

Information on Indigenous Health Equity Fund (IHEF) for Ontario First Nation Partners for Discussion

Background

- In February 2023, the Prime Minister announced the new Indigenous Health Equity Fund for First Nations, Inuit, and Métis communities. Budget 2023 reaffirmed the commitment of a \$2B investment over 10 years for the distinctions-based Indigenous Health Equity Fund.

What can IHEF be used for?

- Objective of the Indigenous Health Equity Fund is to support distinctions-based, Indigenous-led approaches to increasing access to high quality and culturally safe health care. First Nations can use this funding based on their priorities to support both immediate and long-term Indigenous health priorities and approaches.
- As a multiyear fund, activities under IHEF are eligible to change and can be adapted to needs year over year.
- The scope of eligible activities for funding is wide with flexibility to address gaps in access to quality and culturally safe health care services. These include:
 - The activities covered through existing authorities for Health Infrastructure Support (i.e. capital, health human resources, health governance and eHealth) and Primary Health Care (all other services and programs outside of Non-Insured Health Benefits authorities);
 - Investments can also include capital funds to address health gaps and support system design including strategy development for coordinated approaches across region; and,
 - Can be used for new health care related services, or to supplement existing ones.

Who is eligible to receive funding through IHEF?

- First Nations (e.g., governments, communities, bands, districts, tribal councils, associations and their organizations serving First Nations living on and off reserve).
- National Indigenous organizations, non-governmental organizations, provincial and territorial governments, including educational institutions, and health authorities (e.g., for cost-shared projects). **For funding through distinctions-based allocations, these recipients would receive funding at the discretion of Indigenous partners.

Implementation Plans

- Access to funding will flow from implementation plans that will provide information on priority areas for investment, expected outcomes and what measures will be tracked showing how new federal funding will be spent.
- Implementation plans reporting will include a description of:
 - Planned initiatives and health priorities;
 - Results and reporting strategy;
 - The extent to which investments are supporting community-based health services;
 - The extent to which these investments are supporting partnerships with provincial and territorial health systems;
 - Gender Based Analysis + considerations; and,

- Description of service delivery populations.
- FNIHB is developing a template that could be used as a tool for reference but remains flexible on the format of final “implementation plans” that are submitted.
- ISC Regional offices will work with First Nations to direct funding through existing arrangements, including new fiscal relationship grant agreements.

How much is there?

- \$2 Billion nationally over 10 years, with a regional ON allocation of \$24,925,678.85 yearly for the 10 year period.

Reporting

- FNIHB is seeking ongoing support in developing a results strategy, to collectively report on progress and measure results. Implementation plans will provide details of planning and expected results to show the meaningful impact.
- Reporting on broad outcomes:
 - Co-developing results frameworks that go beyond investments made by priority area.
 - Making strategic linkages with other initiatives to provide a more holistic perspective on Indigenous health, including health human resources, mental wellness, epidemiological capacity, and other areas.

Considerations

- Community based allocations of the entire regional amount based on Berger calculations are not eligible for this funding as it does not facilitate an achievable outcome measure for impact of the funding.
- First Nations may want to create specific parameters for eligible partners of the funding (i.e. funds must go through First Nation contribution agreements or grants so that only First Nations’ approved partners receive funds).
- Given the short timeframe for receipt of year 1 funds, you may wish to consider a regional priority area for investment such as mental health and substance use and then take time in year 2 to consider other options of how to prioritize use of the funds.

Next Steps

- **In the short-term:**
 - Implement the IHEF program and roll out funding.
 - FNIHB to consolidate and process information collected through implementation plans.
- **Medium-term:**
 - Continued engagement to establish new Terms and Conditions for the Indigenous Health Equity Fund that enable flexibility for the Fund and solidify self-determination.
- **Longer-term:**
 - Strategically leverage the Health Equity Fund to identify priority gaps in services.
 - Identify innovative, Indigenous-led approaches to improving health outcomes.
 - Inform future funding reforms that seek to address gaps, simplify administration and support greater Indigenous self-determination in health.