

The Last Transition Update

A JOINT FIRST NATIONS HEALTH COUNCIL AND
FIRST NATIONS HEALTH AUTHORITY NEWSLETTER

2013 | VOL 01 | NO 05



First Nations Health Council



First Nations Health Authority
Health through wellness

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Photo Credit: Nadya Kwandibens

Above: Interior leadership share a song to close out the Transfer Commemoration Ceremony at Gathering Wisdom for a Shared Journey VI.



News from the First Nations Health Council

A Message from the First Nations Health Council

We are pleased to provide you with this opening message in the fifth and final Transition Update. As we approach the end of the year we are reminded of the work undertaken and achieved this past year. As we reflect on the significance of this work we are beginning to turn our attention to the next phase of the work – how we work together to advance and achieve First Nations health priorities and objectives.

First Nations Chiefs and Leaders provided clear direction to the FNHC – work with BC First Nations to establish the structures, stages and standards necessary to achieve the transfer of the First Nations and Inuit Health Branch – BC Region (FNIHB-BC) of Health Canada to the First Nations Health Authority (FNHA) by October 2013. Our work started with engagement – ensuring BC First Nations were

informed and involved at each stage of the process. As we entered negotiations with Health Canada to discuss the legal and logistical mechanics of a phased transfer of FNIHB-BC to the FNHA we agreed on a set of success factors to guide our work. We made a commitment to BC First Nations that we would uphold the Seven Directives, there would be no disruption and minimal adjustment required by individual First Nations citizens or communities to health services and health benefits, and there would be minimal disruption and minimal added work burden. With the conclusion of the transfer on October 1, 2013, the FNHA has full responsibility for the planning, design, delivery and funding of First Nation health programs and services. This marks a significant milestone in our health journey – a reminder of the work accomplished and the transformative work ahead of us.

Gathering Wisdom for a Shared Journey VI

The conclusion of transfer coincided with another significant marker – Gathering Wisdom for a Shared Journey VI. This year, Gathering Wisdom provided an opportunity to celebrate our collective achievements and learn more about the work of the FNHA moving

forward. Gathering Wisdom began with a Coast Salish commemoration ceremony where we called First Nations leaders forward to ground the work, witness the work, and bring the message home. We also called forward Corner Posts and Living Markers to elect a youth and

“Transformation is not telling others that they must change. Our journey to transformation begins with self-awareness. When we discover our purpose, the reason that the Creator put us here and now – we will begin to transform ourselves. The Creator blessed each of us with a gift, some more than one. Our ancestors taught us that our sole purpose in life is to discover our gift, to learn how to develop that gift, and to put that gift to work for the benefit of others.”

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



Above: FNHC member Ernest Armann shakes hands to acknowledge witness Judith Sayers during the Honouring our Shared Journey Commemoration Ceremony at Gathering Wisdom VI on October 23, 2013. The ceremony included over 300 witnesses from across the province including First Nations leadership and Health Directors.

Elder ambassador of the work for each Region. This was a powerful ceremony and a reminder of how we will do business differently – ensuring culture, tradition and ceremony are cornerstones of our work.

Gathering Wisdom also provided an opportunity to engage First Nations Chiefs and Leaders in a strategic-level dialogue to further develop the concepts arising from the *2013 Guidebook: The Building Blocks for Transformation* – this included reciprocal accountability, data governance, and the social determinants of health. This past summer, we engaged First Nations leadership through Regional Caucuses on the building blocks for transformation. We discussed our respective roles and responsibilities, planning and evaluation, data and information management, and supporting sustainability. We received valuable feedback, direction and recommendations – all of which is captured in five Regional Summary Reports made available to each Regional Caucus for further discussion and revision. During this engagement, we also heard from First Nations Chiefs and Leaders of the need to engage First Nations leadership in an open dialogue to develop a clearer understanding of how BC First Nations work together within the new health governance structure, how we collect and manage our health information to inform our decisions, and how we begin to address the broader social and economic conditions that influence the health of our people and communities. To this end, we hosted

a series of sessions at Gathering Wisdom to engage directly on these matters. We continue to gain a greater understanding of the work ahead and recognize the need to continue this dialogue and engagement to ensure BC First Nations are informed and involved as the next phase of the work takes shape.

As we approach the New Year we are beginning to turn our attention to the next phase of the work and reflecting on how we work together to improve health programs and services and transform the broader health system serving BC First Nations. Building on the work accomplished to date and our strong partnerships, we will work to support BC First Nations in achieving their health priorities and objectives while working to advocate and share knowledge with government partners to develop approaches and strategies to address the social determinants of health. We will also focus on how we support the work undertaken in the Regions through the strengthening of regional capacity and supports, and the implementation of Regional Partnership Accords with Regional Health Authorities. There is still much work to be done to close the health disparities between BC First Nations and other residents of BC, but achieving transfer is a start to improving health services, building capacity and partnerships, and bringing decision-making closer to home.



Above: Graphic illustration of the reciprocal accountability discussion at Gathering Wisdom for a Shared Journey VI.

We also would like to take this opportunity to thank all the leaders and champions that participated in the inaugural FNHC Leadership Challenge - Beefy Chiefs and Champions. It is through your commitment to this challenge that we were able to bring forward the awareness to health concerns facing our communities today. To honour the achievements of this year's winners, we have featured a story in our recent FNHA Spirit magazine (http://www.fnha.ca/SpiritMagazine/Spirit_Fall2013.pdf) that includes a brief summary on each winner. We will also be featuring a 'where are they now' update from the Beefy Chief winners in the next issue of the Spirit Magazine. We ask that you keep posted on the next wellness challenge as we have a lot of great prizes coming to you and your community!

As the winter season is fast approaching – on behalf of the FNHC, we wish everyone a happy, healthy and safe holiday season!

In the spirit of wellness,

Grand Chief Doug Kelly
Chair,
First Nations Health Council

Independent Evaluation

In adopting Resolution 2012-01 at Gathering Wisdom for a Shared Journey V, BC First Nations called for an independent evaluation of the new First Nations health governance structure to be completed prior to Gathering Wisdom for a Shared Journey VI.

This past summer, the Institute on Governance (IOG), a not-for-profit, public-interest research institution, was selected to conduct this evaluation, following a competitive bid process. Over a three month period, the IOG conducted interviews and focus groups to prepare a final report with key recommendations for strengthening our First Nations health governance structure.

The key recommendations focused on strengthening communications and ensuring ongoing community engagement, strengthening local and regional capacity, developing clear accountability and reporting structures at all levels, and maintaining the current selection process for the FNHC and current composition of the FNHA Board of Directors. The independent evaluation highlights both our successes and challenges, and provides practical steps and recommendations for improving the ways we work together.

Survey Says...

In the very near future a small sample of approximately 30 - 35 BC First Nations communities will be asked to participate in the First Nations Employment, Education, and Early Childhood Development Survey (FNREEES)



Above: First Nations Health Council member Gwen Phillips from the Ktunaxa Nation.

For over a decade, I have been lobbying for First Nations in BC to assume data governance. Currently, the majority of data collection and analysis is carried out at the National level, through an organization called the First Nations Information Governance Centre (FNIGC); I have been representing BC's interests on this Board, for the past year. We hope that by participating in the governance of the organization that conducts the First Nations Regional Health Survey (RHS) and the First Nations

In the very near future, some of the communities in BC will be asked to participate in the FNREEES and a small sample of approximately 30 - 35 communities of various sizes and in various locations (rural and not so rural) will be engaged. Eventually, we hope that all BC First Nations will have a baseline of data related to their community's well-being, so they can develop good plans and investment strategies. We at the

establishing appropriate data and information sharing relationships. Data Governance is a cornerstone of transformation.

