FIRST NATIONS HEALTH COUNCIL

infobulletin

Volume 3 Issue 1 / March 2010

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

PHOTO: Images from 2008-2010- Working together to implement the Tripartite First Nations Health Plan

>INSIDE

GOVERNANCE

Governance Video in Development
Health Governance Timeline
Health Governance FAQ's

POPULATION HEALTH

Physical Activity Strategy
Traditional Medicine Survey
A focus on Maternal and Child Health

HEALTH SYSTEMS

First Nations eHealth
Knowledge Generation and Sharing
Seabird Hub hosts Elders Gathering

RESEARCH & PERFORMANCE MEASUREMENT

H1N1 Evaluation Project
Regional Health Survey

HEALTH HUMAN RESOURCES

80% of First Nations complete Health Human Resources Scan

Governance

A First Nations Health Governing Body (TFNHP)

BACKGROUND

The TCA: FNHP and the TFNHP outlined some very specific actions which collectively contribute to achieving First Nations governance in health. These actions primarily include the development of a new First Nations health governance structure including four components: A First Nations Health Directors Association, A First Nations Health Council, a Provincial Committee on First Nations Health, and a New First Nations Governing Body.

As outlined and agreed in the Tripartite First Nations Health Plan (2007), a new First Nations Health Governing Body (currently being thought of as a First Nations Health Authority) is expected to take on the delivery of some or all of the programs and services currently delivered by First Nations and Inuit Health (FNIH) as well as other agreed upon federal and provincial health services. The new First Nations Health Authority will reflect a new administrative arrangement between First Nations, BC and Canada where BC First Nations take the lead in designing and delivering programs and services. The new First Nations Health Authority (FNHA) will work in concert with the First Nations Health Directors Association, First Nations Health Council, and Provincial Committee on First Nations Health.

A First Nations Health Governing Body is one of 4 components for a new First Nations Structure for First Nations Health Governance.

There are many questions about what this new administrative arrangement will look like, and what it will mean for BC First Nations. Pages 3-6 of this Infobulletin contain answers to the most frequently asked questions about a new First Nations Health Authority. If you have a question that is not addressed here please contact Philip Hogan, the new Governance Communications Coordinator. Philip can be reached at phogan@fnhc.ca (see Philip Hogan's introduction on page 6.)

Health Governance Video in Development

Stay tuned for an upcoming video on First Nations Health Governance slated for release in April

This video celebrates First Nations approaches to health and wellness and contemplates how we can bring this knowledge forward to create a new First Nations Health Governing Body. This video is slated for release in April. The video will be posted on the FNHC YouTube Channel and DVD's will be sent to all communities.

To advance order additional copies please email info@fnhc.ca

Frequently asked Questions

GENERAL

Why a new First Nations health authority?

Over the past 20 year First Nations and Inuit Health has delegated limited community control over health services to First Nations through the health transfer process. However, the transfer process does not include meaningful First Nations participation in the design and delivery of health programs and services.

The Tripartite First Nations Health Plan (2007) calls for the development of a First Nations Health Governing Body within three years of the signing of the Health Plan

The governing body (being thought of as a First Nations health authority) will provide for the effective participation and decision-making of First Nations in:

- Enacting policies;
- Identifying the results to be achieved in the delivery of programs;
- Allocating resources;
- Establishing service standards;
- Implementing ongoing reciprocal accountability requirements; and
- Other key functions of governance

The historic division of responsibility for First Nations health between the federal and provincial governments has created a complex health care system. Jurisdictional boundaries between provincial and federal responsibilities are blurred and this creates challenges and complexities that a new system could address more effectively.

These complexities create gaps in the access to adequate and appropriate health services for First Nations people.

How will the creation of a new First Nations health authority support BC First Nations?

A new First Nations Health authority (FNHA) will work with First Nations communities to design programs and policies that are culturally appropriate to meet their needs. This will ensure that decisions about First Nations healthcare are made by BC First Nations, and that the health system is more accountable to First Nations.

A FNHA will work closely with the existing provincial health system and Regional Health Authorities to ensure that services are coordinated and integrated. At the same time, a FNHA will help to ensure that the First Nations lens is applied to health and that indigenous social determinants of health are central.

A FNHA introduces the potential to create a new relationship between the individual and the health system – for example, moving towards a more patient-centred approach in which BC's diverse First Nations cultures underpin and reinforce a wellness system.

A FNHA may create opportunities for more creativity and innovation in healthcare design, delivery and funding, including raising revenue in new ways, and leveraging funds by working in partnership with various organizations and orders of government, whether local, regional, provincial or national.

FINANCIAL

Will the current funding arrangements that communities have with FNIH (ie Transfer Agreements) be affected by the creation of a FNHA?

Existing funding agreements will continue to be honoured. A process for renewing

Governance

Frequently asked Questions

and/or enhancing funding agreements as they expire would be determined by the FNHA.

How much does the BC regional First Nations and Inuit Health office currently spend on health for BC First Nations?

- The FNIH BC Region budget in 2008-09 was $295M. This includes:
  - o $162M in grants and contributions for First Nations communities (including $23M under NIHB)
  - o $12M in capital
  - o $15M in wages and salaries
  - o $103M in NIHB operations

(*Provided by FNIH, Health Canada*)

What will it cost to establish and operate this new FNHA?

There will be both one-time and ongoing costs associated with the establishment and implementation of the new FNHA. Work is underway to assess what these costs will be and will take into account, among other things, the costs associated with: staff, consultants, travel, office space and accommodation and required information management and technology infrastructure.

STRUCTURE AND FUNCTIONS

What is the intended scope of a Framework Agreement?

The framework agreement is intended to address a range of issues that include:

- The roles, structure, and authorities of a new First Nations Health Authority, First Nations Health Directors Association, First Nations Health Council, and Provincial Committee on First Nations Health
- Funding commitments of the federal and provincial governments
- Legislative implications
- Provisions for the transfer of services, programs and staff
- The creation of a Reciprocal Accountability Framework

The agreement will clearly set out the scope of authority of the new FNHA to ensure that it can provide quality First Nations programs and services and partner with other organizations to provide these services.

What will be the structure of a new FNHA?

The structure of the FNHA is yet to be determined by BC First Nations through the First Nations Interim Health Governance Committee.

The following criteria will be central to the model of a new FNHA:

- It will be accountable to First Nations
- It will reduce bureaucracy and maximize services, thereby improving efficiency in service delivery and administration
- It will develop policies and develop and deliver healthcare programs based on the health plans of BC First Nations, and support a comprehensive set of public health, health promotion, disease prevention, and primary health services
- It will operate in partnership with provincial and federal health programs and authorities, and develop strong working relationships with First Nations and provincial health organizations
- It will include special provisions for effective service delivery where there are multiple jurisdictions and service organizations
- It will support health services to be delivered at the local or community levels. When economies of scale and aggregated services are necessary, services will be delivered through collaborative arrangements at a regional or provincial level to address matters such as population health

Who will make the decisions in the new FNHA?

