

FIRST NATIONS HEALTH COUNCIL

infobulletin



Volume 3 Issue 3 / November 2010

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



PHOTO: The Tripartite First Nations Health Plan: Basis Agreement for a Framework Agreement on First Nations Health Governance was initiated by Grand Chief Doug Kelly (FNHC) Andrew Hazelwood (BC), and Ian Potter (Canada), in a ceremony held in Vancouver on 26 July 2010.

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Health Council Update – November 2010

First Nations Health Council

The Health Council approved its Terms of Reference (TOR) on July 29th, 2010. This TOR sets out the activities and process of the Health Council for its two-year mandate period. Copies of the TOR were distributed at the fall meetings of the Union of BC Indian Chiefs and First Nations Summit, as well as Regional Caucuses. Copies are available online at www.fnhc.ca. Grand Chief Doug Kelly was selected as the Chair of the First Nations Health Council at their July 29th meeting, and Warner Adam (North Central Representative) was appointed Deputy Chair.

The First Nations Health Council continues to receive confirmations of regional appointments made through regionally determined processes. In October, Northern Vancouver Island Chiefs confirmed James Wilson, and in November, Treaty 8 appointed Laura Webb. There is currently one vacant seat in the Fraser Caucus.

Basis for a Framework Agreement

On July 26th 2010 the Basis for a Framework Agreement on Health Governance (the Basis Agreement) was initiated at a ceremony in Vancouver by the tripartite partners. The ceremony was witnessed by federal health Minister Leona Aglukkaq, National AFN Chief Shawn A-In-Chut Atleo, UBCIC President Grand Chief Stewart Phillip, FNS Task Group member Grand Chief Ed John, and representatives from the Health Council.

The Basis Agreement outlines a staged approach for reaching a new administrative arrangement with BC and Canada where work currently undertaken by First Nations and Inuit Health-BC Region will instead be undertaken by a new First Nations Health Authority. This will:

Enable First Nations design and delivery of programs

- Create space at regional and local level for Nations to engage with Regional Health Authorities
- Create opportunity to incorporate cultural and regional-specific health service delivery
- Move from a “sickness system” to a “wellness system”
- Become a governance partner with the province and regional health authorities, and have some influence over their spending decisions relating to First Nations health



Vancouver Island Health Council Members Cliff Atleo, James Wilson and Shanna Manson

It should be noted that this is a relatively low-risk venture for BC First Nations. We have the opportunity to significantly increase the current FNIH-Pacific region budget (5% per annum) through an administrative arrangement that doesn't affect or interfere with individual Nations Aboriginal Rights and Title or the Crown's fiduciary duty to First Nations.

While BC First Nations are the first in Canada to undertake this type of agreement, Indigenous people around the world have already gained significant control of their health systems. Canada is actually decades behind the US and New Zealand in considering these types of changes.

One way of looking at this is as an extension of the Health Transfer Program which began in the 1980's. When transfer was originally introduced, there were critics and opposition. However today, most people believe that the transfer of health responsibility to First Nations was a “step in the right direction” and has been considered by some First Nations as a great success. As many First Nations demonstrated their ability to administer programs within their communities, it created a new debate of whether an increased amount of control was needed to better address our unique health issues.

In order to move the work forward, the FNHC has established the Governance Working Group to engage with Canada and BC to build upon the Basis Agreement by developing a legal agreement and associated documents. Tripartite working groups have

been established for: Framework Agreement; Financial Agreements; Benefits; Human Resources; Corporate Services. In late October, a Tripartite Secretariat was established to assist these working groups and to promote good communication between the parties as we jointly move this work forward.

Communications regarding the Basis for a Framework Agreement on Health Governance are proceeding. Regional Health Governance Caucuses continue to provide the main venue for leadership to provide input, feedback and direction on the health governance process. In addition, the FNHC is working closely with the First Nations Health Directors Association and building new relationships with Community Engagement Hubs to enable more avenues for information sharing.

On September 15th Grand Chief Doug Kelly presented an update to the Union of BC Indian Chiefs Annual General Assembly regarding the agreement. A similar presentation was made at the First Nations Summit meeting (September 30th). In addition, Regional Health Governance Caucus meetings have been happening across the province providing further opportunities for dialogue on the Basis Agreement. In late September, the First Nations Health Council 3-year Report on Progress, Regional Profiles, “Implementing the Vision” DVD and the First Nations Health Society Annual report were mailed out to Health Directors and Chiefs and Community Engagement Hubs. If you have any questions, or would like to receive any of these recently published materials, please contact us by email: info@fnhc.ca

Report from Federal Negotiator Ian Potter

Moving one step closer to closing the gaps in health status - Basis for a Framework Agreement on Health Governance initialled

The Basis Agreement is the result of many years of discussions among B.C. First Nations leadership and the federal and provincial governments. It is the next step in the Transfer Policy process that began formally in 1986, with the transfer of community programs to First Nations' control and management—a process that was led by B.C. First Nations.

