

# FIRST NATIONS HEALTH COUNCIL

# infobulletin



Volume 2 Issue 4 / December 2009

**OUR VISION** Healthy, self-determining and vibrant BC First Nations children, families and communities



*PHOTO: Chief Bob Chamberlin addresses delegates at the 3rd Annual Gathering Wisdom Forum, November 3rd, 2009*

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## Governance

# Health Directors Form Association

BC First Nations Health Directors have voted overwhelmingly in favour of the development of a First Nations Health Directors Association. 91 health directors cast their ballots November 5th at the Gathering Wisdom Forum, 79 in favour of the Association and 12 opposed.

Kim Brooks, Health Director Squamish Nation, and member of the First Nations Health Directors Subcommittee comments: We are very excited about the formation of the First Nations Health Directors Association. The First Nation Health Directors Association represents a collective of the best First Nations health technical advisors in the province. This collective of experience and knowledge can provide analysis, advice and recommendations related to health planning, service delivery, measurable outcomes and much more. I look forward to the contributions that we can, as a group, make toward health governance discussions.

A BC First Nations Health Directors Association is one of four governance components identified in the Tripartite First Nations Health Plan. The Association will support and standardize training and competencies for Health Directors; establish a code of ethics; share information, resources and technology; serve as a recruitment agency; share information with leadership; and provide for a collective voice while working together to develop new relationships with Provincial and Federal Government.

This Health Directors Association is a long time coming; a lot of hard work went into its formation. The biggest benefit of this Association for me as a health director is the ability to collaborate and cooperate with other health directors. I believe that collectively that we have tremendous knowledge, and together we are going to some amazing things for the communities in BC. Aileen Prince, Health Directors Subcommittee Member and elected representative for Northern Region.



***“Looking across Canada, BC is the first province out of the gate to develop a First Nations Health Directors Association. It is quite powerful, I have already received calls of congratulations from several provinces, and we need to remember that what is going on here in BC is being closely watched by all of Canada. With respect to the process, I feel it was a very qualified process, both the survey and final poll showed strong support for the Association’s development. For those of us who have been involved in providing First Nations health services for decades, this association long overdue.”***

Laurette Bloomquist, Health Directors Subcommittee Member and elected representative for Vancouver Coastal Region.

The Association's structure was developed through dialogue at the First Nations Health Directors forum held in October 2008, and refined through a survey administered to Health Directors over the past several months. Following the vote on November 5, a 13 member board of directors was appointed with directors from each of the five regions North (3 seats), Interior (3), Vancouver Island (3), Vancouver Coastal (2), and Fraser (2). The new board consists of FRASER: Laurette Bloomquist (Sliammon), Allison Twiss (Lil'wat); VANCOUVER ISLAND: TBD (Coast Salish), TBD (Kwakwaka'wakw), TBD (Nuu-chah-nulth); FRASER: Virginia Peters (Chehalis) and Jeanine Lynxleg (Sto:lo), INTERIOR: Patrick Lulua (Xeni Gwet'in), Jim Adams (Scw'exmx), Jackie McPherson (Osoyoos) and NORTH: Aileen Prince (Nak'azdli), Hertha Holland (Gitxsan), TBD (Treaty 8).

# A Message from our Co-chairs

## Happy Holidays!

### GATHERING WISDOM III

We are happy to report that this year's Gathering Wisdom forum drew greater First Nations participation than the 2007 and 2008 Forums. In total, 400 participants representing more than 130 First Nations came together in Vancouver, November 3, 4 & 5 to dialogue on the implementation of the Tripartite First Nations Health Plan. 80% of those in attendance were First Nations Leaders and Health Technicians. This represents a 20% increase from last year's forum and provides a good illustration of how we as First Nations are taking up more space in the conversation about our Health.

Discussion at this year's forum was focussed on three topics: Day 1: Health Governance, Day 2: Health Actions, and Day 3: Health Directors. This year's forum was webcast live on the internet, allowing First Nations leaders and health technicians who could not attend the opportunity to observe the proceedings. We also received feedback from First Nations across Canada who tuned in to see what we are up to in BC.

A major highlight of the Forum was the formation of the Health Directors Association. The Health Directors Association is one of four governance components identified in the Tripartite First Nations Health Plan. Health Directors in attendance at Gathering Wisdom voted 87% in favour of enacting the model proposed during Day 3 of the Forum. Following the vote, the five health regions met and appointed a 13 member regional board of directors. BC First Nations are first in Canada to form a provincial First Nations health directors association, other provinces are watching with interest as our process unfolds.

All conference presentations, as well as video clips of keynote speakers, are available on the Health Council website at: [http://www.fnhc.ca/index.php/news/gathering\\_wisdom](http://www.fnhc.ca/index.php/news/gathering_wisdom)



### NON-INSURED HEALTH BENEFITS TRANSITION

Effective December 6th, 2009 Health Canada's Non-Insured Health Benefits Program (NIHB) will be moving to a new claims processor. The new claims processor, ESI Canada, takes over from First Canadian Health (FCH). ESI Canada will administer the Health Information and Claims Processing Services (HICPS) System for pharmacy, dental and medical supplies and equipment (MS&E) benefits on behalf of Health Canada's NIHB Program. All current health service providers are expected to enrol with the new claims processor.

At the Gathering Wisdom Forum we heard concerns about this transition, and what it will mean for communities. As of November 19th, dental providers representing 90% of claims and pharmacies representing 63% of claims have signed on with the new provider. Health Canada has now extended the deadline for other service providers to sign on until March 31st, 2010.

The First Nations Health Council is working with Health Canada to ensure continuity of service to communities. With the extended deadline in place, it is expected that there will be very few interruptions in service. In the meantime, we are advising communities to speak

with your local health service providers to facilitate a smooth transition at the local level.

### TELL US YOUR STORY: WIN OLYMPIC TICKETS!

The First Nations Health Council is currently seeking submissions for a book about First Nations peoples in BC who have triumphed, mentored, or lead in traditional and non-traditional sports, recreation, fitness, dance or any other type of physical activity. The purpose of the book is to celebrate our elders and ancestors achievements as well as to honour our current hero's in sports and recreation.

With each story and photo submitted the writer's name will be submitted into a draw for Olympic tickets. Don't miss out on this great opportunity to participate in the excitement of the 2010 winter games.

