



**HEALTH SECTORAL FOLLOW-UP SESSION
FLIP CHART NOTES
INUIT BREAKOUT GROUP**

The following reflects a transcription of the comments posted on flipcharts in response to the questions indicated below in boldfaced text, during the breakout group discussions.



**INUIT BREAKOUT GROUP
HEALTH SECTORAL FOLLOWUP SESSION
INUIT FLIP CHART NOTES**

ADDRESSING ISSUES OF JURISDICTION AND CONTROL

Working in breakout groups at four tables, the participants identified how a shared definition of success could look.

The launch question to focus discussion for this segment was:

How will we address the issues of jurisdiction and control that are impacting on the delivery of, and access to, health services?

Each table presented the results of their discussions, identified below.

Definition of Success

- Inuit Health Directorate is set up to develop and implement policy, based on Inuit health policy statements.
- Resolutions/commitments from Federal Cabinet on an Inuit Health Agenda, including implementation of Health Directorate.
- Inuit Health Directorate supports and implements Inuit health human resources (training and education) based on a wellness model.
- Multi-year, needs-based funding that is flexible, equitable and streamlined; Key objective is to have health (physical and mental) programs and services that are fully accessible in all regions, without barriers of jurisdiction or resources
- Collection of Inuit-specific data to support Inuit programs/services – document evidence to shift funding to respond to Inuit needs.
- Adequate capital funding for infrastructure development to support delivery of programs and services.
- Commitment from Treasury Board to fund Inuit organizations directly.



- Fund activities to support the Aboriginal Blueprint.
- Commitments from F/P/T Governments to fund Inuit agenda on a multi-year basis.
- Create Inuit structures where administrative cost does not out-weigh or distract from programs/services.
- There are relevant databases, as well as shared information between governments, regions and organizations.
- Inuit have access to relevant information in their communities, and there is quality communication to communities based on cultural and language priorities, i.e. elders.
- A system that supports and communicates the needs of individuals (especially youth) in addressing mental wellness, i.e. the effects of historical relationships between Inuit and other Canadians.
- When the results of this process produce healthy, independent individuals, families and communities, both physically and mentally, who have taken ownership of personal health, community health and health care.

Key Issues and Recommended Actions include:

- **Creation of an Inuit Health Directorate is an immediate/short term priority**
- **Identify the “root” causes of the symptoms/conditions/situations regarding health services in the North**
- **Capacity building at the community level**
 - Based on traditional principles, build capacity that is shared and used by youth. This will be the foundation for building healthy communities that look after the well-being of individuals;
 - Build on contemporary health knowledge which includes the training requirements of health care professionals/workers;
 - Build the capacity of health care and health research, increase training, increase health care professionals/workers;
 - Build a monitoring system that recognizes Inuit Health Policy;



- Develop on an urgent basis, an Abuse Prevention Strategy.
- **Funding**
 - Negotiate block funding arrangements, which include infrastructure resources, as well as capital resources;
 - Establish multi-year agreements that are flexible;
 - Agreements on Joint Protocols, Partnership agreements at all levels – to make linkages work - Inter-agency model. Human and financial resources to support ongoing consultations, meetings;
 - Have Inuit input into design of funding programs, e.g. federal level – to eliminate barriers and develop culturally relevant programs.
- **Inuit Philosophy (holistic approach to all aspects of life)**
 - Develop training programs for individuals coming from the south to the Arctic that have their own ideas and policies and need to be “open minded” about Inuit culture and, language and way of life;
 - Look at all sectors, economic, housing, social etc., and how a more integrated approach can affect the well-being of Inuit in a positive way.
- **Focus on well-being and prevention, rather than illness**
 - Address in concrete ways, issues related to food security – getting safe, nutritious, affordable food;
- **Urgent need for program survey and research – gap analysis:**
 - Health education links need to be dealt with together and develop a common understanding;
 - Working together on the links impacting the broad determinants;
 - Sharing information, providing support across program areas (going together) to support the broad health links;
 - Sharing information across sectors, supporting community based linkages to strengthen program(s) outcomes;
 - Also related to this is health education/training/funding for Inuit living in Urban areas.
- **Established mechanisms to eliminate barriers at provincial/national levels for joint partnerships at regional/local level, eliminate language barriers (be inclusive)**



▪ **Partnerships to be enforced**

- Between F/P/T/Inuit governments on the delivery, design, implementation of programs, and make sure resources are available, must address Inuit identified priorities;
- Eliminate “the box” barriers by creating flexible guidelines, for delivery, and implementation;
- Creating a multi-funding program which is able to respond to Inuit priorities.

