

Health Directors Survey Report

BC First Nations Health Directors Sub-Committee
Model Structure for BC First Nations Health Directors Association
Survey Report – November 2009

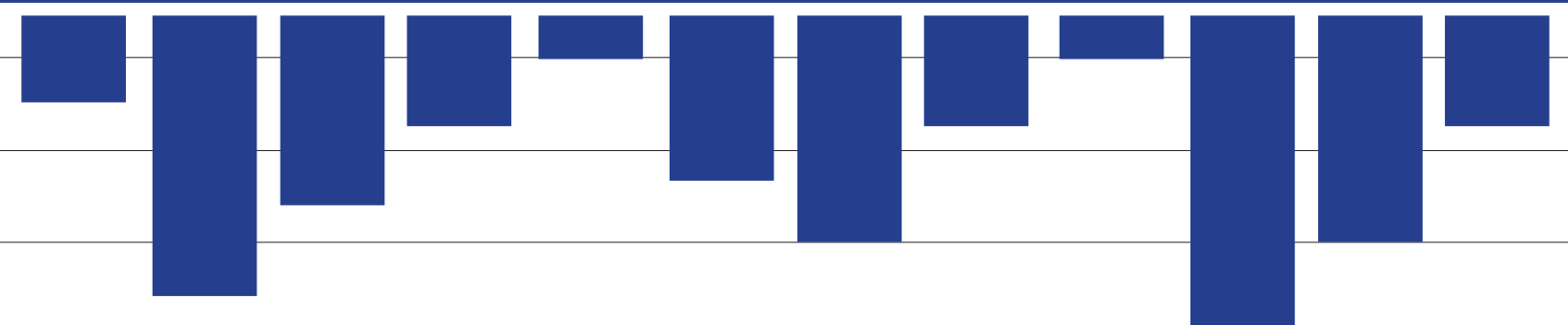


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Background

The Tripartite First Nations Health Plan (Plan) provides an exciting opportunity for BC First Nations Health Directors to form a common voice and design an Association to support themselves and the communities they represent. In the context of the Plan, The Association will form one of four pillars of the First Nations Health Governance Structure, along with the First Nations Health Council, Provincial Advisory Committee on First Nations Health, and First Nations Health Governing Body.

All four pillars of the health governance structure above are in the process of forming. The roles and relationships of the Association in relation to the First Nations Governance structure will evolve in the process. The Plan outlines that one function of the Association will be to create and implement a comprehensive capacity development plan for the management and delivery of community-based services to support First Nations and their health organization in training, program development and knowledge transfer.

Up to this point, the BC First Nations Health Directors have held several forums to discuss the structure and functions of the Association. The participants of the forums entrusted a Sub-Committee of Health Directors to develop a model structure for the Association based on health director input. The Sub-Committee consists of Louisa Willie, Laura Jameson, Carlyne Neufeld, Jim Adams, Laurette Bloomquist, Juanita Nikal, Kim Brooks, Lauren Brown, and Aileen Prince.

The BC First Nations Health Directors Sub-Committee has compiled a list of recommendations for the structure of the BC First Nations Health Directors Association based on the Health Directors Summary Report September 2008 . The recommended structure, in the form of a survey, was circulated and posted on the First Nations Health Council website for input from BC First Nations health directors and health leads. The health directors and health leads that participated in the survey represented the five health regions in BC (Vancouver Island, Vancouver Coastal, Interior, Fraser and Northern). The information collected will assist the BC First Nations Health Directors Sub-Committee in receiving a broad-based response for the development of the Association.

The goal of the Sub-Committee is to ratify this model structure at Gathering Wisdom III Forum in Vancouver on November 5, 2009.



Results of the Survey

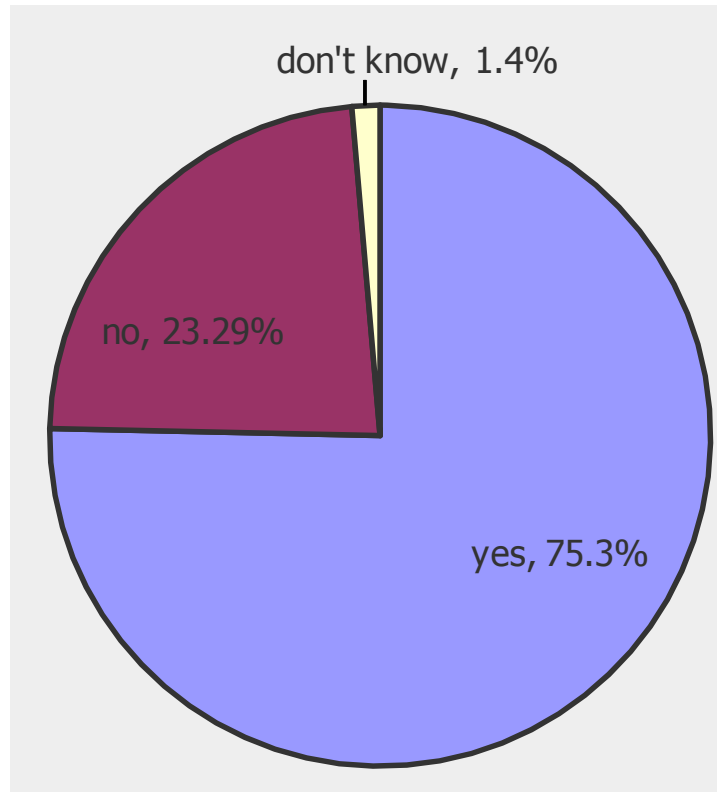
A) DEMOGRAPHICS

Survey Participants

73 Health Directors completed survey

The survey participants were comprised of 75.3% health directors/health leads. In the 23.3% of survey participants who did not identify as a health director/health lead, some identified as community health representatives, persons holding the health file for their community, band councillors, administrators or managers, health coordinators, receptionists and some did not identify a role. Out of the total survey population, 1.4% indicated that they did not know whether they were the health lead/directors in their community.

Are you the Health lead/director in your community?