Have a safe and happy holiday season,

Sincerely,

*Debbie Abbott*  
*Chief Lydia Hwitsum*

Debbie Abbott and Chief Lydia Hwitsum  
First Nations Health Council Co-Chairs

# Governance

## First Nations Interim Health Governance Committee- Cochair Update

Dear Elders, First Nations Leadership, Health Directors, and Community members

As you may know, BC First Nations Health Governance regional caucus sessions have been ongoing in communities for over a year now. These important sessions began last October 2008 through a series of six (6) regional meetings, and are continuing through the establishment of five (5) regional caucuses. Parallel to the community discussions, the co-chairs of the First Nations Interim Health Governance Committee have been meeting with the Tripartite Governance Committee, which includes federal and provincial partners governments to bring forward your questions, concerns, interests, ideas and strategies for the development of a



new structure for the governance of First Nations health services in BC, including the possible development of a BC First Nations Health Authority.

Health Governance is about decision making. Over the past 20 years BC First

Nations have gradually been taking more responsibility for community health through Transfer Agreements with Health Canada, First Nations and Inuit Health. At the provincial level, Regional Health Authorities have invited our health directors to sit on their advisory committees. Despite these gradual changes, BC First Nations have very little control over how health care programs and services are designed and delivered to their communities and people. These decisions are still made by Health Canada in Ottawa, by the Ministries' of Health Services and Healthy Living and Sport in Victoria, and finally by the Regional Health Authorities.

The Tripartite First Nations Health Plan recognizes the importance of BC First Nations governance over their own health and health services. The health governance

### MOVING FORWARD: BUILDING A FRAMEWORK AGREEMENT

The FNIHGC Co-Chairs and Regional Members are currently working under an accelerated timeframe to reach a basis for a framework agreement. There are a number of outstanding issues that need to be resolved:

1. **FUNDING:** It is clear that we need to be funded to succeed.
2. **AUTHORITY:** This is a nation-driven process, and the rights and title of each Nation rests with the Nation. As BC First Nations we need to determine: What will the structure and the functions of this authority look like? How will BC First Nations be involved and represented? How will we ensure functions of a new First Nations Health Authority will support and enhance the authorities and responsibilities of each of BC's 203 First Nations? How much of the current health system will we take on?
3. **EXISTING AGREEMENTS:** There have been many questions raised about existing contribution agreements. A new BC First Nations Health Authority will not diminish the federal fiduciary responsibility to BC First Nations. Current financial commitments made through contribution agreements will be honoured, with the difference being to have enhanced control over local program design and delivery.
4. **TIMING:** By December 2009 the FNIHGC Co-Chairs and Regional Members are expecting to initial a basis for a framework agreement that includes the commitments and processes which will lead to a more detailed agreement. In order to maintain such high level political engagement, Canada (Health Canada) wants to bring their cabinet a demonstration of progress made so far. The framework agreement will set out some strong guiding principles: What can be achieved in 3 to 6 months? The FNIHGC are striving for reasonably timed and steady change.
5. **DEMONSTRATION PROJECTS:** The purpose of demonstration projects is to practice occupying health governance space today, and to test how our health issues can be resolved with increased decision making power.
6. **RATIFICATION:** The ratification process will be designed by BC First Nations, tribal councils and bands via the FNIHGC and the Regional Caucuses. Just as each regional caucus has determined their membership and structure, each BC First Nation will decide on its own ratification process. This process won't be decided upon by the First Nations Interim Health Governance Committee co-chairs, and no one will be left out.

# First Nations Interim Health Governance Committee- Cochair Update



authorities. This partnership will drive how health services are delivered to First Nations peoples from the ground up through First Nations community health plans. The governance provisions of the Tripartite First Nations Health Plan set the table for BC First Nations to engage in this dialogue.

One of the key features of the framework agreement is reciprocal accountability. The Province currently receives millions of dollars every year from the Health Canada for MSP Premiums which gives us our Carecards. We need to question: Are we receiving or accessing an appropriate level of health service from the provincial health system, if not, how to do we ensure we do? Provincial and Federal governments have been trying to answer these questions for a long time, often in isolation of one another. We know that these answers must come from dialogue which includes our leadership, our health technicians, and our community members.

where we can make our own decisions on and influence policy, programs, service delivery and spending. A new First Nations Health Governance model will also work to influence positive outcomes in the social determinants of health though collaboration with other First Nations committees, councils, and government agencies and



work is about BC First Nations having direct influence and decision making through the transfer of an area of authority from Health Canada for First Nations to operate in health. This arrangement will then provide the leverage for BC First Nations to create its own decision making model that can interface with the provincial health ministries and the regional health



At every Gathering Wisdom Forum, we have heard the need for early intervention, and for upstream health investments. We have heard that the current health care system is a sickness system, rather than a wellness system. One of the differences that we want to make is to approach our health as First Nations people from a competent, strategic and cultural perspective. The Tripartite Health Plan gets us in the door at a high level; it gets us to the place

bodies to address issues such as housing, education, and economic development.

Sincerely,

Grand Chief Ed John

Grand Chief Doug Kelly

Chief Shane Gottfriedson

Co-Chairs,

First Nations Interim Health Governance Committee

*In recognition of the holiday season, and in lieu of Christmas cards, the First Nations Health Council donated \$2500 to Vancouver Aboriginal Child & Family Services Society to the Strengthening Families Program.*

*On an individual level, as part our our annual toy run, FNHC staff donated one gift per staff member to Vancouver Aboriginal Child and Family Services Society*

The Health Council and technical team would like to wish you all a Merry Christmas and Happy New Year.

# Governance

## Non-Insured Health Benefits Program transitions to ESI Canada

Effective December 6, 2009 Health Canada's Non-Insured Health Benefits Program (NIHB) will be moving to a new claims processor. The new claims processor, ESI Canada, takes over from First Canadian Health (FCH).

ESI Canada will administer the Health Information and Claims Processing Services (HICPS) System for pharmacy, dental and medical supplies and equipment (MS&E) benefits on behalf of Health Canada's NIHB Program. The responsibility encompasses all aspects of benefits processing and payment of claims and extends to verification, audit and recovery where deemed appropriate. All current health service providers are expected to enrol with the new claims processor.

To date dental providers representing 90 per cent of claims and pharmacies representing 63 per cent of claims have signed on with the new provider. Health Canada has extended the deadline for other service providers to sign on until March 31, 2010.

