

FIRST NATIONS HEALTH COUNCIL

infobulletin



Volume 4 Issue 1 / March 2011

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



PHOTO: On February 23, 2011 the seven members of the Interior Governance Caucus signed the unity declaration.
 Back Row (left to right): Chief Shane Gottfriedson, Secwepemc; Chief Ko'waintco Michel, Nla'kapmux; Chief Jonathan Kruger, Syilx; Chief Bernie Elkins, Tsilhqot'in; Chief Arthur Adolph, St'at'imc; Gwen Phillips, Ktunaxa [Missing from photo: Chief Geronimo Squinas, Dakelh Dene]
 Front Row (left to right): Andrew Neuner, VP Community Integration, IHA; Norm Embree, Board Chair, IHA; Dr. Robert Halpenny, CEO Interior Health

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Health Council Update March 2011



Centre- federal Minister of Health, the Hon. Leona Aglukkaq, right: Chief Bernie Elkins FNHC Interior member, and left: FNHC Chair Grand Chief Doug Kelly. Minister Aglukkaq met with the FNHC in December.

Dear First Nations Chiefs, leaders, health professionals, community members, and partners,

We take this opportunity to give you an update on the First Nations Health Council (FNHC) activities over the past several months. It has been an extremely busy and productive several months. It promises to get busier as First Nations launch into the second round of regional caucus meetings through the spring. At the first round of sessions, after providing a full briefing on each of the topics reported on below, the First Nations Health Council asked for your feedback and direction on the exciting opportunity to establish a new First Nations Health Authority.

Through partnership with Health Canada and the BC Ministry of Health Services, First Nations will take control of community

health programs and gain influence over other parts of the health system for our peoples. United, we will be in a position to influence primary and acute care service delivery; develop partnerships with regional health authorities to set out collaborations and shared decision-making; and as First Nations, we can collectively plan as regions and identify regional-specific strategies to close the health gaps that First Nations experience.

MEETINGS WITH MINISTER AGLUKKAQ AND MINISTER HANSEN

In December 2010, the First Nations Health Council met with federal Minister of Health, the Hon. Leona Aglukkaq. The Minister described her vision of the new health governance structure. She believes that the creation of a First Nations Health

Authority will result in a new system of health governance including a more integrated and more responsive health system for First Nations in BC. This new First Nations Health Authority will help First Nations to increase access to quality services and achieve a continuum of care without duplication. The Minister shares our goal as First Nations - better services for First Nations people and better outcomes.

The Minister observed that the political landscape is changing in British Columbia, and the environment in Ottawa is unpredictable. She advised us to move quickly to complete a basic legal Framework Agreement to lock down funding commitments before any change in government. To ensure funding security, and escape any potential funding cutbacks, she asked us to complete this legal Framework Agreement by February 2011. Although that deadline wasn't achieved, now, in early March we are getting close to agreement.

Finally, the Minister told the First Nations Health Council about the ongoing role of Health Canada and the Government of Canada under this new health governance arrangement. She said that Health Canada is committed to its ongoing role, not only as funder, but also as a governance partner. Health Canada will be active in supporting the First Nations Health Authority to provide quality services and to ensure that there is a seamless system for First Nations clients.

In mid-January 2011, the FNHC Chair met with the Hon. Colin Hansen, the interim provincial Minister of Health Services.

The Minister gave us reassurances that the Province of BC will deliver its commitments to the Transformative Change Accord: First Nations Health Plan, and the Tripartite First Nations Health Plan. The BC Cabinet made these commitments and will not change when the new leader and Premier is selected.

The Minister was also open to new discussions around pursuing business opportunities in health, improving the integration of provincial and First Nations health systems, and most importantly, of encouraging shared decision-making between First Nations and their regional health authority.

Health Council Update March 2011

REGIONAL CAUCUSES AND HEALTH PARTNERSHIP WORKBOOK

The First Nations Health Council launched a Health Partnership Workbook in January of this year- to seek your feedback and direction for the development of a new health partnership between BC First Nations and provincial and federal governments. We heard your message loud and clear. First Nations want the First Nations Health Authority to be community-driven and Nation-based. The First Nations Health Council wants to work with you to develop a consensus on what this direction means for the authority and structure of our new Health Authority. This new health partnership will include a regional health transfer - building upon the successful community health transfers by transferring the Pacific Region of First Nations Inuit Health to the new First Nations Health Authority. First Nations will engage the Province and their regional health authorities to influence their decisions. The provincial health budget is half the budget of the entire province!

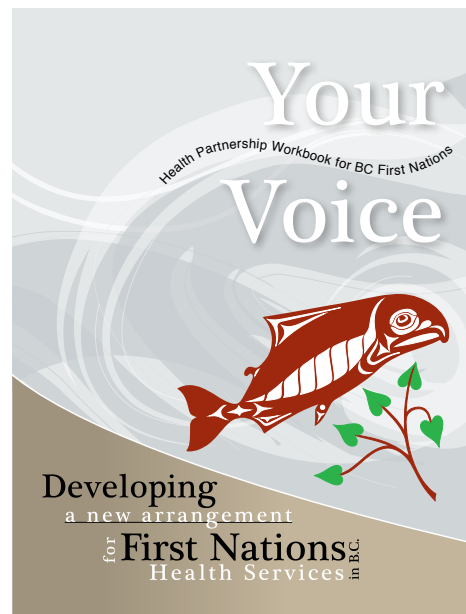
In the Health Partnership Workbook, we reflect back what we heard from you during past Regional caucus meetings and we ask you to confirm what we have heard and to give us direction. The First Nations Health Council needs your advice on the roles and responsibilities of the First Nations Health Authority, First Nations Health Council, and First Nations Health Directors Association. The Workbook asks you, "Did we capture

what you have said?" "Is there anything missing?"

For each region, the First Nations Health Council will summarize your feedback and direction from the Workbook into five regional summary documents. Regional Caucuses will then be asked to confirm their Summary Document. When completed, the five regional summary documents will be merged into one single province-wide consensus document. This consensus document will be put forward for approval at the 4th Annual Gathering Wisdom Forum held May 24-27th in Richmond BC. This Consensus Document will guide and direct the work of the First Nations Health Council in creating the First Nations Health Authority.

