



ATIKAMEKW NEHIROWISIWOK

**Brief submitted by the
Conseil de la Nation Atikamekw
to the
Standing Committee on Indigenous and Northern Affairs**

For the public hearings of the
Standing Committee on Indigenous and Northern Affairs

LONG-TERM CARE ON RESERVE

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Foreword

The content and terms of this brief must not be interpreted in a way that infringes on the Aboriginal title or Aboriginal rights of the Atikamekw Nation (“Atikamekw Nehirowisiwok”) or prejudicially affect current or future negotiations between Atikamekw Nehirowisiwok and the Crown in any way. Consequently, this brief does not in any case limit the rights and recourse of Atikamekw Nehirowisiwok recognized by governments and the courts.

Moreover, this brief cannot be considered the one and only means for Atikamekw Nehirowisiwok to express its opinion and assert its rights and interests.

Given the time permitted, this brief is not exhaustive and is solely intended to summarize Atikamekw Nehirowisiwok issues and observations on long-term care on reserve.

Finally, we must acknowledge the invaluable cooperation of the Health Services of the three Atikamekw communities whose knowledge and experience were indispensable in the preparation of this document.

Introduction

Atikamekw Nehirowisiwok is the Atikamekw name used to collectively and individually refer to members of the Atikamekw Nation. The Nation comprises more than 7,700 members in the three Atikamekw communities on Nitaskinan traditional territory in the Mauricie and Lanaudière regions of Quebec.

The three Atikamekw communities are accessible primarily by forestry roads and are more than 100 km from the nearest urban areas.

The Nation is represented by the three Atikamekw Band Councils of Opitciwan, Manawan and Wemotaci, which formed the General Assembly of Atikamekw Sipi – the Atikamekw Nation Council (ANC) in 1982. The ANC board of directors includes the three chiefs of the communities as well as the elected Grand Chief / President. The ANC represents the Atikamekw Nation politically and its primary objectives are to defend and promote the rights and interests of the Atikamekw.

The Atikamekw Nehirowisiw have lived on, occupied and used their traditional territory, Nitaskinan, in harmony with its component elements: air, fire, land and water, and respecting the values handed down by ancestors, since time immemorial. These values demonstrate the indelible, special bond between the Atikamekw and Mother Earth.

Nitaskinan is the centre of Atikamekw social, cultural and economic life. It is of vital concern to the Atikamekw, since it is their past, present and future. The mother tongue of the Atikamekw comes from the territory, and its expressions reflect their deep attachment to Nitaskinan. Atikamekw Nehirowisiw has kept its language alive. Even today, more than 97% of the members still speak the language fluently.

The Atikamekw Nation participated in the First Nations Regional Health Survey (RHS) started in 1997 and led jointly by the First Nations Information Governance Centre and the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC). For over twenty years, this survey has been recognized as a reference providing a detailed portrait of the general health and well-being of First Nations living in the communities.

The Opitciwan community currently has an elders' lodge, Maison Tapiskwan, for independent and semi-independent seniors. The two other communities, Manawan and Wemotaci, do not have a similar institution. Wemotaci has a four-room home for frail seniors. Certain services, such as needs assessments, are available on an ongoing basis.

Issues and Observations on Long-term Care on Reserve

In this part, we will use a few points to summarize issues and observations on long-term care on reserve according to the Atikamekw Nation experience.

1) Elder care

a. Accessibility of care: distance

The geographic distance of the Atikamekw communities makes access to long-term care difficult for members. Transportation, urban housing, family support and the difficulty of providing follow-up or care given the distances force residents to relocate to urban areas in many cases.

b. Home care: housing conditions

Like many First Nations in Canada, the Atikamekw communities are grappling with a significant housing shortage and an aging, inadequate housing stock. In addition, current housing is overcrowded and therefore of limited use as well as increasingly out of date.