Federal Inuit Secretariat to include:

- All Sectors (not just INAC) such as Health, Human Resources, Environment, Housing, Education etc;
- Reporting to Federal Cabinet;
- Direct relationship with the Prime Minister;
- Inuit personnel;
- Implementing articles in Inuit Land Claims Agreements related to Inuit employment opportunities.

IMPROVING ACCESS AND INTEGRATION

The launch question to focus discussion for this segment was:

What are the key issues and adaptive approaches that would contribute to improved levels of access to, and integration of, health programming and services?

Each table presented the results of their discussions.

Definition of Success

- Incorporated Inuit knowledge and practices that clearly improve accessibility to health care;
- Clear Inuit involvement in all aspects of program design, delivery, evaluation;
- Implementation of Inuit Health Policy and partnership agreement, making a difference in the day to day lives of Inuit;
- Implement Inuit community recommended actions after consultations are complete at the local level so that it informs and influences policies, and when other approaches are identified by Inuit, they are also implemented;
- When individuals and communities are independent with a sense of ownership;



- When we reach a level playing field so that there is less reporting and more user friendly application forms for funding programs tailored to community needs, such as mothers giving birth at home;
- When there is flexibility in the programs to make changes (targeted and responsive) if required;
- Respect for each other's culture;
- When acceptable and adequate services and trained professional are available for addressing mental wellness which would result in fewer or no suicides, and less violence;
- Accomplishing an Inuit health agenda that is based on Inuit leadership in policy and program development/design and implementation, and is broad and inclusive for Inuit all over Canada;
- Having adequate human resources, that meets the needs of Inuit (doctors, nurses, interpreters) i.e.: Inuit health professionals, experts providing services within their communities to support wellness as a measure of self reliance. This includes mentoring;
- There is a good data base which is relevant and includes shared information between Inuit organizations and regions;
- Inuit have designed services based on a holistic approach including family centered programs, and long term care facilities;
- More healthy individuals and communities where there is less reliance on the health care system;
- Increased communications as a result of access to effective public information, more awareness of healthy practices which result in more healthy behavior (e.g. : less smoking, less teen pregnancy, safe sex);
- clear unified vision;
- "health care" system, not "sick care" – proactive as opposed to reactive;
- Use technology and skill sets to improve health care.

Key Issues and Recommendations include:

- **Inuit Philosophy/Knowledge (holistic approach)**
 - Broad determinants need holistic approach;
 - Recognize and incorporate Inuit knowledge and practices to improve accessibility. Need more use of Inuit traditional practices, using both modern and traditional knowledge. Need more educational opportunities at home with Inuit traditional knowledge as a foundation of the teaching/learning, as well as using contemporary (western) practices;
 - Encourage and support 'traditional knowledge' (wellness) teachings and skill sets to support holistic Inuit health foundation/philosophy;
 - Provide ongoing Inuit cultural awareness programs, in order to train individuals who come to work in the north, on approaches and how things are done in the Arctic;



- Incorporate traditional well-being principles that are taught to Inuit youth.
- **Programs and Services**
 - Increase client support, i.e.: language, interpretation, transport etc.
(Language barriers are sometimes severe, including for rural Inuit. There are often no Inuit-specific health care workers or interpreters;
 - Create awareness among Inuit of programs and services that are available;
 - Provide for innovative ways to retain health staff, such as rotating shifts for social workers, training and respite for caregivers;
 - Improved program delivery and design.
 - There is a need for integrated services, too much is wasted that could be spent on direct services;
 - Implement the many “adaptive approaches” that have already been identified but not implemented;
 - All programs must include a ‘capacity building’ component i.e.: training, support resources (in the communities);
 - Support structures (infrastructure) must be in place for long term care e.g. housing, as well as adequate facilities to deliver Inuit-specific programs. Improper housing/infrastructure impacts on education/economy/mental health;
 - Lack of support structure, i.e. long-term care, pregnant women, cancer patients;
 - Increase capacity for NF to be represented at Inuit urban tables;
 - Increase Inuit involvement in design, delivery, evaluation;
 - There is a need for NEI representatives at urban health centers (**find out what NEI means**)
 - Program guidelines need to be accessible to the public at large in the Arctic as well as geographic location needs to be taken into account in the guidelines;
- **Capacity Building**
 - High priority to build capacity that will ensure that human and financial resources are available for quality health care delivery in Inuit regions, and to engage Inuit as health professionals/workers;
 - Provide for innovative ways to retain and support health professionals/staff, such as rotating shifts for social workers, training and respite for caregivers;
 - Increase skill sets for Inuit in administration policy development and management;
 - Building capacity for Inuit regions will ensure health delivery at the community level;
 - Need increased education for prevention of diseases and to promote healthy lifestyles/promote care;