Regional caucus sessions are underway, and additional meetings are being scheduled in all of the regions. In partnership with the First Nations Health Directors Association and government partners as invited - we have presented this Health Partnership Workbook in your regions. Please visit the FNHC website for the dates for the next caucus meeting within your region: http://www.fnhc.ca/index.php/health_governance/regional_caucuses/

The First Nations Health Council needs your support and direction. Please encourage your Chiefs, leaders, and Health Directors and interested citizens to fill out the Workbook and provide your valuable feedback. The deadline for workbook feedback is March 29th, 2011. In order to



have your name included in the early bird draw, please send your workbook no later than: March 15th, 2011. Prizes will be drawn on March 30th, 2011. Prizes include:

- Early bird prize: IPOD Touch
- 5 regional prizes: Nintendo Wii gaming consoles
- Grand Prize: 32 gb iPad

An online version of the Health Partnership Workbook, as well as a number of related documents are available on the FNHC website at: <http://www.fnhc.ca/>



Governance

Health Council Update March 2011

TRIPARTITE DISCUSSIONS

As directed by Chiefs, the FNHC is overseeing discussions with federal and provincial partners to implement the commitments described in the Tripartite First Nations Health Plan and the Basis for a Framework Agreement on Health Governance to establish a new health partnership and a regional health transfer.

This work is incredibly complex. It is not possible to set out all of the work in one agreement. Therefore, Canada, the Province of BC, and the First Nations Health Council have agreed to manage change through a number of documents and agreements, developed over several years. Taken together, these documents will describe the new health governance arrangement. None of these agreements will impact any of the title, rights, or treaty rights of any First Nation in BC - these agreements all relate to a new administrative arrangement for the delivery of health services to First Nations in BC. These documents and agreements include:

Framework Agreement: This is a legal contract setting out binding commitments for the transfer the First Nations and Inuit Health Pacific Region to a First Nations Health Authority and lock down the federal funding commitments before any change in government. This high-level legal agreement guarantees that the Parties will honour each existing health transfer agreement as-is, and that Health Canada will retain its fiduciary duty. The timeline for completing this agreement is early 2011.

Health Partnership Accord: This will be a political accord that sets out a shared vision and expected outcomes for a long-standing, enduring partnership in support of First Nations health. At the core of this new partnership is reciprocal accountability - each Party recognizes the important contribution of the other and re-affirms their mutual commitment to be responsible to each other for fulfilling their respective obligations. This accord sets out a shared vision, reciprocal accountability and commitments and processes for working together, ensuring the effectiveness of our relationship and the effectiveness of

our outcomes. This accord will support relationships at all levels, including by supporting local relationships between health authorities and First Nations. The timeline for completing this agreement is early 2011.

Implementation Plan: This is a detailed, multi-year plan, including activities, roles and responsibilities of the Parties, for implementing the Framework Agreement and Health Partnership Agreement, including the specific program transfers to take place over a number of years. The timeline for completing this plan is to be determined, but will not be in the short-term (over the next year or two).

Sub-Agreements: Several subject-specific agreements will be developed to address technical issues not set out in detail in the Framework Agreement. These technical issues include: information management and technology; human resources; financial commitments; office space; and, records. The timeline for completing this plan is to be determined, but will not be in the short-term (over the next year or two).

Structure of the First Nations Health Authority: A First Nations Health Authority will be created to deliver the programs currently delivered by First Nations and Inuit Health-BC Region. This new organization needs to be legally established, and have clearly described by-laws, accountabilities and structure. The timeline for establishing the structure of the First Nations Health Authority will depend on First Nations - First Nations will tell us how much time we need to take to develop this structure, and build support and understanding for it.

Legislation: Federal and/or provincial legislation may be developed to support the Framework Agreement, Health Partnership Agreement, and the role and authorities of the First Nations Health Authority. The purpose of this legislation will be to ensure that the First Nations Health Authority has the standing, authority, powers, and accountabilities to effect meaningful change in First Nations health at the community level and engage with partners at the provincial and national levels. The timeline for completing potential legislation is to be determined, and will be linked with

the timelines for the structure of the First Nations Health Authority above.

Currently, the FNHC is engaged in discussions with Health Canada and the BC Ministry of Health Services on the legal Framework Agreement and the Health Partnership Agreement. We hope to finalize the technical work on these documents by March 2011, and then focus on the political processes required for approval of these documents.

Your feedback into the Health Partnership Workbook is key to this process - you will give us valuable advice and guidance for the development and approval of all of the documents described above.

Up-to-date information on these tripartite discussions will be provided to First Nations by FNHC members at upcoming regional caucus sessions.

RELATIONSHIPS AND SOCIAL DETERMINANTS

The FNHC recognizes the need to work with partner organizations to improve the quality of life for First Nations in BC. We are committed to working with others on the social determinants of health - improving the conditions in which First Nations people in BC are born, grow, live, work and age. There are a large number of First Nations and Aboriginal organizations in BC that are working on the same issues - from the perspective of their mandates in education; child care; child welfare; social development; justice; and many others.

The FNHC is undertaking to host a planning meeting amongst all interested social First Nations and Aboriginal organizations before the end of the fiscal year. The purpose of this meeting is to provide the opportunity for these organizations to begin collaborations, and receive advice and feedback, on new and ongoing projects, as well as to start the process for systemic change in the way we work together in support of First Nations in BC.

Health Council Update March 2011

ADMINISTRATIVE AND POLICY ISSUES



In closing, the FNHC is pleased to introduce our new Executive Director, Steve Smith. Steve is Daklawaidi (Eagle clan) of the Champagne & Aishihik First Nations. Steve has over 16 years of experience working with First Nations. His involvement has included extensive work with the Champagne and Aishihik First Nations where he served two-terms as Deputy Chief, as well as serving as a Senior Policy Advisor in his role as Director of Secretariat for 4 years. Prior to joining the FNHC, Steve was the Director of First Nations' Initiatives at Yukon College where he acted as Senior Advisor to the President and senior management on First Nations. Steve presently serves as Secretary to the Board of the Yukon Indian Development Corporation. Steve has recently completed the Masters of Business Administration program at Royal Roads University. He is married and has 3 children. The FNHC Executive Director provides administrative and management leadership for the requirements of the FNHC on a day to day basis.

Recently, the FNHC has developed a number of plans and policies to guide and provide discipline to its efforts. This includes: a meeting policy (for both internal and external FNHC meetings); a communications plan; and a workplan (2010-2012).

Thank you for taking the time to review this report. Please do not hesitate to contact us with any questions.

Sincerely,

FNHC Chair and Deputy Chair on behalf of the FNHC

Interior Nations Sign Unity Declaration

On February 23, 2011 the seven members of the Interior Governance Caucus signed the Unity Declaration created exactly a year ago. The declaration confirms the commitment of the 7 Interior Nations to continue to work together in a Nation to Nation model in the implementation of the Tripartite First Nations Health Plan.

