Greetings,

On September 18th, 2008 the Health Council co-chairs attended the 2nd meeting of the Provincial Advisory Committee on First Nations Health (formerly the First Nations Health Advisory Committee). The purpose of this committee, as identified in the Tripartite Health Plan, is to “review and monitor Aboriginal Health Plans of the regional health authorities, monitor health outcomes in First Nations communities, and recommend actions to the Parties on closing the health gaps.”

At this meeting all three parties committed to begin work on the reciprocal accountability framework which will “address gaps in health services for First Nations in British Columbia, [and], should clarify responsibility for health service delivery, and result in a more seamless and responsive health care system. The Education Jurisdiction Agreements should be explored as a potential governance model for First Nations health in British Columbia.” - The TCA, First Nations Health Plan

In addition to moving forward on reciprocal accountability, the five regional Health Authorities provided the Committee with a two page summary of their Aboriginal health initiatives. Each summary details how Health Authority initiatives in Aboriginal Health relate to the Tripartite First Nations Health Plan. These two page summaries will be made available for First Nations.

The Health Council held two strategic planning sessions over the last quarter with the objective of completing our business plan. The purpose of the business plan is to structure the implementation of the 10 year Tripartite Health Plan with a focus on roles and responsibilities, and measuring our progress. The business plan includes a transition plan for incorporation of the Health Council as a society; deadlines and benchmarks for the creation of a First Nation Health governing body; and details the role that our Council will play in the implementation of the 29 health action items. The business plan also contains our formalized mission and vision statements and has a 5 year term.

With regards to community engagement, the Health Council has committed to regular reporting at the Union of BC Indian Chiefs, First Nations Summit, and BC Assembly of First Nations Meetings. This fall, regional governance caucuses will be taking place throughout BC. These six regional caucuses invite the chief and one health lead from each First Nation to discuss the creation of a new governance structure for First Nations Health. Please mark your calendars early, and do not miss out on your regional caucus.

It is crucial that we hear from everyone on this very important issue of health governance.

The First Nations Health Directors will be holding their first annual forum September 30th, and October 1st. The purpose of the forum is to provide health directors the opportunity to strategize, network and provide input into a BC First Nation Health Directors Association. With two weeks to go before the forum we are pleased to report that over 100 health directors/administrators have already preregistered.

Debbie Abbott,

Health Council Co-Chairs

PROVINCIAL ADVISORY COMMITTEE ON FIRST NATIONS HEALTH

CO-CHAIRS

<table>
<thead>
<tr>
<th>Health Canada</th>
<th>Ministry of Health</th>
<th>First Nations Leadership Council</th>
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</thead>
<tbody>
<tr>
<td>Regional Director General Catherine Lappe</td>
<td>Deputy Minister Gordon Macatee</td>
<td>Grand Chief Edward John</td>
</tr>
</tbody>
</table>

MEMBERS

- CEO-VCH
- CEO-VIHA
- CEO-NHA
- CEO-FHA
- CEO-IH
- CEO-PHSA
- FNHC Co-Chairs
- Provincial Health Officer
- Aboriginal Health Physician Advisor

EX-OFFICIO

- Senior Director, FNHC
- Regional Director, FNIH
- Senior Advisor, Policy and Strategic Planning, FNIH
- Assistant Deputy Minister, Population Health and Wellness, MOH
- Assistant Deputy Minister, Health Authorities Division, MHLIS
- Executive Director, Aboriginal Health Branch, MHLIS
Is your community providing innovative service delivery in the area of Mental Wellness, Chronic Disease Management or Maternal and Child Health?

Funding:
$25,000- December ‘08 - March ‘09
$100,000 -April ‘09- March ‘10

The Health Council would like to partner with First Nations to promote and enhance their better or best practices and to engage in activities that include:

• Further enhancement of a “best” or “better” practices;
• Innovation in addressing mental wellness, chronic disease management or maternal and child health issues;
• Knowledge transfer to other mandated First Nations Health service providers and First Nations Health professionals;
• Continues to foster the relationships that have been established with Federal and Provincial health institutions/governments, staff and others;
• Continue to foster relationships between First Nations and Tribal groupings to develop and deliver collaborative and innovative health initiatives; and
• Continuing to build capacity and structures of First Nations health services and programs.

