



First Nations Health Authority  
Health through wellness

# Program, Service and Investment Discussion

Vancouver Coastal Caucus 2017



# 2017-2018 Summary Service Plan

Effective April 1, 2017-March 31, 2018

## Snapshot- Key Priorities

- ✓ **Quality Agenda**
- ✓ **Cultural Safety and Humility**
- ✓ **Priorities for those living away from home.**
- ✓ **Truth and Reconciliation Commission Calls to Action**
- ✓ **Primary health care and mental health and wellness action plans.**
- ✓ **Transition off of Health Canada systems for Pharmacy**





## Health Benefits

- Moving ahead with Pharmacare
- Target October 1, 2017 for transfer
  - Resolves the issue of payer of last resort
  - Reduces policy barriers
  - Improves special authority process (Physician vs. at Pharmacy counter)
- Working toward seamless transition- but there are challenges ahead
- These challenges include out of province, over the counter drugs, and others that we strive to problem solve through table top exercises today

Additional focus in 2017 is increasing access and usage of dental benefits



## Capital

- As of March 31, 2017, \$86.3 million gap between capital requests and available capital funding.
- Social Infrastructure funding
- Through community engagement, support for projects not previously eligible or supported by Health Canada funding model. (ie.Ktunaxa youth treatment)
- Moving to Increasing transparency about decision-making processes including publishing an annual capital projects list
- Future Transformation opportunities

