

# Together in Wellness



**October 2014–  
October 2015**

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

***A report on the fourth year of the  
B.C. Tripartite Framework Agreement on  
First Nation Health Governance implementation.***



**Tripartite First Nations Health Plan**



Stuart Lake, Nak'azdli

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Together *in* Wellness

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Sony Perron, Health Canada; Stephen Brown, Ministry of Health; and Lydia Hwitsum, First Nations Health Authority at the June Tripartite Committee on First Nations Health meeting.





# A Message from the Co-Chairs

Four years have now passed since the signing of the B.C. Tripartite Framework Agreement on First Nation Health Governance (Framework Agreement), and it has been two years since the transition of responsibility for the administration and delivery of First Nations health programs and services in British Columbia from First Nations Inuit Health Branch Pacific Region to the First Nations Health Authority (FNHA). October 1st 2015 marks the second full year of service delivery by the FNHA, and an ideal time to reflect on our shared successes. We are moving forward in the creation of a more effective health system—strengthening partnerships, aligning priorities and strategies toward common goals, and facilitating collaborative action towards a shared vision of improved health and well-being for First Nations and Aboriginal people. Our relationship is evolving and strengthening as we move past transition and towards the transformed, holistic and vibrant health system envisioned by the foundational governance documents and agreements that guide this work.

This is a landmark year for First Nations health and well-being in British Columbia, as 2015 marks the 10th anniversary of the signing of the historic *Transformative Change Accord* (2005). This tripartite agreement to close social, economic and health gaps existing between First Nations and other British Columbians, was the first step on a shared journey between the partners. This led to the drafting of the *Transformative Change Accord: First Nations Health Plan* (2006), the *Tripartite First Nations Health Plan* (2007), and the Framework Agreement, which provide the foundation for our partnership and ability to lead the way in collaborative health-care delivery for First Nations and Aboriginal peoples across British Columbia.

The transfer of First Nations and Inuit Health Branch Pacific Region functions to the FNHA in 2013 in many ways marked the full operationalization of the governance structure envisioned in the *Tripartite First Nations Health Plan*. It has brought together the two streams of governance and health system improvement agendas laid out in the plan and now provides the structure and foundation for much broader health systems improvement and transformation locally, regionally and provincially.

As we celebrate the significant progress made over the past ten years in improving the quality of health service programs and delivery for First Nations and Aboriginal people, we recognize that this progress is a shared effort involving the partners, the public, First Nations and Aboriginal peoples, and health organizations. The partners are bringing this philosophy to life at the tripartite level through the current development of the reciprocal accountability framework, which details our shared responsibilities in this new relationship and is a declaration of commitment to cultural safety and cultural humility, to be further implemented through a framework for action.

In this year's *Tripartite Committee on First Nations Health Annual Report*, we review the changes and improvements made in the delivery of health services to First Nations and Aboriginal people of B.C., and the continuing growth of the tripartite partnership. We are pleased to release this report outlining the integration of health services as part of our commitment through the Tripartite Committee on First Nations Health.

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

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

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

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



## Purpose

Four years ago in October 2011, the *B.C. Tripartite Framework Agreement on First Nation Health Governance* (Framework Agreement) was signed. The yearly *Tripartite Committee on First Nations Health Annual Report: Together in Wellness* fulfills our commitment under the framework agreement to report on the progress of the integration and the improvement of health services for First Nations in B.C., and outlines the direction that we are headed in for the coming year.

The Tripartite Committee on First Nations Health meets twice a year and has an established work plan that is developed through collaboration among the partners, in order to ensure that deliverables are met and appropriately prioritized to support the continued vision of improving the health and well-being for all B.C. First Nations. The work plan, which is revisited yearly to reflect current priorities, supports collective decision making as the partners identify processes and barriers in current health care and service delivery. This collaborative approach and commitment to resolving barriers ensures continuous progress towards improved health outcomes for First Nations people across B.C.

The accomplishments presented in this report have been achieved through collaboration and partnership amongst the TCFNH members and many other key players. This document is intended to report on the period from October 2014 – October 2015.



## 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, First Nations Health Directors Association and the regional tables.

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 B.C. *Public Health Act*;
- ▶ Aboriginal Health physician advisor (now the deputy provincial health officer, Ministry of Health);
- ▶ Chief medical officer of the First Nations Health Authority
- ▶ 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.



# Tripartite Committee on First Nations Health: Report on Key Work Priorities

## Tripartite Committee on First Nations Health

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The Tripartite Committee on First Nations Health is a forum that brings together tripartite senior leadership on First Nations health in support of improving First Nations health and wellness outcomes in British Columbia. The tripartite committee is mandated to co-ordinate and aligns planning, programming and service delivery between the First Nations Health Authority (FNHA), the regional health authorities and the Ministry of Health, in co-operation with Health Canada. The committee also provides forum to facilitate discussion on the progress and implementation of key agreements with B.C. First Nations at a provincial and regional levels. Through this mandate, the tripartite committee ensures continuous progress in regional and system-wide improvements related to First Nations health and well-being across British Columbia.

In 2014-2015, key work priorities and deliverables of the tripartite committee included reviewing the Health Actions progress reports; supporting the development of the draft reciprocal accountability framework, tripartite logic model, tripartite evaluation plan and cultural safety framework; reviewing the committee member progress reports; and creating a barriers tracking tool for the system-wide issues identified by the regions.

### Reciprocal Accountability Framework and Tripartite Evaluation Plan

In partnership with the regions, a reciprocal accountability framework has been drafted, which outlines the commitment among the partners and to the communities to ensure deliverables for improving the health and wellness of First Nations people are met. Further supporting this work is the tripartite evaluation plan, which is intended to fulfill planning, reporting and evaluation requirements set out in the Framework Agreement and support alignment in relevant evaluation activities undertaken at regional, provincial, federal and tripartite levels to enable shared learning amongst the tripartite partners. A tripartite logic model is also being developed that provides a visual and descriptive overview of how the tripartite partners will achieve the transformative change envisioned under the health plans and agreements.

## The Partners Advance the Commitment of Cultural Safety and Humility

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The critical lack of cultural safety within the health-care system is recognized as a significant barrier to health and wellness among B.C. First Nations. In a culturally unsafe environment, being identified or perceived as First Nations or Aboriginal can create negative racial experiences that discourage access to the health-care system and the provision of high quality, equitable care. The signing of the *Transformative Change Accord: First Nations Health Plan* and the *Tripartite First Nations Health Plan* provided the impetus for fostering the principles of quality, equity, respect, co-development and reciprocal accountability, in order to effectively meet health service needs of First Nations and Aboriginal people in British Columbia. Using the San'yas Indigenous Cultural Competency Training program provided by the Provincial Health Services Authority, over 14,200 staff across the regional health authorities, Ministry of Health and FNHA have completed the training since its inception in 2009. San'yas is an eight-hour online course designed to enhance service provider cultural competency, and has started the conversation on what constitutes cultural safety and cultural humility.





**CULTURAL SAFETY** is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health-care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care. At individual and system levels, culturally safe care is culturally appropriate, competent, sensitive, and respectful of what the patient and family bring to the encounter. It considers the physical, mental, social, spiritual and cultural components of a patient and their environment.

**CULTURAL HUMILITY** refers to a life-long process of self-reflection and positive self-criticism to understand personal biases and to develop and maintain mutually respectful partnerships based on mutual trust. It is an approach that seeks to address power imbalances inherent in patient-provider relationships. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another person's experience. When providers practice cultural humility, they engage in a two-way conversation where they and the client work together as partners in care. Instilling cultural humility as an enduring, universal value and approach among all stakeholders in the First Nations model of care is viewed as the key to achieving the outcome of cultural safety.

**CULTURAL COMPETENCE** emphasizes the practices of health-care providers and organizations, and refers to the skills, knowledge, attitudes and behaviours of practitioners. In a culturally competent setting, providers have the knowledge and resources to understand client culture and to deliver care in a culturally appropriate way.

To continue the progress toward a culturally safe health system, the Tripartite Committee on First Nations Health has formed an executive working group on cultural safety and humility, co-led by representatives of FNHA, the Provincial Health Services Authority, the Ministry of Health and Fraser Health; and supported by expertise from the Canadian Foundation for Healthcare Improvement. The goal of this working group is to expedite progress in embedding cultural safety into provincial health services. A centrepiece and enabler of this goal is the draft framework for action on cultural safety and humility for First Nations health services in British Columbia.