The structure of the FNHA is yet to be determined by BC First Nations through the First Nations Interim Health Governance Committee. However, Health Governance refers to BC First Nations having direct influence and decision-making in the design and delivery of their health programs and services. Early discussions around structure have included the following recommendations:

- First Nations are committed to work together on a structure that acknowledges each nations right to self-government and self-determination;
- The new structure must include greater decision-making at the community and regional levels;
- Representation through the three political assemblies of UBCIC, BCAFN, and FNS is not desired.

Frequently asked Questions

Will a new FNHA immediately take on the full scope of responsibilities for First Nations health in BC?

A governance agreement will commit parties to move forward together toward their shared goal. This agreement must be comprehensive enough to ensure that a new FNHA can offer quality health services, but it is not necessary for the FNHA to acquire all responsibilities immediately.

The Provincial government, through its six health authorities will maintain their role in providing health care for all British Columbians

Putting in place a new system for First Nations health in BC will be phased in over time, and full implementation is expected to take a number of years.

What programs and services will be transferred to a new First Nations Health authority?

All of the programs and services currently delivered through FNIH BC Region, as well as other agreed upon Provincial programs and services are eligible for transfer to the new FNHA.

Based on the scope of responsibilities the parties agree the new FNHA takes on, the parties will explore augmenting existing FNIH BC Region funding with additional federal and provincial funding through the course of the governance negotiations.

LEGAL

Will this new First Nations Health authority (FNHA) impact current or future Treaty Agreements?

The FNHA will be created through an administrative arrangement. It is not a rights-based agreement and will not impact current Treaties or Treaty Agreements under negotiation.

Treaty First Nations may want to take advantage of the benefits realized through the FNHA, this would be a matter for the treaty First Nation with the FNHA to determine.

Will the political agreement alter the Federal fiduciary obligation to BC First Nations?

The political agreement is a non-binding agreement and therefore does not alter the Federal fiduciary obligation to BC First Nations

Further, the draft political agreement provides expressly that it does not end or alter the fiduciary obligations of the Crown for First Nations, and it expressly recognizes the authority of First Nations over the design and delivery of health services at the community level.

The draft political agreement also clearly states that it is not intended to affect any inherent right of self-government vesting in any First Nation, whether with respect to health or otherwise.

Does the initialling the Basis Agreement limit, obstruct, impede or constrain the negotiations that interested First Nations may want to pursue with the Federal or Provincial governments themselves?

The Basis Agreement is a non-legally binding document that is a preliminary step to the contemplated negotiation of a more comprehensive binding Framework Agreement. It does not bind any First Nation, and does not legally limit, obstruct, or constrain any negotiations that interested First Nations may wish to pursue with the Federal or Provincial governments independently of the Basis Agreement.

Is legislation needed to create a new FNHA?

All parties are considering the need for legislative provisions to create a new FNHA, recognizing that setting out the structures and authorities of a FNHA in legislation may limit the flexibility to evolve the organization in this time of significant change.

Governance

Frequently asked Questions

TIMELINE AND RATIFICATION

Where does the Negotiations mandate come from?

- TCA:FNHP Released & First Nations Health Plan MoU signed- Nov. 2006
- UBCIC resolution supporting TCA:FNHP, FNHP MOU, and establishment of the FNHC – Jan. 2007
- UBCIC Resolution supporting FNHC ToR in principle – Mar. 2007
- TFNHP signed – June 2007
- BCAFN Resolution supporting TFNHP- June 2007
- BCAFN Resolution supporting FNHC ToR- June 2007
- FNS Resolution supporting the FNHC ToR – FNS Sept. 2007
- UBCIC Resolution appoints initial co-chair to FNIHGC – Nov. 2007
- FNHC endorses the ToR for its sub-committee the FNIHGC – June 2008
- Through resolution- BCAFN(No: 292008)/FNS(No: 0608.22)/ UBCIC (No: 200825) support the development of regional Governance Caucuses

The First Nations Interim Health Governance Committee receive their mandate from the First Nations Health Council. The First Nations Health Council endorsed the activities of the FNIHGC on September 22nd, 2008 through ratification of the FNIHGC Terms of Reference.

What is the difference between the "Political Agreement" and the "Legal Agreement"?

The political agreement is a "Basis for Framework Agreement" This is a political agreement that requires approval by way of resolution through the FNS, UBCIC and BCAFN political assemblies. Once approved by all three parties processes (First Nations, British Columbia and Canada), negotiations will take place to reach a legally binding agreement "Framework Agreement."

What is the timeline for these agreements?

The "Basis for Framework Agreement" is expected to be presented to the three political assemblies in fall of 2010. Once ratified, negotiations on the legal "Framework Agreement" will begin. The timeline for "Framework Agreement" negotiations is to be determined.

The Basis for a Framework Agreement is to be "initialled" by the parties, what is the legal significance of "initialling" the final draft of a Basis for a Framework agreement?

The process of initialling the Basis for a Framework Agreement does not alter its non-binding nature. Initialling the final draft of a Basis Agreement signals that the version of the document is ready for the ratification process through the three political organizations and to enter into negotiations of a legal agreement.

How will the "Framework Agreement" be endorsed by the partners?

- The endorsement of the "Framework Agreement" will be achieved through a ratification process. This is a process that each party will undertake to obtain the endorsement from the government/communities it represents.
- The federal government will seek Cabinet approval of the framework agreement;
- The provincial government will only require Cabinet approval if new legislation is required or changes to existing legislation are required to implement the agreement; and
- The First Nations Interim Health Governance Committee is still working to determine the appropriate ratification process

Philip Hogan

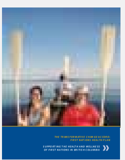
Governance Communications Coordinator

Mni'gla is a member of the Heiltsuk Nation from the Central Coast of BC. He has been involved in Aboriginal rights and community development for twenty years, working for his Nation for much of that time. In addition to these position he has been a writer, traditional use researcher, administrator in health education, college instructor and land use planner. Philip received his B.A. (Anthropology) from UBC focusing on oral history and ethnography of the northwest coast. In addition he has been fortunate to learn from elders and knowledgeable people in his community and other First Nations. Philip is the Governance Communications Coordinator for the First Nations Health Council and supports the work of the First Nations Health Council, Regional Caucuses, and technical staff of the FNHC in communicating the ongoing work related First Nations Health Governance in BC. Philip can be reached at phogan@fnhc.ca

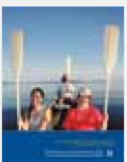
PROPOSED TIMELINE FOR HEALTH GOVERNANCE PROCESS

November 2006 — June 2007 — March 2010 — Fall 2010 — June 2012

AGREEMENTS



TCA:FNHP Political Agreement (Nov 2006) →



TFNHP Political Agreement (June 2007) →

Political Support through resolution at FNS, UBCIC, and BCAFN

Basis for Framework Agreement "Political Agreement" (March 2010) →

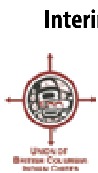
Political Support through resolution at FNS, UBCIC, and BCAFN

Framework Agreement "Legal Agreement" (TBD 2010) →

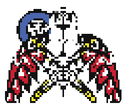
New Administrative Arrangement June (TBD-2012)

