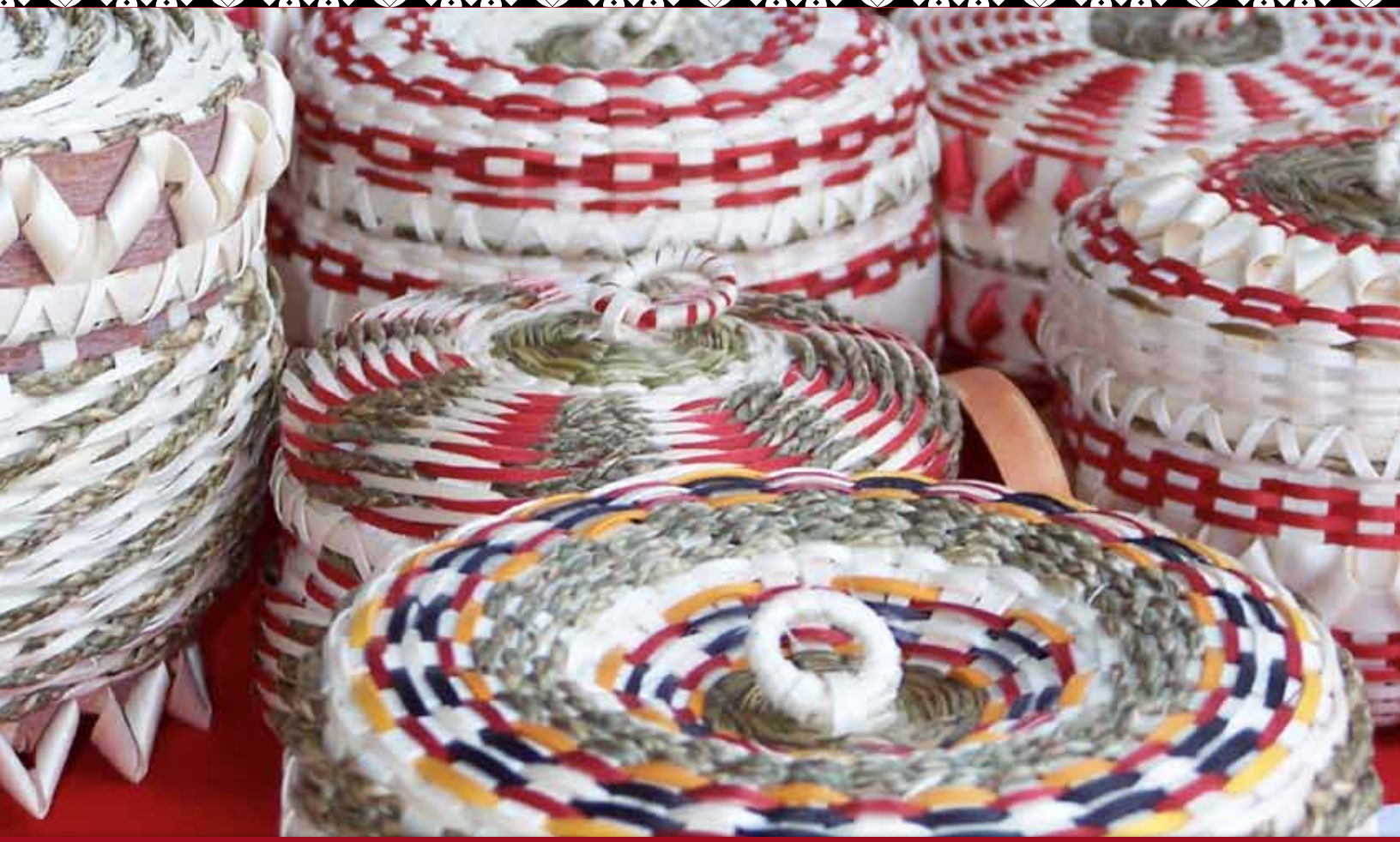
Aboriginal Home Care Framework

2010 – 2011



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A Report of the Nova Scotia Aboriginal Home Care Steering Committee