By: Ian Potter
Chief Federal Negotiator, Health Canada

On July 26, 2010, the Basis for a Framework Agreement on Health Governance (Basis Agreement) was initialled by lead negotiators from the three Parties: Health Canada, the B.C. Ministry of Healthy Living and Sport and the First Nations Health Council (FNHC). This work is part of a broader commitment, made in the B.C. Tripartite First Nations Health Plan (TFNHP), to help close the gaps in health status between B.C. First Nations and other British Columbians.

The Basis Agreement describes the elements, mutual undertakings and processes that the three Parties agree to follow to get to a legally binding Framework Agreement.

The Basis Agreement is the result of many years of discussions among B.C. First Nations leadership and the federal and provincial governments. It is the next step in the Transfer Policy process that began formally in 1986, with the transfer of community programs to First Nations' control and management—a process that was led by B.C. First Nations. Once ratified, the Framework Agreement will result in the transfer of functions and funding from Health Canada's First Nations and Inuit Health B.C. regional office as well as some headquarters' functions and funding.

The First Nations in B.C. will take over the policy, program and service delivery role currently undertaken by the federal government for B.C. First Nations health. First Nations will work in partnership with the Province and the Provincial Health Authorities to create a more coordinated

and seamless health system that better meets the needs of First Nations.

Research has shown that health improves when people have greater control over the programs, processes and events that affect them. Finalizing the Framework Agreement will give First Nations in B.C. more control over the health programs and services that are intended to serve them. B.C. First Nations will be able to reshape health programs and policies so that they will better meet their needs. B.C. First Nations will have expanded authority and resources to design a health system that is consistent with their cultures and values, resulting in a more holistic and wellness-oriented system.

The Framework Agreement will not affect the current rights of First Nations, nor will it end the fundamental relationship between B.C. First Nations and the federal government. It will recognize a new governance partnership between First Nations and the provincial and federal governments, in which First Nations' models of wellness will be integrated into the overall B.C. health care system.

This new governance system will better support the health services work of individual First Nations communities and will provide them with the help and capacity needed to create a more comprehensive, caring and compassionate health care system.

The Framework Agreement will not affect the current rights of First Nations, nor will it end the fundamental relationship between B.C. First Nations and the federal government. It will recognize a new governance partnership between First Nations and the provincial and federal governments, in which First Nations' models of wellness will be integrated into the overall B.C. health care system.



Images from the Basis Agreement Initialing Ceremony July 26th in Vancouver

While the initialing of this Basis for a Framework Agreement is an important milestone, we are now moving into an important new phase. In the coming months, the Parties have committed to negotiate a Framework Agreement based on the contents of the Basis Agreement. I look forward to our continued partnership in this important work.

Governance



First Nations Health Directors Association

FNHDA Update

It has been a busy quarter for the First Nations Health Directors Association Board of Directors. The Board recently completed a Strategic Planning session in Vancouver and are in the process of completing a DRAFT document that they can share with their members and potential members. The Board is also working on a membership drive; communications plan; professional development plan and building relationships with the FNHC.

The Strategic Plan includes 5 strategic priority areas:

- Support FN Health Directors & mandated health organizations
- Provide technical input and advocacy to transform government systems
- Provide technical input and advocacy to government policy and legislation
- Work collaboratively with other FN Health governance partners
- Operate a high functioning Association for its members

In the coming months the Health Directors Association will host a series of regional meetings to verify the strategic plan with Health Directors in their respective regions.

The Board of Directors have also been busy strengthening relationships with Community Engagement Hubs and the First Nations Health Council. President Judith Gohn and Vice President Laurette Bloomquist, along with several regional members have also been busy spreading the word about the growing association through presentations in conferences and forums across the province.

FNHDA is seeking members!

The First Nations Health Directors Association launched its membership drive in September. For more information on how to apply for membership to the First Nations Health Directors Association, please go to:

http://www.fnhc.ca/index.php/community_engagement/health_directors_association/

Apply Now!

Our Board of Directors

Current directors of the First Nations Health Directors Association includes:

- Vancouver Coastal: Laurette Bloomquist (Sliammon), Allison Twiss (Lil'wat);
- Vancouver Island: Judith Gohn (Cowichan) Georgia Cook (Namgis), Nora Martin (Nuu-chah-nulth)
- Fraser: Virginia Peters (Chehalis) and Jeanine Lynxleg (Sto:lo Nation),
- Interior: Patrick Lulua (Xeni Gwet'in), VACANT, Jackie McPherson (Osoyoos) and
- North: VACANT, Hertha Holland (Gitxsan), Doreen L'Hirondelle (Treaty 8).