This declaration follows a long history among interior Nations of unified leadership, and of seeking common goals for their communities. Over 100 years ago, Chiefs from the Secwepemc, Syilx and Nla'kapmux nations signed the Sir Wilfred Memorial declaration at Spence's Bridge. The declaration committed the Nations to work together to resolve outstanding rights and title issues in their respective territories. This more recent Health Unity Declaration was signed by the seven members of the Interior Health Governance Committee. To read the declaration in full please visit our website (www.fnhc.ca) under the heading: Health Governance > Regional Caucuses > Interior Regional Caucus.



Unity Declaration was signed by:

Chief Shane Gottfriedson, Secwepemc; Chief Ko'waintco Michel, Nla'kapmux; Chief Jonathan Kruger, Syilx; Chief Bernie Elkins, Tsilhqot'in; Chief Arthur Adolph, St'at'imc; Gwen Phillips, Ktunaxa; and, Chief Geronimo Squinas, Dakelh Dene

Upcoming Meetings

Regional Caucus Sessions- Next Steps and Gathering Wisdom IV

The next round of regional caucus sessions take place between April 21st and May 5th and call for full caucus participation. The First Nations Health Council technical team is in the process of bringing together all of the feedback gathered through the Health Partnership workbook, past regional caucus meetings, regional break-out sessions at Gathering Wisdom, and other documents prepared by the regions (ie. Interior Unity Declaration). This information will be synthesized into a series of regional summary documents one for each of the North, Interior, Fraser, Vancouver Island and Vancouver Coastal.

At the upcoming caucus sessions, caucus members will receive an information package which will include a regional summary paper. Caucus members will be asked to provide feedback on, and confirm, their region's summary document. These regional summary papers will form the basis for a provincial consensus paper that will be brought forward for ratification by resolution at the fourth annual Gathering Wisdom Forum May 24-27, 2011 in Richmond, BC.

At the sessions, Caucus members will also have the opportunity to review the Framework Agreement on First Nations Health. The Framework Agreement outlines a new administrative arrangement for the transfer of the Pacific Region FNIH offices to First Nations control. In addition to being available at the next round of caucus sessions, the Framework Agreement will be distributed with a summary document and legal opinion to all Chiefs in BC.

First Nations Health Directors Association

Health Directors Launch Regional Discussions

Farewell to Jim Adams, former First Nations Health Directors Association Vice-President and Interior region appointment. We thank you for your commitment to the Association and wish you well in your future endeavors. Currently, there is one vacancy on the FNHDA Board, which includes these two regions.

The First Nations Health Directors Association is pleased to welcome Deborah Schwartz as the Executive Director, First Nations Health Directors Association. Deborah brings to this role a dynamic combination of government, community and health service delivery experience. We are pleased to have Deborah back in BC and once again working with BC First Nations.

The FNHDA is excited to report that we have completed work on critical foundational documents which will guide and govern work going forward. The First Nations Health Directors Association Strategic Plan (2010-2013) and detailed workplan were approved and accepted by the Board on January 15, 2011. The Strategic Plan addresses issues with regard to the support of First Nations health directors and mandated health organizations, technical advice and advocacy, as well as establishing First Nations Health governance.

The FNHDA also completed their Terms of Reference (January 2011), which outlines the Boards role, responsibilities and accountability mechanisms.

In addition to creating foundational documents, the Association has been analyzing the work of other Associations. The national First Nations Health Managers Association has provide an excellent model, in particular they have provided guidance through their competency framework. D.Laurette Bloomquist, FNHDA Vice President, is a member of this national association.

President Judith Gohn and Vice President Laurette Bloomquist, along with other Board of Directors, have also been busy strengthening relationships with Community Engagement Hubs, the First Nations Health Council, and they have been actively spreading the word about

this growing association.

The FNHDA membership drive was launched in September 2010, and has steadily been growing momentum! Many applications have been received for Full and Association Membership from health professionals across the province. The membership committee would like to thank everyone for their patience, as we continue to process new applications. Currently there are 42 Full, and 19 Association Members (total 61), with several applications currently under review. We continue to welcome new members and associate members.

The Association is pleased with the commitment and dedication demonstrated by the founding directors and evidenced through the overwhelming support from First Nations Health Directors in BC. We look forward to getting out into the regions in April and May to meet with our membership and to continue work to develop our Association.

In closing, the Directors of the Association are excited and well prepared to begin the important work that will take us into our 2nd year of operation!

Health Directors Regional Sessions

Current and future members of the First Nations Health Directors Association are invited to participate in regional health directors meetings coming soon.

Interior – April 19 & 20th – Kamloops Health Directors session

Vancouver Island – April 27 & 28th – Parksville Health Directors session

Vancouver Coastal – April 27th – Vancouver Hotel Pinnacle Health Directors session

North – May 3rd – Prince George Health Directors session

Fraser – May 4th – Chilliwack Health Directors session

Purpose

The purpose of the regional health directors sessions will be to work with Health Directors in each region to:

- Discuss the roles of FNHDA, FNHS, FNHC, Community Engagement Hubs, Caucuses, and how they all work together;
- Present the FNHDA Strategic Plan for membership ratification; and discuss other key directives [ie. Terms of Reference, Memorandum of Understanding(s)];
- Gather information on regional health issues and needs and process of bringing it to Health Directors table and then to First Nations Health Society;
- Develop the program for the Health Directors portion of the Gathering Wisdom conference
- Identify subject champions among the health directors who are willing to sit on provincial committees;
- Complete the First Nations Health Society Communications Survey.

FNHDA Board of Directors:

North: Hertha Holland, Doreen L'Hirondelle, Aileen Prince

Interior: Patrick Lulua, Jacki McPherson, [One Vacancy](#)

Vancouver Island: Georgia Cook, Nora Martin, Judith Gohn.

Vancouver Coastal: Laurette Bloomquist, Allison Twiss.



