Closing the gaps…

Accelerating change

QUEBEC FIRST NATIONS HEALTH AND SOCIAL SERVICES 2007 17 BLUEPRINT

INFORMATION SHEET

FIRST NATIONS OF QUEBEC AND LABRADOR
HEALTH AND SOCIAL SERVICES COMMISSION

WHY?

Compared to the Canadian general populations, a Quebec First Nations individual:

- *has a life expectancy that is reduced by 6 to 7 years,*
- *is four times more exposed to inaccessibility and deficiency in regards to health care and social services,*
- *is two to three times more likely to be overweight or suffer from obesity,*
- *is two to three times more at risk of being diabetic and eight to ten times more likely to be affected by tuberculosis,*
- *starting from early childhood, is at risk of experiencing poverty, maltreatment or placement in proportions that are three to five times higher,*
- *is five times more exposed to suicide.*

Not only is Canada a wealthy country - it is also a welcoming one that offers all immigrants the opportunity to find employment and receive the health care and social assistance that is necessary to human dignity.

Moreover, how is it that in a country that is among the most open-minded and tolerant in the entire world, that there is a portion of the population that is suffering, with quality of life conditions that are comparable to those found in third world countries – even though they were the first to live on this territory?

How do you explain that our First Nations formed independent and structured societies while being healthy and thriving for millennia, and yet, in a span of just over 400 years, our way of life has come apart while our health has deteriorated?

The current wide gaps between **our health and quality of life** and that of the general Canadian and Quebec populations were underlined by the latest report of the Quebec Region First Nations Regional Longitudinal Health Survey (FNRLHS) in 2006, which, for the very first time, provided precise and exclusive information on the health status of First Nations.

The observations were disturbing given the gravity of the statistics, yet at the same time, they have rekindled the conviction that profound change, supported by our will to continue to fully exist, is necessary. This has lead to the birth of the **Blueprint** – developed by the First Nations of Quebec and Labrador Health and Social Services Commission in a way that was both conscientious and meticulous. It was developed in collaboration with the communities, regional organisations as well as many experts, in order to propose concrete and objective solutions to quickly put an end to this destructive process. This Blueprint contains the solutions to right the wrongs affecting our population.

The Blueprint is ambitious because it aims for total equality in terms of health through significant and innovative structural change, while counting on our **capacity** to take control over our future. It is also realistic, because it does not underestimate the difficulty of the road that lies ahead and is supported by the obvious observation that a population that is both healthy and in control is one that is fulfilled and will participate in a unique manner to the social and economic dynamic of the country.

CLOSING THE GAPS

AT THE MANAGEMENT LEVEL

Lack of consultation

It is impossible to obtain consequent improvement in the global situation in regards to First Nations without involving us in the development, implementation and the follow-up on the actions to be taken. Therefore, since the federal government's imposition of a unilateral governance system, we have lost our fundamental right to self-determine our needs and resources, which has consequently caused many deficiencies as well as evaluation errors.

Programs that are not adapted

The health care and social services that are intended for us, yet implemented by governments are lacking in flexibility and do not sufficiently adapt to our realities, to the specific needs of each community, or to the inherent diversity of each First Nation. Moreover, they do not place enough consideration into the big picture in terms of the problems encountered – that the well-being of an individual, and his/her community, cannot be achieved without taking a holistic approach: physical, mental, spiritual, economic and environmental.

Lack of funding

The financial needs are proportional to the gravity of the problems that need to be solved. In regards to First Nations, despite our level of distress and our state of health and social well-being, the financial resources are largely insufficient or too uncertain to allow for consequent change.

Not enough data

There is currently a genuine deficiency in terms of ongoing and reliable data on the health status of First Nations. There is no permanent data gathering structure at the community level. Not only are the existing studies insufficient or fragmented, but the information that should be collected through the many reporting processes are not systematically retransmitted to us for strategic analysis purposes.

CLOSING THE GAPS

IN REGARDS TO THE BENEFICIARIES, BOTH INDIVIDUALLY AND COLLECTIVELY

An alarming indicator concerning the health status: today, our life expectancy is lower than that of other Canadians by 7 years for men and 4 years for women. This disparity is a direct consequence to the significant problems in terms of health and social services, as underlined by the Blueprint.

Endangered health

Even if all the communities are not experiencing the same problems and some are in fact headed towards improvement, the state of the majority of them is rapidly deteriorating and necessitates an immediate intervention. In order to overcome the barriers to health care, recent plagues such as obesity, diabetes, sexually transmitted and blood-borne infections, infant mortality, teen pregnancy and foetal alcohol spectrum disorder must be overcome. Further barriers to health care are the difficulties encountered by beneficiaries for simply accessing general or specific care in an ongoing manner.

Social disquiet

An individual's happiness stems from family well-being and, more broadly, from community well-being. Together, they form a society in which the behaviours or status indicate the level of general and individual well-being of its members. In our case, these indicators are dramatically negative, whether they are in regards to employment, wealth of revenue, education, parenting skills, transmission of values, nutrition, housing, community infrastructure, or environment. Therefore, these factors have an evident cause and effect relationship with particularly high rates of suicide, smoking, alcohol and drug addiction, prescription drug abuse, gambling, psychological distress, violence, crime, mental health, youth placement – all of which are especially high among First Nations. The issues are general in nature and cannot be eradicated without intervention at all levels.

