



First Nations Health Authority
Health through wellness

Northern Engagement Summary Spring 2017

Summary of communication, collaboration, planning
and priorities shared by Northern Leadership

Compiled by the Northern Regional Team

Overview

As mandated by northern BC First Nations, the First Nations Health Authority continues to deliver community engagement in 2017/2018, as the foundation for moving forward with service transformation. In working towards improved communication and collaboration between communities, FNHA and its partners in health, the organization is better prepared to ensure responsive, respectful and accessible services to our BC First Nation communities and individuals.

As the First Nations Health Authority (FNHA) and its northern partner Northern Health Authority (NH) are committed to working together with northern First Nations, we are committed to a Community-Driven, Nation-Based process to address identified northern health priorities. Using the Engagement and Approval pathway, FNHA will be further engaging the Region in developing strength-based strategies and indicators of success as benchmarks for moving forward with service transformation.

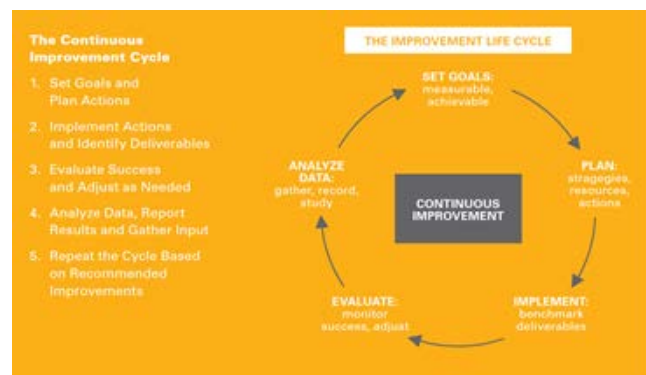
Community engagement takes place with First Nations at regional levels throughout the North. Regional engagement occurs by different methods and is inter-connected through formal relationships between First Nations, communities, FNHA and Northern Health.

Through Community Engagement Coordinators (CECs), sub-regional and regional caucuses, the FNHA provides supportive environments where communities can be updated and provide input to improve First Nations health in the North.

This spring, three sub-regional community engagement sessions were held. One each in the Northwest (Smithers, BC), Northeast (Fort St. John, BC) and North Central (Prince George, BC).

Additionally, in 2017, the FNHA Northern Regional Team is taking a unique engagement approach to ensure a population-based planning process is expanded to include the voice of specific community level population groups. Along with caucus gatherings, each session was paired with a separate one-day youth engagement event. A men's wellness gathering was also held in March. These youth sessions, and the men's gathering provided opportunity to collect input from two historically under-represented populations in the health and wellness planning process.

Throughout the next 2 years our regional team will continue this approach in developing similar opportunities for Elders, women, urban and at-risk populations.



The overall consensus of our spring 2017 northern First Nation sub-regional caucuses and engagement sessions was clearly communicated: our Nations envision culturally grounded holistic care closer to home. Additionally, our members collectively voiced the need for services aimed at prevention and promotion addressing specific and holistic First Nations wellness needs throughout the lifespan from prenatal to palliation.

Our northern communities identify diverse barriers to wellness and continue to share common disparities in many areas of their wellness journey. Although First Nations Health discussions have historically come from a deficit focus, in talks throughout the Region, strength-based and promising practices began to emerge. Nation representatives shared common goals and strategies in overcoming challenges to provide overall better health and wellness in the Region.

The caucuses, youth and men's sessions focused on setting the stage for further engagement, planning and service transformation by identifying priority themes in the four priority areas:

- **TRADITIONAL WELLNESS**
- **PRIMARY CARE**
- **POPULATION AND PUBLIC HEALTH**
- **MENTAL WELLNESS AND SUBSTANCE USE**
- **MATERNAL CHILD HEALTH**



PROCESSES

Through these sessions, we learned more about and documented our northern communities' collaborative and individual challenges in health, and began to map solutions to those challenges. In gaining insight from our communities we are well prepared to research and further explore best practices and collaboratively develop strategies in moving forward.

In follow up to our sub-regional engagement sessions, information is thoroughly reviewed, analyzed and prioritized. Significant community concerns are linked with existing programs/services or initiatives. The remaining collective priorities are then processed into short-term and long-term strategy development. Immediate and phased Regional Investment and partnership agreements are considered for areas where there are the highest needs and identified service gaps.

