



BRIDGING THE GAPS

...Through Jordan's Principle and Beyond



Jordan's Principle Enhanced Service Coordination
Annual Report 2021-2023

ABOUT THE COVER AND FEATURED ILLUSTRATION



Artist: Alex Peechow

My contest submission depicts a single mom and her child overlooking a city made of books off in the distance whilst a fast-flowing river separates them. The two are on reserve land and they are in traditional ribbon skirt regalia.

Breakdown:

- i. The **lodges** represent that they are on the reserve which is a nod to the “service support to the First Nations and Inuit Children throughout the province, living both on and off reserve”
- ii. The symbolism of the book city is “who we are and what kind of services that are provided” and it represents the collaboration of Treaty areas 6, 7, and 8.
- iii. The **Walterdale Bridge** is depicted because FNHC has a location in Edmonton and is both literal and figurative in the sense of being a bridge.
- iv. The **river** is fast flowing, and very tumultuous just like the events and obstacles in our life that we have to overcome.
- v. The child holds a **FNHC mascot teddy bear** which acts as hope for the child towards the FNHC.
- vi. The **ribbon skirts** represent their ties to their culture.
- vii. The **sunset backdrop** is a focal point that represents hope but also draws the viewer’s eye to services provided.

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GREETINGS FROM THE BOARD CHAIRMAN

Over five years ago, the First Nations Health Consortium (FNHC) was established. The Consortium undertook a significant responsibility to respond to the legacy left by Jordan River Anderson... that no First Nations or Inuit child should experience delays or denials in receiving health, social or educational services and supports... services and supports that they needed to thrive as children and to ultimately grow into healthy adults to enjoy a quality of life that they deserved.

The First Nations Health Consortium continues to play a significant role. This year's annual report theme, Bridging the Gaps, highlights the continuing need for the FNHC to coordinate and link children and their families to the services and supports they need. As you read this report, you will note the increase in the complexity of the health situations being experienced by children and the resulting burden on the parents. We are proud of our leadership and staff, who with their compassion, knowledge, and resourcefulness, respond quickly to these situations. Their response ensures that the children are being linked to the services and supports as soon as possible and that the families are assisted in navigating very complex health, social and educational service systems. My heartfelt thanks and deepest appreciation to the management team and all staff who, individually and collectively, demonstrate deep commitment to their work and play an important role in fulfilling the mission of the FNHC.

While we are proud of the work we do and the difference we can make in the lives of children and their families, we find ourselves questioning why, after all these years and evidence of significant gaps, few government

policy changes are being pursued to close the gaps. While the FNHC is bridging the gaps, the fundamental question is what will it take to close the gaps? This is the ongoing challenge of the Board and management of the FNHC to advocate for First Nations children and their families across Alberta for fundamental policy changes; to remind the federal government about the promises made in the Treaties. We will continue our efforts all the while remaining committed to serving and bridging the gaps being experienced by the First Nations children and their families in this province... because every child matters... no child4gotten.

Dr. Tyler White

Board Chair



MESSAGE FROM THE CHIEF EXECUTIVE OFFICER

Bridging the Gaps is the theme of our Annual Report this year. Bridging the Gaps is more than a statement... it is also a question. Are we just bridging the gaps or... more importantly... are we closing them?

As this report will illustrate, the Gaps continue to grow... not shrink. We continue to live in unprecedented times with high inflation, climbing interest rates, and increased taxes, fees, levies, and surcharges. When these are combined with limited access to affordable goods and services, we have to say to ourselves: “What we need to do is not only Bridge the Gaps but survive the struggles that our children, their families and their communities are experiencing today.”

Our report will highlight some of the successes the FNHC has accomplished.

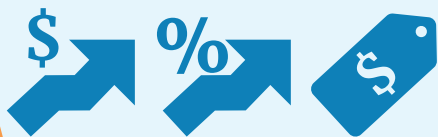
It will also illustrate some of the pressures that need to be permanently addressed. We cannot rely on ad hoc decision-making to address one’s needs. We need to develop policy and programs AND provide sustainable resources to meet the challenges.

We need to close the gaps and provide fair, equitable and accessible solutions. It’s critical that Leadership at all levels work together... and make an earnest effort to move from Bridging the Gaps to Closing the Gaps.



G. Barry Phillips

Chief Executive Officer
First Nations Health Consortium



LEADERSHIP



Artist: Brittany Cardinal

The description of the piece: an Eagle with its wings surrounding a circle of people joining hands with a light within the circle.

The womans' hair turns into sweetgrass and forms roots/ cracks.

The eagle is looking upwards as if carrying the people joining hands together. The flowers are growing and blooming as decoration on its wings.

The people joining hands represent help, the sweetgrass is healing tied into the braids of the woman. The eagle represents courage and wisdom. Flowers are growth. The sun in the middle represents the spirit.

My idea was inspired by spirituality and helping others, hand in hand- to grow, not only about growth but to ascend and help with guidance and wisdom.

That no one should fall through the cracks but rise above, together- and to start the journey to heal.

FNHC: WHY WE EXIST

OUR
VISION

OUR
RIGHTS

OUR
PEOPLE

OUR
QUALITY
OF LIFE



OUR MISSION: WORKING
ADVOCATING AND ENABLING
MEET THE NEEDS OF OUR
TOGETHER, HONOURING
EQUITABLE ACCESS, TO MEET
FIRST NATIONS PEOPLES

RESPECT

We value and honour the diversity of First Nations cultures, languages, and aspirations.

COMPASSION

We seek to understand each other's individual and community experience.

LOVE

We have love and affection for our People.

FAIRNESS

We are fair and equitable in all our actions and decisions.



FNHC: WHAT WE DO

“We are guided by a vision of continuity of care, a commitment to First Nations development and delivery of services, and a focus on fulfilling First Nations children’s rights to services that meet their needs.”

The Alberta First Nations Health Consortium (FNHC) is a province-wide organization; a collaboration between four First Nations health organizations from Treaty areas 6, 7, and 8 in Alberta: Bigstone Health Commission, Kee Tas Kee Now Tribal Council, Maskwacis Health Services, and Siksika Nation. The FNHC was developed to improve access to health, social and educational services and supports to First Nations and Inuit Children throughout Alberta, both on and off reserve.

The FNHC is the only organization in Canada to implement a Region-wide coordination of benefits for the Jordan’s Principle – Child First Initiative, striving to ensure First Nations and Inuit children are not subject to delay, denial, or disruption of services due to disputes between governments or government departments. Our children and families now

have a direct point of contact with appropriate services when they are needed. The First Nations Health Consortium helps families find service providers in the health, social and educational systems. We strive to reduce the stress of navigating service systems and provide resource links to all Albertans.

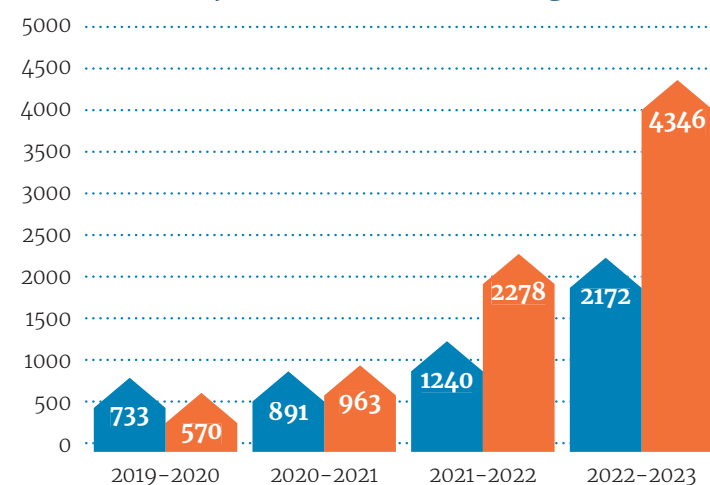
The FNHC is comprised of a multi-disciplinary team of nurses, educators and child & youth/social workers that share their knowledge of existing resources across the province allowing us to connect First Nation families to service providers, support families in the Jordan’s Principle application process and advocate for children, their families and communities.

We are a progressive and caring organization with representation from Treaty 6, 7 and 8. The FNHC is funded by the Federal Government through Jordan’s Principle – Child First Initiative.

FNHC: WHO WE SERVE

The **First Nations Health Consortium** serves First Nations children living **on and off reserve** across Alberta.

The following chart shows the **four-year trend** in the number of First Nations children being served on and off reserve for fiscal years, **2019–2020 to 2022–2023**.



**2X
HIGHER**

the number of children being served off reserve from 2021/2022 to 2022/2023 than those living on reserve.

The number of children being served **OFF RESERVE** is increasing at a greater rate than the number of children being served **ON RESERVE**.

196%
increase in
children being served
ON RESERVE
from 2019 to 2023

662%
increase in
children being served
OFF RESERVE
from 2019 to 2023

We are serving **increasing numbers** of First Nations children year over year as awareness grows about the availability of services and supports through **Jordan's Principle**. This speaks to the federal financial assistance that First Nations children are receiving regardless of where they live.

However, it raises another observation about the **availability of services and support** to First Nations children living off reserve through provincially funded services and supports that they are entitled to, the same as other non-First Nations children. Is Jordan's Principle being used to fund services in health, education and social supports for First Nations children off reserve that fall under the **jurisdiction of the provincial government** in compliance with the funding principles underlying Jordan's Principle?

CONTINUING GAPS IN HEALTH STATUS BETWEEN INDIGENOUS PEOPLES AND NON-INDIGENOUS PEOPLE UNACCEPTABLE

“The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.” World Health Organization



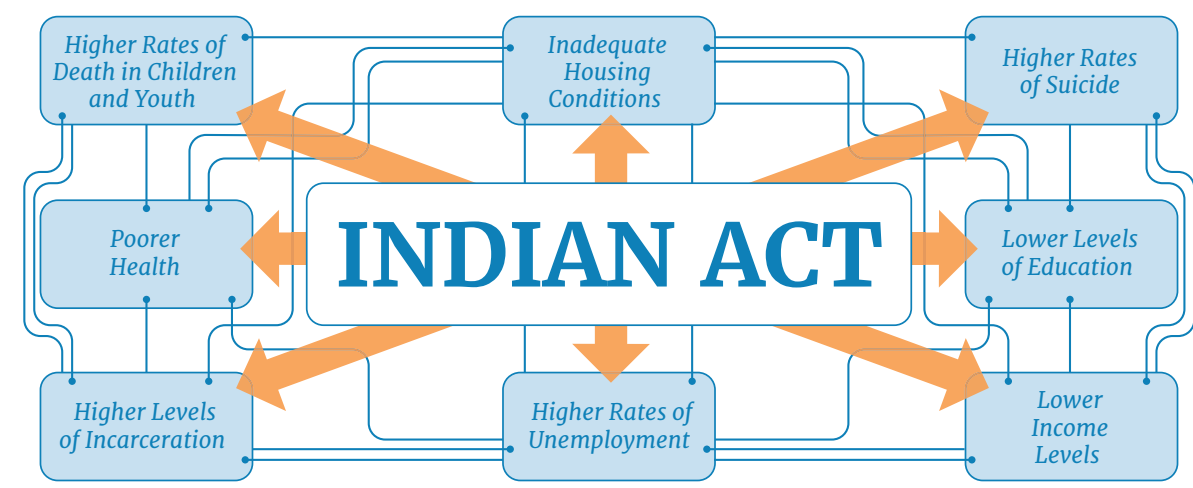
The FNHC came into existence to fill a longstanding vacuum created by historical colonial systems, structures and policies that fail to respond adequately to the impact of significant harms and discrepancies in the Indigenous population. Given every person’s right to the highest sustainable standard of health, it’s hard to believe that an organization like the FNHC had to be created in the first place.

The World Health Organization’s investigation into health determinants now recognizes European colonization as a common and fundamental underlying determinant of Indigenous health. Strides have been made on the part of many Indigenous communities to improve education around health issues. Still, despite these improvements, Indigenous people remain at higher risk for illness and earlier death than non-Indigenous people. Chronic diseases such as diabetes and heart disease are on the increase. There are definite links between income, social factors, and health. There is a higher rate of respiratory problems and other infectious diseases among Indigenous children than among non-Indigenous children – inadequate housing and crowded living conditions are contributing factors. (Source: <https://www.ictinc.ca/blog/8-key-issues-for-indigenous-peoples-in-canada>)

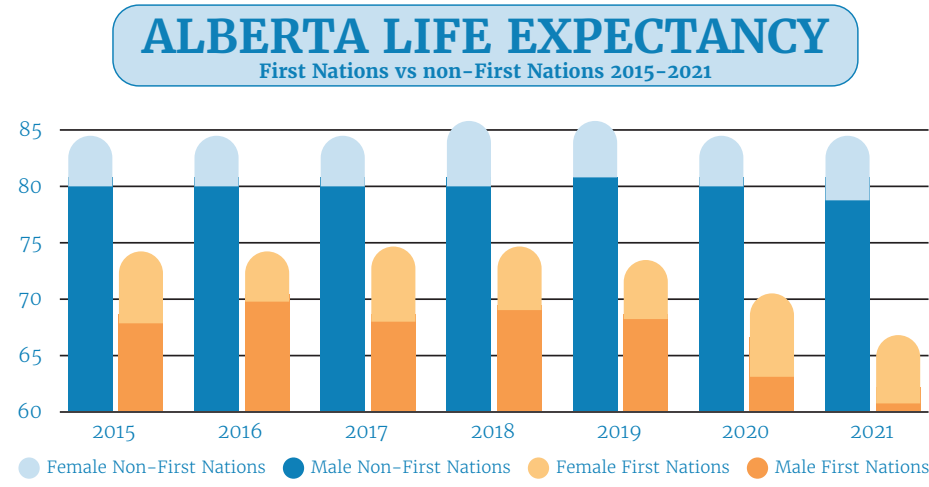
A StatCan COVID-19 report about the unmet health care needs during the pandemic and resulting impacts among First Nations people living off reserve, Metis and Inuit (Hahmann, Kumar, 2022) noted the following: It is well documented that **Indigenous peoples in Canada experience significant health disparities, such as higher incidence of chronic conditions, and higher prevalence of related risk factors**. Contributing factors include proximal determinants of health such as poverty, food insecurity, lack of employment opportunities, and suitable housing; intermediate ones such as a lack of access to timely, adequate and culturally appropriate health care; and distal determinants such as colonialism, racism and social exclusion. These determinants work together to impact the health of Indigenous people in Canada. With respect to health care, Indigenous people also often have to navigate a patchwork of health care systems, jurisdictions and eligibilities. For example, while status First Nations people and Inuit have some coverage through Non-Insured Health Benefits (NIHB), non-status First Nations people do not. Even for those having coverage through NIHB, they experience uncovered medical costs and lack of knowledge of coverage.

(Source: Tara Hahmann and Mohan B. Kumar. Unmet health care needs during the pandemic and resulting impacts among First Nations people living off reserve, Metis and Inuit. Released August 30, 2022. StatCan COVID-19: Data to Insights for a Better Canada. Accessed August 2023: <https://www150.statcan.gc.ca/n1/pub/45-28-0001/2022001/article/00008-eng.htm>)

The Indigenous Training Corporation based in British Columbia has identified eight key issues of most significant concern for Indigenous Peoples in Canada with the roots of these issues lying in the Indian Act and colonialism. The schematic identifies the eight critical issues.



In Alberta, the gaps in the overall health status of First Nations peoples compared to non-First Nations people is further illustrated when examining life expectancy. The chart, Alberta Life Expectancy, First Nations, vs non-First Nations 2015–2021, illustrates the extent of the problem.

