

# FIRST NATIONS HEALTH COUNCIL infobulletin



Volume 4 Issue 3 / October 2011

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



*Dignitaries signing the Framework Agreement: (L-R) Leona Aglukkaq, federal Minister of Health; Michael De Jong, Provincial Minister of Health; Grand Chief Doug Kelly, Chair of the First Nations Health Council; Joe Gallagher, CEO of the First Nations Healthy Society; Pierre Leduc, chair of the FNHS Board of Directors; Shawn A-In-Chut Atleo, National Chief of the Assembly of First Nations; Graham Whitmarsh, Deputy Minister of Health.*

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# First Nations Health Council Update October 2011



### Chiefs, Leaders, Health Professionals and Citizens:

We are pleased to provide you with an update on our important work. Gathering Wisdom for a Shared Journey IV was an historic event, and we have been extremely busy implementing the direction you provided us.

This is an exciting and historic time in First Nations health. Over the coming months and years, you will be a part of a process of transformation never seen before in this country. We need your ongoing support, advice, and feedback as we embark upon this journey together.

We take this opportunity to provide you with a snapshot of progress since Gathering Wisdom IV in May 2011, and our work ahead over the next few months.

### Approval and Signing of the Tripartite Framework Agreement on First Nation Health Governance

At Gathering Wisdom for a Shared Journey IV, First Nations Chiefs adopted Resolution 2011-01 and approved the Tripartite Framework Agreement on First Nation Health Governance.

This Framework Agreement a legal document amongst the First Nations Health Society, Government of Canada, and Government of BC that commits to the transfer of health programs and services to First Nations control, and for a new health partnership amongst federal and provincial governments and First Nations in BC. The Framework Agreement also establishes the broad commitments of the Parties to the scope of the health transfer, the programs to be transferred, the funding to be transferred, and the timeframes and supporting processes for transfer, and requires the Parties to develop a series of sub-agreements to describe the mechanics of how to physically and legally transfer office space, assets, employees, funding, information, records, and programs from the First Nations and Inuit Health Branch to a new First Nations Health Authority.

We are very pleased to report that all three Parties – First Nations, the Government of Canada, and the Government of BC – have approved the Framework Agreement. The signing of the Agreement took place on October 13th, please read the article on page 4 for more information.

### Resolution 2011-01 Workplan

Also by Resolution 2011-01, First Nations directed the First Nations Health Council to undertake the development of a Resolution 2011-01 Workplan, to be provided to Regional Caucuses for review and feedback. This Workplan was to include specific key activities clearly set out in the Resolution, such as: signing of the Framework Agreement; supporting the development of Regional Caucuses and Tables; and, establishing a strategy and approach for the conclusion of sub-agreements.

This Workplan is important for setting the goalposts and process to keep our work on track over the next two years. At the same time, however, we have learned that flexibility is fundamentally important. As noted by Barry Phillips, CEO of Bigstone Health Commission, at Gathering Wisdom for a Shared Journey IV, “Monday’s plan may last until Tuesday.” We are in a constantly shifting and evolving environment, and while we need a clear and commonly understood plan, we also need to be agile enough to take advantage of new opportunities, or address unexpected issues as they arise, including issues

*(cont'd First Nations Health Council Update Oct 2011)*

such as the availability of resources and the perspectives of our tripartite partners.

The Workplan has been provided to each First Nation, is up on our website, and will be the subject of a series of Regional Caucus sessions to take place before the end of the calendar year. Your feedback and input is crucial to the ongoing success of this work. We look forward to seeing all of you at the upcoming round of regional caucus sessions to build on the momentum and unity achieved at the Gathering Wisdom Forum IV, and to continue this historic process of First Nations health governance reform.

### Negotiations Process Document

Through Resolution 2011-01, First Nations directed the First Nations Health Council to provide a strategy and approach for the conclusion of the Framework Agreement sub-agreements to Regional Caucuses for review. We are pleased to advise that a "Negotiations Process" document has been posted to our website and will be reviewed at upcoming Regional Caucus meetings taking place from October-December. For your convenience, a summary of this document and Frequently Asked Questions are included with the Negotiations Process document.

### Regional Caucus Development

Through Resolution 2011-01, First Nations directed the First Nations Health Council to support the development of Regional Caucuses and Tables. The FNHC regional representatives have committed to working with their respective Regional Caucuses to formalize, finalize, and update as required their Terms of Reference, and confirm appointments to the Regional Tables that will carry out the work on behalf of the Regional Caucus. Then, in the coming years, the vast majority of the transformative change will occur in and

by the regions, through the development of regional health and wellness plans and partnership agreements with Regional Health Authorities, leading to new and innovative improvements to First Nations health services delivered by the province.

### New First Nations Health Governance Structure

Through Resolution 2011-01, First Nations directed the First Nations Health Council to develop models and options for a new First Nations Health Authority. In the new year, we will circulate to all First Nations a First Nations Health Governance Structure Workbook. We will ask for your advice on a collective vision for First Nations health, and the mission statements and roles and responsibilities of the First Nations Health Council, First Nations Health Directors Association, the First Nations Health Authority, and First Nations Regional Caucuses - including the relationship between all of these various components. We will also seek your input on the governance structure of these various components, such as their membership and appointment processes.