PROPOSAL AREA’S

>> Mental Wellness
Total Funding 2008/09 - $500,000 (maximum of $25,000 per project) Mental Wellness is the balance between the social, physical, spiritual and emotional life of a First Nation’s person. Mental Wellness is far more than the absence of mental illness and has to do with all aspects of a person’s life. The “Best or Better Practice” would deal with preventative and/or treatment for mental health issues, problems and disorders areas such as mood disorders, dual diagnosis, post traumatic stress, residential school syndrome, youth suicide, schizophrenia, depression, etc.
Contact: Michelle Degroot- mdegroot@fnhc.ca

>> Chronic Disease Management
Total Funding 2008/09 - $500,000 (maximum of $25,000 per project) A chronic disease is an illness that is ongoing or recurring such as cancer, arthritis, diabetes, asthma, hypertension, lupus, fibromyalgia, emphysema, etc. The priority prevention and promotion areas for FNHC are heart disease, lung and kidney disease, disabilities, cancer, arthritis and joint diseases, and diabetes.
Contact: Michelle Degroot- mdegroot@fnhc.ca

>> Maternal and Child Health
Total Funding 2008/09 - $500,000 (maximum of $25,000 per project) Maternal and Child health is ensuring women have a safe, healthy and fulfilling outcome to her pregnancy, childbirth, newborn care and child development for her children 0 to 6 year old. Preventative initiatives that focuses on improved reproductive health, prenatal and postpartum services, and early childhood development (physical, social and emotional, speech, hearing, vision) with a focus on 0 – 6 year old.
Contact: Marilyn Ota- mota@fnhc.ca
GOVERNANCE UPDATE

Greetings, my name is Derek Thompson and I am from the Ditidaht First Nation, located within Nuu-chah-nulth territory on the West Coast of Vancouver Island. I have recently transitioned into the position of Health Governance Coordinator from Governance Policy Analyst with the First Nations Health Council. I consider it to be a privilege and my duty to uphold the vision and mission of the First Nations Health Council to implement the Tripartite First Nations Health plan on behalf of BC First Nations.

The dual purpose of the dialogue is to determine what the specific needs are in each community in the arenas of health and governance and to decide on five (5) people that will participate as members on the FNIHGC.

At the Gathering Wisdom for a Shared Journey Forum 2008 participants supported the First Nations Interim Health Governance Committee (FNIHGC) Co-Chairs to engage in a dialogue on issues of health governance with each of the 203 First Nation communities, and particularly with each Chief and Senior Health Lead from each First Nation community. The dual purpose of the dialogue is to determine what the specific needs are in each community in the arenas of health and governance and to decide on five (5) people that will participate as members on the FNIHGC. This dialogue will help to determine a mandate for negotiations with Health Canada and the BC Ministry of Health to develop, ratify and implement a health governance framework for BC First Nations.

The FNIHGC Co-Chairs will host and facilitate a two (2) day Regional Caucus Session in 6 locations (see sidebar) and will provide travel (return), meals and accommodations for one (1) Chief per First Nation community and for one (1) Senior Health Lead per First Nation community only. Each Chief and Senior Health Lead will attend a Regional Caucus Session within the Health Authority (North, Interior, Fraser, Vancouver Coastal, Vancouver Island) in which your community resides.

In partnership with the Community Health Associates of BC (CHABC), Joanne Tardiff, Executive Director, will be responsible for the overall logistical coordination for the Regional Caucus Sessions, which will include travel (return) arrangements, hotel accommodations, incidentals, registration, and meals for one (1) Chief per First Nation community and for one (1) Senior Health Lead per First Nation community only. Joanne can be contacted at (250) 503-1123 directly.

In partnership with the Community Health Associates of BC (CHABC), Joanne Tardiff, Executive Director, will be responsible for the overall logistical coordination for the Regional Caucus Sessions, which will include travel (return) arrangements, hotel accommodations, incidentals, registration, and meals for one (1) Chief per First Nation community and for one (1) Senior Health Lead per First Nation community only. Joanne can be contacted at (250) 503-1123 directly.

Travel expenses, meals and accommodations will be provided for (1) Chief and (1) Senior Health Lead per First Nation.

Questions:

Travel & Accomodations
Joanne Tardiff
(250) 503-1123

Other: Derek Thompson
(604) 913 9903
COMMUNITY SPOTLIGHT: KTUNAXA FIRST NATION

ABOUT THE KTUNAXA NATION

Ktunaxa citizenship is comprised of Nation members from seven Bands located throughout historic traditional Ktunaxa territory. Five Bands are located in British Columbia, Canada and two are in the United States. Many Ktunaxa citizens also live in urban and rural areas “off reserve’. Ktunaxa (pronounced ‘k-too-nah-ha’) people have occupied the lands adjacent to the Kootenay and Columbia Rivers and the Arrow Lakes of British Columbia, Canada for more than 10,000 years. In total the Ktunaxa Nation is comprised of approximately 5,000 individuals, though a census to be carried out next year will clarify this number further.

CREATING A GOVERNANCE MODEL

The Ktunaxa Nation is putting governance first. Over the past 9 years the Ktunaxa have developed a governance model that combines traditional governing structures, indigenous pedagogy, and fiscally accountable checks and balances. The model was developed over a decade through a grassroots process of community meetings, focus groups and sector specific workshops.