BC First Nations have said that they want to move from a sickness system, to a wellness system. This transformation begins by describing what a well person and well community are, in Community-Driven, Nation-Based terms. These descriptions of well-being, or outcomes, then help us to establish indicators or incremental measurements towards these final outcomes; indicators are like mile-markers on the long road to the outcome of wellness! Data governance means measuring our well-being in our own terms and on our own terms! By participating in the FNREEES and the RHS and by improving data management capacity and access with support from FNIGC, BC First Nations can manage our health and wellness system transition in a good way.

Gwen Phillips

Ktunaxa Nation

First Nations Health Council

"BC First Nations have said that they want to move from a sickness system, to a wellness system. This transformation begins by describing what a well person and well community are..."

Gwen Phillips – First Nations Health Council

Employment, Education and Early Child Development Survey (FNREEES), we can begin to re-shape how, when and why data collection takes place. BC First Nations can begin to put policy around the Ownership and Control of data, and to regulate Access and Possession, according to our own values and principles.

First Nations Health Council and First Nations Health Authority, have been reviewing the information provided during the consultation phase leading up to Gathering Wisdom and are relaying BC First Nations' direction to the FNIGC; BC First Nations want to control their own data, but need assistance in building capacity and



» First Nations Employment, Education and Early Child Development Survey (FNREEES) data collection will begin in early 2014 and will conclude October 2014.

» First Nations Regional Health Survey (RHS) data collection will begin in 2014 or 2015



News from the First Nations Health Authority

A Message from the CEO

Greetings!

On October 1st the FNHA completed the 2nd phase transfer of Health Canada health programs and services marking a new era for health service delivery for BC First Nations. As part of this second phase transfer the FNHA received responsibility for the BC region staff, budget, and regionally delivered programs and services.

Gathering Wisdom for a Shared Journey VI marked our opportunity to celebrate this accomplishment together as First Nations people along with our partners. It also marked, in my mind, the beginning of a new and exciting era where we as First Nations people are focused on our wellness. During the transfer commemoration ceremony, Kukpi7 Christian observed that “we are not transforming into something new but instead transforming back to the ways of our people.” This idea that we are stepping back into responsibility that is rightfully and inherently ours is powerful and provides us with the opportunity to reflect on how our teachings can help us to navigate what can be a complex change process.

Our ancestor’s resilience in holding on to these teachings despite all of the forces working against them is why we are here today. It is comforting that we have our teachings and that our teachings can show us the way in this work. Concepts such as “we treat every individual with respect” and “we only take what we need,” have worked for our people since time immemorial. Our adherence to our own values and teachings will be what makes this historic and ambitious undertaking successful in the long-run.

The work we are doing is ground-breaking and a major part of the systemic change that is needed to achieve better health outcomes for all First Nations peoples in BC. This is no easy task and it will require each of us to contribute what we can, treat each other with respect and take only what we need so there is enough for others in need. Now that we are in the driver’s seat there will be tough decisions to make. The successes are ours to celebrate; the challenges belong to all of us.

A big part of what makes this process unique is that we have created a health authority that is owned by our citizens. It is our First Nations Health Authority. Because it is ours, we view our challenges as learning opportunities; we acknowledge when we are wrong and take actions to correct our mistakes. Ten weeks into this new era of health

The Honouring our Shared Journey: Transfer Commemoration Ceremony asked each of us to bring forward one gift to support this new era of First Nations health, and to let go of something that we no longer need.



service delivery we are continuing with transition activities and are working closely with our federal partners to resolve a few outstanding issues and to stabilize our new areas of responsibility. The FNHA is focused most acutely on those areas of responsibility that affect communities such as contribution agreements, health benefits and health services. We are pleased that overall there has been very minimal impact to services as a result of transfer.

As we turn our minds towards the transformation of programs and services we enter a new and exciting phase of work. We know that some changes, especially broad policy changes, will take some time to implement. We also know that there are areas where common-sense improvements can be made immediately. Since the first Gathering Wisdom for a Shared Journey forum we have been collecting information and participating in rich dialogue with First Nations about service improvements. In addition, on October 1st many seasoned former Health Canada staff joined our ranks; these team members bring great perspective and ideas to the table.

In the ten short weeks since transfer, the First Nations Health Authority is has experienced some notable achievements. The Health Benefits program has cut claims processing time in half in most service areas. The FNHA has developed a customer service training program for all of its front-line staff members to ensure that each and every client conversation is approached in a manner consistent with FNHA vision and values.

During the ceremony at Gathering Wisdom each of us were asked to let go of something in order to make room within ourselves for the work ahead. It was shared that this work is not for us, but for future generations, and there comes a time in our healing when it is necessary to let go so that the path ahead can become clear. We were also asked to bring forward a gift, a contribution. What it is we want to hold, we want to keep, that will ground us make us strong; make this work possible for our children for our families for our people. These gifts will provide a solid foundation for our work. Without these gifts we could not have achieved the historic success of the July and October transfer dates.

In closing, I wanted to extend my best wishes and gratitude to BC First Nations citizens, families and communities. The past seven years have been an incredible journey; I look forward to all that we will achieve in 2014, and in the years to come.

Have a safe and happy holiday season.

A handwritten signature in blue ink, appearing to read 'j. gal', is positioned above the name of the signatory.

Joe Gallagher (Kwunuhmen)
Chief Executive Officer,
First Nations Health Authority

Regional Round-up



Above: Deputy and hereditary Chief Frank Alec (Lake Babine) presents Elder Leonard George with a lynx pelt at Gathering Wisdom for a Shared Journey VI, on October 23, 2013.

North

Regional Health and Wellness Plan

It has been a busy quarter for First Nations of the North and our health authority partners. In October, the Northern First Nations Health and Wellness Plan (the Plan) was reviewed and endorsed by the Northern Health Authority Board of Directors. The Plan was simultaneously reviewed by the Chiefs at Gathering Wisdom who accepted the document in principle and provided valuable feedback to further strengthen the document.

Following Gathering Wisdom, the Plan was updated and has been shared back with the region. Hub coordinators in the sub-regions continue to collect

additional grass roots feedback, this feedback will be shared with the regional office for inclusion.

Strengthening our Partnership

As a result of our partnership accord, there has been an increased will on the part of the local Health Services Administrators and Chief Operating Officers to meet with Community representatives (Chiefs, Health Directors, Hub Coordinators) to resolve emerging issues in a timely manner.

More regular meetings at all levels between the FNHA Regional Director and the Vice President of Aboriginal Health at Northern Health Authority (NHA) are taking place, as well as with other leadership at NHA ranging from Mental Health team to the Primary Care team.

Regional Office Establishment

- » FNHA Northern Nursing and the Environmental Health Services teams offered space for the emerging regional team here in Prince George.
- » Establishment and recruitment of new regional team members to support our communities throughout the region.