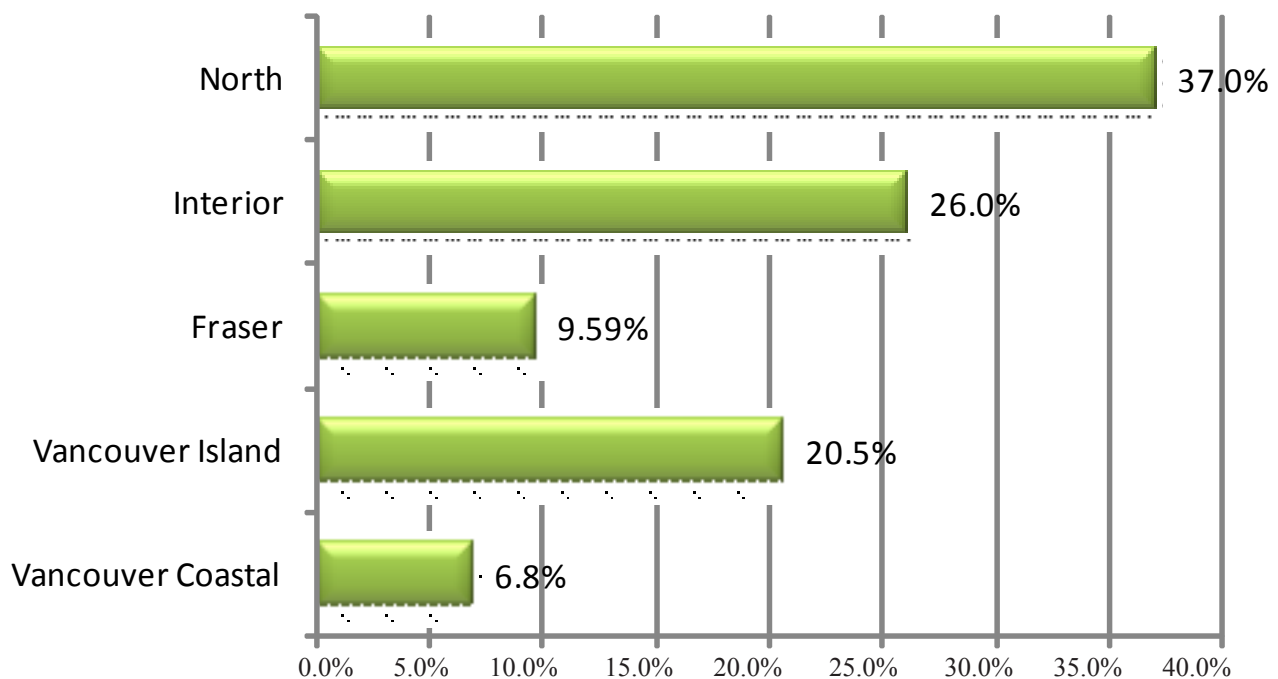




Health Authority Regions of Survey Participants:

Out of the total survey population, the representation of communities that access services from provincial health authority regions varied. Of the total survey population, the Northern Health region represented 37%; the Interior Region represented 26%; Vancouver Island Region represented 20.5%; Fraser Region represented 9.6%; Vancouver Coastal Region represented 6.8%.

Which health authority region(s) does your community access services through?

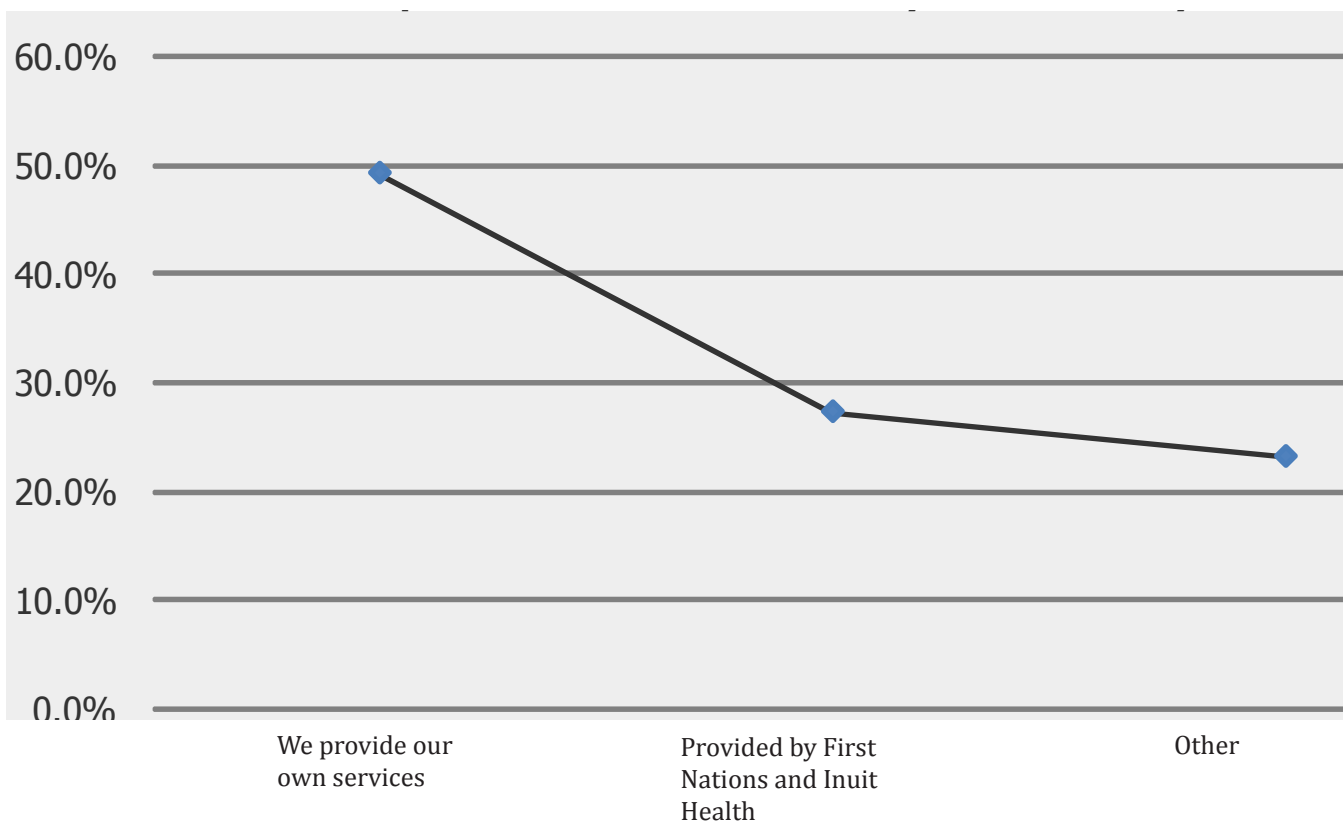




Health Service Providers of Survey Participants:

Out of the total survey population, 49.3% of the survey participants indicated that they provide their own health services; 27.4% indicated that the federal government provides health services through the First Nations and Inuit Health department of Health Canada; and, 23.3% indicated that their health services were provided in “other” ways. The commentary associated with this survey question indicated that sometimes First Nations receive services through a variety of service providers, including the provincial health authorities.

Who provides health services to your community?



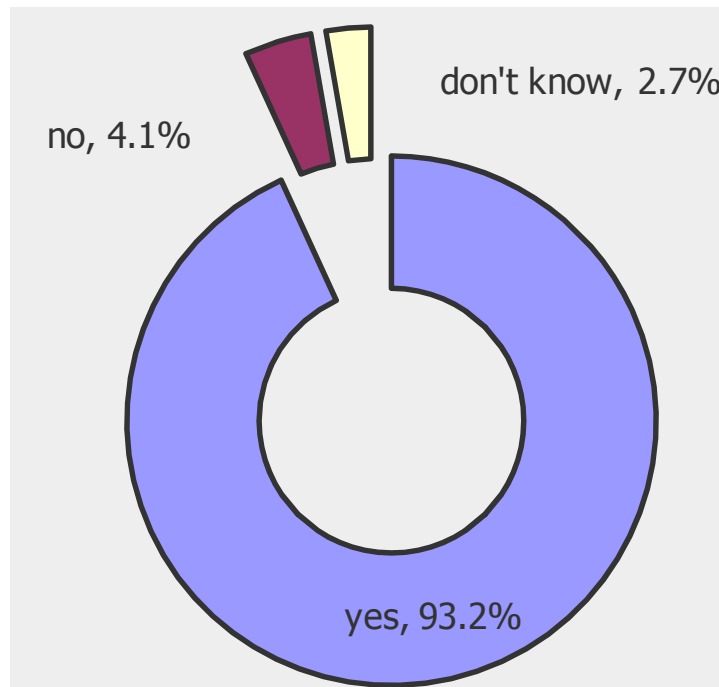


B) PURPOSE OF THE ASSOCIATION

Purpose #1: Policy & Advocacy

Do you agree with the purposes set out below?