### First Nations Health Society Annual Report

The First Nations Health Council members serve a dual role as political advocates for First Nations health, and members of the First Nations Health Society which is the operational arm for this work. In September 2011, the First Nations Health Society held its Annual General Meeting, and we as the members of the Society approved the annual report and audit. Copies of this report have been circulated to all First Nations, health leads, and hub coordinators across the province.

Thank you for taking the time to read this update. We look forward to seeing you at the upcoming Regional Caucus



Read the Annual Report online by scanning the QR code or visiting our website!  
[www.fnhc.ca](http://www.fnhc.ca)

sessions, and invite you to review our website, facebook, and twitter feed for the most up-to-date news!

Respectfully,

Doug Kelly, FNHC Chair

Warner Adam, Deputy Chair

## Governance

# Partners Sign Historic First Nations Health Agreement

VANCOUVER - The Honourable Leona Aglukkaq, federal Minister of Health, British Columbia Minister of Health Michael De Jong, the B.C. First Nations Health Council and the B.C. First Nations Health Society signed a landmark legal agreement that will ensure B.C. First Nations have a major role in the planning and management of health services for First Nations through a new First Nations health governance structure.

"Today marks an important and historic milestone for the Harper government, B.C. First Nations and the Province of British Columbia," said Minister Aglukkaq. "This will streamline administration, encourage the integration of the federally and provincially funded health services and allow health-care decisions to be made closer to home. We're proud to partner with B.C. First Nations and the Province of British Columbia on this important initiative."

The British Columbia Tripartite Framework Agreement on First Nation Health Governance paves the way for the federal government to transfer the planning, design, management and delivery of First Nations health programs to a new First Nations Health Authority over the next two years.

The First Nations Health Authority will incorporate First Nations' cultural knowledge, beliefs, values and models of healing into the design and delivery of health programs that better meet the needs of First Nations communities.

"This agreement is the first of its kind in Canada and advances B.C.'s New Relationship commitments to close the gaps, including health, that separate First Nations people from other British Columbians," said B.C. Health Minister Michael de Jong. "The relationships we've built between governments, First Nations and communities are the foundation for improving the health of First Nations communities that benefit all British Columbians."

B.C. First Nations Chiefs overwhelmingly endorsed the agreement in May, moving another step toward assuming greater control over their health and wellness.

"B.C. First Nations are demonstrating incredible leadership," said Grand Chief Doug Kelly, Chair of the First Nations Health Council. "We will be the first in Canada to take over provincewide health service delivery from the federal government and will work closely with the provincial health system to enable it to better meet First Nations health needs and priorities. Through this new health governance approach, we will see remarkable improvements in the health and well-being of First Nations people in B.C. within one generation, and contribute to the health services accessed by all British Columbians."

"This agreement is a result of years of work by B.C. First Nations to bring forward a First Nation vision of health care," said Assembly of First Nations National Chief Shawn A-in-chut Atleo. "We cannot be passive observers in our own lives and the lives of our families and communities - this agreement enables First Nations to take a step forward in taking back responsibility for our own lives and for our own communities and Nations."

"It is deeply satisfying to see this agreement coming to fruition. This agreement means that First Nations will have a strong voice in identifying their health-care needs, and the power to address those needs as they see best," said federal Minister of Aboriginal Affairs and Northern Development John Duncan.

Today's signing of the B.C. Tripartite Framework Agreement on First Nation Health Governance is a key milestone in the Tripartite First Nations Health Plan, which was signed in 2007 with the goal of improving the health and well-being of First Nations in B.C. and closing the gap in health between First Nations people and other British Columbians.



## STAY INFORMED

You can stay informed about meetings, articles, news and reports by following FNHC on twitter: [www.twitter.com/FNHC](http://www.twitter.com/FNHC)

Below are a sample of tweets from the Oct 13th Signing Ceremony!



twitter

### FN Health Council

**@FNHC** Vancouver, BC

*The role of the First Nations Health Council is to support and assist BC's 203 diverse FN communities to realize their health aspirations and priorities.*

<http://www.fnhc.ca>

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**FNHC** FNHealth Council

"This agreement is the first of it's kind in Canada, it's the first of it's kind in First Nations health." Health Minister [@leonaaglukkaq](#)

8 hours ago

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**FNHC** FNHealth Council

"Together we can smash the status quo." [@NCAtleo](#) "Together we are saying, now, what's possible?" #FirstNations #health

7 hours ago

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**FNHC** FNHealth Council

"Chiefs and leaders decided it was time we managed change. And not let change manage us." [@chairFNHC](#)

8 hours ago

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**FNHC** FNHealth Council

"It's the people who will breathe life into this paper and make a difference." [@Mike\\_de\\_Jong](#) #FirstNations #health

8 hours ago

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**FNHC** FNHealth Council

Grand Chief Phillip Stewart is now making a statement [@UBCI](#)

"The journey I've had the privilege to be a part of has been incredible."

7 hours ago

**The Province of BC uploaded a YouTube video from the Health Agreement signing.**



Watch it off our website: [www.fnhc.ca](http://www.fnhc.ca) or scan the QR code above!