“At the time that we entered the treaty process we did two things,” comments Gwen Phillips, Governance Transition Coordinator, “we committed to exercising personal and geographic jurisdiction over our land and our people, and at the same time committed to a community development agenda.” A community development agenda commits us to consulting with our citizens and acting upon their recommendations on a consistent and frequent basis. We have what we refer to as a citizen-driven process that guides our treaty negotiations. The existing Councils direct governance transition, based on the people’s agenda. The cornerstone of this agenda is the notion that “you can only move as fast as the people.”

We have what we refer to as a citizen-driven process that guides our treaty negotiations. The existing Councils direct governance transition, based on the people’s agenda. The cornerstone of this agenda is the notion that “you can only move as fast as the people.”

The Ktunaxa have organized their nation into 5 sectors including: Social Investment, Traditional Knowledge, Corporate Services, Land & Resource Stewardship, and Economic Development & Investment Planning. Each sector is governed by a sector specific council composed of individuals with expertise that sector area. The role of the sector council is to “Provide strategic direction for government.” In the future, each sector council will be governed by a Chief who has experience and expertise in their given area. This model, 9 years in the making is currently being adopted by the Ktunaxa. A Ktunaxa constitution is also in the works and is expected to be completed next year. When asked why the Ktunaxa have focused so strongly on governance Gwen comments: “I think for us the important thing is to know your limits. You set the outmost boundaries for what you can do as a nation and to know where those boundaries are. You don’t have to exercise jurisdiction in all of those areas, but it is a huge learning opportunity to find out where those limits lay. Then you have choice.”

THE KTUNAXA NATION SOCIAL SECTOR

An important step in building a governance model is establishing the core ideas/principles that your government will adhere to and promote. These ideas, also serve to define the populations that you intend to serve. Early on in the process the Ktunaxa developed the following guiding principles for the delivery of Aboriginal health and wellness services by the Ktunaxa government:

• Authority for health planning in the Ktunaxa Traditional Territory and the associated administration of resources will rest with the Ktunaxa Nation.
• The interests of all Aboriginal people who live in Ktunaxa Territory will be represented in all (regional) Health Planning sessions.
• All Aboriginal people will be eligible to access the same level of services regardless of status or residency.
• Common Aboriginal values will be integrated into planning and service delivery.
• All Aboriginal people of this area will work together, nurturing and celebrating our common identity.

Through the development of these principles, the Ktunaxa define their role as being responsible for health planning for all Aboriginal people within their traditional territory. As there are no friendship centres and very few Aboriginal organizations within the Ktunaxa territory, the Nation has made a commitment to ensuring that the interests of all Aboriginal people are included in their processes. Seats have been made available on Ktunaxa Boards and committees for Métis and Urban representatives, as required. When planning, special sessions have been held in key locations throughout their territory, to permit off-reserve Aboriginal people to participate.

PARTNERSHIPS

Collaboration and Partnerships are necessary ingredients in the delivery of quality health care, especially for many small First Nations. The Ktunaxa are currently concluding a Letter of Intent with the First Nations Health Council and the Province of British Columbia to provide primary health care services to Ktunaxa residents in traditional Ktunaxa territory.
Putting Governance First

of Understanding LOU with Interior Health Authority that sets out an administrative arrangement for the two parties. “We have just about concluded our LOU with IH. Through this process we determined that two levels of relationship documents were required,” says Phillips, “The nature of IH’s authority is delegated authority of the crown. We are negotiating a letter of understanding with IH as an agent of the crown, and a service delivery body, and then we will negotiate an MOU with Province themselves on the jurisdiction side.”

Purpose of Ktunaxa/IH LOU

• To develop and implement a regional health plan
• To look at policy for the allocation of resources
• To administer and allocate grants for health services in the region
• To develop and implement regional standards
• To monitor and evaluate provincial and regional standards

With health care currently consuming around one third of BC’s annual budget, economies of scale are always considered in program development and budget allocations. “We don’t have a lot of money and we are not going to have a lot of money as a self governing nation. When you look at governance there are costs attached, administrative costs, and enforcement costs. We are trying to figure out just what it is that we will need to have jurisdiction over, in order to meet our needs. We don’t need to have law-making authority over everything; only those things where our interests won’t be met under someone else’s jurisdiction. We see co-management agreements being very important to us. What we need is to come to a place where those larger systems respect who we are, and our history in our ancestral homelands, where they become willing to relinquish controls in those areas that need to be under our control because we require that authority and can do it better. We can’t run a hospital, but we can put in place patient navigators to making those hospital stays a lot better for our people.”

THE VISION

With rural school and hospital closures becoming the norm, health service delivery for rural and remote citizens, both Aboriginal and non-Aboriginal is becoming a major concern. Patient travel already consumes 50% of most First Nations Health budgets, and the travel involved can be tiring and stressful for both patient and family. The Ktunaxa are looking at ways of bringing health service delivery closer to home through integration and co-location of services across the Ktunaxa territory. The Ktunaxa recently met with the Deputy Minister of Children and Families who agreed that her ministry must find a new way of funding, to reflect the Ktunaxa’s authority as a Nation, to provide child and family services to their citizens and other Aboriginal people who make their home within Ktunaxa territory.