First Nations Health Council

Interim FNHC →



FNHC Transition →



FNIHGC subcommittee of the **FNHC & Regional Cacuses**

Negotiations Mandate Development

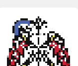
Structure and Functions Working Group

How the 4 components work together

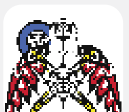
FNHC Final Form

Operations

FNS Interim Administrative Support →



FN Health Society →



Transition Plan to FN Health Authority Operations

First Nations Health Directors Association

Health Directors Forum 2009 → **FN Health Directors Association Incorporation (Feb 2010)** → **FN Health Directors Association**

Provincial Advisory Committee on FN`s Health

Provincial Advisory Committee on FN`s Health** → **Provincial Committee on FN`s Health

New First Nations Health Decision Making Structure

FNHC
FNHA
FNHDA
PCFNH

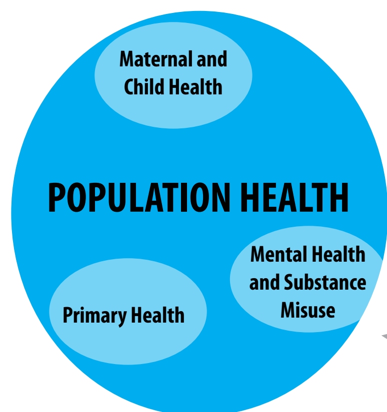
↑ NATION LEVEL RATIFICATION

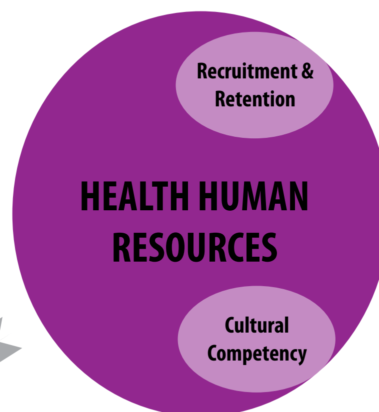
Implement new First Nations Health Decision-Making Structure

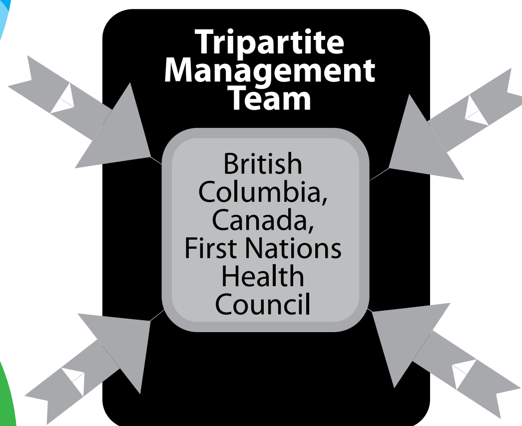
FNHA Implementation

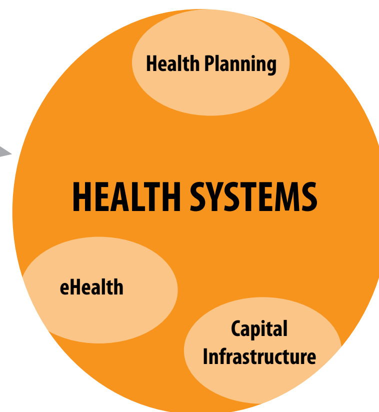
Health Actions

How we are approaching our responsibilities in Health Actions









PERFORMANCE TRACKING

Accountability
- Measuring accountability/First Nations PHO
- Reciprocal Accountability Framework

Research & Development
- Canada Health survey
- Data quality and sharing
- Research Capacity Development

POPULATION HEALTH

Primary Health
- HIV/AIDS
- Cancer
- Pandemic planning
- Chronic Disease
- Injury prevention
- Environmental health
- Traditional medicine
- Aboriginal ActNow
- Primary health services

Mental Health & Substance Misuse
- Mental health and addictions plan
- Suicide prevention
- Addictions beds

Maternal and Child Health
- Early vision, dental and hearing screening
- Child death review
- Maternity access
- Seatbelt campaign

HEALTH HUMAN RESOURCES

Retention and Recruitment
- Aboriginal Workforce Development
- Designating senior individuals in the 16 health delivery area
- Increasing Aboriginal hospital liaisons
- Further develop the role of nurse practitioners
- Enhance physician participation in Aboriginal health and healing centres
- Recruitment and Retention of First Nations Health professionals and paraprofessionals

Cultural Competency
- Development of cultural competency framework for RHA's

HEALTH SYSTEMS

Health Planning
- Planning templates
- Supporting First Nations in developing community health plans
- Multijurisdictional planning

eHealth
- eHealth strategy
- Telehealth
- Connectivity infrastructure
- EMR/EHR
- Data Centres
- Tracking systems

Capital and Infrastructure
- Support for the process of developing capital infrastructure on First Nations
- Building the health centre in Lytton

80% of First Nations participate in Health Human Resources Scan

The need for more First Nations, Inuit and Métis working in health care fields has been identified as far back as 1996, when the report of the Royal Commission on Aboriginal Peoples recommended that governments and educational institutions undertake to train 10,000 First Nations, Inuit and Métis workers in health and social services by 2006. The report suggested that workers would be required in all areas of health, including medicine, nursing, mental health, psychology, midwives, dentistry, nutrition, addictions, gerontology, public health, health administration, and other areas. The federal response to the RCAP report supported this recommendation as key to improving the health care delivery system for First Nations, Inuit and Métis.

Health Directors work with Kahui Tautoko staff to complete the Health Human Resources environmental scan at the November Gathering Wisdom forum.

Subsequent statistical reports have demonstrated that shortages of First Nations, Inuit and Métis health care professionals and para-professionals continue to be an issue.

Appropriate planning and management of Aboriginal Health Human Resources (AHHR) is a key factor in developing a health care workforce that has the right number and mix of health professionals to serve First Nation, Inuit and Métis people. The AHHR Initiative comes from a commitment made by the Federal government at the Special Meeting of the First Ministers and Aboriginal Leaders in September 2004. The commitment builds on the previous Health Accord in 2003, which directed provincial and territorial and federal governments to work together. Funding has been invested by federal government in AHHRI.

This information will not only help the FN Health Society in its advocacy role for more work to be done around recruitment and retention of a First Nations health workforce, but the information will undoubtedly support First Nations communities with their own advocacy and HHR development work.

The First Nations Health Council is one recipient in British Columbia of AHHRI funding to support Aboriginal health workforce development initiatives. In early 2009 the FN Health Society commissioned a survey of the First Nations workforce working for First Nations communities in BC. Many communities may recall visiting the desks at Gathering Wisdom in November 2009 to complete the survey of their workforce – with the survey counting number of First Nations; positions held; qualifications held; age; and salary. Those that did not complete the survey at Gathering Wisdom have since been contacted by phone or email (by the researchers from Kahui Tautoko Consulting) to complete the survey to contribute to the final report. While we acknowledge that some communities have declined to participate, we have managed to achieve a relatively good response rate with almost 80% of communities completing the survey. The data is being analyzed now and the final report is due by 31 March 2010.

This information will not only help the FN Health Society in its advocacy role for more work to be done around recruitment and retention of a First Nations health workforce, but the information will undoubtedly support First Nations communities with their own advocacy and HHR development work. We are aiming to publish and disseminate the final report by mid-year and while not a comprehensive picture without the remaining 20% of community responses, the data will provide a reasonable picture of the workforce and the issues faced by Health Centers.