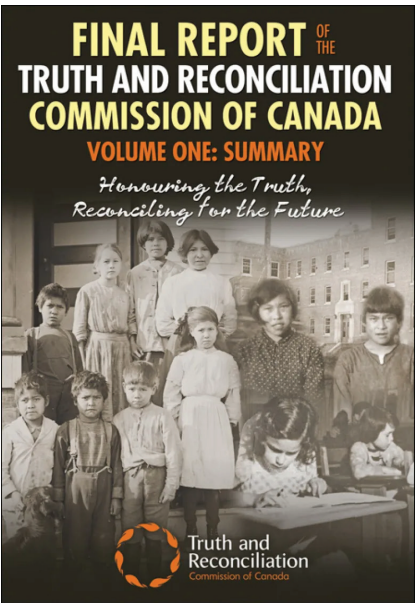


As stated by Dr. Cara Bablitz, Chair, Indigenous Health Committee, Alberta Medical Association, “It is difficult to believe that this is the reality we are facing in Canada in 2023. Life expectancy for First Nations males is 18 years less than non-First Nations males and is similar to what we saw for Canadian life expectancy during the 1930s. It’s unfathomable and unacceptable that this gap continues to increase.”

(Source: Alberta Medical Association. <https://www.albertadoctors.org/Indigenous-Health/indigenous-ab-life-expectancy.pdf>)

The final report of the Truth and Reconciliation Commission of Canada (TRCC; established in 2008) described significant disparities in health outcomes between Indigenous and non-Indigenous Canadians, including:

- ◆ An infant mortality rate for First Nations and Inuit children ranging from 1.7 to over 4 times the non-Indigenous average;
- ◆ Nearly twice the rate of diabetes among Indigenous people aged 45 and older compared to non-Indigenous people; and,
- ◆ An overall suicide rate among First Nation communities that is about twice that of the total Canadian population.
- ◆ For Inuit, the rate is still higher: six to eleven times the rate of the general population. Aboriginal youth between the ages of ten and twenty-nine living on reserve are five to six times more likely to die by suicide than non-Aboriginal youth.
- ◆ Other health disparities include: much higher maternal mortality and morbidity rates; dramatically shortened life expectancies; and, heavy infectious disease burdens.



(Source: HealthCareCAN. Issue Brief. The Truth and Reconciliation Commission of Canada: Health-Related Recommendations. http://www.healthcarecan.ca/wp-content/themes/camyno/assets/document/IssueBriefs/2016/EN/TRCC_EN.pdf)

The TRCC report identified several Calls to Action related directly to health. Recommendation 19 is of particular importance to the work of the FNHC:

“We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities and to publish annual progress reports and assess long-term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, illness and injury incidence, and the availability of appropriate health services.”

In the following sections, the FNHC annual report highlights the areas in which FNHC is helping to ‘bridge the gaps’ for Indigenous children and their families across Alberta. It is our vision and hope that one day the gaps will be closed.



Artist: Jersey Quewezance

When I was starting this piece, it took me awhile to figure out how to execute a theme onto paper. But with much thinking, I decided to go with a very simple and colorful representation of the FNHC logo constructing a bridge towards a hospital, a school, and a social circle; representative of "Bridging the Gaps" between First Nation communities and health care, education, and social services. The people within the photo are illustrated to match selective appearances: my friends, the siblings of my friends, my brother, and an elder I met at an Indigenous summer camp. The medicine wheel is at the center of the drawing which correlates with all directions (N.E.S.W) and how the mind, heart, soul, and body should be at the center of one's life; the ideology that should be worked towards the most, which is why the FNHC logo bears are diligently building a bridge towards it. I believe this lines up with the theme of "Bridging the Gaps" very easily.

BRIDGING THE GAPS: HEALTH THE GAP

THE FACT

Increasing impact of negative early childhood experiences on Indigenous Children



Indigenous children experience numerous disparities as compared to the non-Indigenous children in Alberta who have positive early childhood experiences. Negative early childhood experiences lead to significant physical, mental and cognitive health issues later in life.



Data from Alberta Health for a five-year period, 2017 – 2021, showed the extent of the most common health problems experienced by First Nations and Non-First Nations people in Alberta.

Common Health Indicators of First Nations Peoples compared to Non-First Nations Peoples in Alberta, 2017–2021, Alberta Health Services

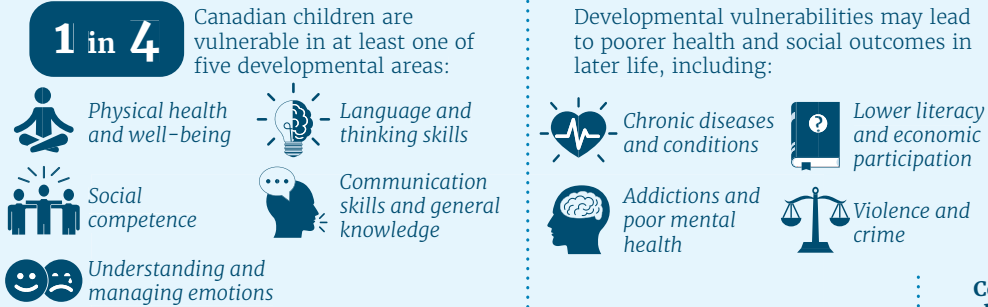
Health Indicator	First Nations (FN) ASIR (per 100,000 pop)*	Non-First Nations (NFN) ASIR (per 100,000 pop)*	FN Prevalence Rate (%)**	NFN Prevalence Rate (%)**
Deaths (all deaths)	761.1	390.5		
Chronic Heart Failure	385.7	243.7	2.1	1.2
Chronic Obstructive Pulmonary Disease (COPD)	496.1	257.1	7.4	3.0
Diabetes	891.6	654.1	15.6	8.3
Ischaemic Heart Disease/Chronic Heart Failure	450.8	320.4	3.2	1.6

*ASIR or Age Standardized Incidence Rate refers to statistical method used to compare disease rates or other health indicators, between populations while accounting for differences in their ages structure. The rate is expressed per 100,000 people in the population. In the chart above, the two populations being compared are First Nations and Non-First Nations populations in Alberta.

**Prevalence is the proportion of a population who have a specific characteristic in a given period of time. In the chart above, it refers to specific health indicators. Percentage refers to number of people out of 100 people

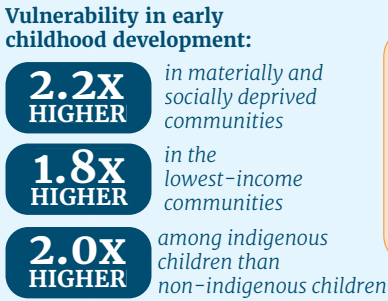
Source: Alberta Health Services. Food, Nutrition and Indigenous Peoples in Alberta. Setpmber 2019, Updated December 2021. Accessed July 2023: <https://www.albertahealthservices.ca/assets/info/nutrition/if-nfs-pph-evrev-fullreport-food-nutrition-indigenous-peoples-alberta.pdf>

Pan-Canadian Health Inequalities Reporting Initiative INEQUALITIES IN EARLY CHILDHOOD DEVELOPMENT in Canada



Boys are more developmentally vulnerable than girls.

Children in lower income communities or living in areas with lower material and social resources, experience the greatest inequalities.



Inequities experienced by First Nations, Inuit and Métis populations are anchored in colonial policies and practices that began with Residential Schools, loss of cultural continuity, territories and languages. Unaddressed intergenerational trauma adds to the ongoing challenges faced by Indigenous peoples.

- Conditions that support early childhood development include:
- Household income above the poverty line
 - Safe housing and communities
 - Ability to afford nutritious foods
 - Supportive parenting and higher parental education

Source: Public Health Agency of Canada. https://www.healthpromotioncanada.ca/wp-content/uploads/2019/01/Measuring-and-monitoring-health-inequalities-in-Canada_S.-Farooqi.pdf

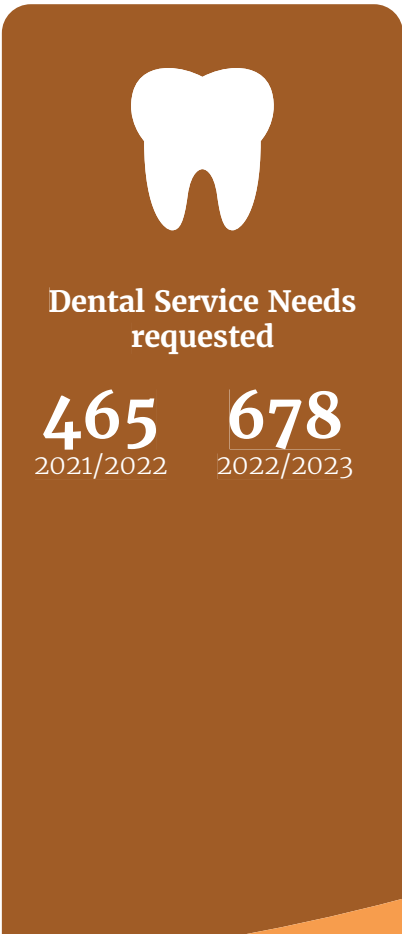
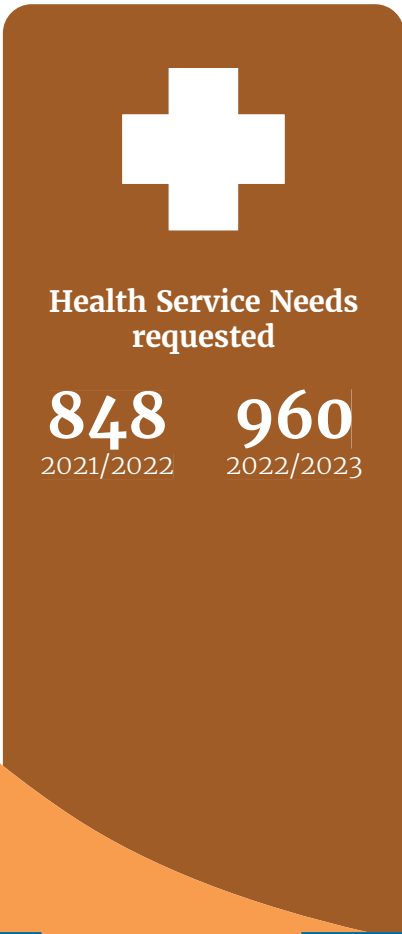
While the above infographic refers to all Canadian children, published in 2018, the situation is comparable to that being experienced in Alberta.

BRIDGING THE GAPS: HEALTH

FNHC: BRIDGING THE GAP

First Nations children and youth up to the age of **18 years** are eligible for services and supports through **Jordan's Principle**. When it comes to supporting early childhood development, the FNHC has contributed in several ways as the following chart shows.

Over **one fiscal year period**, the number of requests to meet unfilled needs has risen. Most notable is the increase in requests related to income and food service, **1,380 more requests** in **2022/23** than in 2021/22, more than an **eight-fold increase**.”



A BABY HAS A CHANCE AT LIFE... A COMPLEX MEDICAL SITUATION

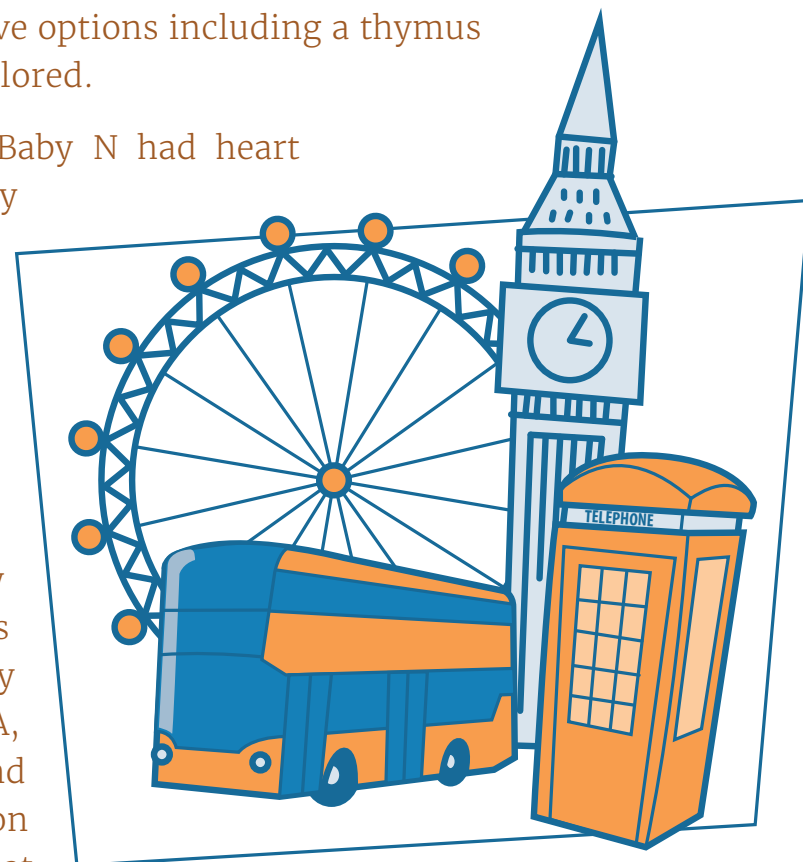
A FAMILY'S STORY

THE HEALTH CHALLENGE

In January 2022, Baby N (name removed for confidentiality purposes) was born with DiGeorge Syndrome (known as 22q11.2 deletion syndrome). This disorder is caused when a small part of chromosome 22 is missing. This deletion results in the poor development of several body systems.

Baby N had a diagnosis of complete DiGeorge Syndrome with two major complications. The first was severe immune deficiency with no thymus. The thymus gland produces T-cells, which are white blood cells that fight infections. If the problem is not corrected, these babies can die within the first two years of life. The second problem was congenital heart disease. As a result, Baby N was on strict isolation at home and a prophylactic drug program to protect her against a significant lung infection and other possible infections. Curative options including a thymus tissue transplant were explored.

At three months of age Baby N had heart surgery at the Stollery Children's Hospital in Edmonton. Upon successful recovery from that surgery, a decision was made to secure a thymus tissue transplant. The challenge: thymus tissue transplants are only carried out in two hospitals worldwide: Duke University in North Carolina, USA, and the Great Osmond Street Hospital in London England. The waiting list at



THE FNHC ROLE... EXTENSIVE COMMUNICATION AND COORDINATION

Duke University was long so extensive consultation and planning took place for Baby N and her family (mother, father, two small children) to travel to London for the transplant surgery.

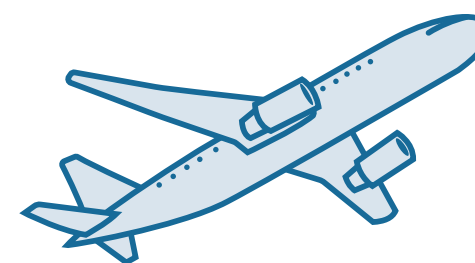
FNHC was extensively involved in helping the medical trip to London come to fruition. Planning started in earnest in June 2022, with the first requirements being flight approvals to London and arranging for family passports. Extensive email correspondence occurred between FNHC management and staff and Indigenous Services Canada (ISC) over an initial three-week period. Information needed to be exchanged about the transplant candidate, arranging car service in London, booking flights, arranging taxi transport to the airport, a private car in London and a hotel for at least four weeks. Furthermore, Canadian funds had to be issued in British Pounds.

At the end of July 2022, the hotel was booked but the trip was delayed until a larger donor could be arranged. The arrangements for the hotel and meals for an extended stay had to be amended.

In September 2022, word was received that the trip was ready to go. Baby N was now nine months old. Final arrangements were finalized, including funding for purchase of a UK SIM card to enable mobile communication in London, amendments to the hotel reservation, purchase of travel insurance, meals/incidentals, taxi, private driver in London and flights. Loadable credit cards were issued by the family's bank and uploaded as needed to ensure all the family needs would be met.

On October 2022, about six weeks later, FNHC was informed that the family was ready to travel back to Canada with strict requirements for the flight

home: first class, oxygen required, as well as a nurse to accompany the flight. Alberta Health Services (AHS) paid and arranged for the flight of the mother and baby, oxygen, nurse, and any other supporting medical services required during the





flight home; AHS also paid for the nurse's return flight back to the UK. FNHC made all the service coordination arrangements including funding arrangements through Jordan's Principle for the flights and needs of the father and children.