- Need to develop the capacity to deliver Inuit traditional medicine – too much dependency on mainstream medicine, there is a lack of Inuit medicine;
- Need to develop traditional skills, i.e. hunting skills vs. midwifery incorporating cultural values/knowledge enhances well-being.

▪ **Funding**

There is a need for:

- Block funding and capital funds, multi-year agreements that are flexible, as well as Partnership Agreements in order to:
- Create awareness of funding opportunities to all Inuit regions;
- Resources for Tele-Health to improve diagnosis, reduce impact of distance;
- Funding criteria for health programs should include a requirement for capacity building in the communities;
- Require more capital and infrastructure investment for health services, including prioritizing new infrastructure to support local delivery;
- Strong consideration for culture/language/geography;
- Eliminate stove piping that blocks funding access, and improved funding guidelines that diminish barriers to access;
- Broad capacity needs – policy development, administrative capacity, etc.;
- Funding must be need-based, rather than population based, and recommendations coming from communities/regions should be developed and implemented;
- Flexible, multi-year funding that will support local control of services and programs;
- Streamlined and adequate funding that is coordinated which is based on need. Not on a per capita basis. Simplified contribution agreements (funding mechanisms);
- Develop common understanding of roles between F/P/T/ Inuit.

1. Research

- Inuit-specific research that will provide the baseline evidence needed to develop effective, culturally appropriate programs and services - database required;
- Improve technology to provide better health care to the North;
- Best practice modules that will be shared (clearinghouse);
- Asset mapping – comparable analysis;
- Strengthen contemporary (western) knowledge – include training requirements for Inuit.

CAPACITY AND SUSTAINABILITY



The launch question to focus discussion for this segment was:

What capacity supports are needed to ensure progress on shared health priorities and improved health status?

The participants stated that many of the capacity and sustainability issues were already addressed in the discussions related to Jurisdiction and Control, as well as Access and Integration, therefore this section is covering only those areas that were not adequately covered in the sections above.

Definition of Success

- Inuit “professionals, experts” providing services within their community to support wellness as a measure of self reliance;
- Educational opportunities at home with traditional knowledge as a foundation of the teaching as well as contemporary practices;
- Proper facilities and infrastructure to be able to deliver Inuit-specific programs;
- Programs tailored to the needs of each community;
- Trained Inuit delivering health programs and services;
- People can remain in their communities as long as they want to, i.e. elders;
- Family centered programs (holistic);
- More healthy communities in which there is less reliance on the health care system;
- Less or no suicides, less violence, more housing;
- Increased communications;
- Best practice models that are shared (clearing house);
- Individuals and communities are independent, sense of ownership;
- Canada takes leadership role for other countries on indigenous health care;
- Less reporting and user friendly – application, reporting;
- Flexibility to make changes (targeted and responsive) if required;
- Meeting success, *common issues will include working with the other Aboriginal groups;
- Administration does not supersede programs;
- Treasury Board funding;
- Resolution of Inuit/Aboriginal issues at Federal Cabinet Retreat/Session;
- Expand wording – Aboriginal/off reserve to include Inuit – identify specific wording consistent through out F/P/T/Inuit jurisdictions reflecting Inuit interpretations;
- Access and attain health services regardless of residency and status;
- Inuit pride in their ownership of health systems;
- More emphasis on delivery, less on reporting;
- Children are proud and healthy;
- When the AHF is renewed;
- No more proposals – a base funding is established;
- Less talk, more walk;



- A more healthy community in which there is less reliance on the health care system;

Key Issues and Recommended Actions:

- Consultations at the local level and allow the process to influence policies – regional, national;
- Address legislation and licensing barriers;
- Inuit involvement regardless of geographic location – urban, political affiliation;
- Clearly defined health policies for Inuit – federal, provincial, territorial and Inuit organizations i.e. midwifery;
- Single Arctic jurisdiction, versus north of 60 - applies to Nunavik and Nunatsiavut;
- Implementation of Land Claims Agreements;
- Funding must match extent of Inuit issues – not demographics ;
- Direct funding/multi-year to Inuit groups (not through federal/provincial/territorial) – flexible;
- Formalize F/P/T Inuit partnerships – clarify relationships (S/I)1.

Collaborate and bring together all relevant stakeholders, e.g. land claims organizations/provincial/federal/urban, others to compliment and integrate programs and services for Inuit (S/I);

- Federal Cabinet/Aboriginal Leaders Retreat with the Prime Minister, spring 2005 is key to implementing agenda for Inuit which would include but not be limited to:
 - Inuit-specific protocols and partnerships;
 - Inuit-specific cultural approaches – policy development, programs and services in health;
 - Create level playing field for Inuit and federal/provincial/territorial relationship building, partnerships, protocols;
 - New common legislation that will define cross jurisdictional authorities – advancing Inuit authority (S/I);
 - Submit recommendations for Cabinet/Aboriginal Retreat – spring 2005 (S/I);
- Inuit Directorate be present in each region and Inuit staff in Health Canada and INAC (S/I);
- Specific legislation to provide Inuit organizations with funding authorities to receive funds directly from federal/provincial/territorial governments (S/I);
- Treasury Board commitment to Inuit funding – to implement New Blueprint (S/I);

There will be progress when:



- Commitment from Treasury Board to fund Inuit organizations directly and fund activities to support Aboriginal Blueprint;
- Commitments from federal/provincial/territorial government to fund Inuit agenda, multi-year basis;
- Create Inuit structure where administration does not out-weigh programs/services;
- Resolutions/commitments from Federal Cabinet on Inuit health agenda including implementation of Health Directorate;
- Collection of Inuit-specific data to support Inuit programs/services – document evidence to shift funding to respond to Inuit needs;
- Expand Aboriginal wording (on/off reserve) to specifically identify Inuit – consistency in wording – cross jurisdictions to reflect Inuit interpretations;

Immediate/Short term ACTION! A partnership agreement is in place with a commitment to implement it;

Medium Term, an ACTIVE Health Directorate with sufficient funds, support and authority;

- Funded consultations take place on the structure, mandate and implementation of the proposed Inuit Health Directorate and implement an active Inuit Health Directorate;
- Number of Inuit health providers will be proportionate to Inuit population;
- Inuit-specific policy to recognize the unique circumstances of Inuit (i.e. Inuit do not live on reserves, midwifery);
- Need to address provincial or territorial legislation that acts as a barrier to health professionals' mobility;
- Clarify roles of Inuit, provincial, federal governments – connection between federal dollars and provincial legislation, i.e. daycares, FASD;
- “One stop Inuit shop” (protocol agreement);
- Formalization of F/P/T/Inuit partnership – not just a relationship – important to clarify P/T as Quebec, Newfoundland/Labrador, Ontario, i.e. jurisdictions that have large number of Inuit;
- Partnership agreement/protocol to be one of the focuses at the spring '05 First Ministers Retreat;
 - Incorporating existing agreements as well as desired processes and outcomes;
 - Includes provisions for issues like allocation of resources for training and development, to ensure Inuit (values, customs, approaches) are at the forefront (avoid another level of bureaucracy);
- To implement the establishment of the Inuit health directorate, place a representative in each Inuit region to link with Health Canada/INAC and province or territory – facilitates dialogue with Inuit.

BROAD DETERMINANTS OF HEALTH



Focusing on the following question, the participants summarized how this can be addressed in the Inuit community:

How could a “Broad Determinants of Health Approach” be applied within an Inuit context?

How will we get there?

