

# Together in Wellness



**2012  
2013**

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

**A report on the second 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

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Nearly two years have passed since the signing of the B.C. Tripartite Framework Agreement on First Nations Health Governance, and the long-awaited transfer of Health Canada First Nations and Inuit Health Branch (B.C. Region) resources, programs and personnel to the First Nations Health Authority is now complete. It is truly a remarkable time of celebration and an opportunity to reflect on our collective achievements.

Through strong relationships, we have enabled greater self-determination in health for First Nations and Aboriginal peoples in British Columbia. As exciting as it is to step into this new world, we must manage change carefully and steadily, supported by our shared learning and guided by our shared vision. We are in the beginnings of a new chapter; a changed relationship with evolving roles and responsibilities. An important shift has taken place, both tangible and symbolic, but change this substantial takes time.

It will take time for new programs, services and the way they are delivered to take shape. It will take time for the entire B.C. health system to feel culturally safe for all First Nations and Aboriginal peoples. It will take time to use the contributions and services of regional, provincial and national partners to transform the broader health system serving B.C. First Nations. It is a time to stay focused, and a time to recognize just how far we have come and celebrate our unique partnership.

There is much work ahead, as we move past transition and begin to identify the potential of this new world. We will continue to hold our shared vision of a future where B.C. First Nations people and communities are among the healthiest in the world, and find ways of achieving this vision. Over the past year, the Tripartite Committee on First Nations Health focused on developing the regional and local relationships that will be essential to the success of the work ahead. In the coming year, the committee will focus on the successful transfer of services from Health Canada to the First Nations Health Authority.

Our partnership has never been stronger. We will need it, and the support of its reach, through uncertain channels and paths ahead. Systemic change involves all of us; no single partner can make it happen alone. Above all, we will need to ensure that we listen to the voices of our communities. They are our navigators and will lead us, together, in the direction of improved health services and wellness for all First Nations and Aboriginal peoples in British Columbia.

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

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

*Michel Roy*, Senior Assistant Deputy Minister of the First Nations and Inuit Health Branch, Health Canada

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



## Purpose / Context

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The Tripartite Committee has undergone significant change since the signing of the Transformative Change Accord: First Nations Health Plan (2006) and the Tripartite First Nations Health Plan (2007). Established in September 2007, the Provincial Advisory Committee on First Nations Health was the initial iteration of the Tripartite Partnership – mandated to monitor health outcomes and the Aboriginal Health Plans of Regional Health Authorities, and to recommend actions to the respective parties.

Since that time, the Tripartite Partnership has grown, matured and evolved, culminating in the signing of the B.C. Tripartite Agreement on First Nation Health Governance in October 2011. The 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 Health Canada First Nations and Inuit Health Branch (B.C. Region) to First Nations control, and to implement new and innovative health partnerships at regional and provincial levels. Building on past commitments, the Framework Agreement also defined a renewed role of the Tripartite Partners with the establishment of the Tripartite Committee on First Nations Health – a committee of senior management and leadership to guide the work of the Tripartite Partners in achieving their shared vision.

The Agreement further commits the parties, through the Tripartite Committee on First Nations Health (Tripartite Committee), to report back annually on the progress of the integration and the improvement of health services for First Nations in British Columbia.

This document, being presented on the two-year anniversary of the signing of the Framework Agreement, is intended to report on progress in the second year of the Framework Agreement's implementation (October 2012 to September 2013). The first annual report is available online, at: [http://www.fnhc.ca/index.php/news/article/together\\_in\\_wellness\\_2011\\_2012\\_tripartite\\_committee\\_on\\_first\\_nations\\_health/](http://www.fnhc.ca/index.php/news/article/together_in_wellness_2011_2012_tripartite_committee_on_first_nations_health/)



## 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, the 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 to coordinate and align planning, programming and service delivery among the First Nations Health Authority, B.C. regional health authorities, the B.C. Ministry of Health and Health Canada. The committee works to facilitate discussions and coordinate planning and programming among B.C. First Nations, B.C. 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.





## Health Partnership Accord

The signing of the Tripartite Health Partnership Accord between the First Nations Health Council, Health Canada and the Province of B.C., on December 17th, was a key accomplishment in 2012. The Accord is an evergreen document that affirms the long-term commitment of the three partners to work together to achieve a higher-quality, more integrated, culturally appropriate, and effective health system for B.C. First Nations. The Accord contains a shared vision of a ***better, more responsive and integrated health system for First Nations in British Columbia.***

The creation of this Accord was a commitment in the B.C. Tripartite Agreement on First Nation Health Governance (Framework Agreement) signed in October, 2011. The Accord builds on the already strong Tripartite relationship and represents another step forward in the evolving, broad and enduring partnership with a commitment to reciprocal accountability. The Accord seeks to find new and effective ways of coming together to achieve common goals of working together to eliminate disparities and inequalities in the health status between First Nations in B.C. and other residents.

The Accord reflects upon the changes each of the Tripartite Partners has made, and must continue to make, in order to contribute successfully to the Tripartite health partnership. This includes the continued evolution of a First Nations health governance structure, collaborative planning, design, management and delivery of services. It also includes senior political and public servant support at the regional, provincial and federal level for the smooth transfer of the First Nations Inuit and Health Branch (B.C. Region) to First Nations control.

The Accord establishes a commitment to implement health systems improvements and innovations in the areas of health planning, health services, eHealth, economic innovation and cultural competency. The Accord also discusses the opportunity to draw upon Indigenous teachings and traditions of wellness to build a broader wellness system – a system that does not treat illness in isolation.

The Tripartite Partners believe this new way of working together will improve the quality, accessibility, effectiveness, efficiency and cultural appropriateness of health and wellness programs and services for First Nations and Aboriginal peoples in British Columbia. The Tripartite Health Partnership Accord represents an exciting new evolution in this relationship.





## Transition and Transformation

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This has been a year of transition. Building on past political and legal commitments, the B.C. Tripartite Framework Agreement on First Nation Health Governance established a legal commitment to transfer the programs and services of the Health Canada First Nations and Inuit Health Branch (B.C. Region) to the First Nations Health Authority, and to implement new and innovative health partnerships at regional and provincial levels. The implementation of the Framework Agreement represents a fundamental turning point for First Nations health governance in British Columbia – a new partnership based on a mutual commitment to build a better, more responsive and more integrated health system for First Nations peoples. Over the past year, the Partners have worked prudently and persistently to make the commitments of the Framework Agreement a reality.

An early accomplishment toward the implementation of the Framework Agreement was the signing of the Health Partnership Accord. The Health Partnership Accord affirms a shared commitment of the partners to work together to eliminate the disparities and inequalities of health status between First Nations in British Columbia and other British Columbians by improving and integrating the planning, design, management and delivery of health services.