This includes advocating the interests of BC First Nations health leads and their communities at the government level in order to shape policy (for example, more funding, better health services and delivery).



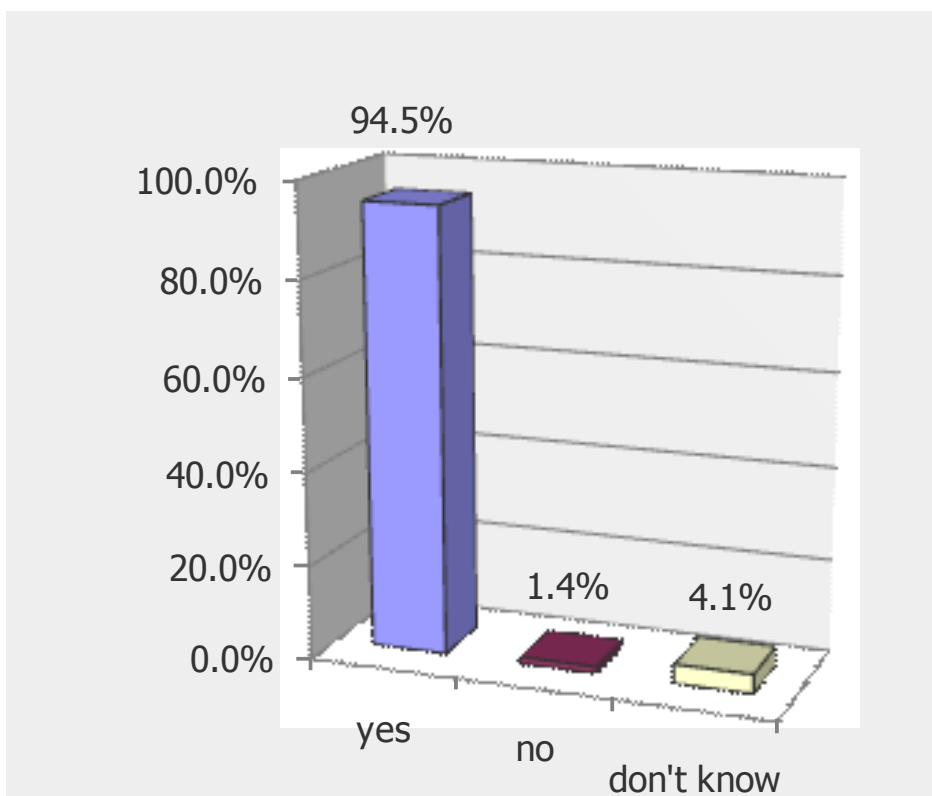
The survey participants indicated a 93.2% response of “yes” that purpose number one should be included as a purpose of the Association. The survey participants indicated a 4.1% of “no” that purpose number 1 should be included as a purpose of the Association. There was a 2.7% response of “don’t know” from the survey participants. **The result suggests to the BC First Nations Health Directors Sub-Committee that a majority of the First Nations health directors and health leads representing all health regions in BC would like Policy & Advocacy to be included as a purpose of the Association.**



Purpose #2: Information, Networking and Knowledge Sharing

Do you agree with the purposes of the Association set out below?

Information, networking and knowledge sharing. - This includes creating partnerships and defining protocols for networking and communication between health funders (Health Canada), regional health authorities, bands and tribal councils. It also includes creating opportunities for health leads and their communities to disseminate knowledge and share best practices.



The survey participants indicated a 94.5% response of “yes” that purpose number two should be included as a purpose of the Association. The survey participants indicated a 1.4% of “no” that purpose #2 should be included as a purpose of the Association. There was a 4.1% response of “don’t know” from the survey participants.

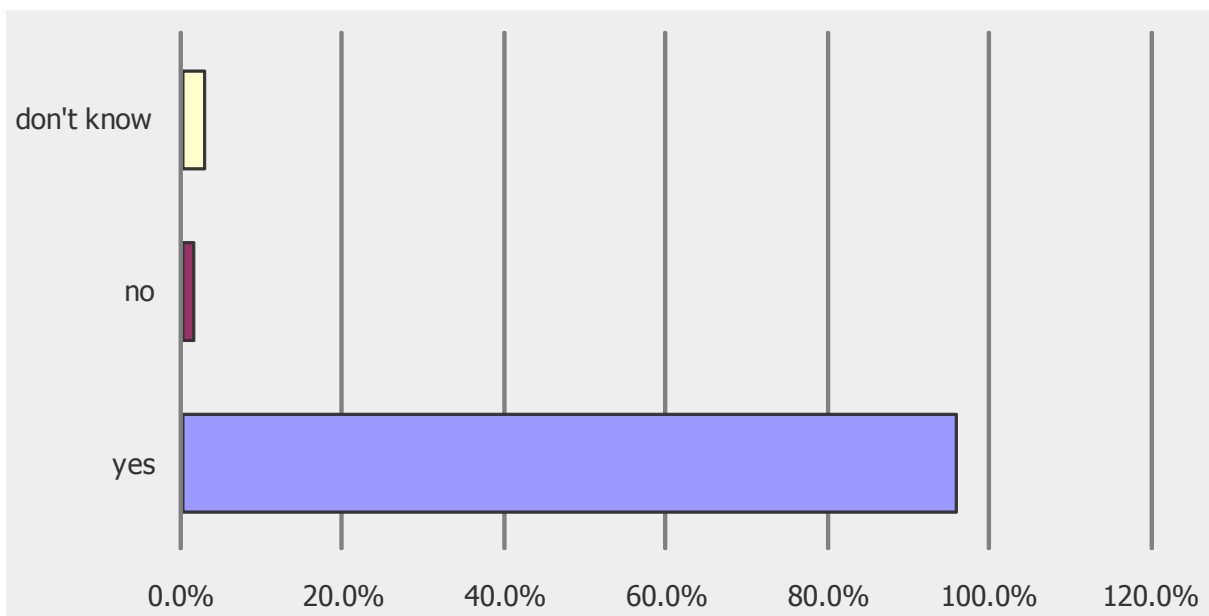
The result suggests to the BC First Nations Health Directors Sub-Committee that a majority of the First Nations health directors and health leads representing all health regions in BC would like Networking and Knowledge Sharing to be included as a purpose of the Association.



Purpose #3: Professional Development

Do you agree with the purposes of the Association set out below?

Professional Development. - This includes providing accredited training opportunities for health leads and community members, encouraging cultural competency training for people working with First Nations in health, and establishing a code of ethics for members of the Association.