As outlined in the framework for action, B.C.'s vision is the reduction and eventual elimination of racism as a barrier to health by ensuring a culturally safe health-care system for First Nations people. Achieving this vision is a priority for the tripartite committee. The framework for action is being developed in partnership with FNHA, regional health authorities and Health Canada, and serves as an operational-level tool for action that outlines goals, objectives



and actions necessary to embed cultural safety and humility into the health-care system and improve health services for First Nations in British Columbia. The framework for action provides guidance for changes at the system, organization and provider levels, which are grounded in First Nations community priorities and informed by local, regional and provincial priorities, plans, activities and capacity.

The tripartite committee's intention is that the framework for action will be unanimously adopted and will serve as an enduring guiding resource for systemic transformation. It is envisioned that genuine commitment and modelling at the highest levels of leadership, combined with adoption and implementation by health-care providers, will lead to systems transformation. An indicator of commitment to this important goal is the endorsement of the framework for action and signing of a Declaration of Commitment by the leadership council (deputy minister, Ministry of Health along with the regional health authorities, Provincial Health Services Authority, and FNHA CEOs).

The Declaration of Commitment was signed by the leadership council in July 2015. With the framework for action now drafted and the Declaration of Commitment signed, the focus shifts to discussion of the framework at the regional tables and specific actions for implementation moving forward. While the Tripartite Committee on First Nations Health's executive working group on cultural safety and humility will continue to drive progress, success demands swift and focused action on the part of all partners in the B.C. First Nations health system.

While the framework for action has been largely developed to support the creation of enhanced health services to First Nations, the aspiration of the tripartite committee members is that the culture and practices of cultural safety and humility will lead to culturally safe health services for all British Columbians.



*First Nations Health Council Chair Grand Chief Doug Kelly with Federal Minister of Health Rona Ambrose and BC Minister of Health Terry Lake*



In addition to the framework for action, there are numerous strategies and actions already underway throughout the province to advance cultural safety, and progress has been made at many levels. Cultural safety activities undertaken by the committee members in 2014-2015 are highlighted below.

## Highlights of Tripartite Committee on First Nations Health Members' Accomplishments in Cultural Safety

### **INTERIOR:**

- ▶ Development of evaluation tool for organizational self-assessment of Indigenous cultural competency and cultural safety.
- ▶ 'Advancing Cultural Competency in the Organization' is a goal within the Aboriginal Health and Wellness Strategy 2015-2019.

### **VANCOUVER ISLAND:**

- ▶ The South Island Division of Family Practice's A GP for Me program is supporting 40 physicians and 50 medical office assistants to participate in cultural competency training.
- ▶ Island Health cultural safety facilitators engaged with over 25 programs/departments/teams in acute care, pediatrics & perinatal services, mental health & addiction services, integrated primary & community care, community development & service integration, and security.

### **VANCOUVER COASTAL:**

- ▶ Vancouver Coastal Health and FNHA collaborated in the creation of a First Nations and Aboriginal Culturally Competent and Responsive Strategic Framework. Five areas of focus (staff training, environments, policy, programming and human resources) are currently being implemented at a number of sites in the organization.

### **NORTHERN:**

- ▶ Northern Health has made cultural safety training a requirement for all executive and newly hired employees.
- ▶ The Northern Health Cultural Competency Working Group has developed the first draft of an information poster on the active application of cultural safety as a best/better/wise practice.

### **FRASER SALISH:**

- ▶ Funding approved for community-based wellness system navigators.
- ▶ Sacred Space opened at Fraser Canyon Hospital.

### **PROVINCIAL HEALTH SERVICES AUTHORITY:**

- ▶ Placed senior Aboriginal leadership positions within B.C. Cancer Agency and B.C. Women's Hospital and Health Centre.
- ▶ San'yas Indigenous Cultural Safety (SICS) training to medical residents annually.
- ▶ Accountability and transparency on SICS training uptake within the province.
- ▶ SICS is expanding in Ontario and developing modules for Manitoba.



### **FIRST NATIONS HEALTH AUTHORITY:**

- ▶ SICS training now mandatory for all FNHA staff;
- ▶ Supporting the development and implementation of the Framework for Action on Cultural Safety and Humility for First Nations Health Services in British Columbia.
- ▶ Monitoring/supporting the development of regional cultural competency and safety frameworks.

### **FIRST NATIONS HEALTH COUNCIL AND FIRST NATIONS HEALTH DIRECTORS ASSOCIATION:**

- ▶ FNHDA Position Statement: A Call to Action Towards a Zero Tolerance of Lateral Violence
- ▶ Healing, recognition and honouring in a Coast Salish Big-House Ceremony for health leads and front-line workers which occurred at the provincial Suicide Forum.
- ▶ Continuing to demonstrate leadership in the area of cultural competency and safety by incorporating tradition, culture and ceremony in all facets of their work.
- ▶ Cultural procession and protocol at Gathering Wisdom VII.

### **MINISTRY OF HEALTH:**

- ▶ Associate deputy minister, Health Services, participates on the Executive Working Group to support the development of the Framework for Action. Ministry of Health staff and health authority staff have participated in interviews with the Canadian Foundation for Healthcare Improvement to support the development of this work.
- ▶ As in previous periods, Ministry of Health continues to purchase 450 seats annually in Indigenous Cultural Competency Core Health training.
- ▶ Ministry of Health employs two-three Aboriginal youth interns annually, in support of the Aboriginal Youth Internship program supporting Aboriginal youth considering careers in the public service or in health careers in British Columbia.

### **HEALTH CANADA:**

- ▶ Hosted Indigenous Community Development Workshop in Vancouver in February 2015. 40 participants (federal and provincial governments, and FNHA) attended and evaluated the session with a score of 3.73 out of 4.
- ▶ The First Nations and Inuit Health Branch has introduced an Aboriginal Peoples Employment Program aimed at increasing Aboriginal representation within the Branch over the next five years.

Despite the numerous existing activities, work remains to establish trust and permanently embed cultural safety as an enduring characteristic of the B.C. health system, with cultural humility the vehicle to achieve the vision. The framework for action is a concrete step forward to embed cultural humility and cultural safety within the health-care system that serves First Nations people in British Columbia. It now falls to the health system leaders—those who have endorsed the framework and made a public commitment—to take the concrete actions described in the framework. Regional input to the framework for action will be integral to its success in setting specific actions for implementation, and outlining the necessary components for regional effectiveness. It is through transformative leadership, commitment and reciprocal accountability at all levels that a health-care system that universally and consistently ensures cultural safety for First Nations and all British Columbians will be achieved.







## Health Actions—Developing Strategies and Investing in Priorities

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In November 2006, B.C. First Nations represented by the First Nations Leadership Council and the Province of British Columbia signed the ten-year *Transformative Change Accord: First Nations Health Plan* (TCA:FNHP), which established twenty-nine actions intended to close the gaps in health status between First Nations people and other British Columbians. In June 2007, the TCA:FNHP signatories along with the Government of Canada signed the *Tripartite First Nations Health Plan*, bringing federal support to the table and adding new health actions relating to governance.

To provide an organizing framework for implementation of the *Tripartite First Nations Health Plan* were grouped into two streams of work: Governance and Health Actions. The implementation of these two streams was advanced through parallel processes, recognizing the unique nature of the governance actions, which required further focused discussions with First Nations leadership to establish standards and processes for the new health partnership amongst B.C. First Nations and with tripartite partners. The health actions stream of work was further grouped into the following seven strategy areas and tables:

1. Primary Care and Public Health
2. Maternal and Child Health
3. Mental Wellness and Substance Use
4. Health Human Resources
5. E-Health
6. Health Knowledge and Information
7. Health Planning and Capital

The health actions stream of work was advanced through respective strategy tables, and under the support and guidance of a tripartite management team. Broad systems-level documents were developed to lay the foundation for strategic direction, and have further helped to inform priority setting, planning and investment efforts associated with regional health and wellness plans, regional partnership accords, the FNHA's Interim Health Plan and regional funding envelopes. While health actions reporting has evolved to align with the new health governance



Members of Children's Oral Health Initiative (COHI) Teams at the Kispix Health Centre



Aboriginal Health program staff, B.C. Women's Hospital



structure and guide health plan implementation, these overarching documents will continue to set the foundation for regional and local planning.

Recognizing that service delivery transformation takes place locally and regionally, one of the main outcomes of the strategy tables was their work to establish provincial policy and planning frameworks or strategies, intended to enable regional and local planning and implementation.

With the evolution of the First Nations health governance structure, significant shifts in program and service delivery opportunities have created a different landscape for health actions. An evaluation completed in June 2014 reflected on past successes and recommended forward action to further fulfill the commitments under the tripartite agreements, and to foster progress and momentum in health planning. As a result of this evaluation, the strategy tables were brought to a close and health actions implementation is now advanced through regional partnership accords, joint project board and efforts to hardwire the health and wellness of B.C. First Nations into the provincial health service structure. The *Tripartite First Nations Health Plan* continues to hold responsibility for monitoring progress on the implementation of key agreements with B.C. First Nations at a regional level.