In continuing the work to create and support a new health governance structure, the parties acknowledged that transferring the First Nations and Inuit Health Branch (B.C. Region) programs, services and operations to the First Nations Health Authority with no disruption to programs, services and contribution agreements to First Nations was a highly technical endeavor that required a phased approach. In collaboration, the First Nations Health Council, the First Nations Health Authority, Health Canada, and the Province of British Columbia made a significant decision – to transfer Health Canada headquarter functions on July 2, 2013 and Health Canada regional functions on October 1, 2013.

Through this phasing, the parties undertook considerable technical work over the past year to initiate and facilitate the transfer of staff, assets, funding, records, equipment and resources from the First Nations and Inuit Health Branch (B.C. Region) to the First Nations Health Authority. In particular, as per the Framework Agreement, the parties concluded detailed sub-agreements for human resources, health benefits, information sharing, records transfer, novation, accommodations, capital planning, and assets and software that define the legalities, logistics and mechanisms of the transfer. In preparation for the transfer, Health Canada and the First Nations Health Authority also concluded a Canada Funding Agreement – a 10-year contribution agreement that provides considerable certainty and continuity for the design, delivery, planning and implementation of health services for First Nations in British Columbia. The conclusion of legal agreements complemented the work of the First Nations Health Authority to construct systems, structures, controls and corporate policies for information management, technology, finance, human resources, health benefits, and additional administrative functions associated with the transfer.



In accordance with the plan for a phased transfer, the First Nations Health Authority assumed responsibility for management and administrative functions as well as policy and program leadership roles previously the responsibility of Health Canada headquarters on July 2, 2013 – a momentous milestone in achieving First Nations ambitions to bring decision-making closer to home. On October 1, 2013, the First Nations Health Authority and First Nations and Inuit Health Branch (B.C. Region) concluded the transfer of core functions for First Nations health programs and services. This includes primary care, public health, management and protection of personal information, environmental and community health programs, along with funding agreements and regional staff.

Guided by the success factors established by B.C. First Nations, the successful completion of the transfer signals a new era for First Nations health in British Columbia. While it will take time for the First Nations Health Authority to become familiar with the administration of existing federal programs and services, the strength of the health partnership between B.C. First Nations, the Government of Canada and the Province of British Columbia has opened new opportunities to explore health systems transformation. During this period of transition, the strategic focus of the partners will continue to shift toward health systems transformation at the local, regional and provincial levels. The Partnership is instrumental in early efforts toward transformation, as the partners establish processes for promoting greater integration and innovation in health service delivery.



## Message from Deputy Provincial Health Officer

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*Dr. Evan Adams is a Coast Salish actor and physician from the Sliammon Band near Powell River, B.C., Canada. In April 2012, Dr. Adams was appointed Deputy Provincial Health Officer with responsibility for Aboriginal health. In this role, he supports the work of the Provincial Health Officer, acting as a formal liaison between the Office of the Provincial Health Officer and the First Nations Health Authority (FNHA). This includes reporting on the health of Aboriginal people in B.C., and supports the development and operations of FNHA.*

*In the coming six months, the Office of the Provincial Health Officer will be reporting on Drinking Water, HIV Trends Gay and Bisexual Men, and on Motor Vehicle Crashes. A Special Joint Report on the Health and Well-being of Aboriginal Women is well underway with support from FNHA and its staff.*

*The Office of the Provincial Health Officer supports the growth and evolution of FNHA, particularly when it comes to public health policy, surveillance and reporting. One significant area has been developing health data governance, particularly around Panorama (the national public health data system). Dr. Adams is the Provincial-level First Nations Principal Data Steward. Another significant area is Aboriginal data at the B.C. Centre for Excellence HIV/AIDS as a test case for the Aboriginal Administrative Data Standard and discussions on First Nations' authorities, responsibilities and shared governance of these data.*

*In the area of surveillance, the former Health Canada First Nations and Inuit Health Branch medical officers transferred over to FNHA have agreed to assist the Office of the Provincial Health Officer in an opioid mortality review, including an epidemiological study, data analysis, reporting, and the development of a surveillance system that includes B.C.'s First Nations populations.*

*One of the valuable functions of the Office of the Provincial Health Officer is to foster relationships with key stakeholders. To that end, Dr. Evan Adams sits on the Board of the Canadian Partnership Against Cancer, particularly to assist with Canada's \$10-million investment in First Nations, Inuit and Métis cancer control across the country.*





## The Post-Transfer Environment

### First Nations Health Authority

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The direction and guidance the First Nations Health Authority (FNHA) receives from First Nations is a key way in which FNHA does its business differently. FNHA's success is its ability to deliver on this direction.

First Nations have been unequivocally clear about the need to strengthen the role of the regions by bringing decision-making closer to home and building regional capacity. A key priority for FNHA is to reshape the organization to achieve the implementation of regional supports to maximize health systems transformation, particularly as it collectively prepares for implementation of regional partnership accords and the transfer of First Nations and Inuit Health Branch service delivery to FNHA.

This means that the Health Actions approach as we have known it is changing. The work of Health Actions strategy tables has brought us to where we are today, and that important work at the provincial level has set the table for what lies ahead. Now, taking guidance from FNHA leadership, FNHA will re-align this capacity in support of regionally-oriented implementation. The strategic implementation and support for the regions is underway. This reorientation includes the provision of central services support (community engagement, communications, human resources, finance, policy) to the regions through regional project charters which will outline and illustrate how FNHA will support the regions through physical and virtual capacity.

Importantly, this reorientation will be supported by the recently established FNHA senior leadership team providing oversight in the areas of finance, human resources, corporate services and transition, policy, planning and strategic services, health benefits, innovation and information management services, health services, and nursing service.

The installation of regional capacity ensures the First Nations Health Authority is able to support regional planning and the implementation of regional priorities identified by First Nations. By providing dedicated support to regional processes and partnerships, First Nations will be better positioned to influence regional investments initiated by regional, provincial and federal partners.

## Health Canada

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As we move beyond transition, the Government of Canada takes on its new role of funder and governance partner under the leadership of a new Health Minister, the Honourable Rona Ambrose, appointed July 2013. As funder, Canada is committed to a financial relationship that will be based on reciprocal accountability. Health Canada will work with its Tripartite partners towards aligned reporting and information sharing.

As a governance partner, Canada will continue to be involved in the Tripartite process with ongoing meetings of the Tripartite Committee on First Nations Health (TCFNH). There will continue to be formal meetings at regular intervals at the Minister, Deputy Minister, and Assistant Deputy Minister levels. There will also be ongoing consultation and collaboration between FNHA and FNIHB Regional Executives and Directors General and with headquarters staff. The mechanisms to support this engagement will be robust and will be adapted as necessary to respond to the evolving needs of FNHA and Health Canada in this post-transfer era.

