Political Advocacy and Research Both Needed to Address Federal-Provincial Gaps in Service

Manitoba First Nations Personal Care Homes

Margaret Roscelli (Sioux Valley Dakota Nation)

ABSTRACT

Background: First Nation residents within Personal Care Homes (PCHs) are the most vulnerable segment of First Nations society and are in need of continuing care. Recent conditions imposed through unilateral decision-making by the federal government are placing the existence and continued operations of PCHs in jeopardy.

Methods: This article documents the current state of First Nation PCHs in Manitoba. In January 2003, the federal Minister of Indian and Northern Affairs Canada (INAC) announced conditions with which First Nation PCHs must comply or face closure. For instance, none of the PCHs were licensed in accordance with provincial legislation. Such provincial licensing would enable them to access provincial funding. However, provinces are wary of licensing on-reserve PCHs, and First Nations are reluctant to come under provincial health authority. First Nations continue to press for recognition of their own jurisdiction to set standards which emphasize their own culturally-based responsibilities and rights.

Results: As of October 2003, on-reserve PCHs have undergone infrastructure assessments to determine upgrades required to meet provincial building codes and standards in preparation for licensing. The First Nations plan to develop their own standards and licensing. Conditional licensing would ensure that PCHs continued to operate while renovations are made and funding allocations worked out.

Conclusions: PCHs are a critical component in the spectrum of health care offered in First Nations communities. The imposition of conditions on the continued provision of federal funding to on-reserve PCHs is seen by First Nations as a restriction of the accessibility of culturally appropriate care for the most vulnerable segment of the First Nations population. Key elements in pursuing positive change include First Nations involvement in research and policy decision-making.

MeSH terms: Indians, North American; nursing homes; advocacy

La traduction du résumé se trouve à la fin de l'article.

Executive Director, Dakota Oyate Personal Care Home, Sioux Valley Dakota Nation; Co-chair, Manitoba First Nations Personal Care Homes Networking Group

Correspondence and reprint requests: Margaret Roscelli, Dakota Oyate Lodge, Sioux Valley Dakota Nation, Griswold, MB R0M 0S0, Tel: 204-855-2354, Fax: 204-855-2738, E-mail: dktaldge@mts.net

Inter-governmental jurisdictional conflict over health care is not a new issue to Canadians. However, it is one of the main reasons for the major disparities in health status for First Nations people as compared to all Canadians.¹ The residents of Personal Care Homes on reserve are the most vulnerable segment of the First Nations societies and are in dire need of continuing care in their own communities. Recent contentious conditions by the federal government are placing the existence and continued operations of the Personal Care Homes in serious jeopardy. Despite the constitutionally entrenched rights of First Nations and other Aboriginal peoples that "the existing treaty and aboriginal rights are hereby recognized and affirmed" (Constitutional Act, 1982, s.35), both political advocacy and research are needed to change the present course.

First Nations grandmothers and grandfathers are our teachers, guides and interpreters, and our elders are our wisdom keepers and the living library of our oral traditions. In Manitoba, the Cree, Dakota, Dene, Ojibway and Ojibway peoples wish to take care of their own seniors and elders as the latter age, whether within the seniors'/elders' own homes, the homes of their children or close relatives, or in more recent years, in personal care homes within the First Nations communities.

Manitoba has the most First Nations Personal Care Homes (PCHs) across Canada, with 9 homes and a total of 224 beds. The focus of this article is the 6 PCHs managed and operated by First Nations through contribution funding from the federal Indian and Northern Affairs Canada (INAC). In addition, Norway House Cree Nation and Nisichawayasihk (Nelson House) Cree Nation operate their homes with federal and provincial funding and are located either off reserve or on designated land, thus falling under different jurisdiction. Cross Lake First Nation (Pimicikamak Cree Nation) has a designated group home for their elderly in need of care, with a different funding stream (see Figure 1).

Need for continued provision of institutional care

There continues to be an increasing demand for continuing care services on reserves due to an aging and growing population, exacerbated by the ill health status

of First Nations. It is projected that the adult First Nations population in Manitoba will double by 2016 (Table I).

Many of the chronic conditions and illnesses that put First Nations at risk of requiring continuing care begin to appear in the 45-64 year age group (Table II).

Added to this is the fact that INAC analysis of on-reserve population statistics shows that an increasing number of elderly First Nations are *returning* to their home communities.² As a result, the demand for all levels of care is expected to increase sharply within the short- and long-term period. Personal Care Homes, in-home support services of Homemakers and Home Care for people in First Nations will be impacted.