Outlined below are just some of the accomplishments of the provincial strategy tables, which we have great gratitude and respect for, and will continue to engage with as the subject matter experts going forward.

## ► PRIMARY CARE AND PUBLIC HEALTH

Primary care and public health has been a very active strategy table, with many projects spanning the province including through the joint project board primary care projects. This group supported the development of provincial literature reviews and environmental scans in injury prevention, healthy lifestyles and wellness, HIV/AIDS, child car seat safety, and other areas. They further supported the work of Aboriginal ActNow and the development of the child car seat safety strategy. The work of this table has further led to informing projects at tables such as the Joint Ministry of Health-First Nations Health Authority Project Board (joint project board) and General Practice Services Committee.

Primary care and public health activities have reached beyond the strategy tables in the past year. The joint project board continues to improve primary care access to health-care services, and the Aboriginal Healthy Living Activities aims to move public health upstream through improved physical activity, healthy eating, healthy pregnancies and respectful tobacco use. In 2014-15, approximately 260 community leaders were trained, taking this programming back to their communities and providing healthy living direction and support to over 7,300 participants, many of which participated in a 13 week Aboriginal run or walk program to complete a 10km event in their communities. This is an excellent and inspirational example of communities improving their own local community health.

The Nurse Practitioners for B.C. program has now concluded allocation of positions, which are being filled as quickly as possible. Of the 135 positions funded through the program, 44 positions support First Nations communities and increasing access to primary care with many targeting impact in rural or remote areas.





## ▶ MENTAL WELLNESS AND SUBSTANCE USE

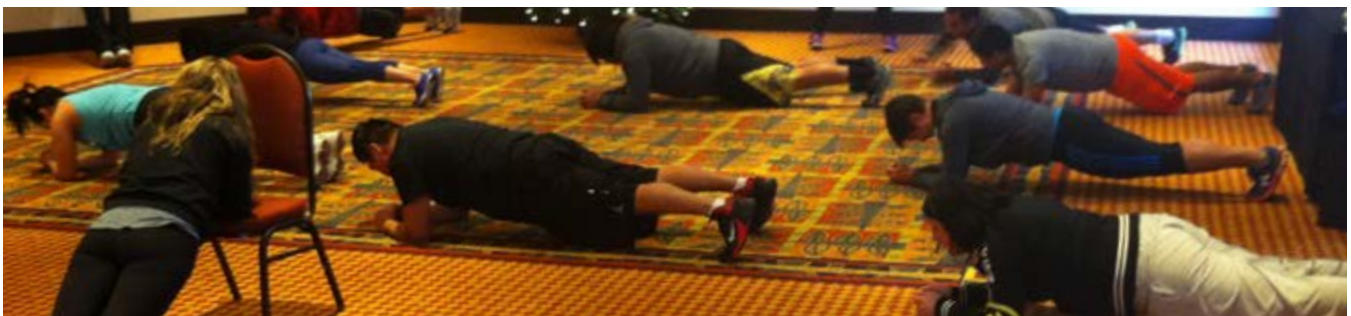
Mental wellness and substance use has developed several tools to enhance service provision at a regional level. The 2013 *A Path Forward: B.C. First Nations and Aboriginal People's Mental Wellness and Substance Use 10 Year Plan* provided a strategic framework for appropriate mental wellness and substance use services, and the *Hope, Help, and Healing* toolkit released in April of 2015 provides suicide prevention, intervention and response tools to support First Nations and Aboriginal communities.

*Hope, Help and Healing—A Planning Toolkit for First Nations and Aboriginal Communities to Prevent and Respond to Suicide.*



### WHAT ABORIGINAL RUN-WALK PARTICIPANTS HAD TO SAY:

- ▶ Our family participated together this year: my grandfather, father, daughter, and grandsons. We not only walked together but also started to do more family activities together. What an amazing program... helping my family re-unite. My proudest moment was when my entire family crossed the finish line together at the Sun Run!
- ▶ I believe healthy living needs to be brought into our communities more and more. We need to start educating people on their own personal health as well as give ways to explore their own health and lifestyles. This ARW program and annual training is a great way to start bringing healthy activity back into our communities.
- ▶ The very first time I participated in the ARW program I had never really exercised. That was six years ago and I have never stopped exercising since! This program has impacted my life, keeping me active and healthier. It not only benefited me, but also my family and community.



Participants in the 2014-15 Regional Leader Training Session, Nanaimo, British Columbia.





With the joint project board funding available to support local need, mental health and substance use has emerged as a common priority for communities, and clearly demonstrates how moving the implementation of such projects to the regions can have a greater impact in the tailoring of program development and implementation. The joint project board has funded multiple regional projects to respond to these priorities. For example, the Vancouver Coastal Region is developing a mental wellness and substance use specialist community assessment team to support current specialists—adding counselling services with a particular focus on suicide risk. The mental wellness and substance use mobile support team in the North provides crisis response through mental wellness counseling and support to communities impacted by a critical event. It will be very exciting to see how these projects unfold in support of regionalized mental wellness and substance use programming, and there is great confidence that this will have a significant impact in the communities.

## ► MATERNAL AND CHILD HEALTH

Maternal and child health is very important to our communities, as this is what sets the foundation for a healthy and prosperous future. Having the appropriate supports in place, and more importantly improving the accessibility to these resources has been identified as a key priority to improving the health and wellness of First Nations people. The maternal and child health strategy table completed engagement and research to identify successful work currently supporting maternal health across B.C. during the Promising Practices project. The identification of promising practices helps to lay the foundation for next steps as this work continues and grows in the regions. The strategy table also supported the development and distribution of *Honouring Our Babies: Safe Sleep Facilitator's Guide* and discussion cards, and supported Doula training for 29 women across the Interior and Island regions.

The maternal and child health strategy table led the development of oral and aural health priorities. The oral health environmental scan and the Healthy Smiles for Life oral health strategy help to make these services accessible to First Nations communities. The development of informative materials on oral health, the Family Path early hearing brochure, and the *Your Child's Hearing* DVD all support community education and lay the foundation for further work at the regional level.

Examples of growth beyond the strategy table are the development and implementation of the Aboriginal Doula Support program, a project demonstrating the partnership between the B.C. Association of Aboriginal Friendship Centres and the First Nations Health Authority, which supports expectant Aboriginal families by providing funding for the utilization of Doula services.



Lucy Barney shares the newly developed Aboriginal Pregnancy Passport to track Aboriginal mothers' health and wellness, developed by Perinatal Services BC.

Another resource that has been created for expecting and new parents is the Aboriginal Pregnancy Passport, with approximately 5,000 print copies distributed provincewide in March 2014. This is a culturally appropriate tool to help women and their families through their pregnancy journey as they can document milestones, keep notes of check-ups, monitor growth charts and keep track of any thoughts, questions or concerns they have for their babies.

## ► HEALTH HUMAN RESOURCES

The health human resources (HHR) strategy area focused on First Nations and Aboriginal workforce development, with the goal of bringing culturally knowledgeable health expertise back to community. The HHR strategy plays an integral part in laying the foundation to support long term improvements in health outcomes, while ensuring traditional medicine is respectfully incorporated into health and wellness strategies of the individual.

The HHR strategy table supported the development of a First Nations HHR electronic information system to help forecast and plan for future health workforce needs, and has worked with the current workforce to enhance cultural safety in the health care system through increased education and training opportunities. HHR has also supported First Nations health and sciences students through grant opportunities and scholarships. Putting in the structures and resources to support current and future HHR needs will go a long way to improving the health and wellness of First Nations people and lay the foundation to greater opportunities moving forward.

## ► E-HEALTH

With the diverse geography of our province, and even within each region, the opportunities afforded by eHealth have been vast, and also assist to unite across vast regions while ensuring that integrity and quality health care is maintained. The eHealth strategy table has been perhaps a little unique to the other tables as they worked together to bring access to health supports in a new and unique fashion.

The ability to provide two-way live videoconferencing to support clinical and health related education has supported approximately 150 First Nation communities across British Columbia. The future of eHealth will ideally be a combination of regionally focused prioritization and provincial approaches and strategizing, and the work of the strategy table has helped to lay the foundation for this goal. Through the identification of management requirements, the table was able to support the implementation and integration of electronic medical records and community electronic medical records, info-structure readiness assessments, the integration of provincial eHealth activities, and the tele-health expansion project, all of which support enablers and access to primary care from various perspectives. While this area is continually evolving, the foundations set by the strategy table have helped to identify the priorities and define future steps in enhancing health care for all communities.