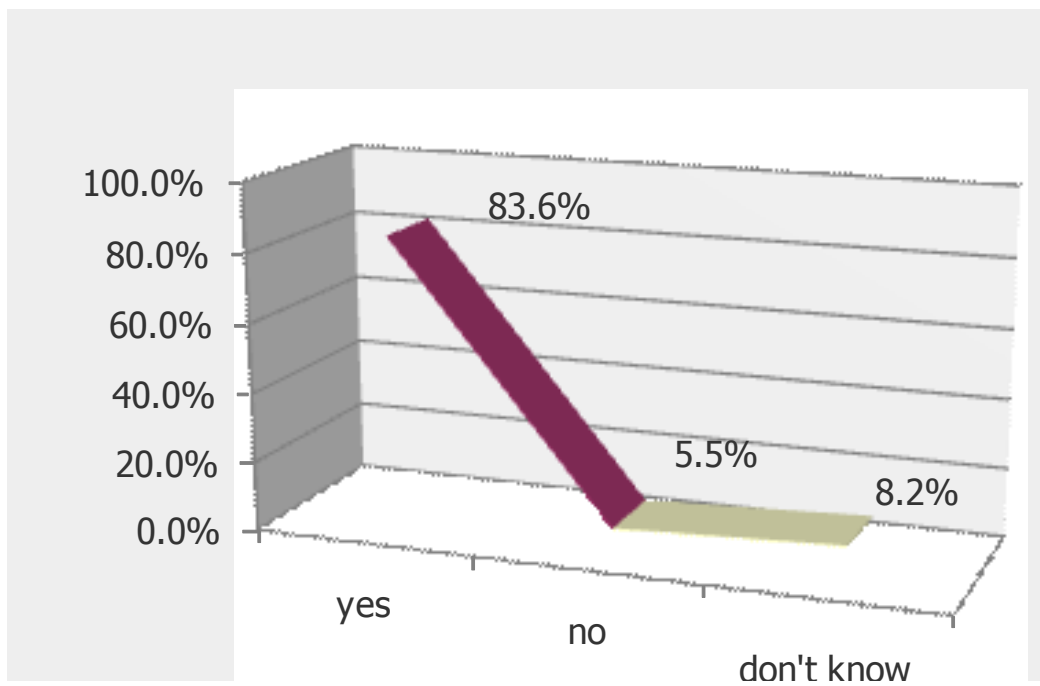
The survey participants indicated a 95.9% response of “yes” that purpose number three should be included as a purpose of the Association. The survey participants indicated a 1.4% of “no” that purpose #3 should be included as a purpose of the Association. There was a 2.7% response of “don’t know” from the survey participants.

The result suggests to the BC First Nations Health Directors Sub-Committee that a majority of the First Nations health directors and health leads representing all health regions in BC would like Professional Development to be included as a purpose of the Association.

Purpose #4: Development and Maintenance of the Association

Do you agree with the purposes of the Association set out below?

Developing and Maintaining the Association. This includes administrating board policies to carry out supports for members, developing an organizational chart, hiring administrative staff, ensuring healthy working situations, planning and managing long terms supports and goals, ensuring adequate space and equipment, and integrating cultural and holistic aspects to the organization.



The survey participants indicated an 83.6% response of “yes” that purpose number 4 should be included as a purpose of the Association. The survey participants indicated a 5.5% of “no” that purpose number four should be included as a purpose of the Association. There was an 8.2% response of “don’t know” from the survey participants.

The result suggests to the BC First Nations Health Directors Sub-Committee that a majority of the First Nations health directors and health leads representing all health regions in BC would like Development and Maintenance of the Association to be included as a purpose of the Association.



Further Suggestions for the Purposes of the Association:

The survey participants indicated that the purposes above of the Association should encompass several aspects including the following:

- All areas of capacity development;
- Focus on the population represented (First Nations);
- Strong communication flowing from the communities (including all Bands) to the Association that follows a protocol;
- Develop a newsletter to keep communities informed;
- Hold annual provincial conferences and link nationally with other health directors at national conferences;
- Advocate for the Canadian health legislation and regulations ie. *Canada Health Act* to enable Aboriginal health needs and services;
- Community Health Representative courses; sharing mechanisms ie. Proposals that have been successfully funded;
- Develop a Northern Administration Office;
- To include conferences into the educational component and professional development;
- Include a Health Director diploma program to support BC health directors that could encompass HR policy, finance, training, computer skills or data base, electronic medical records training; and
- Any services provided should be equitable at the community level.

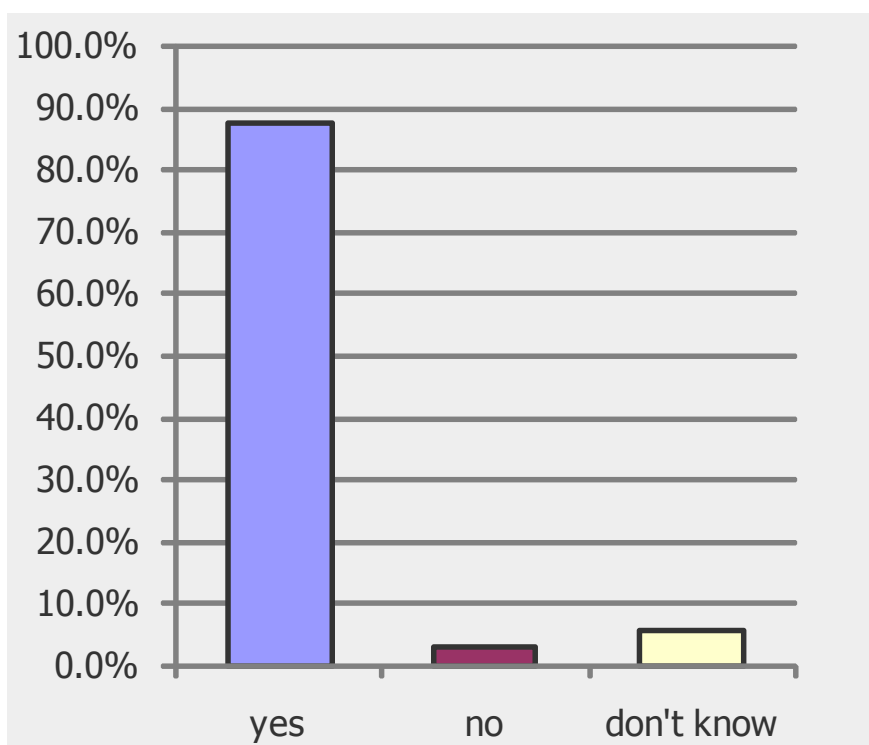


C) MEMBERSHIP OF THE ASSOCIATION

Full Membership:

Do you agree that membership of the association will include:

Full membership that would be open to all health directors, or managers who are responsible for the management and administration of the health programs and services and are employed by a First Nation, Society or Tribal Council. This would be a voting member.



The survey indicated that 87% of participants agreed with the survey’s definition of full membership. The survey indicated that 2.7% of participants did not agree with full membership definition. There was a 5.5% result of “don’t know” from the participants.

