



*THE TRANSFORMATIVE CHANGE ACCORD:  
FIRST NATIONS HEALTH PLAN*

*SUPPORTING THE HEALTH AND WELLNESS  
OF FIRST NATIONS IN BRITISH COLUMBIA*





Tla'Amin First Nation joined 55 canoes traveling from the North Central Coast of British Columbia, Inside Pass of Vancouver Island, Western Vancouver Island, Western Washington, Oregon, and the Puget Sound in the 2005 Tribal Canoe Journey. This annual journey provides prevention alternatives to drug and alcohol use for the youth, teaches the importance of our culture and language, and promotes intertribal relations. The Tla'Amin canoe flew the "Honouring Our Health" flag from Tla'Amin community near Powell River, B.C. to the Lower Elwha Klallam Tribe's host community in Port Angeles, Washington, to show their commitment to lifestyles free from drug and alcohol addiction and tobacco misuse.

*Pictured in the cover photograph are Vicky Harry, Evie Tom and Murray Mitchell.*

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## INTRODUCTION

In March 2005, the Province of British Columbia and First Nations leaders agreed to enter into a New Relationship guided by principles of trust, recognition and respect for Aboriginal rights and title. The New Relationship focuses on closing the gaps in quality of life between First Nations and other British Columbians.

In November 2005, the Province of British Columbia, the First Nations Leadership Council, and the Government of Canada signed a historic agreement entitled the Transformative Change Accord. The Accord recognizes the need to strengthen relationships on a government-to-government basis, and affirms the parties' commitment to achieve three goals:

1. Close the gaps between First Nations and other British Columbians in the areas of education, health, housing and economic opportunities over the next 10 years;
2. Reconcile Aboriginal rights and title with those of the Crown, and;
3. Establish a new relationship based on mutual respect and recognition.

The Accord acknowledges and respects established and evolving jurisdictional and fiduciary relationships and responsibilities, and the need to remove impediments to progress by establishing effective working relationships. Through the Accord the parties agreed to establish a 10-year plan to bridge the differences in socio-economic standards.

The First Nations Leadership Council and British Columbia have developed this First Nations Health Plan to identify priorities for action to close the health gap between First Nations and other British Columbians. It is intended to guide our efforts to address the critical challenges that must be overcome in order to deliver on the joint commitments to improve the health and well-being of First Nations peoples and communities. It is our hope and expectation that the Government of Canada will join us in developing a tripartite implementation strategy for the health component of the Transformative Change Accord.

## THE CHALLENGE

The difference in health outcomes between First Nations and other British Columbians is unacceptable and unsustainable.

In July, 2005 the *First Nations Health Blueprint for British Columbia*, developed by the First Nations Leadership Council, identified a new vision for First Nations health systems, and identified a number of gaps and barriers in health services in the areas of: delivery and access; sharing in improvements to Canadian health care; promoting health and well-being; monitoring progress; clarifying roles and responsibilities between governments and organizations; and developing ongoing collaborative working relationships. It identified a significant lack of access to existing services for First Nations people in rural areas, limited access to health care for First Nations women – particularly those living in rural communities, a debilitating crisis in oral health as a result of limited access and financial barriers to dental care, and a serious gap in services in the mental health and addictions field including insufficient detoxification beds.

***Our Vision:  
Improve the health  
and well being of  
First Nations to  
close the health  
gap between  
First Nations  
and other British  
Columbians***

In 2001, the British Columbia Provincial Health Officer issued a landmark report on the health and well-being of Aboriginal people which highlighted significant gaps in health outcomes. He concluded that the risks of developing diabetes, pneumonia, or HIV/AIDS or experiencing injuries caused by motor vehicle accidents are greater for Aboriginal people than for other British Columbians. The British Columbia Coroners Service Child Death Review Report (2005) highlighted the disproportionately higher number of deaths of Aboriginal children in British Columbia. Approximately 20 per cent of reviewed deaths were of Aboriginal children, although Aboriginal children comprise less than 10 per cent of the population of British Columbia.

This First Nations Health Plan builds on and supports the *First Nations Health Blueprint for British Columbia*. It also considers the recommendations of the 2001 report of the Provincial Health Officer entitled *The Health and Well-being of Aboriginal People in British Columbia*, which was endorsed by First Nations. It recognizes that First Nations must be full partners in the design and delivery of health initiatives to benefit them and their communities to ensure their success in closing the health gaps. Reciprocal accountability between governments and First Nations is fundamental to addressing socio-economic disparities, and critical to improved government-to-government relationships.