## ► HEALTH KNOWLEDGE AND INFORMATION

The completion of the *Health Knowledge & Information Strategic Approach* in August of 2013 helped to unify the vision and priorities of how this table will further support information sharing and data collection across the province, and in a way that is of reciprocal benefit to the communities involved.

The 2010 Tripartite Data Quality Sharing Agreement led to the creation of the First Nations Client File (FNCF), which continues to grow and evolve each day. The FNCF was created through linkages with the federal Indian Registry System and ministry administrative databases to support data collection and linkages for surveillance and evaluation of strategies. The First Nations Health Authority and the Ministry of Health have partnered to process and



prioritize FNCF data access requests, and through the support of the partnership at joint project board, a holistic lens can be brought to each of these decisions that ultimately best supports the needs of the community.

The First Nations panorama implementation project, launched in 2013, has further grown to support clinical service deliver to approximately 48 Nations through 16 identified First Nation health service organizations. These organizations allow for the sharing of health data as per the identified Panorama information sharing agreement.

Moving forward, the priorities identified from this strategy area will be carried forward through the partnership between the data and information planning committee, the FNHA, the ministry, and the knowledge exchange and evaluation group.



Tripartite Committee on First Nations Health meeting, June 2015.

# Tripartite Partners: The Partnership Evolves

## First Nations Health Authority

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In 2014-2015, the First Nations Health Authority's (FNHA) focus was on program and service delivery, funding relationships with First Nations communities and partner organizations, and enhancing First Nations governance and decision-making in health by aligning regional-based supports.

### First Nations Health Authority Service Alignment

Ongoing service alignment priorities for the FNHA include ensuring that efforts to improve the health and wellness of First Nations in B.C. are hardwired into the provincial health system and supporting the alignment of executive agendas at the federal, provincial and regional levels. A key characteristic of the transformation process is to shift strategic direction and decision making to a regional level, in partnership with local First Nations. In 2014-15, the FNHA underwent a series of organizational changes to help foster this transformation, including uniting the Policy, Planning & Transformation and Community Health & Wellness Services departments under the leadership of chief operating officer.

In December 2014, the FNHA appointed the inaugural chief medical officer to provide leadership on clinical and medical functions within the organization.

The chief medical officer leads a newly created management team of experienced senior medical officers representing each health region, dedicated to the areas of public and population health; health surveillance, protection, promotion and prevention; environmental health services; and holistic health practices.



Dr. Evan Adams, chief medical officer, FNHA

"Dr. Evan Adams brings to this role invaluable on-the-ground and leadership experience combined with passion and heart for this important work for our First Nations communities in British Columbia. With great enthusiasm and pride, we welcome him aboard as our chief medical officer and congratulate him on taking on yet another career-defining role. Evan taking on this integral role makes our executive team whole."

*Joe Gallagher, chief executive officer, FNHA*

Five regional mental wellness advisors were recruited this year to assist in planning and service co-ordination efforts within the regions. The regional mental wellness advisors work in collaboration with First Nations communities, regional health authorities, and other regional and community partners to provide support during crisis response, assist First Nations communities in mental wellness and substance use planning efforts, and promote coordination





of program and service delivery across the regions.

Service alignment and internal operations are now additionally supported by the recruitment of a chief administrative officer that consolidates all financial, technology, business, and corporate services for integrated program delivery.

### First Nations Health Authority Service Reviews

In 2014-15, the FNHA conducted service reviews in community nursing, the Indian Residential Schools Resolution Health Support program, and the National Native Alcohol and Drug Abuse program. These reviews assessed service effectiveness and impact, considered innovative practices, and/or provided recommendations for improvement and positive change.



### Emerging Partnerships

This year, the FNHA has developed a number of innovative and strategic shared-interest partnerships. The FNHA and the Provincial Health Services Authority have established a partnership to improve specialized services and programs for First Nations peoples in B.C., involving the B.C. Cancer Agency, Cardiac Services, and the B.C. Centre for Disease Control. The FNHA and the Ministry of Health also co-developed the resource-rich B.C. Elders Guide. In May 2014, the FNHA and the BC Coroners Service (BCCS) nurtured a developing partnership that culminated in a signed memorandum of understanding. Through the memorandum of understanding and joint work plan, the FNHA is working with BCCS to address how the policy and practice of coroners and their co-ordination with other partners can improve to be more respectful and inclusive of family member decision-making, and death and grieving protocols at both the provincial and regional levels.

As a result of the FNHA and BCCS collaboration, BCCS has changed the approach to the post mortem investigation of family deaths to ensure that the least



xwmuthkwey'um Elder Shane Pointe (Ti' te-in) speaks to First Nations and Aboriginal youth at the 2015 Gathering Our Voices youth conference.

invasive means possible is used based on each individual situation and discussions with the family. This means that BCCS no longer routinely requires the retention of physical evidence unless findings indicate a need for further neurological examination. This is a positive policy change not only for First Nations but for all British Columbians who may experience a tragic death under these circumstances.

## Wellness Partnerships

Over the year, the FNHA supported numerous wellness events in partnership with First Nations in each region of the province, including: the June 21 Day of Wellness, the Winter Wellness grant initiative, the BC Elders Gathering, the Gathering Our Voices Youth Conference, the All-Native Basketball Tournament, and the Hobiye BC Aboriginal Diabetes Conference.

## Health Canada

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Health Canada continues to work with the partners to strengthen relationships and to contribute to the success of this new model of health governance in British Columbia. This innovative approach to health care is drawing great interest from across Canada as B.C. First Nations are more than ever leading the decision-making process for their communities in health planning and service delivery.

Efforts are currently underway to synthesize the key components of success in the transfer of authority and creation of the FNHA, in order to explore whether and how this approach could assist in reshaping the delivery of health programs and services by and for First Nations in other regions. It is clear that understanding the First Nations perspective on wellness is integral to fostering a health system that both respects the diverse cultures and perspectives of B.C. First Nations, and delivers the highest level of care. Health Canada continues to take a population health approach to improving the health of Canadians, recognizing the influence of the social

determinants of health on the population, on communities and on individuals.

Health Canada is committed to working with the tripartite partners to address the full spectrum of social determinants of health and wellness for B.C. First Nations. To that end, they will continue to work with the partners and other federal departments to more comprehensively address the underlying factors and conditions in which people live, work and play that directly affect the quality of their health.

Health Canada has been working closely with FNHA to address their commitments in the Tripartite Framework Agreement and have created an executive agenda, Shared Vision and Common Understanding, to provide clear direction and leadership. This agenda supports a strong bilateral



FNHA staff conducting Ebola and communicable disease outbreak response training, funded by Health Canada.



partnership at the senior leadership level with a commitment to open and clear communication, processes for effective and productive working relationships, and the identification of priorities and targets for each fiscal year. The partners have also renewed work on the development of joint work plans to facilitate knowledge exchange across the organizations and to better pursue joint strategies, in the spirit of 'reciprocal accountability.'

A notable achievement over this past year was the completion of the final phase of the information technology systems transfer whereby the FNHA was able to fully disconnect from Health Canada's Secure Network Zone and begin its operational independence from Health Canada. Health Canada and FNHA also engaged in a joint process to review the audit results and perform reconciliations for over 200 contribution agreements that were transferred to the FNHA on Oct. 1, 2013 as part of the broader federal transfer.

As a funder, Health Canada continues to receive and review reports from FNHA to meet accountability measures related to the Canada Funding Agreement, and as outlined in the Framework Agreement. Health Canada continues to support FNHA through funding to address issues of national importance in the post-transfer environment. For example, Health Canada provided funding, training and equipment to prepare for potential outbreaks of Ebola virus disease in communities. This community-based training was well-received by B.C. health-care workers and ensured that B.C. First Nations were connected to strategies and approaches being developed at the national level.

As a transitional measure to support the FNHA as it develops the infrastructure and capacity necessary to take over the administration of the Non-Insured Health Benefits program, Health Canada has continued to provide claims processing and certain adjudication services for the pharmacy, dental and medical supplies and equipment benefits. This will enable Health Canada and FNHA to provide benefits to First Nations clients in a seamless manner.

Over the past year, Health Canada has continued to learn and grow as the relationships in this partnership have continued to evolve. We are dedicated to continuing on this path of shared learning and doing our part in supporting the ongoing success of the B.C. tripartite partnership and subsequent projects.



Lydia Hwitsum, Sony Perron, Arlene Paton and Joe Gallagher from GW 2015: Gathering Wisdom for a Shared Journey VII brings together the chiefs and health directors from across all B.C. First Nations, the Ministry of Health, Health Canada and non-governmental organizations as an opportunity to learn, share information and engage.