We are working to ensure as smooth a transition as possible, and with the extended deadline we envision few interruptions in service. said Yousuf Ali, Regional Director of First Nations and Inuit Health, BC Region.

Concerns have been raised that some providers may not sign on leading to gaps in service for some communities.

Joe Gallagher, CEO of the First Nations Health Council, comments We are aware that concerns are being raised about continuity of service through this transition period. These

services providers are not legislated by any government to claim through the NIHB program. These service providers are governed by a code of ethics where they must provide services but it is up to them how they wish to be paid leaving clients to get reimbursed by their specific benefit plans. Ultimately we cannot force providers to sign on.

Michelle DeGroot, VP Policy and Advocacy for the First Nations Health Council adds, Service providers may decide not to continue with the NIHB program, but will risk a drop in income for not providing this service to First Nations.

This issue was encountered several years ago when pharmacists were refusing services in an effort

to negotiate higher rates for drug dispensing. Health Canada was able to find other pharmacists to ensure service was delivered in a prompt manner to First Nations in BC.

Both the First Nations Health Council and First Nations Inuit Health, BC Region are working with professional associations such as pharmacists, to resolve outstanding issues. Communities are encouraged to talk to their local service providers in advance of the new March 2010 deadline to ensure continuity of service.

For questions related to the change in claims processor, please contact: Tara Bjornson, Manager, non-Insured Health Benefits: 604-666-3990

***"We are working to ensure as smooth a transition as possible, and with the extended deadline we envision few interruptions in service."***

Yousuf Ali, Regional Director, First Nations and Inuit Health, BC Region.

### HEATHER SQUIRE Senior Advisor, Policy and Strategic Initiatives

Heather Squire is the Senior Advisor, Policy and Strategic Initiatives to the CEO of the FN Health Society. In her role as Senior Advisor, Heather is responsible for developing strategic direction and initiatives in coordination with the CEO and other senior management and government partners. She also assists in supporting and coordinating the communication, policy, and planning initiatives with the senior management team.



Heather holds a BA from SFU with a double major in anthropology and sociology, and First Nations studies and is currently completing her M.ED in Counselling Psychology from UBC. Prior to joining the First Nations Health Council, Heather spent 6 years with the BCAFN in senior roles in policy, communications and strategic advising, including advising Shawn Atleo's successful campaign for National Chief in 2009. Heather is also a certified fitness instructor and spent a year in 6 Nations, which she spent building log homes.

Heather recently married Dallas Squire, and spent spring 2009 enduring studio lights as a participant on Slice Networks reality TV show "Bulging Brides". She is an outdoors and sports enthusiast and enjoys nothing more than running her dog in the trails of her home community of Squamish, BC.

## Healthy Role Model Posters Celebrate Everyday Hero's

The First Nations Health Council and the Four Host First Nations Society are pleased to be recognizing 5 everyday hero's from First Nations Communities across BC. The Healthy Role Model Poster series was born from the idea that our greatest inspiration comes from our families, neighbours and friends.

The five individuals chosen here are an inspiration to all of us and are a great example of role models around us. They are peers, family, and community members.

### THE SELECTION PROCESS

The five role models were nominated by their friends, family, and communities; graded and scored by a selection committee; and then selected based on their involvement in their communities, their healthy balanced lifestyles, and their ability to promote healthy lifestyles in their families, their communities, as well as, their desire and help others succeed.

Spread the word place these posters in your office, in the hallways; highlight

these wonderful role models across British Columbia. If you would like to print copies they can be downloaded from the First Nations Health Council website at:

[http://www.fnhc.ca/index.php/initiatives/community\\_health/firstnations\\_actnow](http://www.fnhc.ca/index.php/initiatives/community_health/firstnations_actnow)

Please note that the role model posters will be mailed out to First Nations Communities throughout BC.

Would you like a chance to win a \$50 gift card to the grocery store of your choice? Participate in our poster campaign survey and you could win! We would love to hear what you have to say about these posters! Please log onto the web address below and complete our short survey online.

[http://www.fnhc.ca/index.php/initiatives/community\\_health/firstnations\\_actnow](http://www.fnhc.ca/index.php/initiatives/community_health/firstnations_actnow)

\*You must be 18 year of age In order to participate in this survey.

## Maternal and Child Health Committee Seeking Members

We are seeking to fill 4 vacant seats on the Aboriginal Maternal and Child Health Committee. The committee brings together First Nation community members who reflect a balanced representation from different regions, diverse community make-up and who have knowledge and experience in maternal and/or child health.

The following 4 seats are vacant:  
 (2) Vancouver Coastal Region  
 (1) Northern Region  
 (1) North/Interior Region

Interested persons who would like to take part in this exciting initiative should submit a letter stating why you would like to be part of this work group along with a copy of your resume by email, fax or mail no later than January 15th, 2010 to:

Attention: Marilyn Ota, Director,  
 VP Health Planning  
 1205-100 Park Royal South West  
 Vancouver, BC V7T 1A2  
 Toll-free: 1.866.913.0033  
 Telephone: 604.913.2080  
 Fax: 604.913.2081  
 Email: [mota@fnhc.ca](mailto:mota@fnhc.ca)



# Population Health

## Ts'ktlclaycawts "They Are Of Age"



An exciting first time project of the Nuxalk Nation provides a glimpse into the positive impacts of culturally and socially appropriate health programming happening today with BC First Nations.

Ts'ktlclaycawts "They are of age", was a Nuxalk Nation 10 day project involving 15 youth ages 11 to 15. The goal of the project was to teach youth who they are (identity), who their great-great grandparents were, what village they came from, their smayusta's (family origin stories), traditional songs, to understand respect, to love one another, to love themselves, teamwork, and to be strong as a Nuxalkmc.

### THE PROGRAM

The program leaders felt that one of the most important understandings that a young person could have, is the understanding of where they come from. At the beginning of the project, youth and program leaders created individual family trees going back five generations. Through this process the students came to learn and understand the Four Nuxalk Laws.

1. Do not say or do anything to hurt any other living being. Don't be mean.
2. Always share a meal together
3. Don't take your own life or that of another.
4. Love Creator, yourself and others

Another objective of Ts'ktlclaycawts was to connect the youth with the spirit of the land. The youth undertook a canoe journey to Tallheo Hot Springs. There was canoe training for a number

of days prior to the journey. Here they learnt responsibilities of being part of a canoe family, and the importance of team work. On the journey, they spent a night in the wilderness out at one of the Nuxalk spiritual hot springs and each one of them loved the water and ocean. Witnessing the raising of the Snuxyaltwa Totem Pole in a remote area of the Nuxalk Territory was definitely a high light of the trip as it was part of making it known that Nuxalk villages once belonged there.

