

# Together in Wellness



**2013  
2014**

**Tripartite Committee on First Nations Health  
*Annual Report***

**A Report on the Third Year of the  
*B.C. Tripartite Framework Agreement on  
First Nation Health Governance Implementation.***



**Tripartite First Nations Health Plan**



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# A Message from the Partners

This past year marks the third year since the signing of the British Columbia Framework Agreement on First Nation Health Governance and one year since the First Nations Health Authority (FNHA) assumed full responsibility for the design, management, delivery and funding of First Nation health programs and services formerly provided by the First Nations and Inuit Health Branch (FNIHB)-BC Region of Health Canada. This shared journey has been one of continued growth and change. At each stage of this journey we have reflected on our progress and discovered new and innovative ways of working together. This has been critical to our collective success and allows us to manage transition, strengthen our partnership, and invest in our priorities.

Since the conclusion of this historic transfer, we have taken significant steps in defining and strengthening our partnership with First Nation communities and as tripartite partners. Working together to advance the shared vision of the tripartite health partnership, new working relationships have been defined at the most senior levels of government both federally and provincially. With Health Canada continuing its role transition to funder and governance partner, the FNHA and FNIHB entered into a shared vision and common understanding to ensure the long-term success, sustainability and productivity of the federal partnership. Similarly, the FNHA and B.C. Ministry of Health entered into a Letter of Mutual Accountability to ensure alignment between the provincial government's strategic priorities and the priorities of the FNHA and B.C. First Nations more broadly. A strong provincial partnership enables the partners to work across the provincial system to improve health and wellness outcomes for First Nation individuals, improve the experience of First Nation clients, and create value for First Nation clients through patient-centered quality services.

As noted in previous reports, systemic change involves all of us. No single partner can make it happen alone. We remain steadfast in our shared vision of healthy and vibrant B.C. First Nations children, families, and communities playing an active role in decision-making regarding their personal and collective wellness. As always, we continue to look to the voices of individuals and communities to guide our efforts toward improved health services and wellness for all First Nations and Aboriginal peoples in British Columbia.

In this, the third iteration of the Tripartite Committee on First Nations Health annual report, we hope that you will perceive a tangible and positive impact to health services in the communities over the past year, and that you will gain some insight into what 2014–15 has in store as we continue to evolve, mature and strengthen our partnerships and service delivery. With this edition, we are pleased to report back on the progress of the integration and the improvement of health services for First Nations people over the past year, as per our commitment through the Tripartite Committee on First Nations Health.

## **Co-Chairs, Tripartite Committee on First Nations Health:**

*Lydia Hwitsum*, Chair, First Nations Health Authority Board of Directors

*Sony Perron*, Senior Assistant Deputy Minister, First Nations Inuit Health Branch, Health Canada

*Stephen Brown*, Deputy Minister, B.C. Ministry of Health



## Purpose /Context

The 2013–2014 Tripartite Committee on First Nations Health Annual Report: *Together in Wellness* marks the third annual report capturing the significant and exciting changes since the B.C. Tripartite Agreement on First Nation Health Governance was signed in October 2011. As supported by the Tripartite Committee on First Nations Health, new and innovative health partnerships at the regional and provincial levels are becoming a reality, and through this annual report we have the privilege of showcasing some of the key achievements accomplished at community, regional, and provincial levels.

Since the signing of the Transformative Change Accord in 2005, the tripartite partnership in health has grown, matured, and evolved, culminating in the signing of the B.C. Tripartite Agreement on First Nation Health Governance. This framework agreement, signed by the tripartite partners represented by the First Nations Health Society, First Nations Health Council, Federal Minister of Health, and the British Columbia Minister of Health, legally committed the transfer of FNIHB-BC Region of Health Canada to First Nations control. The framework agreement also called for the implementation of new and innovative health partnerships at regional and provincial levels.

The tripartite partners have also agreed, under the leadership of the Tripartite Committee on First Nations Health, to prepare and make public an annual report on the progress of the integration and improvement of health and wellness services for First Nations in British Columbia. This document is intended to report on the third year of the framework agreements' implementation (October 2013 to October 2014).



## What is the Tripartite Committee on First Nations Health?

### **MEMBERSHIP:**

The Tripartite Committee on First Nations Health is composed of senior federal and provincial government representatives, chief executive officers of the province's health authorities, and representatives of the First Nations Health Council, First Nations Health Authority and First Nations Health Directors Association.

Membership includes:

- ▶ Three Co-Chairs:
  - » Chairperson of the board of the First Nations Health Authority;
  - » Senior Assistant Deputy Minister of the First Nations and Inuit Health Branch, Health Canada;
  - » Deputy Minister, B.C. Ministry of Health;
- ▶ President /Chief Executive Officers of each of the B.C. health authorities;
- ▶ Provincial Health Officer under the BC Public Health Act;
- ▶ Aboriginal Health Physician Advisor (now the Deputy Provincial Health Officer, Ministry of Health);
- ▶ Chairperson and Deputy Chairperson of the First Nations Health Council;
- ▶ One representative from each of the five First Nations regional tables;
- ▶ Chief Executive Officer of the First Nations Health Authority;
- ▶ President of the First Nations Health Directors Association;
- ▶ Appropriate Associate Deputy Minister and Assistant Deputy Minister of the B.C. Ministry of Health; and
- ▶ Any other non-voting, observer or full members as agreed to by the Tripartite Committee.

### **MANDATE:**

The Tripartite Committee on First Nations Health is mandated through the framework agreement to co-ordinate and align planning, programming and service delivery among the First Nations Health Authority, B.C. regional health authorities, B.C. Ministry of Health and Health Canada. The committee works to facilitate discussions and co-ordinate planning and programming among B.C. First Nations, British Columbia and Canada on First Nations wellness; to provide a forum for discussion on the progress and implementation of key agreements in health; and to prepare and issue an annual progress report.



# The Partnership Evolves

## Health Partnership Accord

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In December 2012, the First Nations Health Council, Health Canada and B.C. Ministry of Health signed the Health Partnership Accord — an evergreen document that describes a broad, enduring and evolving partnership and affirms the long-term commitment of the tripartite partners to pursue the shared vision of building a better, more responsive and integrated health system for First Nations in British Columbia.

Building on the strengths of this historic health partnership, the tripartite partners continue to find new and innovative ways of working together to achieve shared goals and eliminate inequities in the health and wellness of B.C.'s First Nations. This new working relationship is guided by the principle of reciprocal accountability, enabled by shared learning, and strengthened by the shared understanding that taking action together requires each partner to mobilize and maximize respective strengths, authorities and assets in support of these shared commitments.

In the spirit of the Health Partnership Accord, the tripartite partners will continue to reflect on progress made with the goal of learning how to work better together.

## Tripartite Committee on First Nations Health

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A central component to the First Nations health governance structure is the Tripartite Committee on First Nations Health — a forum for leadership to align planning and programming; and to identify, review, and resolve issues that may otherwise inhibit the improvement of service delivery to First Nations in British Columbia.

This past year, the committee reflected on the processes and mechanisms through which Health Canada, the B.C. Ministry of Health, the B.C. health authorities and the First Nations Health Authority will focus and align system-level priorities and strategies to achieve intended results. As part of this work, the Tripartite Committee on First Nations Health focused its efforts on enabling the growth and development of partnerships at regional and provincial levels.

At a regional level, the committee reflected upon the continued growth and success of partnerships between B.C.'s First Nations and regional health authorities. Enabled by regional partnership accords in each of the five regions, First Nations and health authorities have established new working processes, identified priorities for implementation, initiated new investments, and strengthened working level relationships. These developments represent significant progress toward the goal of increasing First Nations participation in decision-making and improving service delivery at local levels.

At a provincial level, the committee learned how regional partnerships will be complemented by emerging partnerships between the First Nations Health Authority, the Provincial Health Services Authority and the Office of the Provincial Health Officer.



The committee has further reflected on the broader functioning of the provincial health system as it relates to the goals of the tripartite partners. To focus its efforts, the committee made a commitment to develop and adopt a Reciprocal Accountability Framework — an evergreen document describing how the tripartite partners will pursue reciprocal accountability at all levels. As part of this, the committee discussed the need to support the development of provincial and regional strategies for strengthening the cultural competency and safety of the provincial health system. This will be a key area of focus for the committee in the year ahead.

In addition to these priorities, the committee agreed to review and refresh its own processes to better enable the work of the partners and drive system-wide change in a strategic and co-ordinated manner.

## First Nations Health Authority

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The First Nations Health Authority (FNHA) is proud to celebrate its first year of service delivery with its partners. Working with First Nation communities, First Nations Health Council, First Nations Health Directors Association, and partners at regional, provincial and federal levels, the FNHA was successful in advancing the work and commitments envisioned by the tripartite partners in the framework agreement.

This has been a year of transition and transformation, meeting key milestones and implementing strategies set out in the 2013–2014 *Interim Health Plan: A Year in Transition*. In this pivotal period of transition, the FNHA focused its efforts on managing transition, increasing First Nations decision-making, delivering and improving health services, strengthening partnerships, and laying the foundation for a leading First Nations health organization.