# First Nations Health Directors Association

## FNHDA Update: AGM September 21 & 22

The FNHDA held their first AGM on Sept 21st and 22nd in Vancouver, British Columbia.

The event was attended by approximately 79 FNHDA members (67 full members, 12 Associate members), additional participants who attended the AGM included hub coordinators and, federal and provincial partners.

On the first day, the FNHDA conducted the AGM business portion. The session was facilitated by FNHDA executive director, Deborah Schwartz. President Judith Gohn thanked the FNHDA Board members for their excellent work over the past year and also acknowledged the work of all the health directors that contributed to the creation of the FNHDA. Both Deborah and Judith reviewed highlights from the Inaugural Report: establishing the FNHDA as a legal entity in April 2010, developing a constitution and bylaws, creating key policies, electing its first slate of board members and participating in the FNHC work book sessions and hosting a FNHDA session at the historic Gathering Wisdom Session in May 2011.

In addition the Board developed a strategic plan in January 2011. The plan was further refined during the regional FNHDA sessions with health directors conducted in April and May 2011. These sessions provided an excellent opportunity for health directors to connect, learn more about the FNHDA, and provide ideas and guidance on the strategic plan and FNHDA's role in the new First Nations Health Governance arrangement. The feedback from these sessions was synthesized into a report.

A revised FNHDA strategic plan, that incorporated feedback from regional sessions, was distributed at the AGM.

President Judith Gohn honoured Vice President Laurette Bloomquist for her energetic, collaborative and invaluable work on the Board and to establish the FNHDA. Laurette retired as a health director from Sliammon Health Society this past year and is stepping down from her role as vice president.

The Honouring Celebration followed culturally appropriate First Nations protocols and was a highlight for this year. 67 FNHDA Health Directors were honoured, all of which were draped with beautiful white and turquoise First Nation Health Director Association scarves as part of the traditional blanketing ceremony to honour the important work that they do in our communities.

The FNHDA was grateful for Virginia Peters and Chief Willie Charlie for leading the Honouring Ceremony

On Day two, Dr. Tony Williams facilitated an excellent session on Intentional Leadership. Evaluations indicated his presentation was well-received and there was a great deal of positive feedback from participants.

The First Nations Health Managers Association (FNHMA) presented on the afternoon of day two. We will be working closely with the FNHMA.

The AGM also featured a mini-tradeshow with information displays by the National Aboriginal Health Organization, Health Canada FNIH BC, and Perinatal Services BC, along with Aboriginal artisans and vendors - Debbie Hunt Designs, House of Win-Chee Aboriginal Fashions, Salmon Berry, Stewart Creations, Spirit Works, Touch of Culture, and Wolf Pack Apparel – showcasing traditional and contemporary art and unique gifts.

**Would you like to learn more about the FNHDA?**  
Please visit their website: [www.fnhda.ca](http://www.fnhda.ca)



# Research & Surveillance Cluster

## Research & Surveillance - Cluster Update

The research and surveillance cluster is making good progress. Data matching of the First Nations Client File, the file that identifies all registered Status Indians in BC, is being used to update key databases that are required to report on the health status of First Nations in BC.

An important role of the new First Nations Health Authority will be performance reporting. Based on defined areas of shared responsibility, the tripartite partners will be required to report on key health indicators. This health indicator framework is being developed at a conceptual level and will complement the reciprocal accountability framework –the framework that will define tripartite responsibilities in reporting. Also, an as-is assessment of the surveillance data that is available within FNIH BC Region is being conducted. All of this will over time lead to the development of new health information management infrastructure required to provide services to First Nations communities in the context of a new First Nations Health Authority.



**“An important role of the new First Nations Health Authority will be performance reporting.”**

### \* FNHS Annual Report Highlight

The Sts’ailes First Nation (formerly Chehalis) opened the Telmexw Awtexw (Medicine House) in 2009 to provide culturally relevant residential treatment to residents of the Downtown Eastside. Only two years later the facility has expanded from five to nine beds – reflecting both the tremendous need for, and the success of, the program.

Excerpted from the  
FNHS 2010-2011  
Annual Report  
Page 21



**Catherine Seymour,  
Manager of the Medicine  
House, states:**

“We take the people that no one else will treat – methadone users and people with multiple mental health issues,” says program co-manager Catherine Seymour. “We offer treatment programs from 1-6 months long with a focus on creating a sense of community and belonging for the a:yelexwt. In this regard, the community of Sts’ailes has been phenomenal; and have opened their doors and hearts to the a:yelexwt.”



### Letter Testimonial –

*The first thing I noticed when we were on the Sts’ailes reserve was a sense of community like I’ve never felt before. It was the first time I’ve seen my brother relaxed, talking with everyone, and everyone wanted to talk with him. He seemed adored in that mix of people; I was extremely touched by this. He was laughing, hugging, and joking with everyone around him.*

*The healing house didn’t use modern medicine to ‘heal’ my brother. They used their own traditions! They shared with my brother, a person not from a reserve, let alone their reserve, the ways of their people. Not the ways of the past, but the way they live today. And this way of life, saved his life. He felt connected to something, for the first time in his life, and wanted to live better for it.*

## Health Human Resources

# Aboriginal Practical Nursing Program celebrates 10 student graduates

Breaking new ground, 10 Aboriginal students recently completed the brand new Aboriginal Practical Nursing Program – a collaborative project supported by Fraser Health, Vancouver Community College, Seabird Island First Nation, Stó:lō Nation, and local First Nations.

exams September 8 and graduated September 14, 2011.