Collaborative Opportunities

- » **FASD Prevention: NHA Engaged with the FNHA's northern team in the planning process.**
- » **Mental Wellness Substance Use Forum - January 2014:** Northern First Nations and Northern Health will jointly deliver the Mental Wellness Substance Use Forum on January 7 & 8th in Prince George.
- » **NP4BC initiative:** In partnership the NHA and FNHA supported multiple applications from community for access to Nurse Practitioners for our communities.
- » **Primary Care:** Commitment from NHA primary care team to work with the FNHA northern team to support and plan for improved primary care services for community.
- » **Establishment of working groups for the key priority areas:** Primary Health Care, Mental Wellness Substance Use, Population/Public Health, AHIC/HUB Communication.

Key Dates for the Northern Region

- » **Mental Wellness Substance Use Forum - January 7th & 8th 2013:** Participants will be welcomed to the forum through prayer and cultural ceremony. A report with goals and recommendations will be developed from break-out sessions and validated by participants before it is incorporated into the Northern First Nations Health and Wellness Plan (NFNHWP), moving this work forward.
- » **Northern First Nations Health Partnership Committee - Jan 9th 2013:** Focus on reviewing community feedback incorporated into the Health Plan and develop working groups for priority areas.
- » **February - March 2013:** North West, North Central and North East Subregional Sessions.
- » **March (DATE TBD):** Northern Caucus, Prince George.

Agnes Snow Retires from Northern Health

Agnes Snow began her journey in health as a Nurse on the coast, before returning to her home community of Canoe Creek in the late 1980's where she served as an addictions counsellor, integrating holistic health and wellness and traditional Shuswap approaches to health into mental health and addictions services.

Agnes served as council member and later as Chief of Canoe Creek. She advocated for her people at political, health, mental health and addiction gatherings both provincially and nationally and became an active member of the Native Mental Health Association of Canada which she has contributed to for more than 20 years.

Agnes began her work within Northern Health as a counselor and treatment therapist. She retired from her position as Regional Director of Aboriginal Health within Northern Health this fall.

We raise our hands to Agnes in thanks for her contributions to First Nations health and wish her all the best on the next leg of her journey.



Photo (FNHA): Agnes Snow, community of Tsay Keh Dene 2012.

“Agnes has a way of touching people’s lives and fostering strong relationships wherever she goes. She has been key in fostering the partnership between the FNHA and Northern Health and in the planning, implementation, and evaluation of culturally appropriate, safe and effective services for First Nations residing in the Northern Region.”

Cathy Ulrich, Chief Executive Officer, Northern Health



Introducing Txaplxum Yaans Nicole Cross

Policy Planning and Strategic Services is pleased to announce the selection of Nicole Cross as the Regional Director for the Northern Region. Nicole (Txaplxum Yaans) belongs to the Killerwhale Clan and the House of Niisuyuus, and was raised in the Nisga'a community of Laxgalts'ap. She believes in the potential of the First Nations Health Authority, but even more so, in the potential of Northern communities to lead this historic change. In her previous role as the Regional Health Liaison and former Health Director, Nicole has learned a lot from community, she has developed strong working relationships within the FNHA, NHA, and most importantly with community leadership. Nicole currently lives in Prince George with her family and focuses most of her spare time on keeping up with her biggest supporter; her 3 year old daughter Madi (Madilyn).

Nicole will provide strategic leadership and technical support to the 55 Nations of the Northern region, including regional First Nation engagement, leadership in regional health authority partnership development, administration of regional funding envelop and reporting & monitoring regional activity.

Vancouver Island

Partnership Accord Steering Committee

The Partnership Accord Steering Committee (PASC) met on November 18 in Victoria, BC. Present at this meeting included Vancouver Island's 3 FNHC representatives, Chief Michael Harry, Nick Chowdhury, and Cliff Atleo; 3 FNHDA Representatives, Judith Gohn, Nora Martin, and Georgia Cook; Richard Jock, VP of Policy, Planning and Strategic Services, Brennan MacDonald, Regional Director - Vancouver Island and Eunice Joe, Regional Health Liaison - Vancouver Island. Island Health representatives included: Dr. Brenden Carr - CEO, Ian Knipe - Director of Aboriginal Health, and Georgina MacDonald - VP Planning and Community Engagement.

A working group was established to develop an addendum to the Partnership Accord and make changes to the committee terms of reference that outlines the role and relationship between First Nations Health Authority

and Island Health to operationalize the work of the Steering Committee. Presentations were made on the development of the FNHA interim Regional Health & Wellness Plan and the Island Health 5-year Strategic Plan. Community engagement was identified as an opportunity for collaborative approaches as was the Vancouver Island Mental Wellness & Substance Use Forums to be held in the New Year.

The Director of Aboriginal Health and the FNHA Regional Director have agreed to meet monthly (at a minimum) and the Partnership Accord Steering Committee will meet with the Vancouver Island Chiefs and Health Directors at the Regional Caucus in March 2014.

Interim Regional Health and Wellness Plan

The Vancouver Island interim Regional Health and Wellness Planning is underway. A draft plan has been developed and community engagement sessions are taking place in the three regions of the Island. A

"Given the opportunity, we can describe what it is that we need, for ourselves by ourselves for our communities."

Chief Bob Chamberlain at Gathering Wisdom for a Shared Journey VI, words of witness, Transfer Commemoration Ceremony.



Key Dates for Vancouver Island Families

- » North Island Sub-Regional Caucus Meeting: February 18, 2014
- » Coast Salish Sub-Regional Caucus Meeting: February 20, 2014
- » Nuuchahnulth Sub-Regional Caucus Meeting: February 27, 2014
- » Vancouver Island FNHDA Regional Meeting: March 25, 2014
- » Vancouver Island Regional Caucus: March 26 & 27, 2013

For further information about these upcoming sessions please contact: Eunice Joe:

Eunice.Joe@fnha.ca

Introducing Brennan MacDonald

Policy Planning and Strategic Services is pleased to announce the selection of Brennan MacDonald as the Regional Director for the Vancouver Island Region. Brennan is a member of the Cowichan Tribes of the Coast Salish Nation. Brennan has worked in the field of strategic communication at a senior level for 16 years and served as the Hub Coordinator for the Hul'qumi'num' Health Hub for the last 5 years.

She provided leadership in health communication, planning and collaboration to several First Nations on Vancouver Island. Working in First Nations communities has taught her to respect the protocols and processes of the community. She has completed extensive research on cultural safety in healthcare, an area that she believes is critical to improving the health outcomes of First Nations people.

Brennan has a Masters in Professional Communication from Royal Roads University, which provides a solid foundation to her knowledge and expertise in communication, project management and strategic planning.



partnership approach with Island Health has been taken for these engagement sessions and members of their Aboriginal Health department, Planning and Community Engagement department, and Child, Youth & Family team will be participating. The outcomes of these engagement sessions will inform the completion of our interim Regional Health and Wellness Plan and the Island Health 5-year Strategic Plan.

Vancouver Island Mental Wellness & Substance Use Forums

Mental wellness and substance use has been identified as a priority for the First Nations population of Vancouver Island. Planning is underway by a Vancouver Island working group to host three sub-regional Mental Wellness and Substance Use (MWSU) forums early in 2014. Host sites have been identified as: Cowichan Tribes, Kwakiutl District Council (KDC) Health and Nuu-chah-nulth Tribal Council (NTC).