The FNHDA is currently seeking to fill two vacant seats: (1) Interior Region, and (1) Northern Region.

Our Purpose

The purpose of the Association is to advance health planning and service delivery on behalf of First Nations in British Columbia which includes, but is not limited to:

- providing advice, and assistance, respecting First Nations governance with the aim of assisting in shaping health policy and legislation;
- supporting First Nations Health Directors in the development and implementation of health programs;
- creating a foundation for networking, knowledge, information sharing, and communication;
- providing opportunities for First Nations Health Directors to engage in professional development and mutual support initiatives; and,
- supporting the implementation of the "Transformative Change Accord: First Nations Health Plan" and the "Tripartite First Nations Health Plan."

*excerpted from the FNHDA Constitution

FNHDA Background

A First Nations Health Directors Association (FNHDA) is one of four governance components identified in the Tripartite First Nations Health Plan (2007). The Association's structure was developed through dialogue at the First Nations Health Directors forum held in October 2008, and refined through a survey administered to Health Directors in 2009. At the Gathering Wisdom Forum (November 3-5, 2009) Health Directors voted in support of the proposed structure for a First Nations Health Directors Association. Since the forum, founding Directors have developed bylaws and a constitution. In 2010 the First Nations Health Directors Association was officially incorporated.



Document of Intent with Fraser Health Authority

On July 19, 2010, the First Nations Health Society signed the Document of Intent (DOI) with Fraser Health which seeks to outline key responsibilities for Fraser Health in implementing the TFNHP in their region. The FNHS will work with Fraser Health over the next few months to develop a detailed work plan and reciprocal accountability framework. In addition, the First Nations Health Council will move ahead to discuss the DOI with other provincial Health Authorities.

Health Council meets with Health Authority CEO's

The third meeting of the Provincial Committee on First Nations Health was held October 21st, 2010 in Victoria, BC. At the meeting BC Health Authorities committed to develop a work plan for implementing the Tripartite First Nations Health Plan, to meet bi-annually to report on progress, and to engage with the First Nations Health Council to develop a strategy to connect regional health authorities to the work of Regional Health Governance Caucuses.

The Provincial Committee on First Nations Health is comprised of the Deputy Ministers of Provincial Health Ministries, Deputy Minister of First Nations Inuit Health, BC Region, and the CEO's of BC's 6 Health Authority's.



Health Council presents Basis Agreement at Political Assemblies and Via Videoconference

Following the signing of the Basis for a Framework Agreement that occurred July 26th, 2010, federal, provincial and First Nations leadership have been actively presenting this document in public forums.

FNHC provided an overview presentation on the Basis Agreement at the following meetings:

- The Union of BC Indian Chiefs on September 15th, 2010, at the Coastal Hotel in Vancouver.
- Tripartite Presentation Via video conference on September 29th, 2010.
- The Summit of First Nations on September 30th, 2010, at the Chief Joe Mathias Centre, Squamish Nation.

The Basis Agreement commits Health Canada and the province of BC to move forward together in a new governance partnership. The Basis Agreement lays the foundation for a new administrative arrangement where a First Nations Health Authority will take over the policy, program and service delivery role that is currently run by Health Canada for First Nations in BC.

The Agreement ensures that this new administrative agreement in health will not displace the role of individual First Nations in their delivery of health services.



Governance

First Nations Health Council welcomes new relationship with Health Ministry

Recent Cabinet Shuffle merges Aboriginal health and other health initiatives under the Ministry of Health Services

The First Nations Health Council welcomes the BC Government's decision to merge the responsibility for Aboriginal Health, formerly with the Ministry of Healthy Living and Sport, with the Ministry of Health Services.

The decision, announced Monday during Premier Campbell's cabinet shuffle, moves health promotion, injury and disease prevention, Aboriginal health, and other responsibilities formerly held with the Ministry of Healthy Living and Sport under the umbrella of the Ministry of Health Services.

Grand Chief Doug Kelly of the First Nations Health Council sees this as a positive shift in government thinking about health services and governance. "With skyrocketing health care costs we cannot continue to build silos between preventative and acute care services. This new alignment recognizes that the core values of a strong, sustainable public health care system are the same values that we share as First Nations, including a focus on health promotion - both physical and mental - disease prevention, health assessment and disease surveillance."