Health Actions

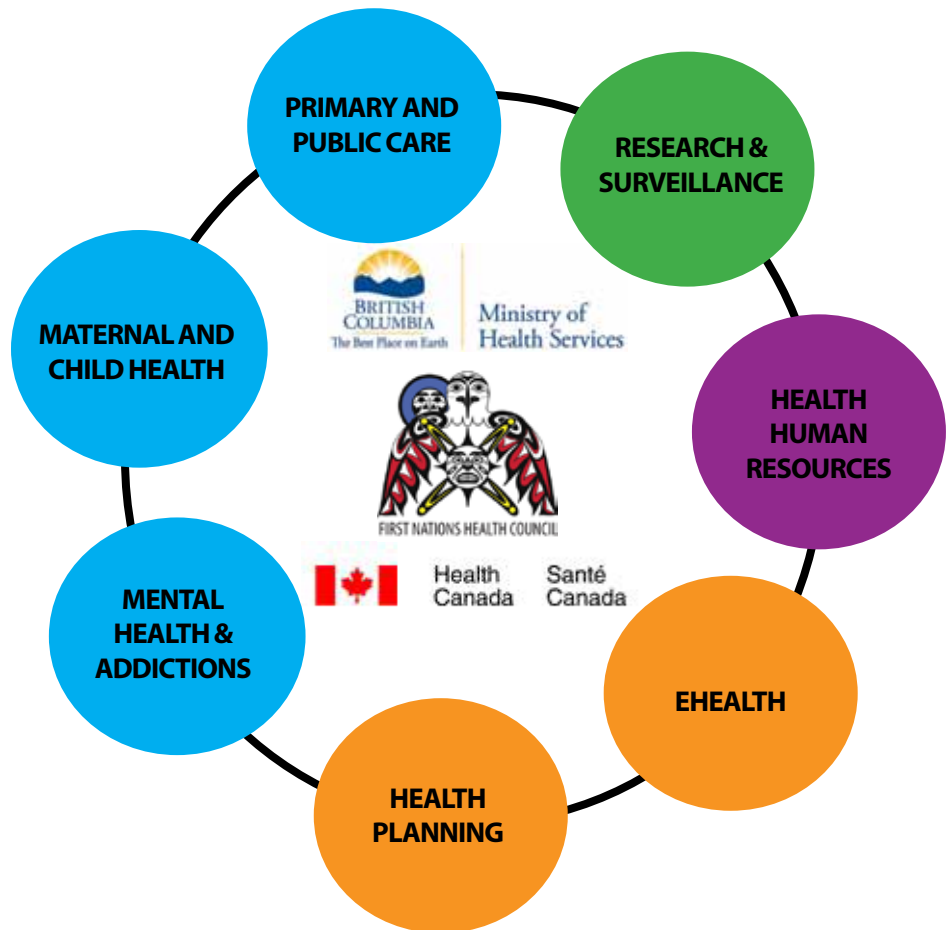
Health Actions: “Where the Rubber hits the Road ”

You may be asking yourself: What is meant when we talk about ‘Health Actions’?

Health Actions can be best described as: *systems transformation*; or improving the current health system (hospitals, clinics, and programs and services) to better serve First Nations people. It can also be described as the place in the Tripartite First Nations Health Plan where the rubber hits the road.

The Tripartite First Nations Health Plan signed in 2007 calls for some pretty far-reaching changes to the health system. Try as we might, First Nations alone cannot make these changes happen. The provincial government (and their regional health authorities) have a responsibility to provide healthcare to all British Columbians. In addition, the federal government currently provides some health care services on-reserve through transfer agreements or direct services. The task of Health Actions is to transform and coordinate these services to best meet community and individual health care needs.

To begin making these important changes today, the Federal government through the First Nations and Inuit Health Branch, the Provincial government and the First Nations Health Council have committed to some ground rules. These ground rules, called Strategic Principles for Health Actions Approach (see below) will guide systems improvements called for through the Health Plans.



The diagram above illustrates the strategic approach to systems transformation. In future issues of this bulletin we will provide in-depth coverage of the collective work of BC, Canada and First Nations in each of these areas.

Strategic Principles for Health Actions Approach

There are three fundamental principles that underpin the approach to addressing health actions from the TCA: FNHP and the TFNHP:

1. The Tripartite partners will be at the table together to discuss transformation of health services that will benefit the health of First Nations communities in a new collaborative way of working. This requires that the ‘decision-makers’ and those with responsibility and authority on all sides are at the table to inform, plan and make decisions about system change that is needed and to monitor the changes as they occur;
2. First Nations will be at the table when making plans and decisions for all health actions that reflects increased First Nation decision-making in health at all levels from strategy and planning to implementation and service delivery; and
3. ‘System transformation’ is the goal of all health actions work – services need to continue to change, adapt and improve so that they are more appropriate, accessible and effective for First Nations.

Population Health

Carrier Sekani Family Services Conference Highlights



Dr. Gabor Mate

Dr. Gabor Mate- In the Realm of Hungry Ghosts

in Budapest under Nazi occupation. No great powers of imagination are required to understand that in her state of mind, and under the inhuman stresses she was facing daily, my mother was rarely up to the tender smiles and undivided attention a developing infant requires to imprint a sense of security and unconditional love in his mind. I learned early that I had to work for attention, to burden my mother as little as possible and that my anxiety and pain were best suppressed.

Dr. Mate doesn't buy the theory that addicts are actually genetically flawed. He feels that this theory actually lets society off the hook from looking at the root causes of addiction. If addiction is genetic then we don't have to look at the world that we live in, the effects of social policies, and the political decisions that continue to disadvantage certain minority groups and thereby cause them more stress. Stress and pain he claims are the real predispositions for addiction, not genetics.

Across North America, the burden of addictions falls most heavily on First Nations people. Dr. Mate questions: What is it about the First Nations experience that makes a people so susceptible to being addicted to drugs and alcohol? "It is the historic and ongoing wrongs against First Nations people, economic, social,

and spiritual, and the concomitant poverty and stress. Dislocation and high levels of abuse (physical, sexual, emotional and mental) are the real root causes of addiction." says Dr. Mate "When people are mistreated, stressed or abused, their brains don't develop the way they ought to. It's that simple. And unfortunately, my profession, the medical profession, puts all the emphasis on genetics rather than on the environment."

Dr. Mate treated people with addictions on the downtown east side for 10 years. In his practice he noticed that every single one of his female clients, aboriginal and non-aboriginal had at some point in their lives suffered sexual abuse. His male clients didn't fare any better, and were universally victims of physical or sexual abuse. His clients used drugs in an attempt to be healthy, to fill the pleasure centres in their brain that had been damaged as a result of the abuse. It is abuse in all forms, not drug addiction that our communities must first grapple with, claims Dr. Mate. As much as it hurts to admit, most families have been directly affected by sexual abuse. As common the abuse is, silence pervades. Dr. Mate's advice: Victims of abuse need compassion, not the judgment and ridicule that is too often heaped upon people struggling with addiction.

Drugs themselves are not addictive renowned author, physician and academic Dr. Gabor Mate told a packed house of 350 delegates in Prince George. Speaking at the One Mind, One Body, One Spirit Health and Wellness conference Dr. Mate claimed that "If drugs were addictive, in and of themselves, anyone who ever tried them would become an addict." Why is it that some people can try drugs several times and then give them up completely, while another person is literally hooked off the first hit?