Health for First Nations encompasses the physical, spiritual, mental, economic, emotional, environmental, social and cultural wellness of the individual, family and community. Closing the health gap must also include addressing conditions such as poverty, education, housing, employment and economic opportunities affecting First Nations.

While the actions in this Plan focus specifically on health related initiatives, actions to address the other priority areas of the Transformative Change Accord are underway or under development and will be complementary to, and coordinated with, the actions set out in this Plan. The Plan is intended to be a living document - one that is responsive to feedback from First Nations peoples and communities, health care professionals and practitioners, and others. Changes in health outcomes of First Nations will be regularly examined, and modifications to the action plan made to ensure continuous improvement in outcomes.

The federal government is a partner in the delivery of health care services and programs to First Nations people and communities. Their input and involvement is fundamental to the success of this Plan. It is our hope that over the next six months the federal government will work with us to augment this Plan to develop a tripartite implementation strategy for the health component of the Transformative Change Accord. The development of a tripartite strategy will also be informed by a province-wide Forum on First Nations Health in the spring of 2007.

## JURISDICTIONAL CONTEXT

First Nations people receive health services through a unique combination of federal, provincial, and First Nations-run programs and services.

1 Provincial Health Officer 2001 annual report

2 Provincial Health Officer 2001 annual report

3 Provincial Health Officer 2004 annual report

4 First Nations Summit Regional Longitudinal Health Survey 2002/03

» *Status First Nations live 7 years less than other British Columbians.*<sup>1</sup>

» *Status First Nations have a diabetes rate 40% higher than the general population.*<sup>2</sup>

» *49% of Aboriginal young people smoke, more than double the rate of other young people in B.C.*<sup>3</sup>

» *The number one reason for day surgeries for children in B.C. is for dental treatment. First Nations Children are four times more likely to require such treatment than non-First Nations children.*<sup>4</sup>

The Province has responsibility for providing all aspects of health services to all residents of British Columbia, including Status Indians living on and off-reserve. The federal government has a financial responsibility to support the delivery of health services to Status Indians on reserve and pays for Medical Services Plan premiums for Status Indians.

The federal government, through the First Nations and Inuit Health (FNIH) department of Health Canada, also provides for a range of health programs (specifically non-Insured Health Benefits, limited treatment services, health promotion, and injury and disease prevention) for First Nations people on reserve. In partnership with FNIH, many First Nations communities have established their own community health facilities (164 in British Columbia) and deliver a wide range of health programs and services. Funding for these programs and services are provided to First Nations communities through a variety of agreements which vary in terms of level of control, flexibility, and accountability. Through these mechanisms, a wide network of First Nations health centres, professionals and practitioners has been established to provide a community-based approach to providing health services to British Columbia's First Nations. It is this network and these community-based solutions that must be developed and supported.

This multi-jurisdictional health care system for First Nations at times creates gaps, discontinuities and inadequacies in service. Programs to address health problems are often developed independently by one or more of the provincial, federal or First Nations partners, so that well intentioned initiatives may create overlaps or duplication. Further, health data are not readily available for non-status, Métis or Inuit, so that the broad picture of Aboriginal health in British Columbia must be extrapolated from Status Indian data<sup>5</sup>. In some cases, data-sharing to ensure that all parties can track health outcomes and identify emerging issues or successes is lacking.



## **THE TRANSFORMATIVE CHANGE ACCORD - HEALTH**

The Transformative Change Accord identifies four areas of action to help close health gaps over the next ten years:

1. Establish mental health programs to address substance abuse and youth suicide;
2. Integrate ActNow BC strategy with First Nations health programs to reduce incidences of preventable diseases like diabetes;
3. Establish tripartite pilot programs in the Northern Health Authority and build the Lytton Health Centre to improve acute care and community health services utilizing an integrated approach to health and community programs as directed by the needs of First Nations; and,
4. Increase the number of trained First Nations health care professionals.

