



FIRST NATIONS HEALTH SOCIETY
2010-2011 ANNUAL REPORT



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Improving health outcomes requires a common vision and values. The consensus paper, approved at Gathering Wisdom provides the three First Nations governing pillars: The First Nations Health Council, First Nations Health Directors Association and First Nations Health Society with a roadmap, not only on what our work is, but on how we must do it.

Pierre Leduc, Chair, FNHS

LETTER FROM THE CHAIR



Pierre Leduc, Chair, FNHS

The past year has been a momentous one. The display of unity and strength that we witnessed at this year's Gathering Wisdom Forum was historic.

Improving health outcomes requires a common vision and values. The consensus paper, approved at Gathering Wisdom provides the three First Nations governing pillars: The First Nations Health Council, First Nations Health Directors Association and First Nations Health Society with a roadmap, not only on what our work is, but on how we must do it.

The ongoing collaboration of the three First Nations governing pillars is paramount. We are fortunate to be a part of a developing structure that has, built into it, direct lines of accountability to the communities and the regions that it serves. The First Nations Health Society Board of Directors continues to be directly accountable to BC First Nations through its relationship to the First Nations Health Council.

The opportunity before us cannot be understated. A new First Nations governing structure will be responsive to community needs; agile enough to apply targeted interventions; and focused on wellness based solutions.

The creation of a new First Nations Health Authority will benefit generations to come. Taking over government run programs and

services also provides new opportunities for young people. As we work collectively to create a new infrastructure, we do it from the common understanding that the development of human and economic capacity is fundamental to improving health and well-being.

Directive 7 of the consensus paper maintains that the First Nations Health Society will function at a high operational standard. This means ensuring good governance, prudent use of resources, and the provision of regular reporting to BC First Nations. We hope that you enjoy this report which details some of the amazing work happening across the province in First Nations Health.

In closing, I would like to acknowledge the ongoing work of community health service providers working throughout the Nations and communities in BC. Your ongoing dedication, innovation and service continue to make the impossible, possible.

A handwritten signature in blue ink, appearing to read 'Pierre Leduc', written in a cursive style.

LETTER FROM THE CEO



Joe Gallagher, CEO

The 2010-11 fiscal year has been another busy and productive one for the First Nations Health Society. The focus has continued to be supporting the advancement of the work related to the tripartite health governance process, including the extensive consultation and engagement process with First Nations communities across the Province, and work to conclude the tripartite Framework Agreement. These efforts shaped and informed the discussion in May 2011 at the Gathering Wisdom IV conference where a vast majority of First Nations leaders passed a resolution setting out a number of directives and next steps with regard to a new health governance arrangement and partnership with federal and provincial governments.

Another key focus for the First Nations Health Society has been the health actions agenda that flows from the TCA: FNHP and TFNHP. The Society continues to provide leadership and facilitation for the implementation of a health actions roadmap to advance the tripartite collaboration necessary to improve health services to First Nations communities and individuals in BC.

It has been encouraging to see the extent to which Federal and Provincial partners have engaged in this process to bring their senior personnel and decision-makers to the table with us to address various health issues for First Nations communities at a provincial policy and service planning level.

The relationship with the Province is strengthened through direct discussions with the Deputy Minister, members of his Executive Team, and Regional Health Authority CEOs and participation at senior-level tables on issues such as HIV/AIDS, information management and e-health. Engaging at these senior levels has helped promote the implementation of the TCA: FNHP, TFNHP and, with the goal of aligning First Nations interests with provincial efforts to transform its health system.. Our partnership with the Federal Government continues to evolve through regular engagement with senior personnel from FNIH-BC Region and Health Canada headquarters in Ottawa on the implementation of health actions, and as we prepare for the potential transfer of FNIH-BC Region to First Nations control.

The Society continues to play a key role in supporting the First Nations Health Council and the First Nations Health Directors Association to advance their respective and collective agendas through the provision of secretariat services.

Over the year, there have been some exciting developments amongst First Nations communities and their partners, leading to exciting new programs and initiatives which are centered on First Nations values, beliefs and traditions. The Society continues to support these efforts to leverage new partnerships, and to enhance the recognition of First Nations traditions and practices in health care delivery throughout the province.

All of the above work would not have been possible without the leadership and commitment of the members of the First Nations Health Council, First Nations Health Directors Association, the First Nations Health Society Board, and the staff at the Society, all of whom remain passionate about what has been achieved and the exciting times ahead. Above all, acknowledgement should be given to BC First Nations communities, leaders, health directors and citizens – past, present, and future – they are the reason why this work is taking place, and their generosity in sharing their experiences and offering their guidance is deeply appreciated.

Over the coming year, First Nations will continue the journey to collectively establish the structures that will ensure First Nations decision-making over the health services that are greatly needed by First Nations people, and to bring further definition and meaning to the health partnership with BC and Canada at all levels. The collective challenge will be to remain united, and to establish the capacity to engage in and prioritize the many opportunities which continue to present themselves. The future is promising – through emphasizing community-driven, Nation-based solutions, health outcomes for First Nations people throughout BC will improve, and BC First Nations will offer important lessons for health systems transformation worldwide.

This has been a historic year for First Nations in BC. At Gathering Wisdom for a Shared Journey IV (May 24-26, 2011 in Richmond, BC), BC First Nations leaders drew upon their strength and courage, and made a commitment to one another to take control over the health programs and services to their peoples, and to enter into a new health partnership with federal and provincial governments.

Grand Chief Doug Kelly, Chair, FNHC

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SECRETARIAT REPORTS

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FIRST NATIONS HEALTH COUNCIL



**Grand Chief Doug Kelly Chair
First Nations Health Council Society**

This has been a historic year for First Nations in BC. At Gathering Wisdom for a Shared Journey IV (May 24-26, 2011 in Richmond, BC), BC First Nations leaders drew upon their strength and courage, and made a commitment to one another to take control over the health programs and services to their peoples, and to enter into a new health partnership with federal and provincial governments.