This makes it very difficult, if not impossible to adapt housing for adequate long-term home care.

c. Recognition, training and competency

The shortage of qualified labour as well as training suited to remote Indigenous communities are major issues for the Atikamekw Nation. Current resources no longer suffice or have the required skills. Caregivers and other community resources are neither recognized nor valued. There is a lack of oversight to improve this type of support. The communities are forced to seek outside resources that lack sufficient training or awareness of Indigenous realities, which affects service quality. In addition, there is still the concern about the availability of housing for outside resources.

d. Senior vulnerability

Many long-term care recipients are vulnerable due to their health, age and economic situation. The risk is increased by the lack of appropriate support and available stable resources.

e. Lack of appropriate institutions in communities

Atikamekw communities do not currently have a community institution to provide adequate long-term care. The exception is Opitciwan, but even there, the current institution is unable to meet demand. Patients, most of whom are seniors, must therefore leave the community against their will and become isolated from their families and community support.

2) Chronic diseases

a. Early onset of chronic disease in First Nations

On average, according to the RHS studies, First Nations, including the Atikamekw, see chronic disease appearing at an earlier age. This considerably increases the need for investment in long-term care and resources.

b. Future demand

The current Atikamekw population is composed primarily of young people. However, this population is bound to age and, given the health challenges it faces, the need for long-term care in Atikamekw communities is very likely to increase considerably.

Current infrastructure and services are inadequate to meet the potential increase in demand.

3) Palliative care

a. Infrastructure and equipment needs

As previously explained, there is a glaring need for infrastructure and equipment to ensure long-term care and, more importantly, suitable and respectful palliative care for patients and their families in Atikamekw communities. The lack of adaptive equipment such as adjustable beds, housing and places for comfort and worship are important concerns that limit palliative care available in communities. As well, members do not have access to adequate medical supplies and medication.

b. Qualified resources

Beyond material needs, the staff supporting palliative care patients must have the necessary qualifications to provide appropriate care. However, little training and support is offered in the communities in this regard.

4) Culturally appropriate practices and programs

a. Autonomous and flexible service delivery

There is a considerable amount of red tape in government programs. This becomes tedious and monopolizes the already-limited resources of Indigenous organizations. In addition, current program requirements often determined at the national level limit the adjustments that communities wish to implement to prioritize their own specific needs.

b. Language and cultural difference

Since Atikamekw is the first language of a majority of the members, language and culture may pose significant issues in service delivery, including mistrust, loss of confidence, misunderstanding, and poorly targeted needs.

Recommendations

For the purposes of the Committee's study, our view is that although various avenues should be considered, a comprehensive approach is required to ensure success, as follows:

a) Greater autonomy

We recommend that First Nations be able to benefit from greater autonomy in long-term service delivery on reserve. Complete or partial takeover of programs and services by Indigenous communities must be encouraged and facilitated in order to better target needs and adjust service offerings.

b) Alignment with the province

Services provided by the province and regional organizations are essential. Collaboration, aligned procedures, and partnerships with provincial and regional services are necessary to improve the accessibility and quality of long-term care.

c) Recognition of traditional medicines and approaches

It is our view that First Nations traditional medicines and approaches practised since time immemorial must be supported and valued in government-recognized programs and services.

d) Increased resources

Significant investment must be made in infrastructure, equipment and staff in Indigenous communities.

e) Support for the training and recognition of qualified staff

In order to address staff shortages, training suited to remote Indigenous communities is needed. In our view, the recognition and support of community resources such as caregivers should also be facilitated to give them a greater role in delivering services.

f) Housing

Take a coordinated approach and quickly invest in building adequate, suitable housing. Housing needs for patients and outside resources are urgent, and without a coordinated approach, the situation will continue and will have a direct and indirect impact on the overall care provided as well as the health of the community.

g) Support

We believe that it would be appropriate to ensure that services available include support for Indigenous patients in provincial resources and institutions. This would provide better guidance to Indigenous patients and facilitate a culturally appropriate approach and communication between non-Indigenous caregivers and Indigenous patients.

h) Increasing prevention and intervention

It goes without saying that any long-term care intervention must also include prevention of chronic disease in Indigenous communities and cover nutrition, physical activity, healthy lifestyles, and so on.

I trust everything is satisfactory.

Yours truly,
[original signed]
Constant Awashish
Grand Chief/President

Eniko Neashish, Wemotaci health
In collaboration with:

Régina Chachai, Opitciwan health
Jacinthe Petiquay, Manawan health
Sandro Echaquan, Manawan executive director
Pierre Isabelle, Coordinator, ANC programs and services