

## Northern First Nations Health Partnership Committee Communique

December 11, 2015



*Top: L to R: Verne Tom, Bev Lambert, Charles Morven, Kelly Gunn, Cathy Ulrich, Julie Morrison, Michael MacMillan,  
Bottom: L to R: Sandra Allison, Margo Greenwood, Nicole Cross, Patricia Hoard  
Missing: attending via Telecom: Penny Anguish, Angela Desmit*

### **“Umtxwhl Goodi’y Dim am Dim Wilsim” – “I wish you all the best” in Gitxsan.**

On November 23, 2015, the Northern First Nations Health Partnership Committee (NFNHPC) held its most recent meeting. The NFNHPC continues to embrace and uphold the need to invest in improved health services and community-based health training to support children, families, and communities. The NFNHPC has made significant progress in implementing joint initiatives and efforts that will support sensitive and culturally safe practices in Northern Health Care.

### **Primary Health Care Working Group**

Brief updates were provided on the Nurse Practitioner improvements, steps being taken on shared records management and the joint primary care project with the Coast Tsimshian communities. Information was also shared on the developing Doula Training, Physiotherapy Aide Program, Midwifery on Haida Gwaii and the Northern First Responders Program and the Canadian Foundation for Healthcare Improvement Project that is focused on the Northeast Elders in Transitions in Care. Service mapping is underway with short, medium and long-term windows being defined. Discussions are being coordinated with Divisions of Family Practice to start engagement with Northern Physicians to coordinate alignment and partnerships for the implementation of primary care health services, with potential to discuss the coordination of a Northern Physicians Forum. The next meeting for the Primary Care Working Group will have engagement on service and community pathways.

## **Mental Wellness and Substance Use Working Group**

An update was provided on the National Native Alcohol and Drug Abuse Program (NNADAP) Review and the review process; discussion was shared on the need to fill the gap for Youth Treatment in the Northwest with the example of the local Baldy Hughes as a potential model for consideration. Mobile Support Team Projects in Fort St. John, Quesnel, Tahltan and Prince Rupert are moving forward. There was a positive discussion surrounding Child, Youth Mental Health and opportunities for partnerships.

## **Population and Public Health Working Group**

This working group has been discussing further activities for population and public health activities including: Health Screening at the All-Native Basketball Tournament, implementation of Wellness Grant opportunities for community, NFNHPC Health Careers Scholarship initiative and the Regional Wellness Champion initiative. The working group would like to re-establish meetings on Pandemic Planning and Outbreak and Communicable Disease Response; Collaborative approaches; HIV Point of Care Testing that were previously between Health Canada and Northern Health. Further work and discussions are planned to clarify the connection and role of the FNHA Senior Medical Officer in linkage with the Medical Officers within Northern Health.

## **Cultural Competency Working Group**

Cultural Competency and Cultural Humility are two areas of significant focus by the committee. Efforts in this area have focused on monitoring Indigenous Cultural Competency enrollment and the current completion rates of current Northern Health staff. Northern Health funds 500 seats per year to allow for their staff to participate in the Cultural Competency Provincial training. Northern Health's Aboriginal Health Department has been distributing cultural resource material developed by the Aboriginal Health Improvement Committee to various Northern Health Authority staff throughout the region. The "Sacred Spaces and Gathering Spaces in Northern Health" booklet has been shared with the working group and there has been a positive response to provide more resources booklets to both Northern Health staff and First Nations communities for its' members.

Aboriginal Health Improvement Committees continue to meet and effectively raise cultural competency issues. The proposed strategy includes getting Northern Health staff to engage in more community cultural events that will allow them to expand their awareness and cultural competency. The coming focus of the working group will be in the area of recruitment and retention of First Nations people in the Health work force with Northern Health.

Consensus among regional table participants for the need to continue education and training of Northern Health staff to effectively deal with First Nations people when they are accessing services in emergency and crisis situations. There continues to be incidents of negative interactions during these stressful times due to the high level of stress during periods of medical crisis.

## **Service Improvements**

An update was provided on the status of implementation of the three Mobile Support Teams and the Primary Care Team, including an update on the process for the development of the job descriptions and interview questions for all positions. Fort St. John and Dease Lake have moved forward with their job postings in early December and work is continuing to

ensure that accommodations are available for the team by the time of deployment. Adjustments within the original project plan have allowed for the incorporation of two additional teams supporting communities in the Fort Nelson and Terrace areas respectively for phase two implementation. Other opportunities were discussed along with a commitment to the continued planning with communities for other opportunities to improve primary care services in the Northern region.

### **Education Opportunity - Telehealth**

The committee was provided with an overview of the exciting work of the FNHA in the area of Telehealth that will be providing enhancements to primary care services throughout Northern British Columbia. The FNHA Telehealth Expansion Project is at the stage of completing Wave 1 implementation inclusive of 45 communities in which 12 are educational sites and 33 are clinical. Each of the clinical sites have some form of primary care delivery. Currently 129 providers are engaged in the FNHA Telehealth program.

### **In Closing**

The next partnership meeting is scheduled for February 4<sup>th</sup> with working group sessions to occur throughout the month of January.