Overall, the Ktunaxa have set their sights on playing a large role in health service delivery in the future, not only for Ktunaxa people, but for non-Aboriginal residents as well. “First Nations people aren’t going anywhere.” states Phillips “the provision of rural health services belongs with us, we are the stable, and growing population in every rural region across British Columbia.”

“I think for us the important thing is to know your limits. You set the outmost boundaries for what you can do as a nation and to know where those boundaries are. You don’t have to exercise jurisdiction in all of those areas, but it is a huge learning opportunity to find out where those limits lay. Then you have choice.”

Putting Governance First
PROVINCIAL TRAINING EVENT – October 20-23, 2008

2009 Honour Your Health Challenge Coast Plaza Hotel and Suites, 1763 Comox Street, Vancouver, BC

Train to be an Honour Your Health Challenge Coordinator and lead your Aboriginal community, group or students in the upcoming 2009 Honour Your Health Challenge.

Sun Run InTraining Program
grants • prizes • incentives

What is the Honour Your Health Challenge?
A minimum 6-week Health Challenge beginning January 2009 featuring prizes and grant opportunities. The HYHC encourages individuals and communities to promote:
• healthy eating;
• increased physical activity;
• decreased tobacco misuse;
• healthy pregnancies.

Who should attend the training?
If you are an employee or volunteer with a special interest in promoting health and wellness, then this training event is for you.

October 20, 2008 – If you have never attended our October training event before, this first day of training will provide you with:
• an orientation to the Honour Your Health Challenge.
• some general program ideas and resource lists to help you with planning your Challenge.

October 21 – 23, 2008 – Once you have completed your mandatory first day of training OR if you have already been to one of our training sessions in the past, these 2 1/2 days of training will provide more opportunities for learning, sharing and skill building in areas of special interest to you.

Confirmed presenters this year include:
• Active Communities!
• Action Schools! BC
• SportMedBC

Register now – it’s free!
There is no cost for the training. Complete the attached registration form and fax to (250) 483-5935.

Sponsorship for travel and accommodation is available!
Each community or organization may register more than one participant. However, we are able to provide reimbursement for travel expenses and hotel accommodation for one person per organization only. We encourage sharing travel expenses if more than one person per organization will be attending.

Questions? Contact:

Denise Lecoy
Provincial Coordinator
Honour Your Health Challenge
Phone: (250) 216-4576
Fax: (250) 276-4707
E-mail: Denise.Lecoy@gov.bc.ca
www.honouringourhealth.ca

This training event is sponsored by BC Ministry of Health – Aboriginal Health Branch
Healthy Eating Guidelines for First Nations

Greetings to all of our dedicated people in community health! The summer has been busy and enjoyable as I have had the opportunity to get out to a few gatherings and events. Thank you to those who have extended the invitation.

As I work for the Health Council only three days per week, we have gained the assistance of a contract nutritionist (Karen Fediuk RD, MSc.) to help implement several of the nutrition program activities including the development of some healthy eating guidelines that will assist communities and organizations to develop their own community food policies.

Nutrition Update
Greetings to all of our dedicated people in community health! The summer has been busy and enjoyable as I have had the opportunity to get out to a few gatherings and events. Thank you to those who have extended the invitation.

As I work for the Health Council only three days per week, we have gained the assistance of a contract nutritionist (Karen Fediuk RD, MSc.) to help implement several of the nutrition program activities including the development of some healthy eating guidelines that will assist communities and organizations to develop their own community food policies.

Healthy in support of the Cowichan 2008 North American Indigenous Games in the Cowichan Valley, British Columbia. The First Nations ActNow program supported the costs to bring Speakers Billy Mills and Dr. Evan Adams to the symposium event, and provided a healthy lunch for the event.

In addition, the Health Council is working with the Canadian Diabetes Association and the Honour Your Health Challenge to create more opportunities for our communities to receive training to implement a “Food Skills for Families” cooking and nutrition program.

For more information on this or any other activities mentioned, please contact me by phone 778-227-4455 or email: sjohnson@fnhc.ca. Way’ Suzanne Johnson
A Marathon? Are you kidding?

CELEBRATING OUR SUCCESS
PHYSICAL ACTIVITY

Profile: Lorraine Mundy
Ucluelet First Nation

“Mom, we should run the Edge to Edge Marathon.” To which I responded, “A marathon? Are you kidding? Do you know how much training is involved? Do you know how outta shape I am?”

My son, Jack, is not shy about telling me things. I was gradually getting the middle age spread. Jack challenged me in February 2007 to run a marathon. I remember telling him that I have always wanted to run a marathon, but was never motivated enough to do it (proof that I wanted to run a marathon lay in my pages of my journal, which was dated February 2001).