Four years ago, the Tripartite First Nations Health Plan was signed on Musqueam territory. In those four years, and as reported in many previous reports and communiqués to BC First Nations, a First Nations Health Council was created, and restructured. A First Nations Health Directors Association was established, with membership reaching 120 members and associate members. 32 Community Engagement Hubs were formed representing 185 First Nations. The First Nations Health Society was formed to implement innovation in health actions, serve as the operational arm of the First Nations Health Council, and provide support services to the First Nations Health Directors Association. Five regional caucuses were established, providing a regular forum for First Nations leaders and health professionals to have the conversation at a regional level on First Nations health governance and provide direction to the First Nations Health Council. We have taken these four years to prepare ourselves, to build strength and unity, and to implement a structure that is truly community-driven, and Nation-based.

Gathering Wisdom for a Shared Journey IV presented a historic opportunity for BC First Nations leadership to reflect upon, verify and renew the work of the past 4 years in health, and to chart a new path forward

to take greater control over First Nations health services and help to transform the provincial system that serves us. 178 Chiefs and designates in attendance engaged in a political dialogue about the Consensus Paper: BC First Nations Perspectives on a new Health Governance Arrangement (the Consensus Paper) and draft Resolution to adopt the Consensus Paper. The Resolution and Consensus Paper summarizes direction from First Nations provided in recent years through over 120 regional and sub-regional caucus sessions and over 250 Health Partnership Workbooks. The Consensus Paper sets out the following directives for the new health governance arrangement – these directives describe the standards and benchmarks that First Nations have set out for the new health governance arrangement to meet:

Directive #1

Community-Driven, Nation-Based

Directive #2

Increase First Nations Decision-Making and Control

Directive #3

Improve Services (Consistent with the Principle of Comparability)

Directive #4

Foster Meaningful Collaboration and Partnership



Directive #5

Develop Human and Economic Capacity

Directive #6

Be Without Prejudice to First Nations Interests (including but not limited to Aboriginal Title and Rights, Treaty Rights, self-government agreements, court proceedings, the fiduciary duty of the Crown, and existing community health funding agreements)

Directive #7

Function at a High Operational Standard

On the afternoon of May 26th, the Resolution (with amendments gathered over the course of the forum) and Consensus Paper were debated and subsequently voted upon by the First Nations Chiefs and leaders in attendance. The Resolution passed by a wide margin – 146 (88%) voted in favor of the resolution, 12 voted against, and 8 abstained.

This historic decision (while the culmination of four years of intensive efforts) establishes a very ambitious agenda for the work of the First Nations Health Council moving forward, particularly over the next two years. The first order of business is the development of a workplan, in consultation with the Regional Caucuses, for the next steps outlined in the Resolution and Consensus Paper. This workplan will describe the work of the First

Nations Health Council, in collaboration and partnership with the First Nations Health Directors Association, interim First Nations Health Authority (First Nations Health Society) and Regional Caucuses, to take full advantage of the tremendous opportunities in front of us in health governance over the next several years. Some key areas of focus include:

1. Regional Caucuses, Regional Tables & Hubs:

Work by the regions themselves to further develop their regional caucuses, establish regional tables to serve as the “arms and legs” of the regional caucuses, and negotiate agreements with the Regional Health Authorities to incorporate First Nations decision-making into the provincial health system that serves us.

2. Health Governance Structure:

First Nations must formalize the structure for the governance of First Nations health programs and services in BC, including the roles and structure of the First Nations Health Council, First Nations Health Directors Association, and a new First Nations Health Governing Body (First Nations Health Authority), including the working relationship and partnership between these three components.

3. Negotiations: First Nations have approved the transfer of FNIH-BC region to First Nations control, and work must commence to sort through the extensive details of this transition, in areas such as human resources, information management and information technology, office leasing, and many others.

All work in health governance must be consistent with the 7 directives developed and approved by First Nations in the Consensus Paper, and will be advised by First Nations each step of the way, through Regional Caucus sessions and the next Gathering Wisdom for a Shared Journey forum in 2012.

We raise our hands to First Nations for their wisdom, guidance, and direction, and for their commitment to the health of their peoples and communities, and look forward to continuing the important work you have entrusted us with.

FIRST NATIONS HEALTH DIRECTORS ASSOCIATION



Judith Gohn, President
First Nations Health Directors Association

We celebrate our first year as a First Nations Health Directors Association after many years of dreaming of the formation of our own professional body as health directors of First Nations health services in BC. This aspiration has been a dream for many of our present and past Health Directors and we honor all of those who came before us and led the way of providing the leadership and passion for us to finally accomplish this goal in April 2010.

The First Nations Health Directors Association was registered as a legal entity in April 2010 and with the support of the First Nations Health Society staff, we have been able to accomplish many things over the year in fulfillment of our dual role – firstly as a body supporting the professional development of health directors and staff, and secondly as a partner in the First Nations health governance model with the First Nations Health Council, and soon the First Nations Health Authority.

Over the past fiscal year we have undertaken important foundational work, including the development of the Associations policies, procedures and strategic plan. With the support of the FNHDA Secretariat and led ably by our executive director Deborah Schwartz we were able to conduct our first round of regional sessions with Health Directors.

The purpose of the regional engagements was to network with health directors and to share our strategic plan. Through the sessions we were also able to identify ongoing health priorities for communities as part of undertaking an advocacy role. In the coming year we intend to focus more on training for health directors and aligning our efforts with health director needs as much as possible. The sessions also provide an important opportunity to share health governance information from a health director's perspective and to support the consensus building process leading up to Gathering Wisdom.