The FN Health Society and the researchers would like to thank all of those communities who completed the survey and provided their information. Without your contributions this work would not have been possible to enable us to have a baseline measure to monitor ongoing developments.

Population Health

Aboriginal Sport, Recreation and Physical Activity Partners Council

Update and Next Stage of Regional/Community Engagements March-May 2010

BC First Nations Leadership sign a ceremonial drum endorsing the long-term provincial strategy for sport, recreation and physical activity.

The BC Aboriginal Sport, Recreation and Physical Activity Partners Council (ASRPAPC) represents a groundbreaking initiative that, for the first time, has brought together Aboriginal organizations including First Nations, Métis and Friendship Centres to work collectively on the health and wellness issues of critical importance to Aboriginal People.

This important initiative began with the BC Aboriginal Youth Sport and Recreation Declaration, which was drafted at the March 2008 Gathering Voices youth assembly. This Youth Declaration was the stimulus for a new, ambitious, collaborative approach to sport, recreation and physical activity as part of an Aboriginal healthy living strategy in BC.

For the first time, BC First Nations, Métis and Friendship Centres are working collectively on health and wellness issues

In August 2008, a day prior to the opening ceremonies of the Cowichan 2008 North American Indigenous Games, an unprecedented gathering of more than 110 leaders (representing First Nations, Métis, provincial Aboriginal organizations and provincial Aboriginal Youth Councils) participated in a traditional commitment ceremony. The ceremony included the signing of a Ceremonial Drum to endorse the long-term provincial strategy for creating new, responsive and sustainable sport, recreation and physical activity programs for Aboriginal people across BC.

Following the legacy of the 2008 Gathering Voices youth assembly and the Cowichan 2008 North American Indigenous Games, the partner organizations, including the First Nations Health Council, Métis Nation British Columbia and the BC Association of Aboriginal Friendship Centres, formalized a permanent Partners Council committed to building and enhancing action-oriented partnerships with governments, and other groups who are prepared to respond to the fundamental needs of First Nations, Métis and off-reserve Aboriginal people and improve health outcomes through sport, recreation and physical activity programs.

Over the past months, the Partners Council has developed a Five-Pillar Strategy and Multi-Year Funding Proposal, which has been presented and is in discussion with the Province of BC.

The Partners Council is pleased to announce it has also recruited Mr. Rick Brant, previously the Chief Executive Officer for the Cowichan 2008 North American Indigenous Games Society, as the new ASRPA Director, who will be helping to establish the operational and decision-making framework to enable the organization to commence operations. Rick has developed a Transition Implementation Plan, recently approved by the Partners Council, which will guide the work of ASRPA in the year ahead, building relationships with sport and health and wellness leaders at the provincial, regional, and community levels.

Priorities in the Transition Plan will focus on a range of healthy living and sport agendas. They will include leveraging the work of the Partner Council organizations to promote increased Physical Activity initiatives and continue the work of coordinating Sport activities leading to the 2011 North American Indigenous Games in Milwaukee, Wisconsin.

Rick will also be conducting a second Regional/Community Engagement process, to follow up on the initial consultations, which occurred last year, meeting with Aboriginal sport, recreation and physical activity champions and leaders. Plans for these meetings, to be held from March to May 2010, are being developed now and more information and meeting details will be made available shortly.

For more information on the Aboriginal Sport, Recreation and Physical Activity Strategy and the work of the Partners Council, please contact Rick Brant at rbrant@bcaafc.com

H1N1 Training Delivered in 16 Sites

When H1N1 arrived in Canada last April, it affected First Nations communities disproportionately. BC First Nations witnessed the disproportionately high rates of H1N1 cases in First Nations communities in Manitoba, Nunavut and Ontario.

In BC the impact of H1N1 on First Nations was significantly lower due to unprecedented cooperation and collaboration between BC and Canada and BC First Nations. On the eve of the outbreak tripartite partners came together to develop the *H1N1 Action plan for Remote Communities*. This Action Plan described policy changes which would allow increased First Nations access to antivirals, greater local authority to deploy antivirals, and a responsive vaccine deployment strategy.

During the initial outbreak of H1N1 the First Nations Health Council (FNHC) heard from many communities that the #1 issue was "a scarcity of human resources would make it hard cope in a pandemic situation." In response to this human resources concern FHNC and First Nations Inuit Health agreed to partner and fund training sessions. In November 2009 JEL Protection Ltd, on behalf of FNIH and FNHC delivered 18 community training sessions across BC. Participants who enrolled in the two day training received Basic First Aid certification and an additional day of training on how to care for the individuals who are ill with influenza.

H1N1 Training Session in Kamloops. Left: Ronnie Ned- Ts'kw'aylaxw (Pavilion) and right: Leo Porter Xaxlip.

To date 16 of the 18 sessions have been completed, and response from those who have attended has been very positive.

OLD MASSETT LOVES ITS BIGGEST LOSERS!!

By Myrna Bell-Wilson

The Biggest Loser program has been running for one year and is currently in its 4th round. People who sign up are eligible to attend twice weekly Circuit Training and meet for a weekly potluck salad bar lunch and weigh in. We have over 70 participants this round training in teams of two to keep each other motivated. Our youngest biggest loser was eight years old and joined because he enjoyed Circuit Training. Our eldest participant is 74! In round 3, 68 people registered and 24 people stuck out the ten weeks losing a total of 140 lbs!!

The popularity of this program is due largely to the Circuit Training and is run by Allison Russ. It is so energizing to see over 50 people working out at once! The new comers amaze and inspire us to keep up with our fitness goals.

Our weekly salad bar lunch is a great time to get together, learn about healthy living and share our accomplishments or loses and to talk about challenges and how to overcome them.

IT IS A GREAT FEELING WEIGHING IN PEOPLE AND SEEING THE SMILES ON THEIR FACES WHEN THEY HAVE LOST WEIGHT! We are proud of our program and our people!

Population Health

Traditional Medicine Initiative Update

BACKGROUND

The First Nations Health Council (FNHC) works with British Columbia and Canadian Federal agencies, to narrow and close the gap in delivering and maintaining health standards between First Nations individuals and other British Columbians. Implementing traditional medicines/ knowledge/practices is integral to the health and wellbeing of First Nations. The First Nations Health Council recognizes that addressing First Nations health through a more traditional, holistic model is critical toward reducing the health disparities between First Nations and other British Columbians. Community Health initiatives by the First Nations Health Council encompass individual, conditional and environmental specific wellness. This includes levels of physical activity, access to nutritional foods, connection to traditional medicines, the condition of our lived environments, and our abilities to prevent and manage common health conditions found in First Nations communities, forming the larger picture of community health.

One of the goals of the First Nations Health Council in addressing Traditional and Alternative Medicines includes dialogue on Traditional Medicine with the communities. This is a starting point in the development of health services that reflect First Nations cultural values and are community driven, as well as extend the opportunities for health services to practice First Nations ways of health and healing.