In early November the family returned home requiring additional medical services including home care and continued specialist care. Baby N continues to require isolation, oxygen therapy, tube feeding and a Hickline (a small tube placed in a vein in the chest and ends in a larger vein just above the heart. It is used long term to access the veins to provide intravenous medications, nutrition as well as draw blood for lab tests.)

The entire service coordination and funding experience were complex. FNHC completed all the service coordination arrangements; ISC provided the funding needed through Jordan's Principle, and AHS provided funding for the baby's return home. All requirements

were handled in a timely and competent manner, with FNHC being in close contact with the family and the services they required while in London, caring not only for Baby N but arranging for the entire family to be together. The mother stayed at the hospital with Baby N while the other family members stayed in a hotel which required additional services to meet the needs of the children. With the support of funding through Jordan's Principle and AHS, and the service coordination expertise of the FNHC team, Baby N will now live to see brighter days ahead as she continues to heal and develop.

Arrangements were finalized, including funding for mobile communication in London, amendments to the hotel reservation, purchase of travel insurance, meals/incidentals, taxi, private driver in London and flights, as well as loadable credit cards to ensure all the family needs would be met.

About six weeks later, FNHC was informed that the family was ready to travel home with strict requirements: first class, oxygen required, as well

as a nurse. Alberta Health Services (AHS) paid and arranged for these for the mother and baby, as well as any other medical services required during the flight home. FNHC made all the service coordination arrangements including funding through Jordan's Principle for the flights and needs of the father and children. In early November the family required additional medical services including home care and continued specialist care. Baby N required isolation, oxygen therapy, tube feeding and more.

FNHC completed all of the complex service coordination arrangements; ISC provided the funding needed through Jordan's Principle, and AHS provided funding for the baby's return home. All requirements were handled in a timely and competent manner, with FNHC being in close contact with the family and the services they required while in London. With the support of funding through Jordan's Principle and AHS, and the service coordination expertise of the FNHC team, Baby N will now live to see brighter days ahead as she continues to heal and develop.

In an interview, the mother expressed her thank you and appreciation: "(FNHC) did a lot. We got the help we needed... They made sure we were covered everywhere."

"(Baby N is) happy and growing; getting healthier and stronger." She reiterated that she had support all the way, "I'm glad that I had the support, or I would have been pulling out my hair by now."

Her aspiration for her daughter, who just celebrated her first birthday, is that "she can live normally, be outside without being isolated, be in nature and be able to swim. Thank you to Jordan's Principle [FNHC] for all their support and helping us."

INTERVIEW COMPLETED WITH BABY N'S MOTHER FEBRUARY 2023



HELPING TWO CHILDREN WITH MULTIPLE AND COMPLEX HEALTH NEEDS

A FAMILY’S STORY

“On top of these items, Jordan’s Principle also granted my family respite as having two children with significant delays can be very tiresome. Having respite is amazing for my mental health and overall well-being so I can continue to be the best mom I can to my children”

Our story starts with Courtney who was born with Bardet-Biedl syndrome. From the age of 2.5, she has been in home programs and early intervention because she had a significant delay in all areas. With limited interests, below average fine and gross motor skills, eating and swallowing difficulties and lack of verbal and comprehensive skills, she entered kindergarten with no support.

SYNDROME REQUIRED MULTIPLE SERVICES

That’s where Jordan’s Principle came into play with the help of Paris, our RSC working at First Nations Health Consortium. The school was having difficulties keeping up with Courtney and their lack of funding to give her the one to one she needed. Halfway through kindergarten Jordan’s Principle so graciously approved Courtney for funding to get her own EA (Educational Assistant) to support her in the class. Shortly after that approval I applied for

special in-home services such as a Behaviour Analyst to help in a wide range of areas to improve Courtney’s capabilities in things such as independent eating, her fear of stairs, table time and endurance, negative behaviours towards others and much more. We recently added an OT (Occupational Therapist) and SLP (Speech Language Pathologist) to the team that would work with her. At the age of 6 she received an autism diagnosis as well and we applied for funding to Jordan’s Principle for a 2-way tracker as she wanders off and because she has limited words could be a dangerous situation if



lost. Some other items we have been approved for but still waiting on from SARF is her specialized shoes and three-wheel parent assisted bicycle as she is unable to ride a normal bike/tricycle due to her size, tone and poor motor planning.

COMPLEX SYNDROME ALSO AFFECTED BROTHER

Samson who is three years younger than Courtney was also born with the same syndrome. His journey with FNHC started when he was 2. He severely lacks in his expressive and receptive skills. Also awaiting an autism diagnosis, Samson shows very similar traits to what Courtney presented. Thanks to Paris and her guidance, I managed to get supportive letters from their paediatrician to get Samson on board with the same BCBA as Courtney. Items such as a tripp trapp chair for his core stability to eat properly, a tracker to assist me if he were to wander off and a stroller wagon to fit his size and keep him safe as he does want to run away. These are a few of very much needed devices that help our everyday life.



FAMILY RESPITE WAS CRITICAL

On top of these items, Jordan’s Principle also granted my family respite as having two children with significant delays can be very tiresome. Having respite



is amazing for my mental health and overall well-being so I can continue to be the best mom I can to my children. I also applied for financial help for clothing and groceries. A characteristic of Bardet-Biedl Syndrome is the overall size of the child and their excessive weight gain. Both my children are off the growth chart for their weight and height which means I’m always having to buy bigger clothes frequently and have food in the cupboard for their unsatiable appetite.

I am so grateful for Paris and her dedication and willingness to always answer her phone and emails whenever I’m feeling overwhelmed and anxious about life with my children. She is such a dedicated individual who has always made me, and my children feel like I was her top priority and would do anything she could to get the help I needed for them. Her outgoing personality, her comforting choice of words and overall demeanor has made this process so effortless for me to get these supports for my children.

STORY SUBMITTED BY THE CHILDREN’S MOTHER

A CHILD BORN WITH MULTIPLE HEALTH COMPLEXITIES

A FAMILY’S STORY

“When I first received Brennen, I didn’t know what to do. I was overwhelmed and trying to learn how to take care of my nephew and navigate having a little guy with so many disabilities.”

Brennen was born at 29 weeks with some complexities. To the credit of his biological parents, they tried their best but due to addiction they were unable to provide the care that Brennen needed. When he came into my care, we had a lot of work to do. He was sick and we were in the hospital right away, but he was no stranger there. Since he was born, he’s been in and out of the hospital. The thing that was difficult for us was the fact that he had missed so many appointments and we truly didn’t know what was wrong with Brennen.



Initially we chalked it up to neglect but, as we were getting back on track with his appointments and learning from him, we discovered he had a multitude of different diagnoses. To date he’s listed as having Hypotonic Cerebral Palsy, Epilepsy, Global Developmental Delay, Autism and ATR-X (Alpha Thalassemia X-Linked Intellectual Disability Syndrome); which is a rare genetic disability and he’s one in 300 worldwide. These all come with their own challenges and right now Brennen is non-verbal, non-mobile and has very low muscle tone.

When I first received Brennen, I didn’t know what to do. I was overwhelmed and trying to learn how to take care of my nephew and navigate having a little guy with so many disabilities. At the time I reached out to Dr. Pearl Yellow Old Woman and asked if she knew of any resources as I was at my wits end, and she connected me to Jordan’s Principle. I met with Lisa Redditt and she helped me navigate so many things. At that time Brennen needed a standing frame, medications, payment help for respite, medical bi-pap supplies, and a special tomato. Lisa showed us how we were able to get all of that. We didn’t have access to NIHB as they were backed up. We have an ongoing file with Jordan’s Principle because of all of his needs.



Today Brennen is thriving. Although he still has many disabilities, we are continuing to do better and better. He has the sweetest smile and best outlook. Everywhere he goes is sunshine and it feels so good to have support from this agency as we navigate his life.

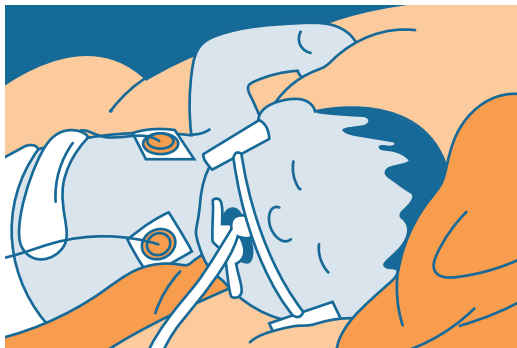
STORY SUBMITTED BY THE CHILD’S AUNTIE

A BABY BORN WITH A SERIOUS DEFECT... OVERCOMES THE ODDS OF HAVING A NORMAL CHILDHOOD

A FAMILY’S STORY

“If it wasn’t for Jordan’s Principle, we wouldn’t have made it.”

Eliza was born in Calgary at the Rockyview General Hospital and diagnosed at birth with a diaphragmatic hernia. A diaphragmatic hernia is a birth defect where there is a hole in the diaphragm (the large muscle that separates the chest from the abdomen). Organs in the abdomen (such as intestines, stomach, spleen, and liver) can move through the hole in the diaphragm and upwards into the baby’s chest. When an organ pushes through the hole, it is called a hernia. When the organs shift upward into the chest, they can end up crowding the baby’s lungs, thus, preventing their lungs from developing completely, and causing breathing difficulties for the baby at birth. This was the health situation for Eliza, which was further compounded by a heart murmur.



LITTLE HOPE WAS OFFERED FOR A ‘NORMAL’ CHILDHOOD

Eliza’s parents were told by hospital medical staff that Eliza was not going to be a normal baby; that she would need to use an oxygen tank as she wouldn’t be able to breathe on her own, a feeding tube to be fed, and that she could be in the hospital for several months to years. The parents were also

told that babies with Eliza’s condition could be in the hospital up to 18 years old and that the parents might have to relocate to be near her. Eliza’s mom said that she was really scared.

Many doctors/specialists examined Eliza at birth. She was put on oxygen and kept in the neonatal intensive care unit. The fluid was drained from her chest and after three days, she had surgery to try to relocate the organs into her abdomen and repair the hole in the diaphragm. The parents were told there was a 50/50 chance that the surgery would be successful. Fortunately, the surgery went so well that the surgeons were able to permanently close the

hole.

Because her lungs had been crowded due to the hernia, one of Eliza’s lungs was still underdeveloped. Eliza was in the hospital in Calgary for three weeks before she was transferred to the Lethbridge Regional Hospital, closer to home, to complete her healing process. After five to seven days in the Lethbridge hospital, they were able to take her home but they still required some services in Calgary, every other week. Eliza progressed well and had her feeding and breathing tubes removed. When she was home, she was like any normal little baby. “She didn’t have to be the baby they told us we would have.” Almost six months ago, at her last checkup, the mother was told that her heart murmur was gone. Furthermore, one lung is functioning at 100% and the underdeveloped lung is now functioning at 75%.

Everything went well with her healing journey. Now she’s a three year old that runs around, even outrunning her older siblings. “She was everything they said she wouldn’t be.” Eliza continued to have regular checkups in Calgary.

LACK OF INDIAN STATUS REGISTRATION AND NEED FOR TRANSPORTATION POSED ADDITIONAL CHALLENGES

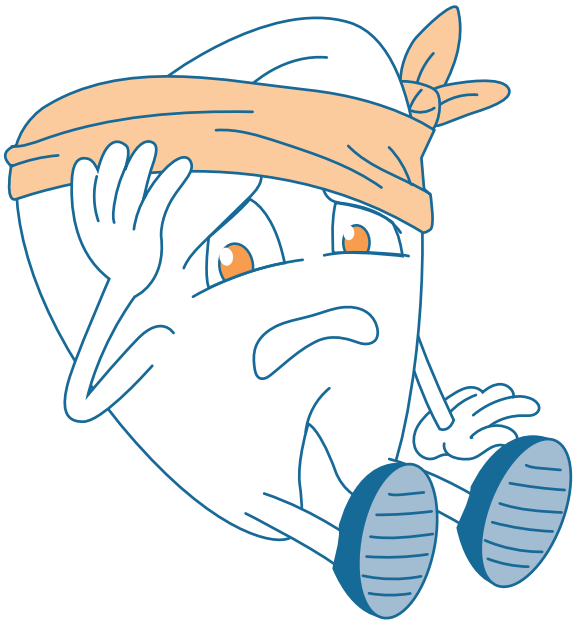
A complication arose when Eliza was removed from her mother’s Treaty Number as Eliza was not registered. Without a Treaty Number she could not use the Medical Transportation service available in her community. Her mother was worried because she didn’t have transportation to get to Calgary, almost a three-hour drive from their home. Her situation was even more challenging as she had four other children that she would have to take with her.

“I was scared. I didn’t know how I was going to be able to do this and she had an appointment coming up. I asked on Facebook how can I get funds to help me get to Calgary to make her appointment.”

Then help arrived. Somebody reached out and told Eliza’s mother that Jordan’s Principle would be able to help. Eliza’s mother followed up and connected with a worker who said they could set up Eliza’s application for transportation. The transportation application was approved. The worker became her ‘go to’ person to help with her appointments. Jordan’s Principle paid for the



cab fare to and from Calgary, hotel room, and meals, all the while making sure everything was okay. Four to five trips were made to the Children’s Hospital in Calgary.



“I’m thankful for that because without them [Jordan’s Principle] I wouldn’t have gotten anywhere.”

DENTAL NEEDS

Later Eliza encountered problems with her front teeth. She was playing and broke one of front teeth in half. She was taken to a dentist in Standoff who was going to help her. When her health problems were mentioned and whether that would affect the dental process, the dentist didn’t think he’d be able to fix her tooth. He referred Eliza to a dental clinic for pediatrics in Lethbridge. That dentist also didn’t think he

could do anything because he was concerned how the anesthetic might affect her. She was again referred, this time to a pediatric centre in Calgary where the necessary surgery and anesthetic could be done at the Children’s Hospital. Some surgeries were delayed due to Eliza being ill. The family is still waiting for a spot. Jordan’s Principle will pay for her dental surgery and care, a cost of over \$3,000. In the meantime, Eliza has been registered which has reduced pressure on her transportation needs to go to Calgary for appointments. She can now use the Medical Transportation service.

EXCELLENT REPORTS ON ELIZA’S PROGRESS

Eliza’s check-ups, which she has yearly regarding her diaphragmatic hernia, have been excellent. Her healing has been better than expected. Even her surgeon told her that she’s 95%–99.9% improved.

Eliza’s mother is very grateful and has become an advocate for other families who need help to meet their children’s needs. “I am thankful from the bottom of my heart to the FNHC for giving us the opportunity for Eliza to be treated. Without them I wouldn’t have made any appointments. For FNHC being the big resource that we found and for other families too. I’m trying to tell other

families, how come you don’t talk to Jordan’s Principle, I’m sure they’ll help you. I thank them so much for help. I really appreciate them for having that organization.”