So, I accepted the challenge and began training with my son and jogged 3 kms a day. I went to the Running Room for tips and advice, to see my doctor about beginning a rigorous exercise regime and read information on the Internet about training for a marathon.

The benefits of exercise are tremendous. Running gives me more energy because I sleep soundly for seven hours instead of the 5 or 6 I was getting before training.

I lost 30 pounds and running is self-therapeutic. The release of stress and thinking of day to day issues seem minimal after running, because I realize everything will work out.

I jogged the Edge to Edge Half-Marathon, the Royal Victoria Half-Marathon and the full Seattle Marathon (26.2 miles!) in 2007. As well, I fundraised for BC Cancer Foundation’s Tour of Courage which was in September 2007, where I raised more than $2700.00 for the BC Cancer Foundation and cycled 60 kilometers in the Vancouver area. Lance Armstrong, cancer survivor and seven time Tour de France winner was in attendance for that event and it was an awesome experience.

Currently I am signed up for Team Diabetes and hope to raise my target of $6100.00 for the Team so I can run in the Honolulu, Hl. Marathon. I will be cycling from Ucluelet to Port Alberni on September 20th and from Port Alberni to Nanaimo on September 21st to raise awareness of diabetes and that diabetes affects First Nations people 3 – 4 more times than the general population.

The benefits of exercise are tremendous. The difficult part is making the change. But once one begins eating right and exercising, ones mind becomes clearer and focused. Thank you to my son for inspiring me and motivating me!
Hello, to all BC First Nations individuals, communities and organizations. My name is Allison Ducharme. I am an urban Aboriginal woman (born and raised in Vancouver, BC). My maternal lineage is Interior Salish from In-SHUCK-ch Nation (Samahquam Band), and my paternal ancestry is Ojibway from Mud Lake, Ontario.

I have been actively involved within the social services, criminal justice system and health fields for approximately ten years. The various roles that I have performed have entailed advocacy in various capacities. Therefore, I possess astute advocacy awareness, knowledge, and experience. Most significantly, I possess a passion for advocacy involvement.

I feel very honoured and privileged to join the First Nations Health Council team as Health Advocate. I look forward to working diligently to provide advocacy and support to First Nations individuals, communities and organizations as Health Advocate for First Nations Health Council. 

Allison will be working from her home office in Vancouver and can be contacted as follows:

Phone: 604-787-4159
Email: aducharme@fnhc.ca

Dr Georgia Kyba attended GEGENOATOLTIMG: Sharing the Knowledge Gathering. This Traditional healing event was co-hosted by The First Nation Centre at National Aboriginal Healing Organization, NAHO, and Elsipogtog Health and Wellness Centre (EHWC). This event took place at Elsipogtog First Nations in New Brunswick from Sept 8 to 15 at their Health Centre. This reserve is the largest in New Brunswick, accommodating 3000 members.

The Health Centre focuses on integrating traditional knowledge and science through their programs and delivery. Sharing the Knowledge Gathering held workshops in the Health Centre’s healing lodge room, a room built for traditional ceremonies. The surrounding grounds contain 2 teepees, and one sweat lodge for ceremonies.

Throughout the day many traditional teachings took place, such as women’s teachings, Medicine Wheel teachings, Elder’s circle teachings, integrating traditional medicine with western teachings, as well as many others talks throughout the week. Also occurring everyday were sweats, traditional healing, massage, energy work, and medicine walks. A couple hundred people from across Canada attended this event.

GEGENOATOLTIMG: Sharing the Knowledge Gathering is an inspiration for a future Traditional Gathering in BC. Dr Kyba plans to collaborate with NAHO and BC First Nation elders and healers for further planning.

Please feel free to contact Dr Kyba with information or comments at gkyba@fnhc.ca
The NAIG games were a success and so was the information booth for the First Nations Health Council and Health Careers Recruitment. Much interest was shown in our material and promotional items, such as post-it pens, picture frame magnets, pedometers, wellness diaries and stainless steel water bottles; thus, drawing attention from all age groups.

One of the biggest hits was the pedometer combined with a wellness diary. Traffic at the booth was steady with approximately 100+ visitors a day. About 90% of the people visiting the booth were unaware of the First Nations Health Council or how the Tripartite Agreement affected them. Common questions/comments included the difficulties those are having in access to vision and dental care with the new policies with up front payment. Others expressed lack of access and funding for EHS in their area endangering low income families health. A few other comments were made that due to a lack of resources their video-conferencing equipment is not being used to its needed capacity.

All questions/comments posed were directed to the appropriate contact of the First Nations Health Council for further assistance. Despite the lack of awareness of the Health Council or Tripartite Agreement, people were eager to find out, collected much of our information and were excited to see what the future holds.

Health Careers Recruitment officer Erin Mearns (Klahoose First Nation) was on hand at the NAIG and spoke to many First Nations youth and adults about the opportunities in Health Careers.