### GATHERING OUR VOICES

The 12th Annual Gathering our Voices Youth Conference was held March 18–21, 2014 in Vancouver. A total of 1670 youth attended — the highest youth attendance to date. Supporting young leaders to be healthy and well is a key commitment of the FNHA. In an effort to enhance its engagement with youth, the FNHA hosted a series of youth-focused wellness workshops.



In the months following transfer, the FNHA focused its efforts and energy on stabilization — a key commitment made by the tripartite partners to ensure the FNHA was able to meet its funding commitments to First Nation communities and ensure minimal disruption in service delivery.

While in this transition phase, the FNHA continues to review its operations and business processes to identify best-possible methods of delivering programs and services to B.C. First Nations. In the spring of 2014, the FNHA worked with First Nation health directors in each region to review and better define the structures and processes embedded in the existing contribution agreements. The FNHA also took initial steps toward transforming the health benefits program. The transition from the former Non-Insured Health Benefits program to the First Nations Health Benefits program was marked by improvements in service times across all benefit areas through the introduction of a client-focused, culturally competent approach.

### ELDERS GATHERING

The 38th Annual B.C. Elders Gathering was held July 7–9, 2014 in Penticton, with more than 3,900 people in attendance. The health and wellness of B.C. First Nations Elders and their families is a key area of focus for FNHA. The gathering provided an opportunity for the FNHA to engage with and learn from First Nations Elders on their health and wellness priorities. FNHA also partnered with Penticton Indian Band and Interior Health to provide on-site health screening.



Based on the direction provided by B.C. First Nations, key focus areas of the FNHA this past year were bringing decision-making closer to home and building capacity in the regions. In 2013, the FNHA took important steps toward these goals by establishing a team of regional directors to provide dedicated support for the work of the regions. In early 2014, five regional health and wellness plans were prepared in partnership with First Nations leadership and technicians. These plans serve as a common voice for the regions on health and wellness matters and are the primary mechanism for pairing investment with priorities identified by the regions. Each region also took important steps toward implementing priorities identified in partnership with regional health authorities under regional partnership accords. Collectively, the work of the regions provides better direction to the work of the FNHA and its service partners in improving client services, investing in community health needs, and designing regional approaches to service provision.



In this year of transition, the FNHA continued to build on its philosophy as a partner in wellness to First Nations in B.C. through several important contributions and investments. The FNHA played an important role in the 2014 Gathering our Voices Youth Conference in Vancouver and the 2014 Elders Gathering in Penticton. In addition, the FNHA also sponsored 99 wellness events across the province as part of the second annual Aboriginal Day of Wellness on June 21, 2014.

### **GATHERING WISDOM FOR A SHARED JOURNEY VI**

Gathering Wisdom for a Shared Journey VI was opened on Oct. 22, 2013 with the Honouring our Shared Journey: Commemorating the Ceremony. The ceremony was the largest and only one of its kind to take place, marking the historic transfer of health services from Canada to B.C.'s First Nations.



As the first and only province-wide health authority of its' kind in Canada, the FNHA is committed to building a strong, healthy and sustainable organization — one that is First Nations-driven and focused on transforming the health and wellness of First Nations in British Columbia.

## **Health Canada**

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Together with the FNHA and the B.C. Ministry of Health, Health Canada is a party to the ongoing success of this new health governance structure. As our co-chair reflected, "Health Canada is a partner from a distance, but not a distant partner." As such, Health Canada remains active and engaged as we continue to honour the commitments made in the health partnership accord and in the framework agreement to achieve a higher-quality, more integrated, culturally appropriate and effective health system for B.C. First Nations.

Since the transfer, Health Canada has made great strides in redefining its role as a governance partner and funder, even as we continue to adapt to a new way of working. Together, we have begun to explore and define new processes and mechanisms that will help streamline our work as we navigate through these uncharted waters of health system transformation.

To provide executive level guidance to our approach, an agenda for a *Shared Vision and Common Understanding* has been developed by the senior assistant deputy minister of the First Nations and Inuit Health Branch (FNIHB) and the chief executive officer of the FNHA. This agenda describes the overarching approach to partnership and the processes guiding the FNHA and the FNIHB over the 10-year duration of the Canada Funding Agreement. This vision document re-affirms the shared accountability for the continued success of this transfer, and promises leadership and engagement at an executive level. The document also outlines a number of concrete priorities and deliverables for shared work between the two parties in 2014–2015, which informs executive and program priorities. This agenda will be revisited and updated on an annual basis.

To support this work, relationships have also been established between the FNHA vice presidents and the FNIHB executive leads who have responsibility for comparable programs. These ongoing relationships will support corporate knowledge exchange and sharing of experience and expertise at executive levels and also assist in addressing the priorities outlined in the executive agenda.

Supported by strong working relationships at executive and senior operational levels, Health Canada and the FNHA have worked diligently to ensure a successful and stable transition. These relationships ensure the smooth transition of functions from the FNIHB to the FNHA and provide security for service continuity in key areas, including the current service arrangement for health benefits (the buy-back period) and the migration of the FNHA from federal information management infrastructure. These relationships have also served to strengthen communication and collaboration at program levels.

As a signing party to the framework agreement, Health Canada committed to a joint evaluation every five years. In working towards this milestone, Health Canada will work with the FNHA and the B.C. Ministry of Health in the development of a B.C.-specific reporting framework for First Nations health outcomes. Good performance measurement is essential for establishing practical benchmarks of health outcomes for First Nations in B.C. and will also ensure we have the data and tools necessary for our joint evaluation over the long term. Data and information exchange will guarantee that we meet our shared commitment to the continued inclusion of B.C. First Nations in national reporting, and assure a way to comprehensively monitor Aboriginal health in Canada as we strive to achieve better health outcomes.





Health Canada's responsibility to support health services for First Nations peoples in B.C. remains in this post-transfer era. In our role as funder, the Tripartite Committee on First Nations Health will continue to engage with our partners on matters of new program funding and development. We are committed to a process of continuous renewal to ensure that we evolve along with our partners, nurturing the relationships that have supported us through transfer, and will continue to support us in this journey of health system transformation.

As a governance partner, Health Canada will be actively involved with the FNHA and the B.C. Ministry of Health in monitoring the successful implementation of the agreements to ensure we are meeting our shared commitments. As the FNHA begins to redesign programs and services to achieve greater integration of health services, Health Canada will ensure appropriate linkages are maintained between our organizations to support knowledge transfer and information sharing. As we share best practices, we will be looking to B.C. for innovative approaches to health care that can be shared broadly. This will ensure that the lessons learned from this new model of health care delivery are available to inform system change across Canada.

## B.C. Ministry of Health

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The B.C. Ministry of Health's commitment to improving health outcomes for Aboriginal peoples through the Tripartite Health Partnership continues to be a key focus within the ministry's service plan.

During this past year, the Ministry of Health embarked on a review and renewal of strategic priorities for the health care system, building on the Innovation and Change Agenda introduced in 2010. In February 2014, the ministry published *Setting Priorities for the B.C. Health System: Supporting the Health and Wellbeing of B.C. Citizens*, a new strategic priority document to improve patient experience and outcomes. It identifies priorities to improve the B.C.'s health care system. The plan focuses on making changes in the health care system that improve the overall health of the population, enhance the experience and outcomes of patients, and ensure that the costs of delivering health care services are sustainable. This strategic document was developed with input from health authority board chairs, including the FNHA, and its success depends upon continuous engagement as we move through implementation.





Regular engagement between the deputy minister of Health and the CEO of the FNHA has contributed to the development of a strong, shared executive agenda that will better enable the work at regional and local levels. A Letter of Mutual Accountability between the Ministry of Health and the FNHA has been developed for 2014/15. The letter is an articulation of the mutual accountabilities, roles and responsibilities of both parties with respect to the planning, administration, delivery and monitoring of health services. It will support FNHA's responsibility to design, manage, and deliver health and wellness services to B.C. First Nations, and will also support their work to improve the services accessed by First Nations across the broader provincial health system. The letter will be refreshed annually to ensure alignment with both the provincial government's strategic priorities and the FNHA's Interim Health Plan for 2014/15. It is intended to define and promote a positive and co-operative working relationship, act as confirmation of specific goals and actions moving forward, and measure successes we have achieved.

The work of the Joint Project Board is another demonstration of the development of a shared executive agenda. The Joint Project Board is a senior bilateral forum that operates under the principles of the Tripartite First Nations Health Plan, and supports timely progress and decision-making to move forward with strategic priorities through the integration of strategies and services between the Ministry of Health and the FNHA. This past year saw the development of a work plan in which each of the ministry's assistant deputy ministers and FNHA vice presidents identified joint targets for the year. Among the areas of focus are: eHealth, identity management, primary care improvement projects, collaboration on PharmaCare claims adjudication, and alignment of crisis response protocols.

