA's and MP
  - ITC president to meet with Alan Rock

### 14. .... *Tobacco Control*

- Presentation made by Pauktuutit
- Three elements of program – Prevention, Cessation, Protection
- Over next 5 years, \$5m for AFN and Inuit
- Lack of program funding over last period has resulted in reduced program delivery
- Need to define how to measure success

### 15. .... *ITC Health Communication Plan*

- Kerrie reviewed a poster/newspaper/media campaign developed by an agency
- Feedback included:
  - Make the action more clear on Posters
  - Introduce ITC with branding not related to specific issues
  - Photographs are seen by some as exploitive
  - Make message more positive
  - Be more clear on how communicating with ITC is for information rather than as a crisis line for those in trouble
  - Some had trouble with the direct implication of directly implicating Inuit with serious issues like suicide – message made cause ideation among youth and misrepresent Inuit as a people
- Kerrie will work with agency to produce a revised format/model