Health Canada will also continue to play a key part in the Implementation Committee (IC) that is mandated by the Framework Agreement to carry on through October 2016. The role of IC is to monitor the implementation of the Framework Agreement commitments as they pertain to the effective integration of services in a post-transfer environment. Health Canada is confident that these ongoing committees and meetings will provide regular opportunities for discussion and knowledge exchange.

## B.C. Ministry of Health

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The B.C. Ministry of Health's support and involvement will remain steadfast in the Tripartite Partnership. The Ministry will continue working to support the evolution of the First Nations Health Authority while also continuing to work to make the provincial health care system more culturally safe and relevant for First Nations and Aboriginal peoples.

The outcome of the spring 2013 provincial election and subsequent cabinet selection is a new Minister of Health, the Honourable Minister Terry Lake, and a new Deputy Minister, Stephen Brown. Both have expressed the same support that fostered provincial participation in the Tripartite relationship and the birth of the historic health agreements that are now the foundation of the Tripartite partners' collective work.

As identified in the Framework Agreement, the Province of British Columbia will continue to work collaboratively to better coordinate the planning, design, management and delivery of health services at the regional level amongst First Nations and the regional health authorities. Provincial level work will continue through the collaborative partnership tables such as the Joint Project Board, Implementation Committee, and Tripartite Committee on First Nations Health.

British Columbia is committed to engaging in a tripartite collaborative process to assess whether there is a need to enshrine authorities and powers for FNHA in provincial legislation or regulation.

In the year ahead, the B.C. Ministry of Health will build on the momentum of the signing of the Health Partnership Accord and support regional health authorities to nurture their partnerships at the regional and local levels.



## Joint Project Board

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A Joint Project Board has been established between the B.C. Ministry of Health (MoH) and the First Nations Health Authority. Reporting to the Deputy Minister (and in turn, to the Minister of Health) and to the Chair of the First Nations Health Council, the Joint Project Board provides overall leadership, direction and key decision-making to ensure timely progress and action by the partners on the implementation of strategic priorities under the Transformative Change Accord: First Nations Health Plan and the Tripartite First Nations Health Plan. The Joint Project Board operates within the vision, principles, and key action items described in the health plans and agreements to date including the Framework Agreement on First Nation Health Governance and the Health Partnership Accord. Looking forward, the Joint Project Board will be responsible for the development and implementation of an annual work plan describing key activities, responsibilities, and timeframes. Using existing regional engagement processes and partnerships, FNHA and MOH have identified two areas to focus on for this year: primary care and eHealth improvements.





## Regional Partnership and Development

While the Tripartite Committee continues to envision the possibilities and opportunities for health systems improvements at the provincial level, there is meaningful change occurring at the regional level. Health systems transformation is not simply about the reorientation of federal programs and services, but the transformation of the much broader provincial system that serves B.C. First Nations. In this context, Regional Partnership Accords have opened new opportunities for regional-level cooperation and collaboration toward the delivery of health services in a manner that respects the diversity, cultures, languages, and contributions of B.C. First Nations.

To this end, each of the First Nation Regional Caucuses has entered into a partnership accord with their respective regional health authority – with each region at different stages of discussion and development in the implementation of the partnership accords. The regional partnership accords act as a shared commitment to work collaboratively to strengthen working relationships and achieve greater alignment of regional health care priorities with community and regional health plans developed by First Nations. The working relationship of each region continues to take shape, but early efforts in regional planning and priority-setting has demonstrated the utility and opportunity each regional partnership accord presents.

### Vancouver Island Partnership Accord

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The partnership between the Vancouver Island Regional Health Caucus and Vancouver Island Health Authority (VIHA, now Island Health) has strengthened since its Accord was signed on May 14, 2012. Since January 2013, the Partnership Accord Steering Committee has met twice, and the following preliminary priorities have been identified:

- ▶ Mental wellness and substance use
- ▶ Enhancing First Nations people's access to primary care
- ▶ Continued design planning for the hospitals in Campbell River and Comox



The partners hold the common goal of improving health outcomes and work towards creating a more integrated, culturally appropriate, safe, and effective health system for First Nations peoples. The Regional Partnership Accord represents an ongoing commitment to work together in a collaborative manner.

“The Vancouver Island Partnership Accord, signed by the Vancouver Island Regional Health Caucus and the Vancouver Island Health Authority, formalizes and builds on existing relationships to achieve the shared goal of improving health outcomes for First Nations people,” said Dr. Brendan Carr, President and CEO, VIHA.

Some joint projects underway or that have occurred include:

- ▶ The First Nations Health Authority and VIHA are exploring ways to improve access to primary care for First Nations people and communities. FNHA and VIHA are reviewing gaps and opportunities for collaboration. VIHA has collaborated with a number of First Nations to allocate sessional funding for General Practitioners to provide enhanced services and improve access in First Nations communities.
- ▶ An Aboriginal working group has been formed to provide input into the design of the new hospitals in Campbell River and Comox. Working Group representation includes First Nations and representatives of the First Nations Health Council. Design plans include an All Nations Healing Room in each facility.
- ▶ Vancouver Island First Nations are being offered Applied Suicide Intervention Skills Training (ASIST). ASIST is the “gold standard” in suicide first aid training and is used by health care organizations worldwide. This two-day workshop is available to people who have direct contact with clients and people who might be at risk of self-harm. The training is practice-oriented, highly interactive and will include small group discussions, skills practice and videos on suicide intervention. Participants leave the workshops with tools and materials to help them in their suicide intervention practice.
- ▶ VIHA has undertaken a long term Aboriginal Recruitment and Retention Strategy with the goals of: building relationships of trust with First Nations and Aboriginal organizations within the Vancouver Island service region, increasing the number of Aboriginal employees in the full spectrum of health careers to achieve a more representative workforce, and building the cultural competency of VIHA staff to positively influence health outcomes for Aboriginal clients. To implement the strategy, an Aboriginal employment team consisting of four full-time employees has been recruited to lead this important work. Currently, three Aboriginal employment advisors are successfully reaching out to all areas of the service region, encouraging Aboriginal youth to stay in school and explore careers in healthcare. The team delivers job readiness workshops in community and provides supports and resources, including one-to-one job coaching to help Aboriginal applicants find employment with VIHA.
- ▶ In partnership, Cowichan Tribes and VIHA piloted the “Circle of Wellness”, a holistic tool and framework for identifying strengths, barriers, and gaps of access to service for Cowichan Tribe members from the perspective of the individual, family, and community. Successes of the pilot include: networking, development of effective working relationships, shared education opportunities, and collaborative problem solving to reduce system barriers and gaps. The pilot was completed and there was unanimous support to continue the facilitated meetings with the intention of developing co-facilitators from the Cowichan Tribes and the VIHA to sustain the Circle of Wellness discussions and intentions.