The Tripartite First Nations Health Plan signed by BC, Canada and the First Nations Health Council calls on the parties to work together to improve the health and well-being of First Nations, close the health gaps between First Nations people and other British Columbians, and fully involve First Nations in decision-making regarding the health of their peoples. Key components of the Tripartite First Nations Health Plan include:

- First Nations, Health Canada and the provincial government (including its regional health authorities) will maintain an ongoing collaborative relationship based on respect, reconciliation and recognition of each other's roles as governance partners.
- Health services delivered by First Nations, when appropriate, will be effectively linked to and coordinated with provincially-funded services, such as those provided by the regional health authorities.

The First Nations Health Council welcomes the opportunity to build on past accomplishments in First Nations health with the new minister responsible, Hon. Kevin Falcon and Deputy Minister John Dyble.

"Supporting individuals to improve health through health promotion, improving access to culturally appropriate health services, and recognizing the leadership role of First Nations in improving health in their communities are shared goals of the Ministry and the Tripartite First Nations Health Plan," said Joe Gallagher, CEO of the First Nations Health Council "Creating strong relationships with the Ministry of Health Services and health authorities is vital if we are to successfully implement our tripartite commitments to improve the health and well-being of First Nations in BC."

"This new alignment recognizes that the core values of a strong, sustainable public health care system are the same values that we share as First Nations, including a focus on health promotion - both physical and mental - disease prevention, health assessment and disease surveillance."

-Grand Chief Doug Kelly

Warner Adam, Deputy Chair of the First Nations Health Council sees a great opportunity to further strengthen the working relationships between BC First Nations and the provincial government through this reorganization. "Having First Nations health under the same roof as the service providers is good news for our organization, and for our

tripartite partnership," commented Adam "Health Authorities are the arms and legs of the health system, this reorganization sets the table for direct dialogue on the Health Plan between Health Authorities and the First Nations that they serve. "

The First Nations Health Council would like to express appreciation to outgoing Minister of Healthy Living and Sport Hon. Ida Chong and Deputy Minister Grant Main for their leadership and support in working to improve First Nations Health.

For all of the latest First Nations Health Council News please visit:

http://www.fnhc.ca/index.php/news/press_releases/

Regional Health Governance Caucus Updates

Vancouver Coastal Caucus

Vancouver Coastal Caucus boasts almost 100% participation from the 14 First Nations communities within the region. Twelve communities from GVA, the Central Coast, the Sunshine Coast, and the Sea to Sky Highway have formally come together to ensure their communities, families and individual members have an input into the Aboriginal health governance process. The region is divided into three sub-regions: North, Central and South, and includes approximately 13,000 First Nations people and the largest urban Aboriginal population in the province.

Together they have approved a Terms of Reference, a Communication Strategy, and a two year workplan. They are looking forward to engaging their communities this fall through informative dialogue that will occur at the community level.

Vancouver Coastal Caucus Representatives:
Ernest Armann
Leonard Bob
Charles Nelson

Interior Caucus

The Interior region highlights for the last quarter include:

- Accepted in principal the draft First Nations Health Governance Interior Caucus (FNHGIC) Terms of Reference, including the Interior Nations Declaration of Unity (to be formally signed),
- Developed a Governance Strategic Framework with Vision, Principles, Mission, and Goals,
- Strategies, budget and work plan being developed, and
- 7 Nation Representatives appointed to FNHGIC (*3 of those further appointed spokesperson's to FNHC):

Bernie Elkins – Chilcotin *
Gwen Phillips – Ktunaxa *
Ko'waintco Michel – Nlakapmux *
Shane Gottfriedson – Shuswap
Jonathan Kruger – Okanagan
Art Adolph – Lillooet



1) Northern Caucus Meeting in Prince George, BC - November 8-9th, 2010.
2) Northern representatives Margery McCrae, Warner Adam, and Laura Webb.

“This is one of the most successful sessions I have attended. The breakout session was good as it gave everyone a chance to speak, network, and get to know one another. We had fun with the delegates from Nisga’a, Gitxsan, Wet’suwet’en, and Carrier. I believe we all walked away with wealth of information and a sense of accomplishments where the North is going to move forward as agreed by everyone.”

- Northern Caucus participant Emma Palmantier
Chair of Northern B.C. Aboriginal HIV/AIDS Task Force

Northern Caucus

The current Northern Region Representatives are as follows; Northwest sub-region Chief Marjorie McRae, Northern Interior sub-region Warren Adam and the Northeast sub-region Laura Webb.

The Northern Region Health Governance Liaison, Joseph Gosnell Jr. started June 1, 2010 the main role of the Health Governance Liaison position is to provide technical support to the 3 regional representatives and Caucus.

