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La route cahoteuse vers l'équité:

Comparison des modes de financement des services de santé autochtones



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Contexte: Le Canada et ses 13 systèmes de santé

Régies régionales de santé

- Provinces: CB, SK, MB, ON, QC, IPE, NB et TN&LB
- Territoires: TNO



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Le 14^{ème} système:
Contrôle autochtone
des services de santé
communautaires

- Accords de revendication territoriale
- Services de santé dans les réserves

The map illustrates the locations of various modern treaties in Canada, including the Inuvialuit Final Agreement, Nisg̏a'a Final Agreement, Tsawwassen Final Agreement, Sahtu Dene and Métis Land Claim Agreement, Tlicho Land Claim and Self-Government Agreement, Nuvavik Inuit Land Claim Agreement, James Bay & Northern Quebec Agreement & Complementary Agreements, Labrador Inuit Land Claim Agreement, and the Nunavut Land Claim Agreement.

MODERN TREATIES IN CANADA

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Le 14^{ème} système (- 2 -): Contrôle autochtone des services de santé communautaires

This map provides a detailed view of the First Nations and Inuit Health Jurisdiction Facilitated Areas across Canada. It shows the locations of numerous First Nations and Inuit communities, their boundaries, and the areas where they have jurisdiction over health services. The map includes labels for provinces, territories, and major cities, along with a legend explaining the symbols used for different types of health facilities and jurisdiction areas.

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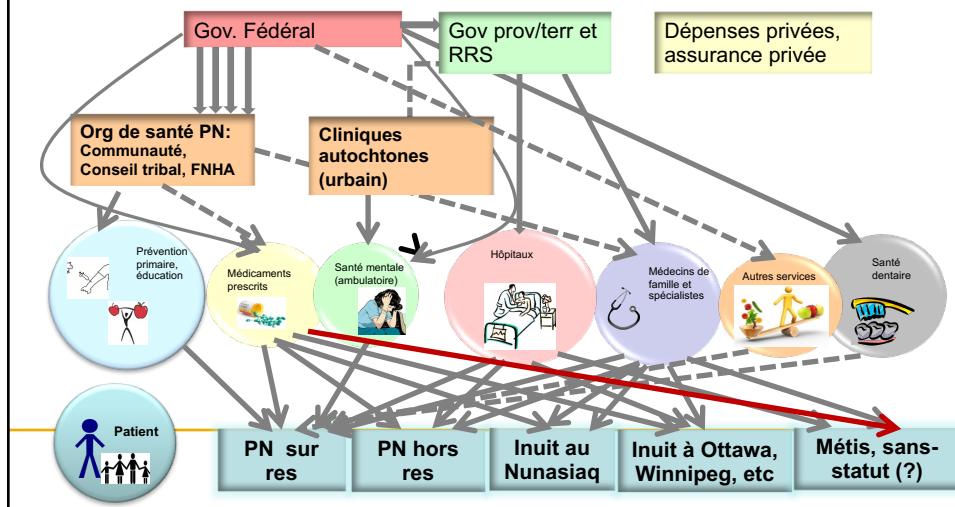
Points clés

1. La fragmentation et la confusion juridictionnelle demeurent deux obstacles importants à l'équité
2. Le cadre de politique en place demeure une mosaïque mal ajustée
3. Perspectives internationales sur le contrôle autochtone: l'ampleur du contrôle, contrôle de quoi au juste
4. La voie à suivre? stratégies informées par des notions d'équité horizontale et verticale