- ▶ Mental health counsellors at Ts'ewulhtun (the Cowichan Tribes Health Centre) and the VIHA Mental Health and Addictions staff have a history of collaboration in planning and delivering services to the community members at Cowichan Tribes; most recently, they partnered on the "Mental Health Integration Project". This project involved implementation of PathWays-MHAS, an electronic access and referral tool able to carry clinical information from Mustimuhw (the health record used by Cowichan Tribes) to VIHA's electronic health record (and vice versa). The project also involved negotiating a memorandum of understanding on information sharing and how the information could be used. The electronic application is evolving as a day-to-day tool and the two staff groups continue to actively pursue higher levels of collaboration.

#### Challenges

- ▶ The partners continue to build a working relationship and evaluate priorities and opportunities at the community level acknowledging the challenges of working in an environment of fiscal constraint.

## Vancouver Coastal Partnership Accord

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Since the signing of the Vancouver Coastal Partnership Accord by the Vancouver Coastal Regional Caucus, the First Nations Health Authority and Vancouver Coastal Health (VCH) on May 16, 2012, an excellent foundation of collaboration has been established, paving the way for a strong future.

"The Partnership Accord allowed for the building of mutual relationships built on trust and respect," said Georgina Flamand, First Nations Health Council representative from the Central Coast community of Wuikinuxv. "First Nations and Vancouver Coastal Health are starting to lay the foundation for the building of strong, vibrant communities, based on wellness."

Based on a foundation of collaboration, the partners have undertaken exciting steps toward the implementation of the Partnership Accord.

- ▶ The two joint committees associated with the Partnership, the Aboriginal Health Steering Committee and the Aboriginal Health Operations Council, have met to develop and approve two important documents: the Aboriginal Community Engagement Strategy and the Aboriginal Culturally Competent and Responsive Strategic Framework.
- ▶ In collaboration with First Nation Health Directors, VCH completed an analysis of primary care services available to the fourteen First Nations located within the Vancouver Coastal region. The second phase of this project will work with service providers to map primary care services available for the off-reserve, urban Aboriginal population in the Vancouver Coastal region.
- ▶ VCH and Regional Table jointly funded a literature review on Vancouver Aboriginal health issues and innovation solutions.
- ▶ The ongoing development of the Vancouver Coastal Regional Office, along with the alignment of community engagement hubs.

Some of the ongoing challenges that the partnership is facing are adequately addressing urban Aboriginal health issues, and identifying the most appropriate means of providing regular communication and updates to both urban and rural communities.





The VCH Aboriginal Health Steering Committee, which includes senior membership from VCH, the Vancouver Coastal Caucus and FNHA, will oversee implementation of the Partnership Accord. The Steering Committee agreed to work on five priorities for this year:

1. The development of an Urban Aboriginal Health Strategy.
2. Update the 2008-2011 VCH Aboriginal Health and Wellness Plan.
3. Engagement of Central Coast communities for the development of a new governance model for the delivery of health services.
4. The development of a framework for data management, self-identification and surveillance.
5. The development of an Aboriginal Mental Health Strategy with VCH Mental Health Program and aligned with the B.C. First Nations and Aboriginal People's Mental Wellness and Substance Use Plan.

## Northern Partnership Accord

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The Northern Regional Caucus, First Nations Health Authority and Northern Health are working together to improve health services in the North. Signed May 16, 2012, the Northern Partnership Accord strengthens this relationship.

"Collectively we can improve health outcomes for First Nations in the North and at the same time, by being innovative, demonstrate best practices for the benefit for the wellbeing of all citizens," said Warner Adam, Deputy Chair, First Nations Health Council.

As a result of the Northern Partnership Accord, and building on existing relationships, several joint activities have been undertaken. Current activities focus on planning for the implementation of the Accord including the establishment of a joint planning committee (Northern First Nations Health Partnership Committee), development of the Partnership Committee Terms of Reference, identification of priorities, and the development of Implementation Approaches.

Cathy Ulrich, President and CEO of Northern Health said, "Collaboration truly enables the whole to be greater than the sum of its parts. Northern Health's managers and service providers are learning how to improve the quality of our services through our partnership with the Northern Regional Caucus."

There are many exciting activities and events happening in the Northern Health region related to the Northern Partnership Accord. This includes the development of an interim Northern First Nations Health and Wellness Plan Framework and Northern First Nations Health and Wellness Plan Implementation Framework, as well as the creation of a Vice-President of Aboriginal Health within Northern Health.

Some challenges to implementation of the Northern Partnership Accord include:

- ▶ Coordination of scheduling and technology functionality in a large and remote geographic region.
- ▶ Multiple simultaneous priorities e.g. organizational infrastructure development by FNHA is currently underway along with addressing the health priority areas.
- ▶ Geographic vastness of the Northern region along with the diversity of its people all having distinct and unique health and wellness needs.
- ▶ Identification of priorities in a reality of great need.



The priorities identified by the First Nations Health Partnership Committees include:

- ▶ Developing a Northern First Nations Health and Wellness Plan
- ▶ Fostering communications between Northern Health, the FNHC – Northern Caucus and FNHA
- ▶ Promoting enhanced Aboriginal Health Improvements Committee/Hub Communication
- ▶ Improving cultural competency
- ▶ Increasing health human resources
- ▶ Enhancing population and public health
- ▶ Enhancing primary health care
- ▶ Considering urban/away from home
- ▶ Addressing mental wellness and substance use

Fundamental to the success of implementing the Northern Health Partnership Accord is the enhancement of existing relationships and the establishment of new ones. A commitment to the relationship building is made evident by the leadership displayed by key executive members of Northern Health, the First Nations Health Authority, the First Nations Health Council, and the First Nations Health Directors Association regional representation.

This commitment is likewise evident in relationships between the First Nations Health Authority and Northern Health frontline staff. Increased teamwork and enhanced communication between and amongst the Aboriginal Health Improvement Committees and Community Engagement Hubs is improving service delivery.

Northern Health is also working with its partners in the First Nations Health Authority, the First Nations and Inuit Health Branch, the Truth and Reconciliation Commission, and the Indian Residential School Survivors Society, on truth and reconciliation events in the north.

Other activities include Northern Health assisting the Finlay Hub on a 'Nurse Practitioner for BC' proposal, Primary Health Care partnerships between Northern Health physicians and Carrier Sekani Family Services; partnerships between Northern Health Mental Health and Addictions in Terrace and Nisga'a Health; and the Northern BC First Nations HIV/AIDS Coalition comprised of Northern Health and First Nations representatives.