Draft working documents prepared for review and approval by the 3 Northern Regional representatives include; Regional Profile, Terms of Reference document, regional work plan, budget and strategic framework. The Northern Caucus met in Prince George on November 8-9, 2010.

Fraser Caucus

Since the reorganization of the First Nations Health Council the Fraser Caucus has met on three occasions, May 13, 2010, June 17, 2010 and October 18th, 2010. The Caucus has set quarterly meeting schedule with

future meeting dates of November 17, 2010, December 10, 2010 and January 17, 2010.

The Caucus has developed Draft versions of Terms of Reference, Communication and Engagement Strategy and a two year Work Plan.

Vancouver Island

Vancouver Island has been very active throughout the summer and fall months. In early June both the South Island (Coast Salish) and Nuu-chah-nulth held meetings to determine their respective representatives - Shana Manson (Coast Salish) and Cliff Atleo (Nuu-chah-nulth). Through a series of meetings in the fall, the Northern Vancouver Island Chiefs appointed their representative James Wilson.

There have been a number of sub-regional meetings and two island-wide meetings held on July 12th and October 28-29 in Snuneymuxw (Nanaimo) territory. This winter promises to be a very busy and productive time for Vancouver Island with emphasis being placed upon the development of a Regional Terms of Reference and a Communications Engagement Strategy.

Population Health

Tla'Amin Nation Strong Medicine Program



Tla'Amin members Charlie Bob, Albert Hackett and FNHC member Leonard Bob

The sea of red t-shirts is the first hint that you have encountered Strong Medicine, a new wellness program developed by the Tla'Amin Nation emphasizing physical, recreational, cultural/traditional and nutritional activities.

The Tla'amin journey started with a community agreement determining how participants would conduct themselves during their journey.

The community agreed that being respectful and caring of others, using polite communication, offering encouragement and support to one another and adding fun and humor while listening to each other were critical ingredients for success. In addition to the agreement, participants

signed a letter of intent to exercise at least twice weekly.

Community members of all ages have been exercising regularly. Physical activities have included walking, hydrotherapy, gymnastics, boot camp, weight room exercises and swimming. Up to 75 participants have exercised in one day of scheduled activities.

Participants have also engaged in two traditional/cultural activities. 22 people helped celebrate the victory in a Residential School court case with food, singing and storytelling at KDC. 24 community members went on several guided boating trips through their traditional territories, with Elders able to deliver historical facts.

Regular meals have been provided community kitchen style, delivering real food menu items, eliminating processed/corporate foods and targeting high protein, high fiber and low carbohydrate meals. Up to 60 servings weekly have been consumed.

The success of Strong Medicine is an indication that Sliammon Community members are ready to make changes and live healthier lives.

One obese, diabetic Elder, can now walk half-way through the 1.2 km beach trail with only one break and a younger Elder who recently suffered a stroke, can now swim/walk two times weekly without a limp. Blood sugars and weights are dropping, bad food habits are improving and people are being active.

There are many people that are instrumental in making this program successful- Health Center staff-especially those in Home and Community, for their client knowledge and flexibility, numerous volunteers who know were willing to meet the Health Center's requirements and change their evening routines and especially to Jasmine Brown, the program assistant, for her dedication and enthusiasm.



The Strong Medicine program logo pictures three young eagles, leaving their mother to go off into the world to do what they have been taught. This is symbolic of what Strong Medicine is all about, putting into motion what we have learned.

With files from Rose Adams

Considering an Eye Exam?

What eye care benefits am I eligible for through NIHB?

- Eye Examinations- Adults 18 and older are eligible for one examination every 2 years.
- Recipients must be examined by an optometrist or an ophthalmologist. Recipient is covered when they are not insured by the province/territory.
- Eyeglasses- Adults 18 and over are eligible for one pair for every 2 years. Children 17 and under are eligible for one pair a year. Eye glasses must be prescribed by a vision care provider.
- Eyeglasses repairs – Repairs will make the glasses usable. The total cost of the repair must not be more than it would cost to replace with standard frames. Replacement frames or lenses are not considered eyeglass repairs.
- Eye Prosthesis (an artificial eye)
- (Other vision care benefits depending on specific medical needs of recipient)

What is balance billing?

Balance billing occurs when NIHB pays less than what your optometrist charges. Your optometrist will ask for the balance of the bill from you. Unfortunately some people are unaware of balance billing and assume they are automatically covered. With optometrist owning their own practice they are certified to charge whatever they find appropriate to their location. Your optometrist may also bill you upfront and ask you to seek reimbursement from NIHB on your own. To avoid balance billing or any upfront billing make sure your optometrist is a NIHB service provider and seek prior approval from your optometrist.