Prepared by hampton-and-hampton.ca for the Aboriginal Home Care Steering Committee

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contents

Introduction

Disparity in access to home care services by First Nations people living on-Reserve has been raised as a health system concern by the Mi'kmaq-Nova Scotia-Canada Tripartite Health Committee and identified as a priority issue for the Atlantic Policy Congress of First Nations Chiefs (APC), the Union of Nova Scotia Indians (UNSI) and the Confederacy of Mainland Mi'kmaq (CMM). In addition, the Nova Scotia Blueprint for Aboriginal Health and the Continuing Care Strategy identified the need for a collaborative effort between First Nations, federal and provincial government officials to improve access and delivery of home care services for populations living on-Reserve.

In the summer of 2007 a group of community, provincial and federal stakeholders came together to address these shared concerns under the auspices of an Aboriginal Health Transition Fund (AHTF) initiative. The steering committee set out to clarify policies and terms describing home care programs delivered on- and off-Reserve by all jurisdictions; identify areas of gap and overlap in each of the thirteen First Nation communities in Nova Scotia, and; create a mechanism for ongoing collaboration in the design and delivery of home care services to Aboriginal people living on-Reserve.

Recognizing how vital it is to achieve continuity of care between hospital and home, this initiative also undertook an evaluation of a Cape Breton-based Aboriginal Home Care Discharge Planning pilot project to inform the design of a province-wide approach.

In addition, the Nova Scotia Department of Health undertook a national policy review of continuing care programs across Canada to determine how on-Reserve home care delivery is handled in different jurisdictions.

By any measure, the progress that has been made in advancing the issue of improved access to home care services by Aboriginal people living on-Reserve has been quite remarkable throughout the AHTF initiative. Beyond the objectives of the project itself, the relationships established among members of the steering committee enabled greater policy reach into areas that included an expansion of the provincial bed loan program to First Nation communities, access to respite care services as well as financial consideration being given to on-Reserve residents occupying alternate level of care beds in hospitals.

The document *Weaving Partnerships: A Framework for Aboriginal Home Care in Nova Scotia*, presents thirty-one recommendations for consideration and action by both federal and provincial governments, district health authorities (DHAs) and First Nation communities. Each recommendation is designed to ensure First Nation individuals on-Reserve have access to quality home and community care services. The framework also serves as a comprehensive resource guide for understanding the home care landscape both on- and off-Reserve. This initiative weaves a legacy of collaboration among the partners who will work together beyond the life of this project to address the continuing care needs of First Nation communities. With the tabling of this document, the Aboriginal Home Care Steering Committee structure begins its transformation into the Aboriginal Continuing Care Policy Forum.

The Current Situation

Many people are unaware that home care services have not historically been considered part of the bundle of insured services under the *Canada Health Act*. This gets complicated for residents of First Nation Reserves because they fall into a jurisdictional maze.

Nova Scotia has developed a provincial home care program, but access by First Nations people on-Reserves is limited. Health Canada, Indian & Northern Affairs Canada and Veterans Affairs Canada all provide funding for some aspects of home care service delivery on-Reserves in Nova Scotia. No comprehensive, coordinated strategy has yet been developed for the delivery of home care in First Nations communities.

According to the Nova Scotia Office of Aboriginal Affairs (2010), the total registered First Nations population in Nova Scotia is 14,239 people. There are 13 governing First Nation Bands overseeing 33 Reserve land communities scattered across Nova Scotia. These Reserves are home to 9,480 First Nation individuals or about 67% of the First Nations population.

Eskasoni with a population of about 3,300 and Indian Brook with a population of more than 1,200 individuals, are the only two communities with on-Reserve populations above 1,000 people. Six of the other eleven governing First Nations Bands have on-Reserve populations of less than 500 people.

The small populations of the communities present unique home care service delivery challenges. The on-Reserve census numbers are important as they inform the funding formulas for the Health Canada Home and Community Care Program and the Indian and Northern Affairs Canada Assisted Living Program.