There were a number of activities undertaken throughout the program which included: cedar bark weaving,

***"When you need to cry go to the river, let it out (find a place by yourself) Scream. Tell the Creator your hurts and pains, wash your face 4 times in the river. Let the river take away your pain. In other words don't dwell on your pain."***

**- Agnes Edgar "Axtsiqayc"**

drum making, circle feather talks, teaching respect and boundaries, and the learning of songs & smayustas. The youth also had the opportunity to participate in workshops and presentations on health care and prevention. These included learning about sexual health such as what sexually transmitted diseases and infections are and understanding what contraception is.

Amidst the learning and work that the youth did, they had a fun day at an old Nuxalk village site. Jason Hall, youth worker, coordinated a number of games

for the day that could be played within the forest. These included races of girls vs. boys doing scavenger hunts, animal kingdom tag and cooling off in the creek.

At the Nuxalk Song House they had the closing ceremonies with a potluck feast that included fish that was barbecued on site. At this feast, the youth sang four songs that they learnt with the new drums that they had made.

As part of the closing ceremonies, parents, grandparents, and family members were invited to wrap the graduating youth with blankets and to also present them with gifts they brought. Lastly, they were presented with a Ts'ktlclaycawts "They are of Age" program certificate from the Health and Wellness Director, Charles Nelson.

Through the program the youth learned the hard work that it takes for each family to uphold their family names, their smayusta's, and the songs & dances. But also, they were out in their traditional lands being healthy and having fun at the same time.

Our youth have such a desire to learn of who they are as Nuxalkmc which was so inspiring. commented Wellness Director Charles Nelson.

Thank you to Sherry Hall, Bert Snow, Chris Nelson, Charlotte Leys, Karen Anderson, Peter Snow, Melvina Mack, Faye Edgar, Jason Hall, Cheyenne Drugan and Frank Walkus.

Yam ti nilh suts The Creator is providing us with another good day. (This was taught to the Youth, how to say and what it means)



## Win 2010 Olympic Winter Games Tickets



*Tell us your Story*

The Four Host First Nations Society (FHFNS) is thrilled to announce a Ticket draw for tickets for the 2010 Winter Games. In partnership with the First Nations Health Council (FNHC) there is an opportunity for First Nations people in BC to have a chance to win tickets to Men's Moguls Qualification (freestyle skiing), and final; Ladies SBX Qualification (snowboarding), and final; and Men's preliminary Hockey.

The FNHC is currently seeking submissions for a book about First Nations peoples in BC who have triumphed, mentored, or lead in traditional and non-traditional sports, recreation, fitness, dance or any other type of physical activity. The purpose of the book is to capture the stories and pictures of Elders who pass on traditional teachings that involve physical activity, such as, feats of walking or running, games, hunting, fishing, berry picking, dancing, and so on. In addition, we would like to tell the stories of our current mentors or leaders in traditional or mainstream sports, recreation, fitness, and physical activity in BC.

***With each story and photo submitted the writer's name will be submitted into the draw for 2010 Winter Games tickets***

This is a great opportunity to provide First Nations community members a chance to see the Olympic Games. First Nations in BC have a long and rich history of excelling in sport and recreation. This book will provide a great testament to our ancestors and current hero's accomplishments." said Joe Gallagher, CEO of the First Nations Health Council.

A total of 10 pairs of tickets will be distributed, offering BC First Nation community members the chance to share an experience at the 2010 Winter Games. In addition to offering the opportunity to get a pair of tickets, the First Nations Health Council will provide a travel bursary for each individual attending the games meals and accommodations not included. Details will follow once the winners are announced.

### SUBMISSION GUIDELINES

- Stories should be no more than 500 words (Please follow the FNHC template);
- As described, and if possible, please submit a photo related to your story;
- When submitting your story you will need to provide your name, current address, First Nation community name, and contact information; (identification will be required) (please follow template)
- In order to qualify for the draw you must be of First Nations status, as per section 35 of the Charter of Rights and Freedoms, and currently residing in British Columbia, Canada.

For a story template, consent, and release forms please visit: [http://fnhc.ca/index.php/initiatives/community\\_health/physical\\_activity/](http://fnhc.ca/index.php/initiatives/community_health/physical_activity/) Email: [info@fnhc.ca](mailto:info@fnhc.ca)

### DEADLINE

Submit your story by **December 31st for the Early Bird draw (5 pairs of tickets)** the remainder **(5 pairs of tickets)** will be drawn on **January 15th 2010**.



### H1N1 TRAINING

The First Nations Health Council, First Nations Inuit Health and JEL Protection Ltd are partnering to offer an opportunity to build health care capacity in First Nations communities by offering H1N1 Trainings in approximately 18 central venues across BC.

To date, nine of the eighteen training sessions are complete, with nine more scheduled for December 2009 and January 2010. The communities who have completed the training are Lytton, Prince George, Port Alberni and Fraser Valley, Kelowna, Hazelton, Fort St John, Williams Lake and Squamish. Due to the urgent global circumstances of H1N1; the trainings have been delivered and offered within a very short time frame giving communities only a short window of time to prepare. Although we would have all liked to have had more time to organize and prepare; feedback from people who attended the trainings are very positive.

I would say that the trainings are going well and we are doing everything we can to give the people the information they need to register and attend. I understand that all communities have been faxed information on the trainings. This program has been able to cover training, travel expenses, accommodation, and catering costs for lunches.

For further information on H1N1 Training sessions please contact:

Rachel Andrew-Nelson: 604.913.2080

# Health Human Resources

## Health Careers Recruitment and Retention

### STAYING FOCUSED

With 2009 coming to an end, the Health Careers Recruitment Officers (i.e. Recruiters) continue to focus on visiting communities and wrapping up two years of community outreach. With the abundance of health career information we have so far disseminated, it's time for prospective health care professionals and paraprofessionals to start researching their education options, asking questions and applying for trade school, college or university. Seats in most classes fill up quickly; therefore it is a good idea to start preparing early.

For the Aboriginal learners we have visited around BC, we encourage you to stay focused on your targets. Like anything in life, you need goals and your goals are important, so stay buckled down on your life-long learning journey. If you need help, please make use of school resources and any adult education resources (e.g. school counsellors, Aboriginal Support Worker, First Nations' Education Coordinator, library, and Internet). Take the time to talk to others about your educational endeavours.