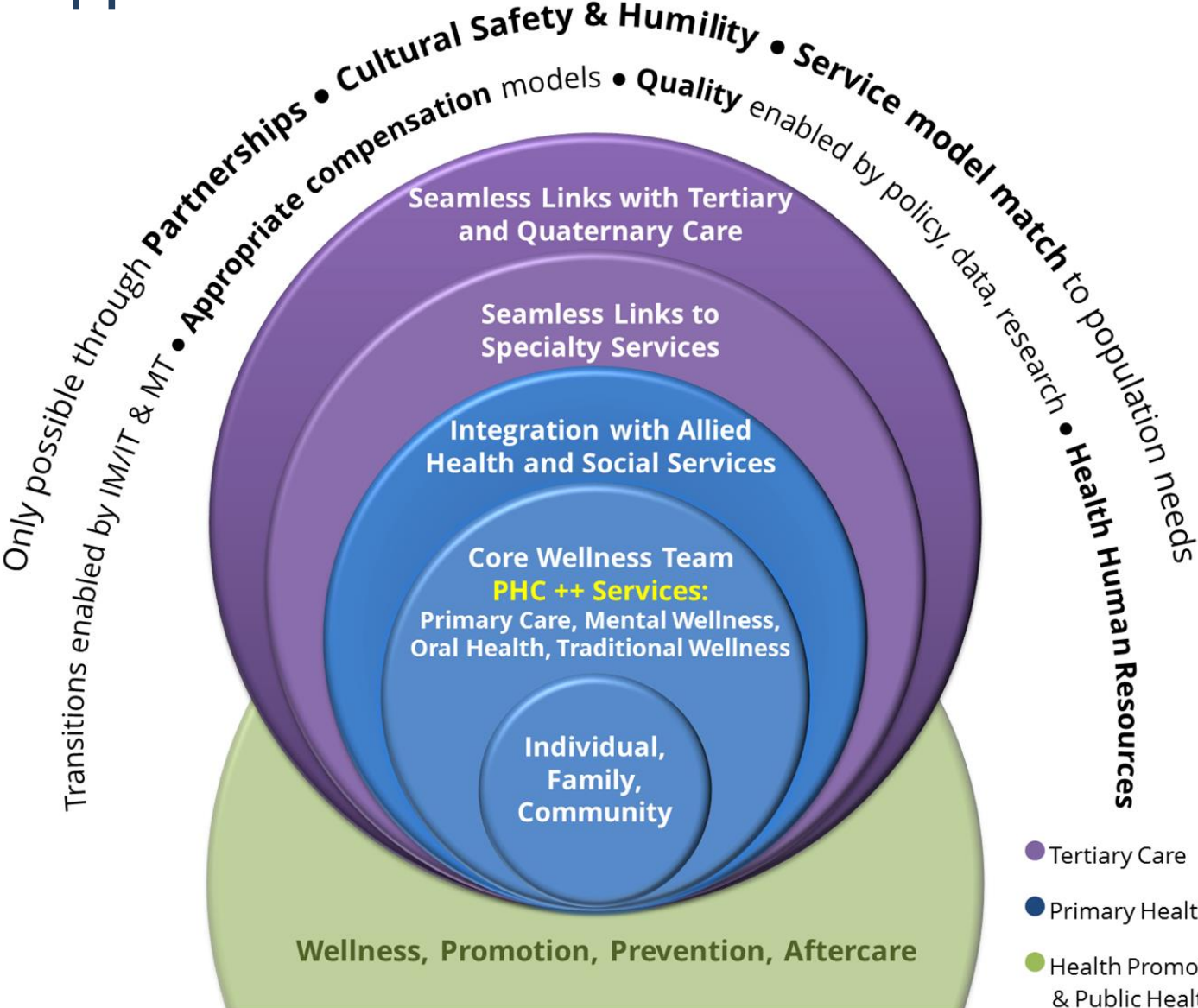


## Jordan's Principle

- Jordan's Principle is meant to prevent First Nations children from being denied essential services or experiencing delays in receiving them.
- FNHA administering Jordan's principle in BC in partnership with INAC
- Similar to IRS arrangement, no impact to fiduciary duty
- Utilizing Health Benefits Infrastructure
- Web content live [www.fnha.ca/jordansprinciple](http://www.fnha.ca/jordansprinciple)



# PHC++ Approach





## End-to-End Integration Opportunity

- Support projects to achieve full operationalization
- Demonstrate integrated, community-driven and indigenized PHC prototypes as service models
- Strengthen integration with other provincial and community services
- Resolve a number of key issues, including:
  - Policy gaps
  - PHC enablers and key foundations, including nursing, eHealth, medical transportation, capital/infrastructure
  - Health human resources, including training, availability, recruitment and retention
  - Cultural safety and humility, including relationship-building between clients and the providers
  - Governance and Oversight, so that the projects are delivered in a way that meets the needs of communities