While each First Nation community is unique in its own right, there are clear trends across Nova Scotia and indeed throughout Canada in Aboriginal demographics, health status and service utilization. Put simply, First Nation communities are very young, growing quickly and suffer a higher burden of injury and illness than the mainstream Canadian population. Rates of chronic disease are very high with many individuals living with more than one chronic illness over a significant period of their lives.

Service Summary – Provincial and Federal Home Care Programs

The following table provides an overview of the home and community care programs offered off-Reserve by the Department of Health through the district health authority structure and on-Reserve through Health Canada and/or Indian and Northern Affairs Canada.

It also highlights the gaps between provincial and federal programming, which are the basis of recommendations formulated by the steering committee. For example, the province offers a Self-managed Care program and palliative home care services off-Reserve but excludes on-Reserve First Nation individuals. The federal government does not offer similar programs on-Reserve. In addition, as the province works towards a provincial adult day program and community occupational and physical therapy program, consideration should be given to including access for on-Reserve populations.

Service Summary	Nova Scotia Department of Health	Health Canada First Nations and Inuit Health	Indian & Northern Affairs Canada
Home making	Yes	Yes	Yes
Personal care (i.e. bathing, footcare, dressing)	Yes	Yes	No
Home nursing support	Yes	Yes	No
Home maintenance (i.e. snow removal, yard work)	No	No	Yes
Home repair and adaptations	No	No	Yes
Home oxygen services	Yes	Yes	No
Meal program	Yes	No*	Yes
Respite care	Yes	Yes*	Yes
Rehabilitation and therapy services (i.e. OT/PT)	No	No*	No
Adult day care	No	No*	Yes
Home-based palliative care	Yes	No*	No
Specialized programs for wellness and fitness	No	Yes*	No
Mental health home based services	No	No*	No
Specialized equipment **Hospital beds** **General equipment**	 Yes No	 No Yes	 No No
Medical/personal care supplies	Yes	Yes	No
Transportation	No	Yes	Yes
Foster care	No	No	Yes
Institutional care	Yes	No	Yes
Self-managed care	Yes	No	No
Caregiver allowance	Yes	No	No

Nova Scotia Department of Health (Continuing Care Branch); Health Canada First Nations and Inuit Health (Home and Community Care Program and Non-Insured Health Benefits Program); Indian & Northern Affairs Canada (Assisted Living Program)

*Note: The essential service elements of the Health Canada Home and Community Care Program are expected to be developed initially in each First Nation community. The program may expand to include supportive services such as respite, adult day, etc. (marked by an * in the table) based on community needs and priorities, existing infrastructure and availability of resources. Health Canada does not fund supportive services.*

Key Issues

The home care services being offered across First Nation communities differ substantially. Nursing services and home support services are offered in all communities. In addition, all communities have access to specialized equipment, medical and personal care supplies, and home oxygen services as covered by Non-Insured Health Benefits, as well as medical transportation to off-Reserve services covered by the Health Canada transportation agreement. Every community has access to home maintenance and home repair but the scope of services varies by community, pending additional Band support. The availability of other services seems to be partly influenced by community size and health district.

To access home care services, all First Nation communities require clients to undergo a formal assessment process. The home care nurse generally conducts the assessment process. A few communities have the Victorian Order of Nurses (VON) conduct the assessments. First Nation community members on-Reserve do not pay any fees for home care services nor are there any formal caps on services with the exception of Paqtnkek. In Paqtnkek, service hours are capped at 16 hours per day. If a client requires 24-hour care, the family would provide the remaining hours of care. None of the programs have age limitations. The majority of programs, however, are designed for adults and elders in particular. Most communities noted that they do not have the resources to provide services to serve special needs children. None of the communities have formal waitlists for services. Several communities will hire VON if there is demand for services beyond what home care staff members are able to provide.

Service providers, especially those in smaller communities, face several challenges. In many cases providers have multiple roles and competing demands for their time. Over half the communities do not have a dedicated home care nurse on staff. In five communities, the community health nurse or, in one community, a nurse practitioner, provides home care nursing services in addition to their other nursing portfolios. Even in those communities with a dedicated home care nurse on staff, there is usually no one to backfill during vacations or sick time. These limitations sometimes result in First Nation individuals presenting at local emergency rooms for nursing services that could be provided at home.