It is about a continuum of susceptibility, argues Dr. Mate. The pleasure centre's in the brain that give us pleasure, that process feelings of love and elation, are damaged in the brains of most addicts. These pleasure centre's are created and nurtured very early in life says Dr. Mate. He recounts his own childhood to describe what can happen when a baby grows in a stressful environment.

I am both a survivor and a child of the Nazi genocide, having lived most of my first year

Sheldon Kennedy

Former NHL player Sheldon Kennedy (pictured below) illustrated the power of personal stories and held the crowd captive sharing his own story of abuse and addiction at the Carrier Sekani conference. Following Dr. Mate's technical presentation on abuse and addiction Mr. Kennedy's story hit home in a whole different way. "I was from a town so small that we would bring Big Mac wrappers to show and tell" Mr. Kennedy quipped, warming up the audience for his more serious take-home message. "The most important thing that a victim of abuse can do is to come out of that place of chaos, shame, and addiction where so many victims get stuck. I decided to not be a victim anymore, to acknowledge that I wasn't dealt the best hand in life, but to take responsibility for how I lived my life and how my actions affected others."



CSFS Bah'lats- A Feast to Remember



Warner Adam, Executive Director- Carrier Sekani Family Services and deputy chair First Nations Health Council honours Northern Health executives for their contribution to the carving project.

Over 600 Carrier citizens and a handful of dignitaries packed the Prince George Civic Centre for the Carrier Sekani Family Services All Clans Bah'lats (Potlatch) on February 16, 2011. Powerful displays of Carrier culture spoke to the health of Carrier traditional law.

Entering the feast hall, clan chiefs seated the guests according to the four clans Likhtsemisyn (Beaver), Jilhtsehyn (Frog), Likhc'ibu (Bear), and Gilantin (Cariboo). Carrier people maintain a governance system commonly referred to as the Bah'lats or Potlatch. The Bah'lats is the core economic, political, social, legal and spiritual institution of the Carrier people. All formal business of the Bah'lats is conducted in an open and transparent environment where clan members are witness to the transactions that occur. Witnesses commit to memory the proceedings of the Bah'lats, and hereditary chiefs in attendance recount the happenings at future feasts in a manner informed by Carrier law.

Once everyone was seated Lheidli T'enneh elder Frank Friedrick welcomed the guests to his territory and set the stage for the All Clan's procession. During the procession, each of the 4 clans was drummed into the hall as a group. The energy in the building was electric as the clans vied to dance the hardest, sing the loudest and bring forward the most money for the drummers.

Following dinner and acknowledgements all

were ready for the main event, the unveiling of a new carving to be permanently displayed at University Hospital in Prince George.

"This carving is for all of us" said Nathan Teegee, who lead the project on behalf of Carrier Sekani. "For every one of our people who visits the hospital and is far from home, the carving is a reminder that we all belong here. For the doctors who walk through the door every day, it is a reminder that they are here to serve everyone."

At 16 foot tall and 500 pounds the carving is immense. Master carver Peter George, explains that the carving tells the story of the Carrier clans, and that the hands pictured throughout the carving represent the 200 people who lent a hand in the carving process.

Cathy Ulrich, Chief Executive Officer of Northern Health Authority was on hand for the unveiling, "I think for a long time we have worked in isolation from the First Nations people in this territory, this [carving] is a real representation of a new partnership and a new way of working together" said Ulrich "...we have lots to learn from the Aboriginal people of this area, we can learn from them and we can deliver better health care services if we work in partnership."

Visit our YouTube channel to see more pictures from this event:
www.youtube.com/fnhealthcouncil

Youth Profile:

Lance George, Stellaten Nation



Dr. Evan Adams (left); Lance George (right)

"I come from a good family, my parents raised me well and I never saw them drink, they quit before I was born. My parents are a big influence on me and they practice our culture. I love singing and drumming, and I want to learn more of our language. The best part of the conference has been learning about all of this health information that I had never heard before. I think a lot of teenagers drink and party around with their friends because they feel like there is nothing to do. If we had more daytime activities that didn't involve drugs and alcohol I think that would help a lot."



Photo (above): Master carver Peter George and apprentice Clayton Gauthier unveil the new carving to be permanently housed in the atrium at University Hospital of Northern BC. (below) Drummers sing in the 4 clans during the Bah'lats.



Population Health

Renewing our Response Update:

Renewing Our Response (RoR) met on January 13th & 14th. Once again, Seek and Treat for Optimal Prevention of HIV (STOP), previously mentioned in the last update, was a focal point for our discussion. While it appears as though movement in STOP is slow, there is progress being made – both Vancouver Native Health Society (VNHS) and Positive Living North (PLN), members of RoR, as well as other community organizations, have received positions through STOP to help with its implementation in Prince George and Vancouver’s Downtown Eastside. RoR has also just received the Aboriginal Community Engagement Report, completed by Dr. Denielle Elliott and funded by the Provincial Health Services Authority, which has been submitted to PHSA and will be taken to the STOP Leadership Committee for its use in guiding STOP activities to ensure the needs of Aboriginal people are met. RoR agrees that is important to continue to voice the need for community involvement in the rolling out of STOP initiatives, a feeling echoed by community organizations throughout the province. RoR will be meeting on February 11th to strategize their Plan of Action based on Dr. Elliott’s report.

Mark Gilbert and Travis Hottes from the BCCDC presented a new sexual health initiative being developed by the BCCDC – BC Online Sexual Health Services. This initiative is still in its early stages of

“RoR agrees that is important to continue to voice the need for community involvement in the rolling out of STOP initiatives, a feeling echoed by community organizations throughout the province.”

development; please visit their website for more information and updates: <http://bclovebytes.wordpress.com/>.

RoR has agreed to collaborate with the research team on a CIHR funded Program of Research entitled Migration, Mobility, Health and Health Equity: Addressing the Disparities in HIV Prevention, Treatment, and Care Experienced by Aboriginal People in Canada. The theory behind this research is that migration and mobility affect the health outcomes of Aboriginal people in relation to HIV. The program will be conducted in cities in BC, Saskatchewan, Ontario, New Brunswick, and hopefully the Northwest Territories. This will be a fantastic research program and we are very happy to be able to contribute to the work that will be done in any way we can.

Two events that RoR will be hosting in

the short term are the Educator’s Forum, being done in partnership with Pacific AIDS Network on March 1st & 2nd, and the 1st Annual APHA Forum on March 28th and 29th. Registration and Scholarships for Aboriginal People Living with HIV/AIDS (APHAs) to the APHA forum are open until February 28th. Please visit our website for more details.