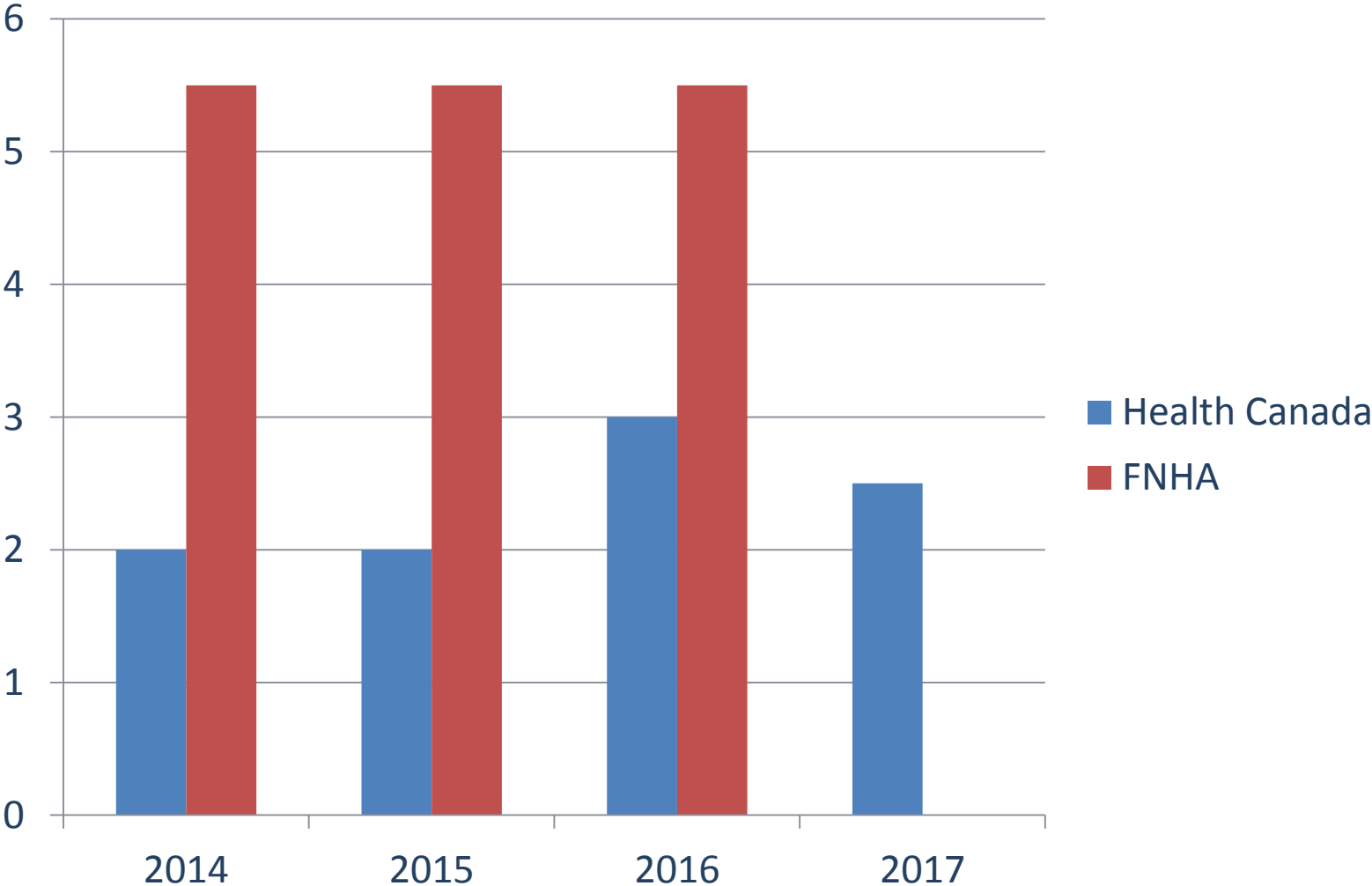
## Funding Arrangements & Reporting

- Building upon our discussions at the Quality Forum
- Interested in having a discussion about meaningful cycle of planning, funding and reporting
- FNHA not requiring submission of CBRT this year → engage in discussion on a replacement process moving forward
- Discussion on surplus reinvestment plans





# Escalator Discussion (FNHA / Health Canada)





## Escalator Discussion- *Leave no one Behind*

Community A

| Year | AMT       | TTL CA    |
|------|-----------|-----------|
| 2014 | 5,000,000 | 5,275,000 |
| 2015 | 5,275,000 | 5,565,125 |
| 2016 | 5,565,125 | 5,871,207 |

Community B

| Year | AMT     | TTL CA  |
|------|---------|---------|
| 2014 | 200,000 | 211,000 |
| 2015 | 211,000 | 222,605 |
| 2016 | 222,605 | 234,848 |

Community A - 3 year increase = \$871,207

Community B - 3 year increase = \$34,848

## Improvement Pressures

- Nursing services, capital, O & M



First Nations Health Authority  
Health through wellness

# A conversation about the opioid crisis in BC: drug use is a health issue, not a moral issue

Vancouver Coastal Caucus  
May 2017

**Dr. Shannon McDonald,**  
First Nations Health Authority  
& **Sarah Levine,**  
Vancouver Coastal Health



## Helping protect First Nations & Aboriginal communities from the overdose crisis:

- What you can do to help protect yourself or members of your community from the crisis:
  - ✓ Attitudinal: be non-judgmental, supportive and understanding (lateral kindness).
  - ✓ Practical: know how to recognize and treat overdoses.
- Available data – what we know.
- What the First Nations Health Authority and its partners are doing to help prevent and reduce overdose deaths.