Background

In 1993, the PCH directors established the Manitoba First Nations Personal Care Homes (MFNPCH) Networking Group to address the difficulties in the lack of standardized care in PCHs, the lack of assessment tools to determine the level of care, and funding. They meet monthly to discuss, compare and develop policies and procedures regarding the operations and the management of the care homes. The two current co-chairs, Linda Joan Two Heart, Director of the George M. Guimond PCH at Sagkeeng First Nation, and Margaret Roscelli, Director of the Dakota Oyate Lodge at Sioux Valley First Nation, attend the regional and national meetings regarding personal care homes and speak on behalf of the Networking Group. The Assembly of Manitoba Chiefs (AMC) supports and works with the MFNPCH Network.

Federal conditions

A crisis was created in January 2003, when the federal Minister of Indian and Northern Affairs Canada (INAC) decreed that the on-reserve personal care homes must comply with conditions imposed by INAC by April 1st, 2004, or face closure. The Minister stated his Department would withhold federal funding if compliance was not forthcoming. Instead, the Manitoba First Nations Personal Care Home Network, with the support of the Assembly of Manitoba Chiefs, have worked to negotiate improved standards and funding for these personal care homes.

Figure 1. Location of First Nations Personal Care Homes (PCH) in Manitoba, 2004

Then Minister Robert Nault stated that issues arose due to the Department's upcoming renewal of its authority through Cabinet and Treasury Board to deliver Adult Care social programs to or with First Nations. The Department had identified three areas of non-compliance:

- None of the six personal care homes (as specified in this article) funded by INAC Manitoba Region was licensed in accordance with provincial legislation;
- The Region's current funding regime for personal care homes has been based on funding a certain number of beds per home and not eligible residents; and
- Residents requiring federal Type III Care are currently not being funded by INAC Manitoba Region.

A majority of the residents suffer chronic and debilitating diseases and need care

regardless of age. Although federal funding is received for only Type I and II levels of care, the First Nations personal care homes have maximized the fiscal resources to provide all levels of care that are culturally appropriate and possible within their limited resources.

INAC Manitoba Region developed a management plan that would bring the former Adult Care Program (as it applies to the funding of eligible recipients cared for in on-reserve PCHs) into line with their new 2003 authorities by Cabinet and Treasury Board for the new policy for "Assisted Living". Due to delayed renewal of the federal authorities, the deadline for this plan was extended to March 31, 2004 and again to 2005.

The Minister acted in advance of May 2003 research that his own Department

TABLE I

Health Status Indicators for First Nations Manitobans (adapted from Martens et al.)⁴

Life Expectancy:		
	First Nations	MB population
Males	68	76
Females	73	81
Southern First Nations (FN) residents have shorter life expectancy than northern FN: up to 8 years for males and 11 years for females.		
Potential Years of Life Lost:		
FN males 2.5 times the rate for general MB pop.		
FN females 3 times higher.		
Premature Mortality Rate: (death before age 75 years)		
MB First Nations residents have a PMR rate double that for the general MB population (6.6 vs. 3.3 deaths per thousand).		

TABLE II

Self-rated Health of First Nations Age 65 and Over (adapted from Regional Health Survey)⁵

Reports by Respondents Ages 65+ years:	
29%	felt in good health
58%	high blood pressure
35%	diabetes
2%	suicidal feelings

was conducting “to provide an objective assessment of Adult Care services available to First Nations communities”, and in advance of collaborative research with First Nations, and funded by both INAC and Health Canada, to assess Continuing Care and Costing (due December 2004). The Minister’s unilateral action worried First Nations and the Province that the intent of INAC is to off-load the responsibility of personal care homes onto the province, as well as onto Health Canada’s First Nations and Inuit Health Branch (FNIHB). This would include shifting the cost of care for higher level (III, IV, and V) residents onto a Provincial Regional Health Authority and/or FNIHB.

INAC’s internal report, *Evaluation of the Adult Care Service*, found that “these two issues of jurisdiction and definition of care levels merge to produce potential deficiencies in services provided on reserve” (p. 21).² It concluded that adult care is important and the need exists and is increasing. The recommendations called for an integrated service or continuum of care involving the cooperation of INAC, Health Canada, and provincial/territorial governments, and regional health authorities. Importantly, First Nations “must be involved in the design of Adult Care” so that quality care delivered with respect for First Nations people, cultures and traditions would be ensured (p.43-45). The report called for INAC to work with Health Canada to integrate services, to develop a national policy for standards of

delivery, and to undertake further research to identify program outcomes and impacts at the community level (p.47). (First Nations were not involved in designing this research, but some representatives did participate in interviews and focus groups. Although not the First Nations preferred approach, this internal overview led to the next research project which has involved First Nations in the early design stages.)