The Community Needs Assessment Report mentioned in the previous update has been delayed in being uploaded onto the website. The document has been reviewed by RoR and will be edited and the final version will be available in late January or early February. Thank you for your patience.

For more information on RoR, please visit our website (renewingourresponse.ca) or contact Heidi Standeven at: hstandeven@red-road.org.

MAY 24th-27th, 2011 | 9 A.M.- 5 P.M. | SHERATON HOTEL in Richmond, B.C.
SAVE THE DATE! | *Stay tuned for details about online registration!*

Gathering Wisdom **IV**
for a Shared Journey 2011

IMPROVING THE HEALTH OF FIRST NATIONS PEOPLE IN BC
 A Dialogue on the Tripartite First Nations Health Plan

Ruth Williams inducted into Aboriginal Business Hall of Fame



Photograph by: Nick Procajlo, PNG

First Nations Health Society board member Ruth Williams was inducted into The Aboriginal Business Hall of Fame (ABHF) in February 2011 for her accomplishments in achieving sustainable economic development in Aboriginal communities.

As Chief Executive Officer at the All Nations Trust Company (ANTCO), British Columbia Ruth has overseen the provision of over 1300 loans to Aboriginal people in B.C. and an increase in ANTCO value from \$339,000 to \$15.7MM to-date. She has also played a leadership role in the formation of 8 non-profit organizations during her tenure at ANTCO.

This award is given by the Canada Council for Aboriginal Businesses' and is in its 7th year recognizing the outstanding achievements of Aboriginal business leaders from across Canada. The First Nations Health Council honoured Ruth at the FNHS Board meeting March 4th.

Policy and Research Team Update

The Policy and Research Team has been working on many exciting projects over the past several weeks, and continues to provide policy and research support to Tripartite Health Actions Strategy Councils and the First Nations Health Society. Some of the key projects undertaken by the Policy and Research Team include:

1. Traditional Wellness Models research paper that looks at models of traditional wellness in Canada and internationally;
2. An analysis of First Nations Health Officer positions in other provinces across Canada to help inform discussions around the establishment of a First Nations Health Officer in British Columbia;
3. Development of a Policy Tracking System, which tracks issues that are brought forward from communities, our tripartite partners and other stakeholders;
4. Development of a Research Strategy, which includes a plan for community engagement with respect to research and surveillance;
5. RHS Analysis, which will provide a comparative analysis of the 2002/03 RHS with the recent 2009 RHS;
6. Development of a Surveillance Strategy that outlines the steps necessary to ensure that public health surveillance for FN in British Columbia is coordinated, timely and responsive to the needs of FN in BC and their partners;
7. Paper on Federal and Provincial Health Systems as they pertain to First Nations in British Columbia;
8. Development of a business case for the establishment of a First Nations Epi-Centre, which will identify the steps needed for FN to begin the steps toward achieving control of FN data and research;
9. H1N1 Quantitative Analysis, which will help inform the Surveillance Strategy;
10. Support to the overall Policy and Research Team in the completion of a Policy Charter for the Policy and Research Team, which sets out the key functions of the Team, and identifies clear policy priorities and scope as well as data collection, organization, and storage mechanisms, methods and practices for the Policy and Research Team.

In the upcoming months, the Policy and Research Team will continue to focus efforts on supporting the organization in meeting its mandate and in supporting the Strategy Councils to fulfill their goals and objectives, where needed. Specific areas of work in the upcoming months include the development of a data repository for policy and research and the continued development of tools and processes that will help the Team in creating policy products that are both effective and user friendly.

Active Spirit, Active History Honours Stories of BC First Nations



I have always been a busy, hardworking person. At 70 years old, I still like to get out and do things, especially traditional activities that I feel were designed to keep us active. I live in the shadow of the animals who guide me in trapping and hunting activities that keep me fit and able-bodied. It's when a person stops doing these things that they start to act old!

– Julie Jacques- Takla Lake First Nation

“Active Spirit, Active History” is available on our website (it can be found under ‘Documents & Tools’) and can be purchased (\$35.00 CDN) or downloaded for free! This book was made possible by the ActNow Initiative and features inspiring stories about sports and healthy life-styles from First Nations people across B.C.

Health Systems

First Newsletter from the BC First Nations Panorama Implementation Project!

The BC First Nations Panorama Implementation Project (or FN PIP for short) is underway in British Columbia. This project brings together partners from Health Canada, the BC First Nations Health Council and the Province of British Columbia to work together on public health information management. The goal of the project is to make sure that all BC First Nations health care providers have access to BC's new public health information system, Panorama.

Most recently, they have released a winter newsletter that provided many First Nations voices an opportunity to speak about their area of work in health, as well as news and upcoming events relating to their service area. You can look forward to reading an update by Carolyn Neufeld, Health Director, Seabird Island Health Centre; and an article by Cynthia G. Monk, RN, BScN, MHS-L; Nursing Supervisor; President, Native and Inuit Nurses Association of BC.

Visit our website to read this most recent newsletter!
www.fnhc.ca



Updated contract process to provide Hubs with consistent funding schedules and planning



The First Nations Health Society recently concluded a round of regional hub leader meetings. The purpose of the gatherings was to increase collaboration among hubs regionally, and to support Hubs in each region in the development of their 2011 work plans and budgets.

Another outcome of the sessions was the opportunity for Hubs to review recent changes to the Hub funding process. These changes are being instituted to ensure that communities receive funding in a more predictable and timely manner. Each Hub coordinator will have received a letter in late February detailing these changes, for your convenience please see below an implementation timeline.

Creating a sustainable funding model for Community Hubs is critical. Community Hub expenditures have increased from \$1,360,138 in 2008-2009 to \$2,952,645 in 2009-2010. In the 2010 to 2011 fiscal year the First Nations Health Society will invest over 3.5 million dollars in Community Hubs. The new structure for funding the Community Engagement Hub initiative is an ideal opportunity to explore how an end

user funding allocation model could work. The intent of the budget is for Community Engagement Hubs is to have the financial means to complete their work plan pertaining to communication, collaboration, planning; and the infrastructure necessary to do so.

Although the changes to the Community Hub funding process have created some challenges, it is important to note that the First Nations Health Society remains committed to resourcing Community Hubs now and into the future. The momentum built in the first three years of Community Hub development will not be jeopardized. The Society views the budgeting process as providing a very exciting opportunity for communities to truly have input into a sustainable funding model for Community Hubs.

Timeline for Change

February 2011:
Budget negotiations begin for 2011/2012 contribution agreements.