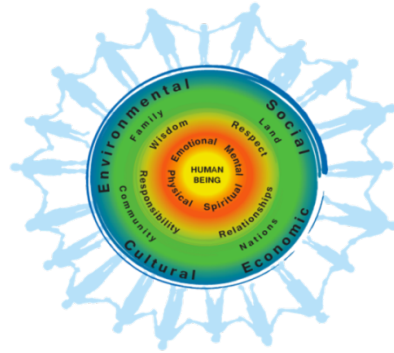
An essential part of the sessions and accountability is to come back to the communities with the shared information and collaboratively develop plans to address them. As community engagement is part of our on-going work with communities, additional community engagement sessions will occur throughout our planning cycles to collect and validate information and get direction on priority areas.

Building on the engagement pathway and findings, a collaborative strength-based approach is explored while taking advantage of opportunities, partnerships and established best practices in addressing wellness priorities. Strategies that build upon the strengths, assets and resources are established and an implementation plan is developed. Further to this, the FNHA Northern Office is continually providing support in training, clinical improvements, and crisis response. Support for our Regional First Nation community-wellness programs and initiatives are also developed.



KEY THEMES & POINTS

The following reflect some of the key points provided through sub-regional community engagement sessions in the respective priority areas. Immediately following engagement sessions, priorities requiring the fewest resources are immediately acted upon and aligned with internal and external supports and resources. Community level actions and solutions are captured in Community Engagement Coordinator Work Plans, which are continually developed in partnership with communities and partners in health.



TRADITIONAL WELLNESS

Although Traditional Wellness was identified as an independent priority, inclusion of more culturally grounded wellness practices was a common theme throughout all priority areas.

Some of the key themes identified at the sub-regional sessions include (but are not limited to):

- Cultural role revitalization
- Land based healing
- Honouring the contribution of Traditional practices in the health and wellbeing of individuals, communities and Nations



PRIMARY CARE

Some of the key themes identified at the sub-regional sessions include (but are not limited to):

- Expansion of the MST (Mobile Support Team) model of care
- Capacity building within community to build/maintain their OWN programs/services "we look after our own"
- Increased funding that recognizes/honors and includes Traditional wellness in all areas of Program planning and delivery
- Recruitment and retention of respectful, appropriate health care providers
- Grow our own health professionals

POPULATION AND PUBLIC HEALTH

Some of the key themes identified at the sub-regional sessions include (but are not limited to):

- Population based programming (ex: youth/men/Elders)
- Life stage – life skills training (youth/new families/post –treatment)
- Integration of men’s health into programming

MENTAL WELLNESS AND SUBSTANCE USE

Some of the key themes identified at the sub-regional sessions include (but are not limited to):

- Wrap around pre/post treatment services
 - In-home post treatment support
 - Non-medical detox
 - Collaborative development of NNADAP liaison support position between treatment centre and community
- Increased accessibility to treatment services
- Increased capacity of community level MWSU services and programs
 - Increase consistency in skills/education and abilities in community level MWSU staff
 - Building community capacity to develop/deliver community specific MWSU programs

MATERNAL CHILD HEALTH

Some of the key themes identified at the sub-regional sessions include (but are not limited to):

- Wrap around maternal supports (prenatal/birth/postnatal)
 - Doula program enhancements
 - Midwifery program development (inclusion of hospital privileges)
 - Inclusion of familial support during out-of-community prenatal confinement period
- Provision of one-on-one basic life skills development in families
- Preventative programs aimed at reaching at-risk families
- Increased screening/assessment/prevention services targeted at children and youth

Top Issues & Priorities by Sub-Region

TRADITIONAL WELLNESS

NORTHWEST **TOP ISSUES AND PRIORITIES**- TRADITIONAL WELLNESS

- Increase funding that recognizes/honours and includes Traditional wellness in all areas of program planning and delivery
- Funding for Traditional medicine program and development
- Child protection (use traditional roles/practices to support) *
- Elders/youth programming collaboration*
- Increased inclusive Elders programming*
- Development of supports/resources to develop/deliver/maintain community specific responsive and sustainable Traditional wellness programs*