Over the past year we have participated in many discussions and meetings with the First Nations Health Council, including attending the Tripartite Committee on First Nations Health meeting in Victoria in 2010. The FNHDA looks forward to continuing its key role as a technical advisor to the First Nations Health Council and emerging First Nations Health Authority. We are eager to share our years (and often decades) of “on the ground” experience and client engagement to draw from.

We would like to thank all of the staff (past and present) from the First Nations Health Society who continue to support us and our health director members, and we look forward to continuing our role as a professional body and a partner in the First Nations health governance model with the Health Council, emerging First Nations Health Authority and Government partners. The future is exciting for our people and although the times ahead will include challenges – health directors are dedicated and committed to support leadership, communities and families to make a difference in their lives.

“We have been able to accomplish many things over the year in fulfillment of our dual role – firstly as a body supporting the professional development of health directors and staff, and secondly as a partner in the First Nations health governance model.”

Judith Gohn, President
First Nations Health Directors Association

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PRIMARY CARE & PUBLIC HEALTH

SEABIRD ISLAND CENTRE OF EXCELLENCE FOR DIABETES

Through a decade of efforts, the Seabird Island Health Centre has positioned itself as one of the top First Nations primary care providers in the province – today, it delivers primary care services to 11 communities in the Fraser Valley Region, including physician and dental services.

“The Centre of Excellence gives us strength. For the same reason we are now going through the accreditation process. Our standards must be as, or better than, what is offered by other health service providers. We wanted to show the public and our people that we have a lot to offer- that we measure up, that we actually do things better.”

**Carolyne Neufeld, Health Director
Seabird Island Health Centre**

Excellence defines the work of the Health Centre. Year after year the Seabird team has introduced new and innovative programs and services for the benefit of its membership. Carolyne Neufeld, Health Director for Seabird states, “We are always questioning. What are the issues with the mainstream system? Where are the gaps for First Nations? If we are going to work to fill a gap, do we have the business case to support it?” Bringing on two doctors and three dentists was only achieved through weighing the costs and taking advantage of economies of scale. Neufeld did the math: “We realized that on average FNHI was paying other providers about \$600 annually per person to treat our members. When we added this up across the communities that we serve, we felt that we could provide a better, and more integrated, service closer to home.”

In 2011 Seabird received designation as a Diabetes Centre of Excellence for their development of a chronic disease management system. The system was developed in partnership with Fraser Health and is led by a full-time physician. It includes; an integrated case referral system, common data recording and tracking systems, and policies, procedures and operating guidelines



for the delivery of on-reserve services to over 3000 members.

The dream of establishing a Centre of Excellence began back in 2009. Health staff noticed that many service agencies were shutting down and that diabetics weren't utilizing the self-management programs being offered through the hospital. In fact, the concept of "self-management in a day" ran contrary to Seabird's philosophy of health promotion and continuity of care. "We found that our people did not like being in the hospital environment, and that the mainstream messages about self-management weren't really effective. There are a lot of 'shoulds and shouldn'ts' in mainstream disease prevention. At Seabird we have found it more effective to simply listen to and support our members."

Work towards this goal began in earnest in fall 2010. Drawing heavily on the Canadian Diabetes Association (CDA) standards for diabetes management and for diabetes centres of excellence, Seabird constructed a systematic approach to diabetes care that includes a comprehensive initial assessment and care planning, service delivery and then ongoing follow-up. It involves a coordinated effort between community health

representatives and community health nurses, diabetes nurse educators (and by extension the mobile diabetes team), and family practitioners. Their goal is to ensure that every community member who is diagnosed with diabetes receives care and support tailored to their individual needs.

The integrated care team needed to support the Centre of Excellence was developed through drawing and building on the current capacity of the staff. Two existing nurses received extensive training and were eventually certified as diabetes educators. "We are always looking to elevate the skills of our current staff, and to move them into new and emerging positions," says Neufeld "Our staff already have great relationships with community members, they know how to get in touch with people, they understand the families' histories, this knowledge is critical in providing appropriate care."

Good data leads to informed decision making. "I don't know how people can operate without the electronic health record" comments Neufeld. Seabird manages their client's health information through the Mustimuwx and Intrahealth electronic health records. They are now able to pull diabetes reports which provide a clear picture of who

the diabetics are and what treatment they have received. The Mobile diabetes unit is also connected to the electronic health record and submits information from out in the field.

The Seabird Team is proud of the service that they have been able to provide to the communities: "The Centre of Excellence gives us strength." Says Neufeld, "For the same reason we are now going through the accreditation process. Our standards must be as, or better than, what is offered by other health service providers. We wanted to show the public and our people that we have a lot to offer – that we measure up, that we actually do things better."

EHEALTH

CARRIER SEKANI WIDE AREA NETWORK

An exciting new eHealth project in northern BC is bringing new primary care services to rural and remote communities. Launched in 2010, the Wide Area Network (WAN) project connects 10 Carrier communities and 15,000 Carrier citizens through a secure eHealth network.

The Northern Health Authority service area encompasses 617,284 square kilometers (66.7% of BC). With such a huge geographic area, physician services to remote First Nations communities have been sporadic. "What has really been missing," says Dr. John Pawlovich "is day to day primary care." The WAN will enable Dr. Pawlovich to hold consultations with clients in Takla Landing, Nadleh Whuten and Grassy Plains all in the same day from his home in Abbotsford 1,000 kilometers away. "It will be a virtual clinic."

The project also works to address one of the health system's most pressing challenges: having the right information, at the right time, where it is needed most. "In today's information age, I think the average person assumes that any given doctor or nurse has access to their medical record" says Joseph Mendez, Project Advisor. "This is simply not the case – often, health care professionals are left in an information vacuum." The WAN enables Carrier Sekani to host electronic health records for their 15,000 members and manage this health information in a safe environment that is respectful to their citizens' needs.