- Provide access and funding for all levels of education (basic, post secondary, career, etc) for all Inuit no matter where they reside, i.e.: Urban Inuit;
- Develop common understanding of the need to work together and how wellness is impacted i.e.: links between overcrowding and violence;
- Formalized enforced processes to share information across programs, government departments on the delivery, development, implementation and design of programs;
- Establish mechanisms to eliminate federal barriers for joint partnerships at regional/ community level through flexible guidelines for program dollars i.e.: difficult for education and health funds to be used in some Inuit communities on FASD strategy;
- Develop strategies to address language barriers and ensure inclusiveness for all, regardless of language;
- Engage Inuit in the creation of a fund that is holistic that addresses Inuit priorities not federal department based;
- Develop processes that include Inuit-specific in all sectors- education, INAC, Health, Human Resources, Environment, Education, Abuse Prevention, Housing, etc.;
- Develop processes where Inuit can report directly to the Prime Minister and Cabinet;
- Implement specific articles in Inuit comprehensive land claims agreements related to Inuit employment and training opportunities;

What would success look like?

- Less Talk and more Walk;
- Federal Departments/Government structures would not be a barrier to wellness initiatives at a community, regional, national level.

WORKING WITH OTHER STAKEHOLDERS

In what areas of our recommended actions and definitions of success will we work with other “stakeholders” and how will we do that?



- Continue to meet with Aboriginal partners on common issues;
- There are common issues and priorities among Aboriginal groups, but Inuit have advocated for Inuit-specific for a long time. Because of jurisdiction, geography, culture and values we must emphasize to all governments that Inuit-specific programs and actions are required to improve community wellness.

The participants' concluded that the Inuit vision for wellness is:

Physically and mentally healthy, independent individuals, families, who have taken ownership of personal and community health, and Inuit-specific processes - developed and driven by Inuit - with adequate support (funding, resources, information and infrastructure) to implement the strategies developed and put into action.

Summary

- Of critical importance are the partnerships between Inuit and the various levels of government F/P/T structures to support and resource Inuit priorities. In addition, formalization of F/P/T/Inuit partnership, not just a relationship are important areas to clarify such as P/T such as Quebec, Newfoundland/Labrador, Ontario, i.e. jurisdictions that have large number of Inuit;
- There is also a need to establish an Inuit Health Directorate that will develop and implement policy, based on Inuit health policy statements;
- There is a need to expand wording that is used by the Federal Government when referring to Aboriginal people. On/off-reserve does not cover Inuit, therefore need to specifically identify Inuit consistently in wording – cross jurisdictions to reflect Inuit interpretation;
- There is an urgent need for multi-year, needs-based funding that is flexible, equitable and streamlined. Key objective is to have health (physical and mental) programs and services that are fully accessible in all regions, without barriers of jurisdiction or resource.

EVALUATION OF THE SESSION

The participants were asked for their observations, comments and suggestions on the two-day session.



What Worked	What Didn't Work or Could Change at Future Sessions
<ul style="list-style-type: none">• Appreciated the flexibility of the process;• The participants worked as a group and did not have difficulty in coming together on key recommendations;• Everyone was very professional and there was a depth of knowledge that helped the process a great deal;• Good mixture of experts and everyone made an effort to work as a team.	<ul style="list-style-type: none">• Participants felt the launch questions were too ambiguous;• Clarification on this overall process (information, changes, participation);• Invitation were sent out at the last minute and resulted in poor planning because people came from the Arctic.

DAY ONE POWERPOINT PRESENTATION FOR THE INUIT SESSION

ISSUES OF JURISDICTION AND CONTROL

Jurisdiction and Control Statements:

1. Clarification of roles
 - Federal/Provincial/Territorial/Inuit
 - Legislation and licensing barriers
 - Inuit Authority to develop agenda
 - Inuit Health Directorate (with broad authority)
 - Inuit Involvement regardless of geographic location (urban political affiliation)

Jurisdiction and Control Recommended Actions:

1. Clarification of Roles
 - Creation of Inuit Health Directorate (S/I)
 - Develop common understanding of roles (S/I)



- Submit Recommendation for Aboriginal Cabinet Retreat at 2005 spring (Aboriginal Leaders and PM) (S/I)
- Create Inuit-specific Agenda (I)
- Formalize F/P/T Inuit partnerships (clarify relationships)
- Collaborate to bring together all relevant stakeholders (e.g. land claim orgs; Provincial; Federal; Other urban; etc.) to compliment and integrate programs and services for Inuit.