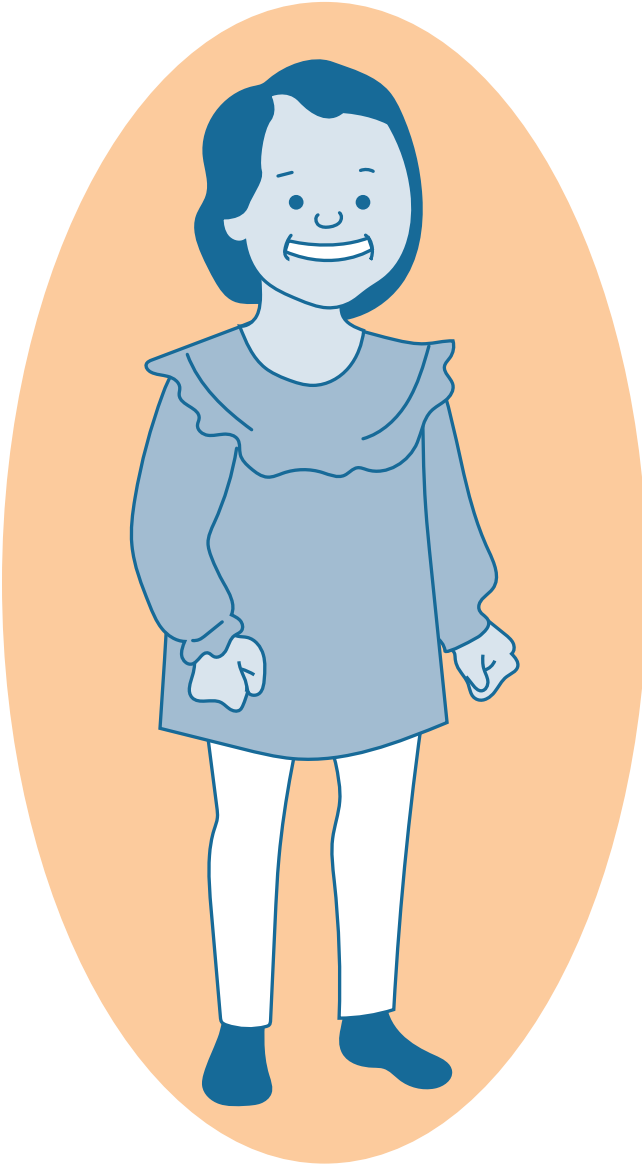
“Without FNHC, I don’t think I would have made any of those trips. The appointments that she has at the Children’s Hospital are usually two days long and one day for her long check-up and then one for the other for her heart problem. It’s almost a three hour drive each way. They paid for a cab to pick us up from the house to go to Calgary; they paid for her room, so we were able to make appointments. We were able to take the cab straight back to our home.”

“Eliza is now attending Head Start, which is one thing we didn’t ever think we’d ever get to experience nor her little self.”

“A special thank you to Rachel for stepping up and helping us get the help we needed, for making the appointments. She got the appointments approved, even if it was a last-minute appointment. If it wasn’t for Jordan’s Principle, we wouldn’t have made it.”

“We have a true testimony. The Lord sure blessed us with this little girl, Eliza Andrea Sadie Joy.”

INTERVIEW CONDUCTED WITH
MOTHER, PHOEBE IRONSHIRT,
JULY 2023.

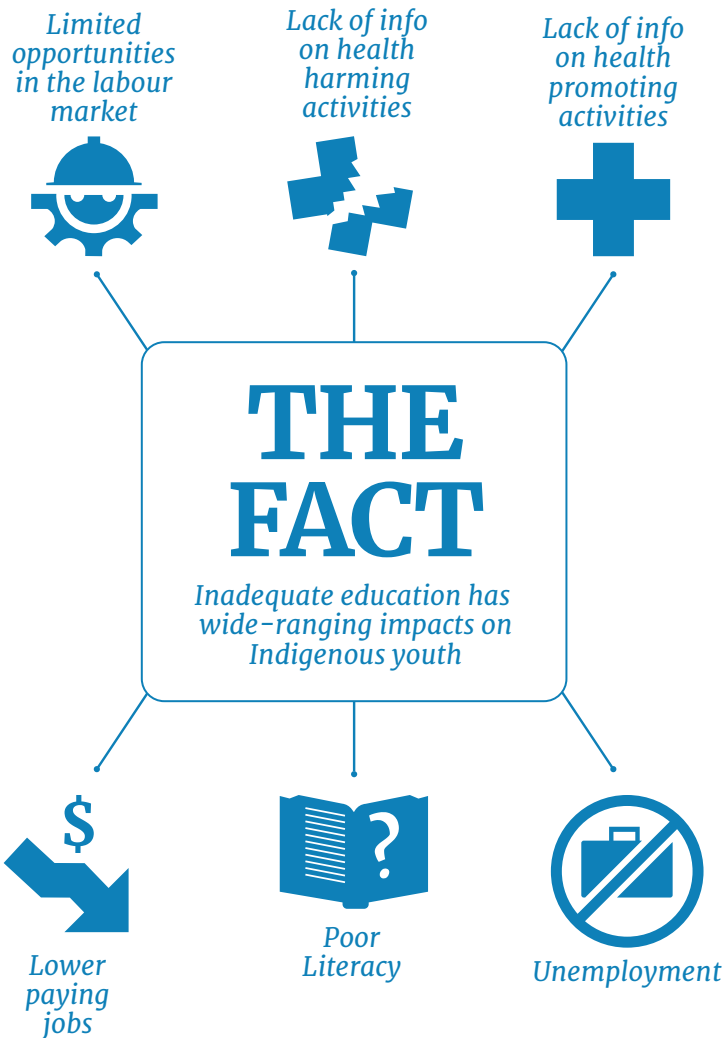




Artist: Adaisa Redditt

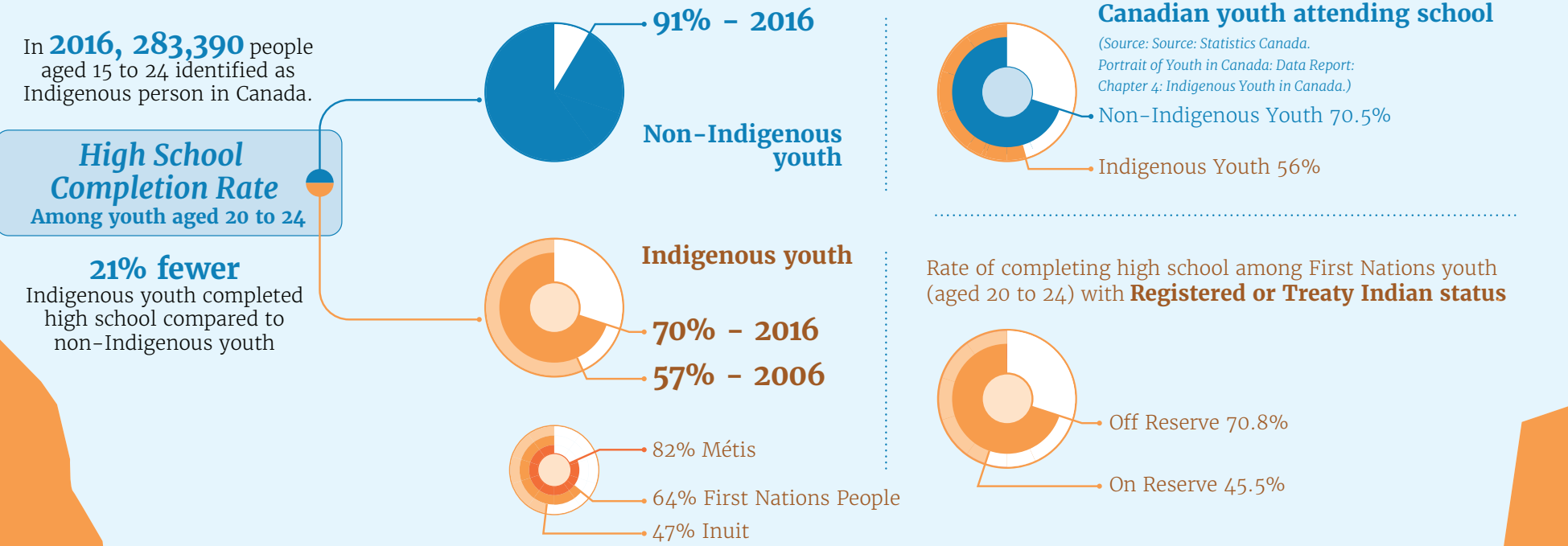
I was inspired by the theme “Bridging the gaps”. The drawing was created with pencil crayon and marker, and I wanted to show children walking across the bridge to get the supports they need.

BRIDGING THE GAPS: EDUCATION



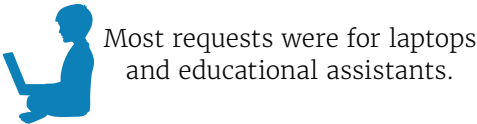
(Source: Source: Loppie, C., & Wien, F. (2022).
Understanding Indigenous health inequalities through a
social determinants model. National Collaborating Centre
for Indigenous Health.)

THE GAP



FNHC: BRIDGING THE GAP

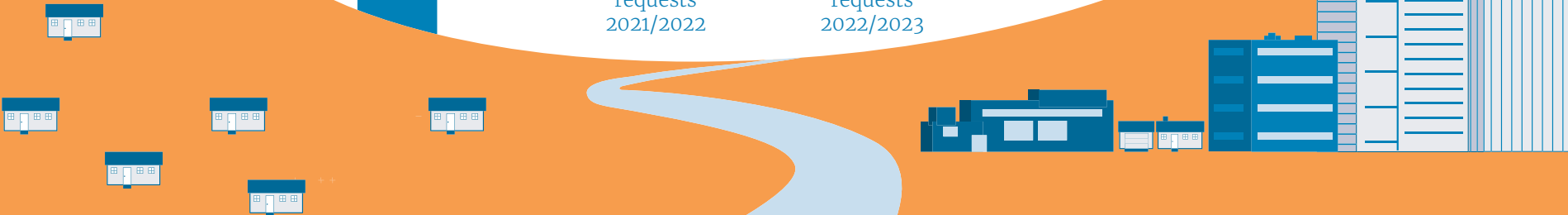
In 2021-22 FNHC received approvals for 545 requests to meet educational needs:



988 requests
2021/2022

1297 requests
2022/2023

Most requests were for laptops and educational assistants.



SUPPORTING PARENTS IN MEETING THE NEEDS OF AN AUTISTIC CHILD

A FAMILY'S STORY

“Finding Cherie and FNHC was a blessing for us; our son is much better off for their support.”

Our little boy, Parker Stagg, now five years old, was born in Fort McMurray. When he was seven months old, we returned to NL just before COVID-19, as my grandmother was ill. I returned to help her remain in her home as I didn't want to see her go into a home. She passed away a few months later, and then COVID happened. We were now stuck in NL.

A LONG JOURNEY STARTS

We managed to obtain a family doctor in NL, as we started noticing some things that didn't seem quite right. Parker was losing words (that is how I would describe it); for example, after my grandmother passed away, he wouldn't say “Nan” anymore, then my father-in-law passed away, and he wouldn't say “Pop” anymore. I found this odd and felt he was too young to understand death and didn't understand why he was “losing words.” I was concerned I had done something wrong by exposing him to death at a tender age. I saw our family doctor; she asked if Parker had his 18-month vaccine. I advised her that he did and that public health had said developmentally everything was fine. Our doctor referred Parker to Western Health [Hospital in Corner Brook] to be assessed by the Pediatric Developmental Team. Parker was followed by a developmental psychologist for several months. She then tested and diagnosed him with autism in early 2020 at two years and five months. At such a young age, Parker was showing some characteristics of autism. He had a significant speech delay, and we were told he would never be able to talk and that we needed to concentrate on sign language; he was struggling with behaviours, hands flapping, stimming, self-regulation, and head banging, to name a few.

During this process, my husband had to return to work in Fort McMurray; I stayed in NL to complete the assessments Parker needed and for him to take part in The Jasper Program through the Janeway Children's Hospital in NL.

The Jasper Program is for Children with Autism. It was the only thing they could offer through NL Provincial Health Care (MCP). When the program was finished, we returned to Alberta.

MORE ISSUES THAN EXPECTED

We didn't realize the extent of our son's issues; he was so young, and we were all isolated due to COVID-19. I thought this was all coming to fruition because of all the social isolation impacts we, along with the rest of the country, were experiencing. We didn't know what he needed, and we didn't know what to do, but Jordan's Principle Atlantic Region gave me the contact information for the First Nations Health Consortium. After intake, Cherie contacted me; in short order, she was vested in assisting us as a family and our little boy. Cherie quickly became my village; I don't know what I would have done without her over the last two years. She has been nothing short of amazing. I felt like she was family and treated us with so much empathy and kindness; she understood me, the struggles we were going through as a family, and Parker's needs. She helped me source things I could order quickly while we went through the intake process to keep my son safe. For example, Parker was trying to get out of the house; he would try to run away. He was only three years old but knew how to open a window and doors. He learned to open the door if the doorbell rang; he had no fear of strangers, people, no fear of cars. It was alarming, and he would bolt when he saw the window of opportunity.

Last summer was horrific – we felt like we were trapped. My anxiety was heightened; my little boy was a runner, and he would run and hide (thinking it was funny, with no sense of fear). We live in a mobile home with a decrepit fence, and we did not have the financial means to fix it. Parker was smart enough to understand he could get his dad's hammer, break the fence boards, then take off and hide in people's yards. A neighbour on one side had a Rottweiler, and I feared it would get through and hurt Parker. It was horrible; I can't tell you how stressful last summer was. We could not go anywhere and enjoy peace and comfort and let our little boy play and be a kid. Even the playgrounds in our area are not safe and secure; they are not fenced and adjacent to busy roadways, and Parker would bolt out into traffic. Most day homes here do not have fully fenced yards either, or it's not required with Alberta day home standards. We couldn't find a daycare for our son because he is a runner, and when he runs, he moves fast, and you can't catch him.

Cherie worked with and connected us with Support and Services through the

Birchwood Circle of Care.

There was nothing available in Fort McMurray at that time. I told Cherie I didn't know what to do because Parker can't go to daycare; we can't stay in the yard and play because he takes off. It was indeed a nightmare. We then talked about extraordinary needs that could be covered. We started advocating for my son to get a fence.

SECURE FENCE INCREASES SAFETY



We got a fence; this summer has been entirely different. My little boy has a safe yard. We have padlocks, so he can't get out; it's 6 ft high, so he can't climb over it; he has everything in his yard he needs to have fun; he can be a little kid. He can have other little kids come and play with him; they're safe, and I know he won't be hit by a car. The dog on the other side of the fence will not get at him. That is a game changer for our family compared to last and this summer – we have enjoyed our summer as a family this year.

Cherie helped us get “Angel Sense” (GPS tracker that he wears all the time. He now understands that if he's in trouble or lost, he can push a button that calls my phone, I can see where he is, it tells me where he is), so when he's at school, we know he's okay. There can be life, stability, routine, and safety. It has mitigated anxiety exponentially; it's the only way I can describe it because I never knew going to work if my son would be okay.

The people at the Consortium have been amazing; I could not ask for better people or better advocates to have in our corner. They're truly gifted at what they do and don't need to; they choose to do this – this makes the difference. We did not know how to navigate the system to support our son, but with their help, we have survived; we are better than yesterday and moving towards a better tomorrow. I do not know how I would have survived the last two years without Cherie's support. Times were so hard, and they still are, but she always knew the right things to say. She always would say, “Oh, let's look at this, or what about this” and put the positive on it; I thought there was no hope; I thought this was going to be the rest of our life. We didn't have the financial means to be able to do some things. Still, Cherie always had a suggestion to offer that I didn't know could be a possibility; it didn't matter

if the suggestions came to fruition; just knowing that she understood where I was coming from and that she cared made all the difference in the world. Not everybody gets the path you're travelling on; friends and family don't always get the life you're living. It is complex, chaotic, and beautiful at the same time.

FNHC LISTENED AND PROVIDED

SUPPORTS ALONG THE WAY



I knew Cherie over Zoom or from a phone call; she understood the difficulties my husband and I were facing, understood that our little boy had some exceptionalities, and always reassured me that we would make it and everything would be okay. I always say, Right foot in front of the left foot... You offer someone a hand-up, not a handout. All I was looking for was a hand up, tell me, pave the path for me, tell me what I have to do as I don't know. When you're entrenched in all of this as a parent, it's very different than when you're entrenched in that as a service provider. When you're a parent, all logic is out the window; you can't think straight. You're in flight or fight mode, trying to survive and make something out of a crappy situation sometimes. As a family, we celebrate the successes and learn from the hardships. They were the people who taught me about that, even if it wasn't a tangible item or something that they could provide; it was someone who listened and provided some suggestions and opportunities for me to learn and grow as a parent with a child with exceptionalities.