To improve cultural safety in Northern Health care services, Northern Health has doubled the number of seats it has available to staff for the online Indigenous Cultural Competency training, offered through the Provincial Health Services Authority. Northern Health also partnered with First Nations to create a carving for the atrium in the University Hospital of Northern British Columbia in Prince George to signify the collaborative working relationship between the health authority and First Nations.



## Interior Partnership Accord

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The Regional Partnership Accord between the Seven Nations of the Interior region and Interior Health was signed on November 14, 2012, constituting a commitment to work together to develop a more integrated health and wellness system.

Although the Interior region is in the initial stages of implementing the Partnership Accord, the region has undertaken significant work in regional governance development. As stated by Dr. Robert Halpenny, President and Chief Executive Office of Interior Health, "the Regional Partnership Accord has led to improved communication and clarity on those lines of communication." In particular, the Partnership Accord established a commitment to create a First Nations Health and Wellness Committee comprised of health technicians appointed by the Nations as well as senior staff of Interior Health. The Interior Regional Table has chosen to change the name of this group to a Partnership Accord Leadership Table. The new Partnership Accord Leadership Team, responsible for overseeing the implementation of the Partnership Accord, is a joint committee comprised of representatives from the Seven Nations and senior representatives from the Interior Health Authority. The Aboriginal Health Program will be assigning one of its practice leads to assist in the implementation of the Partnership Accord.

Building on this preliminary planning, the Seven Nations will be working towards meeting the initial priorities identified in the Partnership Accord, which include:

- ▶ The development of a consistent and harmonized planning and evaluation framework. This is an important first step in the work with Interior Health and encompasses many of the other priorities.
- ▶ Develop a Regional Health and Wellness Plan that builds upon Community/Nation plans and Interior Health Plans, including setting standards, targets, outcomes and measurements.
- ▶ Review existing standards and processes.
- ▶ Continually improve on processes.
- ▶ Localize cultural competency training throughout the Interior Health region.
- ▶ Develop service delivery systems to better reflect the needs of First Nations people in the Interior region.
- ▶ Develop a comprehensive health human resources strategy.
- ▶ Establish common indicators, targets, milestones and benchmarks.
- ▶ Engage in dialogue, identify linkages and establish networks with other Aboriginal and non-Aboriginal stakeholders.
- ▶ Discuss program and service delivery changes and manage impact.
- ▶ Identify those matters including policy issues that will address gaps and eliminate overlaps.
- ▶ Establish, at the program level, communications with FNHA and at the governance level, with the FNHC.



## Fraser Partnership Accord

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Fraser Health was the first regional health authority to sign a Regional Partnership Accord in December 2011. Since then, a strong momentum has carried the relationship with the regional caucus into implementation.

The creation of Fraser Health's Aboriginal Health Steering Committee was the first outcome of the newly signed Partnership Accord between Fraser Health and the Fraser Salish Regional Caucus. Membership includes Fraser Health board membership, senior executive leads, physician lead, medical health officer lead, and Fraser Salish Regional Caucus representatives. It is the only committee co-chaired by Fraser Health CEO Dr. Nigel Murray and rotating co-chair members of the Fraser Salish Regional Caucus. The committee plays a fundamental role in shaping the strategic direction of Aboriginal Health in the Fraser region. A joint Working Group has been struck to revise the Aboriginal Health Steering Committee Terms of Reference and to develop Aboriginal Health Operations Committee Terms of Reference. The Operations Committee will ensure that Steering Committee strategy is implemented by the partners.

At the June 2013 meeting of the Aboriginal Health Steering Committee, members had the opportunity to travel by boat along the Harrison River to view a number of cultural sites. These sites included pictographs, archaeological sites and place name locations. This provided the participants an understanding of the rich culture and history of the First Nations in this region and demonstrated the connection to the land that is foundational to wellness for First Nations peoples.

According to Dr. Nigel Murray, CEO, Fraser Health, "An extremely valuable and added benefit to this partnership and relationship building is being afforded opportunities for me and our executive team to experience firsthand the cultural practices and teachings of the Stó:lo people. We have felt both honoured and humbled by our experiences and understand that this is offered to us as a means to benefit all Aboriginal people as we collectively strive to meet their health and wellness needs in a culturally safe and responsive way."

The Aboriginal Health Steering Committee has endorsed five key priorities this year, which will be coordinated by the newly formed operations committee:

1. Mental Health and Substance Use
2. Public Health
3. Primary Health Care
4. People Development (Indigenous Cultural Competency, HR Recruitment)
5. Information Management/Information Technology (Data Collection, eHealth)



In addition to the above, Fraser Salish Regional Caucus is focused on:

- ▶ Understanding First Nations Health Council, First Nations Health Authority, First Nations Health Directors Association and Community Engagement Hub roles and responsibilities
- ▶ Continued implementation of the Fraser Partnership Accord
- ▶ Strategize Mental Wellness and Substance Use Regional Forum next steps
- ▶ Development of First Nations Health Authority Board nomination process

In addition to the Aboriginal Health Steering Committee, the Fraser Partnership Accord has led to a number of exciting initiatives underway. For example, 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. Inclusive of Fraser Health, ministries of Health and Children and Family Development, First Nations and Inuit Health Branch, local Chiefs, the First Nations Health Authority, Friendship Centre staff, Aboriginal youth, and other groups with an interest in Aboriginal wellness, its mandate is to develop a common approach to Aboriginal youth suicide prevention programs in the Fraser region.

In the first year, the Collaborative has trained over 200 health workers, gatekeepers, and other community members in a variety of suicide prevention courses, including Applied Suicide Intervention Skills Training, safeTalk, Mental Health First Aid, Motivational Dialogue, Walking Forward Grief & Loss, and Narrative Therapy. Other activities include several youth empowerment events, the development of communications and service pathways for community members and professional service providers in the event of a suicide or attempted suicide, and a Fraser region Youth Suicide Prevention, Intervention and Postvention Strategy document.

October 2012 marked the sixth annual Aboriginal Health Year in Review Celebration. In the spirit of the Fraser Partnership Accord, this was the first year that the Celebration was held in partnership with the Fraser Salish Regional Caucus (FSRC). Dr. Nigel Murray, CEO and David Mitchell, Board Chair for Fraser Health Authority, and FSRC Co-Chair Grand Chief Doug Kelly provided opening comments. Co-hosted by Fraser Health Aboriginal Health Director, Leslie Bonshor and FSRC Co-Chair Chief Willie Charlie, the Celebration followed Aboriginal cultural protocol of calling witnesses at the start of the day, and calling them back at the end of the day to report on what they saw. Other recent partnership and collaborative events include:

- ▶ Fraser Salish Regional Caucus, July 23-25, 2013
- ▶ 10 year Mental Wellness and Substance Use Fraser Regional Planning Forum, Sept. 23-24, 2013



## Provincial Health Services Authority

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The Provincial Health Services Authority (PHSA) is currently drafting a Partnership Accord with the First Nations Health Authority. Due to the specialized structure of the PHSA, additional Memorandums of Understanding will be written with various agencies, services and divisions to recognize common priority areas.