The Joint Project Board is also responsible for implementing the Medical Services Plan Agreement. This three year agreement, signed in June 2013, commits up to \$15.3 million to initiate sustainable primary care projects for First Nations people and communities across the province. The board is responsible for the development and implementation of an annual work plan describing key activities, responsibilities, and timeframes, while improving First Nations health and well-being through the elimination of policy barriers, improved access to health services, and swift, sustainable investment in innovative practice.

The Ministry of Health continues to work across ministries with our partners and colleagues to bring the Aboriginal health lens to the work of the Province, while identifying opportunities for integration of services. The upcoming year will be one of solidifying the accomplishments to date, moving forward with our partnerships, and constantly evolving momentum to support the system-wide planning approach and large scale systems change through design, management and delivery of health services amongst First Nations people.



# The Partners Invest in Primary Care

As described in this report, the Joint Project Board plays an important role in the implementation of the Medical Services Premium (MSP) Agreement. The funding available through this agreement is intended to support primary care health care projects in each of the five regions into the future. When discussing primary care projects, the broad definition of primary health care is applied, including a wide range of regulated health care professionals and services. Projects funded through the MSP Agreement must improve access to primary health care, increase service delivery by regulated health professionals, and increase the sustainability of health services. The board is committed to approving projects for investment that address regional and/or local needs and priorities, and that advance the innovative partnerships and planning taking place through the regional partnership accords.

In February 2014, the regional partnership accord committees were provided with financial planning targets for 2014/15 and 2015/16, and information to inform regional decision-making on primary care project investments. This included criteria for funding, considerations, and questions to guide decision-making. Through this process, First Nations regional tables and regional health authorities have worked together to identify and develop project plans.

The established eligibility criterion requires projects to focus on the delivery of primary care, mental wellness and substance use services, maternal and child health care services, and oral health care.

Key Joint Project Board achievements over the past 12 months include:

- ▶ Developing the Funding Eligibility Framework in line with MSP criteria, and introducing some flexibility in the definition of MSP eligible services in support of this agreement to better align with requirements of the First Nations projects.
- ▶ Developing a Regional Engagement Plan and supporting papers to inform regional decision making, and regional planning targets.
- ▶ Completing an in-depth analysis on the status of First Nations and Aboriginal-focused Nurse Practitioners for B.C. projects by regional health authority.
- ▶ Developing joint targets and deliverables for 2014/15 by Ministry of Health assistant deputy ministers and FNHA vice presidents.



As of August 2014, approximately \$2.4 Million in funding has been approved to support the following projects:

REGION	PROJECT	DESCRIPTION
Fraser	Primary Health Care Services at Seabird Island	<p>Seabird Clinic is staffed by First Nations health professionals (two physicians, a nurse, and two medical office assistants). The clinic is well integrated with Seabird Island's health and social services programs including: lifestyle coaching, natal care, social assistance, mental health services, and cultural programming. The clinic also provides outreach services to surrounding communities.</p> <p>Funds available through the Joint Project Board are utilized to subsidize Seabird's primary care clinic operations.</p>
	Expansion of primary health care services at Stò:lò Nation Health	<p>Stò:lò Nation Health provides services to 11 First Nations communities in the following areas: health education, immunizations, hearing and vision screening, pre/post-natal care, nutrition programs, diabetes management, HIV/AIDS programs, dental care, home care, child &amp; infant development, optometry and pediatrics.</p> <p>The service agreement consists of one full-time physician and medical office assistant and aims to support the entire health care system by reducing emergency room visits and acute care.</p>
Interior	Expansion of the Shuswap, Carrier, Chilcotin Community Mobile Treatment Program	<p>The Nenqayni Wellness Center is a non-profit organization serving adult clients with drug and alcohol addictions. Serving up to 15 First Nations communities in the Cariboo-Chilcotin region, the wellness center provides services in: family-oriented substance use and information (alcohol, drugs, and inhalants) programs, continuing care, and cultural activities.</p> <p>The Community Mobile Treatment program provides culturally competent and community-centered mobile mental health, addictions treatment and educational services to First Nations in the Cariboo and Chilcotin regions.</p>
Island	Coast Salish Teamlet Model	<p>Ts'ewuhtun Health Center manages public health and communicable disease control for the Cowichan Tribes and also provides health education programs. Day-to-day operations are managed by the health director and supported by approximately 75 full-time, part-time, and casual and contract employees, providing services in: primary care, healthy lifestyles, healthy families and maternal and child health, mental health and addictions, oral health, patient transport, and Elder's programs.</p> <p>Ts'ewuhtun is also planning to introduce a primary care team consisting of a family physician, registered nurse case manager, health coach, dietitian, occupational therapist and support staff.</p>



REGION	PROJECT	DESCRIPTION
North	Expansion of Carrier Sekani Family Services (CSFS) Primary Health Care Delivery	<p>CSFS provides health and social services to approximately 10,000 individuals annually on and off reserve. Service areas include: primary care, family support, maternal and child health, research and development, and family justice. The program blends western and traditional medicine in their care model.</p> <p>Joint Project Board funding has enabled expansion of primary care service delivery, through emergency medical responders and outreach services.</p>
Vancouver Coastal	Regional Mental Wellness & Substance Use Specialist Services Community Assessment Team	<p>Vancouver Coastal Health worked with 14 First Nation communities to complete a service mapping exercise to identify gaps in health care, identifying mental wellness and substance use as a key priority.</p> <p>Vancouver Coastal Health is working to establish a specialist community assessment team comprised of a psychiatric nurse, clinical psychologist, and mental wellness co-ordinator (in conjunction with FNHA). This team will conduct a community-based assessment of specialist/acute needs in all 14 communities. With this tailored assessment, they can move forward with the health directors towards a solution.</p>

While the regions continue to work to identify projects for the remaining Joint Project Board funding, the board is committed to evaluating both the processes and outcomes of the investments in primary care projects. In the months ahead, the board will discuss and develop an evaluation plan that provides tools for the partners to evaluate each project based on the following principles: alignment with Joint Project Board priorities; innovation/transformation; health service improvement; impact; and collaboration. These evaluations will provide the partners timely and credible information for strategic planning, decision-making and quality improvement initiatives. These evaluations will also contribute to the broader evaluation commitments set out in the framework agreement.

First Nations community and regional health authority leadership and involvement are seen as critical for the successful planning, implementation and sustainability of these projects. These partnerships, and the collaborative working relationship between the Ministry of Health and the FNHA through the Joint Project Board, are an exciting development in the evolution of the partnership to advance First Nations health in British Columbia.



# Health Actions – Developing Strategies and Investing in Priorities

Since 2006, the tripartite partners have taken significant steps to develop strategies under each of the priority action areas identified under the Tripartite First Nations Health Plan. This year, with the growing and evolving nature of the partnership, the partners have started to shift its focus from provincial planning to regional implementation. While these action areas were identified in the Tripartite First Nations Health Plan, the approach to implementing strategies continues to grow and evolve as we complete components of longer term actions and listen to and learn from First Nation communities and key service partners.

## Primary Care and Public Health

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In a bid to provide increased access to primary care, enhanced quality of services through a culturally safe environment, and improved patient and provider experience, the primary care and public health strategy area has made significant progress in the past year.

The Nurse Practitioners for British Columbia (NP4BC) strategy continues to support health care professionals and increase access to primary care in rural and remote regions through building and enhancing multidisciplinary care teams. Of the 122 new nurse practitioners approved in the NP4BC strategy, 39 have been identified to support First Nations and Aboriginal communities, increasing health care capacity and improving services to previously hard-to-serve areas. The FNHA has supported NP4BC efforts to integrate nurse practitioners in community care settings by alleviating associated cost pressures for regional health authorities through provincial funding contributions totaling \$510,000.

Aboriginal healthy living activities are delivered by the Aboriginal Sport, Physical Activity and Recreation Partners Council, and focus on the prevention of chronic disease via four priority areas: increased physical activity, healthy eating, reduction of tobacco use, and healthy pregnancies. Programs include: Aboriginal RunWalk; HealthBeat, which addresses risk factors for chronic diseases; and FitNation, a leading-edge fitness training program specially designed for Aboriginal communities. The activities are delivered by trained community mentors and leaders. Last year, 167 programs were funded — up from 135 in 2011/12. The Honour Your Health Challenge encourages a needs-based support approach as identified by the community, addressing the priority areas through a six-week community-based project.





Gathering Wisdom VI, Commemoration of Transfer press conference October 21, 2013 (left to right): Grand Chief Doug Kelly, First Nations Health Council; Kim Brooks, Health Director Squamish Nation; Minister Rona Ambrose, Health Canada; Minister Terry Lake, B.C. Ministry of Health.