In 2007, a Traditional Medicine Scan created dialogue with BC First Nations communities that identified a priority to attain recognition of Traditional healers and practices, thus leading to funding and ongoing support. The discussions have resulted in the Archive Research Project and the Best Practices in Traditional Models of Wellness Scan. These projects will help to identify best practices in communities and effect policy change and development. This is acknowledged as a vital part of contributing to the Tripartite Health Plan. The importance of Traditional Medicine as a means of improving the health and quality of life for Aboriginal people is increasingly being recognized.

ARCHIVE RESEARCH PROJECT DESCRIPTION

The First Nations Health Council (FNHC) is undertaking a project to locate, organize, and document all the First Nations cultural archives pertaining to Traditional Medicines and Practices in BC. The research for this project will contribute to the FNHC Traditional Medicine Initiative by locating archives (e.g., UBCIC), libraries, and books from any communities who have documentation on their culture and more specifically on Traditional Medicine/ Practices, as well as materials from other sources. Also included in this will be networking with national organizations who document Traditional practices, and contacting communities when and where needed to gather further information.

With the data collected in this project a database of information will be created as well as an online list of websites, addresses, phone numbers, and other contact information of the communities who have cultural archives, libraries and books.

PROJECT UPDATE

Initial contact of communities has begun through email and phone calls by a UBC practicum student. Data has been compiled and online research has been done. The practicum student completed her participation in March 2009. Further follow up with communities is continuing. This project is being integrated with the results of the Best Practices of Traditional Models of Wellness Scan which is currently being delivered to the communities.

Traditional Models of Wellness Scan

Kahui Tautoko Consulting Ltd has been asked by the FN Health Council to conduct a scan of the extent and scope of use of Traditional medicines and practices (referred to as Traditional Models of Wellness), used by FN communities across British Columbia. The objective is to gather evidence on the extent and scope of traditional practices that are used in the delivery of health care in communities – but NOT to collect information about specific practices and medicines themselves as this knowledge is owned by elders and healers.

PURPOSE OF THE SCAN

The purpose of this scan is to identify best practices, inform planning and to help the basis for a policy approach to FN Traditional medicines and practices. With better evidence of the extent and scope of use of traditional medicines and practices, the FN Health Council can advocate to Governments for changes to funding and policy to give these practices greater recognition and acknowledgement in healthcare delivery.

SCAN UPDATE

The Best Practices of Traditional Models of Wellness Scan has been delivered at Gathering Wisdom III, in the communities, and online. This scan is to be completed this March 2010. You can find this scan online at http://www.surveymonkey.com/s.aspx?sm=H0nW_2bbf2wpBKr3Q96awo4A_3d_3d

Please contact Dr Georgia Kyba, ND for further information. gkyba@fnhc.ca

WORKING TRIPARTITE
A Focus on Maternal and Child Health

From back left: Anne Heyes (FNHC), Marilyn Ota (FNHC), Rachel Douglas (Public Health Agency of Canada), Christine Atkins (BC Association of Aboriginal Friendship Centres). Penny Stewart (First Nations Inuit Health). Lucy Barney (Provincial Health Services Authority), Committee Chair Candace Robotham (Seabird Island Band), Jeannette Callahan (Nuu-chah-nulth Tribal Council), Donna Atkinson, (National Collaborating Centre on Aboriginal Health) missing Hanna Scrivens (Inter-Tribal Health Authority), Charmayne Gagnon (Moricetown), Holly Tennant (Métis Nation BC), Shelly Johnson (Thompson Rivers University), and Carla Springinotic (Ministry of Healthy Living and Sport).

The Maternal and Child Health Committee was formed in July of 2008. The committee is comprised of First Nations, Aboriginal, and Métis community experts in Maternal and Child Health along with funding and program partners from BC and Canada.

Lucy Barney sits on the committee and represents Provincial Health Services Authority. Barney points out that: "In many cases, Maternal and Child Health programs are not tailored exactly to meet First Nations community needs. This committee advises those individuals and organizations designing and delivering services, to make these programs more meaningful and culturally relevant."

Since inception, the Committee has been focussed on providing advice and guidance on policy, programs and services aimed at Aboriginal mothers and children.

Rachel Douglas is a Program Consultant with the Public Health Agency of Canada's BC regional office. She is excited by this opportunity to share information and work together: "It just makes sense to work in this way. Having First Nations expertise at the table means that we gain advice on programs and initiatives at the appropriate stages. This approach leads to improved program planning and delivery."

The committee also reviews and makes recommendations on government reports, and communications materials to ensure that Aboriginal voice is reflected. For example, last year the committee conducted a full review of the Child Death Review Unit Annual Report.

One major focus of the committee is on how these programs, services, and initiatives are communicated to Aboriginal people.

Jeannette Callahan of the Nuu-chah-nulth Tribal Council comments "When First Nations people see themselves, their families and their worldview reflected, we have done our job"

The Maternal and Child Health committee strives to meet the objectives of the Tripartite First Nations Health Plan.

"We are supporting communities to make decisions in Maternal and Child Health." says Marilyn Ota, VP of Health Planning, First Nations Health Council. "This committee creates space for community voice to influences policy, programming and service delivery; having the communities lead these processes is the goal of the Tripartite First Nations Health Plan."

Population Health

Diabetes Forum Seeks Community Solutions

Partnerships provide great opportunities to share information, knowledge and resources towards making our communities stronger and healthier. Splats'in First Nation, First Nations Health Council, Safeway Pharmacy, National Aboriginal Diabetes Association, Canadian Diabetes Association, and Interior Health Authority are working collaboratively to present the 9th Annual Interior Diabetes Forum on March 22-25th, 2010 in Penticton, BC.

"On behalf of Splats'in Nation I am pleased to be partnering with the First Nations Health Council, Interior Health, and others to offer this much needed forum. The theme of this years forum echoes my belief that Nations are best positioned to develop approaches to Health Promotion and Disease Prevention. I applaud the organizing committee for all of their hard work in pulling together all the right people and organizations to engage in this timely dialogue." [Kukpi7 Wayne Christian, Splats'in Nation]

This years Forum is entitled: ***"Diabetes: Communities Taking Charge"*** The First Nations Health Council, through the Transformative Change Accord: First Nations Health Plan and the Tripartite First Nations Health Plan, is committed to supporting community-based approaches

Back row left to right: Emory Gabriel, Melinda Lee, Sharon Cullen, Margaret Joseph, Suzanne Johnson, Vera Gabriel ***Middle row:*** Yvonne Arounse, Annette Jensen, Lois McNary, ***Front row:*** Marlene Dufresney, Donna Felix

to health promotion and disease prevention. It is our perspective that the powerful teachings of our ancestors about physical, mental, emotional and spiritual health are critical in addressing diabetes in communities. FNHC looks forward to the outcome and recommendations resulting from this forum.

CONFERENCE GOALS...

- *Increase awareness and knowledge for health promotion, prevention and complications associated with diabetes*
- *Provide an atmosphere to network, share and liaise among Health Care Workers to promote and support healthy lifestyles*
- *Promote culturally appropriate education for people with diabetes, their support persons, and Community Health Care Workers*

Chehalis Partnership Project Investigates Indigenous & Western models of Health

The Chehalis Primary Health Care Project recently received a $100,000 research grant from the Canadian Institutes of Health Research (CIHR), to learn how Aboriginal Community Health Centres integrate Indigenous and Western models of health care into their services. The Chehalis Primary Health Care Project is a partnership between Chehalis Indian Band, Fraser Health, and academic researchers at the University of Victoria and the University of British Columbia. The partnership is designed to inform the development of Aboriginal community-based health centres that are responsive to the needs of community members and ensure continuity of care.