Don't forget your "Health Career Guidebook" and the "H.E.A.L.T.H.: Higher Education for Aboriginal Learners

Think Health resource guide for planning a rewarding career in the health field. They are excellent resource for your health career decisions. If you have not received one, please let us know and we will have one sent out to you and your friends.

### SUCCESS STORY WINNER

Congratulations to Amanda Dixon from Sechelt, BC who is the winner of our Health Careers success story. Amanda submitted a short paragraph to the First Nations Health Council on how she is planning her future and how the health recruiters gave that guiding light to pursue a career in health. Here is her story!

Amanda takes home a cool \$200.00 for participating in our Health Careers success story. Way to go Amanda!

### NATIONAL ABORIGINAL ACHIEVEMENT FOUNDATION (NAAF)

The NAAF Health Careers in the Classroom is an interactive workshop promoting health careers. The National Aboriginal Achievement Foundation has produced a 20 minute video and a segmented workshop to educate prospective Aboriginal learners with information about several health careers.

These workshops focus on five main health careers: Physicians, Nursing, Physiotherapy, Mid-Wives, and Dieticians.

Since the summer of 2009, the Recruiters have made trips to various student orientated events. Our workshops we have given has given students, adults and school personnel an opportunity to learn new information about various health careers. Recently the Recruiters gave a workshop at the First Nations Education Steering Committees 14th Annual Education



Hi my name is Amanda Dixon. I'm currently a grade 12 student at Chatelech Secondary School, Sechelt B.C. I'm currently taking a variety of courses throughout this year to help encourage me towards post-secondary school. I attended the aboriginal career fair at school on October 6, 2009, to find out

more information about furthering my education after high school.

At the career fair my interest's were finding out more about a health career in the nursing field. I have been interested in having a career in nursing for 5 years. It all started when I volunteered as a candy striper at Totem Lodge, a care home for the elderly in our community.

My motivations were to give back to the community, have fun and enjoy volunteering. While volunteering I was getting support from my family and the staff who worked there. In the Health Career Guide Book, I found it very interesting and helpful to find out more of the career that i'm interested in. It provided me with certain details and information that were very useful and it helped me make a clearer decision in the health career I would like to pursue. The First Nations health careers recruiting team, Erin Mearns and Steve Sxwithul'txw, helped motivate me a lot in my educational journey towards nursing. It was a good experience talking to both of them. They provided me with advice, information and stories from their own experiences. My future still awaits and I'm planning on going to post secondary school and pursuing a health career.

# Health Human Resources

## Health Careers Recruitment and Retention

### **NAAF** Continued

Conference in November 2009. This gave the Recruiters an opportunity to demonstrate what this workshop could do for raising awareness about health careers in their schools and communities.

All of the community-based educators and education coordinators that participated highly enjoyed themselves and immediately started to make arrangements for workshop deliveries throughout the province. The Recruiters time is now booked right to March 2010. If you require more information about the NAAF workshop, please visit their website at [www.naaf.ca](http://www.naaf.ca).

Health Careers Recruitment Officers:  
 Steve Sxwithul'txw [ssxwithultxw@fnhc.ca](mailto:ssxwithultxw@fnhc.ca)  
 Erin Mearns [emearns@fnhc.ca](mailto:emearns@fnhc.ca)  
 604-913-2080 or toll-free at 1-866-913-0033

### Health Careers Recruitment Travel Schedule

#### **STZ UMINUS FIRST NATION CAREER FAIR**

Dec 1/09  
 Ladysmith BC

#### **COMMUNITY VISITS: MALAHAT, SAANICH, BEECHER BAY, T SOUKE**

December 4, 2009

#### **SEABIRD ISLAND COMMUNITY**

**SCHOOL:** Health Careers Awareness Workshop  
 January 19, 2009

#### **ADAMS LAKE BAND CAREER FAIR**

December 4/09  
 Chase, BC



#### **STOLO NATION CAREER FAIR**

January 29, 2010  
 Chilliwack, BC

#### **BELLA BELLA CAREER FAIR**

February 4-5, 2010  
 Bella Bella, BC

#### **GATHERING OUR VOICES YOUTH CONFERENCE**

March 10-13, 2010  
 Vancouver, BC

## First Nations Workforce Development

### **AN ENVIRONMENTAL SCAN TO SUPPORT GROWTH AND DEVELOPMENT OF THE FIRST NATIONS HEALTH WORKFORCE**

Building capable and competent First Nations health workers is pivotal to improving health outcomes for First Nations, as well as providing appropriate care to First Nation individuals and their communities. Currently, there is no accurate information on the number of certified health care professionals and paraprofessionals in BC who are First Nations, nor is there accurate information on how many of them are actually practicing.

As part of implementing the Tripartite First Nations Health Plan (TFNHP), the First Nations Health Council (FNHC) wishes to complete a comprehensive Health Human Resource (HHR) environmental scan in BC First Nations

communities. The purpose is to meet with Health Directors and collect vital information which will be used to support advocacy and policy work undertaken by First Nations and the FNHC to obtain greater recognition, acknowledgement and support for HHR development and change.

We conducted a similar survey in 2007 and 2008, however response rates were insufficient for us to gain an accurate picture of the workforce in BC. We are hoping that face-to-face meetings, as requested by Health Directors, will allow them to easily and readily share their knowledge, leadership and direction around health human resource planning. This information will be important because it will ensure that the numbers of First Nations in the health workforce is increasing. It will identify the current capabilities of the health workforce and also what resources and support will be needed in the future. The results of the

scan will be the first of its kind in BC. A baseline and on-going mechanism for collecting relevant information is essential to track progress in workforce development.

Kahui Tautoko Consulting Ltd. has been commissioned to do the HHR Environmental. For those who did not complete the scan at the Gathering Wisdom for a Shared Journey III, Health Directors will be contacted in the coming weeks to participate in the Scan. If you have any questions about this scan, would like more information, or if you would like to provide feedback, you may contact one of the following people:

- Mara Andrews.** Senior Consultant.  
 Kahui Tautoko Consulting Ltd.  
[mara.andrews@kahuitautoko.co.nz](mailto:mara.andrews@kahuitautoko.co.nz)
- Patricia Osterberg.** Aboriginal Health Human Resources Initiative.  
[posterberg@fnhc.ca](mailto:posterberg@fnhc.ca)

We look forward to reporting the results in March 2010.

