



FORT VERMILION & AREA SENIORS & ELDERS LODGE BOARD 1788

INAN - Standing Committee on Indigenous and
Northern Affairs

Witnesses via Video-Conference: Jeff Anderson, Chairman, FVASELB1788
Chief Rupert Meneen, TallCree First Nation

Witnesses in person: Bill Boese, Treasurer, FVASELB 1788
Natalie Gibson, Board Researcher and Advisor

June 5, 2018

Executive Summary

We wish to advise you of the long-term, unmet need for seniors and elders care beds in the Mackenzie region of Alberta, especially when considering the needs of one of Canada's fastest growing demographics - the Indigenous population.

Our board and First Nation partners are requesting that the Government of Canada to work with the provinces to meet the needs of those in rural, remote, northern areas that are underserved. This includes more than just long-term care; it includes support services that affect one's quality of life.

We have all of the studies showing the need, yet nothing has occurred. In 2014, the Alberta Government partnered with Mackenzie County to conduct a regional housing needs assessment study. This \$100,000 study, determined that there is an **existing and projected need for an additional 117-200 care beds for seniors between 2014 and 2031 in the region. Within this figure, it was recommended 8-13 assisted living beds were needed in Fort Vermilion (2014) with an additional 14 -24 units by 2031.** By 2031, the population of those 65 years and over is expected to increase **123.8% to** an estimated 2,417 persons.

Since 2014, the inventory of 122 designated care beds in the Mackenzie region changed only slightly with the addition of four care beds in 2017. Currently, all Designated Supportive Living (DSL) facilities in the region are 100 percent full and the DSL waiting list is up to two years. In addition, the facilities do not recognize the unique cultural diversity of the region.

Seniors are forced to stay home longer or they have to go out of the region for supportive care. As our people are staying in their homes longer, we encounter another challenge. We have a shortage of healthcare practitioners. We have reports of local nurses not being able to take holidays in the last two years.

In rural and remote regions, health care services are much more difficult to access. Seniors close to urban centres can hail a cab to go and buy groceries, or a handi-bus to reach a doctor or refill a prescription. In remote communities in Northern Alberta, at times seniors can't even call 911 in an emergency due to lack of cellular services.

Background

For over ten years the hamlet of Fort Vermilion has actively advocated for a seniors care facility. It was disheartening to see loved ones move away to access services in other regions. The following is a summary of our passionate path:

1. The Fort Vermilion River Road Trading Post ('Trading Post') began raising funds in 2014 through the operation of a thrift store;

2. In April 2016 a grass roots community meeting was held with over 60 people attending from the region and the Fort Vermilion and Area Seniors and Elders Lodge Board (FVASELB1788) was created. The community member's vision is to incorporate indigenous healing standards as well as other local cultures in a way that contributes to all levels of health (spiritual, physical, emotional and mental);
3. The Board has structured itself with 9 Directors from the region and 4 appointed Directors 1 from each of the North Peace Tribal Council Nations (Dene Tha' First Nation, Tallcree Tribal Government, Beaver First Nation and Little Red River Cree Nation);
4. To date, both the Board and the Trading Post have raised ~\$175,000 to \$200,000 by way of thrift store sales, community fund raising and personal donations;
5. We have land to build a facility. Land in the Hamlet of Fort Vermilion has been donated. 3.0 acres by a private citizen, 5.0 acres by Alberta Health Services and an open invitation to the appropriate land needed by the Tallcree Tribal Government's adjacent reserve;
6. February 27, 2017 we received a Letter of Support from the Boreal Housing Foundation (BHF) with the authority to review and use the data within the Mackenzie Region Housing Needs Assessment Report 2014 ('MRHNA 2014 Report').
7. June 2017, under the direction of BHG, the Board engaged InnoVisions & Associates to complete a 'Refresh' of MRHNA report, 2014 Report. The consultant advised us that the numbers captured in 2014 were still valid.
8. June 2017, FVASELB began an active advocacy campaign to raise awareness of the need for a culturally inclusive facility in the region. In one year we have written over 50 letters, conducted close to a dozen presentations and met with municipal, provincial and federal government to build awareness of our dire need for a DSL facility.
9. Feb. 2017, FVASELB1788 along with our partners from the North Peace Tribal Council Chiefs (NPTC) signed a letter of endorsement supporting a culturally inclusive facility;
10. May 2018, a cross ministry 'Strategy Task Force' was loosely formed and includes individuals from Alberta Health, Health Canada, Indigenous Affairs, Seniors and Housing, Indigenous Northern Affairs and CHMC.