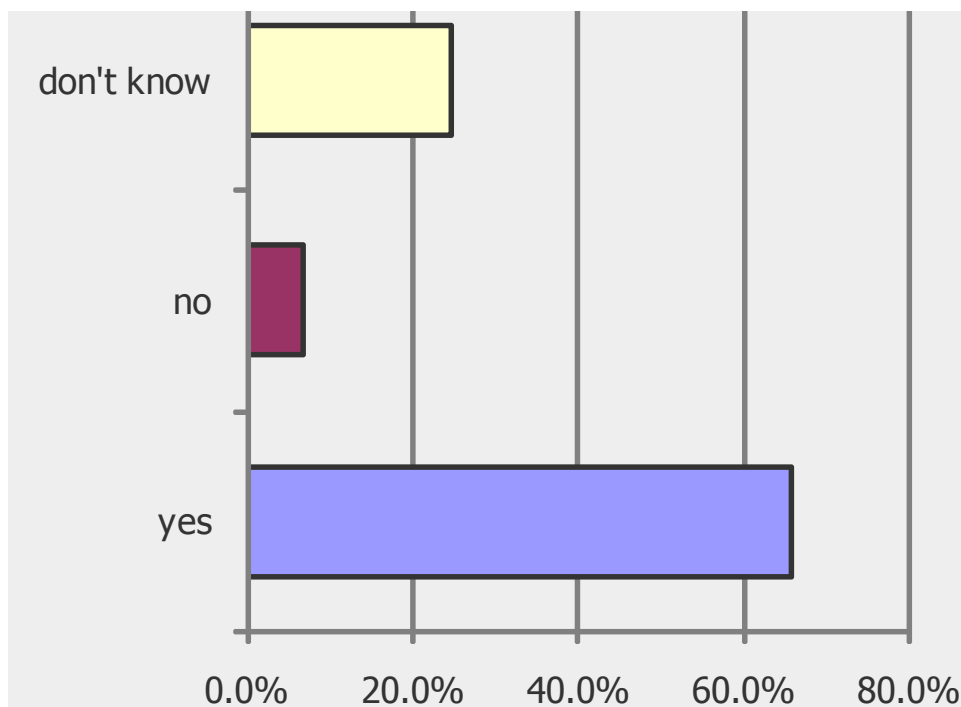
The result suggests to the BC First Nations Health Directors Sub-Committee that a majority of the First Nations health directors and health leads representing all health regions in BC would like the BC First Nations Health Directors’ Association to include the survey’s definition of full membership.



Associate Membership:

Do you agree that membership of the Association will include:

Associate Members that would be open to retired health directors, students, or health directors/managers employed for a health organization located off reserve. This would be a non-voting member.



The survey indicated that 67.1% of participants agreed with the survey's definition of associate membership. The survey indicated that 8.2% of participants did not agree with definition of associate membership. There was a 24.7% result of "don't know" from the participants.

The result suggests to the BC First Nations Health Directors Sub-Committee that a majority of the First Nations health directors and health leads representing all health regions in BC would like the BC First Nations Health Directors' Association to include the survey's definition of associate membership.



Further Suggestions for Determination of Association Membership:

The survey participants requested clarification of the terms agreed to above for the Association's membership including the following:

- Whether nurses who are health directors present a conflict of interest?
- Whether associate members will be able to make recommendations at conferences and meetings or through their leadership?
- Will the needs of community health representatives from small bands be represented?
- Whether a separate category will be included for Elders? Honorary members?
- Will there be a limitation of one voting member per First Nation; or will there be balance between larger bands with more health directors/leads and smaller bands?
- Will all members be First Nations since they are the recipients of the services?
- Will a health director's position for voting members be maintained only as long as that person is employed as a health director?
- Will there be time limitations placed on associate members? For example that an associate membership will last for five years and after that will need to be renewed?
- Will Health Canada employees be allowed to be members? Could they be considered "technical advisors" instead?
- Will the health directors be senior health leads within their community?
- How will the practice of using "proxies" be implemented?

Membership Fee of the Association:

The BC First Nations Health Directors Sub-Committee recommended that a standard, annual membership fee be prescribed for membership of the Association. The amount prescribed for the membership fee was one hundred dollars. The survey participants indicated a 58.9% response of "yes"; a 21.9% response of "no"; and, a 16.4% response of "don't know" to the membership fee.

The survey results indicate to the BC First Nations Health Directors Sub-Committee that a majority of health directors and health leads representing all health regions of BC First Nations would like to include a one hundred dollars (\$100) prescribed, annual membership fee to gain good standing within the Association.

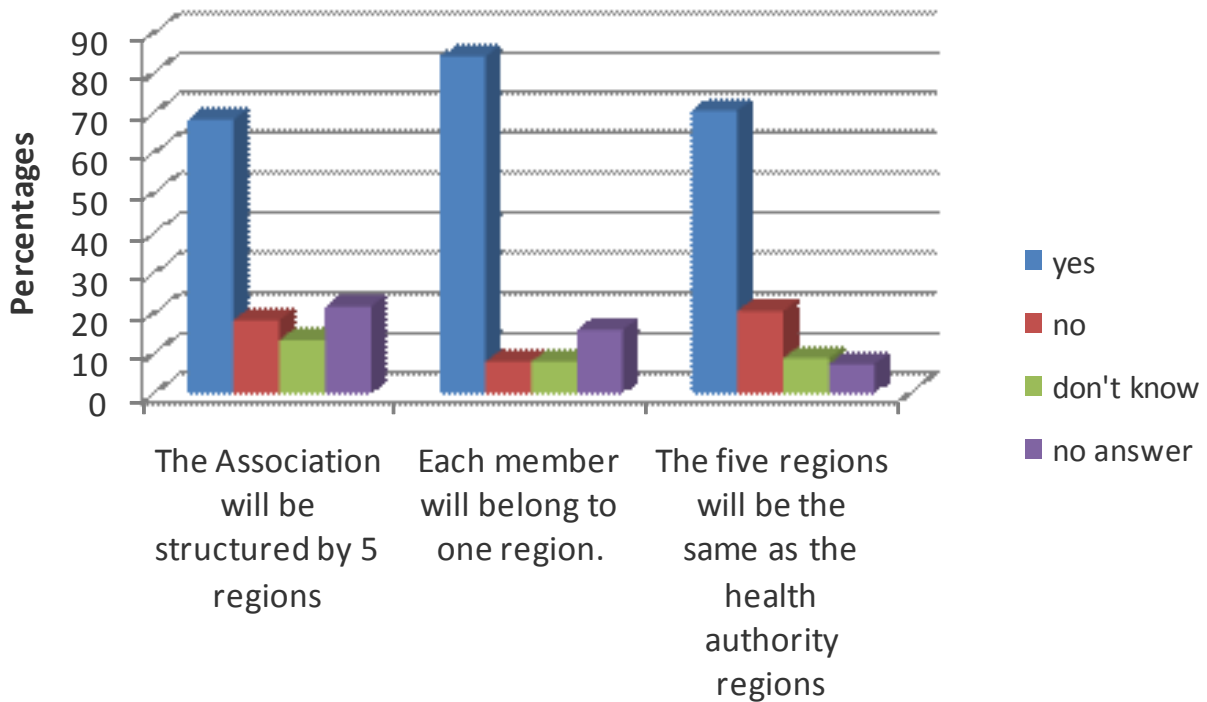
However, the survey also indicated that the participants would like to keep the amount of the membership fee open for alterations. Some further suggestions for the membership fee included the following:

- To further discuss the membership fee at the committee level;
- To make the fee more expensive. For example, \$385-\$425;
- To make the fee cheaper. For example, \$25-\$50;
- What will the funds be used for? Operations?
- There could be different membership fees for full v. associate members; cheaper for associate members.
- How to deal with smaller Bands that cannot afford the annual membership fee?