2. Implementation of Inuit Policy(ies)

- Clearly defined health policies for Inuit (midwifery)
- Federal, provincial, territorial & Inuit organizations
- Single arctic jurisdiction vs. North of 60
- Implementation of land claims
- Inuit delivered and training – culturally specific
- Cabinet (Aboriginal) retreat agenda for Inuit include:
 - Support for:
 - Inuit-specific protocols and partnerships
 - Inuit-specific cultural approaches – policy development; programs and services in health
 - Create level playing field for Inuit and F/P/T relationship building; partnerships; protocols
 - New common legislation that will define cross jurisdictional authorities (Advancing Inuit Authority)
- Inuit control, design of Inuit Directorate, including policies
 - i. Have a broad base consultation on the design and implementation, authorities of the Inuit directorate
 - ii. Inuit Directorate be present in each region and staff in HC and INAC

3. Inuit-specific Authority of Funding

- Funding must match extent of Inuit Issues/and not demographics – specific more funding healing foundation
- Direct Funding/multi year, flexible to Inuit Groups, not through federal/provincial/territorial
- Needs based funding not population based
- Collection of Inuit-specific data that is reliable, relevant to influence funding allocations
- Specific legislation to provide Inuit organizations with funding authorities to receive funds directly from F/P/T gov'ts
- Regional Treasury Board commitment to Inuit funding – to implement new blueprint
- Multi-year funding commitments from F/P/T to Inuit Agenda.

MAKING PROGRESS:



- Commitment from Treasury Board to fund Inuit organizations directly and fund activities to support Aboriginal Blueprint
- Commitments from F/P/T gov'ts to fund Inuit agenda, multi-year basis
- Creating Inuit structures where Administration does not out-weigh programs/services
- Resolutions/commitments from federal cabinet on Inuit Health Agenda including implementation of Health Directorate
- Collection of Inuit-specific data to support Inuit programs/services – document evidence to shift funding to respond to Inuit needs
- Expand Aboriginal wording (on/off-reserve) to specifically identify Inuit consistency in wording – cross jurisdictions to reflect Inuit interpretations
- Continue to meet with Aboriginal partners on common issues.

ACCESS AND INTEGRATION:

1. Capacity Building – community

- Incorporate traditional well-being principles that is taught to Inuit youth
- Strengthen contemporary (western) knowledge – include training requirements for Inuit
- Be innovative to maintain and support health workers by rotating shifts; respite care for social workers
- All programs must include a 'capacity building' component – training, support resources (in the community)
- Building capacity for Inuit regions will ensure health delivery at the community level
- Build and prioritize new infrastructure to support local delivery
- Identify 'root causes' to build solutions and capacities
- Build integration of services, programs
- High priority to engage Inuit in to health professions
- Increase skill sets for Inuit in administration policy development and management
- Increase client support – language interpretation; transport
- Increase capacity for NF to be represented at Inuit urban tables
- Increase Inuit involvement design, delivery, evaluation.

2. Funding

- Multi-year agreements
- Flexible
- Block funding and capital funds
- Partnership Agreements



- Create awareness of funding opportunities to all Inuit Regions
- Fund tele-health, reduces travel
- Needs based funding, not population based.

3. Inuit philosophy (holistic approach)

- Encourage and support ‘traditional knowledge’ (wellness) teachings and skill sets to support holistic Inuit Health
- Provide ongoing Inuit Culture, approach to business in the Arctic for ‘southern visitors’ – people who come to work in the north
- Integrate Inuit knowledge and practices to increase accessibility
- Incorporate Inuit culture/knowledge into program design and delivery
- Integrate local community services
- Focus on well-being and prevention rather than illness – food security, affordable food
- Many adaptive approaches identified – just implement
- Support Inuit holistic medicine skills.

ACCESS AND INTEGRATION – HOW TO?

- Use technology and skill sets
- Create long term care facilities
- Create Inuit data base
- Program guidelines need to be broad and inclusive for Inuit all over Canada
- Implement Inuit community recommended actions
- Start consultations at the local level and let them influence policies – region, national.



DAY TWO POWERPOINT PRESENTATION:

INUIT RECOMMENDATIONS FROM THE HEALTH SECTORAL DISCUSSIONS:

INUIT VISION FOR WELLNESS:

Physically and mentally healthy, independent individuals, families who have taken ownership of personal and community health.