## Mental Wellness and Substance Use

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In April 2013, the Tripartite Mental Wellness and Substance Use Strategy Table released *A Path Forward; BC First Nations and Aboriginal Peoples Ten Year Mental Wellness and Substance Use Plan* as part of the Province's 10-year strategy, Healthy Minds, Healthy People. The plan was developed with the support of over 500 stakeholders in engagement sessions held between First Nations and partners, including: regional health authorities, Ministry of Children and Family Development, British Columbia Association of Aboriginal Friendship Centers and Métis Nation British Columbia. The final summary reports provide direction and guidance for regional and community level planning, and are now being used to support regional discussions to develop plans and actions specific to local needs.

The Tripartite Suicide Prevention, Intervention, and Postvention Working Group has been developing the Hope, Help, and Healing toolkit to assist communities in preventing and responding to suicide. In late 2013, the toolkit was shared with five First Nation communities for preliminary feedback. Input from these communities and other partners has refined the toolkit and made it more accessible to end users. The toolkit aims to be a culturally safe tool for communities and is expected to be delivered with implementation supports in the fall of 2014.

## Maternal and Child Health

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The early years of life (0–6) are extremely influential in social, emotional, physical and spiritual development. These years impact long term learning; health and wellness outcomes; as well as education, employment and income outcomes. The health and wellness of parents, guardians and families are very important in creating the supportive environments children need to grow and thrive in.

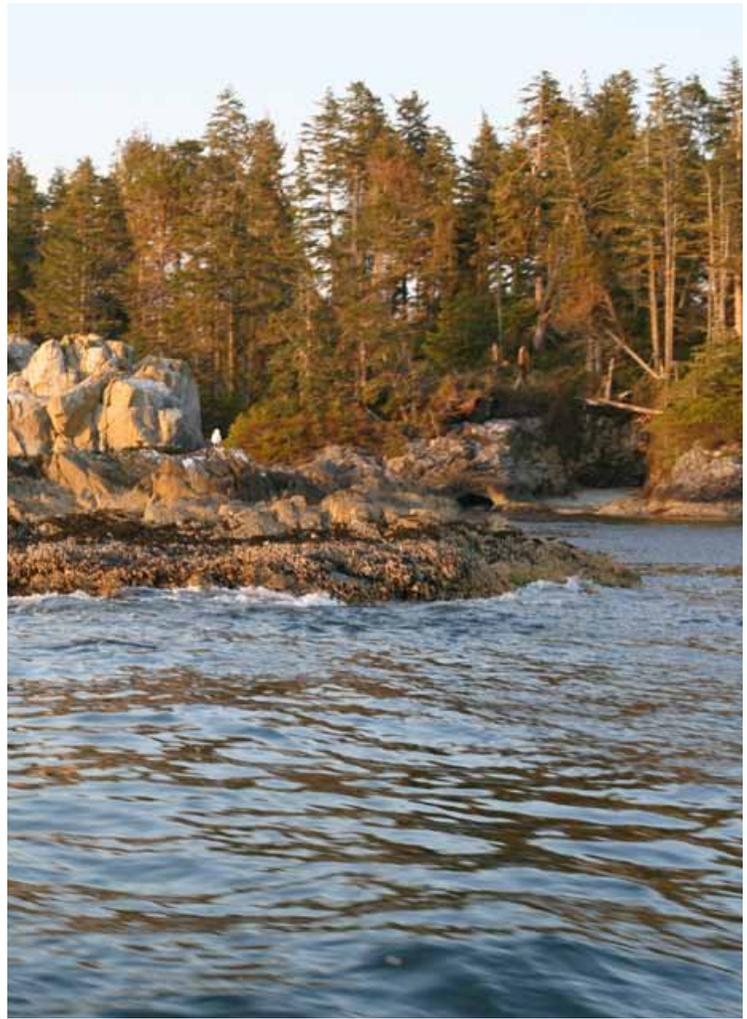
By continuing to invest in maternal, child and family health and safety promotion, and the early prevention of disease, this work supports the collective efforts to approach health through wellness.



The Tripartite First Nations and Aboriginal Maternal, Child and Family Health Strategy Table made a number of advancements this past year:

- ▶ The First Nations and Aboriginal maternal, child and family strategic approach was developed to promote discussions within the regions around strategic directions and actions in maternal child and family health, and to support and complement the existing work currently underway at local, regional and provincial levels.
- ▶ An oral health work plan to assist the implementation of *The Healthy Smiles for Life: BC First Nations and Aboriginal Oral Health Strategy* is currently under development. The strategy is intended to guide public health and community efforts to improve the oral health of First Nations and Aboriginal children aged 0-18 and their caregivers.
- ▶ The Aboriginal Doula Initiative provided doula training and support to 31 women in both the Interior and Vancouver Island regions, and promoted trauma informed care and breast feeding training to interested participants. Strategies to increase awareness regarding doula care; becoming a doula; considerations in recruiting and retaining a doula; and resources in support of culturally competent work as a doula are currently in development.
- ▶ The Tripartite Promising Practices project aims to identify existing maternal and child health programs in B.C. developed for Aboriginal and First Nations women; explore the need for and acceptability of the Nurse Family Partnership program for newly expectant Aboriginal and First Nations women living at home (on-reserve); highlight promising practices in existing programs; and review programs that should be evaluated for broader investment and implementation.
- ▶ *Honouring Our Babies: Aboriginal Safe Sleep Practice Cards & Facilitator's Guide* has received positive uptake and can be used by health providers working with First Nation and Aboriginal families.
- ▶ Ongoing distribution of early hearing informational resources for families and health providers, including the DVD *Your Child's Hearing* and the accompanying Family Path brochure. These resources outline the care path for infants and families for early hearing screening and assessments.





## Health Human Resources

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The health human resources strategy area focuses on increasing the number of First Nations people within the health sector, promoting health-related careers for students, and improving health services by developing a culturally competent and culturally safe workforce of health professionals serving First Nations people.

Indigenous Cultural Competency training provides a culturally grounded and sensitive educational course to enhance health service provider cultural competency. This training is available in three modules: core, core health, and core mental health, and is open to all regional health authorities, the First Nations Health Authority, and the Ministry of Health. To date, over 11,000 individuals have completed the training.

Released in 2013, the *First Nations Health Human Resources Tripartite Strategic Approach* assists communities and regions with their own health human resources planning. The *Health Careers Guidebook* is a comprehensive planning tool for community based health career promotion. It provides information on careers, including: descriptions; average earnings; job growth and training requirements; and provides insight and answers to those individuals deciding on what future direction is the best fit for them. Through improved training and supports, we hope to see more First Nations people fulfilling health care roles, while working in a culturally safe and respectful environment.



## E-Health

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E-Health, the use of information management and communication technologies, is a key component for increasing the effectiveness and efficiency of health services delivered to First Nation communities. This past year, the partners continued to make progress with the implementation of eHealth strategies.

### ► FIRST NATIONS PANORAMA IMPLEMENTATION PROJECT

The First Nations Panorama Implementation project continues to support the expansion of the provincial public health surveillance system to First Nations health service organizations in British Columbia. The project is guided by the Tripartite Strategy Table for First Nations eHealth and is managed in close alignment with the provincial Panorama Implementation project.

Some of the key successes include:

- ▶ Seven First Nations health service organizations deployed for 26 health centres, providing services to approximately 38 First Nations groups and 18,000 clients.
- ▶ Sixteen First Nations health service organizations are being actively deployed to 36 additional health centres serving 31 First Nations groups.
- ▶ Panorama data exchange strategies, with four First Nations health service organizations currently actively exchanging data.

The project team is continuing to work with partners to take advantage of deployed and upcoming Panorama immunization and family health, including the communicable disease and outbreak management modules to be released in fall of 2014. A First Nations health service organization Panorama privacy and security forum, and a data governance forum have been established to support the effective use of Panorama and the stewardship of First Nations and First Nations health service organizations data in the application.

In June, the project team was awarded a Canadian Health Informatics Award in recognition of the success to date. This success has only been possible with the enormous support, effort, guidance and advice from the many community health nurses, health directors, and partners who have graciously given their time to help advance this project.