“On behalf of Fraser Health I am excited about the new allocation of funding that will go to support a second group of Aboriginal Practical Nursing students at Seabird Island,” says Diane Miller,

are enrolled and participating in the first Aboriginal Health Care Assistant Program.

“It was such a special moment to watch 10 Aboriginal women who had successfully completed the Aboriginal Practical Nursing Program receive their pins signifying their completion of the Program. They stood proud as they were blessed and welcomed in becoming new nurses wanting to serve the public and their communities. This is a wonderful beginning for this Program,” says Anita Dickson, Clinical Practice Consultant, LPN/HCA, Professional Practice & Integration, Fraser Health.

**“It is important to increase the number of Aboriginal health care providers in Fraser Health and continue our work on improving access to culturally appropriate services,” says Dr. Nigel Murray, President and CEO, Fraser Health.**

The program designed specifically for the Aboriginal student population, includes training in rural and remote nursing practices, community-based health services, and the management and administration of health services and programs. Each student was required to successfully complete all the pre-health program courses prior to their first semester. Students wrote their

Executive Director, Aboriginal Health and Primary Care, Fraser Health.

In addition, Fraser Health contributed funding to employ a full-time Coordinator from January to March, 2011 to identify matching funds from other sources for the second group of Aboriginal Practical Nursing students. Through this initiative 15 more students

“It is important to increase the number of Aboriginal health care providers in Fraser Health and continue our work on improving access to culturally appropriate services,” says Dr. Nigel Murray, President and CEO, Fraser Health.



### How do you see these types of tripartite relationships leading the way for innovative opportunities for First Nations communities?

“I believe that partnership is very important. We cannot ignore any partner that wants to bring something to the table. This is a perfect example of us working together: First Nations Health Society, the Provincial and Federal government and the local First Nations. Whether it’s funding, providing support or sharing statistics that improve health outcomes, partnership is needed. The Practical Nursing Program and the Health Care Assistant programs would not have been made possible without the contribution of all our partners. As a result of partnerships 25 Aboriginal Women have new careers in the health field. I’d like to say thank you to all the partners that have been involved in these projects with us and continue their support moving aboriginal students forward in health careers.” - Carolyn Neufeld, Health Director for Seabird Island.

## Health Human Resources

# Unique program teaches cultural competency

Submitted by: Cheryl Ward, Provincial Lead, PHSA Indigenous Cultural Competency



design, development and implementation of this educational program. Beginning with a provincial “Think Tank” in November 2008, the curriculum, online training platform and instructional model were developed by March 2009 with input from First Nations, Aboriginal and non-Aboriginal leaders, professionals and scholars, health authority leaders and a team of First

Nations, and Métis curriculum writers and technicians.

The self-paced training program is delivered through a facilitated, on-line course consisting of eight modules. Depending on learning style, participants should be able to get through each module in about an hour a week over an eight-week time frame.

Skilled facilitators guide and support each participant as they learn about terminology; diversity; aspects of colonial history such as Indian residential schools, Indian Hospitals and timeline of historical events; and contexts for understanding social disparities and inequities. Through interactive activities, participants examine culture, stereotyping, and the consequences and legacies of colonization. Participants are also introduced to tools for developing more effective communication and relationship building skills.

The core curriculum is intended as foundational training, and can be supplemented by region- or nation-specific training offered by regional health authorities or Indigenous groups. For example, Fraser Health offers a one-day training program in partnership

the Stó:lō Nation where participants spend the day in a big house learning about Stó:lō cultural expectations.

And this is just the beginning for what's possible. The ICC Training Program is in the final stages of developing a pair of additional training modules specifically about mental health and substance misuse.

The program also offers a short additional module titled “Bystander to Ally” which is a curriculum designed to support people who wish to address issues such as stereotyping.

Additionally, there is a non-health focused version of the core ICC course. This was developed in response to requests from allied professions and is marketed toward local municipalities, police, and provincial and national organizations.

The courses are offered tuition free for employees of B.C.'s six health authorities and the Ministry of Health. For those not employed by a health authority, the tuition is \$250, with net proceeds going to support future Indigenous Cultural Competency continuing education activities and conferences.

At the end of the core ICC training, participants will receive a certificate of completion. The program meets the accreditation criteria of The College of Family Physicians of Canada and has been accredited for up to eight Main pro-C credits and eight Mainpro-M1 Credits.

For more information and to register, please see the Indigenous Cultural Competency (ICC) Training Program website.

**Visit:** [www.culturalcompetency.ca/](http://www.culturalcompetency.ca/)  
**Or, scan the QR Code:**



A training program designed to improve access to health services and health outcomes for Aboriginal people has trained more than 4,100 people since it was launched 19 months ago.