The Mackenzie Region

Mackenzie County is the largest geographic county in Canada (about the size of Prince Edward Island). On page 2 of your briefing notes you can see the eastern reserve of Garden River is approximately 2.5 hours to travel to FV St. Teresa's General Hospital, located in Fort Vermilion. While Fox Lake via barge is 3 to 4 hours. High Level is towards the left, it has a hospital and a proposed Seniors Lodge with 25 DSL rooms projects. Even with that new facility, our needs are far from met.



The Mackenzie region has close to 25,000 residents including the Town of High Level, La Crete and the hamlets of Fort Vermilion and Rainbow Lake. The population includes Mennonites, Metis, four First Nations and a large indigenous population living off-reserve. Over 40% of the Mackenzie region population is indigenous. The Mackenzie region has “almost twice the proportion of aboriginal population than does the province as a whole” (MRHNA). From 2016 to 2018 the indigenous population grew at triple the rate of the non-indigenous population.

We know it is important for this standing committee to look at the broader picture of the actual needs for care within a region, long-term care is one component, another is home care, another is housing. I am in support of a ‘culturally inclusive facility’ right now, based on our infrastructure; the location is best suited to be within Fort Vermilion, where it makes the most sense.

The reason we are getting overlooked so much is that the data between Alberta Health Services and Health Canada is not captured or tracked the same way and the funding formulas are largely focused on urban populations.

What we want and what is needed right now:

- 1) Is for the Government of Canada and the respective Provincial Government to get on the same page in gathering and tracking data in rural, remote and northern communities;
- 2) There should be several business cases, including one in Fort Vermilion, that review public, private, partnerships to deliver ‘culturally inclusive’ health services; and
- 3) Build capacity – train the people needed to build the facilities, to staff, manage and support seniors and elders care.

We believe these three areas of focus will work to offset the following challenges:

Challenge #1: Inconsistent Data Collection, Tracking and Analysis

No one organization involved has accurate data that reflects the needs seniors and elder’s care in the region. FVASELB1788’s research revealed that Alberta Health Services provides services and gathers data for the general, non-indigenous population. The basic health data is entered into software called Meditech. Health Canada outsources North Peace Tribal Council to provide healthcare services for ten of the 13 reserves in the region, and Little Red River Cree provides healthcare services separately and tracks data through Health Canada. There are challenges in sharing the data as the software systems are not compatible; this is further complicated by jurisdictional politics due to statistical population funding models.

Demographic information collected by Statistics Canada Census data differs from the Census Data privately funded by Mackenzie County (approved by Municipal Affairs, 2015), which identified an additional undocumented shadow population of over 1,100 residents. Furthermore, Indigenous Relations First Nation census reports 1,198 more First Nations people living on reserve (2017) than Statistics Canada (2016). Finally, Statistics Canada First Nation demographic quadrants are grouped into three large age categories. E.g. 0-19; 20-64; and 65 years and older versus ten categories for the non-indigenous population.

The following table represents the number of individuals receiving care through home care in Rainbow Lake, High Level, La Crete and Fort Vermilion. Home care can include clients of all ages living in a publically funded facility and/or a private residence. The table includes the approximate number of clients receiving home care as well as the level of care the long-term clients receive. It is important to reflect on the percentage of long-term clients receiving long-term supportive and/or maintenance care. These clients are the most likely to require SL3 or SL4 beds within the next several years. Please note, the clients represented in the table do *not* include all clients receiving home care services.

Table 1: Mackenzie Region Home Care Clients (March 31, 2017)

Client Group	Clients Receiving Home Care	Acute	Level of Care They Require			
			Long-term Clients		Palliative	Wellness
			Long Term Supportive	Maintenance		
Fort Vermilion	100	6.4%	11.7 %	25.5 %	1 %	55.3%
La Crete	Est. 130	4.1 %	40.6%	26.9%	-	28.4
High Level	74	2.3 %	10.1 %	14.7 %	0.7 %	72.1 %
Paddle Prairie*	63	2.6 %	5.1 %	23.1 %	n/a	69.2 %
NPTC **	80 to 90 (85)	n/a	n/a	n/a	n/a	n/a
LRRCN ***	Est. 80-100 (90)	n/a	n/a	n/a	n/a	n/a
Known clients total	322					
Estimated	450-550					

Source: InnoVisions and Associates, 14 Primary Interviews with Home Care providers, AHS, and/or Facility Managers/staff. March 20 to June 5, 2017

Note:

* Paddle Prairie numbers include clients from High Level south to Paddle Prairie

** North Peace Tribal Council (NPTC) home care includes Chateh, Meander River, Bushe River, Beaver and Tall Cree First Nation clients

*** Little Red River Cree Nation home care includes John D'Or, Garden River and Fox Lake First Nation clients

What is not known is the First Nation numbers in each of these categories. The Mackenzie region reported only 16 individuals waiting for supportive care placement. How accurate can this be when we know the challenges in the datasets? Quantitative and qualitative data should be factored into needs assessment and business case models for accurate, future, facility, capacity planning. Since Alberta Health removed the AH Premiums the larger populations waitlists are largely unknown.