### ► FIRST NATIONS TELEHEALTH EXPANSION PROJECT

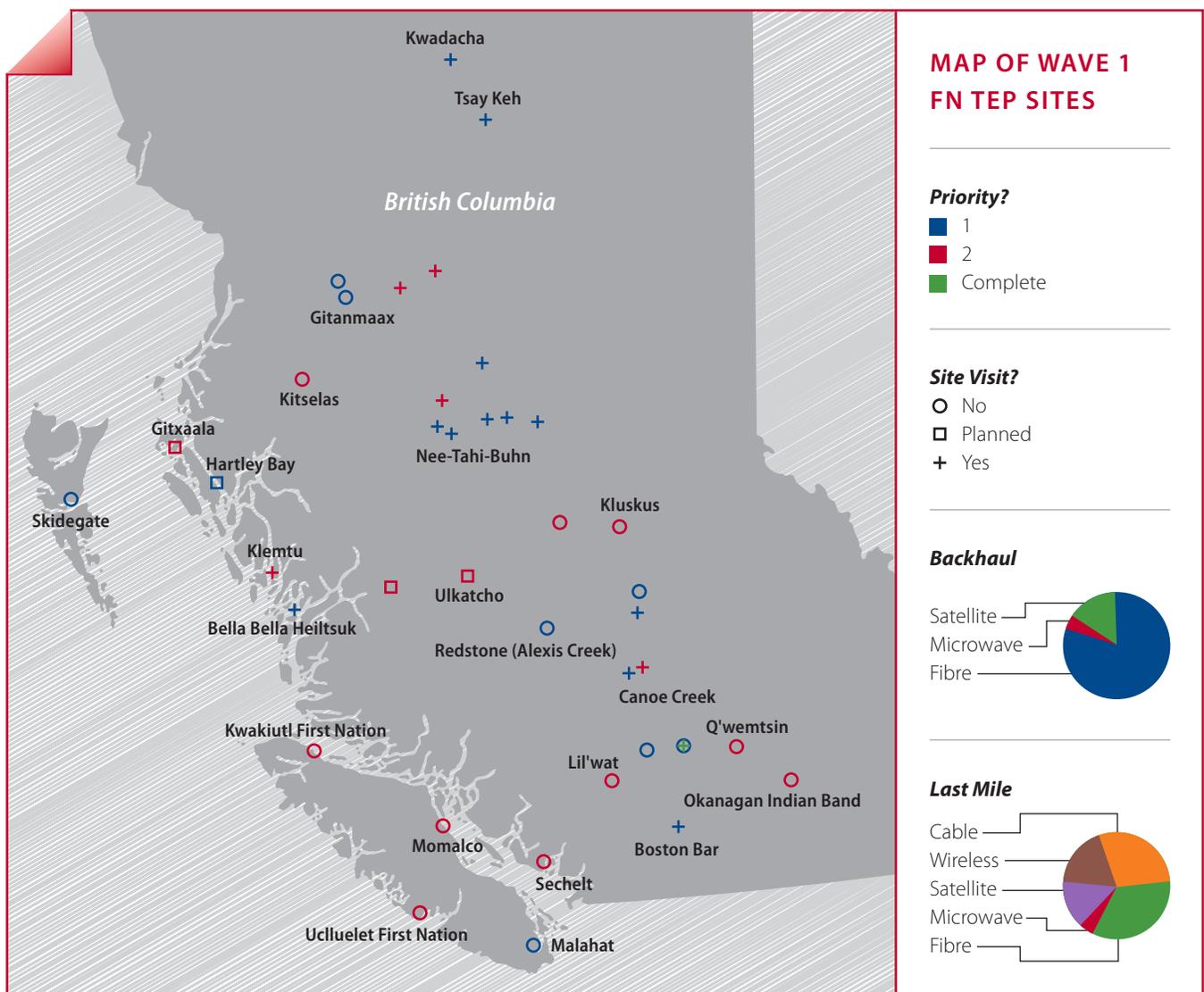
The First Nations Telehealth Expansion project continues to support First Nations communities in bringing culturally competent care closer to home through the implementation of telehealth. Telehealth equipment and services will provide communities with more equitable and timely access to primary, specialty, mental health and education services and supports.



The project team is working with 45 communities identified as Wave 1, with representation from all regions. The project has established significant partnerships and collaborative working groups to support planning, execution, training, evaluation and deployment of equipment and services for these communities.

Some of the key successes to date include:

- ▶ The telehealth expansion team grew from four to 13.
- ▶ Thirty-seven of 45 readiness assessments completed.
- ▶ Eighteen community site visits completed.
- ▶ Twenty-three sites prioritized based on current state of connectivity.
- ▶ The completion of plans related to change management, human resources, risk management and training development.
- ▶ The ongoing development of key resources, including: privacy and security frameworks; benefits evaluations; and databases for service streams.



## ► FIRST NATION HEALTH CONNECTIVITY

In support of telehealth, electronic medical records/community electronic medical records, Panorama and other eHealth strategies, the FNHA has continued to work with the All Nations Trust Company and provincial partners to provide secure network connectivity to First Nations communities provincewide. The support that has been extended to the FNHA from these partners has been very encouraging and we anticipate a strong positive outcome by the next reporting period.

## ► FIRST NATIONS IDENTITY MANAGEMENT

The First Nations Health Authority, in partnership with the Ministry of Health, is mapping a framework for approval by the Joint Project Board to implement and adopt the Aboriginal Attributes Data Standards in conformance with provincial guidelines.

## Health Knowledge and Information

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The B.C. Tripartite Data Quality Sharing Agreement, signed in 2010, led to the creation of the First Nations Client File and implementation of First Nations governance of First Nations health data. The agreement aims to improve the quality of First Nations data, facilitate data sharing, and ensure that federally and provincially held information on First Nations people is properly used and shared.

The Data and Information Planning Committee oversees and approves data access requests for the First Nations Client File. Both the Ministry of Health and FNHA representatives must approve requests for data use for specific research or health surveillance projects. This enables the FNHA to have a meaningful voice in how First Nations data is used.

An example of this process in action is present in the successful sharing of data for the incidence, mortality, survival, and trends over time of various cancers among registered Status Indians living in B.C. research project. This research project focuses on measuring and comparing cancer statistics between First Nations and non-First Nations clients to determine if First Nations health is equitable with the non-First Nations population. This project aligns with the Tripartite Data Quality Sharing Agreement's priority areas to assess the chronic disease epidemiology and cancer epidemiology of First Nations; the establishment of First Nations health status baseline data to enable the measurement of progress in addressing First Nations health; and to assess the health care service and program utilization patterns and trends for First Nations.

Partners from the First Nations Inuit Health Branch of Health Canada, FNHA, Ministry of Health and the B.C. Cancer Agency were able to generate and utilize preliminary data to support essential cancer research in British Columbia. The data linkage was successful and was followed by a request to further the research, allowing for the transfer and continuing analysis of quality data via the working group.



# Regional Partnership Accords - Partnership Progress

Regional partnership accords have opened new opportunities for regional-level co-operation and collaboration toward the delivery of health services in a manner that respects the diversity, cultures, languages, and contributions of B.C. First Nations. The partnership accords are agreements between First Nations regional caucuses and their respective health authorities, and demonstrate a commitment to collaborate on achieving a stronger alignment of health care priorities. Examples of this commitment are becoming more numerous and evident, and further progress will be highly anticipated over the coming year.

## Fraser Salish Region

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The Fraser Salish Regional Caucus, Fraser Health and First Nations Health Authority work through the Aboriginal Health Steering Committee to implement the *Fraser Partnership Accord*.

The *Fraser Partnership Accord* describes how the First Nation communities in the Fraser Salish Region and Fraser Health work together to achieve shared decision making and improve health outcomes for First Nations and other Aboriginal people.

With the support of program leadership and partnership engagement, the Aboriginal Health Steering Committee has developed work plans for the five priority areas endorsed by the committee in 2012/13, which includes mental wellness and substance use; primary care; population and public health; human resources and workforce development; and information management/information technology. In the spirit of shared decision-making, the committee collectively receives and reviews reporting from the region and makes recommendations to both Fraser Health and the FNHA regarding regional health services.



Fraser Salish First Nations Health Council representatives and the Fraser Health CEO co-chair the meetings, while the other members of the committee include senior leadership and the board chairs of both Fraser Health and the FNHA. The FNHA is pleased to support the establishment of the Fraser Salish regional team who provides strategic regional planning support and collaboration/communication services. The newly established team and Fraser Health will serve as a formal link between Fraser Salish Nations and Fraser Health.

## ► REGIONAL HEALTH AND WELLNESS

The Fraser Salish interim Regional Health and Wellness Plan builds on a significant amount of work accomplished to date by Fraser Salish First Nations, federal and provincial government partners, and our partners within the region. This plan is a living document that describes Fraser Salish visions and common guiding principles, and regional health and wellness priorities, including: primary health care; public health and health literacy; mental wellness and substance use; and social determinants of health.

## ► MENTAL HEALTH AND WELLNESS

In April 2013, the Fraser Salish Mental Wellness and Substance Use Working Group hosted a series of engagement sessions through a regional forum, exemplifying the partnership between the Fraser Salish Regional Table, the FNHA, and Fraser Health.

In addition, the Fraser Region Aboriginal Youth Suicide Prevention Collaborative was developed in response to a sharp increase in youth suicides among Aboriginal communities in the Fraser Region, and continues to draw on the knowledge and experience of its stakeholders at the academic, decision-making, and user levels. Recent events hosted by the collaborative include the Annual Youth Empowerment Gathering, the on-going Spirit of our Communities Youth Group, numerous Aboriginal Suicide Intervention Crisis Response Team-sponsored family and youth events, and regular Applied Suicide Intervention Skills Training workshops.

## Vancouver Coastal Region

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Vancouver Coastal Health, the FNHA and the Vancouver Coastal Caucus work in partnership through the VCH Aboriginal Health Steering Committee to implement the *Vancouver Coastal Partnership Accord*.