## B.C. Ministry of Health

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The Ministry of Health continues to support the health and well-being of First Nations and Aboriginal peoples through this exciting time of transition, change and strengthening of partnerships. This commitment is addressed in the ministry's service plan, as well as in five key ministry policy papers that outline strategic services and direction across B.C. through 2017 to enhance primary and community care, rural health, surgical services, health human resources, and health services information and technology management. These collective papers help to ensure that supporting the health and well-being of First Nations and Aboriginal peoples is hardwired throughout the health system.

A key theme throughout the documents is the importance of patient-centred care and multidisciplinary teams, both of which are familiar to First Nations and Aboriginal communities. The work of the Joint Ministry of Health–FNHA Project Board (joint project board) further supports the importance of patient-centred care and multidisciplinary teams. The joint project board is discussed in more detail later in this report, with a look into some of the projects being rolled out in the regions.



Tripartite Committee on First Nations Health meeting on November 27, 2014, with Premier's Award nomination for the successful transfer of federal programs and services to the FNHA

The Letter of Mutual Accountability between the Ministry of Health and FNHA clearly outlines their commitments and accountabilities with respect to the planning, administration, delivery and monitoring of health services in support of First Nations health in British Columbia. Regular communication between the deputy minister of Health and the chief executive officer of the FNHA supports collaborative goal setting, monitoring and prioritizing, while working closely with the community for comprehensive regional perspectives. The chief executive officer of FNHA also sits on the health system's leadership council as a full partner alongside the deputy minister and other health authority CEOs.

The Ministry of Health continues to work across ministries and with external partners to bring an Aboriginal lens to many different portfolio areas, and support the activities that have an impact on the health of First Nations and Aboriginal peoples and communities. It is through these partnerships that we build trusting relationships, build on existing successes, and ultimately affect large scale change across the province.





# Regional Partnership Accords— Health Service Improvements

## Regional Governance

There are many moving parts to our First Nations health governance structure and system. Aligning the various planning efforts helps make sure we are all paddling together in the same direction on this transformative journey. The Tripartite Committee on First Nations Health ensures that the priorities, goals and perspectives expressed by B.C. First Nations at the local level are incorporated into plans and investments made regionally and provincially.

Regional partnership accords have created new opportunities for regional-level co-operation and collaboration toward the delivery of health services in a manner that respects the diversity, cultures, languages, and contributions of B.C. First Nations. The partnership accords are agreements between First Nations regional caucuses and their respective health authorities, with the First Nations Health Council and FNHA as signatories, and demonstrate a commitment to collaborate on achieving a stronger alignment of health-care priorities. In support of the regional partnership accords, each region has collaboratively developed continuously evolving regional health and wellness plans as a means to align and co-ordinate the work of the partners involved and prioritize the region's goals and deliverables.

While there are common themes and priorities in the health and wellness plans identified across all regions, each region may choose a unique approach to addressing these challenges, and prioritize each issue as they see fit. Some of the common priorities across all regions have been to improve:

- ▶ Partnerships, collaboration, and community engagement;
- ▶ Access to care—primary health care; maternal and child health care, health programs and services;
- ▶ Mental wellness and substance use prevention and support programs;
- ▶ Health and wellness promotion and disease prevention;
- ▶ Cultural competency and cultural safety;
- ▶ Health human resource development;
- ▶ Planning and evaluation; and
- ▶ Data governance and management.



Receiving care from nurse practitioner Françoise Juneau at the Victoria Native Friendship Centre.

## Joint Ministry of Health-First Nations Health Authority Project Board—The Partners Invest in Primary Care

The joint project board was established in 2012 to support the Agreement Regarding Payments in Lieu of Medical Services Plan Premiums on behalf of First Nations people residing in British Columbia (known as the agreement in lieu of medical service plan premiums), and to support primary care projects through the provision of leadership, direction, key-decision making advisory services, and implementation funding at the regional level. Currently within its second year of operation, the joint project board supports projects that remedy an identified need amongst First Nations communities or regions, in the interest of promoting patient-centred care. This need is typically identified



through the regional partnership accord tables, and project proposals are brought forward to joint project board in partnership between the regional health authority and FNHA regional directors.

The top priority of the joint project board over the 2014-2015 service year has been the regional investment of funding available through the agreement in lieu of medical services plan premiums. The joint project board has been increasingly active over the past year, with over 22 regional projects now approved for implementation, and a commitment from the Ministry of Health to sustain these projects for duration. The sections below further provide an overview of each region's unique structure, key partnerships and accomplishments.

## Interior Region

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The Interior Region is comprised of a seven Nation table aligned with the Nations within the region: Secwepemc, Ktunaxa, Syilx, Northern St'at'imc, Nlaka'pamux, Dakelh Dene and Tsilhqot'in.

Guided by the principles of the Declaration of Unity (2010) and the Interior governance structures and processes, Nation-level work occurs through Nation Health Assemblies and other Nation processes. Regional work is conducted by the Interior Region Technicians Table and Interior Region Nation Executive, in partnership with the First Nations Health Authority.

Interior Health and the seven Nations of the Interior Region work in partnership to ensure the vision and guiding principles of the seven Nations are reflected in strategic planning and programming and based upon the shared commitments in the Interior Partnership Accord (2012). The Interior Region's work is guided by the Regional Health & Wellness Plan, which is guided by the seven Nations' plans and priorities. Nation letters of understanding with Interior Health are the foundation of the work between the Nations and Interior Health.

### ► ACCOMPLISHMENTS AND SUCCESSES

A focus on engagement, partnerships, strategy development, and prioritizing health service delivery actions, have all been recognized as key accomplishments and successes of the Partnership Accord Leadership Table in 2014-2015.

Community engagement and the development of partnerships are ongoing and constantly evolving through the regional tables and caucus sessions, Letter of Understanding Tables, Partnership Accord Leadership Table and strategic planning with partners. Continual alignment and priority setting by the FNHA and Interior Health ensures alignment with the Ministry of Health service plan while identifying key projects to enhance services to First Nations across British Columbia.



The Tsilhqot'in Nation Traditional and Alternatives Medicines Symposium was held in March 2015, with 15 service providers and 240 citizens attending.



This year, Interior Health worked with the Interior Nations during six Nation health assemblies to develop the Interior Health Aboriginal Health and Wellness Strategy. This strategy, which supports and aligns with the Regional Health & Wellness Plan, ensures that the voice and perspective of community was clearly represented. Health service mapping, with an emphasis on health expenditure allocations and investments at the provincial, regional and Nation level, has been identified as a priority moving forwards in order to help inform the Interior Region investment strategy.

In 2014-2015, the Interior Region played a significant role in crisis response. Three environmental crisis files are open and ongoing, and there were 17 crises in the Interior in the last year where communities reached out to the regional health team for support. Key accomplishments in crisis response and issues support include the development of a case management framework, protocol with Interior Health and joint project board crisis response teams and client survey for crisis response files. The development of a crisis management process, a draft protocol with Interior Health, and a proposed joint project board trauma response team, lays the foundation to support future crisis in a timely manner, and have the supports in place for faster response and action.



Opening ceremony of Toosey Health Centre, Williams Lake.

## ► INVESTMENTS IN PRIMARY CARE

The phased Interior Nation Health Services project is one example which is supporting access to primary care through the addition of the professional services of mental health clinicians, social workers and other primary health-care providers. The increased health services have improved access to supports, assessments and services across the seven Nations, and will continue to adapt to meet the locally identified need in the coming years.

### **REGIONAL SUCCESS STORY: THE NENQAYNI WELLNESS CENTRE SOCIETY**

The Nenqayni Wellness Centre Society received funding from the joint project board to provide and extend mobile treatment programming to 15 rural and remote Chilcotin, Carrier and Shuswap communities in the Cariboo-Chilcotin region. The mobile treatment program provides each community access to culturally sensitive counselling, rehabilitative services, education, food education, day programs, and workshop opportunities, enabling families to access health services without having to leave the community during difficult or traumatic life events.

<b><i>Shuswap Carrier Chilcotin Community (SCCC) Mobile Treatment Program</i></b>	Expansion of Nenqayni Wellness Centre’s SCCC Mobile Treatment program to serve additional communities and increase wages.
<b><i>Interior Nation Health Services (three phases)</i></b>	Additional mental health clinician, social worker and nurse practitioner positions serving First Nations communities, with increased budgets for community programs. (Crisis response team and Nation shared services under review as phase 2 and 3).

## Northern Region

The Northern Region is comprised of three geographical sub-regions: the Northwest, North Central and Northeast. Each of these areas meets as the sub-regional caucus regularly throughout the year, with sub-regional representation from health leads and community leadership. Together, these sub-regions form the Northern Regional Caucus, which meets following the sub-regional caucuses. It is in this setting that northern community leadership makes decisions and sets direction for First Nations health work in the North.