And now that the program has moved to an automated registration system, it can train an even greater number of participants compared to when registrations were processed manually.

Launched January 2010, the Indigenous Cultural Competency (ICC) Training Program was created in response to the Transformative Change Accord First Nations Health Plan requirement to provide mandated training that will increase cultural competency within health authorities.

ICC training is designed to increase Aboriginal-specific knowledge, enhance individual self-awareness and strengthen skills for non-Aboriginal health care leadership, professionals and service providers of the Provincial Health Services Authority, Ministry of Health and the five regional health authorities.

PHSA collaborated with Indigenous and health authority partners on the

# Health Human Resources

## Traditional Healers Gathering: Oct 12 & 13

The Traditional Healers Gathering took place at the University of British Columbia (UBC) at the First Nations Longhouse on October 12th and 13th. The gathering was made possible by the First Nations Health Society, the Vancouver Coastal Aboriginal Health Team, and it was proudly hosted on Musqueam Traditional territory. There were over 140 attendees at the gathering, which mostly consisted of First Nations Healing Practitioners from across B.C.

The planning for the Traditional Healers Gathering began in the summer of 2010, with a partnership between First Nations Health Society and Aboriginal Health Services, Vancouver Coastal Health. The planning began after years of engagement on Traditional healing practices with BC First Nation Communities at various gatherings and after a Traditional Models of Wellness Environmental Scan\* was complete.

Communities expressed their interest and the need for traditional Healing practitioners to be acknowledged and to work in an integrated manner with the current medical practitioners. One of the ideas suggested out of these conversations was the necessity of a gathering for Traditional Healers. This gathering was proposed to strategize on how to incorporate traditional healing practices within communities in BC and to learn how to best support traditional healing practitioners.

The gathering provided a space for First Nations Healing Practitioners to meet and strategize on the following goals:

- Develop protocols/guidelines on traditional healing practices that is available to all communities
- Increase awareness of traditional healing practices to health care practitioners
- Increase awareness and acknowledgement of traditional healing
- Form an advisory committee of traditional healing practitioners

The gathering began each morning with a traditional healing practice that commenced at sunrise, which included a pipe ceremony on the 12th and a sweat-lodge on the 13th. Keynote speaker, Traditional Healer Isadore Tom Jr., was able to provide words to guide the

conversations that would occur over break-out sessions on the first day of the gathering. Tom Jr. provided an understanding of what it means to be a Traditional Healing Practitioner and the philosophy of offering help in healing others. Above all, the necessity of taking the time to understand Traditional healing practices was strongly emphasized, "You may have to hear things four times to understand their meanings. Sometimes, you must be at a certain stage in your life to understand."

**Above all, the necessity of taking the time to understand Traditional healing practices was strongly emphasized, "You may have to hear things four times to understand their meanings. Sometimes, you must be at a certain stage in your life to understand." - Isadore Tom Jr., keynote speaker**

Dr. Georgia Kyba, Naturopathic Doctor for the First Nations Health Society, described why Traditional Healers offer a practice of healing that is unique to most health systems, "The main thing is, traditional healers bring a holistic perspective to healing. Not just physical symptoms, but they also consider the emotions, the spirit and the mental aspects. Traditional Healers look at a person holistically, not just for particular symptoms but at everything that is happening with them, they look at the social determinants of health."

First Nations Healthy Society will be providing a video documenting the Traditional Healers Gathering; specifically, the speakers, keynote address and panel discussion. This video will be made accessible to the public and will be available on the FNHC YouTube channel. For more information visit [www.fnhc.ca](http://www.fnhc.ca)



\* Read the **Traditional Models of Wellness Environmental Scan** off our website! Under 'Documents & Tools' or scan the QR code!



# Health Human Resources

## Aboriginal Patient Navigators in British Columbia

Following a surge of comments on the FNHC social media account, it was observed that many First Nations community members had questions in regards to Aboriginal Patient Navigators (APNs). These comments inspired a series of articles to explore challenging questions regarding Aboriginal Patient Navigators, questions such as:

- How does one acquire an APN for their hospital or community?
- How APNs might differ depending on the health region they reside within?
- What kind of impact that APNs feel they make with community members and the health service providers they work for?
- Are we moving forward to increase cultural competency in Health Care Providers?
- Where this program is headed for in the future?

The first Patient Navigation program was originally created in 1990 by Dr. Harold Freeman, a New York Cancer Surgeon who initiated this program in Harlem (<http://www.hpfreemanpni.org>). The program was formed to respond to disparities in access to diagnosis and treatment of cancer, particularly among poor and uninsured people.

In Canada, patient navigation has proved to work in many different areas of health care due to how complex and stressful the health system can be for patients. Specifically, Aboriginal Patient Navigation and Aboriginal Patient Liaisons help bridge cultural barriers between Aboriginal people and the health care system in Canada.