The actions identified in the Transformative Change Accord are necessary but not sufficient to close the health gaps. Therefore, the actions in this Plan build on the actions in the Accord, and include actions set out in the First Nations Health Blueprint for British Columbia and the 2001 Provincial Health Officer's report.

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<sup>5</sup> It is estimated that there are 30,000 non-status Indians and 44,000 Métis in British Columbia.



## THE WAY FORWARD

First Nations and the Province have identified actions required in four key areas:

- » Governance, relationships and accountability;
- » Health promotion and disease and injury prevention;
- » Health services; and,
- » Performance tracking.

### **GOVERNANCE, RELATIONSHIPS AND ACCOUNTABILITY**

There are a variety of efforts underway – being carried out by First Nations, health authorities and other health organizations – to address the health needs of First Nations people and to support increased First Nations control, ownership and responsibility relating to their health status. For example, Aboriginal communities and organizations provide some input into health planning and service delivery through regional and local Aboriginal advisory bodies that have been created in each of the health authorities. First Nations communities have established their own health centres and deliver a wide range of health services in their communities. 175 of 203 First Nations communities in British Columbia have developed community health plans, which are updated on an annual basis.

Notwithstanding this progress, a variety of factors continue to contribute to poor health outcomes for First Nations. First Nations continue to have inadequate involvement in the planning and delivery of provincial or federally funded health care services. Provincial, federal and/or First Nations health policies and programs are not well coordinated, and gaps exist in health care services between federal and provincial government systems.

There is an opportunity to improve the linkages between health planning at the community level and the regional planning activities of the health authorities. First Nations must be more involved in decision-making regarding their health and well-being, and must be involved in health planning, the delivery of health services and the monitoring of health outcomes. First Nations recognize their responsibility and leadership role to improve the health of First Nations individuals, families and communities. In order to support these things, First Nations require improved coordination, processes and mechanisms, and health care services must be provided in a collaborative and coordinated manner so that gaps in health care services can be closed and reciprocal accountability is implemented.

### **Action Plan**

- » First Nations will establish a new First Nations Health Council. This Council will report to the First Nations Leadership Council, and will be composed of the First Nations Chiefs' Health Committee, the Union of BC Indian Chiefs' Social Development Committee and others. The Council will serve three primary roles:
  1. To support all First Nations in achieving their health priorities, objectives and initiatives;
  2. To participate in federal and provincial government health policy and program planning processes; and
  3. To provide leadership in the implementation of this Plan.





- » The Provincial Health Officer will appoint an Aboriginal physician to advise on Aboriginal health issues and have specific responsibility for monitoring and reporting on the health of Aboriginal people in British Columbia and tracking progress against performance measures in this Plan.
- » Each health authority and the First Nations in their service delivery area will develop Aboriginal Health Plans that are consistent with the priorities in this Plan, and that emphasize actions on issues unique or specific to each region. In addition, each health authority will involve First Nations in collaborative decision-making regarding delivery of Health care services for Aboriginal people. This will allow for better coordination between First Nations community health plans and the Aboriginal health services plans of the health authorities.
- » A First Nations Health Advisory Committee will be established, whose membership will include: the CEOs of the five regional health authorities and the Provincial Health Services Authority, representatives of the First Nations Health Council, the Provincial Health Officer, the Aboriginal physician in the Provincial Health Officer's office and the Deputy Minister of Health. The Regional Director General for Health Canada will also be invited to participate. The First Nations Health Advisory Committee will:
  1. Review and monitor the Aboriginal health plans of British Columbia's health authorities;
  2. Take an active role in monitoring health outcomes in First Nations communities; and,
  3. Recommend actions that the province, First Nations or Health Canada should undertake to close health gaps.
- » Establish a province-wide Health Partners Group, composed of the First Nations Health Council, federal and provincial governments, colleges and universities, health practitioner/professional groups and others, to share information on, and create recommendations for, closing the gap in health.
- » First Nations and the Province will work toward developing a reciprocal accountability framework with the federal government to address gaps in health services for First Nations in British Columbia. The framework should clarify responsibility for health service delivery, and result in a more seamless and responsive health care system. The Education Jurisdiction Agreements should be explored as a potential governance model for First Nations health in British Columbia.

