

Northern First Nations Health Partnership Committee Communique

February 16, 2018

The Committee met on February 16, 2018, on Lheidli T'enneh Territory (Prince George), at the FNHA offices to continue work on behalf of our citizens. Utilizing our joint partnerships, the intent is to focus on implementing programs and services designed to better meet the needs of First Nations peoples residing in the north. Highlights include:

Northern Regional Plan

Nicole Cross, Northern Regional Director FNHA, shared several points from the 2018-2019 Northern Regional Plan. Traditional Wellness, Land Base Healing, and Mental Wellness will all be the focus of capacity building and training development. A partnership with Nicola Valley Institute of Technology will provide Chemical Addictions Training for National Native Alcohol & Drug Addiction Program (NNADAP) Certification. There will be a Community Health Representative (CHR) Gathering in April 2018 in Prince George to provide an opportunity for northern CHRs to meet, share best practices and take workshops related to their careers. Northern communities will see the implementation of Medical Office Information System (MOIS).



And finally, recruitment and retention continues to be a high priority for FNHA North region. The focus is on promising practices, visiting professionals housing, and health professionals being able to access funding for remote work. Northern Health is connecting with northern colleges on Health Care Assistant, License Practical Nursing and Physician recruitment needs. Municipalities and Chambers of Commerce play a very important role in the recruitment and retention process and communities are encouraged to be engaged in this process.

Maternal Child Health

The Maternal Child Health Working Group met on January 19, 2018 and their findings were brought forth. Discussion topics included exploring alternative payment plans for midwives under the Medical Services Plan. Currently doula services can be accessed by community members applying for funding under the BC Association of Friendship Centres. Early years health strategies which involves childhood health screenings that address developmental, physical and mental early diagnosis and interventions, is in a preliminary stage of development. Maternal Child Health will be the focus of engagement at the 2018 Spring sub-regional caucuses in Prince George, Fort St. John and Prince Rupert.



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Joint Project Board Successes

The Coast Tsimshian Primary Care Team continues to be challenged by recruitment and retention, however promising recruitment efforts for local physician are occurring. FNHA is exploring integrating traditional healers, trauma informed care, Child and Youth Mental Health Services as part of the Mobile Support Teams.

Urban Away-from-Home

Away from home housing was discussed for members of remote communities who need to access health care for an extended period, and face specific issues related to long term medical stays. People could be leaving home for childbirth, cancer treatments, or other medical issues and BC Housing may be involved as a partner in solving some of the logistical challenges.

Evaluation of Partnership Accord

The First Nations Health Council: Northern Regional Health Caucus, Northern Health (NH) and First Nations Health Authority (FNHA) entered into a Northern Partnership Accord, May 2012. This partnership is committed to improving the health outcomes of First Nations peoples residing in the North Region.

The Northern Partnership Accord identifies success indicators designed to provide evidence of our progress. They are:

- improved access and cultural competency of health services for Northern First Nations;
- coordination and alignment of planning and service delivery between the Northern First Nations and NH;
- enhance accessibility of health care services for remote and isolated communities;
- increased partnerships between Northern First Nations and NH to improve the quality of health services at the local and regional level;
- stronger linkages between NH and First Nations Health Centers for patient referral and service collaboration and integration;
- improved communication between Northern First Nations and NH;
- increased partnership opportunities between NH, Divisions of Family Practice where these exist in the North, and First Nations communities to incorporate the needs of Northern First Nations in primary care development;
- increased coordination of e-Health initiatives in the North within the Tripartite approach; and
- recruitment and retention of health professionals in the North.



It is now time to re-evaluate the Accord and work has begun to draft an evaluation matrix as a first step in this process.