The intent of the forums is to bring together MWSU agencies who serve First Nations & Aboriginal people on Vancouver Island. There are three broad goals for the forums:

1. Bring community and/or partners together to begin discussing current service provision and what we can do to improve the wellness of First Nations and Aboriginal communities
2. Discuss alignment as well as roles and responsibilities of stakeholders related to improving the system to serve First Nations and Aboriginal communities
3. Discuss how we can begin implementing "A Path Forward" as decided by communities

The FNHA will complete a report with recommendations, summarizing the discussion within the break-out sessions. The information report outcomes will inform the development of the FNHA interim Regional Health and Wellness Plan for Vancouver Island, and will detail recommendations for improving mental wellness and substance use programming and service delivery.



Above: Vancouver Coastal Region corner post - Chief Patrick Williams, of Skatin addresses delegates during the Transfer Commemoration Ceremony at Gathering Wisdom for a Shared Journey VI.

Vancouver Coastal

It was with great pleasure and excitement that we welcomed the arrival of our new Regional Director on October 21st. Melanie has been orientating to her role by meeting with community partners, visiting in community and joint planning with Vancouver Coastal Health. In other news, the interim Regional Health and Wellness Plan is being reviewed by community engagement hubs across the region. It will be ready for circulation as an interim plan during the Vancouver Coastal Caucus meeting.

The team is looking to our community partners to assist with the planning for the Mental Wellness and Substance Use community and regional forums. We are also planning the next meeting for the Urban Aboriginal Health Strategy working group, that will develop a health and wellness strategy for the Urban Aboriginal peoples in the Vancouver Coastal region. We are coordinating this meeting with the support of Vancouver Coastal Health.

Finally, our regional team has traveled to Sechelt, Sliammon, and N'Quatqua, and we are looking forward to additional meetings in communities across the region in 2014. You will be hearing from us soon.

As we approach the end of this historic year, we want to wish everyone of our First Nations and Aboriginal colleagues, family, partners, and friends a healthy and happy holidays. May you and your loved ones be well in 2014!



Introducing 7imlemelwet Melanie Rivers

Melanie Rivers is Coast Salish from the Squamish Nation. Her St'at'imc name is "7imlemelwet" which means medicine. Melanie has worked in First Nations health for 15 years and believes strongly in community-driven, culturally appropriate and strength-based approaches to improving health outcomes for First Nations peoples. Until recently, Melanie was the Leader of Chee Mamuk, a provincial Aboriginal health program at the BC Centre for Disease Control. She is a strong advocate for the needs of First Nations communities, and brings extensive strategic planning and community development experience to this position.

In her new role, Melanie will be responsible for leading a regional team engaged in relationship building, strategic level regional planning and advocacy, community and Nation engagement, and collaborative efforts with regional health system partners. Melanie will provide strategic leadership and technical support to the 14 First Nations of the Vancouver Coastal region and First Nations peoples in urban settings. Her work will focus on regional First Nations engagement, leadership in the development of the regional health authority partnership, administration of the regional funding envelope, and reporting and monitoring regional activities.

Key Dates for Vancouver Coastal Region

- » February 25-26, 2014 - Regional Mental Wellness and Substance Use forum
- » March 12-13, 2014 - Vancouver Coastal Caucus
- » March 11 2014 - Vancouver Coastal First Nations Health Directors meeting

For further information about these upcoming sessions please contact: James Rankin

James.Rankin@fnha.ca

Fraser-Salish Region

Working closely with Fraser Health, Integrated Health Teams are being established in each First Nation community or within groups of First Nations in the region to create closer linkages between community members and their health services. These team members include health staff, leadership, service providers, and staff of the FNHA and Fraser Health. There has also been collaboration on MSP Project Boards to determine various regional projects for MSP funding.

Fraser Salish Partnership Accord implementation is well underway. Gregor McWalter, Director of Health Informatics, eHealth and Integration with Fraser Health is conducting a review of opportunities for future collaboration with the FNHA and Fraser-Salish Nations including:

- identity management,
- ambulatory and community electronic medical records,
- information exchange and integration,
- information sharing agreements,
- BC health enterprise architecture program clinical information exchange and telehealth.

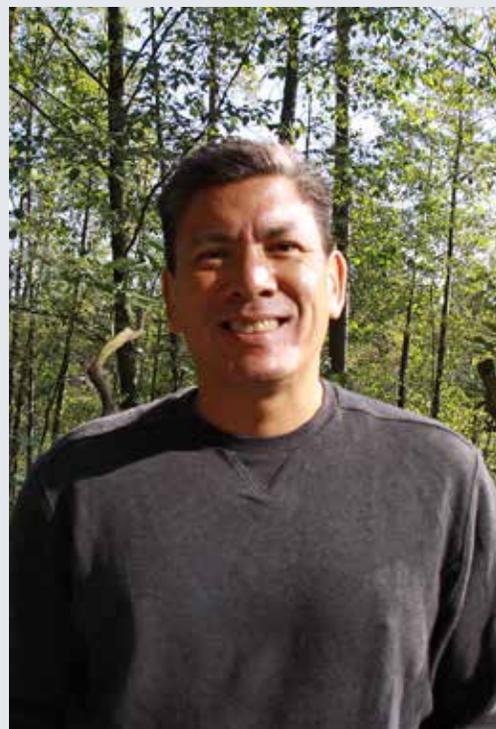
Next steps including working together to conduct deeper analysis of the identified key areas, leveraging knowledge and lessons learned,

and identifying interoperability opportunities. Another collaborative project is rolling out the Electronic Medical Record system operated internally in Fraser Health to community clinics that request it. For more information about how to get involved please email:

Leslie.Bonshor@fraserhealth.ca

The partner organizations are also working together to develop measurable health indicators for the region that reflect the needs of the FNHA, FNHC, FNHDA and Fraser Health. Other plans include the Aboriginal Health Operations Committee developing a strategy to enhance Indigenous Cultural Competency Training for review at a future Aboriginal Health Steering Committee meeting.

The Fraser Regional Table has been established and includes membership from the FNHA, FNHC, and FNHDA. The Table met recently on Semiahmoo First Nation territory and a Sub- committee has been established to provide input into the interim Regional Health and Wellness Plan (iRHWP) for agreement in principle at next Regional Caucus session, along with the formation of Working Groups to further a number of regional priorities including an iRHWP Working Group; BoD Nomination Committee; Community Engagement Paper (CeH Alignment) Working Group. These Working Groups will be meeting in the New Year to move forward on the priority areas.



Introducing Michael Sadler

Michael Sadler, Regional Director, Fraser Region, is a member of the Kispiox First Nation located near Hazelton, BC. Michael holds a Bachelors and Masters degrees in education from the University of Lethbridge ('89) and Simon Fraser University ('98), respectively. Michael has worked in a variety of positions with government and Aboriginal organizations, his most recent as the CEO of the First Nations Social Development Society. He brings a wealth of experience in planning, policy, strategy, training, and relationship building with a focus on education, health, social development and employment. His main work interests centre around the overall goals of developing people, families, communities, and Nations. Michael is looking forward to working with the First Nation Health Authority, and in particular the Fraser region First Nations, to assist them with achieving their Health and Wellness goals and aspirations.

Key Dates for Fraser Region

» Fraser Regional Caucus Session February 18 and 19, 2014.

“Our transformation is not into something new, our transformation is to our ways of our people, through our language, our songs, our ceremonies, that’s our transformation to transform ourselves to the strength of our people.”