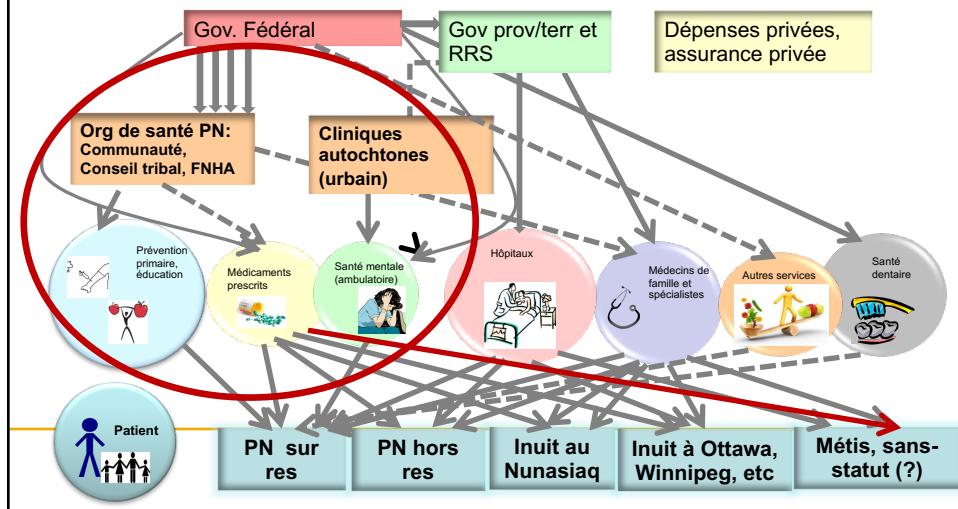
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1. Juridictions: Le bol de spaghetti de financement et de responsabilité



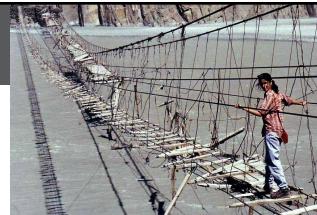
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1. Sphère de contrôle actuel



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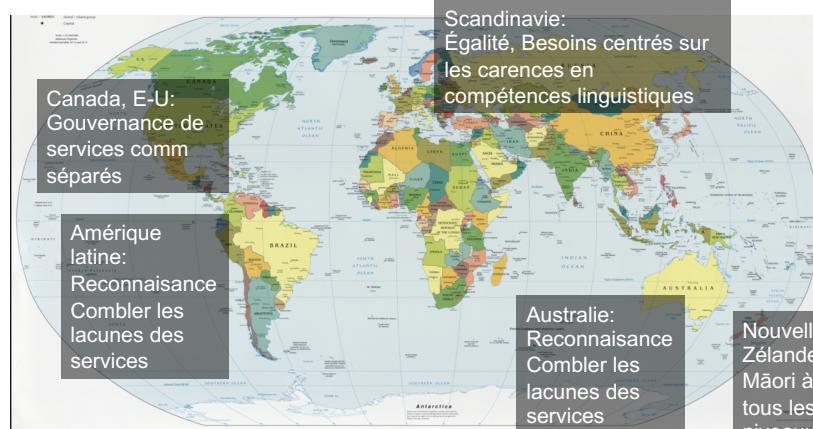
2. Les politiques en place



- Seuls le CB et l'Ontario reconnaissent un droit de parole aux autochtones au sein des Régies Régionales de Santé
- Racisme, un manque d'accès et un accès à des services de deuxième ordre
- Le cadre fédéral: la Politique de la Santé des Indiens de 1979
- Les politiques provinciales? provisions centrées sur les autochtones sont rares: tabac pour cérémonies, sages-femmes traditionnelles...
- Les obligations fédérales et provinciales ne sont pas définies, les « ponts » servant à lier les juridictions sont faibles

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3. Contrôle autochtone des services de santé: discours dominants



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4. La voie à suivre?

- Au niveau des politiques:** Des définitions claires en termes d'obligations et d'engagements fédéral et provinciaux
- Point focal:** Canada + Nouvelle Zélande: s'appuyer sur les services de santé gérés par les populations autochtones, et y ajouter une représentation à tous les niveaux
- Responsabilités des gouvernements fédéral, provinciaux et territoriaux:** démontrer l'amélioration des résultats de santé.