March/April 2011:
Budget negotiations for 2011/2012 finalized.

April/May 2011:
Initial 2011/2012 payment.

June 2011:
Final reports for 2010/2011 due. Any unused 2010/2012 funding is determined and applied against the interim 2011/2012 payment.

September 2011:
Upon receipt of interim report, interim 2011/2012 payment is processed. Any unused 2010/2011 funds will be applied against this payment.

Hearts@Work Health Fair in Lytton/Boothroyd

The Annual Hearts@Work Health Fair took place February 15th and 17th in Lytton and Boothroyd B.C. Approximately 100 community members were in attendance at these important events encouraging heart health awareness.


The event was well advertised to nearby high-schools and many students were able to attend for several hours on both days of the Health Fair.

During the events, community based nurses and health workers offered health checks such as: Blood pressure, cholesterol, stress tests and Body Mass Index (BMI). In addition to this, activities such as yoga and nutrition bingo were a huge hit.

Jim Billy, Hub coordinator for the Thompson Region (Fraser Canyon Tribal Administration) Community Engagement Hub commented

on the success of the Health Fairs: "I feel that the collaboration of communities at these community based health fairs is so inspiring. As hub coordinator this live communication with the membership is invaluable. I enjoy working directly with membership getting the information about the hub out there and clarifying my role as the Community Hub Coordinator within these 3 communities."

A special thanks to Kathi Jumbo, Senior Health Lead of the 'Nlaka'pamux Nation Tribal Council, for inviting the First Nations Health Council to this event. We were very happy to have the opportunity to discuss the Tripartite First Nations Health Plan with the people residing in the Lytton and Boothroyd area.



Visit our YouTube channel to view a video on this event:
www.youtube.com/fnhealthcouncil



(Above:) Jim Billy, Hub Coordinator for the Thompson Region.
 (Below:) Community members attending the Health Fair!

“Moving Forward Together”: A Communications Strategy & Tool-kit

Have you been curious about Social Media but are unsure how to get started? Have you ever wondered how to throw more impactful events? Maybe you just want know what other First Nations are doing to communicate with members...

The First Nations Health Council Communications Advisory Committee and communications department are pleased to present “Moving Forward Together” a communications strategy and toolkit document.

Moving Forward Together supports Community Hubs in their communications efforts by providing some practical advice and tools proven to work at the grass roots level. The document also aims to clarify the communications relationship between the FNHC and Hubs and to outline existing communications challenges, future goals and strategies.

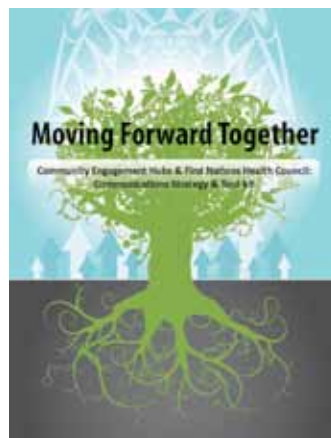
What started as a simple communications plan, quickly evolved into a toolkit. Members of the FNHC Communications Advisory Committee provided several case studies about communications strategies that have worked for their communities.

As the work relating to the First Nations Health Plan continues to grow, it is understood that

transformations and changes will take place. In that sense, this report should be read as our first coordinated step forward that is working towards improving communications between our many communities, our growing number of Community Hubs, our local, provincial and federal partners, and the First Nations Health Council.

By using concrete examples of what works in our First Nations communities we hope to continue building stronger and more effective communications to ensure we are reaching our many communities across B.C.

Print copies of the toolkit will be mailed to all hub coordinators.



This document will to be posted to our website, under 'Documents & Tools' by early April.

www.fnhc.ca



Stay Tuned: Traditional Healers Gathering

We've held an open call-out for feedback from Traditional Practitioners in our BC First Nations Communities regarding a gathering that will build awareness of traditional healing, medicines and practices. The comments and feedback that were received will contribute to the planning of this gathering.

Thank you to everyone who participated in our call-out and please, stay tuned for more information (www.fnhc.ca).

Georgia Kyba GKyba@fnhc.ca
 Tonya Gomes Tonya.Gomes@vch.ca

Research & Performance Measurement

Tripartite Evaluation of the H1N1 Pandemic Response

Do you remember how concerned we were about H1N1 last year?

We are all glad that the H1N1 influenza pandemic is over, but what did we learn from the experience? Can we apply what we learned in future flu seasons? This is important because every year the flu still causes illness and contributes to deaths in our communities, and no one knows when another pandemic might occur.

Are you aware of the good work achieved in First Nations communities?

- First Nations leaders, Health Directors, health care workers and community members should feel proud of the work they did to manage the H1N1 flu occurrence and prevent H1N1 illnesses.
- About three times as many First Nations were vaccinated for H1N1 as in the general population of British Columbia. For many, this was the first time they had a vaccination. Community members and nursing staff worked hard to make this happen.

What worked during the H1N1 pandemic Public Health Officials Worked Together...

- First Nations public health leadership - Dr. Evan Adams and Dr. Shannon Waters - helped focus the pandemic response efforts, while providing a First Nations perspective.
- Good relationships with the local Medical Health Officer and health staff at First Nations and Inuit Health (BC Region) allowed for a more streamlined response.
- The Province, Health Canada, and Community Nursing ensured that anti-viral medications were available for treatment – especially for those at higher risk.

Communities Responded...

- Communities saw the value of having practical and up-to-date pandemic plans that were integrated with the regional health authority.
- Communities saw the value of keeping everyone informed and answering questions about the flu through town-hall meetings, Facebook, emails, newsletters, posters and handouts delivered door to door.

- Community members were vaccinated and encouraged their friends and family to do the same. □ People were encouraged to wash their hands. Communities installed hand sanitizer stations and put up posters encouraging people to sneeze into their sleeves.
- People wore gloves when serving food or used pre-wrapped food for community dinners.
- Community events were modified or postponed if necessary.
- The ill were encouraged to stay home, to avoid spreading illness.
- Community members looked out for each other.
- Getting ready for the next pandemic

What is next?

The first phase of the Tripartite Evaluation of the Tripartite Pandemic Response to H1N1 has been completed. The information collected thus far is 'qualitative'. This means that the report, to date, is based on the experience and opinions of those most closely involved in the response to H1N1. So far, the results of the evaluation have shown that working in a Tripartite way is an effective way of breaking down silos that are common during a First Nations public health response.

Due to the apparent success of the Tripartite approach on H1N1, national attention is often turned to BC. First Nations and governments across the country are interested in finding out what worked in BC, and this has resulted in a second phase of H1N1 evaluation.