Can I be denied for a benefit?

Yes, if you're prior approval request gets denied it's usually because your request doesn't fall under NIHB guidelines. If your request is medically necessary you have the right to appeal this decision. You can find all NIHB guidelines here: http://www.afn.ca/cmslib/general/AFN_NIHB_Handbook.pdf

What is an appeal?

An appeal is when you appeal the decision made by NIHB. There are three levels of appeals available. In order for the case to be considered as an appeal, a letter with the recipient or the parent/guardian accompanied by supporting information from the provider or prescriber must be submitted to the Non-Insured Health Benefits Program. In order for your appeal letter to get reviewed you must include:

- The condition for which the benefit is being requested.
- The diagnosis and prognosis, including what other alternatives have been tried.
- Relevant diagnostic test results.
- Justification for the proposed treatment and any additional supporting information.

What are the three levels of appeals and where do they go?

- **Level 1 Appeal** - The first level of appeal is sent to the Manager, Non Insured Health Benefits
- **Level 2 Appeal**- the second level of appeal is the Regional Director, First Nations & Inuit Health BC Region.
- **Level 3 Appeal**- The third and final appeal is sent to the Director General, Non insured Health Benefits, First Nations and Inuit Health Branch, Ottawa Ontario.

At all levels of the appeal process, the client will be provided with a written explanation of the decision taken

Client calls and makes an eye exam appointment and provides their status number and BC Medical plan number (Make sure that your local optometrist is a recognized service provider to avoid any upfront billing)



Provider then submits your request for eye exam to NIHB for approval



NIHB reviews your request & determines eligibility based on program guidelines



Optometrist/Ophthalmologist writes a prescription for you



Eye glass provider completes paper work (Outlining client info, benefits requested & costs and faxes request and prescription to NIHB for approval)



NIHB reviews request & determines eligibility based on program guidelines



NIHB faxes letter confirming benefits approved to eyeglass provider



Client receives glasses



Provider and client sign letter to confirm glasses were dispensed & provider faxes or mails letter to NIHB for payment

For further information you can visit First Nations Inuit Health (Health Canada) website at www.hc-sc.gc.ca/fnihb/nihb Or call toll free 1-800-317-7878 and listen to the prompts for vision care.

Population Health

Renewing our Response Update: Advisory Committee on HIV/AIDS in BC

Renewing Our Response (RoR) is an expert advisory committee made up of representatives from organizations and Aboriginal community voices that work in the field of HIV/AIDS as it relates to Aboriginal communities in BC. We meet on a quarterly basis, having just met on September 30th & October 1st. This update will be sent out after every meeting to ensure that community is kept aware of the work being done by this advisory. We have been working very hard to try and ensure that HIV concerns in Aboriginal communities are kept on the minds of government and Aboriginal leaders. Much of our time lately has been taken up with the Seek and Treat for Optimal Prevention (STOP) pilot project.

To provide a very brief background on STOP, it is a pilot project that will run in Prince George and Vancouver's Downtown Eastside, the two areas of the province with the highest rates of HIV infection. Key stakeholders involved include:

“We have been working very hard to try and ensure that HIV concerns in Aboriginal communities are kept on the minds of government and Aboriginal leaders.”

Northern Health, Vancouver Coastal Health, BC Centre for Excellence in HIV/AIDS (BCCfE), Providence Health Care, Provincial Health Services Authority, and the Ministry of Health Living and Sport. The basis for the project is treatment as prevention of HIV infection, building on research done by the BCCfE. RoR, along with other community organizations, has been working to ensure that community voices are heard in this pilot project and that community engagement takes place. We are happy to say that RoR does have representation on four of the committees for STOP: Northern Health, Vancouver Coastal Health, Provincial Health Services

Authority, and the Provincial Leadership Committee. STOP is still very much in the planning stages, and STOP updates should be forthcoming from the BCCfE.

On another note, RoR has been meeting with Aboriginal leaders to discuss the seriousness of HIV infection in Aboriginal communities. We have presented to the First Nation Summit, in both June and September, as well as the Union of BC Indian Chiefs. It is our goal to ensure that Aboriginal leaders are kept aware of the status of HIV throughout the province.

Finally, we want to send out a big “Thank you” to those of you who completed our Community Needs Assessment survey. The information from those surveys is currently being collected and a final report will be available in November.

If you have any questions or comments regarding the work of RoR, please visit our website at www.renewingourresponse.ca or contact Heidi Standeven @ 604-913-3332 or hstandeven@red-road.org.

