

**Coast Mountain Alliance
Community Engagement Area Communique
Fall 2015**



First Nations Health Authority
Health through wellness



**Coco Miller, Community Engagement Coordinator,
Coast Mountain Alliance (CMA) Community Engagement Area**

Kitseles, Kitsumkalum, Haisla, Lax alt'sap, Gitwinksihlkw, Gingolx and Gitlaxtaamiks

UPDATE

The Terrace Healthier Communities Committee (NHA)

The Terrace Healthier Communities Committee is chaired by the Northern Health Authority and made up of related agencies and most recently, the mayor of the City of Terrace. The committee was established last fiscal and is funded through the Northern Health Authority. The agenda of the committee is to create a healthy youth initiative directed by local youth. The work includes gathering information and direction by youth through school-based surveys which have now been completed. The committee has recently expended funds on a video project which teaches youth from the community about applied skills in filmmaking. The project was completed August 2015 and had a two-fold purpose: to attract more youth involvement in the work of the committee and to hear from youth on their thoughts on how to best improve their health.

The project is lengthier than most other Healthier Communities projects and is more focused on community service change and evolution that providing a new service. The project main objective is youth engagement and creating dialogue with youth in the Terrace area as key informants to service change for all agencies our area. The project is on-going through this fiscal year and is more active during the school year as the primary source of contact is through the schools themselves.

The Kitimat-Terrace AHIC Cultural Resource Video Project

As directed by the outcome of the 2014 Aboriginal Health improvement Committees Gathering held in Prince George, the Kitimat-Terrace AHIC determined that they wished to pursue a video project.

Northern Health provided funding to all AHIC groups across the NH region to support development and creation of a cultural resource project. The Kitimat-Terrace AHIC planned for a video that would feature First Nation representatives with stories and information to share regarding cultural aspects of health care associated to major life events particularly birth, illness/hospitalization and end of life.

The concept was favored by First Nation health directors and community health representatives who attend AHIC meetings.

The purpose of the proposed video is educational in informing students and health care providers about important aspects of culture regarding these major life events from the perspective of First Nation community members/representatives. The key aim of the video is to ensure more cultural awareness, competency and practical knowledge for health care staff with the goal of providing better service and support to patients and clients from First Nations communities within health care settings.

The CMA Community Engagement Coordinator liaised between NHA staff to oversee the project and coordinate logistics between the videographer and community members of our communities. The filming is complete as of August 2015 and is now being edited for final revision.

Kitselas Ethics Committee

Kitselas recently completed and circulated its first Education, Employment and Training Survey. The intent of the survey is to gain a good understanding of community needs in order to respond effectively in the areas of education and employment which are directly linked to health outcomes. The CMA Community Engagement Coordinator was requested to sit on the Ethics Committee to review and highlight ethical issues for the Kitselas Band Council's consideration in moving forward with an established survey process that will be followed whenever data collection is performed in-community. The ethics review is presently complete and the survey has been circulated to community members.

Kitselas Aboriginal Life Coaching and Mentoring Project

Work is taking place to better respond to Kitselas' stated needs for more effective mental health services that are not limited to clinical counselling. Feedback at the CMA Focus Groups (January 2013) and Community Meetings (October 2014) illustrated a desire for:

- First Nation service providers;
- Wellness Services that don't 'look like' counselling;
- Options for on and off-reserve services;
- Life-skills training for wellness/improved family relations
- Provision of post-treatment services.

The expected outcomes are increased availability of wellness services that will both reduce wait-lists for clinical counselling, and increase uptake;

- Increased range of service delivery options (in-person at health centre, or remote via "live" online service);
- A greater range of group services that can be participated in remotely and privately if requested; and
- Linkages to existing clinical counselling services (this project is **not** intended to replace services in place, where they are working).

This project provides families the opportunity to take a "step back" from relying solely on medical model counselling. Coaching is based on maximizing strengths and places the highest value on

building healthy relationships – two tenets of the First Nation cultures in this area. It also greatly expands the range of delivery options by including – at the clients direction – the use of remote (example: online) technologies that improve accessibility and accommodations to privacy. Additionally, by creating formal links to clinical services (both existing, and those provided through this project) communities provide better collaboration between providers, and greater choice.

Based on the successful application for FNHA Wellness Funding from the Regional Envelope (2014), the project will be a six month pilot project providing the Health Director with some baseline data on the uptake of in-person and on-line coaching, and the uptake on both individual and group work. Further services, can then be determined by those figures.

Haisla Community Crisis Response Committee Project



Haisla Community Crisis Response Committee being trained with the ASSIST program.

The committee established by the Haisla Health Director with the approval of Haisla Band Council is intended to be a grassroots support for prevention, intervention and post-vention of suicide in the community of the Haisla Nation. The establishment of the committee is a response to the Haisla Health Needs Assessment survey completed last fiscal and to the increasing number of suicide attempts in the community.

Based on the successful application for FNHA Wellness Funding from the Regional Envelope (2014), the funding will be applied to the training of the committee members who hold skill sets and knowledge to engage and mobilize community supports and resources as a link between those in crisis and the appropriate service providers as well as inform service transformation to fit the community's needs to be culturally appropriate. The CMA Community Engagement Coordinator also sits on this committee as a liaison between FNHA and the Haisla First Nation to provide information on the needs of the community and how FNHA can best support the work of the committee.