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The bumpy road to equity:

Comparison of Funding Arrangements in
Indigenous Healthcare Delivery



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Background: Canada and its 13 healthcare systems

Regional health authorities

- Provinces: BC, SK, MB, ON, QC, PEI, NB and NFLD&LB
- Territories: NWT



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The 14th system: Indigenous control over health services

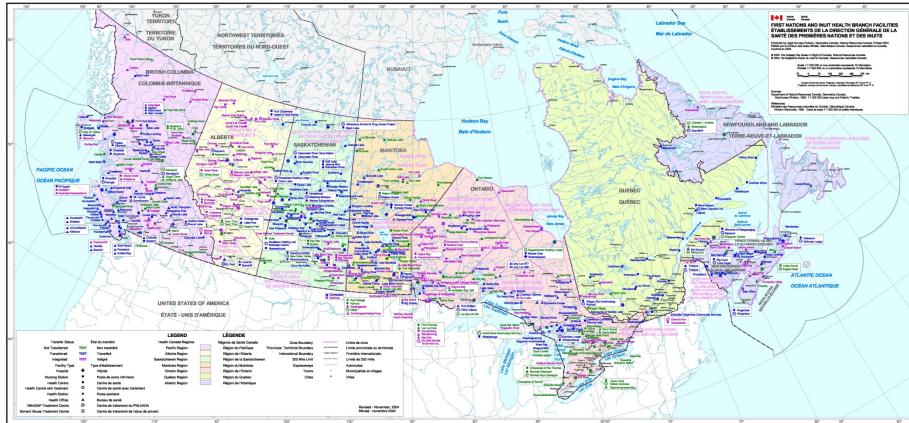
- Land claim agreements
- On-reserve health services



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The 14th system (part 2): Indigenous control over health services



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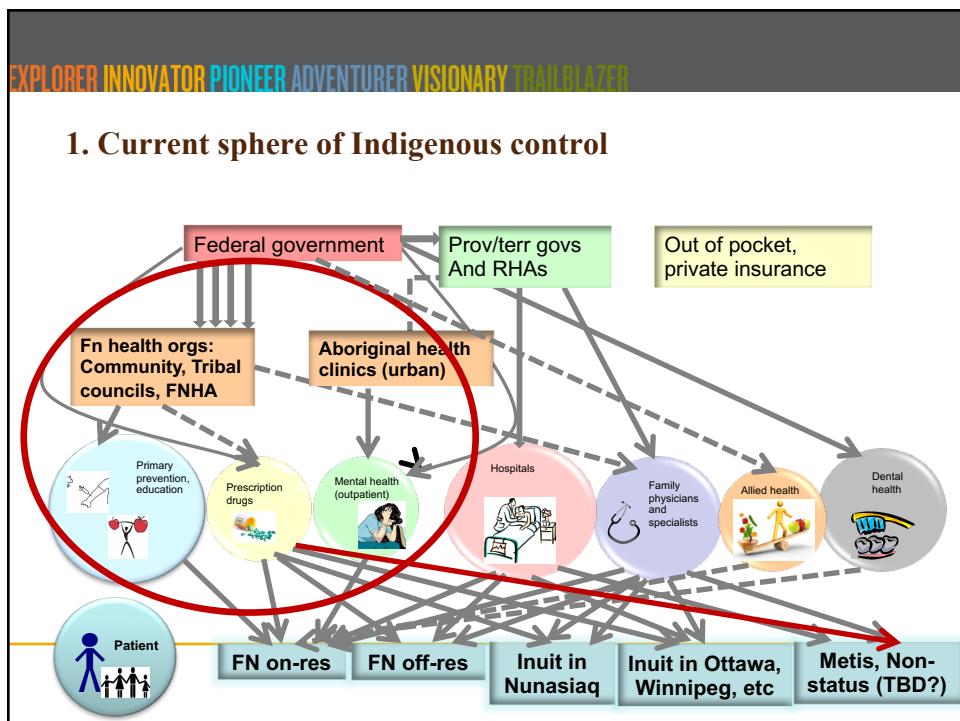
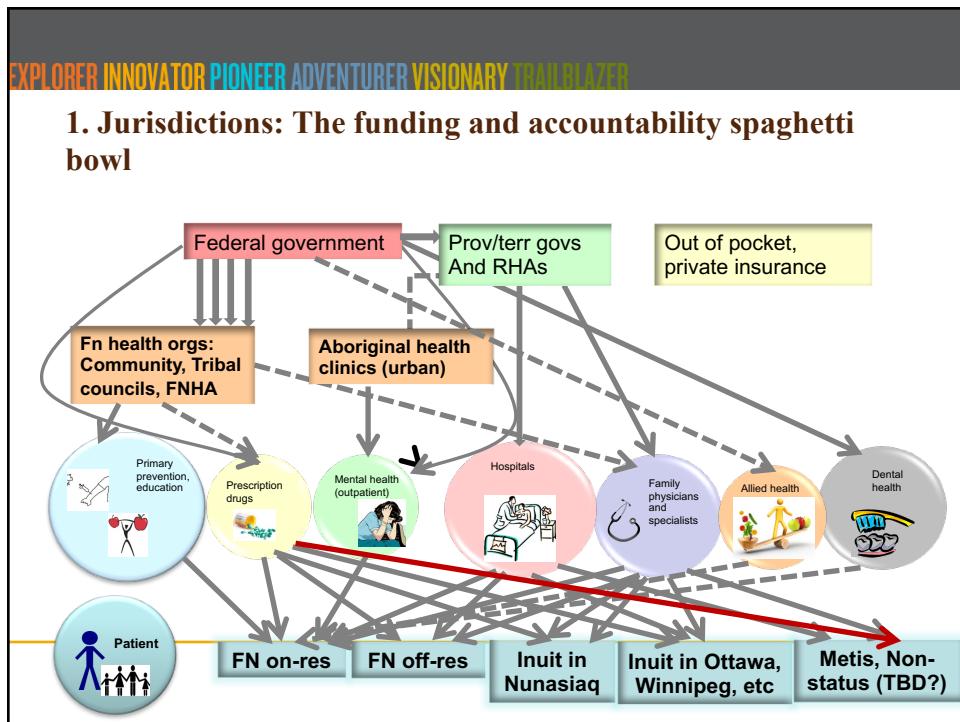
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Key points