Interoperability is an eHealth term which roughly translates to 'making it all work together.' Collaboration and integration with other systems is critical to the success of the project. The project team has been actively working with provincial partners to ensure that the WAN will work with Health Authority systems. Sharing client information over a secure network with other health care providers will ensure that, on or off reserve, Carrier citizens will receive the best possible care.

Dr. Pawlovich is hopeful that the project will position Carrier communities as leaders, and show other First Nations what is possible. "It is a very exciting time," says Pawlovich. "Ironically I think that First Nations people and others in rural and remote communities are positioned to benefit the most from technology and health care. While the uptake in urban centres is going to be slow, because you have to move from a pre-existing system, in rural and remote communities, where there are no systems, it's easier to adopt."



Warner Adam, Executive Director of Carrier Sekani Family Services, sees this project as a beacon of hope, and something that the provincial health system needs to pay attention to. "When we look at provincial expenditures, nearly 50 cents of each dollar is going to health care. We need to be on the lookout for new ways to provide quality, cost-effective health care that meets client needs. Projects such as the Carrier Sekani WAN illustrate how we can re-imagine primary care services that are technology enabled and, most importantly, determined and governed at the local level."

About Pathways

The Pathways to Technology Project provided financial assistance to the Carrier Sekani WAN. Pathways partners include All Nations Trust Company (ANTCO), the First Nations Technology Council (FNTC) and the First Nations Health Council (FNHC) along with advisory members: the First Nations Leadership Council, Health Canada, the Ministry of Labour and Citizens' Services (Network BC) and the Ministry of Aboriginal Relations & Reconciliation.

"Essentially we are looking at putting in place physician services where they have never existed before. This is having a tremendous benefit on the ground."

-Dr. John Pawlovich

HEALTH PLANNING & CAPITAL

FINLAY HUB SOLAR AIRFIELD SHINES LIGHT OF HOPE

Citizens of the Kwadacha and Tsay Keh Dene First Nations are used to taking care of themselves. Geographically isolated, the two communities and their citizens are, by necessity, very self-reliant. But when it comes to acute care, self-reliance takes on a whole new meaning.

Before this project we were just a little blip on the map – a project like this put us out there.

**Eileen Ruth, Health Director,
Kwadacha Nation**

Eileen Ruth, Kwadacha Health Director, describes the current acute care situation: “If someone has a heart attack or accident it can take up to 30 hours to get help. We’ve had times where a community member had to wait 18 hours on a spine board to be flown out; it’s that or traveling 6 hours by dirt road. Bad weather and little light in the winter only make the problem worse. This situation has created a lot of fear in our people.”

Being able to have full time medevac is extremely important to the people of Kwadacha and Tsay Keh. Right now, expectant mothers are flown to Prince George 2 weeks before their due date; if it’s a high risk pregnancy then it is 1 month before their due date. Most often the women are alone and there is no one with them when they give birth. With 24 hour medevac, women can be closer to home and their families for longer.



The Finlay Community Engagement Hub was formed in 2009 and is the smallest and one of the most remote hubs in the province.

"This entire runway project was planned through the Hub," says Ruth "In our first health Hub meeting, we made a list of what we wanted to see coming in the years. One of the first things we decided was to put lights on the runway and the idea just took off, Chief and Council, health workers, and community members, everyone agreed."

The Hub began to investigate what people were doing and heard about solar lights. This low cost, low maintenance and environmentally sound solution was a good fit for the communities. The nature of the project as a 'green initiative' opened funding opportunities. Through the community engagement hub, the two communities were able to develop a proposal that secured 1/3 funding from the federal government, 1/3 from the provincial government and the

remaining 1/3 from the communities. Tsay Keh Dene will soon be home to the first fully solar powered airfield in BC.

On advising other communities planning capital projects, Ruth notes that persistence is key: "We picked the right funding being solar and green energy- you just got to hang in there- keep pushing, keep phoning. Partners are important; it really helped getting the backing from BC Ambulance, and our local MLA and MP letters of support. When you phone people and ask them for help, they are just great. It was important for us that both governments provided funding support to the project- it ties us together and shows them where we are on the map. Before this project we were just a little blip on the map- a project like this put us out there."

On the role of the hub in getting the project done, Nicole Cross, Health Director for Tsay Keh Dene adds, "When I started this job

as Health Director, the hub concept was a complete anomaly for me" says "At first, I felt that the hub was doing the health directors job. Over time I saw that the hubs are an asset to take certain things off the plate of health directors, to put 100% focus on projects and get them happening in a timely manner."

"This winter we will not have problems," says Ruth, "Having 24 hour medevac will ease people's minds and that is the wonderful part."

RESEARCH & SURVEILLANCE

SECWPEPMC NATION INJURY SURVEILLANCE PROJECT

A first for BC, the Secwepemc Nation injury surveillance project has been operational for over six years. Collaboration through the Secwepemc Health Directors Hub table helps to keep this unique project on track, and a partnership with Interior Health and local hospitals has enhanced the quality of the data collected and led to strategic solutions to the common issue of injuries.

“There is a tremendous benefit to collecting data at the community level, as health directors, we are all trying to be effective in our program delivery; we want to get to a place where we are using our own data to direct program delivery.”

**Laura Jameson, Health Director,
Little Shuswap Band**

Jennie Walker, Health Director for Three Corners Health Services Society, is passionate about surveillance. “I think the thing that really got me fired up is that someone is always reporting for us and about us. These reports talk about the high rates of suicide and car crashes - I look at that and say ‘we don’t have that in our communities.’ We need to gather our own stats to take control of our lived realities and to talk about the good things that are happening.”

Today, 10 of 17 Secwepemc communities are collecting their own data to determine who is getting injured, why they are getting injured, and how. “There is a tremendous benefit to collecting data at the community level,” said Laura Jameson, Health Director for the Little Shuswap Band. “As health directors, we are all trying to be effective in our program delivery; we want to get to a place where we are using our own data to direct program delivery.”