Finding Cherie and FNHC was a blessing for us; our son is much better off for their support and help because we, as parents, could not have provided some of the services because they're not covered under our benefits.

INTERVIEW CONDUCTED WITH MOTHER, NICOLE STAGG, JULY, 2023

BRIDGING THE GAPS: SOCIAL SUPPORTS

THE GAP

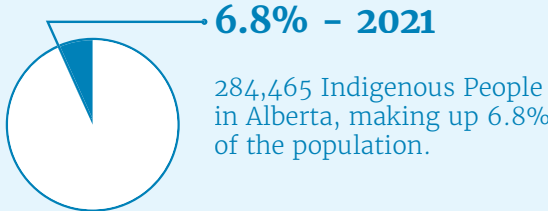
THE FACT

No Registration or Treaty Indian Status

- One of the major issues encountered by the FNHC were referrals for children who did not have Registered or Treaty Indian status.
- Registered or Treaty Indian status is important and necessary to obtain certain benefits and rights and to be eligible for a range of federal, provincial and territorial services.
- Registered Indigenous individuals may also be eligible for other programs and services offered by non-government providers.



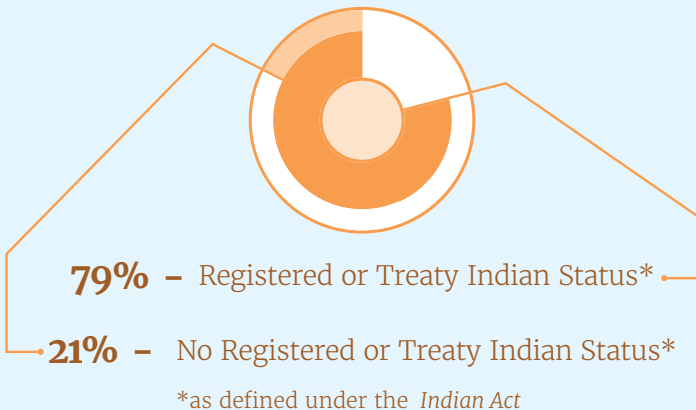
In **2021**, **21%** of the total Indigenous population in Alberta, **30,620** individuals, did not have Registered or Treaty Indian status.



Children requiring services funded under **Jordan's Principle** could not access those services and supports if they were **not registered**. This situation contributed to **significant delays** in children receiving the services they required and were entitled to, creating an **unnecessary hardship** for the child and their family.

(Source: Statistics Canada. 2021 Census.
<https://www12.statcan.gc.ca/census-recensement/2021/as-sa/fogs-spg/page.cfm?topic=8&lang=E&dguid=2021A000248#>)

First Nations Population



4,785 reported more than one Indigenous identity

3,620 defined as having an Indigenous identity that was not reported elsewhere

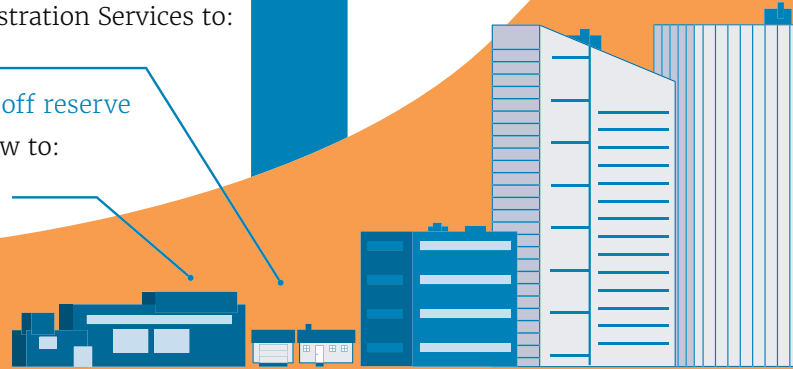
FNHC: BRIDGING THE GAP

The FNHC employed a **Registration Coordinator** to assist parents with the document costs and the application process for Indian registration with **Indigenous Services Canada**.

In **2021/22**, the FNHC provided Treaty Registration Services to:

12 children on reserve
21 children off reserve

In **2022/23**, that number grew to:
41 children on reserve
195 children off reserve



BRIDGING THE GAPS: TRANSITION TO ADULTHOOD

THE GAP

THE FACT

Loss of needed services and supports upon reaching 18 years of age

Children born with **multiple and significant developmental delays or disabilities** are eligible for services and supports funded under **Jordan's Principle**.

Most often these developmental disabilities are permanent requiring **lifelong services and supports** so the child may continue to experience a good quality of life as they age **beyond 18 years** into adulthood.

However, the **eligibility requirements** for these services and supports **changes** once the child reaches 18 years, requiring a major transition and possible **disruption** in services.



The **FNHC** is assisting more and more developmentally delayed and disabled children, children with very **complex medical needs**, requiring a range of ongoing services and supports.

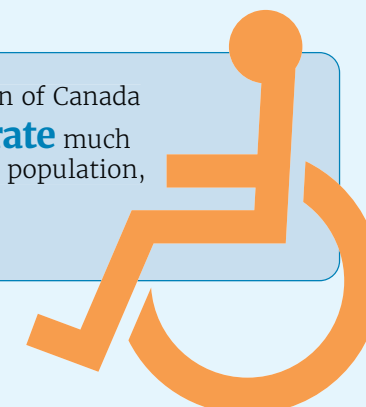
For **older children** who accessed the service, their eligibility requirements under **Jordan's Principle** were coming to an end. As a result, they were **at risk of losing** the services and supports they need.

Currently supports for adults with developmental disabilities are not available within First Nations due to unresolved jurisdictional differences between the federal and provincial governments.



The **Indigenous** population of Canada experiences a **disability rate** much higher than that of the general population, at approximately **30% to 35%**.

(Source: <http://www.bcands.bc.ca/#:~:text=The%20Indigenous%20population%20of%20Canada,approximately%2030%25%20to%2035%25.>)



If they **remain**, they and their families **sacrifice access** to the supports and **funding** that could make an invaluable **difference** to their lives.



This means that adults with developmental disabilities and their families, who live on reserve, experience great hardships and vulnerabilities.

First Nations individuals with developmental disabilities and their families can only access much needed Persons with Developmental Disabilities (PDD) supports and services by leaving their First Nations' communities, homes, and families.

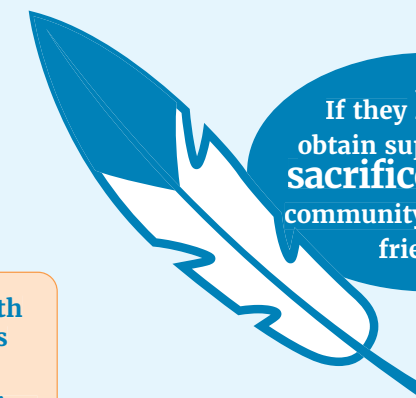
Indigenous populations not living on reserves also access **PDD and Family Support for Children with Disabilities (FSCD)** at a **disproportionally lower rate** than the rest of the population.

The lack of **Indigenous operated or culturally knowledgeable resources** in Alberta **compounds** the level of **disadvantage** faced by Indigenous people in Alberta.

And while First Nations' families with children with disabilities can access **FSCD on and off reserve**, it is **vastly underutilized** putting children and their families **at risk**.

(Source: Adapted from Inclusion Alberta. <https://inclusionalberta.org/election-2023-indigenous-children-and-adults-with-developmental-disabilities/>)

If they **leave** to obtain supports, they **sacrifice culture**, community, family, and friends.



BRIDGING THE GAPS: TRANSITION TO ADULthood

FNHC: BRIDGING THE GAP

The FNHC employed a **Youth Transition Coordinator** who works with young people, ages 14 through early adulthood to:

- Provide referrals to community agencies for support/guidance.
- Assist with applications, referrals, and information.
- Provide community services such as training and workshops.
- Identify gaps in services for people who are aging out of Jordan's Principle, regardless of residency (on or off-Reserve).
- Facilitate transition meetings with families/service providers.
- Work with Regional Service Coordinators to determine supports available to families and youth.
- Assess and collaborate to provide options and services required to meet the needs of youth in transition.

2021/22
5
children
on reserve

2022/23
7
children
on reserve

The **Youth Transition Coordinator** also works with **Regional Service Coordinators** who have youth approaching the age of 18 years. Their interactions begin when the individuals are about 16 years to provide sufficient time to get all the necessary services and supports in place before their 18th birthday.

Numbers are expected to continue to grow as awareness of and knowledge about the **Youth Transition services** become more widely known.

2021/22
11
children
off reserve

2022/23
42
children
off reserve

HELPING NIKKI ON HER AUTISM JOURNEY TOWARDS ADULTHOOD

A FAMILY’S STORY

“Being a special needs parent is one of the toughest jobs a parent does...”

My daughter, my only child, was diagnosed with Autism Spectrum Disorder so she was born nonverbal. She’s been through so many challenges in her life, just one thing after another, medical after medical. I never knew what autism was when she was first diagnosed. I self-taught myself everything, we’ve met so many people during our journey that helped in so many ways.

My daughter is 18 now and being an adult changed so many things for us, I thought it would be easy, hitting adult spectrum, but it wasn’t it was more challenging than what I had expected. Today my daughter has a bit of a vocabulary which we are all so proud of-more sentences each passing day, she’s healthy now, and off her medication she’s adjusting to her adult life like a natural, and that’s all because of her own team who have been nothing but amazing in this journey.

Over the years during our journey, I moved us to place following services, educating myself, doing more research than I can possibly imagine. I did everything for my kid because at the end of the day I knew that I’m the only one my daughter has.



Being a special needs parent is one of the toughest jobs a parent does cause sometimes you forget that you matter too, in my case I needed people to remind me to take care of myself too. During my research, I came across something called Jordan’s Principle. It helped with so many things that I never knew existed, that helping hand helped us in so many ways, so with that I’ve managed to move us again with the help of our Team Nikki.

Special needs parents are not strong, they only have to be because they know

that their babies need them to be. No, we don’t get invited to birthday parties, or visits or even Christmas dinners, we don’t know what holiday celebrations are, maybe some of us do, but some of us make the most of it. We don’t let that kind of ignorance define who we are just because our kids were diagnosed with something. For me I’ve never let that bother me cause at the end of the day I know I’m who matters to my kid, and that’s all that matters.



To this day I still fight for my kid that’s not gonna change. Me-I’m the kind of person that would rather sleep on the floor for my kid regardless how rough the floor is as long as I’m with my kid, or she’s getting what she deserves. I’ve been so committed to getting all the help my daughter needs, being First Nations I have to say- holy man, what a ride!

But with the right Team especially a team that never gives up on you never takes no for an answer who fights like hell with you till it’s done. We’ve had that, we still have that. We are now starting our new journey with new kinds of recourses, and new team members to fight Nikki’s path with us.

Without the help of Jordan’s principal, I don’t think we’d ever make it this far.

I still think that me, Kerry from the Tamaca Kids Team, Robin from the First Nations Health Consortium, and Brenda should dress up as Nikki’s superheroes someday and just be absolutely proud for never giving up on my bb.

I’d like to say a big heartfelt Thank you to our Team, and to Jordon’s Principle; without you I don’t think we’d be where we are if wasn’t for your recourses, and your help. We truly appreciate everything you do.

STORY SUBMITTED BY NIKKI’S MOTHER





Artist: Adam Redditt

My drawing depicts a child walking/balancing over a river with the help, presence, and comfort of their beloved bear. The bear is the First Nations Health Consortium's logo. I wanted to incorporate the bear to symbolize the helpfulness, love and comfort the organization brings the indigenous children and families of Alberta. I wanted the drawing to be simple, colourful, fun, and lighthearted and hopefully bring a smile to the viewer's faces.

BRIDGING THE GAPS: EMPLOYMENT AND INCOME THE GAP

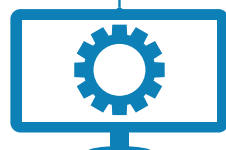
Indigenous people face higher unemployment rates than non-Indigenous people.

The higher rate of unemployment is connected to lower levels of education.



THE FACT

High unemployment rates and low income families

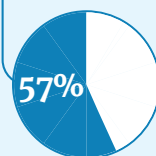


Literacy and numeracy skills are the foundations for skills training and meeting the demands of an increasingly digital workforce.



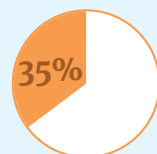
HIGH UNEMPLOYMENT

Literacy Score of Level 3 or Higher persons aged 25 to 65



Non-Indigenous 2016

Indigenous off-reserve 2016



Other employment barriers include cultural differences, racism, discrimination/stereotypes, self-esteem, poverty and poor housing, no driving license, no transportation, and no child care.

(Source: <https://www150.statcan.gc.ca/n1/pub/75-006-x/2016001/article/14630-eng.htm>)

LOW INCOME

A household is considered low income if its income is below 50% of the median household income; the annual average household income was a little over \$75,452 in 2022.

The 2021 Census data: percent of population living in low-income households:

as defined using the low-income measure, after tax

Non-Indigenous 10.7%
Indigenous 18.8%*

*of the 1.8 million Indigenous people in Canada in 2021

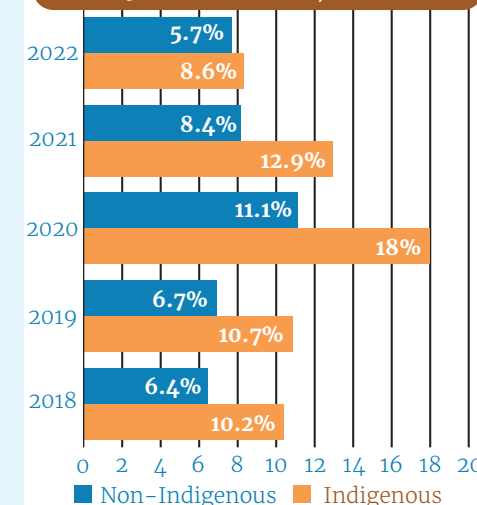
Children 14 and younger living in low income households:

Non-Indigenous 11.1%
Indigenous 24.6%*

Low-income rate among status First Nations people living on reserve, almost one in three (31.4%) of whom lived in a low-income household.

(Source: <https://www.ictinc.ca/blog/lower-income-4-of-8-key-issues-for-indigenous-peoples-in-canada#:~:text=Of%20the%201.8%20million%20Indigenous,of%20the%20non%2DIndigenous%20population.>)

Unemployment Rate, Indigenous and Non-Indigenous, Both Sexes, 15 Years and Older, Alberta



(Source: Statistic Canada. Table 14-10-0364-01 Labour force characteristic by province, region and Indigenous group (x1000))

FNHC: BRIDGING THE GAP

With the rising cost of goods and services since COVID, many First Nations people find themselves struggling to put food on the table and to pay for their rent. The following information shows how the FNHC bridged the gap for low income families.

In 2021/2022

187

children/families received help for income and food.

In 2022/2023, the number of children and their families receiving support grew to

1,564



DEVELOPING A GRANDDAUGHTER’S SELF- ESTEEM

A FAMILY’S STORY

“FNHC really helped me with my granddaughter to make things happen.”

My granddaughter, Savannah, 13 years old, had to deal with the trauma of losing a father and dealing with a mother who was experiencing addiction and mental health issues. My granddaughter needed support which could not be provided by her mother. At the time, I had left my own employment and was waiting for my Employment Insurance (EI). As well as waiting for my EI, I also developed some major health problems. So, I wasn’t well either. I knew about FNHC through my previous work at NorQuest College in Wetaskiwin; I met one of our former students who was working with Jordan’s Principle and the FNHC. My granddaughter was initially given the FNHC intake number, which I thought was very professional. Later I also used the intake number to get additional help due to my health and financial situation and caring for my granddaughter. “They were very fast. They gave me money to pay for five months of rent and provided clothing money for my granddaughter.”