Northern Health, the First Nations Health Authority and Northern Caucus work in partnership through the Northern First Nations Health Partnership Committee to implement the Northern Partnership Accord. The accord plays an integral role in laying the foundation and relationships for the work required to improve health and wellness of northern First Nations people and communities. The accord enables the partners to align planning, program and service delivery at local and regional levels through committed partnership and collective action.

The Northern Regional Table is appointed by the Northern Caucus to represent the northern communities, and ensures that our joint work with Northern Health represents northern First Nations’ priorities. The table, along with Northern Health representatives, also provides leadership and guidance in developing and implementing the Northern First Nations Health and Wellness Plan.



Elder Doris Auckland cutting the ribbon at the Metlakatla Health Centre, October 2014.





## ► ACCOMPLISHMENTS AND SUCCESSES

This has been a busy year for the North accessing funding, developing supporting implementation documents and building and using existing infrastructure. Implementation of mental wellness mobile support teams are underway with Phase I teams. Phase II teams will begin in the new fiscal year. These mobile support teams are located in each of the sub-regions, with an aim to integrate services, enhance community capacity, and provide ongoing support, education and crisis response to surrounding First Nations communities. A primary care teamlet project, serving Coastal Tsimshian First Nations communities, as well as enhancements to support nurse practitioners to be successful in working with First Nations communities, were also started this year.

### **STRUCTURES SUPPORTING CHANGE: COMMUNITY ENGAGEMENT CO-ORDINATORS AND ABORIGINAL HEALTH IMPROVEMENT COMMITTEES**

New and existing infrastructures support continuous community engagement and ongoing identification of health priorities. Community engagement co-ordinators have been in place in the Northern Region since December 2014, and have contributed to the growth and evolution of the northern FNHA regional team. The co-ordinators focus on engaging, planning and collaborating on solutions with communities and partners to address community health priorities, including primary care, mental wellness and substance use treatments and First Nations Health Benefits.

## ► INVESTMENTS IN PRIMARY CARE

Alongside these joint project board projects was the development of the Northern FNHA Operational Plan and Investment Strategy, which identifies key goals, actions and investment priority areas for the next three years. A corresponding Northern FNHA Engagement Strategy outlines the respective governance and community based engagement work. These strategies align closely with the Northern First Nations Health and Wellness Plan developed in partnership with community, Northern Health and FNHA, and supported by the Northern First Nations Health Partnership Committee.

### **PROVINCIAL LEAD PROJECT: CARRIER SEKANI FAMILY SERVICES PRIMARY CARE EXPANSION**

Carrier Sekani Family Services received funding from the joint project board to expand primary care services in multiple First Nations communities, including an inter-professional team of physicians, nurse practitioners, community health nurses, medical office assistants, care aides, mental health, community health representatives and national native alcohol and drug abuse program counselors working together to improve health outcomes. The model uses an alternative payment plan approach, which fits within the holistic model of care and is aligned with the Carrier culture and tradition, as well as with community size and complexity, resulting in significantly reduced clinic wait times and improved access.



Northern Health’s Aboriginal Health Improvement Committees are an established structure whose purpose is to engage with local multi-sectoral stakeholders, including First Nations health directors, community engagement co-ordinators and Northern Health health service administrators and staff, to identify local health service delivery challenges and solutions. To that end, and in the past year, the committees undertook 21 patient journey and process maps, as well as creating 19 local specific cultural resources designed to respond to the question: “If I were a new practitioner coming to your community, what would you like me to know about you?” These local resources include: videos, booklets, resource books, pamphlets, carvings, research protocols, moccasins, traditional foods and medicines, workshop series and art installations in health-care facilities.

Specific actions being undertaken in partnership between the First Nations Health Authority, Northern Region, northern First Nations communities and Northern Health focus on a broad range of activities that dovetail with the priorities identified in the Northern First Nations Health and Wellness Plan. These activities include:

- ▶ **Joint Improvement Project with the Canadian Foundation for Healthcare Improvement** – Linking to our collaborative efforts with the Primary Care Working Group, this project focuses on developing an improvement project for Elders transitioning from community to Northern Health. Another important strategic outcome of this work is the articulation of a process that may be used by the partners in future improvement work.
- ▶ **Shared Records Management and Telehealth** – Various discussions are being held and working groups established to examine next steps for improving continuity of care for community members through shared records management along with the development of a northern telehealth approach to support communities.
- ▶ **Joint Mental Wellness Training** – As part of the work of the Mental Wellness and Substance Use Regional Working Group, the partners are mapping out shared training opportunities for mental wellness providers in community and partners at Northern Health. More details on training dates will be announced later this fall.
- ▶ **Joint Crisis Response Protocol** – Based on their success of working together to respond to crisis situations, the FNHA Northern Region and Northern Health are in the early stages of developing a joint crisis response protocol for mental health crises.
- ▶ **HIRED Working Group** – As part of the Northern First Nations Health Partnership Committee Population Public Health Working Group, the partners have highlighted environment and wellness as key areas of focus especially as it relates to the impacts of industry on environment and health in the Northern Region. This subcommittee will be looking at ways to support healthy strong communities and relationships with industry and environment in the North.
- ▶ **Seizing Opportunities for Working Together** – Within the population public health portfolio there are opportunities for First Nations community nurses and Northern Health nurses to collaborate in the areas of vaccinations and health screening support training for community health team members.

<b>Carrier Sekani Family Services Primary Care Expansion Project</b>	Expansion of primary care delivery through funding supports and enablers (team support, travel, salaries and supplies).
<b>Nurse Practitioner Project</b>	Providing supports and service delivery enablers for nurse practitioners serving First Nations communities.



<p><b>Primary Health Care Teamlet</b></p>	<p>Multidisciplinary primary care team to support the elderly, people with mental health and substance use challenges, and people with chronic diseases in northern coastal communities. Focused on intensive care management and home supports.</p>
<p><b>Mental Wellness and Substance Use Mobile Treatment Teams</b></p>	<p>To provide multidisciplinary continuum of mental wellness and substance use services and crisis response to northern communities and urban populations.</p>



Fort Nelson Health Centre, Fort Nelson, British Columbia.

## Vancouver Island Region

Vancouver Island is home to 50 First Nations' communities that make up three distinct cultural families on the Island: Coast Salish, Nuu-chah-nulth and Kwakwaka'wakw. The chiefs of the Island Nations work collaboratively through the family and regional caucuses to provide strategic direction to the transformation of health services in the region. The FNHA Regional Team leads the implementation of the strategic direction of the leadership in partnership with Island Health under the partnership accord that was signed in 2012.

Island Health, FNHA and the Vancouver Island Caucus work in partnership to implement the Vancouver Island Regional Partnership Accord. The partnership accord enables the parties to connect across all levels

of the organizations, and ensures that the views and opinions of First Nations and Aboriginal communities are incorporated into strategic planning to ensure shared priority areas. Collaboration on joint project board submissions demonstrates this partnership and alignment.

### ▶ ACCOMPLISHMENTS AND SUCCESSES

Strengthening of partnerships has been a key priority across the Vancouver Island Region, including the development a joint mental health crisis response protocol for the region and establishment of sub-regional mental health inter-agency groups. In April 2015, Island Health, primary care providers, and Divisions of Family Practice attended the three First Nations Family Engagement Meetings with GPs as hosted by the FNHA, in support of strengthening the partnership.



Island Health and First Nations Health Authority pole raising at Saanich Peninsula Hospital during the Elders' gathering in July 2015.

The 39th annual Elder's Gathering was held in Saanich on Tsa'wout Territory in July 2015, and was supported by all key partners in the Vancouver Island Region. The gathering was a success with over 5000 participants attending, and also celebrated the raising of four totem poles at the entrance of the Saanich Peninsula Hospital. The FNHA, Island Health, and the Saanich Peninsula Hospital Foundation collaborated on the commissioning of the carving and installation of the four poles.

A trauma-informed practice campaign was initiated at Nanaimo Regional General Hospital, which was the first of a multi-phased, multi-year approach focused on improving perinatal work environments by enhancing access to these services through a trauma-informed approach. Collaboration between child, youth, maternal and family health programs will safeguard joint efforts to establish a successful perinatal practice platform that is trauma-informed and culturally safe.

### ▶ INVESTMENTS IN PRIMARY CARE

<b><i>Coast Salish Teamlet</i></b>	Interdisciplinary primary care teamlet model at Ts'ewulhtun Health Centre. Primary care teams work with dedicated panels of clients and their families to promote health and wellness.
<b><i>Hul'qumi'num Licensed Practical Nurse</i></b>	Licensed practical nurse to provide basic nursing support to enable nurse practitioner to work at the full scope of practice in the Hul'qumi'num health catchment area; enable client integration with the Coast Salish Teamlet.
<b><i>Kwakwaka'wakw Primary Maternal, Child and Family Health Collaborative Team</i></b>	Comprehensive, culturally safe and accessible multidisciplinary maternal/child/family care in multiple settings in northern Vancouver Island.