Through the project, participating communities have learned that although their injuries patterns are similar across the 10 communities, they are different than provincial and national patterns for First



Nations people. Among the 10 communities, falls and injuries by person or object (i.e. cuts, banging your knee, assault) are the leading cause of injury. This is different than the provincial and national data for First Nations which identifies suicide and motor vehicle accidents as leading causes. The communities also found that most injuries happen at home or in the yard.

This data has resulted in targeted interventions and solutions at the community level. "Based on the data collected, we have focused on raising awareness about home safety, in particular for our elders," comments Jameson. The project has developed a home safety checklist as a tool for frontline staff to work with families and households. One of the communities involved in the project had many elders falling and therefore purchased bathmats for all elder's homes in the community. "These are the types of targeted interventions that are possible when you have good data."

Project members recognized a gap in data – the community health centre was not receiving reports of the injuries that took place after hours and on weekends that were

reported in local hospitals. A new partnership with Interior Health and local hospitals is now capturing that data. "Our partnership with Cariboo Memorial (Williams Lake) and 100 Mile Hospital is a great example of breaking down the barriers between providers. As a result of our partnership we now have better data."

Partnering with the hospitals wasn't always easy though. "The key to forming strategic partnerships is to do it in a non-threatening way," says Walker. "We found our way by not being pushy or demanding, we just sort of showed them over time the benefits of the project; it takes time and it takes patience and today we have some really great champions working within the system."

Beyond the obvious benefits of the project there have been some unexpected gains for the 10 communities. "Because we are such a unique project, we have attracted a lot of academic interest, this project has taught us how to partner with the academic community for the benefit of our citizens," said Jameson. Through the project, staff has also had the opportunity to learn about the

role of surveillance in population health and the application of OCAP principles.

Walker provides a final bit of advice to other First Nations looking to initiate their own surveillance projects: "Our project is successful because we knew we had to factor in time to listen every step of the way. It is really important to move at the pace the community is comfortable with."

ELDER PROFILE- Millie Emile

Elder Millie Emile is a grandmother from the Williams Lake Band. Millie had her home assessed by Three Corners Health Staff through the injury prevention project.

"Home Safety Assessments are important because some of these homes were built a long time ago and it's important to keep safe. Bathroom mats and new touch lights beside the beds help. The worker at the health centre told me to get a prescription from the doctor for hand rails and bath poles, this way I was able to get the items covered and just had to pick them up from the pharmacy."

MENTAL HEALTH & ADDICTIONS

TELMEXW AWTEXW [MEDICINE HOUSE]

PROVIDING LOW BARRIER TREATMENT & A SENSE OF BELONGING

The Sts'ailes First Nation (formerly Chehalis) opened the Telmexw Awtexw (Medicine House) in 2009 to provide culturally relevant residential treatment to residents of the Downtown Eastside. Only two years later the facility has expanded from five to nine beds – reflecting both the tremendous need for, and the success of, the program.

“Our staff combines the best of both worlds, integrating our traditional wellness practices and western medicine. It has to be said: our culture works, the teachings are there because they have sustained us for thousands of years, and none of this is accidental.”

- Chief Willie Charlie, Sts'ailes

“We take the people that no one else will treat – methadone users and people with multiple mental health issues,” says program co-manager Catherine Seymour. “We offer treatment programs from 1-6 months long with a focus on creating a sense of community and belonging for the a:yelexwt. In this regard, the community of Sts'ailes has been phenomenal; and have opened their doors and hearts to the a:yelexwt.”

Telmexw Awtexw has created other positive benefits in the community, including jobs and infrastructure. Renovating existing community buildings into a fully operational treatment centre created short-term jobs for 10 Sts'ailes members. Additional ongoing full-time employment opportunities are growing; currently, ten of fifteen staff members of Telmexw Awtexw are Sts'ailes. “We believe that we have the knowledge and the tools to treat our people when they need help. Our Snowoyelh gives us this responsibility, to help where we can,” comments Chief Willie Charlie. “Our



staff combines the best of both worlds, integrating our traditional wellness practices and western medicine. It has to be said: our culture works, the teachings are there because they have sustained us for thousands of years, and none of this is accidental.”

A unique aspect of the program is integrating the clients into the activities of the Sts’ailes community. “Many of our clients have never had that sense of belonging anywhere,” says Seymour, “and with that sense of belonging comes a really good feeling, and responsibilities.” The staff at *Telmexw Awtexw* take every opportunity to bring *a:yelexwt* to community functions and celebrations. Once a year, Sts’ailes hosts a celebration to introduce new babies to the elders of the community. One elderly *a:yelexwt* was invited to join the circle and stand with the Sts’ailes elders and meet the new babies. “As he shook hands with all the new babies, for the first time since I met him, his head was held high,” said Seymour, “That is the power of belonging.”

Testimonial

My big brother has been addicted to heroin for 16 years. Nothing could heal him.

I saw my brother yesterday for the first time since I was 12 years old. Happy and sober. Happy... he was actually happy. I've never seen him happy before.

The first thing I noticed when we were on the Sts’ailes reserve was a sense of community like I've never felt before. It was the first time I've seen my brother relaxed, talking with everyone, and everyone wanted to talk with him. He seemed adored in that mix of people; I was extremely touched by this. He was laughing, hugging, and joking with everyone around him.

The healing house didn't use modern medicine to 'heal' my brother. They used their own traditions! They shared with my brother, a person not from a reserve, let alone their reserve, the ways of their people. Not the ways of the past, but the way they live today. And this way of life, saved his life. He felt connected to something, for the first time in his life, and wanted to live better for it.

I can't thank all the kind people of Sts'ailes enough for this. You were a huge instrument in saving my brother's life. We are forever grateful to you all.

