

Exhibit: National Inquiry into Missing and

Murdered Indigenous Women and Girls

Location/Phase: Part II: Calgary

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Add'l info: P.2 P.1 P.301

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Initials

I/D

Entered

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First Nations Inuit Health Branch

What We Do

First Nations and Inuit Health is a shared undertaking between provinces and territories, the federal government, and First Nations and Inuit (see Roles in the Delivery of Health Services).

The First Nations and Inuit Health Branch (FNIHB) works with First Nations and Inuit partners to provide -or fund - effective, sustainable, and culturally-appropriate health programs and services.

The delivery and type of health services provided will vary from community-to-community. Some First Nations communities receive funding to independently design and deliver the health services that meet their needs. Others work with FNIHB officials to develop community health plans to shape the health programs and services that either they deliver themselves or in partnerships with FNIHB. In remote and isolated communities, FNIHB employs primary care providers to work in some community-owned or operated nursing stations and deliver clinical care services. FNIHB provides funding to support the construction and maintenance of the community health facilities. Where medically required health services are not available in a First Nations or Inuit community, the Non-Insured Health Benefits Program provides coverage for medical transportation for community members to access these services. The Non-Insured Health Benefits Program also provides supplementary health benefits for prescription drugs, medical supplies and equipment, dental care, vision care, and short-term mental health crisis counselling.

FNIHB is committed to supporting better alignment between federal and provincial and territorial health systems and increased First Nations' control over health services to create a health system that is responsive to community needs. Various health transformation processes are underway across the country at the regional and community level which provides First Nations with greater ownership over more culturally relevant health services. In BC, a Tripartite Framework Agreement was struck in 2013 that transferred FNIHB's role in the design, management, and delivery of First Nations health programming in British Columbia to the new First Nations Health Authority (FNHA).

Roles in the Delivery of Health Services

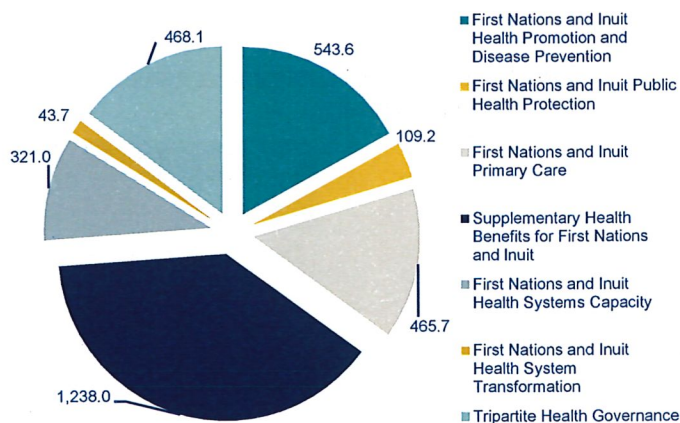
Provinces deliver hospital, physician and public health programs to all Canadians, including First Nations and Inuit, but, generally do not operate direct health services on-reserve.

Territories deliver health services and programs to all their citizens, including First Nations and Inuit. However, FNIHB provides additional funding for home and community care, and health promotion and disease prevention programs to First Nations and Inuit in the Territories.

FNIHB provides or funds a range of health programs and services, including: primary care and emergency services in remote communities where no provincial or territorial services are available; community-based health promotion; disease prevention and public health protection programs both on reserves and in Inuit communities; and supplementary health benefits for eligible First Nations and Inuit, regardless of where they live.

First Nations and Inuit have taken on various levels of responsibility to direct, manage and deliver a range of federally funded health services.

2017-18 Allocations (in millions)*



* Main Estimates process has not yet confirmed specific allocations for 2018-19

Top Key Current Files

Transformation of Indigenous Health System

FNIHB is supporting government-wide efforts to advance reconciliation through a renewed relationship with Indigenous People. Within the specific context of Indigenous health, FNIHB is building on existing national and regional partnerships with First Nations to support the *First Nations Health Transformation Agenda*, including increased control by First Nation governments and the advancement of the *Inuit Health Approach to Health*.

Next Steps:

- Supporting the Permanent Bilateral Mechanisms with First Nations, Inuit and Métis representative organizations, and advancing a distinctions-based approach to health and working with partners to implement the 14 health-related Truth and Reconciliation Commission's Calls to Action.
- Advancing specific efforts in provinces to advance alternative health service delivery models and other models of health transformation, including possible devolution to First Nations.

Investing in vulnerable populations

Efforts are underway to address the specific health challenges in the areas of mental wellness, children's health and tuberculosis. Recent targeted investments in mental wellness teams and crisis hotlines, the implementation of Jordan's Principle, and an Inuit-led tuberculosis elimination strategy are expected to contribute to better outcomes in these areas.

Next Steps:

- FNIHB will continue to work with First Nations and Inuit partners to improve the quality and continuum of services, and establish greater linkages with the broader social determinants of health. In the short-term, efforts are underway to implement recent Budget investments (see below)

Implementation of Budget 2017 and Budget 2018 Investments

Budget 2017 provided FNIHB with \$828.2M over five years to support Mental Wellness; Maternal and Child Health; Primary Care; Home and Community Care including Palliative Care; Infectious Disease; Canadian Drugs and Substances Strategy; and Non-Insured Health Benefits. Budget 2018 took further steps by investing over \$1.5 billion in priority areas identified by First Nations, Inuit and Métis Nation partners, including enhancing addictions treatment and prevention services for First Nations, responding to high rates of tuberculosis in Inuit communities, and supporting access to critical First Nation controlled quality health care.

Next Steps:

- The roll out of Budget investments continues to occur in a manner reflecting the results of engagement with First Nation and Inuit partners

2017-2018 Authorities to Date¹

Salary & Operating (Vote 1)	\$1,478.7M
Capital (Vote 5)	\$8.6M
Grants & Contributions (Vote 10)	\$1,818.3M
Revenue ²	\$151.0M
Statutory ³	\$28.9M
Total	\$3,183.5M
Total Full Time Equivalents	2,089

¹ Includes Main Estimates, Supplementary Estimates A, and a Revenue Authority technical adjustment for FNHA.

² Represents the authorized vote net revenue where branch spending will depend on in-year revenues collected

³ Represents employee benefit plans