My granddaughter had problems with self-esteem. FNHC provided her with opportunities for extra-curricular activities; she was able to think positively about things happening in her life. She was taking boxing and wrestling at school. She was taking skiing which gave her a broader horizon of what she’d like to see herself doing. She enjoyed skiing. Every event FNHC provided for her, we took full opportunity of it. I was able to drive her. She was occupied.



FNHC provided me with the time to be at home, not having to worry about working. We were able to get better at home and at the same time I was able to provide her transportation to get her to the functions that FNHC provided for her. Ultimately everything FNHC has done and provided for us gave her more motivation. She had a different passion to do something else. She was exposed to other people, other youth. I also recognized that Savannah need some mental therapy.

FNHC was the best thing that happened to us. It really gave us four months to try to recuperate. It gave me that daily interaction with Savannah to take her here and there. FNHC provided a few functions every week. We took full advantage of them, and it really paid off for her, seeing her school friends and how she’s confident now. The school says her self-esteem has really improved, her confidence. She’s doing really good academically. The teacher has noticed a big difference with her.





I would really commend that the FNHC uses their money wisely with youth in terms of mental health, physical improvement and academically. She has done really well this last year with a little exposure to things that she was not exposed to before, which gives her a passion, a desire to have better things in her life without having alcohol and things like that. As she does things, we remind her as well that these are things you do and you feel good about them without having to use any form of addiction to have fun and to accomplish things. She recognizes that.

She's been exposed to choices and the results of choices and the consequences. What gets a person ahead in their life is making healthy choices.

When this support was offered to me, when I found out about it, 'it was like wow'. I'm one who has worked all my life. I don't take anything for granted and nothing comes to us freely. When things come to us, we take full opportunity of it in a good way. As a matter of fact, we got a sizable income tax cheque which is why I was able to get insurance and mental health for my granddaughter. The FNHC was also working on getting this, but I was able to buy my own insurance with the income tax money. But they were still willing to get it for us.

We worked with Paris; she was awesome. I was impressed that she was really on the ball. On the other hand, I think she recognized that I was really sick, and I think she was trying to alleviate some of that pressure. They treated me really well. There is nothing I can say against Jordan's Principle. I can't even complain about the time factor as they were always on the ball.

I really commend FNHC... that's a lot of work they're doing. A lot of us struggle out here and people in the government don't know the real struggle, especially for some of my friends who are trying to live a healthy life and can't provide some of the things that require you to expose your family to health.

Her other grandmother has seen a big change in Savannah. She speaks up now. She's more jovial now. FNHC really helped me with my granddaughter to make things happen. Thank you so very much for that.

INTERVIEW CONDUCTED WITH GRANDMOTHER,
EUNICE THOMPSON, JULY 2023



OUR BOARD AND OUR PEOPLE: SECURING THE BRIDGE TO A STRONG FOUNDATION

OUR BOARD... PROVIDING LEADERSHIP AND POLICY DIRECTION

Our board of directors is critical to the success of the organization by providing strong leadership on policy initiatives and using their extensive experience to advocate for change on behalf of First Nations children and families. As Chief Executive Officers and Executive Directors of Health for their First Nations, they are focused on the needs of individuals, families and whole communities as they strive to provide access to the best services and supports possible. They understand what it is like to live in communities with limited access to services due to distance, underfunded budgets as compared to the extent of family and community needs, few locally based services, and all of this affected by government policy limitations. Their combined experience and competence make for strong collaborative relationships that can advocate effectively on behalf of all First Nations in Alberta.

MESSAGES FROM THE DIRECTORS



Gloria Fraser

FNHC has had a major impact on closing gaps for First Nations children living in Alberta. Our data clearly shows that turnaround times for requests are completed quickly and efficiently. The level of success in the areas of health care, education and social supports is also evident by the data collected daily.

Having staff from each Treaty area across Alberta is a major strength in providing families, on and off reserve, with the supports they need to assist them in filling out forms, answering questions and providing guidance as needed.

The demands on our staff have also increased requiring more staff to be hired as awareness of the FNHC and its role increases. Every day the FNHC demonstrates its effectiveness in responding to the gaps and barriers that prevent children from receiving the services and supports they need.

I am proud of our staff. Some of our staff have been with the organization since inception, providing stability, reliability, and strength within the organization. The FNHC team has a strong commitment to assisting First Nations children, youth, and families in navigating complex systems and ensuring the provision of resources and health care services and programs they need. As a result, our children have the same opportunities that other children have regardless of where they live. Our children and youth are important to us. I am proud that the Consortium has and will continue to make a difference in the lives of all First Nations children in Alberta.

It is an honor to be on the FNHC board as we work hard to make a difference in the lives of all children in Alberta. I thank everyone who has been part of the FNHC with your dedication and commitment. The FNHC organization will continue to grow as it helps more and more children achieve a quality of life they are capable of and deserve.



Randy Littlechild

As a board member, I am proud to be part of an organization that helps children with many needs by providing them with the necessary services and supports.

Although we at the Consortium are instrumental in getting most of the supports that children need, there are still some gaps in the system. Some of those gaps include families still unaware of the help they can get through FNHC because they don't know about Jordan's Principle, they are not aware of the Consortium or perhaps they were told to contact the government directly for the help they need. The biggest failure is with the funding agency, the Government of Canada, who have not increased their staffing levels as demands have grown and have no direct supervision of the staff. As a result, they are behind in getting the approvals for the many cases they receive from us and from the public. This creates the biggest gap in service as there is a time limit in getting the supports and help that is required to provide for the children in need. The FNHC was fortunate to convince the government to give the Consortium control of SARF (Service Access Resolution Funds). As a result, we are able to quickly pay for the services that we can provide, following approvals of the applications that have been submitted to the government.

The Consortium has also been experiencing staffing shortfalls by not evaluating the staffing needs in the SARF area. This has caused some backlog in the system. Having dedicated and very motivated staff decrease those gaps and improves our turnaround time, even though we are far more efficient in getting the supports for the children than our funders. I will say if there was no FNHC, parents and the children would be waiting for support a lot longer than they do now. I strongly believe that the formation of the FNHC was a very good move and should be a model that the rest of Canada should adopt and follow.



Sandra Lamouche

I am honoured to be a Director on the Board of the First Nations Health Consortium. The work we are doing in meeting children's needs is very important and proving to be successful in helping children and their families.

More and more we see ISC (Jordan's Principle, Alberta Region) reaching out to the FNHC to assist with the backlog in service requests, which speaks to our reputation and excellence as an organization while serving First nations children and their families across Treaties 6, 7, and 8. Other provinces are also seeking assistance from the FNHC in learning how to carry out enhanced service coordination in an effective way.

For the future, I see increasing responsibility for regional service coordination, more of a direct governance relationship with ISC Headquarters in Ottawa, and more partnerships with the Government of Alberta with a better understanding of what responsibilities each level of government is carrying out. Activating the Memorandum of Understanding will be key to these conversations.



Tyler White

I reflect on my role with tremendous pride. To serve our precious children and families is an honor and privilege. We continue to advocate strongly for our people and understand the responsibility we have as an organization. Every Child matters.....yesterday.....today.....tomorrow.....

OUR STAFF... FULFILLING JORDAN'S PRINCIPLE, THE CHILD-FIRST INITIATIVE

Effective organizations depend on a competent and compassionate workforce when delivering services to people in need. FNHC is an excellent example of an organization that delivers on the promise it has made. When we miss some expectations, we search for root causes and deal with the circumstances in a thoughtful manner ensuring that the best interests of the staff and families are front and centre.

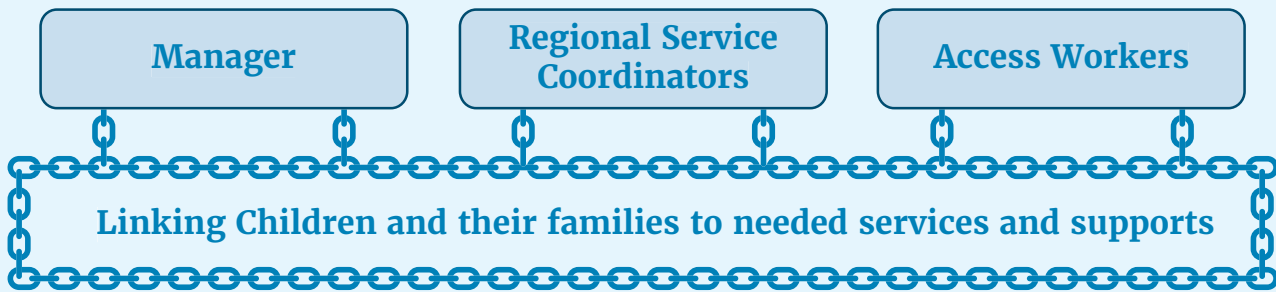
We have a large diverse staff, many who speak their native tongue and have grown up in the same communities they are now serving. The knowledge of living in First Nations communities and seeing the challenges firsthand give our staff a head start in addressing the needs of children and families who seek help from the Consortium.

The organizational structure provides not only a supervisory and staffing structure but also important supports that enable the staff to do their work to ensure services and supports are delivered in a timely fashion.

SERVICES FUNDED THROUGH SARF (SERVICE ACCESS RESOLUTION FUND)



ENHANCED SERVICE COORDINATION



ACROSS ALBERTA

- Northern Alberta: Lac La Biche, Grande Prairie, High Prairie, Wabasca, Sturgeon Lake, High Level
- Central Alberta: Edmonton, Maskwacis
- Southern Alberta: Kainai, Calgary, Lethbridge



OTHER CHILD AND FAMILY SERVICES & SUPPORT

INDIAN REGISTRATION

YOUTH IN TRANSITION

EDUCATION AND ELDERS

GOVERNMENT/INDUSTRY RELATIONS AND SUPPORT SERVICES

EVERYONE SUPPORTED, GUIDED, AND EMPOWERED BY...



Senior Management and other Administrative Supports



Corporate Offices: Edmonton, Calgary, Atikameg

FOCUS ON QUALITY IMPROVEMENT:

MEASURING SERVICE SATISFACTION

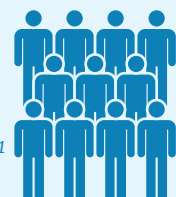
2022 FNHC Service Satisfaction Survey:
to determine the level of satisfaction of
families about their experience with the
Enhanced Service Coordination
process and the impact on their access
to services and supports.

Excellent Response!

35% response
rate

432

clients in sample
drawn from Sept. 1, 2021
to Feb 28, 2022



Email survey
24
questions
distributed from
Sept 12 - 23, 2022



122

completed
surveys



Sample of Key Results

60% Excellent to
Very Good
Quality of service under
Jordan's Principle

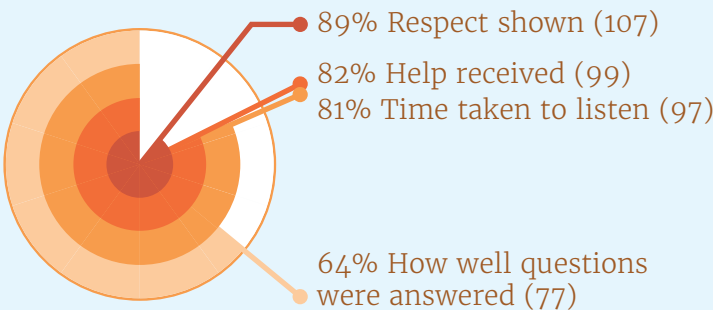
(Note: this is the service provided under
Indigenous Services Canada (ISC))

76% Very Satisfied
to Satisfied

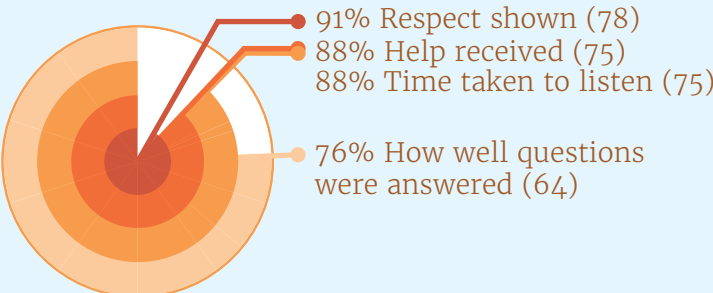
Overall level of satisfaction with the
service provided by the FNHC

(Note: service under FNHC may have
been confused with ISC service)

Satisfaction Level with Work of Access Workers



Satisfaction Level with Work of Regional Service Coordinators



What People LIKED MOST About the Services

TOP 3

- The worker was respectful, kind, helpful, understanding, encouraging, compassionate, polite, a good listener, very professional (25)
- The support and the help we received (20)
- The worker was clear and concise (11)

"That there is someone who cares
to help when help is really needed."



"The idea that we
could get help."



"Coordinator was up front why request was denied and we appreciate her honesty."



"I appreciate that we have someone on our team, to work
alongside to assist us in advocating for our students."



What DISAPPOINTED People

TOP 3

- The process is too long (11)
- Too many barriers and hoops within the application
process (7)
- Services ended too soon (3)



"It was very discouraging to find
out that so much info was needed before
your application was even looked at."

"The whole process would be a
reason some families don't seek
help, they're already under so
much stress, they wouldn't have
the energy to finish all the
requirements or have the
knowledge or means to
do what must be done."



"While I understand the reasons behind
the questions that I had to answer, it was
extremely difficult for me to relive and
process old traumas and recount personal
events. My daughter also had to write a
letter and it had a negative impact on her
self-esteem as she had to try to think of
how life would be like and how bad her
dental situation could get without the
benefit of orthodontic braces."



"The amount of
time it takes to
apply for anything
is almost offensive."



Some Feedback on DENIALS and APPROVALS

If your original application was denied, did you understand the reason given by the Federal Government?



"The reason given was unclear and when this writer inquired what they could do to reevaluated decision there was no response."



"I didn't understand the process. I just left the application."



Did you work with a Regional Services Coordinator to submit an appeal?



Outcome: Approved



Outcome: Not Approved



Some IMPROVEMENTS SUGGESTED

TOP 3

- Make process easier for accessing services (8)
- Maintain more communication with applicant throughout process (5)
- Workers that can build relationships (4)

"Sometimes parents need that extra support in filling out papers and knowing what to ask teachers, doctors, etc., in terms of the support letters. Perhaps a template that the teachers/doctors need to fill out."



85% of people would **RECOMMEND FNHC** to their family and friends

"A much needed resource for families living on and off reserve when their needs are not being met by the systems in place."



"I refer all my family and friends to request help as it is there to be utilized and many don't think they qualify or will be approved for services."



"It is easier and faster to go through FNHC than directly to Jordan's Principle."



"The intent is to address funding for Indigenous kids looks good on paper but to actually receive it and have many obstacles placed in your way to obtain it, is not right."

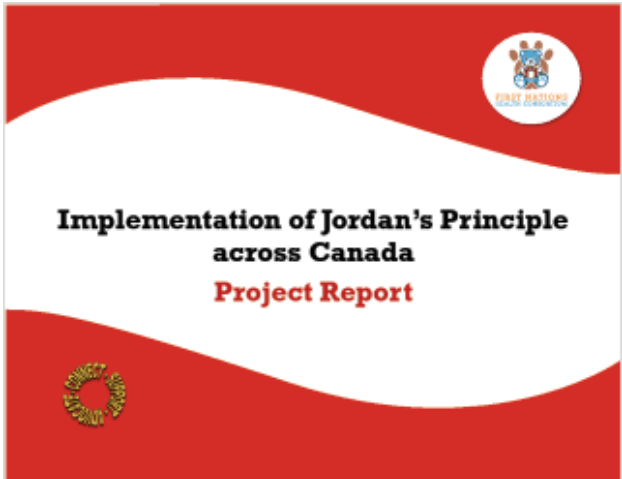


"I appreciate the services of Jordan's Principle and have seen it positively impact students."