It was overheard from other attendees witnessing young children were stating they wanted to be doctors when they grow up.

Prospective health career students contact information was recorded and they were also rewarded with stainless steel water bottles. Those enrolled in a health career or close to it also received usb bracelets. In total 34 potential BC First Nations health career students were identified.


HIGHLIGHTS

>>The Health Council booth drew over 1000 visitors over the course of the games

>>Information sharing about the Tripartite Health Plan, and Health Careers

>>34 potential BC First Nations health careers students identified.
Red Cross Partnership provides First Nations Training

Through a Memorandum of Understanding between the Canadian Red Cross and the Assembly of First Nations, the First Nations Health Council has been working with the Canadian Red Cross B.C. regional office to develop strategies in the areas of water safety, violence, and first aid.

One of our action items in the Transformative Change Accord is to improve First Responder programs in rural and remote First Nations communities. Along with the Red Cross, we are currently developing a 3-5 year plan to have first aid training brought to all communities.

Through the Mental Wellness Program, Jody Olsson, First Nations Health Council’s Wellness Coordinator, and the Red Cross are developing a pilot project to train crisis responders in ReспектED. The Red Cross’s program teaches how healthy relationships look and feel, how to recognize signs of abuse, dating violence and harassment, and how to get help. Through, “Walking the Prevention Circle” the program recognizes the challenges of Aboriginal individuals in communities and is modified to reflect the unique and historic experiences of our communities by providing a cultural lens to training.

One area of concern raised at the Gathering Wisdom forum was water safety while participating in fishing or swimming. Therefore, in the near future, we will be working with the Red Cross to provide some water safety training to our communities.

The Canadian Red Cross has become a keen participant in the health and safety of First Nations and we look forward to developing a strategic long-term plan in the areas of injury prevention. If you would like more information on these or any programs, please feel free to contact our office. If you would like to discuss programs the Red Cross can provide to your community individually, please contact the Aboriginal staff person in your region.

Explore initiative areas, reports, community engagement and funding opportunities available through the First Nations Health Council.

Visit us online at www.fnhc.ca
Health Eyes are important to a child’s learning. Some vision problems can be hard to notice and need to be corrected at an early age. Many children do not know that they have a vision problem as changes in a child’s vision happen very slowly. A child may thank that everyone sees the same way.

Vision screening for Aboriginal children under age six (on and off-reserve) is one of the 29 action items in the Tripartite First Nations Health Plan.

The First Nations Health Council, First Nations School Association and Ministry of Healthy Living and Sport are working together to ensure that all kindergarten children in First Nations schools receive vision screening which will identify and refer children with vision concerns that could affect a child’s health and learning.

During the 2008-2009 school year health authority staff will be offering vision screening services to all kindergarten age children attending First Nations schools and public schools. Public health staff from the local health authority will be partnering with First Nations schools to carry out the screening.

Parents will receive information about the program and will be able to indicate their agreement for their children to participate. OCAP (Ownership, Control, Access, and Permission) standards will apply to this data, and the program will be evaluated to ensure it meets the needs and aspirations of First Nations Community Health.

To support First Nations communities, we have purchased 10 vision screeners for use in First Nations communities. As well, we are conducting Trainer of Trainer for vision screening on November 4 and 5. The training is in partnership with Dr. Barry Lester and National Collaborating Centre of Aboriginal Health. The training will focus on the basic knowledge about the eye and the Welch Allyn vision screener, which can detect vision problems at an early age. We are working with the health authorities to be able to provide a practicum setting for the trainees to practice using the vision screener.

The Trainer of Trainer Training is for those communities that have a minimum of 20 children in their communities from 3 to 6 years old. These Trainers will then be able to provide training in their region and will be asked to conduct one training in their region.

For more information about Vision Screening, please contact Marilyn Ota at mota@fnhc.ca.
This three-day conference hosted by the AFN will provide a suite of practical tools, and hands-on skills training through workshops, presentations, lectures and question-and-answer sessions. The forum will also offer an opportunity to network with other First Nations Health Managers and First Nations leadership from communities across the country. English and French translation will be available.

WHO SHOULD ATTEND
This forum is for First Nation Health Managers working in communities and Tribal Councils. In addition, it is open to others serving First Nations in the health field, including Chiefs and Councilors.

SPONSORSHIP FOR FNHMS
The AFN will sponsor 450 First Nation Health Managers on a first-come-first-serve regional basis to attend the conference. Registration opens in October, and closes on November 14, or before if the 450 spots are filled. Watch for the full registration package in October. Sponsorship per region is based on population, and breaks down as follows:

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<th>Region</th>
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<tr>
<td>BC</td>
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<td>ATL</td>
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<td>Yukon/NWT</td>
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A First Nations health manager:
- Works in a FN community or tribal council.
- Usually has the title of CEO, health director or coordinator or manager.
- Has the role of managing a community health facility, addictions treatment centre, health centre, and health programs.
- Has the responsibility for management of health human resources, financial resources, and health programs.