I hope that the Sts'ailes Medicine House will be continually looked at as a wonderful resource for helping First Nations heal from addictions.

– Danielle S.

Sts'ailes – Beating Heart (the Sts'ailes people and territory)

Snowoyelh – The Law (natural law of everything)

Telmexw Awtexw – Medicine House for more than one person

a:yelexwt – Heal someone, give someone medicine to make them better (this word replaces “client”)

HEALTH HUMAN RESOURCES

NUU-CHAH-NULTH NURSING PROGRAM

DEFINING COMPETENCY FROM A NATION PERSPECTIVE

The Nuu-chah-nulth Tribal Council (NTC) encompasses 14 First Nation communities on the west coast of Vancouver Island. NTC currently employs 24 nurses in service of their 14 communities. NTC Nursing manager Jeannette Watts notes that “Loyalty is key” in building an effective nursing workforce to serve the Nuu-chah-nulth-aht. “If you can weed out those that are going to do more damage than good, and motivate and support the good ones, that is half the battle.”

A front-runner in Health Human Resource development, NTC has developed a Nuu-chah-nulth-specific Clinical Competencies and Clinical Standards Framework for nursing staff. They found that nurses coming out of school had the technical expertise, but sometimes lacked the cultural sensitivity and rural/remote practice context required to serve First Nations communities. NTC felt it was important to define, from a Nuu-chah-nulth perspective, a collective set of beliefs to guide all nursing staff.

Nuu-chah-nulth Nursing Program Beliefs:

Each life is a precious journey. Together we hold life's sacred gift, acknowledging our strengths, surviving on land and sea.

Each life connects. Together we respect and promote individual needs, family systems, and community empowerment.

Each life seeks fulfillment. Together we promote the full spiritual, emotional, mental, and physical potential of individual, families, and communities.

Each life completes its cycle. Together we ask for protection, strength, and guidance from Naas. Together we show compassion, respect, and dignity from conception to death.



Developing a culturally competent workforce takes dedication and consistency, notes Watts. "Orientation is really important, as is ongoing in-service. You have to build in support for health professionals working in remote environments. One of the things that we have done is to bring our nurses together for quarterly meetings where we can network, share information and improve our practice." Even prior to hiring, NTC invites nurse applicants to come and spend a day with one of their nurses in the community. "We can easily tell if they are going to fit or not," says Watts.

Watts warns that maintaining momentum can be a challenge: "The tools that we have created are only as good as the team and the leadership implementing them. A good thing can easily fall apart and go sideways. We all get busy, and the Nuu-chah-nulth approach takes time. The truth is, if you don't have the people believing and pursuing it, people will slide back into doing the basics."

Watts credits the elders and CHR's from the 1960's for starting this work. "They really laid the foundation for what we are doing today. They knew it was important to define health and healing from a Nuu-chah-nulth perspective. It is their words and hard work that carries us forward today."

For more information or to view orientation materials prepared by the NTC please visit: <http://www.nuuchahnulth.org/tribal-council/nursing.html#belief>

They [elders and CHR's] really laid the foundation for what we are doing today. They knew it was important to define health and healing from a Nuu-chah-nulth perspective. It is their words and hard work that carries us forward today.

**Jeannette Watts, Nursing Manager,
Nuu-chah-nulth Tribal Council**

MATERNAL & CHILD HEALTH

H'ULH-ETUN HEALTH SOCIETY BEST PRACTICES IRON INITIATIVE HEALTH PROMOTION AND DISEASE PREVENTION IS A FAMILY AFFAIR

A unique partnership on Vancouver Island illustrates important teachings in collaboration and good health promotion.

“A focus on iron has engaged younger women and young families. Most people see iron as a ‘safe’ topic; We have found that a focus on iron gets people in the door”

**Thomas Hleck, Community Programs
Coordinator
H'ulh-etun Health Society**

The Best or Better Practices Iron Initiative was initiated in 2009 in response to reportedly high rates of iron deficiency anemia [IDA] amongst First Nations women and children. The project is a partnership between the Ts'ewulhtun Health Centre and H'ulh-etun Health Society. With funding support from the First Nations Health Council (FNHC), this Initiative is exploring innovative health service delivery, grounded in First Nations knowledge and experience, to promote better iron health and reduce the risk of iron deficiency anemia (IDA).

IDA carries with it a number of risks for both mother and child, including increased risk for pre-term delivery and low birth weight. Current research is also revealing the consequences of poor iron status on a child's early brain development and the potential lifelong impact on learning ability.

“A major challenge in the initiative,” says Cindy Hlus, project lead with Ts'ewulhtun Health Centre, “has been confirming the actual scope of this issue, especially in the absence of any consistent data collection or documentation within our Health Centres' and no specified data (i.e. labwork) sharing protocol with local primary care health providers.”



Leslie Cochrane, Manager of Maternal Child Health Programs at Ts'ewulhnutn sees the Iron Initiative as an opportunity to enhance ongoing collaboration with other health providers and agencies to improve coordination and mobilize resources to promote iron health, track IDA, and strengthen follow up interventions. "Through the project we are also building a relationship with the Division of Family Practice's new Cowichan Valley Maternity Clinic and are hoping to work more closely with nine local physicians in this group, to enhance access and ensure that our moms are getting the follow up that they require."

A number of capacity building activities support the Initiatives's objective to improve maternal and child health outcomes. Their focus on enhancing nutrition/food knowledge through cooking programs/group food preparation, and tailoring educational resources by drawing on the Snuw'uy'ulh or Coast Salish Teachings, has struck a chord in the community. "I am even more aware with my own family," says Thomas Hleck, Community Programs Coordinator, H'ulh-etun Health Society, "I worry about my children and try to be careful about the foods we eat. I check labels more. You come to realize "food is who we are." Traditional

foods provided us with good iron and nutrition, but today we need to watch what we buy and read food labels more. There is much to learn from our Elders."