The partnership is designed to inform the development of Aboriginal community-based health centres that are responsive to the needs of community members and ensure continuity of care.

A guiding principle in this collaboration is that health services must be developed so that Indigenous understandings of health and wellness complement Western medicine in developing strategies to improve health. Thanks to the CIHR research grant, the Chehalis Primary Health Care Project will learn more about how Aboriginal Health Centres integrate Indigenous and scientific knowledge, which will guide the future development of Aboriginal community-based health centres in BC.

Research & Performance Measurement

Evaluation Project to Assess H1N1 Response

The First Nations Health Council is currently participating in two interesting tripartite research projects.

FIRST NATIONS WOMEN'S HEALTH REPORT

A Steering Committee has been formed to look at a new way of creating a PHO report on First Nations Women's Health. The Committee is comprised of representatives from the Province, First Nations Inuit Health and First Nations Health Council. The Committee will place emphasis on developing a process where First Nations will have a greater voice in compiling of such reports. It will provide an opportunity to complement current reporting methods with a fresh perspective, focusing on First Nations wellness. The Committee will also examine ways that valuable experience and knowledge in report preparation can be transferred to First Nations.

H1N1 EVALUATION

The H1N1 pandemic provided a true test of the Tripartite relationship and the ability of the partners to work in a way that is consistent with the spirit and intent of the Tripartite First Nations Health Plan. Furthermore, the H1N1 Pandemic was a health crisis which tested the abilities of the partners to work with, and support First Nations communities.

Work has begun on evaluating the tripartite pandemic response to H1N1 in BC First Nations. The evaluation provides an opportunity to talk to all those involved in the pandemic planning process and determine what successes and challenges were encountered. This review will look at the roles of the tripartite partners (Provincial Health Authorities, Health Canada - First Nations Inuit Health Branch, First Nations), their planning processes before, during and after the pandemic. It will also examine policies and uncover good community practices, as well as areas that may require improvement for the planning of future pandemics.

Meet our Policy Team: Mary Knox-Guimont- Sr. Policy Analyst, Haike Muller- Sr. Policy Analyst, Allison Ducharme- Health Advocate, Michelle DeGroot- VP Health Policy and Advocacy, Heather Morin- Research and Data, Brittany McKay, RHS Assistant, Andrea Glickman- Policy Analyst, Jordan Joseph- Executive Assistant to Michelle Degroot, and Derina Peters- Policy Analyst.

Regional Health Survey

RHS has been moving forward, data collectors are busy in their communities collecting data ensuring that surveys are synced. We did a big push to involve Northern communities and we have been successful. We held our last training sessions Terrace February 22-23 and in Nanaimo February 25-26. The server will be shut down on March 31, 2010.

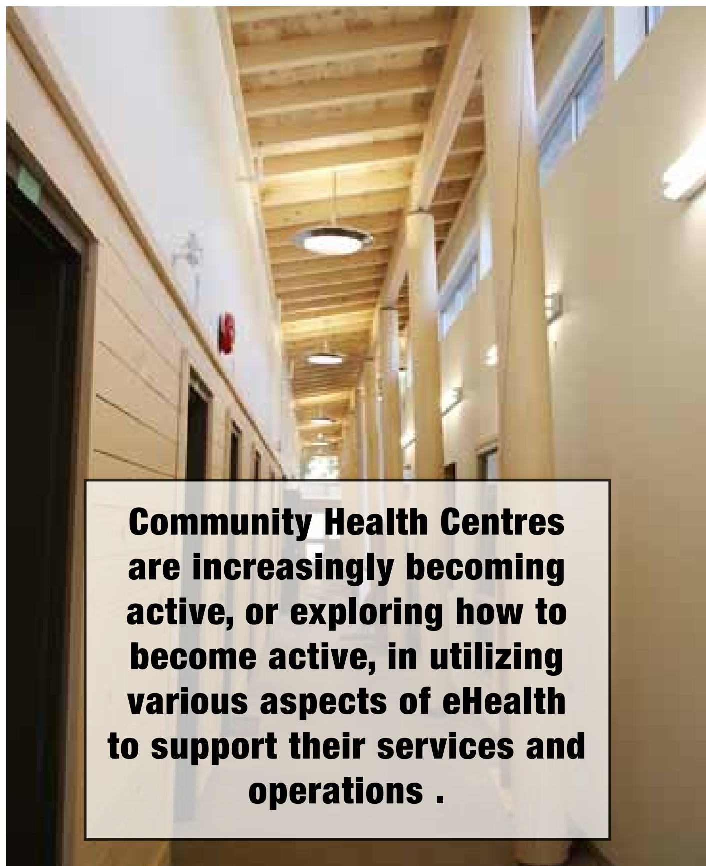
The data will then be cleaned – what does that mean exactly – it means getting rid of duplicates, making sure that First Nations communities are all spelled the same way etc. After the cleaning happens I will be receiving the raw data, at that time I will be compiling community profiles of the data collected and as promised will be returning to First Nations to share their data, remember it will include outcomes not the ability to identify individuals. The next stage includes looking for a writer for the BC Regional report, trying to figure out what health outcomes communities want to see in the report, developing First Nations indicators of wellness etc. We know the Tripartite First Nations Health Plan focus on sickness, disease etc whereas First Nations indicators will focus on wellness and indicators in communities that are continuing to improve. We need to hear from you what these indicators will look like. Please submit to hmorin@fnhc.ca

We are also looking towards communities to submit projects, initiatives that have continually improved health outcomes in their communities. Maybe it was a fitness program, nutrition program, started a youth council etc are just a few of the ideas for suggestions. Please include a written description as well as pictures. Please send them to Brittany Mckay bmckay@fnhc.ca and we will compile them. We are looking at child 0-11, youth 12 – 17, adults 18 – 54 and Elders 55+ to follow the RHS age categories.

Thank you for your time and remember Our Voice, Our Survey, Our Future.

Health Systems

First Nations eHealth Knowledge Generation and Sharing



Community Health Centres are increasingly becoming active, or exploring how to become active, in utilizing various aspects of eHealth to support their services and operations . There are even more First Nations Health Centres actively involved in assessments and exploratory efforts to identify their eHealth strategies: for instance the Redstone First Nation has been active in undertaking a current state assessment and beginning to identify their information management strategies going forward; a number of communities have been actively participating in information sessions around the BC First Nations Panorama project; and a number of communities are expressing interest in learning about the Telehealth Expansion Project.

The question then is how can we bring these various learnings, explorations, questions, best practices, etc. together to the benefit of all First Nations regardless of which stage of eHealth development they are at? It is in response to this question that the idea of a First Nations eHealth Knowledge Circle has arisen.

A First Nations eHealth Knowledge Circle would be a virtual and inclusive peer group of interested workers in the First Nations Health Sector involved in, or becoming involved in, First Nations eHealth. It would seek to be a forum, and find mechanisms, for networking, information sharing, collaboration, priority identification, knowledge generation and dissemination, in regards First Nations eHealth. It is seen as a being a fully community driven and community owned movement supported by the Tripartite efforts in advancing First Nations eHealth in B.C.