Sponsorship includes the registration fee, flights and hotel in Vancouver. Travel will be arranged through the AFN only after sponsorship is confirmed. There will be no reimbursement for travel arrangements that are made privately.

REGISTRATION
There are early-bird discounts on registration fees:

<table>
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<th>Time Period</th>
<th>Discount</th>
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<td>Before November 14</td>
<td>Early-bird registration is free</td>
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<td>November 15 - January 1</td>
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<td>After January 20</td>
<td>Registration fee of $300</td>
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Please note that registration fees reflect escalating costs and no exceptions will be made. The registration fees include: comprehensive workshop materials, networking reception on Monday night, daily lunches and refreshment breaks, banquet and awards ceremony on Wednesday night.

HOW TO REGISTER
Registration packages will be issued in October by e-mail and online at the First Nations Health Managers website at www.fnhealthmanagers.ca. You may register online or by fax starting in early October.

CONTACT
For more information, please contact Odessa Belanger at (866) 869-6789 ext. 222, or by email obelanger@afn.ca.

2nd National Conference
January 27-29, 2009, in Vancouver, BC
JANUARY 2 – JANUARY 20
Registration fee of $300
AFTER JANUARY 20
Registration available at the door only, $400

Free Registration before November 14!
The First Nations Regional Health Survey is coming to your First Nations community!

To date, 75% of the signed First Nations Regional Longitudinal Health Survey (RHS) Core Sample Consent forms have been returned to the First Nations Health Council (FNHC). This will now enable FNHC to officially launch the Regional Health Survey data collection for 2008.

The Core Sample is the original First Nations communities who participated in the RHS back in 2002/2003. Of the 38 First Nations communities who participated, 4 First Nations communities have opted not to participate in the 2008 RHS Phase.

Approximately 38 First Nations communities will be participating in the New Sample. Contact was initiated with these selected First Nations communities and we request that you please have the RHS Consent forms signed and returned back to the FNHC office as soon as possible.

If your community has been contacted and would like an informational session on the Regional Health Survey, very limited informational sessions can be accommodated. So please email our office ASAP to book an information session.

We are aiming to set the first week in October 2008 to have our first Data Collection Training session in Vancouver, BC to be subsequently followed by the next training session to be held in Nanaimo, BC. Consecutive RHS data collection training sessions will be held in receipt of other signed RHS consent forms returned to FNHC office.

49 RHS Data Collectors will be participating in the 2 RHS Training Sessions in early October. These data collectors will be hired from each of the participating RHS First Nations communities. Interviews for these positions will be facilitated in collaboration with our Regional Health Survey office.

Overall, 7400 Regional Health Surveys will be completed in total in comparison to the 1,944 Regional Health Surveys completed in the 2002/2003 RHS Phase. This will be almost 4 times the amount of survey respondents for 2008 Regional Health Survey.

To determine if your First Nations community has been selected in the New RHS Sample, please contact our office at your earliest convenience. For further details via email, please contact Regional Health Survey Coordinator David Clellamin dclellamin@fnhc.ca or Assistant RHS Coordinator Amanda Williams awilliams@fnhc.ca

Thanks to all the First Nations communities who have been working hard at recruiting their data collectors and we anxiously look forward to their hard work in collecting the Regional Health Survey data for 2008!

*If a First Nation’s sample size is to small, the data will be amalgamated with adjacent First Nations communities.

Overall, 7400 Regional Health Surveys will be completed in total in comparison to the 1,944 Regional Health Surveys completed in the 2002/2003 RHS Phase.

The First Nations Longitudinal Health Survey is First Nations owned and controlled by First Nations for First Nations. Data collected from the Regional Health Survey is de-identified and returned back to your participating First Nations community.* RHS adheres to the Principles of OCAP (Ownership, Control, Access and Possession) and First Nations Research Code of Ethics.

Stutswiniitscw everyone!

David Clellamin, BSW
First Nations Regional Survey Coordinator
dclellamin@fnhc.ca

Amanda Williams
Assistant Regional Health Survey Coordinator
awilliams@fnhc.ca

RHS website: www.rhs-ers.ca

*If a First Nation’s sample size is to small, the data will be amalgamated with adjacent First Nations communities.

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**Child Death Review Unit**

**Kim Bayer- Aboriginal Specialist, Child Death Review Unit**

We are very pleased to announce the appointment of Kim Bayer as the Aboriginal Specialist with the CDRU. Kim was the front runner in the recent selection process for this new position within the CDRU, one that was highly competitive. Kim will assume the Aboriginal portfolio that includes core child death review functions as well as the provision of expertise in all matters related to Aboriginal children and youth, their families and communities. Kim has worked with children & families for over 25 years, as an early childhood educator, outreach counsellor, and community support worker.