Inuit-specific processes - developed and driven by Inuit - with adequate support (funding, resources, infrastructure /infrastructure) to implement the strategies developed.

HOW WILL WE GET THERE?

Accessibility and Integration

- Inuit Health Directorate that implements all health policies, programs and services consistent with existing Inuit health policy statements.
- Support for Inuit health human resources (training and education) that is based on Inuit wellness.
- Multi-year needs-based funding that is flexible, equitable and streamlined. Mental and physical health programs and services are fully accessible in all regions without barriers of jurisdiction or other factors.
- Adequate infrastructure in all Inuit regions to support the delivery of programs and services at a community level.
- Relevant data and information that is shared between governments, regions and organizations
- Communication tools and processes based on cultural and language priorities
- Communicate and support the needs of individuals - especially youth - in addressing mental wellness i.e. the effects of the historical relationship between Inuit and other Canadians
- Develop processes that support integration and flexibility of program dollars at the national, regional and community levels
- Increase client supports i.e. language, interpretation, transportation, etc.

HOW WILL WE KNOW WE ARE THERE ?

Accessibility and Integration

- Community, regional, national Inuit data housed in appropriate data bases.
- The number of Inuit health providers will be representative of the Inuit population of the region



- Resources will be provided to hold an appropriate national consultation with Inuit, as determined by Inuit, on the proposed role and mandate of the Inuit Health Directorate
- Recognition and implementation of the existing Inuit health policy statements
- An active Inuit Health Directorate with sufficient funds, resources, support and authority
- Inuit Partnership Agreement is implemented between Inuit and Canada

SUSTAINABILITY AND CAPACITY

HOW WILL WE GET THERE?

Capacity and Sustainability

- Processes for teaching traditional well-being principles and practices to youth are implemented
- Strengthen Inuit knowledge and contemporary knowledge in training programs for Inuit
- Develop innovative strategies to maintain and support health workers i.e. rotating shifts, respite for health workers, support and mentoring
- All funding programs must include resources for capacity building
- All funding programs must include resources for infrastructure/capital requirements at the community level
- Develop innovative approaches to engage Inuit in the areas of health care and research
- Increase capacity for Inuit in administration, policy development and management

HOW WILL WE KNOW WE ARE THERE?

- Inuit-specific health programs and services will be at a community level which will increase community wellness
- Inuit communities will be self-reliant and responsible for their well being.

NON-MEDICAL DETERMINANTS OF HEALTH

HOW WILL WE GET THERE?

- Develop partnership agreements at all levels - community, regional, national, federal, provincial and territorial to improve linkages in areas impacting community wellness
- Support for inter-agency models with adequate resources and funding (e.g. human resources, meetings, consultations, etc.)
- Implement processes for program research and gap analysis at all levels and within all sectors: housing, health, economic, environment, social, education, etc in order to have information for strategy development



- Provide access and funding for all levels of education (basic, post secondary, career, etc) for all Inuit no matter where they reside (e.g. include Urban Inuit)
- Develop common understandings of the need to work together and how wellness is impacted (e.g. links between overcrowding and violence)
- Formalized enforced processes to share information across programs, government departments on the delivery, development, implementation and design of programs
- Establish mechanisms to eliminate Federal Barriers for joint partnerships at regional/community level through flexible guidelines for program dollars (e.g. difficult for education and health funds to be used in one community on FASD strategy)
- Develop strategies to address language barriers and ensure inclusiveness for all regardless of language
- Engage Inuit in the creation of a fund that is holistic that addresses Inuit priorities not federal department based
- Develop processes that include Inuit-specific in all sectors: education, INAC, Health, Human Resources, Environment, Education, Abuse prevention, housing, etc
- Develop processes that Inuit can report directly to the Prime Minister through the Cabinet committee on Aboriginal Affairs
- Implement articles in Inuit claims agreement related to Inuit employment and training opportunities.

WHAT WOULD SUCCESS LOOK LIKE?

- Less Talk and more Walk
- Federal Department/Government structure would not be a barrier to wellness initiatives at a community, regional, national level

IN CONCLUSION:

There are common issues and priorities among Aboriginal groups but Inuit have advocated for Inuit-specific for a long time. Because of jurisdiction, geography, culture and values we must emphasize to all governments that Inuit-specific programs and actions are required to improve community wellness.