Community identified areas of priority where the PHSA and FNHA will intersect are mental health and wellness (BC Mental Health and Addictions Services), chronic disease (BC Cancer Agency, BC Renal Agency, BC Transplant Services and Cardiac Services BC), health equity and health promotion (Population and Public Health) and child and maternal health (Perinatal Services BC, BC Women's Hospital and BC Children's Hospital).

Current PHSA and FNHA joint initiatives include:

- ▶ Perinatal Services BC – Developed the curriculum and implemented training of Aboriginal women to become certified Doulas to support pregnant Aboriginal women prenatally, during childbirth and post-partum. A curriculum for sexual abuse training was also developed. To date both of the training programs have been implemented in Interior Health Authority and Vancouver Island Health Authority.
- ▶ Chee Mamuk Aboriginal Program at BC Centre for Disease Control is an Aboriginal HIV/AIDS education and prevention program that trains community members to become education and prevention leaders.
- ▶ PHSA Aboriginal Health develops and provides Indigenous Cultural Competency Training for all health authorities, the Ministry of Health and FNHA.
- ▶ PHSA Aboriginal Health is piloting Cuystwi, a new online youth wellness program in partnership with seven First Nation communities and two urban organizations. Cuystwi is an innovative suicide prevention program with a focus on strengthening culture and identity.
- ▶ PHSA Aboriginal Health Program chairs the PHSA Aboriginal Health Subcommittee, a committee of representatives from the PHSA agencies and corporate areas such human resources and patient quality care. The committee includes FNHA, BC Association of Aboriginal Friendship Centres, Ministry of Health and the Métis Nation.
- ▶ PHSA and FNHA share a position for a Provincial HIV/AIDS coordinator in the Public Health and Primary Care Strategy area.
- ▶ FNHA and PHSA share a position to support 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.
- ▶ PHSA and the FNHA have data access and service agreements with agencies like the BC Centre for Disease Control and BC Cancer Agency.

In the coming months, a modified version of a FNHA/PHSA committee will be formed to support the provincial scope and specialized nature of PHSA services and PHSA's relationship with FNHA. Priorities will also be identified and set in partnership.



# Health Plan Implementation

A cornerstone of health system transformation will be the relationships and partnerships between the First Nations Health Authority, the Province of British Columbia, and Health Canada in the continued implementation of the Health Actions identified in the Transformation Change Accord: First Nations Health Plan (2006) and the Tripartite First Nations Health Plan (2007). In the past year, several significant milestones have been achieved. Based on feedback from community engagement, best practice examples, and various service delivery subject matter experts, Strategic Approaches have been in development for each of the health actions strategy areas. These suggested approaches will be living documents subject to ongoing community based feedback and development.

## Highlights of Health Actions Implementation 2012 – 2013:

- ▶ *A Path Forward: BC First Nations and Aboriginal People's Mental Wellness and Substance Use Ten Year Plan* was developed and shared with communities for feedback and to inform next steps related to the plan.
- ▶ The area of Traditional Wellness has made major progress. In the past year, the FNHA team developed and released a *Holistic Vision of Wellness*, a Traditional Wellness Strategic Plan and established a Traditional Healer's Advisory Committee. The *Holistic Vision of Wellness* has been used as a starting place to communicate an Indigenous worldview of health — affirming wellness.
- ▶ In primary care and public health, a comprehensive evaluation of community-driven primary health care integration initiatives was completed which highlights six community case studies of various primary care services for shared lessons that can inform the design of new programs.
- ▶ In health human resources, an environmental scan of strategic priorities was carried out to help determine what work already exists and plans are underway to develop a comprehensive First Nations and Aboriginal health human resources database system.
- ▶ In the area of maternal child health, a maternal, child and family health strategic approach was developed by the Tripartite Maternal Child and Health Strategy Area to provide province-wide guidance to support the development of maternal and child health strategies and plans within the regions.

Considerable effort has been invested in building stronger relationships with communities and partners – these relationships are a critical foundation for health systems transformation.

As we move ahead, we look forward to seeing the results and recommendations from an evaluation of Health Actions, which will inform our ongoing work together in our partnership. It is also acknowledged that the Health Actions approach is changing. While the development of strategic approaches at a provincial level has established a course of action for the work ahead, it is now time to redirect this capacity in support of regionally-orientated implementation – a critical component for supporting system and service improvements.



## Activities and Achievements of the Health Action Strategy Area Partnerships:

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### ► MENTAL WELLNESS & SUBSTANCE USE

The Transformative Change Accord: First Nations Health Plan contains the health action: “Adult mental health, substance abuse as well as young adult suicide will be addressed through an Aboriginal Mental Health and Addictions Plan.”

*A Path Forward – BC First Nations and Aboriginal People’s Mental Wellness and Substance Use – 10 Year Plan: A Provincial Approach to Facilitate Regional and Local Planning and Action* was released March 19th, 2013.

The report was a result of a lengthy community engagement process, solicitation from Gathering Wisdom for a Shared Journey forums, the use of a priority setting tool, and peer review. The document was developed in partnership with the First Nations Health Authority, the B.C. Ministry of Health, First Nations and Inuit Health Branch (Health Canada), the B.C. Ministry of Children and Family Development, the BC Association of Aboriginal Friendship Centres, Métis Nation BC, and BC Mental Health and Addiction Services. The document was developed in keeping with the seven directives outlined in the Consensus Paper that guides the work of FNHA, ensuring we do our work in a holistic and inclusive way. The vision of “A Path Forward” is that “all First Nations and Aboriginal people in B.C. are supported in a manner that respects their customs, values, and beliefs to achieve and maintain mental wellness and positive, healthy living regardless of where they live.”

Following the launch of A Path Forward, partners are now preparing for regional implementation forums to bring stakeholders together to begin working towards quality improvements in systems, service, and program delivery. In preparation for the forums, those working in First Nations and Aboriginal Mental Wellness were invited to take part in regional videoconferences where the topics, issues, partners, stakeholders, as well as promising and successful programs to include at the regional implementation forums were discussed. The input from the videoconference sessions was summarized and provided to the regional tables; regionally-based decision-making bodies that involve both political and technical leadership and liaise with regional health authorities and other partners, to assist in decision-making about the logistics of regional forums. Together, we now must all work together to implement “A Path Forward” in partnership and as lead by communities.