More recently, after completing university studies in psychology, she worked as a social worker for an Aboriginal-delegated office in BC, in communications (health policy and research) for the National Aboriginal Health Organization in Ottawa, and as program manager for a non-profit organization providing Community Living services in North Vancouver. We welcome Kim to her new role as Aboriginal Specialist for the Child Death Review Unit, Office of the Chief Coroner, in Burnaby, B.C.

Kim is of Métis heritage continues to be actively involved in her community.
Mental Wellness Program Update

In the area of mental wellness, planning is underway to coordinate the Gathering of the Aboriginal Suicide Critical Response Incident Team (ASCirT) teams from across the Province November 18 & 19 in West Bank. The focus of the meeting will be on building relationships between the Coordinators of the five federally funded and two provincially funded teams. Each team will be bringing an Elder representative with them and will be focusing on team building, sharing best practices and talking about their struggles/gaps. They will also be participating in a Grief and Loss Workshop to continue their skill building.

At the same Gathering, the First Nation Health Council will be inviting five people from each of the ASCirT teams to participate in a 2 day RESPECT ED workshop. The Red Cross will be facilitating the RESPECT ED workshop and it will be evaluated by the team members from each of the ASCirT teams. If the evaluation is positive the FNHC will partner with the Red Cross to make this workshop available to FN Communities.

The Health Council is also coordinating a Provincial Youth Suicide Prevention Conference.

We are working from the action item of the TCA Health Plan which states:

The First Nations Leadership Council and the province will host a forum for all health authorities (Aboriginal Health Leads and Executive members) and First Nations Elders and youth to support and encourage learning about First Nations’ heritage, cultures and spirituality, and to develop models for youth suicide prevention.

During this planning conference BC First Nations youth will develop curriculum for the upcoming regional spring break camps on youth suicide prevention to be held throughout BC. The Planning Conference will bring together Youth and Elders representatives from each region along with representatives from each regional Health Authority, and Aboriginal MCFD regional reps. For more information please contact Jody Olsson at jolsson@fnhc.ca

The Health Council have hired a contractor to conduct an environmental scan of Mental Health services in BC. This data will inform a provincial mental health strategy and will provide a foundation for the FNHC begin supporting communities toward building their own Mental Health Plans.

First Nations Inuit Health (FNiH) has contracted FNHC to develop a Needs Assessment for the NNADAP programs and Treatment Centers from across the Province. We have currently set up an advisory committee of 8 people who come from a variety of perspectives that will help guide this work.

Finally, we would like to welcome Jean Allb- eury to the Wellness Team as of the end of September as the new Addictions Coordinator. Welcome Jean!

CALL FOR PARTICIPANTS
Maternal and Child Health Expert Working Group

FNHC is seeking First Nations experts in Maternal and Child Health from the Northern, Interior and Fraser health authority regions to join our Provincial Committee.

For more information contact Marilyn Ota: 604.913.2080 / mota@fnhc.ca

Mary’s NIHB Corner

AMBULANCE SERVICES (BILLING PROCESS)

It is a little known fact that Status Card information can/should be presented up front for billing purposes when utilizing ambulance services. In the midst of a medical emergency, payment becomes less of a priority than the health, safety and well being of the patient.

In the event that a Status Card is not presented to the paramedics, ambulance bills will be sent out from Revenue Services of British Columbia to the patient whom received care. It is imperative that the bills be dealt with ASAP to avoid future problems such as accumulating interest charges, and additional collection efforts. Ultimately, the debt can impact the patient’s wages, bank account, delay in processing income tax refunds and GST credit.

Please contact the following to resolve billing issues:

• Call Revenue Canada toll free at 1.866.361.5050 and provide your account number, legal name as it appears on your BC Care Card and Status Number.

• Call the Non-Insured Health Benefits (NIHB) toll free at 1.800.317.7878 and listen to the prompts for Ambulance Services.

For further information you can contact.
Mary Knox-Guimont
Health Benefits Policy Analyst
1-866-417-1139
mguimont@fnhc.ca
CONTACT US

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CALENDAR OF EVENTS

**OCTOBER**

October 14-15 >> Regional Health Governance Caucus- (see page 2) Kamloops
For more information on the regional governance caucuses please contact Derek Thompson: dthompson@fnhc.ca

October 22-23 >> Regional Health Governance Caucus- Prince George

October 24-26 >> Provincial Youth Suicide Prevention Planning Conference- Vancouver
For more information please contact Jody Olsson at jolsson@fnhc.ca

October 27-28 >> Regional Health Governance Caucus- Terrace

**NOVEMBER**

November 04-05 >> Regional Health Governance Caucus- Chilliwack

November 12-13 >> Regional Health Governance Caucus- Vancouver

November 17-18 >> Regional Health Governance Caucus- Nanaimo

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