SOME EXAMPLES OF FIRST NATIONS EHEALTH PROJECTS INCLUDE:

- the work of **Hailika'as Heiltsuk Health Centre** in TelePsychiatry;
- the work of the **Ts'ewultun Health Centre** at Cowichan Tribes in the advancement of their Mustimuhw community electronic medical record system (cEMR), and the over 30 First Nations also using this system (**Skidegate, Heiltsuk, Tsawout, Adams Lake, Little Shuswap, the Nuu-Chah-Nulth; Three Corners Health Society, Qwemtsin Health; Seabird Health Centre**; ...)
- the recent deployment of the Intrahealth EMR by the **Nisga'a Health Authority**, and **Seabird Health Centre**;
- the **Carrier Sekani Child and Family Services Society** use of video-conferencing supported rheumatology programming;
- the **Carrier Sekani Child and Family Services** Mobile Diabetes unit and the new **Seabird Health** Mobile Diabetes unit;
- the Teleophthalmology project by the Vancouver Island Health Authority and the **Inter Tribal Health Authority**;
- a number of communities using video-conferencing for educational and administrative sessions;
- The iPHIS (Public Health Information System) pilots with **Sliammon First Nation, KDC**, and the **Seabird Health Centre**;
- The exploratory work undertaken by the Vancouver Island Health Authority with **Cowichan Tribes** around First Nations Health Centre inclusion in the VIHA Bridges/ Pathways eReferral program for Mental Health services;
- The TeleWoundCare project in the Northern Health Authority in partnership with **Northern First Nations**

At the Information & Communications Technology (ICT) Conference March 18-21st 2010, there was a three hour session specifically devoted to working with interested representatives of First Nations Health Centres around the development of a First Nations eHealth Knowledge Circle. If you are interested in the development of the Knowledge Circle please contact me at the address below.

For more information on eHealth, please contact Mark Sommerfeld by email at: msommerfeld@fnhc.ca

To see the FNHC Electronic Health Record Video visit: http://fnhc.ca/index.php/initiatives/e_health

Community Health Planning Update

BACKGROUND

When the TCA: FNHP and TFNHP were signed, First Nations Health Directors and Managers made it clear that implementing the TFNHP was not something that could occur "off the side of their desks."

While the First Nation Health Council was not resourced to fund every community and every Health Center to engage in implementation of the TFNHP, there were sufficient resources available to invest in a more coordinated approach to supporting communities. Consequently the Council responded to this request for financial support for First Nations communities to take a coordinated and collaborative approach to being an integral partner in the implementation of the TFNHP. These resources have been channeled through the creation and funding of Community Engagement Hubs (hubs).

Community Engagement Hubs (CEH) provide a vehicle through which First Nations communities can partner with the FNHC to participate in the Plan. CEH's are collaborations between First Nations communities working through one agreed upon organization that the members choose. The purpose of CEH's is to develop planning, collaboration, and communication opportunities for member communities.

The formation of CEH's encourages natural collaborations based on tribal and geographical factors, and provides resources to existing capacity.

BENEFITS OF COMMUNITY ENGAGEMENT HUBS

Collaboration and joint planning create efficiencies, and will provide better health services for BC First Nations people. For example, where it may not be feasible to have a mental health expert in every community, the hub concept would allow for planning to have one expert available to serve the member communities of the hub. In this way, collaboration and resource sharing between the nations in a hub can fill health gaps that otherwise would not be addressed.

Hubs also act as a communications vehicle, allowing the Health Council to effectively communicate in an accurate and timely manner with all 203 BC First Nations.

In the last couple of years the new hubs have been developing their relationships and discussing the benefits of working together, including looking for ways that they can use their collective strengths to coordinate services; share resources and knowledge and collaborate together. Most are in developmental stage but some have already developed to the point where they are issuing their own communications; looking at joint initiatives; sharing health resources and person-power and coordinating service delivery between them.

For more information on Community Engagement Hubs contact Marilyn Ota, VP Health Planning mota@fnhc.ca

Ye mí sqeqó:tel la xwe' lets'emó:t ó

"Coming Together as One"

SEABIRD HUB COMMUNITY ELDERS READY AND EAGER TO ENGAGE.

It was an exciting and uplifting day to see forty (40) elders representing nine (9) of the Hub communities attending the "Engaging the Elders" session held at Seabird Island on January 15th, 2010. This was the first focus group session held to gather input from the Hub community elders and they seemed ready and eager to be a part of this new initiative.

Four elders from each of the Hub communities were randomly selected by their communities to attend.

A series of questions were discussed on how the elders could be involved and they provided valuable feedback on; the role traditional medicine played in each of their communities; the importance of passing this information on to future generations; how we could protect this knowledge and to what program or policy changes could support this.

The information gathered will be used to inform the First Nations Health Council (FNHC) on how the elders would like to be involved in the CeH process, how the FNHC could support traditional practices in the communities and to help us organize future gatherings.

The last task on the agenda for the elders was choosing a name for the Hub. They chose Ye mí sqeqó:tel la xwe' lets'emó:t ó translated from Halq'emeylem means "Coming Together as One". A great ending for an eventful and rewarding day with the elders.

FN Health Society Update

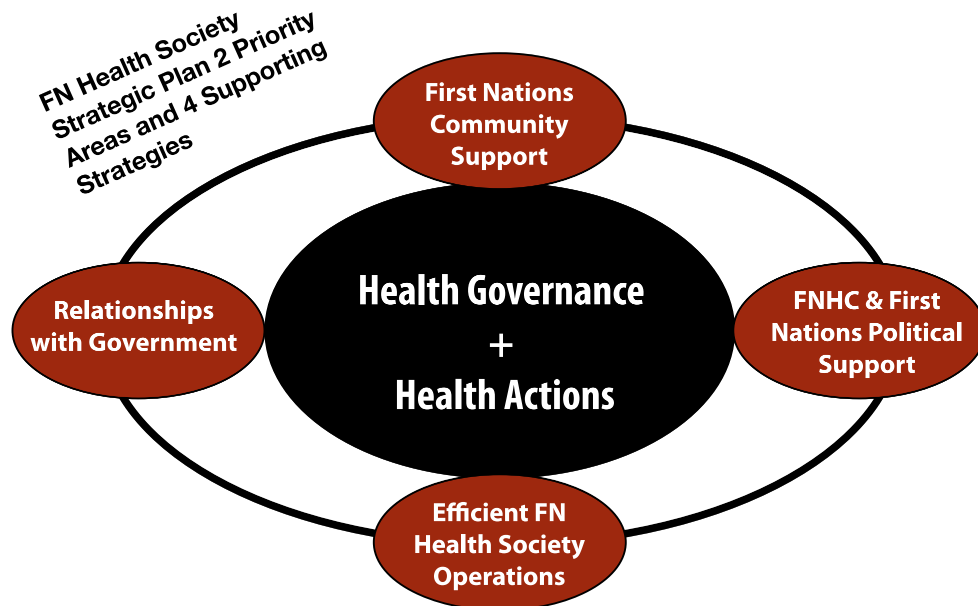
FN Health Society releases 3 year Strategic Plan

The vision and goals for First Nations Health in BC has been expressed by First Nations through the Transformative Change Accord: First Nations Health Plan (2006) and the Tripartite First Nations Health Plan (2007). In addition, annual Gathering Wisdom Forums have provided even greater clarity around the needs and goals of BC First Nations in matters of health.