# Health Systems

## Interactive eHealth Presentation Illustrates Possibilities

The recent Gathering Wisdom Conference III provided a valuable opportunity for exchange and discussion around eHealth. The Tripartite partners hosted two interactive sessions and also provided an eHealth overview during the Health Directors workshops on the final day. These sessions included an interactive participant polling component which helped focus feedback and input from all the participants in the sessions. This information, provided by over one-hundred participants at the two sessions, is valuable community direction around some high-level points for the advancement of First Nations eHealth.

### HIGHLIGHTS

#### PERCEIVED IMPORTANCE OF EHEALTH FOR COMMUNITY HEALTH SERVICES

We received very strong confirmation from participants that they did in fact see eHealth as an important requirement for the development of effective community health services. Given that communities are juggling a broad range of health priorities, the perceived importance of eHealth speaks to a recognition that eHealth is an enabling tool which will contribute in important ways to helping community health services better achieve service goals and processes.

#### KEY CHALLENGES PARTICIPANTS SAW IN ADVANCING EHEALTH IN THEIR COMMUNITY

Participants identified a range of challenges, but there was a clear emphasis on some fundamental issues. Effective and sufficient levels of broadband Connectivity at the community was seen as a one of the primary challenges facing the effective uptake and utilization of eHealth at community. As important to the infrastructure challenge of connectivity and establishing a First Nations eHealth Network however, were the challenges perceived on the operational side i.e. sufficient funding at the community level

to advance eHealth development and integration and the associated additional effort this will entail; and as importantly, sustainable and predictable resourcing to sustain these operations. Two other key challenges identified were available capacity in terms of trained people to help advance and maintain eHealth efforts and functions, and the need for greater inter-organizational collaboration.

Key services participants saw as needed at a BC wide level. Participants identified key areas of common support required to help communities better leverage eHealth opportunities at the local level. Coordinated support and leadership in the development of collective infrastructure was seen as a key area requiring collective support. The area of integrating health information across jurisdictions, organizations and departments, and the establishment of information sharing agreements and other associated processes and tools was also recognized as a key scope of work that requires collective effort, support and strategies. The change management and deployment management required in eHealth implementation was also identified as an area in which collective support would be an important benefit to community efforts. Another key area

perceived as requiring a broader level of support and coordination was around the whole issue of health reporting, both in terms of meaningful frameworks and efficient mechanisms for reducing the burden of work placed on service delivery personnel for reporting.

It was significant that only 9% of participants in the morning session and only 3% in the afternoon session reported there local community health center as having an electronic information management system as the primary means of managing client information in their local health centres. A key message coming out of these two sessions was that eHealth is an important developmental priority, and there are many important gaps/opportunities where eHealth can make a contribution to improving First Nations health.

For copies of the presentations and input and related documents from the GWIII eHealth sessions visit: [http://www.fnhc.ca/index.php/news/gathering\\_wisdom](http://www.fnhc.ca/index.php/news/gathering_wisdom)

For more information on eHealth, please contact Mark Sommerfeld by email at: [msommerfeld@fnhc.ca](mailto:msommerfeld@fnhc.ca)

### COMMUNITY HEALTH AND WELLNESS PLANS COMMITTEE

*The First Nations Health Council is seeking to bring together First Nation community members who have knowledge and experience in community health planning to sit on a Community Health and Wellness Plans Committee.*

Interested persons should submit a letter stating why you would like to be part of this work group along with a copy of your resume by email, and a letter from your Nation supporting your involvement by fax or mail no later than January 15, 2010 to:

Marilyn Ota, VP, Health Planning  
1205-100 Park Royal South  
West Vancouver, BC V7T 1A2  
Fax: 604.913.2081  
Email: [mota@fnhc.ca](mailto:mota@fnhc.ca)



# Research & Performance Measurement

## Tripartite Agreement Promotes Meaningful Utilization and Control of First Nations Health Data

To promote meaningful community-based research for BC First Nations people, the First Nations Health Council is in the process of finalizing an agreement to be signed by Canada, BC, and the First Nations Health Council. The Tripartite Data Quality and Sharing Agreement is intended to improve First Nations access to health data, and to assist First Nations in building their own research and data capacity.

The Agreement will bring together existing Ministry of Health Services and INAC data sets, to create a specific First Nation health data set. For example, in the past the federal and the provincial government have collected data independent of each other. This fragmented approach to data collection and analysis did not allow for a clear picture of the wellness of First Nations communities to emerge. With the new agreement in place, the Tripartite partners will be able to monitor new data sets of the health information of First Nations people with consensus of all involved Parties.

The agreement also creates space for First Nations to have a voice in determining whether or not a proposed research project is beneficial to First Nations. Any interested parties (e.g. First Nation, University researchers, government departments

and agencies, etc) will be required to request access to data sets as per the terms of this Agreement. All requests will be screened and reviewed by the Tripartite (First Nation, federal and provincial) committee in accordance with established, transparent criteria.

The new data sets will support measurement of the seven performance indicators outlined in the Tripartite First Nations Health Plan, as well as other 'wellness' indicators developed by First Nations people. The data will be used to demonstrate accountability and track performance as First Nations Governance evolves and is eventually implemented.

The First Nations Health Council is currently identifying First Nations communities that have an interest in developing their capacity to collect and manage their own data and information. This will help us build a research and performance measurement vision that accurately reflects the spectrum of community needs.

To discuss further research capacity development with the FNHC please contact Heather Morin at [hmorin@fnhc.ca](mailto:hmorin@fnhc.ca) or call 1.866.913.0033

## Regional Health Survey

RHS had a table at the Gathering Wisdom Conference in early November; it was a pleasure to meet Elders, Health Directors, Chiefs, and various community members that showed an interest in the RHS. Due to that interest we have contacted many of the communities that were interested in participating. The data collection will occur from January till the end of March. Training sessions will be tentatively held in Vancouver, Terrace and Kamloops in January. If you are interested in participating and we haven't contacted you, please contact us and we will send you the template BCR and community participation forms. Once those are signed and faxed to us at 604 – 913 - 2081, your community can hire a data collector(s) and then we will train them. All costs are covered by the First Nations Health Council.