### ***What will be different by 2015?***

- » First Nations will have greater input to, and be involved in decision-making for, health planning and service delivery for First Nations.
- » There will be reciprocal accountability for health matters between First Nations and governments.
- » First Nations leaders will have clear mechanisms for working with governments and health authorities, so that health services are better aligned with the needs of First Nations.
- » First Nations will take a leadership role in improving the health of their communities and monitoring health outcomes.
- » Gaps in health services will have been identified and addressed to the fullest extent possible.

### ***HEALTH PROMOTION AND DISEASE AND INJURY PREVENTION***

Early child development, education/knowledge and intervention, are important for health promotion and injury and disease prevention. First Nations communities currently deliver a range of programs to encourage healthy eating, exercising more, avoiding alcohol and drugs, and ensuring personal safety.

There are also a wide range of programs for mental health, family violence matters and youth suicide, among others. Eighty First Nations and Aboriginal organizations are creating local programs aimed at preventing, reducing and responding to crystal meth use in their communities, and are recruiting and training First Nations' outreach workers.

Health authorities currently deliver a range of services and programs related to health promotion and disease and injury prevention. For example, provincially-funded initiatives address chronic diseases such as diabetes, kidney disease and HIV/AIDS. In both the Interior and Northern Health Authorities there are programs to address family violence and motor vehicle accidents in First Nations communities. An Aboriginal Tobacco Reduction Strategy (*Honouring Our Health*) provides a model of a successful approach to community-led, community-based health promotion.

Notwithstanding these programs, more needs to be done. First Nations in British Columbia are a marginalized population – traditional lifestyles have been altered dramatically, leading to more sedentary lifestyles and reduced access to traditional foods and medicines. This has led to a disproportionately high incidence of preventable diseases among First Nations. For example, First Nations in British Columbia have a diabetes rate 40 percent higher than the rate of the general population.

First Nations are also dealing with the legacy of residential schools; the First Nations population has higher levels of substance abuse problems, and some communities have high rates of youth suicide. Injuries are also higher in the First Nations population; for example, motor vehicle crashes are one of the leading causes of injury and death for Aboriginal people – particularly for males between the ages of 15 and 24. Injuries are a particular problem in rural and remote communities with no primary care facility or hospital. A lack of healthy housing and lower educational achievement rates contribute to these challenges.

First Nations want to take action to improve their personal and community health. Appropriate programs must be in place to assist First Nations to deal with the most pressing health promotion and disease and injury prevention issues affecting their communities, so that the incidence of preventable diseases and injuries in the First Nations population becomes comparable to that of other British Columbians.

### **Action Plan**

- » The Minister of State for ActNow BC will work with First Nations communities and the First Nations Health Council, the National Collaborating Centre on Aboriginal Health<sup>6</sup>, and health authorities to lead the development of a First Nations / Aboriginal specific ActNow BC program. Actions will include providing additional training to increase the number of First Nations community based workers trained in chronic disease prevention from 140 to 300 over 3 years, and the development of an Aboriginal ActNow BC strategy focused on better nutrition and increased physical activity, particularly among First Nations children.

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<sup>6</sup> The National Collaborating Centre on Aboriginal Health located at the University of Northern British Columbia is one of six centres established by the Public Health Agency of Canada. The Centres are intended to work closely with the provinces on a series of select areas to develop, support and disseminate research and best practices. The centre in British Columbia is focused on Aboriginal health.





- » Adult mental health, substance abuse, as well as young adult suicide will be addressed through an Aboriginal Mental Health and Addictions Plan that includes community-based programs such as healing circles, cultural camps and counselling programs that build community capacity. Suicide prevention efforts will be targeted, but not limited, to communities where suicide rates and/or attempts are high<sup>7</sup>.

The Province will work to ensure that services will be delivered seamlessly in conjunction with the Child and Youth Mental Health services delivered by the Ministry of Children and Family Development. New culturally relevant services will be implemented for Aboriginal children and families based on regional plans developed in consultation with regional Aboriginal planning committees to improve access to a range of core services which include community-based assessment, counselling and therapy services, home-based and outreach services, as well as crisis intervention.