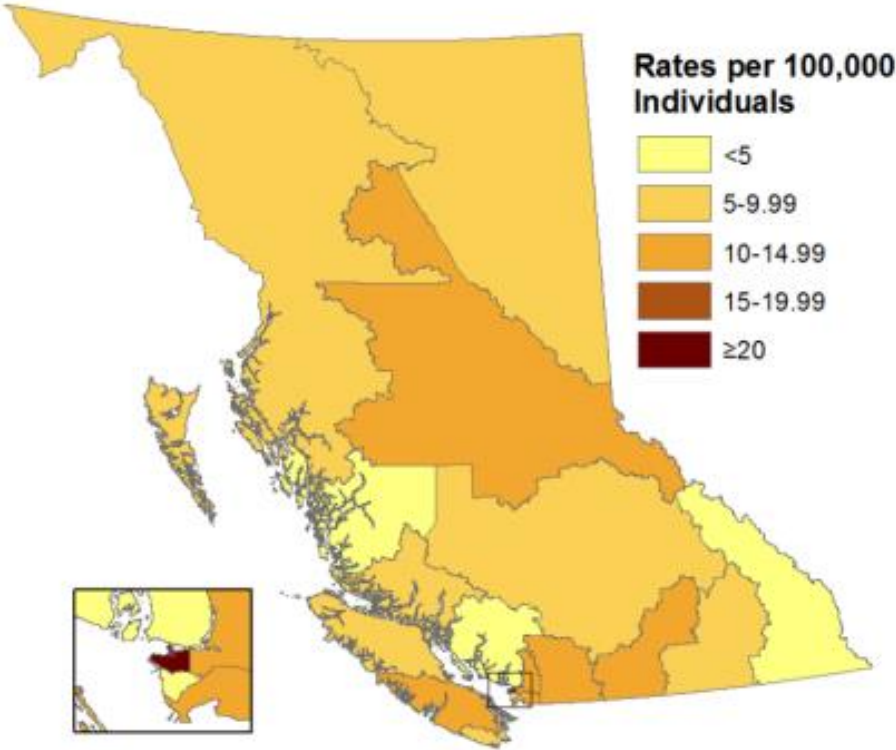
# Data

- Overdose deaths are increasing dramatically across BC.
- 931 people died from overdoses in 2016.
- Hospital contact for overdose are higher for First Nations.
- Data match is complete, analysis underway.