**Heidi Standeven,
Provincial Coordinator**

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Registration starts October 22, 2010 and runs to January 7, 2011 at 11:59 PM. Hurry so that you don't miss out!

11 weekly Early Bird Prizes of \$500 just for entering!



Tsilhqot'in Health Hub: Many Opportunities to Learn from Evacuation Alerts

Submitted by: Connie Jasper, Health Hub Coordinator

The Tsilhqot'in Health Hub consists of five communities in the Chilcotin. The communities included are:

- Xenigwetin (Nemiah)
- Yunesit'in (Stone)
- Tl'esqox (Toosey)
- Tsi Deldel (Alexis Creek)
- ?Esdilagh (Alexandria)

This hub is in its first year and we are just getting it off the ground. We had a very challenging summer with a number of Forest Fires. Two communities in the Chilcotin were evacuated and others were put on evacuation alert. Community members were out of their homes for about a week and had to stay in a high school in Williams Lake. This was very difficult for families and elders as they were just sleeping on cots and it was cold in there. The smoke was very bad for about 4 weeks and this also caused some difficulties with breathing. Also, fires limited the fishing spots as roads

were closed to prime fishing locations. Overall it was a challenge but also an opportunity to learn from. Communities can now reflect on what went well and what could be better before next summer. The fires are now contained and the smoke has cleared so everything is back to normal in communities.

The Hub office is located at the Tsilhqot'in National Government Office in Williams Lake and the address is: 253 North 4th Avenue and the phone numbers are: 250 392-3918 or 250 267 7299.

“Unity Towards Health” Conference: Stresses the Importance of Collaboration



October 4-6 the First Nations Health Council and Northern Health co-sponsored the Northwest Aboriginal Health Conference entitled “Unity Towards Health.” Over 100 participants took part in a 3-day program that was set by the Northwest Aboriginal Health Improvement Committee.

On Day 1 Chief Woos welcomed participants to the Wet'suwet'en Nation Territory and opened

the conference with a prayer. October 4th was hosted by the First Nations Health Council and discussion was focused on Community Engagement Hubs. Brian Mairs, Community Development Liaison for the North, and Mark Matthew, Acting Health Planning and Engagement Manager, described the role, purpose, and opportunities available through the FNHC's Community Hub initiative. In the afternoon, participants took part in a

1 hour communications workshop lead by Communications Manager, Davis McKenzie. Finally, Gavin Eaton delivered a presentation on the emerging opportunities in eHealth.

On Day 2 of the conference, Agnes Snow, Director for Aboriginal Health, Northern Health opened the proceedings by stressing the importance of building relationships. Snow's opening remarks were followed by dynamic presentations on cultural competency, the role(s) of Aboriginal Patient Liaisons, and Northern specific research into First Nations needs with respect to palliative care. Nicole Ryan, Dr. Shannon Waters, and Lori Sellars presented on progress in the area of health system transformation made by BC, Canada and First Nations through the Tripartite First Nations Health Plan.

Day 3, Cathy Ulrich, Chief Executive Officer, Northern Health stressed her commitments to working collaboratively with Northern Nations. Memorable presentations from Dr. Shannon Waters and Dr. Evan Adams touched on what it takes to beat the odds and become a First Nations physician.

Throughout the three days, participants were treated to amazing cultural presentations from the Wet'suwet'en, the First Nations Health Council would like to thank the Wet'suwet'en people, the Smithers and area Aboriginal Health Improvement Committee, and Northern Health for making this gathering possible.

Health Systems

Haida Health Hub: Reclaiming wellness ‘the Haida way’

Submitted by Patricia Greer

Exciting and empowering times are coming to British Columbian First Nations People in regards to health care services and programs.

One of the exciting features of the health plan is that it creates space for First Nations communities to take greater control over their own health services. This is being achieved through the creation of community engaged hubs. Community engagement hubs are groups of First Nations communities who agree to plan, collaborate, and communicate to meet their nation’s health priorities.

The Haida Health Hub is a community engaged hub recently formed between the health care providers of Old Massett and Skidegate. Our goal is to create a strategic wellness plan that will improve the health outcomes of the Haida and the First Nation people residing on Haida Gwaii. Our focus is on mental, elder and youth wellness.

The strategic wellness plan we envision will build on the strengths of the communities of Old Massett and Skidegate: the elders, the family values, the social connections and the Haida culture.

The strategic wellness plan we envision will build on the strengths of the communities of Old Massett and Skidegate: the elders, the family values, the social connections and the Haida culture. The plan will be developed utilizing past community consultation processes and through the means of an intensive community engaged process over the next nine months.