<b><i>Nurse Navigators</i></b>	Community patient navigators to provide co-ordinated, culturally safe discharge planning and access to supports, services, and resources for communities in south/west coast Vancouver Island.
<b><i>'Namgis Health Centre Integrated Service Model</i></b>	Integrated service model for the delivery of health-care services where existing funding is insufficient and unsustainable. Will support retention of the physician and dentist through the provision of subsidies for clinics. Approved-in-principle.

A Coast Salish interdisciplinary teamlet will be developed to ensure a holistic approach to health care. Engagement with the local medical community and primary care regional engagement with the wider community will ensure this teamlet is filling identified gaps in the current local health care delivery and not duplicating services.



Chief Calvin Hunt spreads eagle down during the Port Hardy Primary Health Care Centre opening celebration, January 2015.

### **REGIONAL SUCCESS STORY: COAST SALISH PRIMARY CARE TEAMLET**

The Ts'ewulhtun Health Centre received funding from the joint project board to design an interdisciplinary primary care teamlet model, in which care teams work with dedicated panels of clients and their families to promote and restore health and wellness. The initial teamlet is composed of a family physician, registered nurse case manager, health coach, dietitian, occupational therapist, medical office assistant and receptionist.



Implementation of the Kwakwaka'wakw Maternal Child and Family Health Teamlet is underway, which will support an Aboriginal birthing program to provide comprehensive, multidisciplinary care across all stages from preconception to post-birth. Doulas and traditional healers will also be integrated to provide access to holistic services that support the physical, social, emotional and spiritual needs of women, children and families.

The hiring of three additional nurse navigator positions across the region will help to remove barriers and support culturally safe discharge planning and improved access to supports and services, while the continued development of the Nuu-chah-nulth Oral Health Teamlet will extend its reach in providing education and prevention for oral health care.

## Fraser Salish Region

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The Fraser Salish Region is comprised of three sub-groups, each selecting a representative to the First Nations Health Council. The council reps meet with two representatives from each of the 32 First Nation communities. This forms the Fraser Salish Regional Caucus where an exchange of information takes place and direction is given and received.

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

### ► ACCOMPLISHMENTS AND SUCCESSES

The Fraser Partnership Accord Steering Committee placed considerable emphasis in 2014-2015 on implementing the regional envelope investments that positively impacted community health and wellness services, including: investment in community-based wellness system navigators; funding for an Aboriginal suicide prevention co-ordinator position; mobile detox and daytox services; and outreach primary health-care services for off-reserve clients in the New Westminster region.

The steering committee also invested in health actions, including traditional wellness activities, mental wellness & substance use



Grand opening celebration of the Stó:lō Nation Community Health Centre.



workshops for youth, and health human resource education opportunities (e.g., early childhood education training; First Responder training for 24 students). Additional milestones include a Canadian Institute of Health Research project using a strengths-based approach, with a focus on youth suicide prevention and a foundation research report on access to primary health care.

Other key successes during this time were the enhancement of the existing regional governance structure, processes, and impacts; increased community engagement; expansion of the regional health team; and collaboration with provincial partners to create a joint regional partnership work plan.

► INVESTMENTS IN PRIMARY CARE

Two new wellness system navigators will support health literacy and individuals living with chronic conditions and further funding has been approved for an Aboriginal youth suicide co-ordinator position, which will support suicide prevention, intervention and postvention strategies.

<b>Primary Health Care at Sto:Lo Nation Health</b>	Provision of services to 11 First Nations communities in multiple care programs. Funding for physician and administrative supports.
<b>Primary Health Care at Seabird Island</b>	Integrated model of care with staffing by First Nations health professionals, covering various programs. Outreach support, new funding for physicians is also provided.
<b>Wellness System Navigators</b>	Works with individuals, specifically those living with chronic conditions, help advance their health and wellness across the full spectrum of the health and social system through wellness planning and increasing health and system literacy.
<b>Youth Suicide Prevention- Intervention-Postvention Co-ordinator</b>	Funding for co-ordinator to plan, co-ordinate, implement, monitor, and evaluate project plans addressing youth suicide prevention-intervention-postvention supports and service.

An increase in mobile detox and daytox services has also been identified as a priority in the Fraser Region. Funding has been approved for an expansion of the Riverstone home/mobile detox and daytox program to address the substance use needs of Fraser Salish communities. The involvement of First Nations in developing the staff team to fit the needs of First Nations communities is paramount to its success. This collaboration in mental health and substance use treatment is an excellent example of the successful partnership building that is occurring between Fraser Health and the FNHA.



## REGIONAL SUCCESS STORY: PRIMARY HEALTH CARE SERVICES AT SEABIRD ISLAND HEALTH

Seabird Island Health's Primary Care Integration Initiative has enabled the hiring of two part-time medical office assistants and the introduction of an internal medicine specialist. These new services are expected to improve the region's ability to provide effective care. Integration work with the Chilliwack Division of Family Practice has improved care access to underserved First Nations, and has allowed for a case management approach for First Nations clients with complex health and social needs.

## Vancouver Coastal Region

The Vancouver Coastal Region is comprised of three geographical sub-regions: Vancouver/Sunshine Coast, Southern St'at'imc and Central Coast.

Vancouver Coastal Health, FNHA and the Vancouver Coastal Caucus work in partnership through the Vancouver Coastal Health Aboriginal Health Steering Committee to implement the Vancouver Coastal Partnership Accord. The Vancouver Coastal Partnership Accord outlines a number of key deliverables to be achieved through collaboration between the partners, including the Regional Health and Wellness Plan, the Urban Vancouver Aboriginal Health Strategy, and the community engagement and cultural responsiveness strategies.

### ► ACCOMPLISHMENTS AND SUCCESSES

Vancouver Coastal Region has done significant work around strengthening of partnerships and community engagement. Senior Vancouver Coastal Health executives were greeted with an opportunity to be hosted on the St'at'imx Territory to exchange



Senior leadership from the Vancouver Coastal Aboriginal Health team, FNHA and First Nations Health Council visiting St'at'imx Territory.





information, hear feedback from the community, and to reflect on the impact of work occurring within the region. With several crisis incidents occurring in a short time in this region, enhancing operational relationships at the community level is crucial, and the project development opportunities provided by the joint project board have helped facilitate the search for appropriate solutions.

The milestone *Urban Vancouver Aboriginal Health Strategy: Discussion Document* was completed based on background research and engagement with an advisory group and collective impact sessions held in January 2015. This discussion document will be circulated for review to First Nations and Aboriginal service providers and communities, Divisions of Family Practice, contractors and municipalities.

In addition, the First Nations Health Council Secretariat has begun work for a protocol ceremony to strengthen the partnership between Squamish, Tsleil-Waututh and Musqueam First Nations and the Aboriginal service providers working in urban Vancouver.

## ▶ INVESTMENTS IN PRIMARY CARE

### **REGIONAL SUCCESS STORY: FIRST NATIONS REGIONAL MENTAL WELLNESS SUBSTANCE USE SPECIALIST SERVICES COMMUNITY ASSESSMENT AND PLANNING—FLAGSHIP PROJECT**

The Vancouver Coastal Region received funding from the joint project board for the development of a Mental Wellness and Substance Use Specialist Community Assessment Team, in order to serve additional clients with counseling needs and reduce risk. Vancouver Coastal Health has committed mental health and addictions teams to partner with the First Nations in their area in order to respond to mental wellness issues and crisis incidents, and to explore on-going opportunities for partnership in service provision. Additional achievements include:

- ▶ Opening of the Sacred Space at the Lion's Gate Hospital Hope Centre;
- ▶ Engaging with Squamish and Tsleil-Waututh Nations and Vancouver Coastal Health Aboriginal Health Strategic Initiatives team to finalize protocols to incorporate traditional healing and ceremony into mental health and addictions services.

Development of a multi-year flagship Mental Wellness and Substance Use project aims to increase the capacity of mental health specialists across the region to improve health care service capacity. A multidisciplinary care team is being brought together to provide an innovative wrap-around model of care supporting chronic disease management and complex care for patients released from tertiary care back to community.