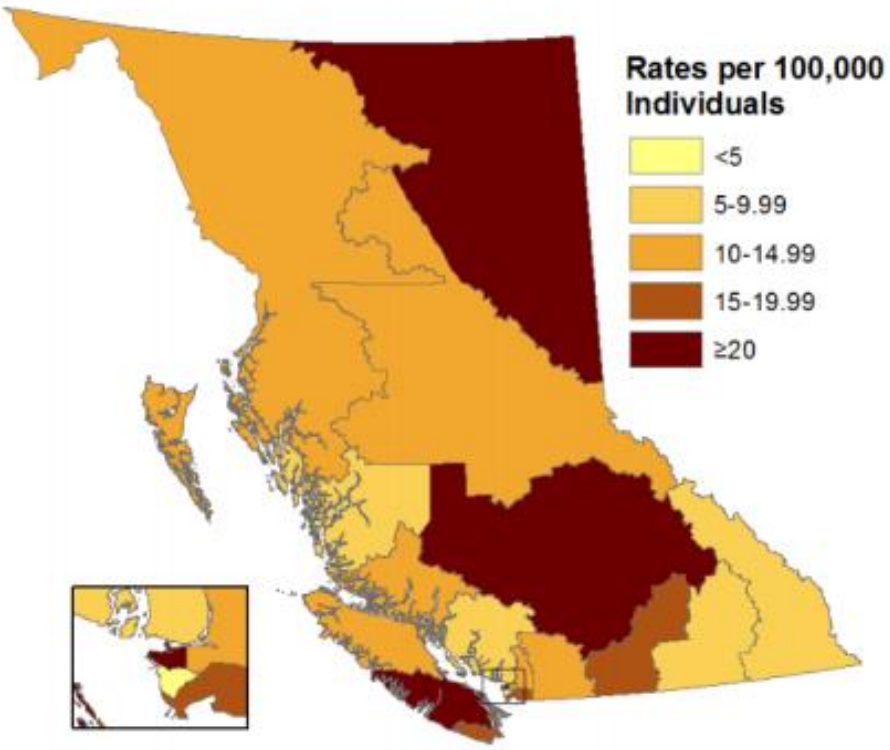


# The backdrop for this crisis

2015 Illicit Drug Overdose Death Rates by Health Services Delivery Area



2016 Illicit Drug Overdose Death Rates by Health Services Delivery Area<sup>[2]</sup>





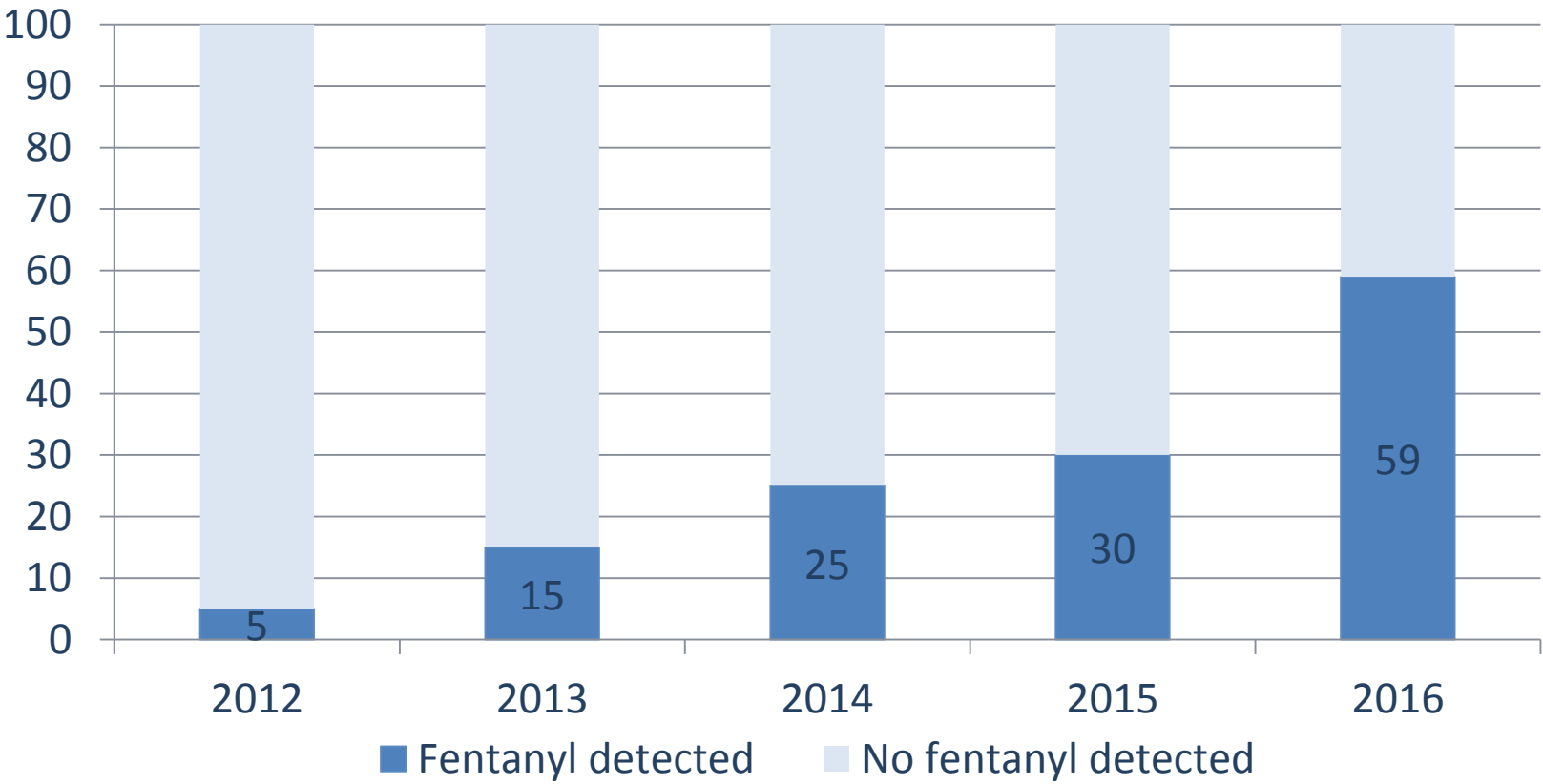
## These are *accidental* poisonings

The main reason for the drastic increase in overdose deaths is the increase in the use of deadly drugs Fentanyl / Carfentanil being slipped into many different drugs without the user's knowledge.





# Percentage of Illicit Drug Deaths in Which Fentanyl Detected, 2012-2016 YTD\*



\*To Oct. 31, 2016

Source: BC Coroners' Service





## New Law to protect people who call 911 for an overdose

- *The Good Samaritan Overdose Act* protects people from possession charges when they call 911 for an overdose.
- It was established because evidence shows that witnesses to an overdose aren't calling 911 for fear of getting into trouble with police.