*Equal priority rating



NORTH CENTRAL **TOP ISSUES AND PRIORITIES**- TRADITIONAL WELLNESS

- Traditional/cultural life skills (rites of passage/cultural camps/Traditional role revitalization)
- Provide education and support to prevent dependency on past programs and services (provides ability for community to "take on" and sustain) *
- Traditional wellness needs to be a common thread throughout all programs/services and resources*
- Connecting youth with Elders (youth/Elder mentorship program/development of attachment)
- Funding and resources to support Traditional food gathering and preservation

*Equal priority rating

NORTHEAST **TOP ISSUES AND PRIORITIES**- TRADITIONAL WELLNESS

- Home care beds in community
- Traditional healers brought in to teach and heal*
- Traditional parenting*
- Culture revitalization*
- Community/family support for compassion care**
- Traditional house of healing/safe house**

*Equal priority rating **Equal priority rating

PRIMARY CARE

NORTHWEST **TOP ISSUES AND PRIORITIES**- PRIMARY CARE

- Comprehensive chronic disease program development
- Increase away from home program/funding and supports*
- Increase support/resources/investments for in-community palliative care
- Relationship development with Northern Health Authority**
- In-community psychiatric assessments and follow up**

*Equal priority rating **Equal priority rating

NORTH CENTRAL **TOP ISSUES AND PRIORITIES**- PRIMARY CARE

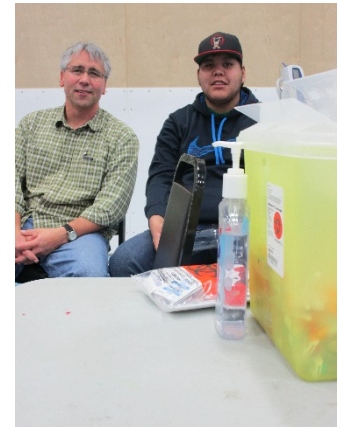
- Capacity building within community to build/maintain their OWN programs/services "We look after our own."
- Recruitment and retention of permanent nurses in the North (↓ rotational/agency nurses)
- Ensuring health professionals are knowledgeable about Traditional medicines, practices and protocols
- Comfort with tele health as a requirement for all nursing staff

*Equal priority rating

NORTHEAST **TOP ISSUES AND PRIORITIES**- PRIMARY CARE

- Recruitment of male nurses to focus on men's wellness*
- Alternative care*
- Fulltime stationary nurse**
- Mobile screening**
- Doctors

*Equal priority rating **Equal priority rating



POPULATION AND PUBLIC HEALTH

NORTHWEST **TOP ISSUES AND PRIORITIES**- POPULATION AND PUBLIC HEALTH



- Building capacity and supports for ages 19 - 30
- Increase away from home program/funding and supports*
- Increase support/resources/investments for in-community palliative care
- Elder care/wellness
- Youth treatment and capacity building*

*Equal priority rating **Equal priority rating

NORTH CENTRAL **TOP ISSUES AND PRIORITIES**- POPULATION AND PUBLIC HEALTH

- Poverty and food security: building sustainability within the community (Traditional food gathering/preservation/garden/greenhouses)

- Capacity building within community to build/maintain their OWN programs/services " We look after our own."
- First Nations owned and operated Eldercare/disabled homes*
- Increase prevention/education/assessment/services and programs aimed at children and youth (hearing/vision/ FASD/screening)

*Equal priority rating

NORTHEAST **TOP ISSUES AND PRIORITIES**- POPULATION AND PUBLIC HEALTH

- Recruitment of male nurses to focus on men's wellness*
- Traditional House of Healing
- In-community home care beds

*Equal priority rating

MENTAL WELLNESS AND SUBSTANCE USE

NORTHWEST **TOP ISSUES AND PRIORITIES**- MENTAL WELLNESS & SUBSTANCE USE

- Local detox service development*
- Increase education/training/capacity of staff to improve in-community addictions services and supports*
- Integration of Community programming and supports into the HHH Program

*Equal priority rating

North Central **Top Issues and Priorities-** Mental Wellness & Substance Use

- Treatment centres to incorporate basic life skills (Traditional roles and responsibilities, personal care, financial literacy) into programs
- Program development/community capacity building
- Funding to support victims/offenders of sexual abuse, trauma and violence
- Increase community capacity to prevent suicides
- Mental Health services for children <5. Play therapy and support for parents