Please support the data collectors in your communities by participating in the survey and also encourage other community members to participate. Thank you to all the data collectors for continuing to collect data for your communities. We would like all the communities that are still collecting data to have everything done by Dec 22nd. Computers that are given to the data collectors must be returned to the FNHC. Payments are done twice a month.

The following communities have finished data collection:

***Akisq'n'uk, Campbell River, Heiltsuk, Leq'a:mel, Sowahalie, Spallumcheen, and Takla Lake.***  
***The following communities are still collecting data: Ehatteseh, Adams Lake, Canim Lake, Chawathil, Chemanius, Cowichan, Fort Nelson, Katzie, Kispiox, Kitsumkalum, Kwadcha, Malahat, Metlakatla, Mount Currie, Nadleh Whuten, Namgis, Nanoose, Okanagan, Osoyoos, Oweekeno, Seabird, Skowkale, Sliammon, Tlazt'en, Tsartlip, Tsawout, Tsay Kah Dene, Tseshaht, Tzeachten, Ucluelet, and Williams Lake.***

We have welcomed another team member to the RHS, Brittany Mckay; she is hard working and enthusiastic about having the surveys completed. She has been contacting many of the communities to encourage and nudge the data collectors along. Welcome to the team Brittany.

**Contact:** Heather Morin, RHS Research Analyst  
[hmorin@fnhc.ca](mailto:hmorin@fnhc.ca) tel: 778-229-5942  
 Brittany Mckay, RHS Assistant Coordinator,  
[bmckay@fnhc.ca](mailto:bmckay@fnhc.ca) tel: 604-913-2080 ext 233

# Communications & Community Engagement



## GATHERING WISDOM FOR A SHARED JOURNEY FORUM NOVEMBER 3, 4 & 5 2009

### DAY 1 - NOVEMBER 3 HEALTH GOVERNANCE

Day one of the Gathering Wisdom Forum was focussed on Health Governance. Since last year's forum, the Health Council has carried out a series of regional caucus sessions to inform the development of a new First Nations Health Governance Body. These discussions have resulted in the creation of Regional Governance Caucuses in each of the five health regions. Regional Caucuses have in turn appointed regional representatives to the First Nations Interim Health Governance Committee. The development of a new First Nations Health Governing body is an exciting undertaking that requires a lot more dialogue with First Nations leadership. 350 participants representing 136 communities took part in Day 1 discussions which included:

- The opportunity to hear from an international panel of experts with experience implementing indigenous health governance in other jurisdictions.
- Remarks from the Federal Minister of Health Leona Aglukkaq, Provincial Minister of Healthy Living and Sport Ida Chong, and Grand Chief Doug Kelly.

- A Tripartite Governance update from Ian Potter, Andrew Hazlewood and Grand Chief Doug Kelly.
- Breakout governance sessions in each of the North, Interior, Fraser, Vancouver Coastal and Vancouver Island regions provided the opportunity for communities to bring forward ideas, questions and concerns which will help to shape a future First Nations Health Governing Body.
- Regional members of the First Nations Interim Health Governance Committee reported back the feedback from the regional sessions.

**“Share more of the ways to access and proceed through the system for FNHC. How can you improve communications. How about a caucus for leaders only?”**

### What did you like best about Day 1?

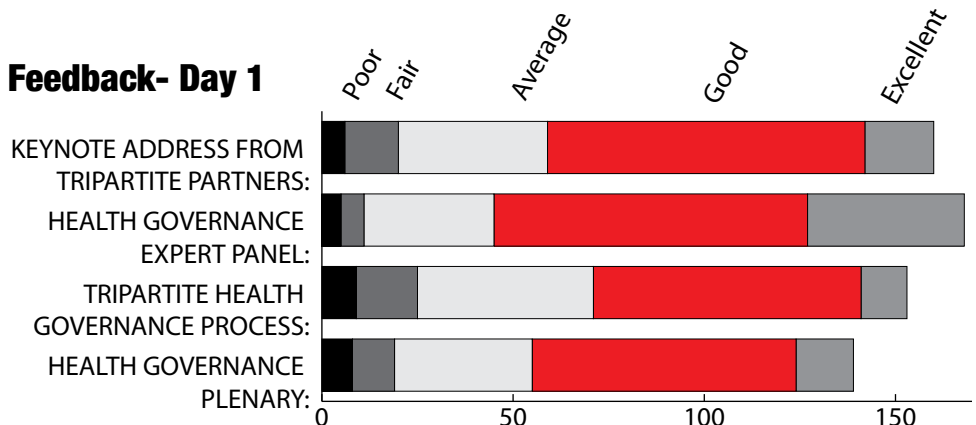
*“That this was an opportunity to be informed and heard and not railroaded into making decisions.”*

*“Learning from the presentations from New Zealand and Alaska- that we are not the only group that has accomplished this plan.”*

### What would you change?

*“More time for input - Needed a longer question period it is not a process that should be rushed.”*

### Feedback- Day 1



# Communications & Community Engagement

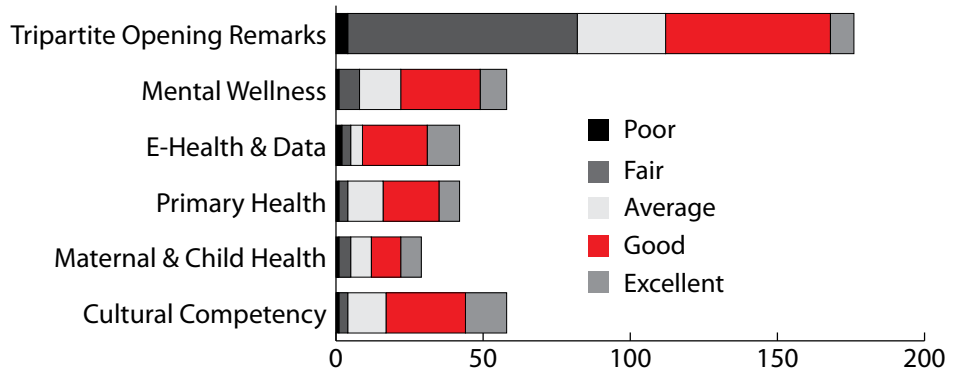
## DAY 2 - NOVEMBER 4 HEALTH ACTIONS

Health Actions is where the rubber hits the road. Health system transformation to better meet the needs of BC First Nations is the goal. On day two of the forum the discussion focussed on Health Actions. In total 430 participants representing 139 communities took part in Day two which included:

- Tripartite updates from First Nations Inuit Health, BC Ministry of Healthy Living and Sport, First Nations Health Council and regional health authorities in 5 key initiative areas: Mental Health and Addictions, Maternal and Child Health, eHealth, Primary Health, and Cultural Competency.
- Presentations from Community Engagement Hubs to showcase unique community based health service delivery models developed at the regional level.
- Regional breakout sessions for First Nations, First Nations and Inuit Health, and regional health authorities to discuss opportunities for collaboration in each the North, Interior, Fraser, Vancouver Coastal and Vancouver Island Regions.