Kukpi7 Christian – Splantsin First Nation
(Words of witness- Gathering Wisdom for a Shared Journey VI)



Above: The Seven Nations of the Interior open Gathering Wisdom with a song. Kowaintco Michel foreground, back left: Kukpi7 Wayne Christian, Kukpi7 Mike Archie, Kukpi7 Shane Gottfriedson, Willie Alphonse Jr., and Joyce Kenores.

Interior Region

Partnership Accord Leadership Table

The Partnership Accord Leadership Table was established in the summer of 2013 with meetings held on July 2, 2013 and November 5, 2013. The next meeting is scheduled for January 29, 2014. The Interior Partnership Accord Leadership Table is comprised of the following members:

First Nations membership consists of one member from each of the following Nations: Dākelh Dene, Ktunaxa, Secwepemc, Syilx, St’át’imc, Tsilhqot’in, Nlaka’pamux. First Nations Health Authority Senior Staff also participate when required. Interior Health Authority membership consists of the Interior Health Board Chair and two additional Board members, The CEO & President, Vice President of Community Integration, Director of Aboriginal Health and one Practice Lead.

The Table continues to work towards an increased understanding of each other’s roles and an improved

relationship between partners. The Table is currently in development of a Terms of Reference that will further define the roles and responsibilities of the members. Stemming from the Terms of Reference, the members of have also identified the need for development of a region-wide workplan that will be linked directly to the Interior Partnership Accord.

Letter of Understanding (LOU) Process

Five of the Seven Interior Nations have now signed off on a Letter of Understanding with Interior Health Authority. The Secwepemc and Nlaka’pamux LOU’s were signed on September 10 and November 6, 2013 respectively and both were marked by signing ceremony’s with Chiefs, Health Directors and senior Interior Health Authority staff in attendance. The LOU’s signed between the Nations and Interior Health Authority outline a cooperative approach to improving the health of First Nations in the region. The intent is to work towards a more culturally appropriate health service through the design, delivery and evaluation of health programs

and services. The St’at’imc Nation and Southern Dakeh Dene Nation are in discussion with Regional Health Authorities in regards to development of the final two LOU’s for the region. There will be further discussion in regards to the linkage between the LOU working groups and the Partnership Accord Leadership Table.

The Work Ahead

There is a need for further learning amongst partners in regards to respective governance structures. Each partner recognizes that there are complexities in terms of a mandate and structure and a history of working in silos. There is a commitment from both the Nations and from Interior Health Authority to work towards implementation of the Partnership Accord, but further work needs to be done in regards to determining next steps and process. Recognizing that meetings are only held quarterly, outcomes need to be clear so that we are ready to work when we come to the Table. There is a need to

identify measurable indicators so we know what we want to achieve and that the work of the Table is making a difference on the ground for communities.

The Nations have requested that Interior Health Authority now communicate with Nations through newly developed tables, including the Partnership Accord Leadership Table and LOU Working Groups. Interior Health Authority has a mandate to engage the Away From Home and Metis populations, so the Aboriginal Health & Wellness Advisory Committee will remain until other mechanisms for engaging with these populations are in place.

Interim Regional Health and Wellness Plan

The current draft of the Interior iRHWP plan has been informed by the Interior Partnership Accord, Nation LOU's and all other Nation plans and priorities identified to date. The draft Interior iRHWP was circulated to communities via the Hub Coordinators on August 30, 2013. The plan was shared with the Interior Region Nation Executive on September 25, 2013. From the initial feedback gathered, a briefing was developed and provided to all Chiefs in attendance at GWVI. The draft Interior iRHWP (in particular the priorities section) will be reviewed by each Nation, and Hub coordinators will help with this process. There is a need for further input and endorsement from the Nations. This process will be supported by the Regional Director and is anticipated to lead to a more robust plan by spring 2014.



Introducing Lisa Montgomery-Reid



Policy Planning and Strategic Services is pleased to announce the selection of Lisa Montgomery-Reid as the Regional Director for the Interior Region. Lisa is a member of the Lower Similkameen Indian Band, Syilx Nation. Lisa's strong work ethic, inherited by her parents, and strong cultural teachings will

serve her well in the position of Regional Director.

Lisa has previously served as Health Director, Band Manager, Council member, and on many provincial committees which has provided a "big picture" overview of the health landscape. Lisa is a people person with a positive outlook and a proven capacity for effective engagement and collaborative working relationships at all levels.

Lisa holds a Master of Arts Degree in Policy and Program Development from the University of Victoria. Her research focused on the challenges and opportunities of First Nations Health Transfer.

As regional director Lisa will be responsible for leading a regional team engaged in relationship-building, strategic level regional planning and advocacy, community and Nation engagement, and collaborative efforts with regional health system partners in partnership with the 54 First Nations of the Interior Region.

Photo: Northern Secwepemc Mental Wellness and Substance Use Forum (left-right): Julianna Johnson from Esketemc, Vicki Manuel, Secwepemc Hub Coordinator & Irene Johnson, Health Director for Esketemc.

Key Dates for Interior Region

- » Interior Region Nation Executive Meeting – January 28, 2013
- » Partnership Accord Leadership Table Meeting – January 29, 2013
- » Interior Region Caucus Meeting March 18-19, 2014, Kamloops, BC



*Left: Truth and Reconciliation Events
September 2013*

Integrating our Regional Approach Across Teams



Regional Office Implementation Planning

Regional Directors

The recruitment and selection process for Regional Directors is now complete. The successful candidates include: Michael Sadler (Fraser-Salish), Brennan MacDonald (Vancouver Island), Melanie Rivers (Vancouver Coastal), Nicole Cross (North), and Lisa Montgomery-Reid (Interior). Establishing a team of regional directors represents an important step in establishing leadership in the work of our regions. Early regional director priorities will be the building of their regional teams and the development of interim regional health and wellness plans.

Learn more about your region's director in the regional update section of the Transition Bulletin pages 6-13.

Community Engagement Resources

In 2012 at Gathering Wisdom V the FNHA received direction to establish regional offices. With this direction, came the requirement to explore and assess how current community engagement resources could best support the implementation of regional offices. This resulted in the Guidance on Engagement process in the fall of 2012 which included extensive dialogue with communities and engagement staff around the best path forward. Fast forward to today. Regional Tables are now finalizing their approaches to community engagement resourcing and alignment. A number of principles guide this discussion:

- The provincial community engagement budget is approximately 4.5 million per annum.
- Resources will remain in the region
- Opportunity to evolve and align the work

- Maximize the investment
- Current Contribution Agreements expire March 31st 2014
- Regional directors will lead the implementation of any changes, building on all the good work that has brought us to where we are today

The FNHA is supporting each region's decision-making in this exciting evolution of regional office implementation.

Integrating the regional approach across teams

Through resolution 2012-01 the FNHA has been directed to establish regional offices and implement regional capacity. At Gathering Wisdom for a Shared Journey VI delegates had the opportunity to hear how each department is working to be a health and wellness partner to First Nations individuals, families and communities.

Internally at the FNHA, the PPSS department is working with other departments to determine how each team will support our new regional focus. Some of the resources in the regional office will be virtual resources, for example - the Policy & Planning

Policy, Planning and Strategic Services



department has assigned Planners to support in the development of iRHWP's. We anticipate similar alignments and deployments in support of this regional focus.