Through interviews with front line staff, who actually work in the facilities and Home Care, we learned of 'formal' and informal waitlist. Those who had filled out the paperwork seeking supportive living and those who should have filled out the paperwork but chose not to for a variety of reasons. There is need for 'northern metrics' data sets to gather information on unmet needs and unserved populations.

Challenge #2: Healthcare is a Multi-jurisdictional Issue

There is need for the right level of care, being delivered at the right time, for a patient. Over the last ten years the volunteer board and their partners have been bounced from department to department. There is need for more partnerships in municipal, provincial and federal governments. Senior's and elder's care is about much more than healthcare. Socio-economic conditions impact whether a senior or elder wanting to stay at home can. If there is not adequate or appropriate housing, if there is a shortage of qualified health practitioners, they cannot attend to elders in their homes.

Demographic fluctuations, especially where the median age of a population is younger, unemployed or with education levels which make it challenging to find employment impacts the family unit in determining who would traditionally care for an elder at home.

Long-term care capacity planning should also link to data regarding emerging trends in chronic illness, Fetal Alcohol Spectrum Disorder (FASD), disabilities, mental health and addictions. These are all influencers of senior's and elder's care, services and the region's social and community economic development structures to support the emerging needs. Specialized care facilities for dementia and the corresponding services and staff are also critical considerations.

Challenge #3: The Population is Aging, Care Providers are Dwindling

In the Mackenzie region, the North Health Zone has challenges attracting and retaining healthcare practitioners. It has been reported that AHS has had RN positions open for over two years with no placements. Doctors would split shifts and specialists fly in and out of the region on scheduled visits. Rainbow Lake has one of the only paramedic managed health care facilities in Canada.

While the local health region is working with academic institutions to train local residents in healthcare there is still a shortage. To build a facility without planning for future employment is critical.

Conclusion

As mentioned, to overcome these challenges we recommend the following:

- 1) **Establish 'Northern Metrics'**. Use both quantitative and qualitative data that truly reflects the socio-economic realities of northern areas and its specific needs to promote a sustainable, culturally and gender sensitive, DSL facility, especially for the numerically dominant local First Nations and Métis peoples.
 - The Government of Canada should work with their provincial counterparts to actively collaborate to standardize the core data sets and ensure accurate regional data by including 'northern metrics' with a focus on un-met needs and underserved populations.

- 2) **Development of the Fort Vermilion and Area 'Culturally Inclusive' DSL Facility Business Case**
 - a. A cross ministry partnership 'task force' should develop a business case with the relevant northern metrics and socio-economic data. . Providing staff with the accountability and authority to make decisions, and the direction to expand their circle of influence opposed to referring responsibilities to other departments.
 - b. The business case would provide scenarios on a 'culturally inclusive facility which promotes a sustainable, culturally and gender sensitive, DSL facility development, especially for the numerically dominant local First Nations and Métis peoples.
 - c. The business case would include innovative public - private partnership options and incorporate employee retention and attraction strategies.
 - d. The business case would consider economic development options within the facility and/or with service provision options.
 - e. The business case would include options to provide the right level of service, at the right time, for the right patient.
 - f. Address the gaps in information/data; we need a solution to resolve the immediate need for 'DSL' facility in Fort Vermilion, Alberta and we need it now.

- 3) **Build capacity in healthcare workforce:**
 - a. There is a strong need for the Federal and provincial government to increase commitment for training in rural and northern regions;

- b. Employment attraction and retention can link to entrepreneur development by privately providing services; and
- c. Additional training can support First Nations capacity to efficiently deliver health care in their communities.

The qualitative, direct benefits would be:

- Data sets that are relevant to the region;
- Strategies to incorporate traditional and non-traditional partners into a sustainable facility;
- Sense of local ownership of the study results and the facility;
- Employment and entrepreneur development opportunities;
- Sense of indigenous pride by incorporating inclusive values in the facility and study development;
- Promotion of aging with dignity;
- Promotion of the Fort Vermilion and area DSL Facility as a model for other isolated or remote, rural northern Canadian communities.

In addition, opportunities exist to develop partnerships with the private sector for corporate funding/branding and with regional community colleges offering skills training in the required jobs.

As the Standing Committee can see, Fort Vermilion has a passionate group of community members that are willing to connect, collaborate and create partnerships with AHS, Health Canada and First Nations to gather appropriate data to forecast and meet future seniors care needs. The next step is for government to come alongside of Fort Vermilion & Area Seniors & Elders Lodge Board and our respective First Nation partners to begin the planning process.