Over the past year the First Nations Health Council has enacted an interim corporate entity, the FN Health Society, to take on the legal and financial responsibilities for implementing the Health Plans. Participants had the opportunity to receive an update on organizational changes, and meet FN Health Society members during Day 2.

## Feedback- Day 2



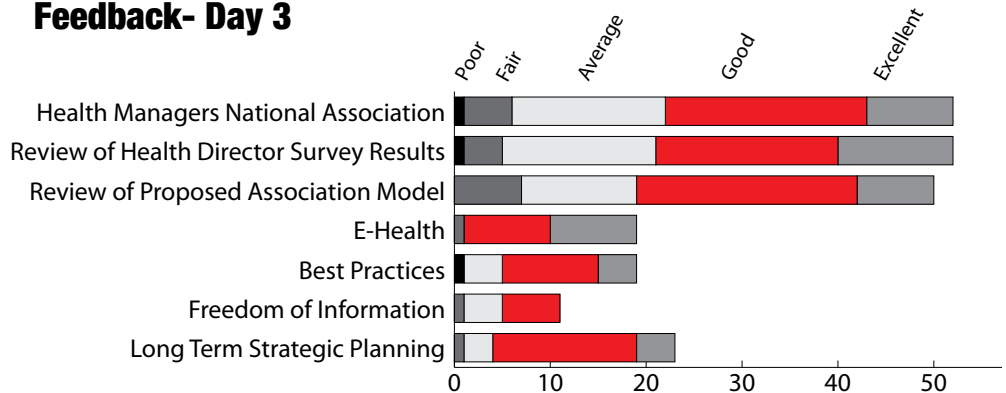
## DAY 3 - NOVEMBER 5 HEALTH DIRECTORS

Day 3 discussions focussed on the development of a First Nations Health Directors Association. In September of 2008, Health Directors held a two-day forum to begin dialogue towards the development of a First Nations Health Directors Association, one of four governance components in the Tripartite

First Nations Health Plan. This Forum laid the groundwork for a Health Directors survey administered this spring. The feedback from both the forum and the survey led to the development of a draft structure for the Association. Discussions during Day 3 included:

- An update on work of the AFN toward the development of a National Health Directors Association.

## Feedback- Day 3



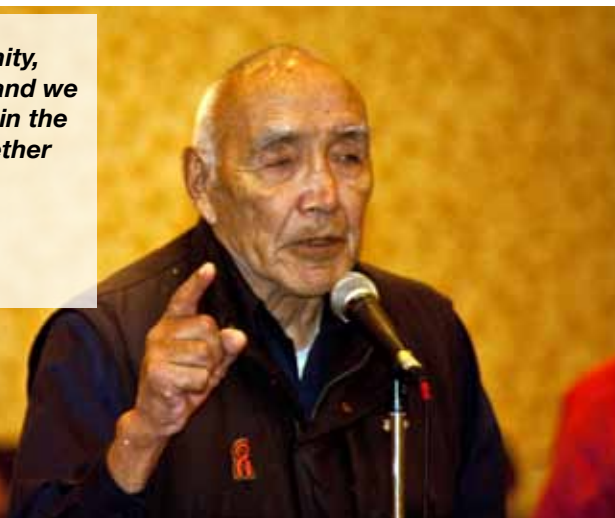
- A presentation from the First Nations Health Directors Subcommittee on both the 2008 BC Health Directors Forum and the Health Directors survey results

- Presentation of a proposed model for a BC First Nations Health Directors Association, followed by a vote to endorse the proposed structure.

- Professional development workshops on eHealth, Strategic Planning, Community Best Practices, and Freedom of Information. The 91 health directors in attendance voted 79-12 in favour of the proposed model.

***“We have to have love, unity, respect and forgiveness and we have to practice this within the community; working together to move forward.”***

Elder Pierre John,  
TI'azt'en Nation



# Communications & Community Engagement

## First Nations Health Council Launches YouTube Channel

The First Nations Health Council is pleased to announce the launch of our YouTube channel.

To view videos of the recent Gathering Wisdom for a Shared Journey please visit:

<http://www.youtube.com/user/fnhealthcouncil>



### BACKGROUND



The First Nations Health Council (FNHC) was created in 2007 to implement the 10-year Tripartite First Nations Health Plan on behalf of BC First Nations.

The purpose of the Plan is to improve the health & well being of First Nations and to close the health gap between First Nations and other British Columbians. The 10-year Tripartite Health Plan contains performance tracking clauses to ensure accountability of all parties.

The Health Council is made up of representatives from the First Nations Summit, and the Union of British Columbia Indian Chiefs, and the BC Assembly of First Nations.

Current Health Council members are: Chief Fabian Alexis, Debbie Abbott, William Starr, Shanna Manson, Chief Lydia Hwitsum, Jennifer Bobb, Grand Chief Doug Kelly & Grand Chief Edward John (ex-officio).

#### Establishment of the FN Health Society as an Interim Corporate Entity

In 2008, due to the volume of administrative work and legal liabilities carried by the First Nations Summit (as the corporate entity during the implementation of the TFNHP, it was decided by the FNHC to establish an interim legal entity to help the FNHC to:

- more effectively work with First Nations communities
- transfer the burden of the growing workload demands from the FNS
- remove the legal and financial liability from the FNS and

- to ensure the FNHC had an interim operational body solely focused on supporting the Council to implement the TFNHP.

The FN Health Society was registered on 6 March 2009 (File No S-54796) and started as a new legal entity on 1 April 2009 as the 'operational arm' of the First Nations Health Council. Effective March 6th 2009, the political representatives of the First Nations Health Council became the members of the FN Health Society.

Current FN Health Society members are: Carol Anne Hilton, John Scherebnyj, Madeleine Dion Stout, Marilyn Rook, Matt Pasco, Pierre Leduc and Ruth Williams.

### CONTACT US

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