In contributing their ideas to the development of this framework, all thirteen communities indicated concerns about the sustainability of home care, citing funding issues, increasing need and increasing expectations. The Band Councils subsidize the Home and Community Care program with other revenue in all communities. Relying on Band subsidies to support home care leaves the programs vulnerable to a funding stream that is not guaranteed. Most communities feel pressure to expand service delivery beyond what they are currently offering, in response to growing community home care needs and expectations.

The following table provides an overview of the services offered in each of the thirteen First Nation communities, clearly demonstrating the uneven landscape of services available to community members.

	Acadia	Annapolis Valley	Bear River	Eskasoni	Glooscap	Indian Brook	Membertou	Millbrook	Paqtnkek	Pictou Landing	Potletek	Wagmatcook	We'koqma'q
Available services													
Nursing services	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Homemaking	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
In home respite care	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Specialized equipment	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Medical/personal care supplies	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Adult care program	N	N	N	N	N	Y	N	Y	N	N	N	N	N
Meal program	N	Y	Y	Y	N	N	Y	N	N	N	N	Y	N
Mental health services	Y	N	Y	N	N	Y	N	Y	N	Y	N	N	N
Home based palliative care	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Specialized programs for wellness and fitness	Y	Y	N	Y	Y	Y	N	Y	N	Y	N	Y	N
Non medical transportation	N	N	Y	N	N	Y	N	N	N	N	N	N	N
Rehabilitation and therapy services	N	N	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N
Personal care	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Footcare	N	N	Y	Y	N	Y	N	N	Y	N	N	N	N
Self-managed care	N	N	N	N	N	N	N	N	N	N	N	N	N
Home oxygen services	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Home maintenance	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Home repair	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
off-Reserve medical transportation	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Summary of Home and Community Care Services on Reserve

Home Care on-Reserve Utilization Data

It is estimated that federal First Nation Home and Community Care programming made over 54,000 home visits and provided 117,300 hours of service during the 2007-2008 fiscal year. To better understand the magnitude of service provision, this translates into an average of 6 home visits per person and 13 hours of service per person living on-Reserve. While home and community care services are available to residents on-Reserve of any age, typically programs are accessed by elders. If we allocate total home visits and program hours to the portion of the on-Reserve population over the age of fifty, it translates into 41 visits and 90 hours per person for this cohort per year.

Projected Home Care Service Hours (fiscal 2007-2008)

	Projected Total Service Hours	Percent of Total Hours	Hours (per person on-Reserve)	Hours (per person 50 years + on-Reserve)
Assisted Living	85,903	73%	9	66
Home management	*72,278*	*62%*	*8*	*55*
Meal services	*12,512*	*11%*	*1*	*10*
Other Assisted Living services	*1,113*	*1%*	*0*	*1*
Nursing services	7,422	6%	1	6
Personal care services	14,731	13%	2	11
Case management	2,916	2%	0	2
Professional therapies	748	1%	0	1
In-home Respite	5,580	5%	1	4
Total	**117,300**	**100%**	**13**	**90**

Note: data includes services contracted to VON or if provided by an outside agency.

Sixty-two percent (62%) of home care hours supported home management services which includes housekeeping, home repair and adaptation, followed by personal care services (13%), meal service (11%) nursing services (6%) in home respite (5%), case management (2%) and professional services (1%) and other assisted living services such as day programs and attendant care (1%). The percent allocation of home care hours on-Reserve differs substantially from the percent allocation for the general Nova Scotian population. While an interesting comparison, it is important to interpret the findings cautiously given the difference in programs between what is available on-Reserve versus what is available off-Reserve. In addition, the following table reports the projected percent allocation of home care service hours and not actual hours delivered based on data from 8 First Nation communities.