During the second phase of the evaluation, there will some 'quantitative analysis' done. This means that some of the opinions and experiences outlined in the first phase of the evaluation will be supported (or not supported) by the figures and statistics that will be analyzed. This will allow the evaluation to formulate more conclusive findings and recommendations. It is expected that the final report will be ready for broad release in late Spring 2011.

The H1N1 pandemic of 2009-2010 turned out to be less severe than expected.

There are things your community can do to prepare for the next pandemic:

- Health care providers and Health Directors can continue developing a relationship with the local Medical Health Officer and First Nations and Inuit Health staff. If these relationships are built now, it will be easier to know who to call during an emergency.
- Determine the best way of getting information to the people in your community who need to know about the flu (i.e., Chief, Band Council, Health Directors, health care providers and community members).
- Make sure your community either develops or updates your community pandemic plan. Your local decision-makers should be involved in its creation or revision; and it should contain practical advice that makes the most of your community's resources.
- Work with your local health authority and FNIH to provide access to anti-virals, as needed, as well as the influenza vaccine (seasonal and/or pandemic.)
- Offer the vaccination to community members as soon as the vaccine is available.
- If you or someone you know wants to become a doctor, nurse, community health representative, or allied health professional (eg physiotherapist, mid-wife, nutritionist) encourage them to pursue their goal. The more health care workers your community has, the better able you will be to manage whatever health issues arise in the future. Educational funding may be available through your Band or Tribal Council.

First Nations Health Society Update

Social Media Launch: FNHC Twitter, Facebook & YouTube!

First Nations Health Society is pleased to announce the FNHC Social Media Launch! This action aims to build relationships and share information on web-based platforms to the many different communities and health partners that exist across B.C.

The FNHC YouTube channel has been updated with several new videos, including the “Implementing the Vision: B.C. First Nations Health Governance DVD” and more recently, an information video that explains our recently launched, “Active Spirit, Active History” Video Contest. Our overall Social Media goal is to bring forward information in multiple, easily understood, formats for the benefit of First Nations communities.

Follow FNHC’s twitter account to hear about

recent health news, opportunities relating to health and newly published reports, articles and videos from our organization.

FNHC can also be found on Facebook as a user account and a fan-page. The user account aims to create dialogue regarding health while the fan-page will utilize much of the updates provided on twitter.

The FNHC YouTube channel has been updated with several new videos, including the “Implementing the Vision: B.C. First Nations Health Governance DVD” (uploaded mid-October 2010); and more recently, an information video that explains our recently launched, “Active Spirit, Active History” Video Contest. Our goal is to continue creating different formats in which information can

be disseminated and understood effectively. The communications team at FNHC is also working at re-vamping our current website, this will help inform web-visitors to the structure of our organization and the related streams of work.

We welcome your participation and involvement with our web-based social-media strategy; we hope to continue finding new, innovative ways to connect with B.C. First Nations communities and our many health partners.

If you have any questions about our social media site, please contact:
Karlene Harvey | kharvey@fnhc.ca



www.twitter.com/fnhc



www.youtube.com/fnhealthcouncil



www.facebook.com/firstnationshealthcouncil

First Nations Health Council and ActNow announce:

The “Active Spirit, Active History” video contest!

Are you...
 16 years of age or older?
 Living in Canada?
 A registered member of a B.C. First Nations Band?

We want **YOU** to submit *Public Service Announcement (PSA) videos* that encourage healthy & active lifestyles in your B.C. First Nations communities!

For more contest details check out our website! www.fnhc.ca

\$10,000 worth of prizes to be won!!!

deadline to enter: Thursday May 5, 2011 at 4pm

Please check out our website for full contest details (plus, our newly added FAQ section): www.fnhc.ca

FNHC’s Active Spirit, Active History Video Contest!

Building on the positive momentum of the Active Spirit Active History book launch, the First Nations Health Council is pleased to announce a video contest by the same name.

The First Nations Health Council is looking for First Nations film enthusiasts to create public service announcements on the topic of living a healthy lifestyle through traditional or non-traditional activities.

We would like to hear your point of view of what First Nations people can do to lead a healthy lifestyle. Videos should motivate, inspire and encourage us to make healthy choices. Videos can also explore the costs of being inactive (quality of life, time with family, etc.). So we pose this question to you, what would you say to First Nations people to encourage them to be more active and honour our active spirit?

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. As of May 31st 11 of 15 regional representatives were appointed. These appointments are currently being confirmed through regionally determined processes.

Establishment of the First Nations Health Society as an Interim Corporate Entity

In 2008, due to the volume of administrative

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

- More effectively work with First Nations communities
- Transfer the burden of the growing workload demands from the FNS
- Remove the legal and financial liability from the FNS and
- To ensure the FNHC had an interim operational body solely focused on supporting the Council to implement the TFNHP.

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

Take our Communications Survey!

The First Nations Health Society has created a communications survey to improve communications with our stakeholder audiences.

The objectives of this survey is to:

- Better meet communications requirements of our various stakeholders;
- Identify communications gaps, both tactical and content-based;
- Determine our stakeholders preferred methods for receiving information;
- Assess the success of the communications functions of Community Hubs; and
- Establish a baseline of information from which to evaluate our communications efforts into the future

Who should take this survey?

The target audience for this survey is First Nations leadership, Health Directors, and other frontline health staff that are pivotal in implementing the Tripartite First Nations Health Plan. Although these are our target audiences, the First Nations Health Council welcomes all voices, and does not discourage others from filling out this survey.

You can fill-out your survey online (or download it) from our website:
http://www.fnhc.ca/index.php/news/article/take_our_communications_survey/

The tentative deadline for filling out this survey is the end of March, 2011.

If you have any questions regarding this process, please email Davis McKenzie at dmckenzie@fnhc.ca

First Nations Health Council Members

North

- Warner Adam (Deputy Chair)
- Chief Margery McRae
- Laura Webb

Interior

- Chief Bernie Elkins
- Gwen Phillips
- Chief Ko'waintco Michel

Fraser

- Grand Chief Doug Kelly (Chair)
- Chief Willie Charlie
- (1) vacant seat

Vancouver Coastal

- Charles Nelson
- Ernest Armann
- (1) vacant seat

Vancouver Island

- Cliff Atleo
- Shana Manson
- James Wilson

First Nations Health Society Directors

- Carol Anne Hilton
- John Scherebnyj (Treasurer)
- Madeleine Dion-Stout
- Marilyn Rook
- Matt Pasco
- Pierre Leduc (Chair)
- Ruth Williams

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 web: <http://www.fnhc.ca>

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