Appendix A: Press Release

Sept. 11, 2017

New Study Shows No Action taken on Government Report Seniors and Elders waiting two years or more for care beds

Ft. Vermilion, AB – It’s been three years since the Mackenzie Regional Housing Needs Assessment proved it is time to start building the up to 200 beds care beds needed by 2031. Since 2014, only four additional care beds have opened. All Designated Supportive Living (DSL) facilities in the area are 100 per cent full and there is a two-year wait list.

The bed shortage affects all seniors including aboriginal elders, who are choosing to remain at home without the help they need, rather than move and be isolated from their families.

“A Designated Supportive Living facility is needed in Fort Vermilion right now and has been needed for several years,” said Chief Rupert Meneen, Tallcree Tribal Government; *and Grand Chief of Treaty 8*. “The facility must be culturally inclusive, recognizing and serving our First Nation people that looks after our Elders and Seniors spiritually, emotionally, mentally and physically. I’ve listened to our Elders across the Region regarding the need for our people and now call on the other levels of government to support it.”

Part of the problem is the way statistics about northern communities are collected. The AHS data collection method underestimates the number of people in the region who need care.

“There is a waiting list of 16 people now,” said Jeff Anderson, Fort Vermilion & Area Senior’s and Elders Lodge Board chairman. “But we know from front line staff that is the need for care beds is much, much higher. The system Alberta Health Services uses to determine the need in big centres like Calgary and Edmonton just doesn’t work here.”

The rural Mackenzie region lacks basic services such as taxis, transit and delivery services for seniors that makes aging at home more difficult. In many parts of the region lack of cell phone coverage makes even a 911 call impossible.

Bill Boese has lived in Ft. Vermilion 54 years. His parents moved to Three Hills after retiring so they could have medical care nearby and eventually had to move into assisted living in Red Deer, 800 kilometres away from Fort Vermilion. Since then assisted living facilities have opened in High Level and LaCrete, but little has changed, he said.

“Its extremely full and hard to get into to,” Boese said of the two local assisted living facilities. “A number of my friend’s aging parents are still moving away to live in care facilities. They are struggling right now in Edmonton, away from family, for example. They are struggling alone.”

The Fort Vermilion board is asking for meetings with government and provincial health officials to discuss building an assisted living facility for elders and seniors for the region and the four surrounding First Nation Nations by 2018.



NORTH PEACE TRIBAL COUNCIL

BEAVER - DENE THA' - LITTLE RED RIVER - TALLCREE

February 21, 2018

Honourable Jane Philpott

Minister of Health
House of Commons Ottawa, Ontario
Canada K1A 0A6
Email: Jane.Philpott@parl.gc.ca

Dear Honourable Jane Philpott:

Long Waitlists for Care Force Northern Alberta Seniors and Elders to stay at Home Longer

There continues to be an unmet need for seniors' and elders' care beds in the Mackenzie region, especially when considering the needs of the Indigenous population – one of Canada's fastest growing demographics.

North Peace Tribal Council (NPTC) representative of the Dene Tha' First Nation, Little Red River Cree First Nation, Tallcree First Nation and Beaver First Nation along with their partners from the Fort Vermilion and Area Seniors and Elders Board 1788 (FVASEB1788) call upon the Government of Alberta and the Government of Canada to work collaboratively work together to provide a 'culturally inclusive' seniors and elders lodge in Fort Vermilion, Alberta.

For over five years, the Mackenzie regions seniors Designated Supportive Living (DSL) units have been **100% full with waiting lists!** There is no need for more studies. There needs to be the right care, at the right time for every patient as well as the aggregate population for seniors and elders. This can only be achieved through collaboration across all healthcare systems to gather accurate numbers that properly reflect Northern Alberta. NPTC and FVASEB1788 request Alberta Health; Health Canada; Indigenous Affairs; and Seniors and Housing to develop a task force to collect and confirm exactly what type of care and to a plan to deliver that care based on need, not just aggregate numbers.

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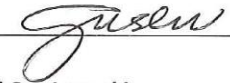
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The NPTC and FVASELB1788 are actively advocating for the need to connect, collaborate and create partnerships that will overcome cultural boundaries and serve the needs of the seniors and elders in the Mackenzie region and governments commitment to support a culturally inclusive DSL facility in Fort Vermilion by 2020.

Dated the 22 day of February 2018 and endorsed by:



Chief James Ahnassay
Dene Tha' First Nation



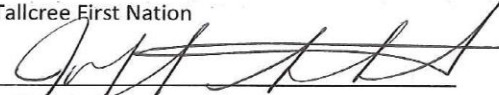
Chief Gus Loonskin
Little Red River Cree Nation



Chief Rupert Meneen
Tallcree First Nation



Chief Trevor Mercredi
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Jeff Anderson
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