Percent allocation of home care service hours

	Health Canada Home and Community Care	DoH Home Care
Home management (housekeeping)	62%	13%
Personal care / nursing services	19%	44%
Meal services	11%	20%
In-home respite	5%	22%

(Health Canada Home and Community Care 2007-2008 and Nova Scotia Department of Health Home Care 2008-2009)

Eight (8) communities also provided the number of clients served in their home and community program each month for fiscal 2007/08. These 8 communities have a total population of 4,715 First Nation individuals living on-Reserve. Three (3) of the communities also provide services to members off-Reserve (total off-Reserve population is 377).

Using the highest monthly client number and the on-Reserve populations, and where appropriate the off-Reserve populations, a crude utilization rate was calculated. Five (5) communities have a utilization rate of 3% (or in other words, of the total population able to access their services 3% were receiving services. One (1) community had a rate of 4% while the remaining two communities had rates of 6% and 11%. The community with the 11% utilization rate was the smallest community in this group.

The provincial home care program has a utilization rate of between 2-3% or in other words approximately 22,000-25,000 individuals access the program each year. It is important to note that the federal Home and Community Care program includes home maintenance, repair and adaptation services and some professional therapies not included in the provincial home care program.

The First Nation data also provides some insight into the amount of service actually being provided. Based on the data provided from 6 communities, the average number of service hours per client per month ranges from a low of 17 hours/month to a high of 59 hours/month.

It is difficult to compare this data with provincial home care data because it includes services not provided by the provincial program. In addition most First Nation programs do not have service limitations and a number of communities indicated they are providing 24/7 care to a very small number of individuals.

Cross Canada Review

During the period April to July 2009, the Continuing Care Branch of the Nova Scotia Department of Health conducted survey research across Canada on eligibility and access by First Nation individuals to provincially funded home care, long term care and community-based programming. Information was collected from the following eight provincial jurisdictions:

1. British Columbia
2. Alberta
3. Saskatchewan
4. Manitoba
5. Ontario
6. New Brunswick
7. Prince Edward Island
8. Newfoundland & Labrador

Data sources included provincial Ministries and regional or district level service administration structures.

The focus of this effort was to determine the current state of affairs with respect to a number of key issues as they relate to the provision of provincially funded services to First Nation individuals. The areas of interest included:

- The service delivery structure for provincial continuing care services in the jurisdiction.
- The extent of First Nation populations in the jurisdiction.
- The approach adopted by the jurisdiction respecting funding of continuing care services to First Nation individuals.
- The role of the federal government in providing or funding services to First Nation individuals.
- The role of provincial authorities in setting policy related to eligibility and access to continuing care programming.
- What, if any, formal approaches have been adopted by the jurisdiction with respect to managing relationships with First Nation communities. Examples might include Memoranda of Understanding, formal funding or service agreements, etc.
- Particular challenges experienced with regard to the delivery of services to First Nation populations in the jurisdiction.

Of most interest was the approach adopted by provincial Ministries of Health with regard to access to services on-Reserve. Some provinces provide First Nation individuals on-Reserve with access to the same home care services as other citizens. Some provide access to services only for needs not met through federally funded home care programs. Still others see home care services to First Nation individuals on-Reserve as the responsibility of the federal government and do not provide provincially funded services on Reserves.

Currently in Nova Scotia, provincial home care services are not provided to Registered Status individuals on-Reserve, except for acute home care services, which are approved by exception. First Nation individuals living off-Reserve are eligible to access the full range of provincially funded home care services. Some other provincially funded community-based services, such as the Bed Loan Program, may be available on-Reserve. The full costs of long term care services to Registered Status individuals living on-Reserve are deemed the responsibility of the federal government and are paid through Indian & Northern Affairs Canada.

There are a number of different approaches used across Canada for the development of home care policy and the delivery of home care programs. In most provinces, including British Columbia, Alberta, Saskatchewan and Manitoba, the province sets home care policy

with regard to access and eligibility, while regional health authorities deliver the home care program. In PEI home care is delivered as a provincial program by the Department of Health. Ontario has a mixed approach with the provincial Ministry of Health taking responsibility for developing policies, while Local Health Integration Networks (LHINs) are responsible for planning and funding of health services through the Community Care Access Centres, which deliver the home care program.