This year, Vancouver Coastal Health and First Nations of the Vancouver Coastal Region took significant steps in advancing the priorities identified under the *Vancouver Coastal Partnership Accord*.





## ► REGIONAL HEALTH AND WELLNESS

The inaugural joint interim Regional Health and Wellness Plan for the Vancouver Coastal Region is a planning tool to assist in determining priorities at the regional level and to inform the work plans of the FNHA and Vancouver Coastal Health, and is also intended to foster systems transformation by partnering with First Nations communities. An annual report will be prepared by the end of 2014/15 to provide updates and performance indicators of the interim Regional Health and Wellness Plan.

## ► MENTAL WELLNESS AND SUBSTANCE USE

In February 2014, the Mental Wellness and Substance Use Regional Forum was held in the Coastal Region, involving community representatives and health authority mental health and addictions team members. Results of the engagement and an action plan will be presented to the fall 2014 caucus for final approval. The action plan will address the core priorities of suicide prevention; intervention and postvention; Indigenous Cultural Competency training in all mental wellness and substance use services; increasing community capacity; and workforce development.

## ► URBAN HEALTH

In December 2012, work began on the joint Urban Vancouver Aboriginal Health Strategy, a key deliverable of the partnership accord, in collaboration with Providence Health. The purpose of the strategy is to ensure that the health service needs of urban First Nations/Aboriginal populations are met. Initial efforts for the development of the strategy included: a meeting of urban Aboriginal stakeholders, Vancouver Coastal Caucus, the FNHA and Vancouver Coastal Health to set the context and outline an operational process; and completion of a review of primary health care services for the Vancouver area. A working group comprised of Vancouver Coastal Caucus, the FNHA and Vancouver Coastal Health representatives is taking the lead, with the support of an advisory committee made up of key stakeholders in urban Aboriginal health. Engagement on the initial draft strategy is slated for April 2015.



## ▶ INDIGENOUS CULTURAL COMPETENCY AND SAFETY

The Vancouver Coastal Health First Nations and Aboriginal Culturally Competent and Responsive Strategic Framework, a deliverable of the *Vancouver Coastal Partnership Accord*, outlines the health authority's approach to improving First Nations and Aboriginal peoples' health outcomes. The strategic framework aims to facilitate organizational changes across Vancouver Coastal Health (VCH) that will enhance staff capability and experience, strengthen Aboriginal and First Nations patients' and clients' experiences as partners in their own care, and improve service delivery and health outcomes.

FNHA and VCH staff worked together to develop this framework after reviewing model frameworks from within Canada, Australia, New Zealand and United States. The partnership accord also promotes continuing education and learning by VCH personnel to improve their cultural competency through cultural days and training.

## ▶ IMPROVING COMMUNICATION, COLLABORATION, AND COMMUNITY ENGAGEMENT

Extensive work has been done on communications, collaboration and engagement. In addition to the formal relationships among the Coastal First Nations and the committees created by the partnership accord, the First Nations in the region also have their own localized relationships with their health partners.

The Joint Community Engagement Strategy, another deliverable of the partnership accord, was signed in January 2013, and was collaboratively developed by Vancouver Coastal Caucus, the FNHA and Vancouver Coastal Health. The partners agreed to adapt their processes, tools or goals to provide a common understanding in conducting joint engagement with First Nations communities. This has been strengthened via inclusion of priorities and objectives in the interim Regional Health and Wellness Plan.

## ▶ ENHANCING ACCESS TO PRIMARY CARE SERVICES

Vancouver Coastal Health has been implementing the provincial Integrated Primary and Community Care strategy, which seeks to build a truly integrated system based on collaborative health provider/community care. Since 2012, Vancouver Coastal Health has strengthened its focus on including First Nations health services at integrated primary and community care tables. Some of the issues these tables address include: discharge planning challenges (from hospital back to community), improving knowledge of each other's services, and telehealth implementation.

A key output of the integrated primary and community care work was the completion of a primary health care service access mapping exercise for all 15 communities in the region, finding major gaps in mental wellness and substance use (including suicide), injury prevention, and smoking cessation. The service mapping work is now directly linked to regional investment and prioritization of strategies in the interim Regional Health and Wellness Plan.



## Interior Region

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Interior Health and the seven Nations of the Interior Region work in partnership through the Partnership Accord Leadership Table to implement the *Interior Health Region Partnership Accord*.

The *Interior Partnership Accord* Leadership Table meets quarterly in a concerted effort to meet the objectives of the partnership accord. To date, the terms of reference have been completed and Interior Health, in collaboration with Interior Nations, is in the process of establishing the Interior First Nations Health and Wellness Committee. The committee is comprised of senior management from Interior Health and First Nation technicians appointed by the seven Nations of the Interior, with the intent to act as an advisory body that provides recommendations to the Partnership Accord Leadership Table.



### ▶ LETTERS OF UNDERSTANDING

In the regional partnership accord, a key success indicator is the development of letters of understandings between the Interior Nations and Interior Health to enhance the relationship between Interior Health and the respective Nations and to collaboratively address common health issues or interests among the Nations. At present, six of the seven Nations have finalized letter of understandings, with four Nations (Secwepemc Nation, Tsilhqot'in Nation, Nlaka'pamux Nation and Northern St'at'imc Nation) signing in this reporting period. In 2012, the Okanagan Nation signed and the Ktunaxa Nation renewed their letters of understandings. At this time, discussions continue to progress with the Dakelh Dene Nation. Nations who have signed letters work collaboratively through letters of understanding working groups. These working groups operate at various stages of planning, which involve the development of terms of reference for their joint working committees and the establishment of work plans.

In an effort to work collaboratively, the following primary health care strategies have been a direct result of collaborative efforts and planning as the Partnership Accord Leadership Table continues to move forward.



## ▶ ENHANCED ACCESS TO PRIMARY CARE SERVICES

Through collaborative planning, the Joint Project Board has supported the expansion of the Nenqayni Mobile Treatment Clinic, which provides a range of services to the Secwepemc, Tsilhqot'in and Dakelh Dene Nations. Interior Health's Nurse Practitioners for B.C. confirmed six new nurse practitioners, five of which will support First Nations communities. With these new positions in place, there are now eleven nurse practitioners in Interior Health working directly with First Nations and Aboriginal partners.

## ▶ REGIONAL HEALTH AND WELLNESS

In the coming months, we will focus on aligning the Interior Health and Wellness Plan (2014 to 2018) with the First Nations Interior interim Regional Health and Wellness Plan; Partnership Accord Leadership Table Workplan implementation; and development of the Interior First Nations Health and Wellness Committee.

## Island Region

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Island Health, the FNHA and the Vancouver Island Caucus work in partnership through the Partnership Accord Steering Committee to implement the *Vancouver Island Regional Partnership Accord*.

Island Health and First Nations of the Vancouver Island Region made significant progress in the implementation of the *Vancouver Island Regional Partnership Accord* this year. With additional supports and resources in the region, the partners agreed to refresh and refocus priorities for 2013/14, and to work towards strengthening working relationships at strategic and operational levels.



Marlane and Don Williams attend National Aboriginal Day Activities, Saanich Peninsula Hospital, June 2013.

Elder Della Rice Sylvester, taking people on Nature walks at the 6th Annual Traditional Foods Conference. (Cowichan Tribes, September 2013)



Kumugwe Dancers, North Island Hospitals Project (Komoks First Nation, March 9, 2013).



The Partnership Accord Steering Committee held three meetings in 2013/14. The committee refocused its strategic efforts and priorities to reflect the newly-enhanced role of the FNHA as a service partner at a regional level, and to acknowledge the refined understanding of the FNHA and Island Health planning and funding processes. These joint operational efforts of FNHA and Island Health serve to strengthen and complement the decision-making and strategy-setting role of the partnership committee, and further strengthen the ability to carry out the strategic direction set by First Nations leaders and senior executives of FNHA and Island Health.

### ▶ ENHANCING ACCESS TO PRIMARY CARE SERVICES

There have been a number of advancements in enhancing access to primary care in the Island Region. In response to the identified need for primary care services, a nurse practitioner was hired to provide services to the W'SÁNÉC community members (comprising the Tsartlip, Tsawout, Pauquachin and Tseycum First Nations). In October 2013, the Provincial Health Services Authority's Mobile Medical Unit was deployed to the Tsartlip First Nation. The Victoria General Hospital's Pediatric Respiratory Clinic team also set up a two-day clinic for members of the four First Nations on the Saanich Peninsula, assessing 62 children and 10 adults.

In partnership with Island Health, the FNHA and the Ahousaht First Nation will introduce telehealth equipment enhanced with diagnostic medical peripherals. This technology will be used as needed for consults with various specialists, clinicians, and therapists to improve access times, reduce the travel burden, and aide in discharge planning in Island communities.