The FN Health Society, which serves as the business arm of the First Nations Health Council has collected this vision into a practical document that will help us to organize the work ahead. This document, called a "Strategic Implementation Plan" describes an approach to closing the existing health gaps.

The tasks ahead are significant – so it is vital that we employ the right strategies to get the work done. The plan identifies two Strategic Priority Areas – First Nations health governance and Health actions (or actions to improve and transform current health services for First Nations). Four supporting strategies include:

1. Supporting First Nations communities to participate in the implementation of the TFNHP
2. Supporting political leadership of First Nations to participate in health governance development



3. Working with our Federal and Government partners to implement the TFNHP
4. Operating an efficient, professional and accountable Society to support the FN Health Council in its work.

This plan describes these strategic implementation areas and the specific objectives that are being and will be utilized to implement the aspirations and goals of the FN Health Council and the TFNHP.

THE FN HEALTH SOCIETY STRATEGIC PLAN | .pdf download |

http://www.fnhc.ca/index.php/about/councilmembers/health_society/

FN Health Society Annual Report coming soon

A critical priority for the FN Health Society is consistent financial reporting. From 2007-2009 First Nations Health Council operations were housed within the First Nations Summit Society. As a result the FNHC financial statements were included in the First Nations Summit Society audit. The FNHC operations team is now in the process of pulling the Health Council expenditures out of the Summit statements for inclusion in 2008-2009 Annual Report. This report is slated for release in May of 2010.

Moving forward, financial disclosure of revenues and expenditures of the first year of operations for the FN Health Society (inclusive of the First Nations Health Council, and First Nations Interim Health Governance Committee) will be contained in the FN Health Societies 2009-2010 annual report.

The FN Health Society is in the process of appointing an independent auditor. This appointment will take place before March 31st, 2010. The first audit of the FNHS will be completed after March 31st, 2010 and approved by the FNHS Board of Directors.

The audited financial statements will be provided to the Board of Directors following the 2010 audit and in accordance with sections 56 and 64 of the Societies Act, released no later than September 2010. These financial statements will be included in the FN Health Societies Annual Report to communities which will detail the progress made by the Society in implementing the Tripartite First Nations Health Plan and the Transformative Change Accord First Nations Health Plan.

We look forward to continuing our work with BC First Nations and our government partners.

Sincerely,

Pierre Leduc, FN Health Society Chair

Communications & Community Engagement

Communications Advisory Committee -Call for Members

Northern, Vancouver Coastal and Fraser Regions

PURPOSE

Sound communication is critical to the successful implementation of the Tripartite First Nations Health Plan. It is essential that key messages and information flow between the FN Health Society and First Nations communities, political leadership (both Government and First Nations), Federal (including HQ and Region) and Provincial (including Health Authorities) partners, other Health Partners and the FN Health Council. The FN Health Society has recently concluded a communications strategy, and a Tripartite Communications Plan. Both documents are aimed at ensuring seamless, relevant and accessible information is available to Health Plan partners. Community voice is critical, as we strive to continuously improve upon existing strategies and approaches.

The purpose of the First Nations Communications Advisory Committee is to enable community-based experts to provide guidance and advice on the FNHC & Tripartite communications strategies, collateral, and messaging. We are seeking individuals from the Northern, Vancouver Coastal and Fraser Regions who have at least 3-5 years experience in the communications, public relations, or marketing field, and who reflect a balanced representation from different regions, diverse community make-up.

SEEKING MEMBERS

Potential members of the First Nations Communications Advisory Committee should be aware that:

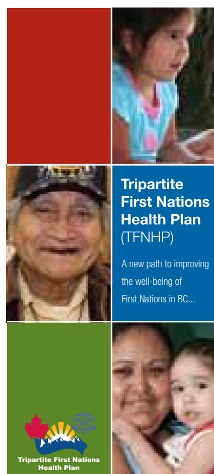
- FNCAC members will be expected to serve as individuals based on their knowledge and experiences as representatives of their home organizations.
- Travel, accommodation, and meal expenses will be reimbursed according to FN Health Society policy.
- It is expected that FNCAC will meet up to four times per year and members should be prepared to spend six to eight days a year working on FNCAC business, including meetings.

HOW TO APPLY:

Interested persons who would like to take part in this exciting initiative should submit a letter stating why you would like to be part of this work group along with a copy of your resume by email, fax or mail:

Attention: Davis McKenzie
Communications Coordinator
1205-100 Park Royal South
West Vancouver, BC V7T 1A2
Toll-free:1.866.913.0033
Telephone: 604.913.2080
Fax: 604.913.2081
Email: dmckenzie@fnhc.ca

Publications available through the First Nations Health Council



Health Plan 101

This brochure provides a basic introduction to the Tripartite First Nations Health Plan.

Tripartite Year in Review 2008-2009

Comprehensive update of progress made in 2008-2009 towards the implementation of the Tripartite First Nations Health Plan.

TO ORDER COPIES OF THESE PUBLICATIONS:
EMAIL: info@fnhc.ca or CALL: 604.913.2080

First Nations Health & You

Having trouble navigating the complex health system?

This brochure describes what services are available to First Nations in BC, how to access those services, and what to do if you have difficulties with accessing health services.

FN 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.

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

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

Establishment of the FN Health Society as an Interim Corporate Entity

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

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

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

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

FN Health Society completes staffing transition: *Program delivery belongs with the Nations*

The FN Health Society is working to strengthen its approach to Health Actions implementation. It has become clear that the service delivery functions previously supported by the Chief's Health Committee mandate do not fit within the proposed mandate and approach of the First Nations Health Council.

"The Tripartite First Nations Health Plan calls on the tripartite partners to increase the participation of First Nations in the governance, management and delivery of services. Comments Joe Gallagher, CEO, First Nations Health Council, "Moving forward, we recognize that program delivery belongs with the Nations and that our role is to create the space for this to happen."

One of the principles of the Tripartite First Nations Health Plan is a Commitment that: "Duplication will not occur and a parallel health service delivery structure will not be created." It is important for the Society moving forward that the focus and priority remains on advocacy for the TFNHP and improving the ways that government works with First Nations.

The FN Health Society recognizes that it does not have a major role in program delivery, and the board has made the decision to divest itself of these inherited functions. Through this decision, the board is reaffirming its commitment to supporting program and service delivery at the Nation level.

As a result of this new approach, Aboriginal Diabetes Initiative and Health Human Resource community support staff roles are being discontinued or transferred back to FNIH.

These roles include: Health Careers Recruitment Officers, Aboriginal Health Human Resources Strategy Coordinator, Health Careers Coordinator, Physical Activity Specialist, Nutritionist, Addictions Coordinator, and Mental wellness Coordinator.

CONTACT US

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

email: info@fnhc.ca
web: http://www.fnhc.ca

This infobulletin is a publication of the First Nations Health Council. All rights reserved.