- » The First Nations Leadership Council and the province will host a forum for all health authorities (Aboriginal Health Leads and Executive members) and First Nations Elders and youth to support and encourage learning about First Nations' heritage, cultures and spirituality, and to develop models for youth suicide prevention.
- » Aboriginal children under age six (on and off-reserve) will receive hearing, dental and vision screening.
- » First Nations and the province will follow-up on the British Columbia Coroners Service Child Death Review Report (2005) recommendation that "all levels of government, educators, parents, and Aboriginal leaders and their communities forge new relationships led by the Aboriginal people to address the results of this report that clearly illustrate that Aboriginal children are dying at disproportionately higher rates."
- » First Nations and the province will work with the federal government to have prevention and primary health services on-reserve (including mental health and harm reduction) improved so that they meet or exceed those services provided to off-reserve populations by the health authorities.
- » First Nations and the Province will continue to work with the federal government and others to improve First Responder programs in rural and remote First Nations communities.
- » First Nations and the Province will continue to work with the RCMP, police detachments, Aboriginal organizations, ICBC and others to develop an information campaign to increase awareness about seatbelt use and safe driving.
- » First Nations and the province will work to develop new culturally appropriate addictions beds/units for Aboriginal people.

### **What will be different by 2015?**

- » First Nations communities will deliver improved health promotion, and disease and injury prevention services to address key preventable diseases.
- » All First Nations children will regularly receive vision, hearing and dental checks and treatment.
- » First Nations people will experience lower levels of preventable diseases and injuries and can expect to live longer and healthier lives.

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<sup>7</sup> Process should be informed by Child and Youth Officer for British Columbia Special Report *Sayt K'uulm Goot – Of one Heart: Preventing Aboriginal Youth Suicide through Youth and Community Engagement*.

## HEALTH SERVICES

Although most First Nations in British Columbia do not directly deliver primary health services, a small number of communities have nursing stations, open 24 hours a day, to provide treatment to community members. At a number of First Nations health care facilities, service delivery capacity is being increased in areas such as nursing, palliative care, and dental care. First Nations aim to continue increasing their capacity to directly deliver health services to their people and communities.

The majority of First Nations in British Columbia receive health services as other British Columbians do – through the provincial network of clinics, hospitals and other treatment facilities. Although some progress has been made in building relationships between First Nations and the provincial health system (mainly with health authorities), effective, collaborative working partnerships are not the norm.

Since 2001, the Province has invested over \$50M in targeted funding for programs and services to improve Aboriginal health. Each health authority has also designated an Aboriginal Health Lead at a senior management level. The Aboriginal Health Leads are the primary contact for First Nations communities and are responsible for developing Aboriginal health plans that are tailored to address the needs of the Aboriginal population within each health authority, and overseeing targeted Aboriginal health initiative funding. The Province currently works with post-secondary institutions to encourage and support Aboriginal learners in the health disciplines. Universities and colleges take a number of approaches including: dedicated seats in health sciences programs, academic support, and laddering programs.

The University of British Columbia provides 13 dedicated seats for First Nations medical students, and works with health authorities to ensure relevant community residency experience. UBC, the University of Victoria, and the University of Northern British Columbia offer introductory workshops for Aboriginal students entering medicine.

The Aboriginal Nursing Strategy has been developed with the aim of increasing recruitment and retention of Aboriginal nurses practising in B.C. and to increase the number of aboriginal communities in B.C. with quality nursing services.

Notwithstanding these activities, health services are not always available, accessible or culturally appropriate. Ongoing federal/provincial jurisdictional and funding issues have created gaps in health services. These issues need to be addressed so that First Nations are directly involved in decision-making and have equitable access to quality, culturally appropriate health services.

### Action Plan

- » The Province will build a health centre in Lytton. Proposed services may include an urgent care room, procedure room, laboratory, diagnostic imaging, physicians' clinic, future pharmacy, staff quarters and a six bed assisted living component.
- » A Northern Health Authority pilot will be implemented in collaboration with Health Canada and First Nations service providers to develop an integrated approach to Chronic Disease Prevention and Management focused on diabetes in certain communities, using an Aboriginal Health Collaborative process. This will build on the successes of the Chronic Disease Prevention and Management Community Collaboratives implemented in the North during the last three years, with significant gains in access to services and improved patient outcomes.