### Good Samaritan Drug Overdose Act: New Law Could Help Prevent Drug Deaths

CP | By John Cotter, The Canadian Press

Posted: 05/05/2017 10:10 am EDT | Updated: 05/05/2017 1:06 pm EDT

Click to play full video

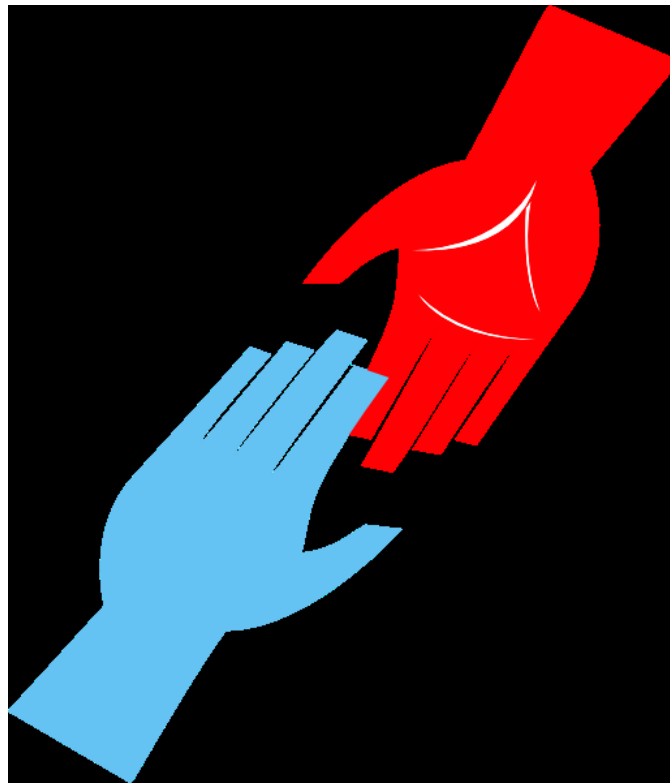




# What exactly is a “harm reduction” approach?



**Harm reduction approach: stigma around drug use can cause deaths. A non-judgmental attitude can save lives.**





# A harm reduction approach aligns with Lateral Kindness, which

naturally incorporates **traditional values** such as holding one another up and valuing each other from an inherent place of **kindness and love**.





# Harm reduction approach: Be kind ... be kind ... be kind.

The bottom line is that the people in our lives who struggle with **addictions need to feel that they are safe with us and that their lives are valued.**



## It is also important that we all know how to prevent overdose deaths.

- We need to **be prepared** in case an overdose does happen, in order to prevent an overdose death.
- Everyone should **know how to recognize an overdose** and be prepared to help someone who has overdosed.
- We can all help prevent overdose death, learn how to be prepared to reverse overdoses, and – in the worst-case scenario, support those who have lost loved ones to overdoses.



## Naloxone reverses effects of overdose drugs.

- Prescriptions no longer required.
- BC has declared a public health emergency in response to the massive increase in overdose deaths seen in BC in the past two years.
- Naloxone is a free, injectable medication that can save loved ones from dying of a drug overdose.
- Naloxone reverses the effects of an overdose from opioid drugs.



# Take-Home Naloxone Kits







## **Initiate deliberate conversations; acknowledge uncomfortable feelings.**

Initiating conversations about drug use with our family and friends can be difficult—but we need to engage in this sometimes uncomfortable dialogue with each other to support one another and potentially save lives.



# Recap: what can I do?

- Practise lateral kindness and harm reduction: it could save a life.
- Learn the signs of overdose.
- Get a take-home Naloxone kit.
- Be brave and have conversations.

# Thank you

**Gayaxsixa** (Hailhzaqvla)

**Mussi Cho** (Kaska Dena)

**Huy tseep q'u** (Stz'uminus)

**Tooyksim niin** (Nisga'a)

**Dun'kwu** (Haida)

**Kukwstsétsemc** (Secwepemc)

**Gila'kasla** (Kwakwaka'wakw)

**č̣ε̣č̣ε̣haθ̣ε̣č̣** (Ayajuthem)

**Kleco Kleco** (Nuu-Chah-Nulth)

**Sechanalyagh** (Tsilhqot'in)

**k<sup>w</sup>uk<sup>w</sup>stéyp** (Nlaka'pamux)

**kw'as ho:y** (Halqeméylem)

**Snachailya** (Carrier)

**T'oyaxsim nisim** (Gitxsan)<sup>27</sup>



# Questions & Discussion