Additionally, there is a mix of approaches across Canada with regard to the provision of home care services to First Nation individuals living on-Reserve. British Columbia, Ontario, and Newfoundland indicated that provincial home care services are available to all citizens of the province including First Nation residents living on-Reserve. Provincial services do not replace but rather complement or supplement services available through a First Nation community's home care program. In New Brunswick home support services provided through the Department of Social Development are not delivered on-Reserve, however nursing services, limited home support and professional therapies such as occupational therapy provided through the Extra-Mural program of the Department of Health are delivered on-Reserve and funded by the province.

Alberta, Manitoba and Saskatchewan do not provide provincial home care services to First Nation individuals living on-Reserve. Residents in these communities are expected to access federally funded home care programs. Both Alberta and Saskatchewan report that First Nation communities can and do contract with regional health authorities for home care services, however these services are funded by the First Nation community not the province.

With regard to more general community-based care programs, British Columbia indicated that there are no specific on-Reserve programs, but that First Nation individuals on-Reserve can access programs such as adult day that exist throughout the province. Alberta indicated that seniors lodges are available to individuals living on some Reserves. These lodges provide services such as meals, adult day programs and assisted living, but do not provide medical services. In Saskatchewan, First Nation individuals living on-Reserve are able to access community-based programs off-Reserve, but no specific services are provided on-Reserves. Newfoundland, Manitoba and Ontario indicated that First Nation individuals living on-Reserve have the same access to community-based programs as other residents of the province.

All provinces indicated that First Nation individuals living on-Reserve can access long term care services within the province. Many provinces, including Ontario, British Columbia, and Saskatchewan have agreements in place with Indian & Northern Affairs Canada (INAC) where INAC pays part of the costs for long term care and the province assumes some of the costs. In New Brunswick and Newfoundland long term care fees for First Nation individuals living on-Reserve are calculated by the province and financial assistance is provided as it is to other provincial residents.

With regard to access to long term care on First Nation Reserves, British Columbia indicated that there are some long term care facilities located on-Reserve and operated by the individual Bands, but that these facilities must meet licensing and other standards set by the provincial government. Manitoba indicated that INAC has eight facilities in the province specifically designed for First Nation individuals requiring long term care. Two of these facilities are located on-Reserve and are licensed by the province and six are in the process of being licensed. Ontario indicated that there are three facilities on-Reserve receiving provincial

funding. There are currently three personal care homes on-Reserve in Saskatchewan. All other provinces indicated that they do not provide any specialized long term care services for First Nation individuals living on-Reserve.

The results of the inter-jurisdictional survey show that, nationally, there are differences between jurisdictions in the approach they adopt with respect to the provision of continuing care services to registered status First Nation individuals living on-Reserve.

The Aboriginal Home Care Steering Committee has developed thirty-one recommendations designed to improve access to and delivery of home care services on-Reserves in Nova Scotia. The recommendations address the need to engage First Nation communities in a meaningful way at the local health district level and the provincial and federal levels in the development of strategic health system priorities and new program/policy. As evidenced by the success of this AHTF initiative several recommendations speak to the need for continued relationship building among health system partners.

With a First Nation population struggling under the burden of chronic disease, the need to address gaps in home care service between federal and provincial governments has never been more important. A number of recommendations are aimed at closing funding and policy gaps and ensuring First Nation individuals on-Reserve have access to comparable services as their off-Reserve neighbours.

The final piece of work for the steering committee involved the completion of an Action Strategy which will serve as a road map for the implementation of all thirty-one recommendations.

Action Strategy

The following is a list of the recommendations (*Registered First Nation individuals refers to those persons registered under the *Indian Act*):

Recommendation 1: On a go-forward basis, it is vital that the scope of home-based services is clearly explained to all stakeholders, in the context of ensuring the highest quality of care for clients and families in the safest and most appropriate setting. It is equally vital that provincial and federal policy makers/funders collaborate with First Nation communities and their representative organizations in continuous improvement of home-based care that both responds to the needs and builds on the strengths of each community.