- » The Province will dedicate post-secondary seats to Aboriginal health professions in order to increase the number of trained Aboriginal health care professionals. This will be coupled with work with public post-secondary institutions and Aboriginal communities in order to improve access, participation and success of Aboriginal learners in post-secondary health care programs.
- » First Nations and the province will develop a curriculum for cultural competency in 2007/08, and require health authorities to begin this training in 2008/09. Training will be mandatory for Ministry of Health and health authority staff, including executive and senior management.
- » A senior person will be assigned responsibility for Aboriginal health in each of the 16 Health Service Delivery Areas. These staff will report to the Aboriginal Health Lead in each health authority, and will work with local program and services staff on behalf of First Nations to better meet the non-hospital health service needs of Aboriginal people. They will also assist in the development of the Aboriginal health services plans in consultation with First Nations in their geographic area.
- » A Maternity Access Project will be implemented to improve maternal health services for Aboriginal women and bring birth “closer to home and back into the hands of women.” This will help reduce the need for First Nations women in rural and remote communities to travel to more urban centres up to two months prior to delivery because of a lack of maternity care in their home communities. The project will have several components including diversity training for care providers, training of birth companions and Aboriginal midwives, and the creation of a community guide and toolkit. The investment in this program will in the long-term be offset by a decrease in costs associated with medical evacuations and transfers, and a reduction in emergency care costs.
- » Support will be provided to First Nations living with chronic health conditions such as diabetes, HIV/AIDS and Hepatitis C by introducing integrated primary health services programs and patient self-management programs.
- » First Nations and the province want to create a fully integrated clinical telehealth network. This network could extend access and link First Nations communities with health centres on reserve to a comprehensive telehealth network. It could also be integrated with the systems of health authorities, to allow First Nations to participate in the training and professional development programs offered by health authorities. First Nations and the provincial government will work to explore funding options for this project with the federal government for capital start-up and ongoing operational costs for First Nations communities including network, video conference equipment and related medical devices, technology support staff, and other related costs.
- » Access to primary health care services in Aboriginal health and healing centres will be improved by further developing the role of the Nurse Practitioner and enhancing physician participation in these centres through a number of contractual options and incentives.
- » Each regional health authority will increase the number of professional and skilled trades First Nations in health professions. Health authorities will identify emerging employment opportunities in health authorities, share that information, and then link Aboriginal learners with appropriate training institutions.
- » The number of Aboriginal Hospital Liaison staff employed by health authorities will be increased. There are currently 12 of these staff in health authorities. The aboriginal hospital liaison staff assist patients and families to navigate the health system and also provide links to community-based services. They also ensure appropriate discharge plans are in place, and that facility staff work collaboratively with community health workers. To the extent possible, First Nations staff will be recruited into these positions.

### **What will be different by 2015?**

- » Health services will be more culturally sensitive, better tailored to the specific needs of First Nations communities and more often delivered by First Nations health professionals.
- » For those First Nations that are in rural and remote settings, telehealth systems and liaison staff will help ensure they receive care in rural and remote settings.
- » First Nations women will have more options to deliver their children in their communities.

### **PERFORMANCE TRACKING**

In 2001 the Provincial Health Officer produced a report on the health and wellness of Aboriginal people in British Columbia. This report provided vital data and analysis on which to assess the gap in health outcomes between First Nations and other British Columbians.

A tripartite agreement between the Government of British Columbia, Health Canada's First Nations and Inuit Health Branch and the First Nations Chiefs' Health Committee, facilitates data linkages and defines how federally and provincially held information on First Nations is to be used and shared.

The Michael Smith Foundation for Health Research (MSFHR), funded by the Province, has established an Aboriginal health research network - the Network for Aboriginal Research BC (NEARBC) located at the University of Victoria. NEARBC's goal is to improve the health and well-being of Aboriginal people in B.C. by developing collaborative research capacity that is relevant to Aboriginal people and is competitive for funding.

While progress has been made, more needs to be done. Currently, data collection and sharing between the federal and provincial governments and First Nations is often restricted, not timely and inadequate. Regular monitoring of health outcomes is required to ensure that programs and services are meeting the health needs of First Nations, while respecting the privacy of individuals.

Health status and health care information related to First Nations health needs to be accurate, reliable, accessible, and contribute to measuring and closing the gap. Resources need to be focused towards developing the data and information necessary to appropriately monitor and report on agreed-upon action plans.