To a lesser extent, the project will also include life-coaching services intended to address a gap in mental health services as identified by Haisla First Nation.

Nisga'a Violence Against Women in Relationships (VAWIR) Committee

At the last FNHA northwest Sub Regional Caucus held in Terrace, the priorities expressed by the Nisga'a political leadership and health representatives included a need to address domestic violence in their communities. As a result of resource coordination through the FNHA North Regional Office, the CMA Community Engagement Coordinator was connected to the regional coordinator for the Ending Violence Association of BC who outlined the beginning work to establish a VAWIR committee in the Nass. The committee has since established its mandate and mission statement. The work of the VAWIR committee is to develop possible strategies in addressing domestic violence more effectively than in the past. This will occur through a Coordination Committee (already established), community agreements, operational partnerships, tracking and project/issue focused collaboration.

Terrace Nisga'a Urban Local - Youth Conference (April 2015)



Terrace Nisga'a Local Youth Conference Hike – CEC Coco Miller and Youth Worker Brenna Doolan with youth on hike.

The CEC was invited by the Terrace Nisga'a Local office to present at a youth conference along with other young aboriginal professionals on promotion of health through education and career planning to Nisga'a youth in the Terrace area through panel discussion, small group facilitation and a hike with the youth. The youth conference comprised breakout sessions which included traditional art, teachings, health promotion through physical fitness, and career planning and preparation.

The conference panelists included an aboriginal chef, traditional artist, electrician, communications coordinator, the local FNHA CEC and youth worker. The panel discussed their personal life journeys which led them to the profession they now occupy. The goal was to introduce the youth to young aboriginal professionals from their own nation as well as neighboring communities as a means of inspiring the youth to work towards achieving their goals. The youth were positively impacted by the stories they heard as proven by requests to meet the panelists in the near future. The CEC will be assisting with follow-up events through planning, promotion and participation.

Northern Health Authority – Patient Tools

Providing Care in the Right Place – *the Aboriginal Patient Use and Experience of Emergency Care in Terrace*

This project seeks to learn from community members about their service experience in emergency care to identify areas for improvement. The FNHA Community Engagement Coordinators in Gitksan, Terrace, and Tahltan were included to facilitate interviews with the local First Nation communities.

This part of the project is completed and has evolved into a project called Patient Tools, a collaboration between Northern Health's Aboriginal Health staff, FNHA Community Engagement Coordinators Bambie Tait and Coco Miller and Nisga'a Lisims Government staff recruited through the Patients as Partners Initiative through Impact BC (Cathy Almost). The project is meant to improve quality of services through the inclusion of input from those people receiving services and to demonstrate collaboration with related authorities and services that can assist in these endeavors.

This second part of the project seeks to increase community knowledge of the Emergency Room (ER) process and encourage them to find alternatives to going to the ER to address their health issues via an upstream approach through early identification and intervention.

Terrace, Rupert and Kitimat are all experiencing an increased burden on existing doctor/nursing services with an increase to our area's population over the past few years. The group is working with FNHA Communications so that FNHA and NHA are supported to produce coordinated resources intended to improve processes related to health care services like the ER.

Position Papers to FNHA

Coast Mountain Alliance hosted community meetings in Haisla, Kitsumkalum and Kitselas to learn the health concerns, priorities and needs of its members. From these meetings information was collected on experiences with programs and services in the areas of mental wellness and substance use, non-insured health benefits and primary care. From these information gathering meetings, we learned that most of our priorities centered on improved funding structures that are more flexible and responsive in all areas named.

The health directors collectively decided to submit position papers on dental benefits, optometry, prescription coverage, medical transportation and overall payment of health benefits. The position papers have been received by the appropriate departments within FNHA and are being considered when those areas are targeted for revision.

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Engagement Strategies performed by the CEC

To facilitate information sharing and advance the health priorities of the communities of Kitselas, Haisla, Kitsumkalum, Gitlaxt'aamiks, Gingolx, Laxgalts'ap and Gitwinksihlkw by working with the First Nations Health Authority, the First Nations Health Council, the First Nations Health Directors Association and community partners.

Engages Communities to inform with respect to collective northern-based priorities:

- Monthly planning meetings with the health directors
- Attend health fairs, community-hosted events (diabetic, elders, prenatal lunch meetings), community specific working groups (ie. Haisla Community Crisis Response Committee), report to community during their annual general meetings, etc.
- Assist with funding applications, publicizing, and/or coordinating community health events

Provides information to the Northern Regional Office to assist and inform the Northern Regional Table and Northern First Nations Health Partnership Committee on local feedback on regional priorities issues and initiatives.

- Monthly Report to Regional Office
- Monthly Teleconferences with the Northern Regional Team
- Drafting briefing notes and position papers to be forwarded to FNHA departments/services

Works collaboratively with the entire Northern Team sharing best and better initiatives on the Northern priorities.

- CEC is in regular communication with other CECs, the RHLs, the RD and appropriate Northern Health staff to communicate and advance their communities priorities/concerns

Assist where required at meetings, seminars, Caucuses and gatherings to ensure the information with respect to Northern Engagement strategies are well understood.

Provide information on which working groups you are participating regionally (monthly report to Regional Office).

CONTACT INFORMATION

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