A focus on iron has engaged younger women and young families. Most people see iron as a 'safe' topic; it doesn't have the stigma that other chronic conditions have. "We have found that a focus on iron gets people in the door," comments Hleck "and once people are in the door we can address a whole spectrum of maternal and child health issues."

The project team also learned important lessons about how individuals are receiving health information. The most important sources for health information continue to be family members and peers. Groups that welcome family members' participation improve involvement of young families', especially young women and parents with children. This is keeping with health promotion practices that encourage the use of "gathering places" to better reach target groups by engaging with community members where "people already like to gather and feel most comfortable."

The project team is eager to share what they have learned. They are continually striving to improve the linkages between points of care amongst all service providers involved in a woman's prenatal and post-natal care and their child's early childhood development. Hlus remarks in closing, "It is critical that we keep our vision on primary prevention to bring about the greatest health benefit to individuals (in our case mothers and children), families and community. We have so much more to validate and share back to support a health system that will provide exceptional care, exceptional support and exceptional programs to women/parents and children, by working together".

FIRST NATIONS ACTNOW HIGHLIGHTS

First Nations ActNow is community-focused chronic disease prevention and health promotion strategies aimed at First Nations peoples gaining more control over their well-being and improve their health. This program began in 2007 and has been developed by the FNHC as part of the 10-year Tripartite FNHP. We have captured some of the 2010-2011 program highlights here.

First Nations School Association

This wellness program increases awareness of nutrition/physical activities in First Nation schools and provides professional development to the teachers. The program combined direct instruction on nutrition and healthy activity, followed by student involvement in drama and creative movement which involved making hoops and hoop dancing.

Carrier Sekani Family Services - Health Wellness Conference

Carrier Sekani Family Services delivered a three day Health and Wellness conference entitled "One Body, One Mind, One Spirit: Pathways to Wellness." The forum included sessions on men's health and women's health, and the CSFS Bah'lats celebration.

Splatsin First Nation - Aboriginal Diabetes Conference

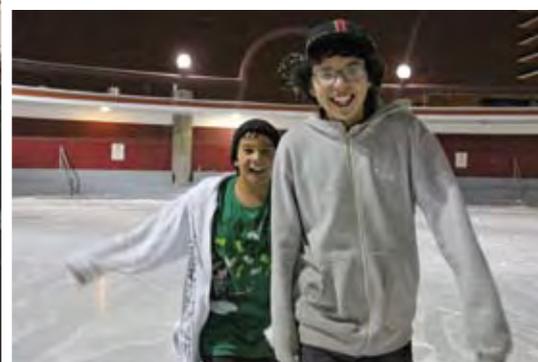
The BC Aboriginal Diabetes Association, in partnership with Splatsin Health, hosted their 10th conference in March 2011. The purpose of the forum was to provide learning opportunities by promoting healthy lifestyles and a holistic approach for the prevention and management of diabetes.

Aboriginal Sport, Recreation and Physical Activity Partners Council

In the summer of 2009, the three founding organizations, the First Nations Health Council (FNHC), the BC Association of Aboriginal Friendship Centres (BCAAFC), and the Métis Nation BC (MNBC), signed a historic agreement to form the Aboriginal Sport, Recreation and Physical Activity Partners Council, pledging to work together as the stewards of the newly created Aboriginal Sport, Recreation and Physical Activity Strategy (BC) and begin a multi-year implementation process.

The following highlights some of the key accomplishments of the Partners Council's in their efforts to implement the Strategy:

- Two successful province-wide Regional Engagement Processes (2010 and 2011) have firmly established 6 Regional Committees, each appointing Regional Leads and Coordinating Groups. Through a series of Regional Workshops, each Committee has created and is now implementing Actions Plans for priority sport, recreation and physical activity programs to serve the communities within their regions;



- 20 Coaching Development courses were delivered, with more than 240 participants. Courses were hosted in each Region, building capacity, interest and human infrastructure in and among Aboriginal communities and Friendship Centres;
- The first comprehensive Provincial Championship, Team BC Selection Process and Sport Development Camp Program was designed and initiated through the unprecedented collaborative work of Provincial Sport Organizations, Aboriginal coaches, leaders and community representatives from across BC;
- An agreement with Nike N7 was reached, resulting in community access to Nike apparel at wholesale cost and sponsorship of the Provincial Championships and Sport Development Camps
- A well-attended Team BC selection camp for the 2010 National Aboriginal Hockey Championships with over 120 players participating in the try-outs. The selection camp was hosted at Lower Nicola Valley Indian Band's arena resulting in the selection of 42 member male and female teams, which both did extremely well at the National Championships held in Saskatoon (each finishing in 5th place);

- \$1.5 million funding commitment from the Ministry of Community, Sport and Cultural Development to enable the Partners Council's Strategy.

Partners Council Next Steps Now Underway

Looking ahead as we move towards full implementation of the Strategy, the Partners Council is working diligently to establish a new Provincial agency for Aboriginal sport, recreation and physical activity, expanding funding to reflect a Government wide response to resourcing the Strategy, hiring Regional Coordinators to build the capacity of our Regional Committees, forging partnerships with other sport stakeholder organizations to get resources and expertise to communities, growing the reach and impact of the Regional Action Plans, and making preparations towards BC's participation in the 2014 North American Indigenous Games, Regina, SK.

The Gathering Our Voice 2011 Aboriginal Youth Conference was held in Prince Rupert, BC from March 21 – 24th, 2011 with our theme being "A Vision of Our Future". This year's event was one of our largest conferences to date with over 1000 delegates in attendance, and it was an excellent

opportunity to engage and empower youth. Furthermore, the conference strengthened youth leadership, built self-esteem, created long term relationships and generated many opportunities for Aboriginal youth delegates in attendance.