Aboriginal Patient Navigators provide services that are specific to the region and community that they serve. Barbara Mack, Aboriginal Patient Navigator of Cariboo Memorial Hospital, mentions that amongst her duties as a Patient Navigator, she works to inform local First Nations communities regarding health updates from the Federal and Provincial level, and provides information regarding health at the local and regional level. She's a critical contact for patients who have questions regarding non-insured health benefits, information that is specific to First Nations patients. In addition to providing updates to First Nations communities and health service providers, she also works within the hospital, ensuring patients are assisted when needed. She also manages the Aboriginal Patient Interpreters Program, a program that was specifically created for Cariboo Memorial Hospital.

In 1988, Mrs. Katie Ross died due to an undetected gunshot wound. Mrs. Ross was found by an officer in remote territory and was later assisted by medical professionals. She was not initially treated for the gunshot wound in her back due to language barriers preventing her from communicating the injury to the



officer and medical staff. This instigated an inquiry into the cause of the death, and it was during this legal process that recognized the need for First Nations language interpreters in a hospital setting. Language interpreters were later established at Cariboo Memorial Hospital, to help translate for the Carrier, Shuswap and Tsilhqotin nations.

The momentum behind developing the interpreter program in BC was the recognition that many elders only speak their Native language, family members of these elders may not be able to fully translate for the seniors in their community due to the impact that residential schools may have had on the preservation and knowledge of first nations languages. Therefore, elders and also those who still primarily speak their Native language may experience problems when communicating needs within B.C.'s health system. In addition to this, there are health literacy issues that may occur with First Nations community members who describe their health issues or symptoms to medical professionals.

Barbara Mack, Aboriginal Patient Navigator of CMH, says that if a patient may have language or cultural barriers, there are people situated in different cities or hospitals within the Interior that can provide that person with extra assistance. For instance, if a patient is sent to Kamloops for further treatment, there are language interpreters that the Aboriginal Patient Navigators can call upon regarding the languages commonly seen at Cariboo Memorial Hospital, or in unique circumstances, video-conferencing is utilized. Another example, is if an expecting mother needs to travel to Vancouver for treatment, there are Aboriginal Patient Navigators or liaisons that can assist the patient in accessing the resources and facilities available in the city. This is a need for patients who may not have travelled from their home territory before and who are unable to travel with family members for extra support. It's important that patients are capable of accessing the health care system so that they continuously feel comfortable to follow-up with necessary treatment.

Be sure to check out our next issue of the info-bulletin to learn more in our ongoing series about Aboriginal Patient Navigators!

## Health Systems

# Gathering Wisdom, Now What?

## Second Annual Tripartite Videoconference Update Draws Record Crowd



From Kitselas to Ottawa, BC First Nations and government partners joined in conversation on September 29th, 2011 at the 2nd annual Tripartite Health Governance Update. The presentation provided BC First Nations frontline health workers and First Nations and Inuit Health field staff the opportunity to interface with, and have their questions answered by, senior leaders from BC, Canada and the First Nations Health Council.

Following short presentations by Ian Potter, Chief Negotiator, Health Canada, Arlene Paton, ADM Population and Public Health, BC Ministry of Health and Grand Chief Doug Kelly, Chair, First Nations Health Council, participants on the line jumped in with several questions along a number of themes:

**1) Funding Stability:** Many communities questioned the sufficiency of the Regional Transfer as outlined in the Tripartite Framework Agreement on First Nations Health. In particular, there was concern about current capital funding, and following a population-based funding formula which does not reflect need.

**Response:** Health Care spending is a concern for all three parties and that when it comes to health services, funding will always be insufficient. The respondents iterated that the real opportunity through the Regional Transfer process is to take control of limited resources and spend them in a more strategic manner, and to use these funds to leverage better and more integrated services with the province.

**2) Transfer Agreements:** Communities questioned the status of their transfer agreements once the Framework Agreement was signed. Some participants expressed interest in protecting current Transfer Agreements while others hoped that they could soon enter into more flexible agreements. Concern was shared by all for those communities that aren't currently in transfer, and what support they could expect so that no one is left behind.

**Response:** Transfer agreements are sacrosanct, agreements will not change unless the Nations want them to. Regional supports are being put in place to support those communities that need planning capacity. Community Engagement Hubs are in place to provide pro-active health planning resources and to support communities who chose to work together to achieve their health aspirations.

**3) The role of BC and Regional Health Authorities:** A number of participants expressed confusion and concern about the evolving role of BC in the Tripartite First Nations Health Plan. Communities questioned what kind of obligation the Provincial Health Authorities would have towards supporting the redesign of services to meet community needs and also, how they would be accountable to see ensure the needs of the communities are served.

In terms of front line-workers: The First Nations Health Council governance process uses regional caucuses that correspond to each of BC's five health regions. At the local level, Nations bring together their concerns and issues and strive to develop common approaches to bring to the Health Council. The Health Council is made up of members from the regional caucuses.

# Health Systems

There is a reciprocal accountability framework in development between the First Nations Health Council, the First Nations Health Society and the Province to determine how relationships can be built on the ground between Health Authorities and Regional Caucuses.

In terms of high-level, the Tripartite committee on First Nations Health membership includes: Members of the First Nations Health Council, the President of the First Nations Health Directors Association, Chief Executive Officer of the First Nations Health Authority, and Provincial and Federal health representatives. This group meets to discuss accoutabilities, barriers and strategize solutions together.