First Nations leadership has been pressing for positive change in this field. Manitoba Chiefs prompted the approved AFN resolution on July 21, 2003, which directed the National Chief and Executive to meet the Ministers of Health and Indian Affairs, “to find an equitable solution to funding personal care facilities and obtain agreement that the funding will remain status quo until the ongoing long term research project is completed.” There continued to be real concern that PCHs would be closed and long-term residents would have no place to go. First Nations believe that joint research is key to seeking options, but they understand that their political advocacy is essential to make room for solutions involving First Nations.

Federal transfer payments

In 1988, INAC “imposed restrictions on the construction and operation of institutional facilities on reserve”, awaiting a new policy.² Operational funding of PCHs was capped at 1996 levels, which had never addressed the needs in the first place. With

increases in the cost of living (e.g., insurance, groceries, fuel, salaries, employee benefits, to name a few), MFNPCH administrators find it increasingly difficult to meet costs within their operational budgets, and thus, operate at a substantive deficit.

The funding inequity is due to the fact that Level IV care and palliative care are Insured Services, and thus, funded by Canada Health Transfer (CHT) payments from the federal to the provincial governments. Federal transfer payments are based on total population statistics, including First Nations. Yet, funding is not received by First Nations for those levels of care. These levels of care *are* normally funded by provincial governments to off-reserve PCHs for the general population, including off-reserve care to some First Nations citizens.

Historically, the on-reserve PCHs have never had access to provincial funding for the provision of insured services to the residents of the on-reserve care homes. Manitoba has been quite clear that there is no provincial jurisdiction on federal lands, which is the designation of all First Nation reserve lands. And, historically, discussions between federal and provincial governments to clarify the jurisdiction issues have not involved First Nations.

The provincial licensing of the First Nations PCHs would enable access to provincial funding provided by federal transfer payments. However, the provinces are wary of licensing on-reserve PCHs with unknown financial implications, and the First Nations are reluctant to come under provincial health authority. First Nations continue to press for recognition of their own jurisdiction to set standards which emphasize their own culturally-based responsibilities and rights. The First Nations have made known to both federal and provincial governments their plan to have their own First Nations standards and licensing.³

First Nations and the Assembly of Manitoba Chiefs insist that policy and program change will occur only with the full involvement of First Nations representatives in federal and provincial discussions to clarify jurisdictional issues. They took the further step of requiring their full involvement in research as background to policy development.

Federal-provincial assessments of the PCHs

As of October 2003, the six on-reserve personal care homes have undergone an infrastructure assessment to determine the upgrades required to meet provincial building codes and standards in preparation for the licensing of the homes.

The majority of the First Nations with personal care homes cooperated in issuing a letter of invitation to the joint federal and provincial working group to undertake the required assessments on reserve. This letter was a condition by the provincial government, as Manitoba's position has been that the province has no jurisdiction on reserve.

Both Public Works Canada (PWGSC) and Manitoba Health have conducted their own structural assessments of the six PCHs. PWGSC used provincial guidelines for new facilities, which are not normally used in assessing existing facilities. Thus, there are discrepancies between priority items the province deems necessary for licensing, yet were not mentioned in the federal report. These priority items include new nurse call systems, hot water systems, water softening systems (for one PCH, a new water treatment centre is needed), and others.

First Nations have requested a coordinated effort with both levels of government to ensure that we have identified the appropriate client care levels for the purposes of securing funding levels under the Provincial licensing authority. In addition, First Nations want assurances from INAC that the dollars used to upgrade these facilities and to conduct the resident assessments will not impact funding for these First Nations or their Personal Care Homes.

The November 2003 transition to a new Prime Minister and Cabinet moved the process of reaching a solution. In January 2004, Manitoba Chiefs met with the newly appointed Minister of Indian Affairs, Hon. Andy Mitchell, who listened to the concerns and stated clearly that no PCH residents would be put on the street. INAC is now seeking conditional licensing from Manitoba, so that the PCHs can continue to operate while renovations are made and funding allocations are worked out. Manitoba Region has stated that funding will remain status quo for 2004/05. With

few exceptions and little land adjacent to some of the PCHs, there is concern about how to care for PCH residents during the upgrades.