### **Action Plan**

- » The Provincial Health Officer will issue Aboriginal health status reports every five years, with interim updates every two years.
- » The First Nations Chiefs' Health Committee and the Province want to renew the tripartite agreement between the Government of British Columbia, Health Canada's First Nations and Inuit Health Branch and First Nations to ensure federally and provincially held information on First Nations is shared. These data will facilitate research and reports on the health of First Nations people living in British Columbia.
- » The Provincial Health Services Authority in collaboration with the First Nations Leadership Council and the Ministry of Health will expand its community health survey to include First Nations. The survey will collect valuable data on risk factors such as obesity; physical activity and nutrition. These data will provide First Nations communities and health care providers with valuable information for planning health services and monitoring changes in health status.



### **What will be different by 2015?**

- » British Columbia and First Nations will have health status and health care information for all Aboriginal people. This will facilitate research, new programs, plans and performance tracking.
- » The Provincial Health Officer's regular reports on the health status of the Aboriginal population will measure the effectiveness of programs in closing the gap in health between First Nations and other British Columbians.
- » Governments and First Nations will have clear mechanisms for sharing data on the health of First Nations in B.C.



## **MEASURING PROGRESS**

First Nations and the province will be held jointly accountable for the outcomes of this First Nations Health Plan. Progress will be tracked using the following performance indicators proposed in the Transformative Change Accord:

- » Life expectancy at birth;
- » Mortality rates (deaths due to all causes);
- » Status Indian youth suicide rates;
- » Infant mortality rates;
- » Diabetes rates;
- » Childhood obesity; and,
- » Practising, certified First Nations health care professionals.

First Nations and the Province will also consider other performance indicators which may assist in tracking progress on closing the gap in health outcomes.

### **Life Expectancy**

Life expectancy at birth is a prediction of the average number of years a newborn person can be expected to live. Life expectancy for Status Indians is improving, but not at the same rate as other residents. Currently, Status Indians born between 2001 and 2005 can expect to live nearly 75 years, while other residents can expect to live 82 years.

- » Our target is to decrease the gap in **life expectancy** between Status Indians and other British Columbians by 35% to less than 3 years difference by 2015.

### **Mortality Rate**

An age standardized mortality rate (ASMR) measures the number of deaths due to all causes, expressed as a rate per 10,000 people. The measure allows for comparisons in death rates between two or more populations by adjusting for differences in population age distribution (i.e. the Status Indian population has a younger average age than other British Columbians). Currently, the age standardized mortality rate for Status Indians is 1.5 times greater than for other British Columbians.

- » Our target is to reduce the gap in **mortality rates** between Status Indians and other British Columbians by 35% by 2015.



### **Youth Suicide**

Youth suicide rates measure deaths among 15 to 24 year-olds who deliberately take their own lives. The measure is expressed as a rate per 10,000 people. The rate of youth suicide for Status Indians is about five times that of other youth.

Youth suicide is not an issue in every First Nations community. Between 1983 and 2000, more than half of First Nations communities in British Columbia reported no youth suicide.

- » Our target is to reduce the gap in **youth suicide rates** between First Nations and other British Columbians by 50% by 2015.

It is also our objective to increase the number of First Nations communities with no youth suicide over time.

### **Infant Mortality Rate**

The infant mortality rate measures the number of infants who die in the first year of life, expressed as a rate per 1,000 live births. About eight of every 1,000 Status Indian infants die in their first year, compared with a rate of about four infant deaths among other British Columbians. There is an average of 27 Status Indian infant deaths each year.

- » Our target is to reduce the gap in **infant mortality** between First Nations and other British Columbians by 50% by 2015.

### **Diabetes**

Diabetes is a chronic condition that results from a deficiency or ineffective use of insulin in the body. The Provincial Health Officer reports the prevalence rate of diabetes among Status Indians is 6.0%, as compared to 4.5% in other British Columbians, with approximately 5,600 Status Indians having already been diagnosed with diabetes.

Increased testing proposed in this Plan will capture existing unreported cases of diabetes. Establishing a stable baseline will help inform how and where to better focus prevention and management initiatives.

- » Our target is to reduce the gap in the **prevalence of diabetes** between First Nations and other British Columbians by 33% by 2015.

### **Childhood Obesity**

There are no routinely collected measures of childhood obesity for First Nations in B.C. A baseline and an ongoing mechanism for collecting relevant data will be developed.