Island Health has created a care transitions liaison nurse role based out of the Tofino General Hospital. The nurse works as a member of an interdisciplinary team of community-based partners to enhance Aboriginal peoples' access to culturally safe services in the Tofino region, and has also supported Cowichan Tribes and the H'ulh-etun Health Society in the proposal and development of a nurse practitioner position slated to begin in fall 2014.

### ▶ INDIGENOUS CULTURAL COMPETENCY AND SAFETY

In September 2013, the Aboriginal health program's community nutritionists supported the 6th Annual Traditional Foods Conference. The two-day conference focused on the value and methods of using traditional foods in maintaining a healthy lifestyle. Information was shared in a culturally safe manner through hands-on demonstrations, information booths and entertaining activities for all ages.

### ▶ MENTAL WELLNESS AND SUBSTANCE USE

Island Health's mental wellness and substance use department provides a half-day every week of outreach addictions counseling and support at Saanich Peninsula Hospital for First Nation patients. The program held six two-day sessions in the reporting period for Vancouver Island First Nations — training nearly 150 people.

### ▶ MATERNAL AND FAMILY HEALTH

Throughout 2013, the regional Aboriginal health community nutritionist participated in a variety of activities for students in Aboriginal educational centres in the Comox Valley, and supported numerous community events, including community kitchens and gardens that recognized the important link between traditional territories and traditional foods.



## ► HEALTH AND HUMAN RESOURCES

In 2013/14, the Aboriginal employment team grew to include a program co-ordinator, two Aboriginal employment advisors and an Aboriginal job coach. Goals of the program are to promote careers in the health sector and assist individuals to develop job applicant skills. Island Health has been recognized as one of Canada's 50 Best Workplace Diversity employers in 2013/14, and currently employs 500 Aboriginal people.

## ► NORTH ISLAND HOSPITALS PROJECT

The North Island Hospitals Project Aboriginal Working Group membership expanded significantly during 2013/14, with representation put forward by 21 nations, bands, councils, the Elder in Residence for North Island College, the FNHA and the First Nations Health Council. Groundbreaking ceremonies for the two sites in Campbell River and the Comox Valley occurred in August 2014.

## Northern Region

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Northern Health, the FNHA and Northern Caucus work in partnership through the Northern First Nations Health Partnership Committee to implement the *Northern Partnership Accord*.

There have been some exciting changes within health leadership in northern B.C. this past year. Northern Health created the position of vice president of Aboriginal Health, which was subsequently accepted by Dr. Margo Greenwood in June 2013. This position is a first in Canada and provides executive leadership to the Aboriginal Health portfolio, as well as to the development of relationships with the First Nations Health Council, the FNHA, and Northern Regional Caucus. In October 2013, FNHA awarded Nicole Cross the position of northern regional director. She provides strategic leadership and technical support to the 54 First Nations in the Northern Region and leads the partnership work with Northern Health. Regarding the collaborative work between the FNHA and Northern Health, Nicole stated,

*"It has been an absolute honour to be a part of this work supporting the growing partnership between our communities and partners at Northern Health. This is a historic time in First Nations health with communities taking ownership of their health, their health authority, and moving their priorities forward. Building on the years of work of our political leadership through the First Nations Health Council, it is very exciting for us all to be in a place where we can begin to roll up our sleeves and address the health priorities of our northern communities collaboratively."*

The *Northern Partnership Accord*, signed in May 2012, formalizes the relationship between the First Nations Health Council Northern Regional Caucus, the FNHA, and Northern Health. In order to implement the goals of the accord, the Northern First Nations Health Partnership Committee was established in the fall of 2012.





### ▶ NORTHERN FIRST NATIONS HEALTH AND WELLNESS

One of the key activities of the Northern First Nations Health Partnership Committee is to collaboratively develop and oversee the implementation of a comprehensive *Northern First Nations Health and Wellness Plan*, which was given final approval by the Northern Regional Caucus in April 2014. Working groups have been created to carry out the plan and are focusing their efforts on four priority areas identified by the committee through input from Northern First Nations: primary health care; mental wellness and substance use; cultural competency; and population and public health. The plan also identifies four cross-cutting themes: away from home/urban Aboriginal Peoples, rural/remote populations, social determinants of health, and traditional healing practices. These will figure strongly in the approach of working groups. Speaking about the progress of the partnership, Warner Adam, First Nations Health Council Northern Regional Caucus representative stated that:

*"This partnership with Northern Health has demonstrated that the North is a leader in advancing strategies that will serve to improve the health status for northern First Nations people. Our job collectively is to close the health gap that exists between First Nations and the rest of B.C. citizens. Part of the strategy includes innovation and thinking outside the current medical system and structures."*

### ▶ INDIGENOUS CULTURAL COMPETENCY AND SAFETY

As a priority identified by the Northern First Nations Health Partnership Committee, cultural competency continues to be a key area of investment within Northern Health. In 2013/14, Northern Health sponsored 1,000 staff members to attend Indigenous Cultural Competency training (double the normal number of staff trained) — approximately 30 per cent of all employees have completed this training since 2009. In March 2014, thirty-four Northern Health delegates (including Aboriginal patient liaisons) attended a provincial conference on building culturally safe organizations. The role of Aboriginal patient liaisons within Northern Health has been accepted as integral to providing First Nations and Aboriginal patients, clients, and residents with access to high quality, culturally appropriate care.



## ► IMPROVING COMMUNICATION, COLLABORATION, AND COMMUNITY ENGAGEMENT

In response to feedback from Aboriginal patient liaisons and others working with First Nations and Aboriginal patients and families, Northern Health worked with the Northern First Nations Health Partnership Committee to develop and release a booklet that provides a clear process to have questions, concerns and complaints addressed by the health care system. This document has been well-received by both Northern Health staff and First Nations communities.

Aboriginal health improvement committees continue to work toward improving the health and well-being of First Nations and Aboriginal peoples and communities across the north. The committees bring together health care representatives from First Nations and Aboriginal communities and organizations, the FNHA, and local health authority leadership. These are important venues for enhanced collaboration and communication between health authority and community engagement co-ordinators.

Together, the members of the Northern First Nations Health Partnership Committee are equally committed to collaborating on joint investments, such as Aboriginal Health Improvement program grants, health actions, and the Joint Project Board to support northern priorities highlighted in the partnership work.

## Provincial Health Services Authority

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The BC Cancer Agency and Provincial Health Services Authority Aboriginal Health are collaborating with the FNHA to improve cancer services and cancer outcomes for Aboriginal people. The BC Cancer Agency has recently created a provincial lead position in Aboriginal cancer care to further support the agency in achieving these goals in a culturally appropriate and culturally safe environment.

Provincial Health Services Authority Population and Public Health, Aboriginal Health, and BC Women's Hospital's Aboriginal program have collaborated to develop a sister program to the Cuystwi Youth Wellness program called Ask Auntie — a suicide, violence prevention and wellness support program for Aboriginal girls and women being developed in partnership with three First Nations communities.

There are many ongoing Provincial Health Services Authority and FNHA joint strategies, described below, aimed at providing enhanced levels of care and fulfilling recognized needs in First Nations and Aboriginal communities provincewide.



Youth and families participating in the Community Kitchens project, Comox Valley.

Aboriginal Health Directors Meeting, Cowichan Territory, British Columbia, May 2013.



Young patient gets a check-up from a nurse at the asthma clinic on board the PHS Mobile Medical Unit (Tsartlip First Nation, October 2013).



## ► MATERNAL AND CHILD HEALTH

Perinatal Services B.C. developed the curriculum and implemented training of Aboriginal women to become certified doulas to support pregnant Aboriginal women in pre-, neo- and post-natal stages. A curriculum for sexual abuse training was also developed. To date, both training programs have been implemented in Interior Health and Island Health. The partners are examining methods of increasing the number of certified doulas among Aboriginal people in British Columbia.

## ► INDIGENOUS CULTURAL COMPETENCY

Provincial Health Services Authority Aboriginal Health develops and provides Indigenous Cultural Competency training for all health authorities, the Ministry of Health, the FNHA, and has expanded to include others who impact the determinants of Indigenous health. These include the ministries of Children and Family Development and Justice. The FNHA is putting all staff through Indigenous Cultural Competency training and is in the process of making the training mandatory.

## ► YOUTH WELLNESS AND SUICIDE PREVENTION/INTERVENTION/POSTVENTION

Provincial Health Services Authority Aboriginal Health is creating and piloting additional age-appropriate modules for Cuystwi, a program that partners with First Nation communities and two urban organizations. Cuystwi is an online youth suicide prevention program that builds on existing community-based youth programs that focus on strengthening culture and identity.

## ► ABORIGINAL HEALTH AND WELLNESS

Provincial Health Services Authority (PHSA) and the FNHA have collaborated on a number of Aboriginal health strategies. The PHSA Aboriginal Health Subcommittee is a committee of representatives from each of the PHSA agencies, along with corporate areas such as human resources and patient quality care. The committee includes the FNHA, the B.C. Association of Aboriginal Friendship Centres, Ministry of Health and Métis Nation British Columbia. Examples of PHSA and FNHA collaborative strategies include data access and service agreements with agencies like the BC Centre for Disease Control and BC Cancer Agency.