NORTHEAST **TOP ISSUES AND PRIORITIES-** MENTAL WELLNESS & SUBSTANCE USE

- Interim post treatment live-in support
- Staff self-care*
- More counsellors/funding/credible counsellors*
- Foster better relationship with local treatment centre*
- Non-medical detox*

*Equal priority rating

MATERNAL CHILD HEALTH

NORTHWEST **TOP ISSUES AND PRIORITIES-** MATERNAL CHILD HEALTH

- Additional maternal/child priorities (not specifically identified)
- Pre/post natal doula support*
- Midwifery hospital privileges*
- AHSOR Curriculum Development

*Equal priority rating

NORTH CENTRAL **TOP ISSUES AND PRIORITIES-** MATERNAL CHILD HEALTH

- Increase prevention/education/assessment/services and programs aimed at children and youth (hearing/vision/ FASD/screening)
- Traditional birthing practices (doula programs)
- Increase support for families during out-of-community prenatal confinement
- Teaching prenatal about what is safe during pregnancy
- Include mat/child health funding in CA. Communities can deliver program with their own people

NORTHEAST **TOP ISSUES AND PRIORITIES**- MATERNAL CHILD HEALTH



- PCAP/MCH pre/post-natal care and support for high risk moms
 - Nutritional health*
 - Train community doulas/midwives*
 - Life skills (programs)*
 - FASD awareness prevention
- *Equal priority rating

YOUTH ENGAGEMENT FINDINGS

“Don’t put our health on hold”

Although the youth gatherings were based on “fun” activities they also provided a creative and neutral means of gathering the collective voice of our regional youth. Common themes in the sessions were the need for youth to be heard and included in the health and wellness planning for their communities, region and provincially in the development of programs and services that invest in youth. Again, unanimously, Traditional wellness was a common theme throughout all sub-regional conversations. Youth voiced many of the same culturally supported indicators as caucus participants including: inclusion of Traditional medicines, reclaiming of First Nations’ individual identities, and land based healing. Additionally, many of the other collective youth wellness indicators reflected closely with caucus participants citing:

1. Recruitment and retention of stable, reliable, invested and respectful health staff (nursing, mental health and physicians)
2. Provision of wrap around addiction services
3. Development of life skills programs
4. Increasing mental wellness supports
5. Increased opportunities for physical activity
6. Increased opportunities for physical activity



NORTHERN INDIGENOUS GUYS GATHERING

FINDINGS

In March of 2017 men from around the region participated in the Northern Indigenous Guys Gathering at Camp Friendship, on Tsitniz Lake near Prince George. Camp Friendship hosted 45 participants from 20 northern communities, including FNHA staff, facilitators and DUDES Club representatives with a focus on exploring the holistic wellness of men. Discussions were closely aligned with caucus and youth findings: although discussions were targeted to male participants, the group collectively voiced the resurgence of Traditional male roles, land based healing and caring for their community as integral to their health and wellbeing.

The group produced clear goals, recommendations and benchmarks for moving forward in addressing health disparities within First Nations' men's health:

- 1) Development of evidence based (both western and Traditional) men's health models
- 2) Build upon and establish partnerships (internal and external)
- 3) Build internal capacity of individuals and community to address health issues
- 4) Engage the next generation



2017 SPRING SUB-REGIONAL ENGAGEMENT SUMMARY

Throughout the North Region Nations, communities and individuals want to be active participants, heard, invested and engaged in their individual and collective wellness journey. Health is not simply the absence of disease it encompasses the entirety, the physical, mental, spiritual and emotional being. Health is intrinsically attached to where one comes from: ancestry, culture and land. The absence of these values in the historical Health Canada programs has done little to address the widening gap in the health disparities of BC First Nations populations.

In taking on health transformation FNHA is in an optimal position to begin the process of developing health and wellness programs grounded in First Nations values, beliefs and strengths. While listening to direction our communities have provided as a foundational basis, moving forward FNHA is now tasked with the development and refinement of health programs and services that will provide meaningful and relevant means to close the gap and address the disparities affecting our Nations, communities and individuals.