1. Jurisdictional fragmentation and confusion remain a huge barrier to equity
2. The current policy framework remains a patchwork
3. International perspectives on Indigenous control: how much control, control over what
4. A way forward: vertical and horizontal equity-informed strategies



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2. Current policies:

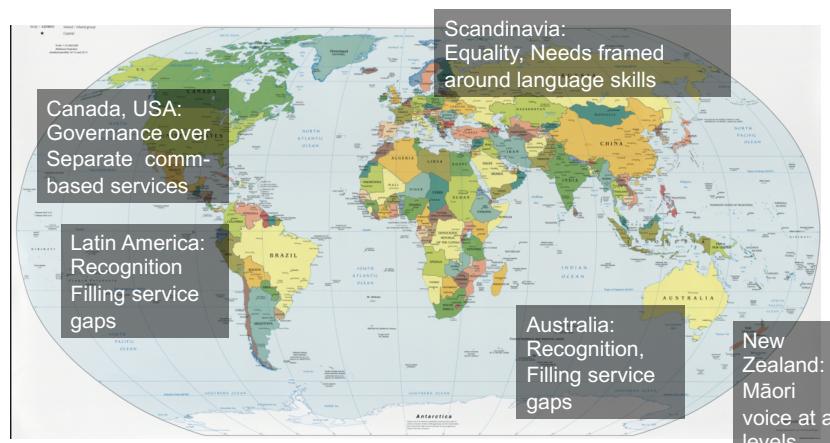


- Only BC and Ontario recognize the need for Indigenous peoples to have a say in Regional Health Authorities' decision-making
- Racism, unaccessible and substandard care continue to be reported
- The federal policy framework: the 1979 Indian Health Policy
- Provincial policies that contain Indigenous health-specific provisions are sparse: tobacco for ceremonial purposes, traditional midwifery, little else
- Federal and provincial obligations remain undefined, cross-jurisdictional bridges are weak



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3. Indigenous control over health services: dominant discourses



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4. The way forward

- **Policy response:** Clear federal/provincial definitions of obligations and commitment
- **Focus:** Canada + New Zealand: building on Indigenous management of community-based services, and adding representation at all levels
- **Federal, provincial and territorial governments' accountability:** demonstrate how improved outcomes are to be achieved.



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