D) REGIONAL STRUCTURE

Do you agree that there should be 5 regions?



The survey indicated that 68.3% of participants would like the Association to be governed by five regions; that 18.3% would not like governance by five regions; and that 13.3% of participants did not know. The survey also indicated that 84.1% of the participants would like each member of the Association to belong to one region; that 7.9% did not need each member to belong to one region; and that 7.9% of participants did not know. Finally, the survey indicated that 70.6% of participants would like the five regions to be the same as the current health authority regions of Vancouver Island, Vancouver Coastal, Fraser, Interior and Northern; that 20.1% did not want the five regions of the Association to follow the current health authority regions; and that 8.8% of participants did not know.

The results suggest to the BC First Nations Health Directors Sub-Committee that the majority of BC First Nations health directors and health leads representing all five health regions in BC would like the Association to have five regions that follow current health authority regions (Vancouver Island, Vancouver Coastal, Interior, Fraser and Northern) and that each member should a member of one of those regions.

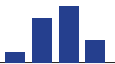


Further Suggestions for the Regional Structure of the Association:

The survey participants indicated that the regional structure of the model Association above should consider several aspects including the following:

- The most important consideration is that the current state of First Nations health status and level of health care services is inadequate and below other Canadian standards;
- Clear guidelines should be put in place and an application process to focus on criteria stressing qualified/educated First Nations people for the appointment of officers;
- Stronger two-way and timely communications with community members and community health representatives to keep them involved in all discussions and informed of all meetings. For example, a mailing list;
- Keep in mind that the ability of smaller Bands to be able to be a member of the Association will be limited by a higher amount of membership fee;
- There should be transparency and accounting for money spent by the Association;
- Attention to any conflict of interests for members or Board members in good standing with the right to vote;
- Potential for retired Health Directors to be able to be voting members because they are a valuable resource;
- Travel and expenses should be reimbursed for Board and officers, but wage recovery should be done by their respective organizations or Band and not the Association;
- The promotion of health & wellness;
- The Association should strive to become accredited within two to three years to ensure efficient and effective operation;

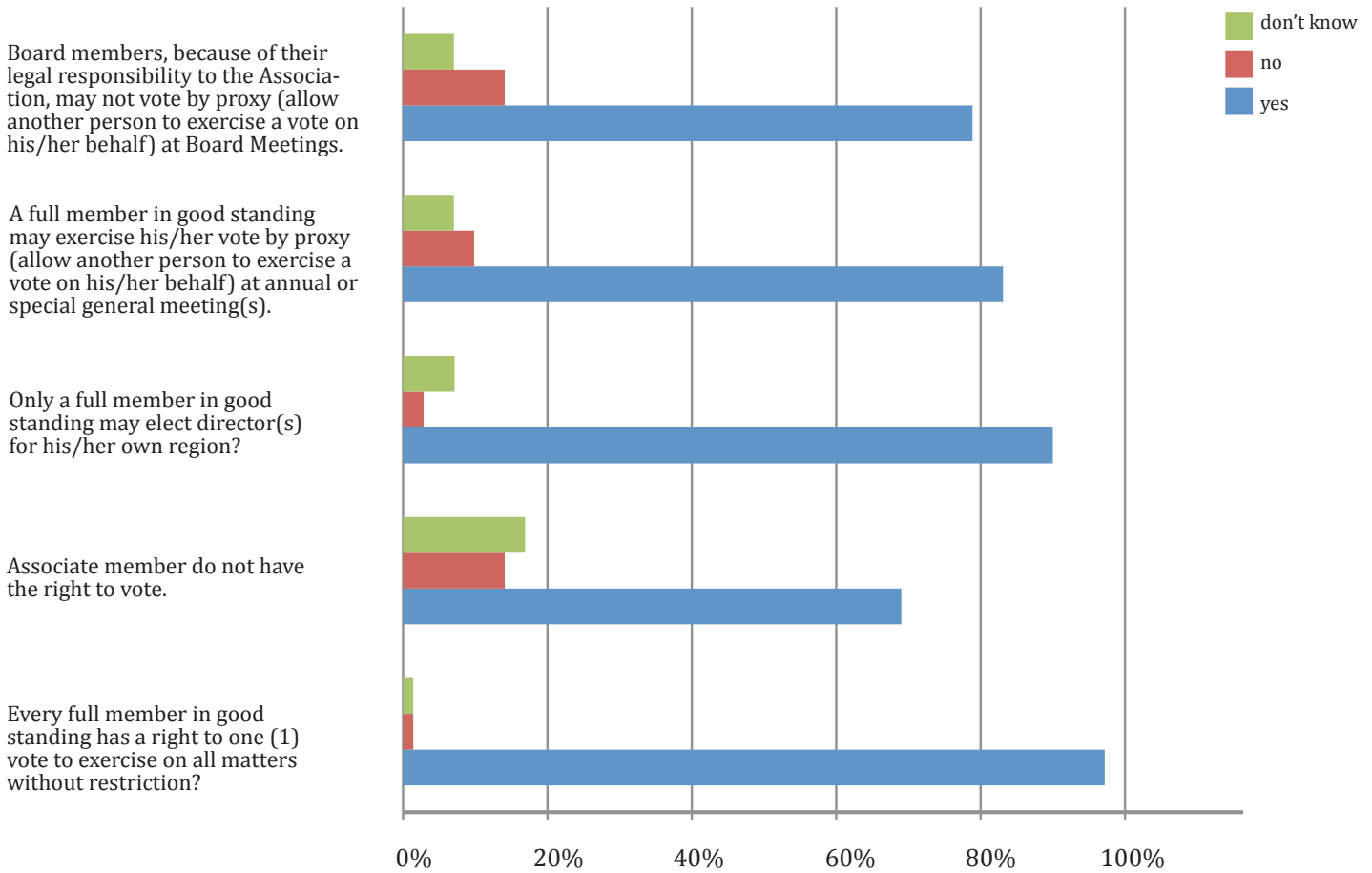
Do not disrupt the government-to-government relationships that each First Nations has with provincial and federal governments.



E) VOTING AT GENERAL MEETINGS

Voting Rights

Do you agree that





The survey results indicated that 97.2% of participants reported “yes”; 1.4% reported “no”; and, 1.4% reported “don’t know” to the question of whether every full member in good standing will have the right to one vote to exercise on all matters without restriction. By contrast, the survey indicated that 69.1% of participants reported “yes”; 14.08% reported “no”; and, 16.9% reported “don’t know” to the question of whether associate members should not be allowed to vote.

The result is that the BC First Nations Health Directors Sub-Committee can conclude from the survey that the majority of BC First Nations health directors and health leads representing all health regions in BC would like the BC First Nations Health Directors Association to have full members with the right to one vote to exercise on all matters without restriction; and that associate members will not have the right to vote.