Interim Regional Health & Wellness Plans

The drafting of interim Regional Health & Wellness Plans is well underway and most regions will have drafts complete by the spring. These plans will describe each region's priorities, approaches and goals, which will inform the work of the FNHC, FNHDA, FNHA and RHAs.

These regional priorities are intended to inform upcoming opportunities for regional investments. Over the longer term we will be well positioned to utilize these regional planning exercises to evolve the project and program planning beyond proposal calls to more meaningful community relationships and health and wellness investments. In the short term there will be opportunity for Regional Tables to continue to provide direction on regional investments. As greater clarity is developed regarding the components and process of regional envelops, Regional Tables will also provide input to these decisions.

Finalizing our PPSS department is nearing completion. We now have our full complement of Directors in place and they are proceeding with populating their unit teams. Main functions include:

- » Research Analysis and Knowledge Management
- » Policy and Planning
- » Communications
- » Strategic Services
- » Regions

Joint Project Board

We continue to work with the Ministry on the Project Board. One key element of this work will be establishing a greater emphasis on regional process and linkage to the regional Partnerships Accords. Currently we are looking to strike a balance between early implementation and quick wins and developing a longer term strategy to maximize the benefits of this opportunity. We are looking forward to engaging regional Partnerships Accord committees and tables to inform this work.

About Joint Project Board

The Joint BC First Nation and Ministry of Health Project Board (the Joint Project Board) is a senior bilateral forum with representation from the BC Ministry of Health Services and the First Nations Health Authority (FNHA), with the aim of advancing strategic priorities, overcoming policy barriers, supporting priorities and initiatives of the regions, and supporting integration of services and initiatives of the province and FNHA. A recent agreement between the BC Ministry of Health Services and the FNHA is the "Agreement in lieu of payment of the Medical Services Plan (MSP) Premiums on behalf of First Nations people resident in British Columbia." As per the agreement, the Project Board has \$15 million available to fund and sustain primary care projects across the province.



The First Nations Health Authority is proud to sponsor the 2nd annual Aboriginal Day of Wellness, June 21, 2014!

Stay tuned to our eBlast's and visit www.fnha.ca in the new year for more information.

Above: Sylx Unity Run 2012.

Research and Knowledge Management

The FNHA is partnering with the First Nations Information Governance Centre to deliver two surveys in the next 18 months. The first survey is the FNREEES (First Nations Regional Early Childhood, Education and Employment Survey). FNREEES is being conducted in every province and territory in Canada. Here in BC 33 communities have been randomly selected to participate with a total sample size of 3,680 BC First Nations people on-reserve in the following categories:

- children 11-years-old and under
- youth aged 12 to 17, and
- adults (18-years-old and up)

2014 also marks the beginning of Year 1 (Phase III) of the Regional Health Survey. This phase will involve the engagement of regional advisory committees and delivery of regional field worker training workshops in preparation for survey implementation and data collection.

The FNHA is leading a funding proposal that has been submitted to the Canadian Partnership Against Cancer (CPAC) in partnership with the Provincial Health Service Authority, British Columbia Cancer Agency, Metis Nation British Columbia, and the BC Association of Aboriginal Friendship Centres. This collaborative project will advance cancer care for First Nations, Inuit and Metis patients living in rural and remote communities. CPAC is currently funding the collection of baseline data by the partners which will inform the larger three year initiative.

The Research, Analysis and Knowledge Management team is also working with a number of other funders and academic institutions to build meaningful alliances and research initiatives that are grounded in First Nations wellness approaches to health and well-being.

Onen

Richard Jock,
Vice-President,
Policy, Planning and Strategic Services

News in Brief

Name our Transition update!

As the exciting work of the FNHA, FNHC, and FNHDA continues to evolve - so does our ways and means of reporting about the historic work taking place within First Nations Health in BC and the First Nations Health Governance Structure.

Moving into 2014 we are looking for a new name for this current publication, known for the last five issues as our 'Transition Update' that will better describe our quarterly publication as we move through transition and into transformation.



This one-of-a-kind update is aimed at First Nations decision makers, Health Directors, partners and BC First Nations community members, and captures the innovative work as we bring to life our collective vision of 'Healthy, Self-Determining and Vibrant BC First Nations Children, Families, and Communities.

Submit your ideas to: info@fnha.ca

Subject line: I want to name your update

Deadline for Submissions: February 28th, 2014

Key meeting dates in 2014

Regional Caucus Meetings

- » Fraser-Salish Region: February 18-19, 2014
- » Vancouver Coastal: March 12-13, 2014
- » Interior: March 18-19, 2014
- » Vancouver Island: March 26-27, 2014
- » North: TBD March 2014

Regional Health Directors Meetings

- » Vancouver Coastal: March 11, 2014
- » Vancouver Island: March 25, 2014

Calling All Writers

The Spirit Magazine FNHA editorial team is seeking contributors for the next issue of our Spirit Magazine. **The theme of our next issue is Elders Health.** We're looking for original content, pre-written articles, research documents, thesis papers, photography, and more.

Got a story idea? Know a great writer we should feature? Get in touch with our Spirit editorial lead Trevor Kehoe at spiritmagazine@fnha.ca and discuss your ideas or content! Our next issue will be published in March 2014 with **deadline for content set for February 3, 2014.**

We have new phone numbers!

Trying to reach the FNHA? In order to gear up for our additional call volume that comes with our service delivery responsibilities the FNHA has upgraded our phone network. In addition to a new reception line, each staff member now has a direct phone number- please visit <http://www.fnha.ca/contact-us/employee-directory> to connect.

New FNHA reception line: 604.693.6500

The Non-Insured Health Benefits program 2nd phase transfer was complete on October 1, 2013

- » On July 2, 2013 the FNHA assumes responsibilities for Non-Insured Health Benefits provided by Health Canada headquarters in Ottawa
- » The FNHA has developed a buy-back agreement with Health Canada for these services for a period of two-years
- » On October 1, 2013 the FNHA assumed responsibilities for First Nation Health Benefits program functions at the regional level.



Above: VP of Health Benefits John Mah presents at Gathering Wisdom for a Shared Journey VI 2013.

Health Benefits Program

On October 1st, 2013, Health Canada's Non-Insured Health Benefits (NIHB) BC Region program responsibilities were transferred to the First Nations Health Authority (FNHA). This completed the transfer of responsibilities for Health Benefits program delivery for First Nations residing in British Columbia and the NIHB program in BC is now the FNHA Health Benefits program.

The months since completion of the transfer have been a whirlwind of activity. The FNHA has arranged to 'buy-back' claims processing services from Health Canada for at least two years while it establishes necessary systems and infrastructure to take on these roles within the FNHA.

Since October 1st, the FNHA Health Benefits program and Health Canada have adopted new systems, implemented new processes, and

changed administrative procedures as necessary to address challenges and minimize processing times.

On the client services side, here are some of the pro-active and immediate actions that our team is taking to improve the program for its clients:

- » Custom service training for all front line staff by January 31st, 2014
- » Ongoing cultural competency training for all Health Benefits staff
- » Recruitment of Health Benefits Support Representative (whose role solely is to assist in complex cases or those cases needing more one-to-one customer assistance)

In other news, the FNHA is now completing the transfer of oral health services staff from Health Canada to the FNHA Health Benefits department. This team included 7 dental therapists positions. We are pleased to welcome dental therapists to our team!