The above quoted health action from the Transformative Change Accord: First Nations Health Plan also calls on the Tripartite partners to prevent and respond to the issue of young adult suicide. The Tripartite Working Group on Suicide Prevention, Intervention and Postvention is working to address this health action through the creation of a Suicide Prevention, Intervention and Postvention Toolkit to assist in community health planning. The toolkit was developed using a literature review and pilot tested in several First Nation and Aboriginal communities. Further refinement of the toolkit will occur in the fall of 2013 followed by broader distribution of the toolkit to B.C. First Nation communities and service providers.

## ► PRIMARY CARE & PUBLIC HEALTH

The Primary Care and Public Health Strategy Area aims to improve the availability and accessibility of high quality programs and services that meet the needs of First Nations. Work has been underway to identify what is working well, what can be improved and how health programs and services can be better aligned with the First Nations perspective of wellness. An environmental scan of programs and services related to healthy lifestyles and wellness has been completed and will be a useful resource providing information on what programs are available in B.C. and where there may be gaps that can be filled. Information has also been gathered on best practices in the areas of injury prevention, HIV/AIDS, and health service integration, which can be used by health service and program planners to assist in designing programs informed by the successes and lessons learned by others.

Tripartite partners have collaborated on a variety of projects as we seek to close gaps and improve health services and programs. For example, Tripartite partners worked together to support a number of successful applications by First Nations communities in two rounds of the Nurse Practitioners for British Columbia program, an initiative that aims to improve primary care accessibility. As just two examples, Ktunaxa Nation Council successfully applied for a nurse practitioner position to provide primary care outreach to rural communities. A nurse practitioner based out of Southern St'at'imx Health Society will be serving five First Nations communities in the Pemberton Valley. In total, over 20 new nurse practitioner positions from the first two intakes will be serving First Nations populations across the province. Tripartite partners are also working together closely to plan for a seamless transfer of health emergency management responsibilities from Health Canada to the First Nations Health Authority.

Collaborative involvement from the Tripartite partners has guided the STOP HIV/AIDS Pilot Projects in Vancouver and Prince George. In November, 2012, the B.C. Minister of Health announced that based on the success of the pilots, as of April 1, 2013, STOP HIV/AIDS would become a provincial program. In follow-up to this, the Ministry of Health released "From Hope to Health: Towards an AIDS-free Generation," a framework for implementation to guide the regional health authorities regarding B.C.'s vision that the next generation of British Columbians will grow up AIDS-free. This document articulates the need for health authorities to meaningfully engage with the First Nations Health Authority and other Aboriginal organizations in order to implement successes from the STOP HIV/AIDS pilot. The First Nations Health Authority is working with the Provincial Health Officer, the Ministry of Health and regional health authority partners to actively support this critically important initiative to address long standing health inequities by ensuring that First Nations throughout B.C. are effectively reached and engaged in HIV/AIDS prevention, harm reduction, care, treatment and support services.



## ► EHEALTH

In June 2013, many years of work culminated in formal agreements signed between Canada Health Infoway (a federal investment partner), the B.C. Ministry of Health and the First Nations Health Authority. This agreement provides the First Nations Health Authority with \$4.5 million in funding to support work towards action item #23 – to create a fully integrated clinical telehealth network.

The First Nations Telehealth Expansion Project was launched in fall 2013. The First Nations Health Authority will begin by visiting First Nations communities around the province to understand where telehealth could be introduced to improve access to health and wellness services and to identify which communities are ready to participate in the project.

While the planning work for the Telehealth Expansion Project has been on-going, the First Nations Health Authority has worked with Health Canada First Nations and Inuit Health Branch and regional health authority partners to introduce basic telehealth services to a number of First Nations communities around the province. As well, the UBC Learning Circle (a partnership between the UBC Division of Aboriginal People's Health, First Nations Health Authority and Health Canada First Nations and Inuit Health Branch) has been coordinating weekly health, wellness and educational programming that is available to the 110 plus communities with videoconferencing services.

## ► MATERNAL AND CHILD HEALTH

A tremendous amount of work to support the health and wellness of First Nations and Aboriginal mothers, children and families has been underway. Based on input from community members, health directors and strategy area members, a Maternal, Child and Family Health Strategic Approach is complete and includes strategic directions that communities can use as a starting point for discussion and priority setting that may help to meet First Nation-based and regional planning needs. A wellness circle visually showing the context and multiple factors and people involved in maternal, child and family wellness is included in the strategic approach. A three-year work plan for ongoing efforts of the Maternal and Child Health Strategy Area is currently in draft and continues to evolve as community direction and new opportunities inform and direct this work.

To ensure vision, hearing and dental screening for Aboriginal children, two main achievements are highlighted. Firstly, a culturally appropriate video called "Your Child's Hearing" was developed to show the care path for infants and families from early hearing screening, assessment and early communication support services. This video was distributed in the spring of 2013 and is posted on the First Nations Health Authority website, along with many other family-oriented resources. Secondly, an overview of childhood oral health prevention services for First Nations and Aboriginal children in B.C. was produced in addition to a collection of childhood oral health resources to support families and service providers. A First Nations and Aboriginal Oral Health Strategy is complete and builds on earlier research. Communities and regions can use this strategy to help plan, act on and measure oral health projects and programs that best meet their needs.

Collaborative efforts continue to improve access to a range of maternity services for Aboriginal women, bringing birth closer to home and into the hands of women. The Aboriginal Doula Initiative is well underway in supporting 15 First Nations and Aboriginal doulas to full certification and supported practice. At the time of report writing, these women have supported 35 First Nations and Aboriginal women in birthing their children. This initiative will evaluate its process as well as look at successes and challenges to inform the



development of a sustainable model for doula care. With this project, there has been ongoing education and awareness about the role and importance of Doulas. The introductory “The Art of Birth” video showcasing this initiative is available on the First Nations Health Authority website.

A Health Services Integration Fund initiative, the Promising Practices Working Group has focused on reviewing information about existing culturally safe and respectful approaches within maternal child health services and programs for First Nations and Aboriginal expectant women and new mothers in B.C. (looking at alternatives besides the nurse-family partnership model). A report is being written that highlights promising practices and recommendations on programs that should be evaluated and or considered for broader implementation in First Nations and Aboriginal communities.

Work has also been done to address results and concerns arising from the B.C. Coroner’s Office Child Death Review Report. Accomplishments have aimed to increase the awareness and reduction of risk factors that are related to sudden infant death syndrome, through the development of safe sleep practice discussion cards and a facilitator’s guide with much community input. Opportunities to learn how to use these resources are currently being organized and led in-person and online. A family focused information brochure and clinical guidelines for health practitioners have also been developed to increase awareness and best practice in relation to CPT1a, genetic condition that increases First Nations infant risk for dangerously low blood sugar.