The survey results also indicate that 90% of participants answered “yes”; 2.9% answered “no”; and, 7.1% answered “don’t know” to the question of whether only a full member in good standing can elect directors for his/her own region.

The result is that the BC First Nations Health Directors Sub-Committee can conclude from the survey that the majority of BC First Nations health directors and health leads representing all health regions in BC would like *only* full members in good standing to have the right to vote to elect a director for his/her own region.

The survey results indicate further that 83.1% of participants answered “yes”; 9.9% answered “no”; and, 7.0% answered “don’t know” to the question of whether a full member in good standing may exercise his/her vote by proxy (allow another person to exercise a vote on his/her behalf) at an annual or special general meeting(s).

The result is that the BC First Nations Health Directors Sub-Committee can conclude from the survey that the majority of BC First Nations health directors and health leads representing all health regions in BC would like full members in good standing to have the right to exercise his/her vote by proxy at annual or special general meetings.

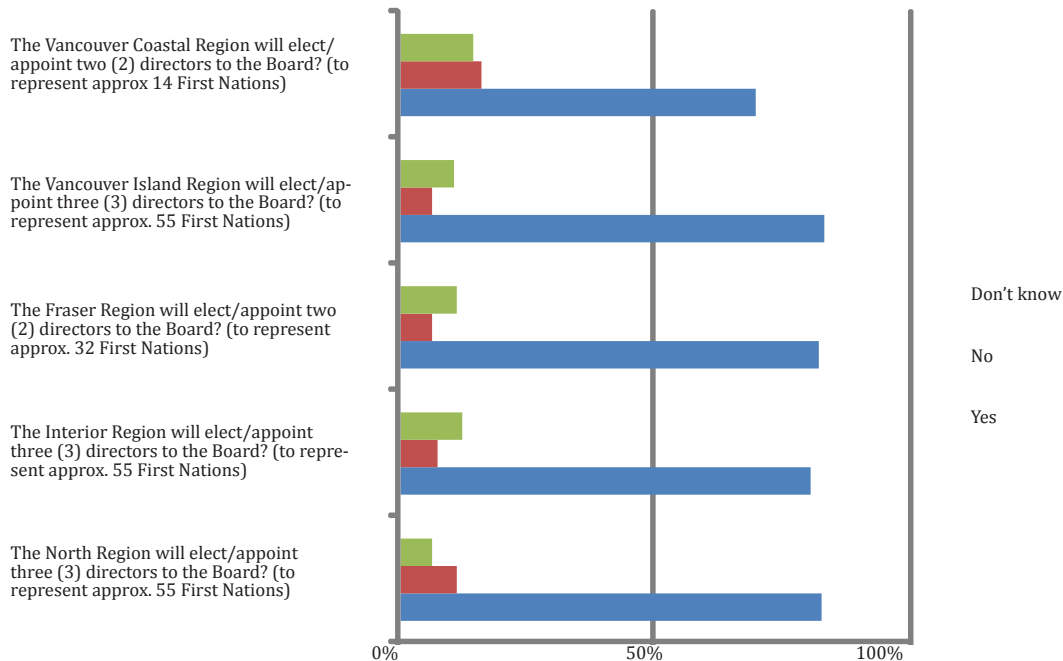
In addition, the survey results indicate that 78.9% of participants answered “yes”; 14.1% answered “no”; and, 7% answered “don’t know” to the question of whether Board members, because of their legal responsibility to the Association may not have the right to exercise a vote by proxy at Board meetings.

The result is that the BC First Nations Health Directors Sub-Committee can conclude from the survey that the majority of BC First Nations health directors and health leads representing all health regions in BC would like to ensure that Board members, because of their legal responsibility to the Association, will not have the right to exercise votes at Board meetings by proxy.



BOARD OF DIRECTORS

Regional Representatives



Northern Region Representation on the Board:

The survey results indicate that 82.5% of participants reported “yes”; 11.1% reported “no”; and, 6.4% reported “don’t know” to the question of whether the North Region will elect/appoint three directors to the Board to represent approximately 55 Northern First Nations. **The survey therefore suggests to the BC First Nations Health Directors Sub-Committee that the majority of BC First Nations health directors and health leads representing all health regions in BC would like the North Region of the BC First Nations Health Directors Association to elect/appoint three directors to sit on the Board.**

Interior Region Representation on the Board:

The survey results indicate that 80.3% of participants reported “yes”; 7.6% reported “no”; and, 12.1% reported “don’t know” to the question of whether the Interior Region will elect/appoint three directors to the Board to represent approximately 55 Interior First Nations. **The survey therefore suggests to the BC First Nations Health Directors Sub-Committee that the majority of BC First Nations health directors and health leads representing all health regions in BC would like the Interior Region of the BC First Nations Health Directors Association to elect/appoint three directors to sit on the Board.**



Fraser Region Representation on the Board:

The survey results indicate that 82.0% of participants reported “yes”; 6.5% reported “no”; and, 11.5% reported “don’t know” to the question of whether the Fraser Region will elect/appoint two directors to the Board to represent approximately 32 Fraser First Nations. **The survey therefore suggests to the BC First Nations Health Directors Sub-Committee that the majority of BC First Nations health directors and health leads representing all health regions in BC would like the Fraser Region of the BC First Nations Health Directors Association to elect/appoint two directors to sit on the Board.**

Vancouver Island Region Representation on the Board:

The survey results indicate that 83.1% of participants reported “yes”; 6.1% reported “no”; and, 10.8% reported “don’t know” to the question of whether the Vancouver Island Region will elect/appoint three directors to the Board to represent approximately 55 Northern First Nations. **The survey therefore suggests to the BC First Nations Health Directors Sub-Committee that the majority of BC First Nations health directors and health leads representing all health regions in BC would like the Vancouver Island Region of the BC First Nations Health Directors Association to elect/appoint three directors to sit on the Board.**

Vancouver Coastal Region Representation on the Board:

The survey results indicate that 68.4% of participants reported “yes”; 16.1% reported “no”; and, 14.5% reported “don’t know” to the question of whether the Vancouver Coastal Region will elect/appoint two directors to the Board to represent approximately 14 Northern First Nations. **The survey therefore suggests to the BC First Nations Health Directors Sub-Committee that the majority of BC First Nations health directors and health leads representing all health regions in BC would like the Vancouver Coastal Region of the BC First Nations Health Directors Association to elect/appoint two directors to sit on the Board.**

Further Suggestions for Regional Board of Directors:

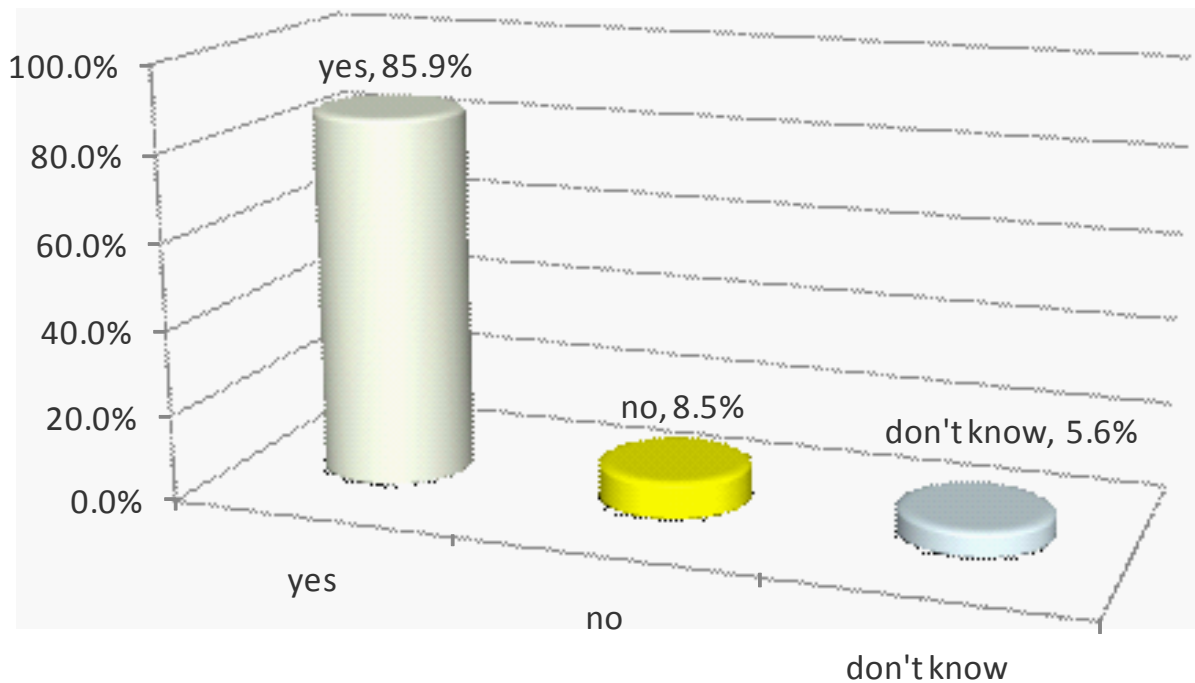
The majority of survey participants found the regional structure of the Board favorable, some participants also indicated several considerations for further discussion at Gathering Wisdom III (November 2009) for the regional representation on the Association’s Board of Directors including the following:

- Cost of travel
- Remoteness and large geographical setting of the Northern Region
- Whether 2-3 representatives will be enough representation
- Representation based on population/ determined by a ratio that is the same for every Region (Vancouver coastal with 14 communities would only get 1 representative; and regions with 55 bands would have more representatives)
- Consider that the Child Welfare process had Nations to ensure voices were being heard



Appointment of Officers (President, Vice-President, Secretary and Treasurer):

Do you agree that the directors will appoint officers (President, Vice-President, Secretary and Treasurer) to manage the Association?



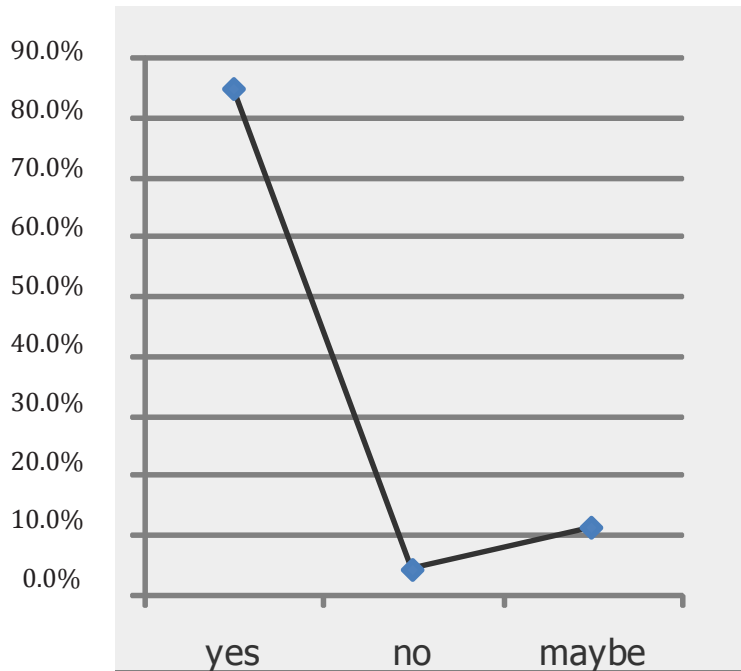
The survey results indicate that 85.9% of participants answered “yes”; 8.5% answered “no”; and, 5.6% answered “don’t know” to the questions of whether the Association should have the Board of Directors appoint the officers for the Association (President, Vice-President, Secretary and Treasurer).

The survey results suggest to the BC First Nations Health Directors Sub-Committee that a majority of BC First Nations health directors and health leads would like the Association’s Board of Directors to appoint officers of President, Vice-President, Secretary and Treasurer.



Remuneration of Directors and Officers of Association:

Do you agree that the Association’s directors and officers may be reimbursed for travel, expenses, and partial wage recovery while performing their duties at a level set at the Annual General Meeting by the members-at-large?



The survey results indicate that 84.5% of participants answered “yes”; 4.2% answered “no”; and, 11.3% answered “don’t know” to the question of whether the Association’s directors and officers may be reimbursed for travel, expenses, and partial wage recovery while performing their duties at a level set at the Annual General Meeting by the members-at-large.

The survey results suggest to the BC First Nations Health Directors Sub-Committee that a majority of BC First Nations health directors and health leads would like the Association’s Board of Directors and officers to be reimbursed for travel, expenses, and partial wage recovery while performing duties at a level set at the Annual General Meeting by the members-at-large.



F) GENERAL SUGGESTIONS

The majority of the survey participants indicated a positive response to the model structure of the BC First Nations Health Directors Association.

The indication to the BC First Nations Health Directors Sub-Committee is that a majority of BC First Nations health directors and health leads would like the Association's structure to be based on the model structure presented within the survey.

However, some participants expressed specific suggestions and considerations for the BC First Nations Health Directors Sub-Committee while continuing to form the Association based on this model structure including the following:

- The most important consideration is that the current state of First Nations health status and level of health care services is inadequate and below other Canadian standards;
- Clear guidelines should be put in place and an application process to focus on criteria stressing qualified/educated *First Nations* people for the appointment of officers;
- Stronger two-way and timely communications with community members and community health representatives to keep them involved in all discussions and informed of all meetings. For example, a mailing list;
- Keep in mind that the ability of smaller Bands to be able to be a member of the Association will be limited by a higher amount of membership fee;
- There should be transparency and accounting for money spent by the Association;
- Attention to any conflict of interests for members or Board members in good standing with the right to vote;
- Potential for retired Health Directors to be able to be voting members because they are a valuable resource;
- Travel and expenses should be reimbursed for Board and officers, but wage recovery should be done by their respective organizations or Band and not the Association;
- The promotion of health & wellness;
- The Association should strive to become accredited within two to three years to ensure efficient and effective operation;
- Do not disrupt the government-to-government relationships that each First Nations has with provincial and federal governments.

The First Nations Health Council would like to acknowledge all of the Health Directors who took the time to provide their feedback, ideas, and time towards the development of a draft model for a BC First Nations Health Directors Association. The First Nations Health Council would also like to acknowledge the Health Directors Subcommittee for their ongoing guidance and support in advancing this endeavour.



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