Recommendation 2: Community service profiles must be updated regularly to ensure that DHAs in general and discharge planners in particular are aware of the hours and scope of local service availability when developing care plans for Aboriginal clients, potentially developing strategies to ensure client access to services after hours to make home care possible. Timely information sharing between local health directors and their DHA will ensure that First Nation home care needs are clearly articulated and reflected in health authority business plans.

Recommendation 3: First Nation communities providing home care services to members living off-Reserve consider informing these individuals about their access to provincially funded home care services.

Recommendation 4: The Department of Health and DHAs clarify for First Nation communities what services are already available to Band members living off-Reserve to ensure that potential clients/families are aware of these services.

Recommendation 5: First Nation communities with Band members living in satellite Reserves provide this information to their respective DHAs so that the needs of these individuals can be reflected in program planning.

Recommendation 6: The Nova Scotia Department of Health and DHAs clarify with First Nation communities what services they are presently able to access and how to do so.

Recommendation 7: The communities should suggest that the federal government should revisit the Commuting Assistance rates, upon which the Non-Insured Health Benefits (NIHB) private mileage rates are based. These rates should be increased to reflect actual costs of vehicle operation and maintenance based on the experience of First Nation communities as reported in the AHTF Home Care on-Reserves project.

Recommendation 8: Province-wide roll-out of the Cape Breton First Nations Home Care Discharge Planning Program should occur as soon as possible, based on the evaluation and recommendations recently tabled by the Aboriginal Home Care Steering Committee and approved by the Nova Scotia Department of Health. This program should be reviewed on a regular cycle.

Recommendation 9: By continuing to build on the information provided in the attached community service profiles, DHAs and First Nation communities must continue to collaborate in the identification of complex care clients and ensure, to the greatest extent possible, that their service needs are reflected in health authority business planning.

Recommendation 10: Based upon the experience of First Nation communities as reported in the AHTF Home Care on-Reserves project, the communities should suggest that the federal government should revisit the funding approach to Home and Community Care based on the experience that using a per capita formula means that most communities lack the critical mass to make this formula work.

Recommendation 11: The DHAs ensure palliative care consult services available in the community are provided in a culturally appropriate and safe manner to First Nation individuals on-Reserve.

Recommendation 12: Given the federal government does not provide funding for palliative home care services as an essential service and First Nation communities can only provide these services if they have additional revenue, the Department of Health should consider revising the current Palliative Care Home Care Policy to extend these services to Aboriginal people living on-Reserve.

Recommendation 13: The Nova Scotia Department of Health Palliative Care Task Group include First Nation service delivery issues in its planning and deliberations.

Recommendation 14: Given there is no similar federal program, the Department of Health should consider revising its current Self-managed Care Policy to open this program to First Nation individuals living on-Reserve. The Department and DHAs would then need to ensure appropriate program information is shared with First Nation communities regarding program parameters and access.

Recommendation 15: As the Department of Health develops policy and standards related to a provincial Adult Day program, consideration should be given to opening this program to First Nation individuals on-Reserve.

Recommendation 16: The Department of Health should consider providing direction to the DHAs to open interim Adult Day programs to First Nation individuals on-Reserve who meet program eligibility criteria.

Recommendation 17: Given the federal government does not provide funding for rehabilitation services as an essential service and First Nation communities can only provide these services if they have additional revenue, as the Department of Health develops provincial policy and standards for a provincial community OT/PT program, it should consider opening this program to First Nation individuals on-Reserve and ensure that First Nation health directors are aware that community members have access to these services.

Recommendation 18: The Department of Health should consider providing direction to the DHAs to open interim community OT/PT programs to First Nation individuals on-Reserve who meet program eligibility criteria.

Recommendation 19: The Department of Health should consider revising the current Home Oxygen Policy to open this program to First Nation individuals living on-Reserve. Health Canada through Non-Insured Health Benefits should maintain the current federal Home Oxygen program and in doing so, First Nation individuals would then have the option to access either the provincial or federal Home Oxygen programs, so long as they meet program criteria.