CONCERNING TECHNICAL AND HUMAN RESOURCES

CLOSING THE GAPS

Lack of personnel and turnover issues

We are experiencing a serious deficit in terms of the number of health and social services professionals. The difficulty in attracting, and especially, retaining these professionals is due to a lack of financial resources as well as to the community remoteness factor, but also due to an unacknowledged reality that we, through our history and culture, cannot be considered as standard patients in the Quebec health network. At times, the matter is a simple language barrier issue because some Elders are only able to speak their ancestral language. However, it is also a matter of a need to acknowledge cultural values so that a relationship of trust and respect can be established between an intervener and a beneficiary. To that end, the involvement of new First Nations professionals, in order to identify the problems and the solutions, is completely insufficient.

Not enough work tools

In addition to the deficit in terms of human capital that is vital to the operations of care and services, we suffer from lagging behind from a technological standpoint, whether it is from a computer installations, research and development process or infrastructure perspective. Yet, an upgrade would make it possible to achieve larger leaps and bounds in the improvement of the situation through an improved sharing of knowledge and expertise, through enhanced analysis of the data or even by a stimulation of strategic intelligence or innovations.

ACCELERATING CHANGE

BY CHANGING PERSPECTIVE

- Have a vision of the issues at hand that is global and undivided – act upon health and the social situation as well as on their determinants;
- Mobilize the government: our health status and social well-being must become a challenge for society;
- Discussing in terms of investment rather than expense: betting on the strengths of a healthy population;
- Giving First Nations their place: help us to take control rather than simply assisting;
- Governments and First Nations – working together in harmony through consultation and respect;
- Deploying the media to change the negative image of First Nations: transform prejudices into positive appreciation;
- Not being afraid of innovation.

UPSTREAM ACTIONS

- Taking care of children as a priority, in terms of family health as well as education, considering that our population is growing and is composed of nearly 50% of children and youth under 25 years of age;
- Increase publicity and preventive measures surrounding health and healthy living habits, especially in the areas of nutrition, sports, sexual practices or addictions;
- Prioritise education in all forms – school, training, professional – as much among youth as among adults, since education is a fundamental social development and economic driver;
- Protect the most vulnerable populations that are exposed to the largest risks such as, for example, alcohol and drug addicts, or homeless or disabled people;
- Anticipate problems: strengthen the early screening processes and increase diagnostics;
- Significantly increase and facilitate the services of social first-line workers.

BY ESTABLISHING A DYNAMIC FROM WITHIN

- Increase our responsibilities so that we can become key players in our own success and fully exercise our rights and obligations;
- Stimulate cultural identity and the positive values of ancestral heritage, so that we can find our confidence and dignity;

- Promote the emergence among First Nations of new health and social services professionals who are trained and motivated to work in this process of change;
- Integrate the program and services at the community level for improved efficiency, by developing interactions between authorities, workers and services;
- Encourage new initiatives and the sharing and transfer of knowledge;
- Encourage contact with the environment as a source of benefits and also hope, in regards to the management of natural resources and the future of new energies.

BY CONSOLIDATING OUTSIDE CONTRIBUTIONS

- Increase funding to reach the level of the clearly identified objectives: retroactively compensate for increasing costs and demographic growth while investing in the future;
- Achieve a vast and profound analysis on the needs and means available, while considering the diversities: mapping out the situation in detail, identifying programs underway, and report on results;
- Improve government accountability to ensure proper transparency, a better sharing of information and enhanced program evaluation;
- Modernize the infrastructures: residential (build and renovate homes), collective (improve or consolidate the road network, the water treatment system, etc.) and community (build or upgrade sports, education or leisure installations);
- Stimulate the economy in order to create employment, sources of wealth and social stability, through incentives, partnerships, public or private investments, etc.;
- Favour a social economy that has values that meets those of First Nations through foundations, organisations, cooperatives or even microcredits;
- Attract and retain human resources: establish incentives and rewards, strengthen training with Aboriginal culture, favour the sharing of experience;
- Value research and development and innovation: create intrinsic structures that are orientated towards solving health and social services problems in order to develop competencies and new technologies.

WHEN?

OBJECTIVES FROM NOW UNTIL 2017

- Reduce from now until 2017, in comparison with 2007:
- by 35% the gap in life expectancy,
- by 35% the gap in mortality rates,
- by 50% the gap in suicide rates,
- by 50% the gap in infant mortality rates,
- by 50% the gap in diabetes prevalence,
- by 50% the gap in obesity prevalence among children, between First Nations and the Canadian general population.
- Have an additional 1 000 health and social services professionals by 2017.

Closing the gaps…

WAYS OF CONTROLLING THE OBJECTIVES OF THE TEN-YEAR PLAN

Accelerating change

- A **planning process** that is structured and supported by a clear, innovative and flexible vision that considers the changes, imponderables, and recommendations obtained along the way:
- Three-year strategic plans that are developed for medium-term planning;
- Annual planning that is created to set up all the actions and measures to be achieved each year;

- A **Committee of Experts** composed of First Nations health and social services representatives, academicians and members of civil society that is brought together on a consistent basis in order to produce a periodical report on the state of health installations and the quality of life of First Nations as well as the implementation of the Blueprint. This report will allow for the clarification of responsibilities and to identify the eventual modifications to be made;

- **Surveillance** that is carried out through more than 70 indicators, which are set forth by consulted experts and specialists that reveal much about the state of health and well-being of First Nations, as well as the methods implemented on their behalf (i.e. allocated budgets, life expectancy, diabetes prevalence, distance between health centres, education levels, consumption of nutritious foods, access to drinking water, etc.).