Additional work around improving continuity of care is also a focus of this strategy area. A Health Services Integration Fund Initiative, the Returning Home Demonstration Project aims to improve discharge planning and well-connected care for infants and children with serious and complex health care needs. This project has been led by a coordinator to develop inter-professional linkages between hospital care providers and community services. An informational brochure, introductory video and website for this project have been completed and an evaluation of this project and its work is being completed to measure its success.

Community involvement, consistent committee participation and a collective passion for the health and wellness of mothers, children and families have made all of these achievements in the Maternal Child Health Strategy Area possible.

## ► HEALTH HUMAN RESOURCES

The purpose of the Health Human Resources Strategy Area is to facilitate and support the development of a culturally competent workforce that meets the health service delivery needs of First Nations peoples, and to increase the number of First Nations people in health careers.

Work is underway to identify systemic changes that can be made to support regions and communities to strengthen their own health workforces. A First Nations Health Human Resources Strategic Approach has now been developed as a resource for communities that can be used for their own planning and for regional planning as the health human resources strategies are developed.

To support the next steps within this strategy area, organizations and initiatives related to health human resources in B.C. are being mapped.

In addition, preliminary work has begun to explore options for the development of a First Nations Health Human Resources electronic information system. This will be a key tool to help forecast and plan for future health workforce needs. It will also assist with monitoring the progress toward achievement of a well-trained workforce that will deliver services in a way that is culturally safe for First Nations peoples in B.C., and will include an increased number of First Nations people in health careers.



The Health Human Resources work focuses on four priority areas, as identified by community. These priority areas include:

- ▶ Health career promotion (encourages and support people to enter health careers).
- ▶ Training and professional development (support people to access and succeed at health career training).
- ▶ Workforce recruitment and retention (attract health professionals and keep them).
- ▶ Planning and forecasting (use data to better plan for future health workforce needs).

## ▶ HEALTH KNOWLEDGE & INFORMATION

In the past it has been difficult or impossible for First Nations in B.C. to get complete, accurate data for their health planning because both the federal and provincial governments held different pieces of the health data puzzle.

One of the actions items in the Transformative Change Accord: First Nations Health Plan and the Tripartite First Nations Health Plan is to improve the collection, use and sharing of First Nations health data in order to:

- ▶ Increase the availability of high quality First Nations data;
- ▶ Increase First Nations involvement in decision-making concerning their data and services; and
- ▶ Develop the capacity of First Nations in the area of health information governance.

The First Nations Client File (FNCF) is a data file that enables First Nations people to become visible in health data where otherwise their health status would be hidden. The FNCF can be used to identify First Nations people in administrative health datasets to monitor important health topics, plan programs and track health trends over time. The FNCF was first created in 2011. Tripartite learning about the FNCF – how it was created, its characteristics and limitations – has empowered the partners to fine-tune the data governance process, and to educate external partners about appropriate use of the FNCF. We are documenting our lessons learned and celebrating our successes.

Other Highlights include:

- ▶ Significant progress has been made in mapping the process of developing a health indicators framework that aligns with the FNHA wellness model.
- ▶ Publication of the “Healthy children, healthy families, healthy communities: B.C. provincial results 2008-10 First Nations Regional Health Survey” and the companion Summary Report.
- ▶ The FNHA Health Knowledge and Information Team prepared five regional profiles to inform the Interim Health Plan and Regional Health and Wellness Plans. The regional profiles have been presented by the Health Knowledge and Information team members to Northern, Interior, Vancouver Island, Vancouver Coastal and Fraser Regional Tables.

The Health Knowledge and Information, and Innovation and Information Management Services departments of FNHA have been collaborating in areas of data governance, data mapping, and key priorities such as the First Nations Identity Management Plan and implementation of the Aboriginal Administrative Data Standard and how First Nations are engaged appropriately prior to and during implementation.





## Tripartite Partnership Looking Forward

It is clear that a new age of healthier communities and more relevant and accessible health services is upon us. Since the signing of the Tripartite First Nations Health Plan in 2007 and the British Columbia Tripartite Framework Agreement on First Nation Health Governance in 2011, Health Canada, B.C. Ministry of Health, and the B.C. First Nations Health Council and First Nations Health Authority have worked diligently to implement our shared vision of improved health outcomes for First Nations and Aboriginal peoples throughout the province.

In 2012/13, preparations were made to support the successful transition of federal health services to FNHA. At the time the 2012/13 Annual Report was written, this transition had started, achieving a momentous milestone for all the partners and First Nations across the province. This historic transfer has been guided by a shared commitment to eliminate the disparities and inequities in the health status between First Nations and other British Columbians, and to build a better, more integrated health system. Upholding this shared commitment necessitates an enduring, adaptable and responsive relationship – a cooperative and collaborative relationship that mobilizes and maximizes the contributions, authorities and assets of each partner toward common goals.

As we move forward within this transitional phase, the partners are committed to a process of review and continuous renewal to ensure health services and system improvements are consistent with the expectations of the partners. The transfer has fundamentally transformed the relationship between B.C. First Nations, the Government of Canada and the Province of British Columbia, but incremental evaluation and course correction of this relationship ensures the partners remain focused on strengthening relationships for the purposes of initiating health systems transformation.



# Glossary of Terms

## **Community Engagement Hubs (HUBs):**

A group of First Nation communities who agree to work together to support information sharing, communication and collaboration among First Nation communities in health planning and implementation.

## **Regional Caucuses:**

A governance forum for leadership to share information and perspectives, set direction on regional health matters, appoint representatives to the First Nations Health Council (FNHC) and Regional Tables, guide the development of Regional Health and Wellness Plans, and guide the implementation of Regional Partnership Accords.

## **Regional Tables:**

A table appointed by the Regional Caucus to carry out the work of the Region in the implementation of Regional Partnership Accords, providing direction to the development of Regional Health and Wellness Plans, and participation on the Tripartite Committee on First Nations Health.



This publication is available on Internet at the following addresses:

[www.health.gov.bc.ca/library/publications/index.html](http://www.health.gov.bc.ca/library/publications/index.html)

[www.fnhc.ca](http://www.fnhc.ca)

[www.hc-sc.gc.ca/fniah-spnia/pubs/services/tripartite/rapport-interim-report-2013-eng.php](http://www.hc-sc.gc.ca/fniah-spnia/pubs/services/tripartite/rapport-interim-report-2013-eng.php)

Également disponible en français sous le titre :

Rapport annuel intérimaire 2012–2013

“Collaborer pour un mieux-être collectif: un rapport sur l’état d’avancement de l’intégration et de l’amélioration des services de santé des Premières Nations en Colombie-Britannique.

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Tripartite First Nations Health Plan



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