Recommendation 20: The Department of Health should consider revising the current Home Care Policy to open up chronic home care services to First Nation clients living on-Reserve. District Health Authorities and home care providers need to ensure services are delivered in a culturally appropriate manner. Both Health Canada and Indian & Northern Affairs Canada should maintain the current federally funded Home and Community Care and Assisted Living Programs on-Reserve.

Recommendation 21: The Department of Health should consider revising the current Home Care Policy to remove the requirement to approve First Nation on-Reserve access to acute nursing care by exception. The Department should then provide clear information to the DHAs and First Nation communities regarding eligibility criteria and the acute care nursing services that can be provided on-Reserve.

Recommendation 22: The Aboriginal Continuing Care Policy Forum should determine policy and access issues from the perspective of First Nation communities in Nova Scotia as it relates to long term care, so as to inform a multi-jurisdictional approach that is based on evidence of best practice.

Recommendation 23: There is a need for the Continuing Care Assistant (CCA) Program and other training opportunities targeting community members to be made more widely available – removing barriers to access and strengthening the program with curricula customized to address the cultural context of home care delivery in an Aboriginal setting. Recognizing the need for qualified home care staff on-Reserve, the Department of Health should work with First Nation partners, Health Canada and Indian & Northern Affairs Canada to address the issues outlined in the CCA Certification and Training Project proposal developed in 2009.

Recommendation 24: There is an opportunity to develop a mentoring program involving DHA nurses, VON nurses and First Nation nursing staff that would promote professional and cultural skills development and relationship building within the home care nursing community. First Nation community and DHA champions should be identified and a strategy developed to advance this concept.

Recommendation 25: Regardless of whether a home care service is provided on a paid or

volunteer basis, the obligation to the client is to ensure that anyone providing care is qualified to perform necessary tasks. When family members are responsible for delivering services, the Band should ensure that these providers are equipped with the skills they need to perform tasks safely and effectively.

Recommendation 26: The First Nation Band Councils should revisit and consider increasing the rates of compensation for home care workers providing services on-Reserve in order to attract and retain qualified employees and ensure quality service.

Recommendation 27: First Nation health directors should develop a strategy for the retention of home care workers delivering services on-Reserve, including how to provide competitive compensation packages to these workers.

Recommendation 28: All health providers should take cultural competency and cultural safety training before working on-Reserves.

Recommendation 29: Health Canada, Indian & Northern Affairs Canada, the Department of Health, the DHAs and IWK Health Centre need to ensure meaningful engagement of First Nation communities in new policy/program design and future planning regarding health system development including continuing care services.

Recommendation 30: Venues should be created for DHA and First Nation community representatives to meet, formally and informally, so as to better understand one another's needs, capacities and opportunities for collaboration.

Recommendation 31: The Aboriginal Continuing Care Policy Forum (ACCPF) should include community, district, provincial and federal representation with terms of reference that facilitates action on multi-jurisdictional issues that will advance continued improvement of services to First Nation people living on-Reserves. Current project partners (and in future, other potential partners such as Veterans Affairs Canada, Canada Mortgage and Housing Corporation, and the Department of Community Services) should commit, through the exchange of letters of support, to ongoing participation in the Aboriginal Continuing Care Policy Forum as a mechanism to foster and continue to build relationships amongst the partners and as a forum for policy issue resolution. In addition, the Department of Health, Health Canada and Indian & Northern Affairs Canada should contribute financial resources required to support modest infrastructure for the forum. Support for the forum would include completion of an annual update of the home care framework including the summary of programs & terms, First Nation community service profiles and communications materials to support the discharge planning program. While the Aboriginal Continuing Care Policy Forum is not part of the Mi'kmaq – Nova Scotia – Canada Tripartite Forum, the ACCPF will provide updates on activities and issues as required to the Tripartite Health Committee.

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Nova Scotia Department of Health
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Nova Scotia District Health Authorities

Nova Scotia Office of Aboriginal Affairs

Union of Nova Scotia Indians (UNSI)