"There needs to be a higher approval rate for First Nations children as this will allow more services to be utilized as many are unaware or even second-guessing the approval seeing as it has to go through government. If more parents are thoroughly involved in the process and have a reassurance that their children's needs are able to be met without conflict, long wait times and that the individual they are dealing with actually cares and have a mutual connection when it comes to dealing with Jordan's Principle. Mother-to-mother type connection... someone who will have their backs if denied... or will celebrate in a sense when approved with kind words and encouragement."

IN THE SPOTLIGHT: REGIONAL/ PROVINCIAL/NATIONAL PRESENTATIONS



In the fall of 2020, Indigenous Services Canada approached the First Nations Health Consortium to conduct a project to gather data on the implementation of Jordan’s Principle across Canada.

The overall intent of the project was to gain a clearer picture of the data available on the number of First Nations children being served and the number of services and products being provided, related to

funds received under Jordan’s Principle. The information was intended to better understand what’s currently being done, what’s working with the existing rules and processes, what’s not working as well as it could along with ideas and recommendations for dealing with the challenges.

Several approaches were used to collect information across Canada: 1) focus groups with service coordinators working on the frontline in coordinating services and supports for First Nations families and their children; 2) extensive online survey; 3) interviews with senior management officials across Canada having responsibilities for the implementation of Jordan’s Principle as part of their portfolio.

The project was officially initiated in November 2020 with data collection and analysis concluding in July 2021. An extensive report, submitted in September 2021, presented the findings and the recommendations heard from all those who participated.

Over a two-year period, three presentations were made:



MARCH 2021, THE ASSEMBLY OF FIRST NATIONS held a national Virtual Gathering on Jordan’s Principle: First Nation Innovation and Determination. The FNHC, along with Julien Castonguay, Acting Director of Jordan’s Principle, Indigenous Services Canada when the project was initiated, were invited to speak about the First Nations Health Consortium Service Coordination Research Project.



NOV 2022, FIRST NATIONS HEALTH MANAGERS ASSOC. invited the FNHC to present the key findings of the Implementation of Jordan’s Principle across Canada, Cheers, Challenges and Charting the Future, at their annual conference.



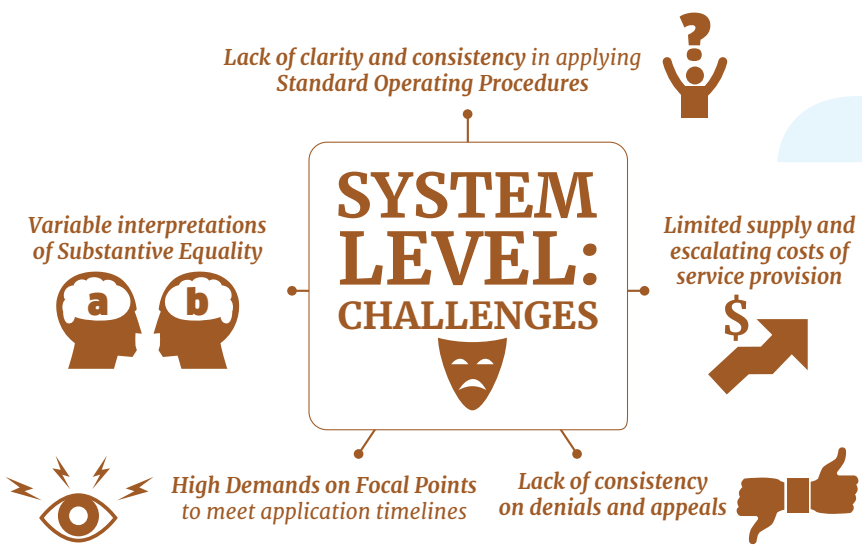
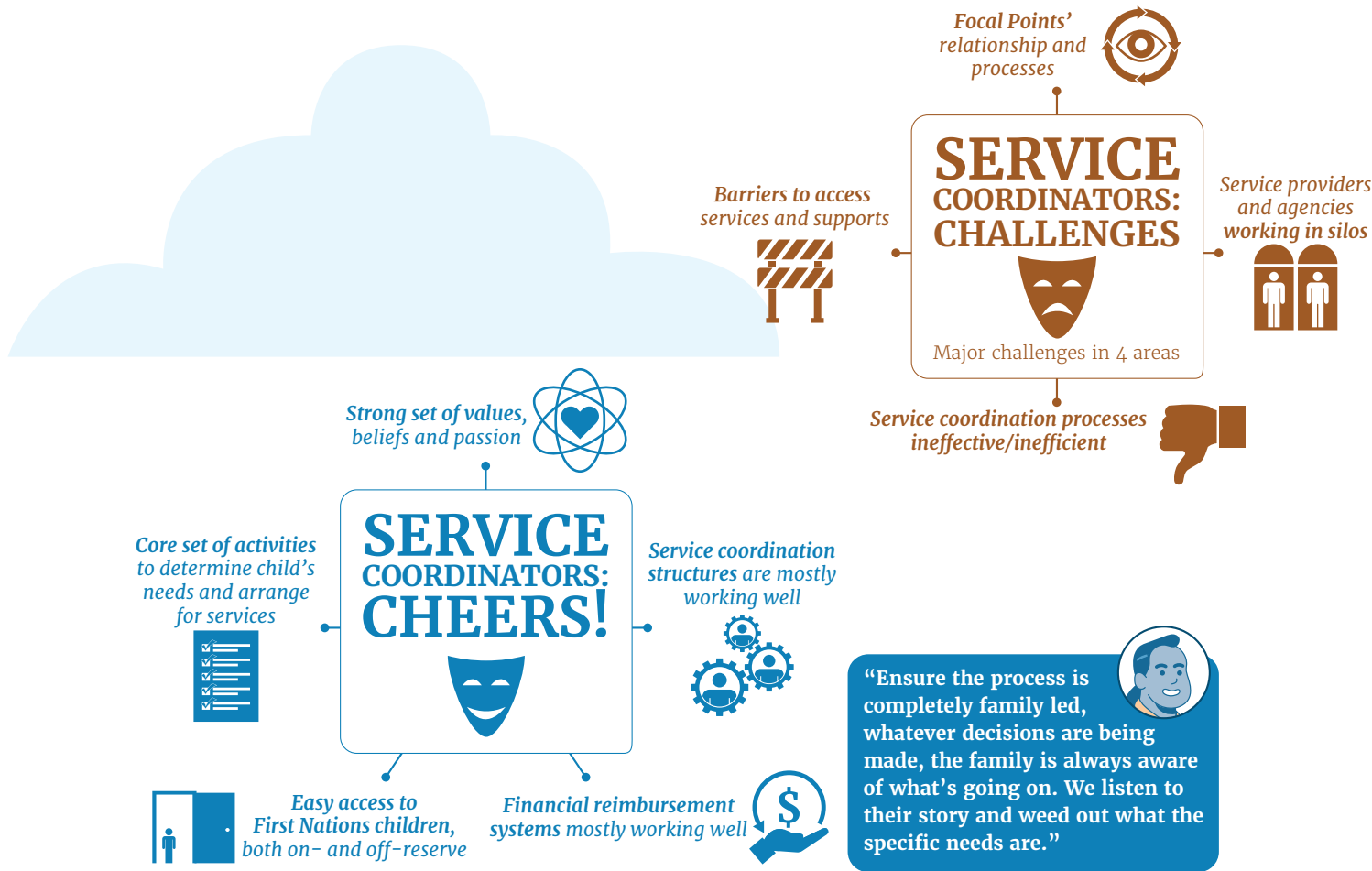
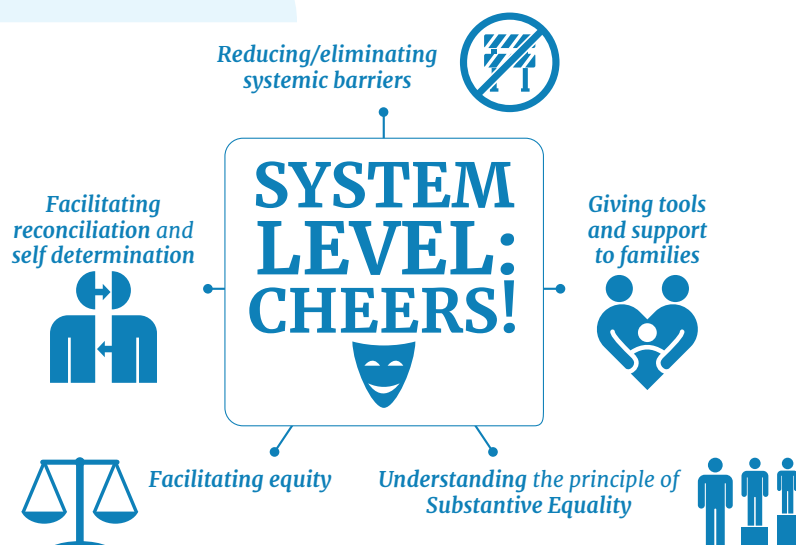
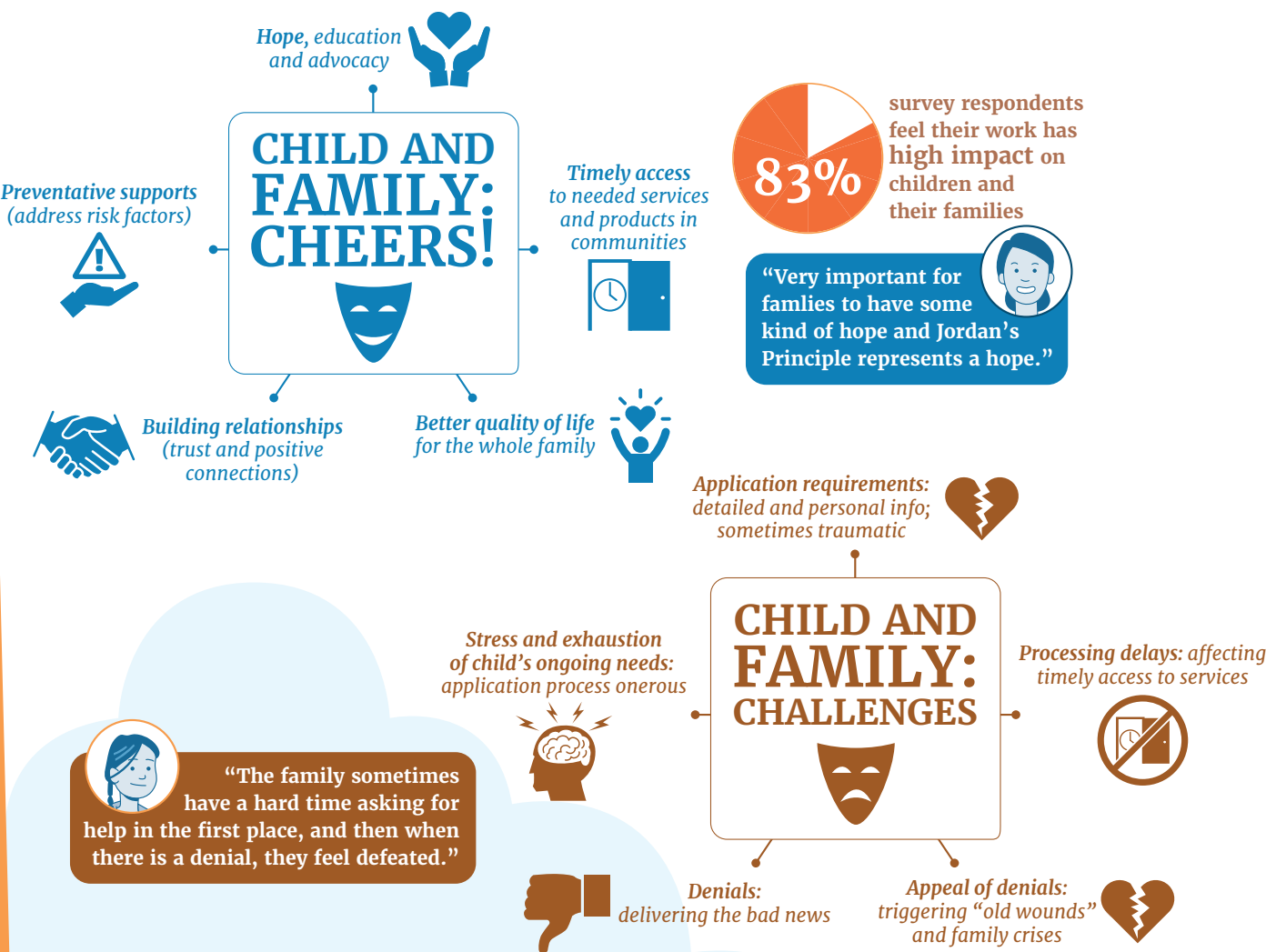
MAR 2023, THE ASSEMBLY OF MANITOBA CHIEFS held a Jordan’s Principle Virtual Researchers Symposium. The FNHC was invited to do a presentation on the Highlights of Project Findings on the Implementation of Jordan’s Principle across Canada.

WHAT WERE THE KEY FINDINGS, RECOMMENDATIONS AND PRIORITIES?

In the next section we present the successes (Cheers) and the challenges along with recommendations at three levels:

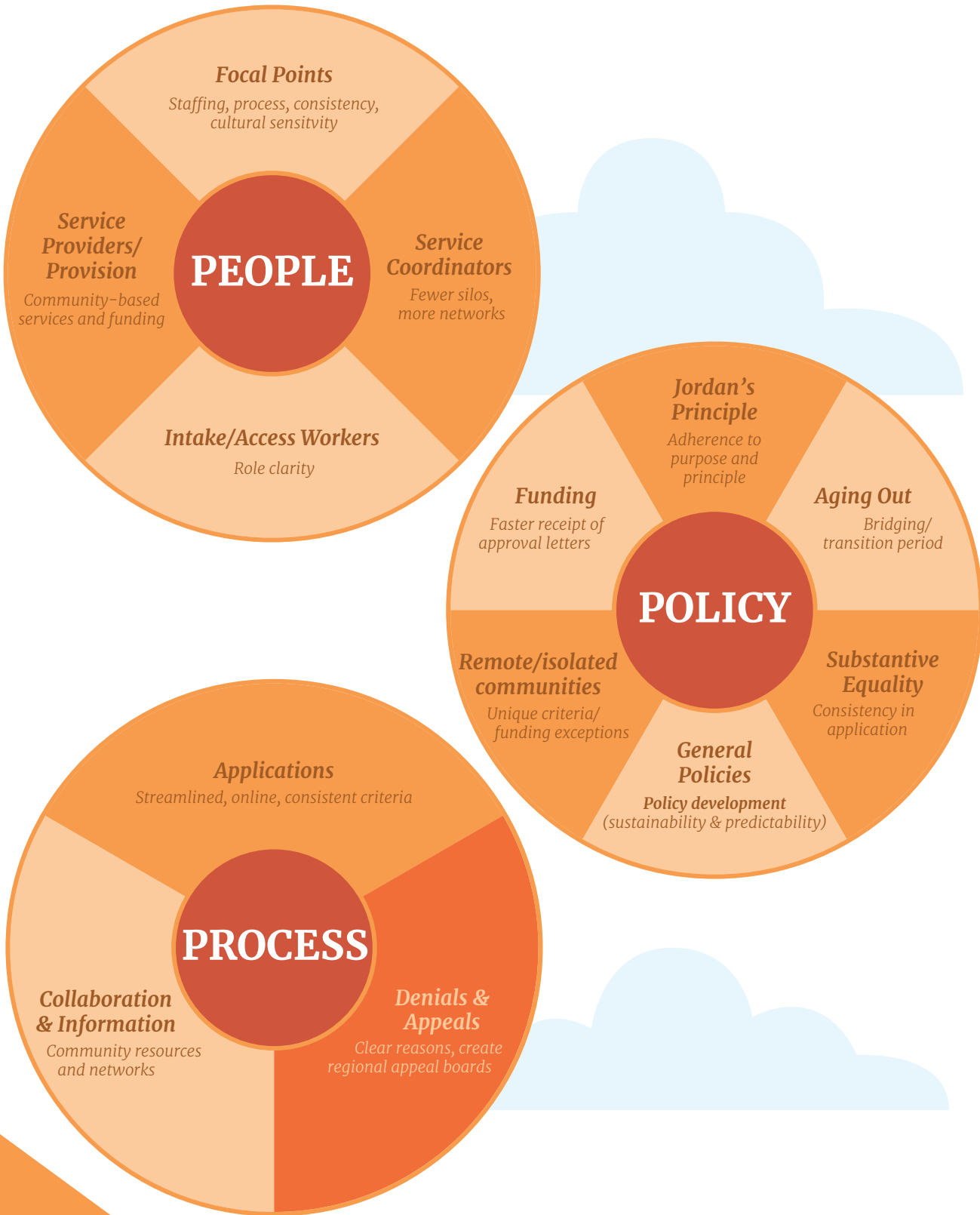
1. Child/Family experience
2. Service Coordinators’ experience
3. System experience