<b><i>Regional Mental Wellness and Substance Use Specialist Services Community Assessment and Planning</i></b>	Development of a Mental Wellness and Substance Use Specialist Community Assessment Team; provide counselling and risk reduction support
<b><i>We Are Related (Jeh Jeh) Circle of Care - Complex Care Management</i></b>	Wrap-around complex-care model of care to support clients in community with the highest care needs, and will supplement existing services
<b><i>Lower Stl'atl'imx Wrap-Around Chronic Disease Management &amp; Prevention Team</i></b>	Shares common, needed positions (mixed health practitioners and a First Nations transitions co-ordinator). Addresses fragmentation of services for vulnerable clients with complex care needs.
<b><i>Central Coast Integrated Home &amp; Community Care</i></b>	Fully sustainable and integrated Vancouver Coastal Health-First Nations home and community care team for the central coast.
<b><i>Urban On-Reserve Primary Care Clinics</i></b>	To establish on-reserve, culturally safe primary care clinics with strong multi-disciplinary care teams at Musqueam, and Tsleil-Waututh and Squamish Nations.

A new urban on-reserve primary care clinic will further enhance access to primary care services for Squamish, Tsleil-Waututh, and Musqueam Nations, ensuring culturally safe medical homes for clients with complex needs. A new fully sustainable and integrated Vancouver Coastal Health-First Nations integrated home and community care team will bring services to the patients, in support of the patient-centered care model.

## Provincial Health Service Authority

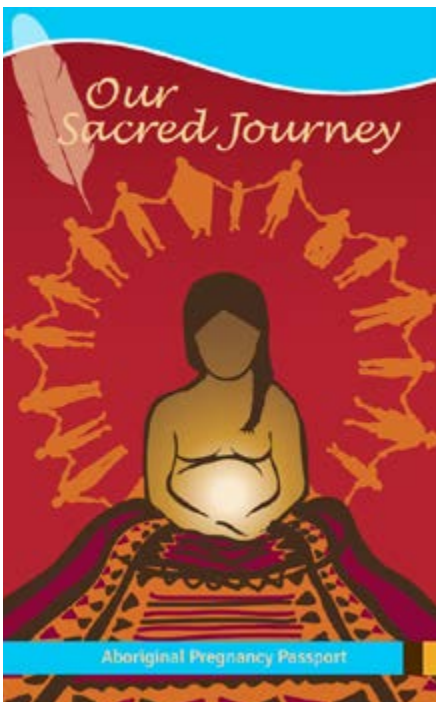
The Provincial Health Services Authority (PHSA) has updated their Indigenous Cultural Competency training program for 2015. The renamed program, entitled San'yas—Indigenous Cultural Safety training program has been in operation provincially since 2010 and has trained over 20,000 people. Indigenous cultural safety is a comprehensive and foundational educational intervention that is designed to increase knowledge; enhance self-awareness; and develop the skills that are necessary for the creation of a culturally safe health-care organization. PHSA continues to collaborate with FNHA at the senior executive level on the development of a First Nations focused cultural safety framework.

PHSA Indigenous Health has rolled out the Cuystwi Indigenous Youth Wellness quest, an upstream suicide prevention program for 10 to 12 year olds, across the province. This interactive online quest promotes health and wellness through developing positive identities, encouraging exploration of Indigenous cultures, and providing information to help youth understand the effects of ongoing colonization and tools to deal with racism. Emerging evidence indicates an upstream approach to suicide prevention, identity promotion and strengthening through cultural activities can mitigate future problematic substance use, mental health issues and suicidal ideation. The Cuystwi development team includes youth community members as mentors from every region in British Columbia.





Indigenous Health team, Provincial Health Services Authority.



In collaboration with FNHA and the B.C. Centre for Disease Control, the PHSA continues to support Chee Mamuk, an innovative program that provides a diverse range of supports, resources and programs for First Nations and Aboriginal peoples and families ranging from sexual health to infectious diseases, including HIV/ AIDS.

The Aboriginal Health program at BC Women’s Hospital and Health Centre continues to support two Aboriginal patient liaison positions for Indigenous patients at Women’s and Children’s Hospitals. B.C. Women’s hospital, working in partnership with Indigenous communities, is developing the Ask Auntie program, a violence and suicide prevention online resource for girls between 10 and 18 years of age.

The PHSA is very proud to announce the creation of two new positions that will support Indigenous services across the province. Two new director positions have been created within the PHSA—a director of Women’s Health to support Indigenous maternal and child services, and an Indigenous director position supporting the B.C. Cancer Agency. Through the development of an Indigenous cancer strategy, this role will lay the foundation to improve the level of holistic services for First Nations and Aboriginal cancer patients.



# Measuring Health Outcomes

The provincial health officer (PHO) anticipates releasing the Interim Report on the Health and Well-being of the Aboriginal Population during the fall of 2015. This interim report is currently facing data access challenges, but the Office of the Provincial Health Officer is working with the Aboriginal Health Directorate and First Nations Health Authority, and is optimistic about its completion. This report will be disseminated separately from the *Tripartite Committee on First Nations Health Annual Report*.

In June 2015, the PHO and the representative for children and youth (RCY) in B.C., released the joint Special Report *Growing Up in B.C.: 2015*. This report follows up on the 2010 report of the same name, and discusses several areas of child health and well-being, including the health and well-being of Aboriginal children and youth in care. Several key findings were highlighted by the PHO and RCY regarding changes in policy and strategy.

In August 2015, the Office of the Provincial Health Officer released the *B.C. Opioid Substitution Treatment System Performance Measures* report for 2013/14. Although this report does not focus specifically on First Nations and Aboriginal populations, it nevertheless provides important data for the preparation of population- and geography-specific opioid treatment paradigms.

With the former deputy provincial health officer for Aboriginal Health in B.C. moving to a new role in December 2014, the Office of the Provincial Health Officer is very pleased to welcome a new Aboriginal health physician advisor. She has extensive experience in rural and Aboriginal communities across Ontario, Saskatchewan, Alberta, the Yukon and across British Columbia.

In December 2014, the former deputy provincial health officer for Aboriginal Health in B.C. transitioned into his new role as chief medical officer of the First Nations Health Authority. The partners look forward to the advancement of First Nations health and wellness under his leadership in the FNHA.





## Looking Forward— The Partners Envision The Possibilities

This annual report is a reflection of our collective endeavors over the past year, and allows us to evaluate the progress of the Tripartite Committee on First Nations Health—its successes, challenges, and priorities—in the integration and improvement of health services to B.C. First Nations and Aboriginal people. This is a necessity given the complexity and ever-changing nature of health and wellness in B.C., and our strategic focus is continually evolving to suit this landscape. This year has involved the refocusing of our strategic efforts into prioritizing patient-centred care, multidisciplinary teams, and a shift into a more regionalized model of service delivery and investment. In the two years since transfer and the full operationalization of the First Nations health governance structure, there have been a number of advancements and successes including:

- ▶ The evolution of health actions;
- ▶ Emerging partnerships and the alignment of executive agendas at all levels of the health system;
- ▶ Improvements in the quality and accessibility of health services through joint project board strategies;
- ▶ New mental health and primary health care innovative services;
- ▶ Advancements in cultural safety and humility systems-wide; and
- ▶ Policy shifts in coroners' practices of benefit not only to the First Nations populations but British Columbians as a whole.

It is through our strong and evolving partnership that such successes have become reality. We are continually refreshing and aligning our strategic efforts through open communication, information sharing, and mutual respect. We look forward to each challenge because we know that overcoming it will create a more accessible, responsive, and culturally safe health-care system for all First Nations and Aboriginal people in British Columbia.



## ► RESOURCE LINKS

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

[www.health.gov.bc.ca/library/publications/year/2012/together-in-wellness.pdf](http://www.health.gov.bc.ca/library/publications/year/2012/together-in-wellness.pdf)

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

[www.health.gov.bc.ca/library/publications/year/2013/Together-in-Wellness.pdf](http://www.health.gov.bc.ca/library/publications/year/2013/Together-in-Wellness.pdf)

Tripartite Committee on First Nations Health Interim Annual Report, 2013-14

[www2.gov.bc.ca/assets/gov/government/ministries-organizations/ministries/health/aboriginal-health-directorate/together-in-wellness-2013-2014.pdf](http://www2.gov.bc.ca/assets/gov/government/ministries-organizations/ministries/health/aboriginal-health-directorate/together-in-wellness-2013-2014.pdf)

Hope, Health, and Healing, 2015

[www.fnha.ca/wellnessContent/Wellness/FNHA-Hope-Help-and-Healing.pdf](http://www.fnha.ca/wellnessContent/Wellness/FNHA-Hope-Help-and-Healing.pdf)

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

[www.health.gov.bc.ca/library/publications/year/2014/Setting-priorities-BC-Health-Feb14.pdf](http://www.health.gov.bc.ca/library/publications/year/2014/Setting-priorities-BC-Health-Feb14.pdf)

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

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

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

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





Haida Gwaii





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