The Health Benefits Improvement Committee is the group responsible for strategizing improvements to benefits programming that has positive impacts to the lives of clients and community members prior to the transfer to the First Nations Health Authority, during the buy-back period, and beyond.

First Nations Health Authority Health Benefits Program > Eligibility

- » Eligibility for the FNHA Health Benefits program extends to First Nations people that are residents of British Columbia and have a status number.
- » Residency is defined as having an active BC Health Care card and living in BC.
- » For those clients who premiums are paid for by FNHA and live in BC, they will automatically be added to FNHA Eligibility List.
- » First Nation clients that have their MSP premiums paid by their employer or through another source, are encouraged to contact the Regional office (1-800-317-7878) to ensure they are on or added to the FNHA Eligibility List.
- » Non-resident First Nations using health services in BC will continue to be covered by Health Canada.

Now on YouTube

The First Nations Health Authority Health Benefits Program

Medical supplies and equipment webinar

An interactive webinar and Q and A session. Find it on our youtube channel or: www.youtube.com/watch?v=54rOh3WLS9A



Above: The November 22nd Webinar on Medical Supplies and Equipment is the first of a total of 7 webinars on the Health Benefits Program that will take place before December 2014.

The Committee had an in-depth strategic planning session in early November to evaluate and prioritize recommendations for Health Benefits program improvements collected over the years and through the recent Health Directors survey.

We've received many great suggestions on how the FNHA Health Benefits program can transform Benefits delivery to more positively impact the lives of BC First Nations. The Committee is now doing the challenging work of prioritizing suggestions and reforms based on what is feasible, how much effort is required, when changes could be implemented and the comparable impacts different transformations might have.

At the same time, efforts to help BC First Nations navigate and understand Health Benefits are well underway. We delivered the first of several Benefit Area Webinars through the UBC Learning Circle last month.

Webinars through the UBC Learning Circle are intended to share the latest information with Health Directors and other front line staff in each of the benefit areas in order to help them best support communities. The Medical Supplies and Equipment

webinar delivered on November 22nd is now available on the FNHA Youtube channel for those that missed it. In the coming calendar year we will be holding additional webinars, one on each of the following benefit areas:

- » Pharmacy
- » Dental
- » Medical Transportation
- » Crisis Intervention and Mental Health
- » Vision
- » MSP Payments

As a direct result of the Health Benefits Survey delivered this fall, a Benefits Support Representative has been recruited. The Benefits Support Representative started on December 16th. The position was established to help people navigate Health Benefits process and to connect clients with the right people and departments in order to access the program.

Key recommendations in the survey included prioritizing improvements in the Medical Transportation program. The FNHA is undertaking a comprehensive review of the Medical Transportation program in order to make common sense improvements today.

In closing I wish you and your families a happy and safe holiday season and look forward to our work in the year ahead!

John Mah,
Vice-President, Health Benefits

Who do I contact about the First Nations Health Authority Health Benefits Program?

General Contact information
BC Region 1-800-317-7878 (toll free) Have your status card and CareCard ready

Vancouver 1-888-321-5003

By Mail:

First Nations Health Benefits
757 West Hastings Street,
Suite 540 | Vancouver, British
Columbia | V6C 3E6

604-666-3331 | Fax: 604-666-3200 | Fax (toll free): 1-888-299-9222

Dental

604-666-6600 | Toll-free: 1-888-321-5003 | Fax: (604) 666-5815

In-person inquiries

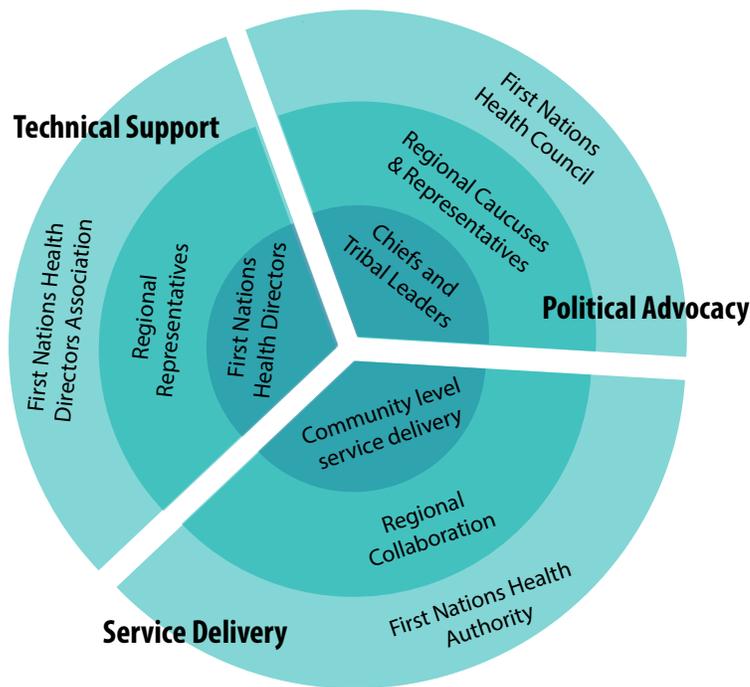
1166 Alberni Street, Room 701,
Vancouver



First Nations Health Directors Association

Sharing experience for community wellness

FNHDA leads Health Benefits Transformation



The First Nations Health Directors Association (FNHDA) is a designated pillar in the First Nations health governance structure, as endorsed by First Nations Chiefs and leaders in relation to the Consensus Paper 2011: First Nations Perspectives on a New Health Governance Arrangement in May 2011, and the previous signing of the Tripartite Framework Agreement on First Nations Governance.

First Nation Health Directors/Managers are the lead administrators of health programs in First Nations communities; they manage health facilities, addictions treatment centres, and/or health centres. Health Directors often manage; oversee health programs and services for members with moderate, severe and/or complex health and social needs, while juggling multiple responsibilities of health service delivery including managing human resources and financial resources.

An important function of the FNHDA is to act as a technical advisory body to our partners - the First Nations Health Council and the First Nations Health Authority - on research, policy, program planning and design, and the implementation of the Health Plans endorsed by BC's First Nations leadership.

For many years BC First Nations Health Directors have been sharing their voices from a community perspective concerning the challenges, limitations and existing gaps within Health Canada's Non Insured Health Benefits (NIHB) Program. As

community Health Directors working with these services every day, the opportunity to provide technical expertise and influence direct change over the Non-insured Health Benefits is an opportunity to work towards a future where there is equity between First Nations and Non-First Nations British Columbians in health status and access to quality care.

On July 2, 2013 and October 1st, 2013 the First Nations Health Authority (FNHA) assumed responsibility for Health Canada's Non Insured Health Benefits program. Improving access to Health Benefits (formerly NIHB) is critical to addressing systemic



First Nations Health Directors Association

Sharing experience for community wellness



Left to right: FNHDA Inspiration Award winner: Aileen Prince. FNHDA Board of Directors (Patrick Lulua pictured at microphone). FNHDA Inspiration Award winner Carolyne Neufeld. FNHDA members hard at work. All photos taken at the 2013 FNHDA AGM.

inequities between First Nations and Non-First Nations British Columbians in health status at the individual, community, regional and provincial levels.

To ensure recommendations for improvement reflect the priorities and perspectives of First Nation communities, the FNHDA developed a health benefits survey to solicit feedback directly from BC First Nations. The development took into account previous feedback gathered from First Nations Health Directors such as the October 3, 2012 Annual General Meeting and also various briefing notes provided to us by communities.