PHSA and FNHA have partnered in funding a position for a provincial HIV/AIDS co-ordinator in the public health and primary care strategy area. The FNHA has also partnered with PHSA to review the Aboriginal Patient Liaison/Navigator programs throughout the province to analyze gaps in service, assess the needs of the program and provide ongoing training, support and resources to the program.

Child Health B.C. collaborated with FNHA and Island Health in 2013/14 to develop a pilot program for successfully discharging First Nations children with multiple health challenges from hospital to community.

## ► ABORIGINAL RECRUITMENT AND RETENTION

In 2013/14, the Provincial Health Services Authority provided approximately \$100,000 in scholarships to First Nations health students across B.C. through the New Relationship Trust.



# Measuring Health Outcomes

The Office of the Provincial Health Officer anticipates providing an interim update in the coming year on Aboriginal health and well-being in a special report, updating the targets and indicators committed to in the *Transformative Change Accord: FNHP* and the *Tripartite First Nations Health Plan*. The Ministry of Health is in the process of updating and improving the First Nations Client File to provide a clear and accurate reflection of First Nations data. The provincial health officer and the CEO of the FNHA are working with the chief data steward and the Ministry of Health to ensure that this occurs as quickly as possible. These targets and indicators were last reported on in the fall of 2012.

In May 2014, the Office of the Provincial Health Officer released *HIV Testing Guidelines for the Province of B.C. 2014*. These new B.C. HIV testing guidelines urge health care providers to include annual HIV testing when sending adult, sexually-active patients for other blood tests for "...all patients aged 18–70 years who belong to populations with a higher burden of HIV infection...", compared to every five years for the general population. The FNHA has expressed its support for frequent HIV testing for First Nations people in British Columbia. Aboriginal people are included in "populations with a higher burden of HIV infection," together with gay men, people who inject drugs, people who work in the sex trade, and people from HIV-endemic countries. In response, a publication in the September 2014 issue of the B.C. Medical Journal addressed the need for increased cultural competency in HIV care providers:

"Efforts by health care practitioners will help to achieve culturally safe and appropriate routine HIV testing and strong, effective linkages to treatment and retention in care."

In July 2014, the Office of the Provincial Health Officer released the report *HIV, Stigma & Society: Tackling a Complex Epidemic & Renewing HIV Prevention for Gay & Bisexual Men in B.C.* that identified drivers of the HIV epidemic in gay and bisexual men, who still bear a disproportionate burden of new and existing HIV infections. The findings in this report demonstrate the importance of comprehensive, multilevel approaches to HIV prevention for gay and bisexual men in the province. It also finds that two-spirited Aboriginal men have outcomes similar to — and not disproportionately higher than — other gay and bisexual men. Twenty-one recommendations (15 from advisory groups and six from the Office of the Provincial Health Officer) are presented in the report, with several Aboriginal-specific recommendations.

Two other Office of the Provincial Health Officer reports are imminent: *Drinking Water in British Columbia* and *Motor Vehicle Crashes: A Report on Road Safety in British Columbia*. Parts of several sections of the drinking water report make reference to First Nations water systems, a newly addressed topic area, and we look forward to supporting First Nations water reporting in the future. The road safety report has an entire chapter on Aboriginal issues entitled, "Road Safety for Aboriginal Peoples in British Columbia." These reports are available on the office's website, or you may contact the office for a hard copy.

The Office of the Provincial Health Officer has strongly supported First Nations health in the aftermath of the Mt. Polley Mine tailings pond incident in August 2014. Dr. Evan Adams joined the Environmental Working Group established by the Ministry of Environment, the Williams Lake Indian Band and Xat'sull First Nation.



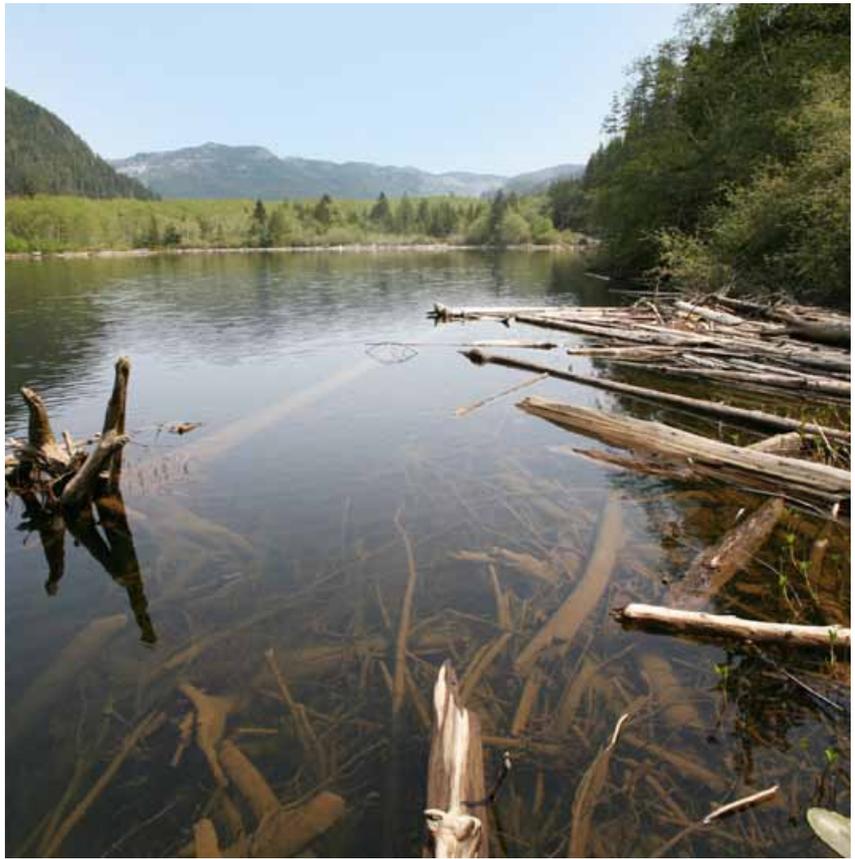
## Looking Forward – The Partners Envision the Possibilities

On every journey of health system transformation, there comes a time to pause and reflect on accomplishments and to re-evaluate the path forward. This annual report is our pulse check on the progress we are making as tripartite partners in advancing this new health governance structure. Last year, the partners committed to focusing their efforts on the successful transfer of services from Health Canada to the First Nations Health Authority. Together, we worked diligently to resolve any post-transfer issues and monitor the implementation of the agreements. Now, with the success of the transfer behind us, the partners can focus their energies on system transformation and the identification of processes that will support this change.

In reading the significant milestones that have been achieved over the past year, and the relationships that have been developed with communities and partners, it is safe to say that we are on the right track. Meaningful change is already occurring at all levels and the partners continue to demonstrate dedication and commitment to achieving our shared goal of health system transformation.

This journey has not been without its challenges, but we have successfully overcome any barriers through open and ongoing communication and engagement between the partners. Bound by our shared commitment of reciprocal accountability and guided by the collective voice of First Nation communities, we will continue to effect positive change within our organizations to support this health system transformation. The work we are accomplishing together will forever change the lives of First Nations in B.C. and, with their support and direction, we will one day achieve our shared vision of a future where B.C. First Nations people and communities are among the healthiest in the world.





## Resource Links

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Tripartite Committee on First Nations Health Interim Annual Report, 2011-12

<http://www.health.gov.bc.ca/library/publications/year/2012/together-in-wellness.pdf>

Tripartite Committee on First Nations Health Interim Annual Report, 2012-13

<http://www.health.gov.bc.ca/library/publications/year/2013/Together-in-Wellness.pdf>

Setting Priorities for the B.C. Health System, 2014

<http://www.health.gov.bc.ca/library/publications/year/2014/Setting-priorities-BC-Health-Feb14.pdf>

BC First Nations and Aboriginal Maternal, Child, and Family Strategic Approach, 2013

[http://www.fnha.ca/wellnessContent/Wellness/BC\\_First\\_Nations\\_and\\_Aboriginal\\_Maternal\\_Child\\_and\\_Family\\_Tripartite\\_Strategic\\_Approach.pdf](http://www.fnha.ca/wellnessContent/Wellness/BC_First_Nations_and_Aboriginal_Maternal_Child_and_Family_Tripartite_Strategic_Approach.pdf)

Healthy Smiles for Life: BC's First Nations and Aboriginal Oral Health Strategy

[http://www.fnha.ca/wellnessContent/Wellness/FNHA\\_HealthySmilesforLife\\_OralHealthStrategy2014.pdf](http://www.fnha.ca/wellnessContent/Wellness/FNHA_HealthySmilesforLife_OralHealthStrategy2014.pdf)

Waters, Sobol. et al. "Re: New HIV Testing Guidelines in BC." BCMJ, Vol. 56:7 (Sep 2014), 347-348

<http://www.health.gov.bc.ca/pho/reports/special.html>







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