**“We need a commitment and timeline from the health authorities. What are they going to commit to? Realistically in our communities, there are relics of policies that restrict us from access to health services.”** – Participant - UBC Learning Circle on Tripartite First Nation Health Governance

**4) The structure of a new First Nations Health Authority:** A number of participants brought forward questions about the structure of the new First Nations Health Authority, where it would be based and how long it would take to become fully operational.

Response: The structure of a new First Nations Health Authority will be determined through engagement with BC First Nations this fall. A workbook, similar to the one rolled out in 2010 will be delivered through regional caucuses. The Framework Agreement outlines a two-year timeframe for transfer.

Produced in collaboration with UBC Learning Circles, this second annual engagement drew a record number of sites online. In total, 33 sites, from every corner of the Province joined the conversation. A chance to dialogue directly with senior leaders, the session also provided a true illustration of the power and possibility of Telehealth technology which is present and accessible in over 100 First Nations communities.



## Have you checked out our YouTube channel recently?



visit: [www.youtube.com/fnhealthcouncil](http://www.youtube.com/fnhealthcouncil)

Watch the entire presentation of **“Gathering Wisdom, Now What?”**

Watch speakers, the resolution and debate and presentations from **“Gathering Wisdom IV”**

Including a 3-part video of keynote speaker, Nai’noa Thompson. “A native Hawaiian, Thompson has achieved international notoriety by making the voyage between Hawaii and Tahiti (both part of the Polynesian nation) in traditional double-hulled canoe called Hokule’a. What is particularly remarkable about this feat is that Thompson and his fellow voyagers did this using wayfinding, or non-instrument navigation. Thompson is the first Hawaiian and the first Polynesian to practice the art of wayfinding on long-distance ocean voyages since such voyaging ended in Hawaii around the 14th century.”

Watch the **“HUB: Helping Us Build”** documentary!

This video describes the unique structure of Community Engagement Hubs in British Columbia, and how they work to improve the health and well-being of First Nations people through communicating, collaborating and planning opportunities to work together with communities and health service providers.

**...and stay tuned for a video on the “Traditional Healers Gathering”!**

(For more information on the Traditional Healers Gathering, read the article on page 11)



Scan the QR CODE



# Population Health

## FNHS Annual Report Highlight

Excellence defines the work of the Health Centre. Year after year the Seabird team has introduced new and innovative programs and services for the benefit of its membership.

*Excerpted from the First Nations Health Society 2010-2011 Annual Report.*

**PAGE 12.**



## Carolyn Neufeld, Health Director for Seabird states:

“We are always questioning. What are the issues with the mainstream system? Where are the gaps for First Nations? If we are going to work to fill a gap, do we have the business case to support it?” Bringing on two doctors and a dentist was only achieved through weighing the costs and taking advantage of economies of scale. Neufeld did the math: “We realized that on average FNHS was paying other providers about \$600 annually per person to treat our members. When we added this up across the communities that we serve, we felt that we could provide a better, and more integrated, service closer to home.”

## FNHS Annual Report Highlight



## Eileen Ruth, Kwadacha Health Director, describes the current acute care situation:

“If someone has a heart attack or accident it can take up to 30 hours to get help. We’ve had times where a community member had to wait 18 hours on a spine board to be flown out; it’s that or traveling 6 hours by dirt road. Bad weather and little light in the winter only make the problem worse. This situation has created a lot of fear in our people.”



Excerpted from the FNHS 2010-2011 Annual Report  
**Page 16**



Being able to have full time medevac is extremely important to the people of Kwadacha and Tsay Keh. Right now, expectant mothers are flown to Prince George 2 weeks before their due date; if it’s a high risk pregnancy then it is 1 month before their due date. Most often the women are alone and there is no one with them when they give birth. With 24 hour medevac, women can be closer to home and their families for longer.

The Hub began to investigate what people were doing and heard about solar lights. This low cost, low maintenance and environmentally sound solution was a good fit for the communities. The nature of the project as a ‘green initiative’ opened funding opportunities. Through the community engagement hub, the two communities were able to develop a proposal that secured 1/3 funding from the federal government, 1/3 from the provincial government and the remaining 1/3 from the communities. Tsay Keh Dene will soon be home to the first fully solar powered airfield in BC.



## Did you know?



FNHS created a video on Community Engagement Hubs earlier this year. The Finaly Hub (which serves both Kwadacha and Tsay Keh) was one of the hubs that was highlighted. Watch it on our YouTube channel or scan the QR code.

# What Exactly is “Health Actions”?

## What is the Work of Health Actions?

“Proactive health system transformation for developed capacity, relationships that work, and innovative community-driven processes that are responsive to increased First Nations Authority over health”.

Health Actions work is about systems change, tripartite collaboration, and First Nation decision-making. The tripartite partners have made significant progress advancing the work of Health Actions over the past five years. Managing system change now is a crucial part of achieving the larger vision of a BC First Nations Health Authority. It is important this work is increasingly understood and collectively driven.