The FNHDA Survey asked key questions to gather technical advice feedback in the form of strategic solutions and how the current NIHB program can be improved and transformed as the FNHA assumes control of the program. An on-line Fluid Survey was chosen as an

efficient tool to gather advice and included both open ended and closed questions. Data was organized into the NIHB areas and analyzed for themes that emerged within each of the topic areas. The survey yielded an immense amount of information that was collated, consolidated and analysed to identify interim measures and improvements.

The results were based on responses from 116 participants from across the province. Feedback was collected that asks respondents to provide recommendations in the following ten (10) NIHB/Health Benefit areas:

- » Medical transportation
- » Eye and vision care
- » Mental health counseling benefits
- » Drug benefits
- » Medical supplies and equipment
- » Dental benefits

- » General/other (including health benefits outside of Canada)
- » NIHB/FNHB data needs for First Nations
- » NIHB/FNHB reporting
- » Final feedback question: NIHB/ FNHB

The Workbook/Survey provides a framework for discussion over the next several years and is the first stage of engagement with Health Directors related to Health Benefits. The recommendations are understood as interim measures that provide an opportunity to improve the NIHB program as the FNHA continues to 'buy-back' the NIHB program from Health Canada and engage BC First Nations on priorities for the transformation of First Nations health benefits.

As of November 1st, First Nations Health Service Organizations representing 64 communities across the province had expressed interest in the project.

Right: Tableau Map of potential Wave 1 First Nations communities for Telehealth expansion



First Nations Telehealth Expansion Project

Project Kick-off

After overcoming hurdles on the journey towards Transition, the First Nations Telehealth Expansion Project was formally kicked-off on September 10, 2013.

The Project was initiated out of the 2006 Transformative Change Accord: First Nations Health Plan, a 10-year plan to close the socio-economic gaps between First Nations and other British Columbians. The First Nations Telehealth Expansion Project is the result of action item number 23 of the plan, to 'create a fully integrated clinical telehealth network.'

“A key goal in this process is that we leave no community behind. The application of emerging technology and the requisite training will bring new services and professionals into First Nations health centres across this province and will help to level the field for First Nations in remote communities.”

Joe Gallagher, CEO, First Nations Health Authority.

The First Nations Telehealth Expansion Project will follow a Community-Driven process to work with First Nations Health Services Organizations across the province to deploy telehealth equipment and implement telehealth services. Ongoing training and support from the First Nations Health Authority, in partnership with communities and provincial health authorities, will help ensure telehealth services are effective, sustainable, and meet

community health and wellness needs. The multi-million dollar project includes a \$4.5 million investment from Canada Health Infoway, the federally-funded, not-for-profit organization investing in electronic health information solutions in Canada.

Bypassing barriers such as distance and geography, these telehealth deployments will improve access, timeliness, quality and convenience of health, wellness and educational services for communities across the province.

Project Updates

As a first step in the project's community engagement process, invitations to participate in the Telehealth project were sent to all First Nations communities in BC.

As of November 1st, 32 responses had been received from individual communities and 6 from First Nation Health Service Organizations representing 33 communities. One community expressed interest, but wasn't ready to participate at the time.

The project's Clinical Lead contacted each respondent to provide an overview of the project, discuss telehealth in more detail and to begin conversations about their health and wellness needs that could potentially be enhanced with telehealth.

Gathering Wisdom

At Gathering Wisdom VI in October, the FN TEP team hosted a breakout session, which included a live videoconferencing demo with Bella Bella and Takla Lake. A mock patient demonstration showed the audience one of the many capabilities of telehealth. Conference

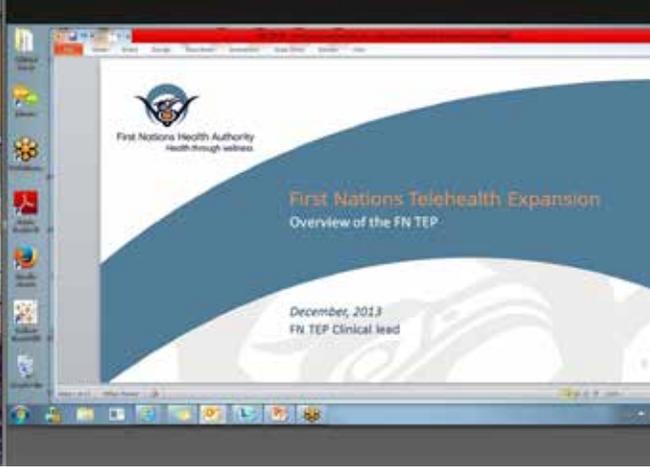


Photo (l) Telehealth Booth at Gathering Wisdom for a Shared Journey VI. Photo (r) FN TEP Connects with Three Corners to talk Telehealth

participants in Vancouver also spoke directly with nurses and doctors located in Bella Bella and Takla Lake about the positive outcomes they have experienced with telehealth.

The team also operated a booth where many great conversations were generated with community health staff about what telehealth is and how telehealth could benefit their respective communities.

Next Steps

Needs and Readiness Assessments will be completed with all FNHSO's that have expressed interest in the project. The Needs Assessments will help the project team understand each community's "Current State" regarding their health and wellness needs, how these services are currently delivered, and where there are gaps in service delivery. If communities have telehealth experience, their stories and lessons learned will also be captured. The Readiness Assessments will look at the current technical environment of each facility and other key areas such as privacy and security where change will be required to support telehealth.

Current State Analysis – information collected during the completion of the Readiness/Needs Assessments will be analyzed and will help in defining appropriate telehealth programs to match each community's unique priorities.

Future State Analysis – Building on the Current State Analysis, health centre workflows will be amended or redesigned to support the successful integration of telehealth into day-to-day health centre operations. Plans will be developed to address gaps in privacy and security practices to enable secure and confidential telehealth sessions, and support models will be developed with communities to ensure each session is successful.

For project updates, stay tuned to our website: <http://www.fnha.ca/what-we-do/ehealth/telehealth>

If you have any questions about the First Nations Telehealth Expansion Project, please contact us at Telehealth@fnha.ca

How does Community guide this process?

As the project's community engagement work has been starting, several committees have been created to support the project's work.

FN TEP Advisory Committee (Monthly)

- » Purpose: to guide, support and endorse the project team on matters related to community engagement, developing telehealth programs, evaluation and sharing of best practices.
- » Representation: First Nations Health Directors Association, FNHA Regional Directors and health authority partners

FN TEP Clinical Working Group (Monthly)

- » Purpose: to discuss the development of telehealth programs and policies, education and training of end users and to share knowledge from successful telehealth programs across the province.
- » Representation: community and health authority partners.

FN TEP Technical Working Group (Monthly)

- » Purpose: to work through technical issues of the project including network connectivity, scheduling, privacy and security, telehealth equipment, and technical support.
- » Representation: All Nations Trust Company, Telus and health authority partners.

Our Vision

Healthy, Self-Determining and Vibrant BC First Nations Children,
Families and Communities

Our Values

- » Respect
- » Discipline
- » Relationships
- » Culture
- » Excellence
- » Fairness

Visit: www.fnha.ca

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<http://www.facebook.com/firstnationshealthauthority>

<https://www.facebook.com/firstnationshealthcouncil.fanpage>

Follow us on Twitter: <http://twitter.com/FNHA> and <http://twitter.com/FNHC>

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