Health and Wellness Diaries

First published in 2008, the First Nations Health Society Health and Wellness Diaries continue to be a popular tool for Health and Wellness programming:

"Great agendas -- please continue making them accessible to community members"

"Reminds you about healthy eating and exercise"

"Help to remind us of how easy it is to change "daily" behavior"

"If you weren't organized, [the daily organizer] would put you back on track -- helps you set goals"

"Keeps me on track"

"Makes it very easy to track meals, activities and inspiration"

"More organized knowledge of your holistic lifestyle"

In 2010-2011 – 89% of the First Nations Health Society expenditure has been on costs associated with capacity development, community engagement, and direct program delivery in partnership with First Nations communities.

FINANCIAL SUMMARY



comm everyone effective began Neufeld HEAL nurse Awtex promote Pathways ongoing

YEAR IN REVIEW

2010-2011 FINANCIAL SUMMARY

In 2010-2011 – 89% of the First Nations Health Society expenditure has been on costs associated with capacity development, community engagement, and direct program delivery in partnership with First Nations communities. 11% of expenditure was spent maintaining the First Nations Health Society and its operations to undertake the general work needed to progress each of these programs.

The financial report for 2010-2011 reveals that:

- 11% of our expenditure was allocated to operating the First Nations Health Society along with staffing and operating costs,
- 27% of our expenditure was allocated to the Health Actions initiatives with a significant portion of this funding being paid to First Nations communities for community health initiatives,
- 17% of our expenditure was allocated to governance work including the Health Council and Regional caucus costs,
- 31% of our expenditure has been used to sustain community engagement hubs including the Health Directors Association and initial investments to pay for the Gathering Wisdom forum in May 2011,
- 14% of our expenditure was program-related

Also included in this year's financial report is a breakdown of direct investment to communities by region. These expenditures include, Community Engagement Hubs, Regional Caucus Costs, Best or Better Practice Initiatives and FNHC and FNHDA regional member costs.

A full copy of the relevant audited financial report for the First Nations Health Society's funding and expenditure for the year ending March 31, 2011 is available on the Society's website at www.fnhc.ca.

REVENUES

Health Canada – FNIH	11,556,174	
Others	1,334,037	
Interest income	95,728	

TOTAL REVENUES		\$12,985,939
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EXPENDITURES

Operating costs First Nations Health Society

General administration / staff	1,327,681	
Communications	255,394	\$1,583,075

Health Actions

Health Actions Support	362,083	
Health Actions, Policy and Advocacy general admin.	1,068,085	
Best or Better Practices Pilot Projects	714,784	
Mental Wellness initiatives	84,187	
Maternal and Child Health initiatives	79,083	
eHealth initiatives	962,454	
HIV/AIDs	50,000	
Performance Tracking R&D	254,826	
Health Professionals	118,953	
H1N1	2,865	
Health promotion projects	481	
Aboriginal Diabetes Initiatives	(1,929)	
Aboriginal Health Human Resources	(6,378)	\$3,689,493

Governance

First Nations Health Council	743,036	
General administration	866,895	
Northern region – Caucus development	225,797	
Interior region – Caucus development	142,732	
Vancouver Island region – Caucus development	139,967	
Fraser region – Caucus development	82,544	
Vancouver Coastal – Caucus development	72,463	
Partnerships and Transition	59,838	
Interim Health Governance Committee	26,731	\$2,360,003

First Nations Health Directors Association & Community Support

First Nations Health Directors Association	220,136	
Community Engagement Hubs & community engagement	4,003,618	
Gathering Wisdom May 2011	26,808	\$4,250,562

Program Funding and Initiatives

Act Now initiatives	1,186,277	
Health Careers initiatives	490,000	
Regional Health Survey	172,755	
Tripartite office	38,724	\$1,887,756

TOTAL EXPENDITURES		\$13,770,890
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Deficit from operations for the year ending March 31, 2011		(\$784,951)
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Carry-over from 2008-2010		\$20,469,440
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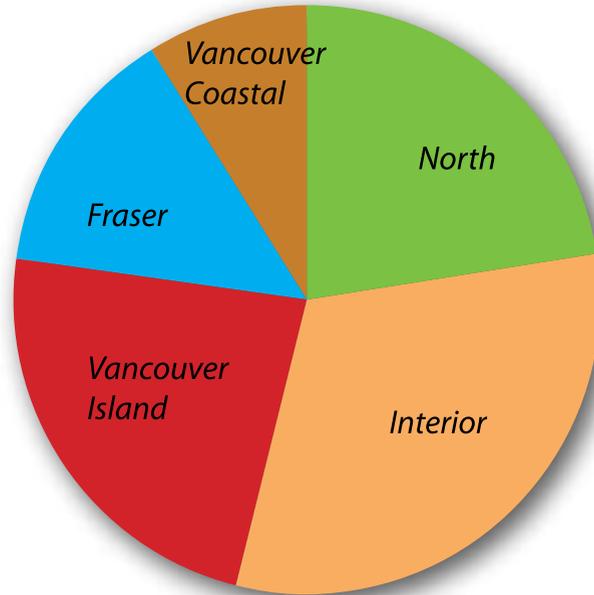
TOTAL SURPLUS BALANCE TO MARCH 31, 2011		\$19,684,489
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FIRST NATIONS HEALTH SOCIETY REGIONAL INVESTMENTS, 2010-11



\$1,384,643

54 communities



Expenditures include

- Community Engagement Hubs
- Best or Better Practices
- Regional Caucus Meetings
- FNHC & FNHDA costs
- Regional support workers

** Please note:*

Travel for regional caucus and community meetings is not included in these calculations. The total for 2010-2011 is \$600,000

Cranbrook

FIRST NATIONS HEALTH SOCIETY
2010-2011 ANNUAL REPORT



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FIRST NATIONS HEALTH SOCIETY
2010-2011 ANNUAL REPORT



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