



First Nations Health Authority
Health through wellness

FNHA UPDATE Vancouver Island Region Caucus

Richard Jock, COO
June 5-6, 2019



Updates on:

1. Community Capital
2. Primary Care
3. Non-NNADP Subsidy Application Principles
4. Tripartite MOU on Mental Health & Wellness



1. Community Capital Program

4 Year Capital
Need

\$ 90 M

Annual Funding

\$ 10 M

Issue: How to address the gap

Consideration: One option is
monetization



Community Capital Program - Monetization

- Are there specific communities interested in monetization?
- How monetize?
 - Aggregate a number of projects in feasibility or design or construction phases – economies of scale
 - Combine economic infrastructure with social infrastructure , e.g., private sector with community infrastructure
 - Explore different models of building ownership, e.g., partner with another organization
 - Explore different ways of doing O&M, e.g., First Nations O&M company – outsource O&M
 - Financing models could include – FNHA, FNFA, OSR, private sector, other governments



2. First Nations Primary Health Care Landscape

Multiple streams of PHC work occurring



- 13 Nursing stations providing various levels of PC prior to transfer
- 40% of JPB's are PC focused or supporting PC and integrating models of multidisciplinary care teams
- End to end was implemented to support operational enablers such as virtual health, access to health information and address health infrastructure required to support the enablement of timely, quality access to health and wellness services
- Ongoing development of robust team based care models that meet FN needs, are culturally safe, advance patient attachment, quality longitudinal care and address equity are being focused on
- Integration will be focused on while maintaining the uniqueness of the FN model
- FNHA worked with our partners at the Ministry of health to ensure that First Nations were included as full partners in PCN development and it is a formal criteria that:
“Where health services are provided to First Nations communities and/or urban Indigenous populations (by the Nation, Band, First Nations Health Authority, regional health authority, contracted agency, or by First Nations or Indigenous health service organizations, it is expected that leaders of these groups/organizations will be invited to participate as full members (or in another agreed upon capacity) at the onset in the development of the PCN.”



Primary Care - Our Work

- Exploring unique models of First Nation Team-Based Primary Care
- Advocacy for First Nations Equity in PCN engagement and planning
- Exploring Care Connect access
- First Nation-Led Primary Care Initiatives
- Completion of 1st PC and Mental Wellness Summit
- Exploring models/opportunities for FNHA to deliver PC



Primary Care - What is the opportunity?

First Nations Primary Care

- Commitment to 17 First Nations-led Primary Health Care ++ projects distributed across regions over the next three years, based on FNHA's holistic team based care approach.
- Will integrate with PCNs when established and will serve a clearly described population base inclusive of both First Nations and open to non-First Nations clients.
- FNHA will have a funding arrangement with the Ministry to establish these projects and to employ/deploy their human resource complement.
- FNHA will be able to choose the location of these projects and will do so with the Health Authorities in shared regional planning.
- Will also look at building FNHA capability to deliver these innovative initiatives.
- FNHA will add to these projects through its own investment strategy to achieve the overall Primary Care ++ concept.
- Will look to find a solution to resourcing First Nations engagement in primary care transformation processes.





FN-Led PC Health Human Resources Model

- Physician (GP)
- Nurse Practitioner (NP)
- Registered Nurse
- Oral Health
- Traditional Healer
- Midwife/Doula
- Elder
- RNC (Wellness Navigator)
- Mental Health Counsellor
- Social Worker/Soc Navigator
- Traditional Diet/Nutritional Advisor
- MOAs
- Clinical Practice Manager



4. Tripartite MOU on Mental Health and Wellness

- Total \$30M commitment - \$10M each from Canada, BC & FNHA
- Focused on MHW planning and demonstration sites that support Nation-Based approaches, emphasize collaboration and collective action and contribute to healing and Nation rebuilding
- 67 communities have come together to submit 15 unique Nation based Statements of Readiness
- To date, 3 Statements received from Island Nations