With First Nations involved in the Continuing Care and Costing research set to report in December 2004, there will be more opportunity for the federal government to cooperate with the First Nations in positive change. Both Indian Affairs and Health Canada are funding the research and costing project: Four Manitoba First Nations were chosen to be case studies, along with three First Nations and one Inuit PCH in Quebec. The Assembly of Manitoba Chiefs, the Manitoba First Nations PCHs chosen and the Networking Group, and their Quebec counterparts, are to play a major role in the research and its recommendations. First Nations hope that their experience in culturally-appropriate care (such as a sweat lodge within the PCH area) will provide support for new policy directions involving PCHs across Canada.

Another favourable direction was taken at a November 2003 national conference of INAC, Health Canada, the Assembly of First Nations and First Nations PCHs. All met to discuss a closer collaboration on research and policy-making. Manitoba PCH Network representa-

tives will sit on two ongoing planning committees (Long-term Care and Continuing Care), and AMC on another (Quality Care). It is hoped that joint planning and collaborative research will lead to better conditions for those First Nations people requiring PCHs and a holistic continuum of care.

CONCLUSION

The First Nations on-reserve personal care homes are a critically needed component in the full spectrum of health care offered in the First Nations communities. The INAC move to impose demanding conditions on the continued provision of federal funding to on-reserve personal care homes by INAC is seen by First Nations as a restriction on the accessibility of culturally-appropriate care for the most vulnerable segment of the First Nations population.

The universal right to health care does not seem to First Nations to be accessible to those living on reserve. Whether it is unilateral cuts by INAC or increasing difficulties in accessing non-insured health benefits from Health Canada, First Nations are daily faced with the federal contention that health care is a policy and

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RÉSUMÉ

Contexte : Les résidents des Premières nations vivant dans des foyers de soins personnels sont le segment le plus vulnérable de la société des Premières nations, et ils ont besoin de soins prolongés. Or, des conditions imposées récemment à la suite d'une décision unilatérale du gouvernement fédéral compromettent le fonctionnement et l'existence même des foyers de soins personnels.

Méthode : Nous avons documenté la situation actuelle des foyers de soins personnels des Premières nations du Manitoba. En janvier 2003, le ministère fédéral des Affaires indiennes et du Nord canadien (AINC) a énoncé des conditions que les foyers de soins personnels des Premières nations doivent respecter, sans quoi ils risquent la fermeture. À titre d'exemple, aucun de ces foyers ne possède une licence d'exploitation conforme à la loi provinciale. Une licence délivrée par le gouvernement provincial permettrait à ces foyers d'obtenir des fonds de la province. Cependant, les provinces hésitent beaucoup à délivrer des licences aux foyers dans les réserves, et les Premières nations résistent à l'idée de tomber sous la coupe des autorités de santé provinciales. Les Premières nations continuent à exiger que l'on reconnaisse leur propre compétence à établir des normes fondées sur des responsabilités et des droits adaptés à leur réalité culturelle.

Résultats : Depuis octobre 2003, les foyers de soins personnels dans les réserves font l'objet d'évaluations de leurs infrastructures visant à déterminer s'ils ont besoin d'être modernisés pour respecter les normes provinciales de sécurité de construction avant d'obtenir une licence. Les Premières nations entendent élaborer leurs propres normes et licences. En délivrant des licences conditionnelles, on permettrait aux foyers de soins personnels de continuer à fonctionner pendant que l'on apporte les rénovations nécessaires et que l'on détermine le financement auquel ils pourraient avoir droit.

Conclusions : Les foyers de soins personnels sont un élément essentiel de l'éventail des soins de santé offerts dans les collectivités des Premières nations. Celles-ci considèrent que l'imposition de conditions au maintien du financement fédéral des foyers dans les réserves restreint l'accès à des soins adaptés à la réalité culturelle du segment le plus vulnérable de la population des Premières nations. La participation des Premières nations à la recherche et à la prise de décisions stratégiques sont les éléments clés d'un changement favorable de la situation.

moral obligation, rather than the Treaty and inherent right held by First Nations. It has taken First Nations advocacy, together with participation in research, to offset the federal government's actions to close homes or to immediately off-load their responsibility for personal care homes onto the province.

The MFNPCH Networking Group, with the Assembly of Manitoba Chiefs, will continue to press the federal and provincial governments for joint action and improved communications among all three parties. In doing so, First Nations expect a very direct role in designing, delivering, and analyzing the research, and using the research to prepare recommendations and strategic plans so that we may negotiate a just future together.

Wopida! (Dakota for Thank you.)

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