### **Practising, Certified First Nations Health Care Professionals**

There is no accurate information on the number of certified health care professionals in British Columbia who are First Nations, nor is there accurate information on how many of these are actually practising. A baseline and an ongoing mechanism for collecting relevant data will be developed.



## **CONCLUSION**

The gap in health outcomes between First Nations and other British Columbians is unacceptable and unsustainable. First Nations' health outcomes must be improved. Through the New Relationship and the Transformative Change Accord, the First Nations Leadership Council and the Province committed to closing the gap in health outcomes for First Nations.

This Plan, built upon the *First Nations Health Blueprint for British Columbia*, identifies a new vision for First Nations' health – a vision that the First Nations Leadership Council and the Province are committed to implementing.

The First Nations Leadership Council and the Province are also committed to using this Plan as a framework for working with the federal government to develop a tripartite Transformative Change Accord Implementation Strategy for health that will mobilize the resources of the parties to close the gap in health outcomes and improve health services to First Nations in British Columbia.



## APPENDIX: ACTION PLAN SUMMARY

### **Governance, Relationships and Accountability**

1. Establish a new First Nations Health Council.
2. The Provincial Health Officer will appoint an Aboriginal physician to advise on Aboriginal health issues.
3. Each health authority and the First Nations in their service delivery area will develop Aboriginal Health Plans that are consistent with the priorities in this Plan, and that emphasize actions on issues unique or specific to each region.
4. Establish a First Nations Health Advisory Committee.
5. Establish a province-wide Health Partners Group.
6. Develop a reciprocal accountability framework to address gaps in health services for First Nations in B.C.

### **Health Promotion / Injury and Disease Prevention**

7. The Minister of State for ActNow BC will work with First Nations communities and the First Nations Health Council, the National Collaborating Centre on Aboriginal Health, and health authorities to lead the development of a First Nations / Aboriginal specific ActNow BC program.
8. Adult mental health, substance abuse as well as young adult suicide will be addressed through an Aboriginal Mental Health and Addictions Plan.
9. The First Nations Leadership Council and the Province will host a forum for all health authorities (Aboriginal Health Leads and Executive members) and First Nations Elders and youth to support and encourage learning about First Nations' heritage, cultures and spirituality, and to develop models for youth suicide prevention.
10. Aboriginal children under age six (on and off-reserve) will receive hearing, dental and vision screening.
11. First Nations and the province will follow-up on the British Columbia Coroners Service Child Death Review Report (2005) recommendation that "all levels of government, educators, parents, and Aboriginal leaders and their communities forge new relationships led by the Aboriginal people to address the results of this report that clearly illustrate that Aboriginal children are dying at disproportionately higher rates."
12. First Nations and the province will work with the federal government to have prevention and primary health services on-reserve improved so that they meet or exceed those services provided off-reserve.

13. Improve First Responder programs in rural and remote First Nations communities.
14. Develop an informational campaign to increase awareness about seatbelt use and safe driving.
15. Develop new culturally appropriate addictions beds/units for Aboriginal people.

### **Health Services**

16. Build a health centre in Lytton.
17. A Northern Health Authority pilot will be implemented to develop an integrated approach to Chronic Disease Prevention and Management.
18. Dedicate post-secondary seats to Aboriginal health professions.
19. First Nations and the Province will develop a curriculum for cultural competency in 2007/08 for health authorities.
20. A senior individual will be designated responsibility for Aboriginal health in each of the 16 Health Service Delivery Areas.
21. A Maternity Access Project will be implemented to improve maternal health services for Aboriginal women and bring birth “closer to home and back into the hands of women.”
22. Introduce integrated primary health services programs and patient self-management programs to support First Nations living with chronic health conditions.
23. Create a fully integrated clinical telehealth network.
24. Further develop the role of the Nurse Practitioner and enhance physician participation in Aboriginal health and healing centres.
25. Increase the number of professional and skilled trades First Nations in health professions.
26. Increase the number of Aboriginal Hospital Liaison staff employed by health authorities.

### **Performance Tracking**

27. The Provincial Health Officer will issue Aboriginal health status reports every five years, with interim updates every two years.
28. Renew the tripartite agreement between the Province, Health Canada’s First Nations and Inuit Health Branch and First Nations to ensure federally and provincially held information on First Nations is shared.
29. Expand the community health survey to include First Nations.