KEY FINDINGS: CHEERS AND CHALLENGES



KEY RECOMMENDATIONS

Recommendations were clustered into three areas:

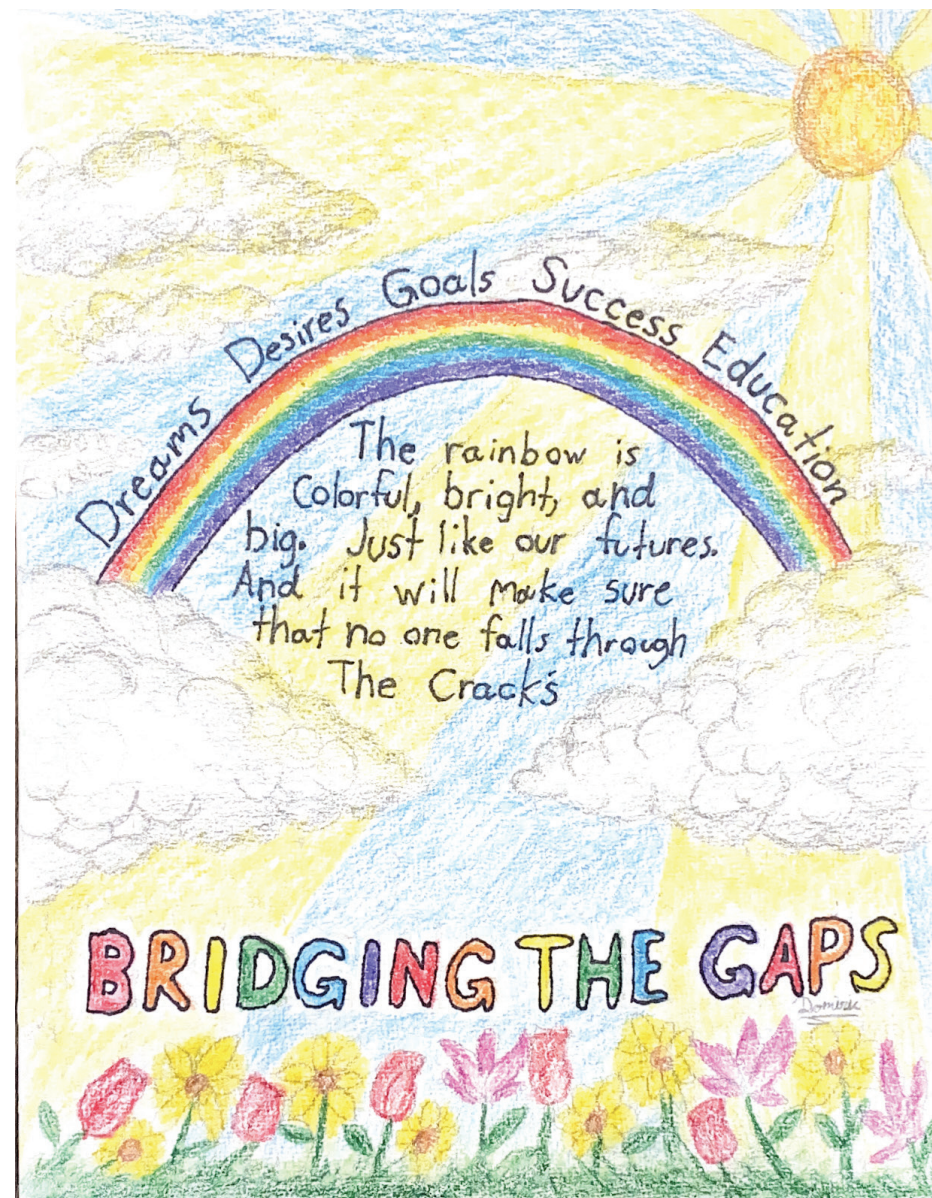


PRIORITIES FOR CONSIDERATION

Seven priorities were identified for consideration to deal with the existing challenges:

-  **1** Enhance collaboration with all levels of government.
-  **2** Strengthen quality of policies and planning.
-  **3** Strengthen structures and processes (service coordination and adjudication).
-  **4** Enhance funding flexibility and use of resources.
-  **5** Transfer control to First Nations.
-  **6** Strengthen service provision (health, education, and social service providers).
-  **7** Strengthen staffing (focus on consistent ISC leadership for Jordan's Principle and increased Jordan's Principle staffing).

The full and summary project reports can be found on the FNHC Website:
<https://www.abfnhc.com/annual-reports/>



Artist: Dominic Noskiye

I chose this drawing because I think that rainbows are very unique and stand out. To me rainbows remind me of how beautiful mother nature can be. It really is one of my favourite things God had gifted us with and I love how after a big, scary storm a rainbow appears with its bright, wonderful colors. And to me, rainbows represent happy.

REFLECTIONS ON MOVING FORWARD AND CLOSING THE GAPS

Reflections by G. Barry Phillips, CEO

“Data are just summaries of thousands of stories – tell a few of those stories to help make the data meaningful.” – Quote by author Dan Heath

Data and stories -- the critical substance of this annual report

The annual report focuses on both as we explore the theme of bridging the gaps – the needs being experienced by First Nations children, their families, and their community and the ways in which the FNHC under the Enhanced Services Coordination unit is helping to bridge the gaps.

The report is a summary of triumphs... children receiving the critical health, social and educational care and services they needed, their parents and grandparents receiving the critical supports they needed to care for their child/grandchild, family support so their children could thrive.

But it is also a story of failure. Failure of governments at all levels to create policies to address the devastating impact of colonialism, the negative impact of the unmet social determinants of health and the excessively high levels of poverty, trauma, addiction, and chronic disease that plague many First Nations people and their communities in Alberta.

We have the statistics and the stories that show the vital role the FNHC plays. We take the trends in our statistics seriously but we’re not just about the numbers but about understanding what underlies the numbers in the first place. What are the root causes and what is being done about them in an in-depth and intentional way? After all, if government policies, services and supports were working as they ought to, the FNHC would be out of business. Instead, our data shows that we are more important than ever... is this the long-term solution? Applying band-aids to the cuts and deep wounds that keep hemorrhaging?

For example, when we look at the five-year history of our organization, we see that most people we now serve live off reserve. It used to be the other way around. The significance of this finding relates to one of the reasons Jordan’s Principle was created in the first place... to address the jurisdictional arguments between

provincial and federal governments about who has the responsibility for meeting the needs of First Nations children. Now we have a predominance in off reserve applications and needs.

That highlights the question: where is the province?

We need to start talking... and telling more stories. The data lays the groundwork for these conversations. When the Federal Government states that budget cuts in the order of 30% are being considered for next fiscal year, how can progress in bridging the gaps continue? And more importantly... **How will the gaps ever be closed?** Resources must come from somewhere.

Now is the wrong time to take the foot off the pedal. We’re finally making some serious inroads into the inequality and inequity in health services by clearly identifying where they are. So, now is the time to develop strategies, policy, and programs to permanently close the gaps.

Is there some room to cut or reallocate? Probably. But, right now, we’re putting on band-aids. Somehow, we must find a way to stop the bleeding and get to the root causes.

The amount of money outflowing through Jordans Principle is mind boggling. Did anybody have a clue that the gaps were that wide, that the needs were that high, that the inequality in service was so broad. And if so, why did we let it get to this point? Is Every Child Matters a new idea?

Society can pay for something but without positive change in programs, policies, and procedures, it has little real value. We need to learn how to make changes so the same situations don’t happen again next year, the year after, and the year after. When that happens, we’re not closing the gaps. We’re building a permanent bridge. That’s not what Jordan’s Principle was all about.

For example, if a mother doesn’t have food on the table for her children, we must get to the root causes. Is that because social services aren’t doing their job? Is it because the safety net isn’t big enough? Is it because there is no opportunity for meaningful employment and therefore earned income. What’s the why... if we’re ever going to solve these problems.

If we pay for Chromebooks for kids to be able to do a better job in school, and they don’t turn them on because nobody showed him how or they do not have access



to the internet did we really solve a problem by spending \$900.00 each on 1,000's of Chromebooks? Education is a fundamental and necessary driver for positive change. Increases in mortgage rates, food prices, utility costs, etc. simply exacerbate the problems, limit available resources, and force families into making choices for what gets paid and what gets left out. This is not the time to take the foot of the fiscal pedal, now is the time to invest in permanent closure of the gaps in services.

We must expand how we're doing our jobs. We still might have to pay for a couple of years, but we better figure out how do we close the gaps permanently. We need programs that will help people learn how they're going to be able to pay the rent or how they're going to be able to buy food. We need actions like gardening courses, community gardens, supports for elders, job training and skill development. We need opportunities for a healthier and brighter future.

One department says we need more tradesmen, another says we need more educational opportunities and another we need more houses but how will we solve the pre-existing housing crisis and the added loss through wildfires and floods? We will buy them from non-First Nation companies and have non-First Nation contractors build and place them. Why not help a First Nation create job opportunities, train a workforce, and provide the tools and equipment to help the community rebuild their future.

Our statistics point out some kids don't have breakfast, lunch or supper. What about clothes for school? The stories must come out.

The responsible parties must come to the table now. It can't just be Jordan's Principle forever. Governments need to go across every department to ask the question "WHY" and force investment

in those areas that affect the health and wellbeing of all children. It's not just the Federal Government... our statistics show it is also the Provincial Government and Industry that's working on their traditional territory.

These will continue to be challenges as we look forward to how do we close the gap, never mind bridging the gap. We need to be able to say, here's who we're trying to serve, here's where the issues are, here's who's responsible and do something about it. We need a TEAM approach, a Social Determinants of Health approach not restricted funnels of money approach.

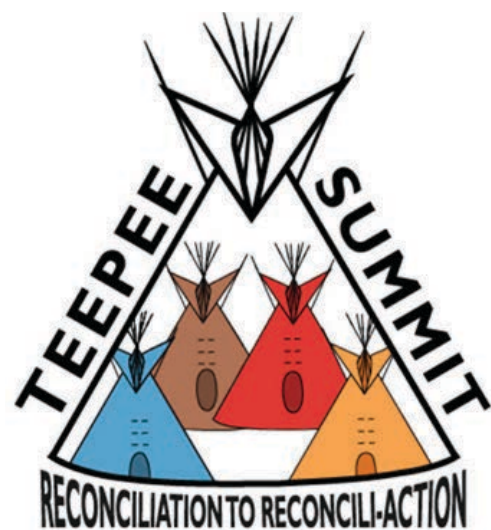
Governments and society, at large, both national and provincial, need to have a greater knowledge of the reality of the Indigenous Peoples. Bring the "politics" down to the people, explain Indigenous issues through storytelling and personal experiences. Let those making policies live where the drinking water is unsafe, where the rains make roads impassable, where the next community is 125 kilometers away, so access to services is a problem. Then you will see real solutions proposed.

Data needs to drive the questions... WHY are these situations happening? The questions need to be part of the thought process, the policy making deliberations.

Now is the time to start moving beyond bridging the gaps to closing the gaps. It's time to keep the foot on the pedal, to keep the resources coming, to keep reducing and preventing the negative consequences of poverty, to heal the longstanding impact of trauma and overall, to support the ongoing development of healthy and happy First Nations children. They are our future.

LOOKING FORWARD... THE PROMISE AND POTENTIAL OF INDIGENOUS YOUTH

“The promise of our future lies in our supporting First Nations youth to become the best they can be through healthy, safe and secure childhoods, strong education and, meaningful employment to shape the world in the way that serves the betterment of all First Nations people.” – G. Barry Phillips



The First Nations Health Consortium’s passion runs deep with a view to the future and empowering, encouraging and enabling today’s Indigenous youth to become tomorrow’s leaders. FNHC Senior Manager, Gordon T. Auger, former Chief of the Bigstone Cree Nation, championed a vision to gather First Nations youth together through a Youth Tee Pee Summit. Following direction and guidance from a Night Lodge ceremony hosted by the Poundmaker’s Lodge, and with an Elder’s blessing, the stage was set for a successful

event. In partnership with the Poundmaker’s Lodge Treatment Centres, TC Energy, and the FNHC four founding First Nations health departments, the Summit was organized and held over a three-day period in the summer of 2022.

The Youth Tee Pee Summit, Reconciliation to Reconcili-ACTION, provided a platform to hear the voices of First Nations youth and their perspectives on their future. The key message: Indigenous youth are at the summit of their lives and it’s a critical time for action as Indigenous people are moving from an era of reconciliation to reconciliACTION.

Inspiration, education, and motivation come in many forms and featured renown motivational speakers talking about their journeys to success and included cultural activities provided by three Drumming groups. Speakers included: Anthony Johnson and Dr. James Makokis, First Two-Spirit team to compete in and win Canada’s Amazing Race; Waneek Horn-Miller, Mohawk, Olympian, mother and motivator; Darrell Brertton, Jr, World Champion Pow Wow Dancer, Businessman and motivator; Brigitte Lacquette, Olympic Games Silver Medalist (2018) and two times IIHF (International Ice Hockey Federation) World Champion Gold Medalist; and Lance Cardinal, First nations artist, designer and entrepreneur, CEO Soulfame Creative Services.

Encouragement and inspiration for the youth was captured in the following speaker quotes:

“If we want reconciliation, for ourselves and our children, we need to have hard conversations, build common ground, and really listen to each other.” – Waneek Horn-Miller, Mohawk Olympian

“You can come from the most isolated town and community and still be part of Team Canada.” – Bridgette Lacquette, Olympic Silver Medalist and World Champion Gold Medalist

“It is the love we have for others and the love we find in ourselves that will heal our Nations and bring us all together.” – Lance Cardinal, First Nations Artist

- ◆ Youth were asked to respond to several questions, one of which was: Everyone here is a potential leader. If you are a decision maker in your community, what would you do first? Some of their responses included:
- ◆ I’d like them to know that my generation needs more people to teach us our native tongue and we need teachers for native language.
- ◆ Elders are important in the decisions and planning.



- ◆ I would like the leaders to know that pre/peri/postnatal care is severely absent in indigenous healthcare spaces
- ◆ I would like my leadership to know about the hardships of being off reserve support for all membership.
- ◆ Generate funding for more sport-oriented programs so everyone has the opportunity. This will help keep individuals away from drugs and alcohol.
- ◆ The future holds promises and dreams for First Nations youth. The First Nations Health Consortium is dedicated to doing its part to help them obtain the health, educational and social services and supports in their early years to enable them to grow and become strong, informed and engaged adults in their communities so they can help build the world they desire.

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