

First Nations Health Directors Conference 2008

Facilitator's Summary

Opening and Welcome

- Opening Prayer
 - Irene Johnston, Esketemc First Nation, Shushwap
- Welcome
 - Kim Brooks (Taku River Tlingit), Squamish Nation Health Director
 - “A historic day of transition from government doing the planning and organizing to us (Health Directors and FNHC) being the organizers”
 - “Nothing is set in stone on the Association – today is the day to start the discussion and planning”

First Nations Health Directors Association

- Specifically referenced in the TFNHP (health directors and other health professionals)
 - Create and implement a comprehensive capacity development plan
 - Management and delivery of community based services
 - Support First Nations and their health organizations
 - Training
 - Program development
 - Knowledge transfer
- The Association of Health Directors is part of the ‘four pillars of governance’ within the Tripartite First Nations Health Plan (as well Health Directors have access to other pillars as well)

“I think forming this health directors association is really important for us and something we’ve wanted for years...the Tripartite Plan validated what we wanted and provided the mandate for us to get on with the work”

THE FOUR PILLARS OF GOVERNANCE



The Role of the Association

- Establish a Code of ethics
- Information and Knowledge Sharing
- Opportunity to share resources and technology
- Work together as Agents of Change
- Political avenue to inform leadership Provide support to Health Directors
- Creating a new relationship and working together to develop new relationships with Provincial and Federal Government
- Provides for a collective voice / collective strength
- Standardize training for Health Directors
- Maintaining competencies for Health Professionals
- Recruitment/Retention
- Knowledge, credentials and standards such as cultural competencies

OUTSTANDING QUESTIONS

- Balance between purpose and participation or Mandate and Membership and Activities
 - Is another level of organization/bureaucracy needed?
 - Do we define/limit membership?
 - What do we mean by “belong”
 - Do we use existing health zones and regions or do we use more traditional groupings such as nations (What kinds of culturally unique aspects to include throughout the associations structure and operations (beyond regions)
 - How do we balance the political equation (non-political focus but leadership needs to advocate on our issues)

EMERGING PRINCIPLES

- Must be a clear link and effective link to work and benefit at the First Nations community level
- Particular emphasis on responding to the unique circumstances of smaller communities (e.g. no Health Directors)
- Voluntary Participation
- Support communications capacity at all levels
 - Enabling ‘reps’ ability to communicate with their ‘regions’
 - Use a variety of basic and information technology based methods (from phone to video – from newsletters to web-based)

Membership

- Range/Continuum:
 - On Reserve Health specific →include others on reserve (social political)→include off-reserve partners (Tribal Councils, NAHO, Health agencies-→
- Levels of membership
- Focus on Health Directors and Health professionals/providers in the community
- Find ways to include Elders, Youth, Hereditary Leaders, Champions (at the region/community level?),
- Provide opportunities (associate/non-voting) for others to participate (e.g. NAHO, Regional Health/Aboriginal, CHABC, OADS, HOS, Urban) and for community based health professionals to benefit from their expertise

Governing Structure

- Initial Feedback:
- The governing structure of the Association may include:
 - Elected board from membership
 - Formal legal entity
 - Open to all First Nations Health Directors
 - Non-Profit
 - Grassroots membership

Governing Structure

- A 'regionally' representative board
- A Leadership/Political Advocacy structure (committee/relationship)
- A regional health position (Aboriginal)
- A Health Canada position

Mental Health and Caregiver Burnout

Bill Mussell

“Our deep ‘Cultural Roots’ need uncovering to enable us as directors to survive and function as a positive life force.”

“I see your jobs as Health Directors as being full of contradictions...because you have to conform to imposed programs, structures and requirements while serving your people who live by different values and life experiences...”

“Needy people are not people who share, they are more focused on getting”

Mental Health and Caregiver Burnout

- What is Mental Health?
 - There is no word in many indigenous languages because it often focuses on illness
 - There is a growing recognition of the need to focus on wellness...(as opposed to the absence of wellness)
 - As Health professionals we need to be aware of what our people mean when we talk about 'health', ...'caregivers'....
- We need to be able to function a **warrior caregiver**
- Core values need to be carefully considered and actually applied
 - Respect;
 - Honouring and being inclusive;
 - Caring and sharing as the basis of knowledge;
 - Cultural safety – as a teacher of new indigenous paradigms;
 - Honouring and strengthening families and communities...

Uncovering our deep cultural roots

Uncovering our deep cultural roots and carefully thinking about how to apply them to our lives is a core strategy for developing the security and insights we need to be warrior caregivers willing to deal with the many contradictions we encounter and able to create a positive life force from our efforts to reclaim, restore, and retain wellness amongst First Nations people

Health Centres Accreditation

- The experiences of 2 BC Nations within the accreditation process
 - Problem solving approach
 - Turning challenges into opportunities for success
- A review of the Accreditation process
 - not minimum standards)
 - A cycle of continuous improvement
 - Identifying the issues First Nations are concerned about (e.g. threats, funding, supports)