Those having worked in First Nations health before 2005 will recall a scene characterized by three solitudes: communities, Health Canada, and provincial health services. The politics, agendas, and forums for moving efforts forward were quite separate and disconnected. At the same time however, many of the issues were similar and the desired outcomes shared.

Health Actions work arose out of the 29 Health Actions identified in 2005 in the Transformative Change Accord: First Nations Health Plan (TCA:FNHP) and later echoed in the Tripartite First Nations Health Plan. The 29 specific Health Action items have provided a means of focusing on and initiating the type of work needed to achieve lasting change: transforming governance and accountability relationships, increasing First Nations decision-making in health, creating new collaborative working relationships between the partners at all levels, helping alleviate key service gaps while more permanent and systemic solutions are achieved, and building First Nations capacity in the health sector.

A good example of the type of lasting systems change occurring is the success of six of the cluster/

node areas in establishing tripartite strategic and planning forums and processes. The eHealth, Mental Wellness, Research & Surveillance, Maternal Child Health, Health Human Resources, and Primary Care & Public Health cluster/node areas in various stages of having Strategy Councils and Planning Committees established, and the work they are accomplishing is creating synergies and alignment between the partners that are unprecedented in the First Nations health sector.

In the months ahead, as regional and local tables formalize their structures and processes, the linkage between communities and tripartite efforts can be more concretely defined, further strengthening and aligning the multiple systems within First Nations Health. Our collective efforts to change systems and approaches in the First Nations health sector to achieve better outcomes continues to move forward.

## Why is the work of Health Actions important?

### Strengthening our ability to work together

- New processes, structures, and mechanisms to increase FN decision making in health services

### Transformative Change

- Federal, Provincial, First Nations competence for FN health, infrastructure, and fostering innovation/best practices

### Helping overcome key gap/challenge areas

- E.g. HIV/AIDS, Mental Health, Diabetes, eHealth, Primary Care
- Ability to influence and change policy, and the policy development process itself, as required, for the benefit of First Nations wellness

### Support linkage: regional & tripartite processes

- As regional process become defined

# First Nations Health Society Update

## 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.

From 2007-2010 the Health Council was made up of representatives from the First Nations Summit, the Union of British Columbia Indian Chiefs, and the BC Assembly of First Nations. In March of 2010 resolutions at the UBCIC and FNS called for a shift to regional representation.

**Check out our website to learn more about the governance structure:**  
[www.fnhc.ca](http://www.fnhc.ca)

## Social Media Update

### QR CODES:

Throughout this infobulletin there are QR codes placed to help direct you to articles and resources located on our website! Download an application for a QR code scanner on your smartphone and try it out!



Please note: Documents referred to in the info-bulletin can be found of the website: [www.fnhc.ca](http://www.fnhc.ca) under "Documents & Tools".



## NEW Documents & Tools

One of the immediate next steps that First Nations directed the First Nations Health Council to undertake, following Gathering Wisdom IV, was the development of a Resolution 2011-01 Workplan.

This workplan is being provided to Regional Caucuses for review and feedback between September 27, 2011 and December 31st, 2011. This Workplan includes specific key activities clearly set out in the Resolution, such as: signing of the Framework Agreement; supporting the development of Regional Caucuses and Tables; and, establishing a strategy and approach for the conclusion of sub-agreements. You can read the DRAFT workplan package on our website!



# The First Nations Health Council wants to Share your Stories

The FNHC Infobulletin is published quarterly and reaches all 203 First Nations communities in BC. The Infobulletin is also sent to our government partners, non-profits and other subscription holders. Total hardcopy circulation of the Infobulletin has reached 2000 copies.

This publication is dedicated to reporting on the implementation of the Transformative Change Accord: First Nations Health Plan (2006) and the Tripartite First Nations Health Plan (2007). At each successive Gathering Wisdom Forum, through the First Nations Health Directors Association, and Community Hub Gatherings we have heard the clear message that the FNHC should support knowledge transfer and the sharing of best practices among BC First Nations.

Looking ahead, the FNHC would like to open the floor to communities and hubs to share their success with other BC First Nations. These stories will have a variety of foci and may include: new approaches to community health programming, the strengthening of relationships with neighbouring nations or government partners, shared service solutions, creative solutions in building a health workforce, or the integration of culture in health care delivery.

As the first province to achieve a tripartite health plan we have the unique opportunity of creating a distinct history. Whatever your stories are, we would love to hear them.

With respect,  
 Karlene Harvey, Editor, First Nations Health Council Infobulletin.

## Submission Guidelines

- Tell us about your innovations in relationship building and collaboration, creative health programming, the integration of culture in health service delivery, shared service solutions, or any other stories you would like to share.
- Between 100 and 300 words in length
- Please include photo(s) (at least 200 dpi)
- Include name and contact information.

If you have any questions about submitting please contact Karlene Harvey 604.913.2080 or [kharvey@fnhc.ca](mailto:kharvey@fnhc.ca)

**We look forward to hearing your stories!**

## CONTACT US

email: [info@fnhc.ca](mailto:info@fnhc.ca)  
 web: <http://www.fnhc.ca>

First Nations Health Council  
 1205-100 Park Royal South  
 West Vancouver, BC  
 V7T1A2  
 Telephone: (604) 913.2080



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