Mental, elder and youth wellness planning processes are being planned to take place from October to January. In February and March, Haida Health Hub Staff will be going

door to door in Skidegate and Old Massett, as well as setting up a table at the two Co-ops, to gather community feedback on the outcomes of these processes. In April 2011, the wellness planning processes will be finalized and in May, community celebration gatherings in both communities will be held to present the final strategic wellness plan.

All First Nations across Canada are watching closely the tripartite First Nation Health Plan Agreement being led by BC First Nations people.

Hub Gathering for Youth Health Priorities.. a Huge Success! *80 youth representing 7 Hub communities in attendance*

Submitted by Linda Kay Peters

The Ye mi sqeqó:tel la xwe’ lets’emó:t ó Community Hub hosted a kick off to the new school year for Hub community youth. The main purpose of the event was to gather the youth health priorities. Dakota House, a motivational speaker and actor from “North of 60” and Scott Ward a FN hypnotist were invited to facilitate the all day workshop and dance.

All eleven (11) of the Hub community youth were invited to attend the event and eighty (80) youth representing our seven (7) Hub communities attended. Dakota addressed the youth discussing sensitive topics such alcohol and drugs, parenting, and youth suicide. Café style round table discussions were implemented to engage the youth while gathering their health priorities.

After all the hard work the youth were rewarded with a hypnotist show with many youth participating in the show and the day was topped off with a video dance party. Dakota spent time with the youth signing autographs while giving each youth words of inspiration.

We accomplished what we set out to do..we now know what the youth see as gaps, what they value, want to keep for the future to build upon, what they dream for in their community and what they see as training needs. The workshop, show and dance party was a huge success; a whole lot of fun and our facilitators Dakota House and Scott Ward were excellent!! We have plans to make this an annual event.



We now know what the youth see as gaps, what they value, want to keep for the future to build upon, what they dream for in their community and what they see as training needs.

“Helping Us Build”- A new documentary on Community Engagement Hubs is in production

A new Hub documentary will tell the stories of 5 Community Hubs across BC who are working and planning under very different circumstances. From the snow-capped mountains of remote Kwadacha, to the temperate and populous Cowichan Nation, the emerging stories of community engagement hubs will be captured and shared for the benefit of all BC First Nations.

Production of the “Helping Us Build” Community Engagement Hub (CEH) documentary video began in October, and filming has taken place in Seabird, Okanagan, Pemberton, Kwadacha, and Cowichan. This documentary aims to share stories from each hub about planning, collaboration and communication as well as challenges and best practices.

This documentary reaffirms role that each hub has to represent their community voice in regards to the First Nations Health Plan. As we move forward together, the Community Engagement Hubs will continuously discover more opportunities to plan, collaborate and communicate. This video will provide service providers, health workers, and community-members with a better idea of how a CEH functions and where to get involved.

The documentary also wants to capture the different approaches that CEH’s have towards connecting effectively with their communities, and to look at the different developing stages of each CEH. This video will provide newly established CEH’s with a better context about the direction other CEH’s have taken. Furthermore, the documentary interviews may contribute to the dialogue on what type of future health vision a developing CEH might like to see take place within their own community.

The documentary team will be wrapping up on-site filming by mid-November, stay tuned to be informed on the release date of the “Helping Us Build” documentary.

Sharing stories regarding the challenges and successes that are encountered at a community level helps inform the strategy that needs to happen towards improving First Nations health. Are you involved with a Community Engagement Hub and would like to share a story about a recent initiative, challenge, success or collaboration? We want to hear about it!

(Below:) Steve and April, the documentary team, interviews community members in the Okanagan

About Community Engagement Hubs:

- The Community Engagement Hub initiative began in 2008 when Health Directors made it clear that implementing the Tripartite First Nations Health Plan (TFNHP) was not something that could occur “off the side of their desks”.
- CEH’s work in three areas: communication, collaboration and planning to develop and address their nation’s health priorities.
- The formation of each CEH encourages natural collaborations between communities based on tribal and geographical factors, and provides resources to existing capacity;
- CEH’s reflect the commitment that the First Nations Health Council has toward participating with communities on the Tripartite First Nations Health Plan on their own terms.
- Currently, there are 24 Community Engagement Hubs representing 140 (69%) of BC First Nations communities.



Research & Performance Measurement

Regional Health Survey Update

Cultural Interpretation Sessions

The Cultural Interpretation Sessions originally scheduled for October have been postponed to November. The postponement is due to a delay from the National AFN office in sending BC its data.

The new dates for the Cultural Interpretation Session are as follows:

- **November 15th – Hazelton**
- **November 17th - Prince George**
- **November 22nd – Kamloops**
- **November 24th – Vancouver**
- **November 26th – Nanaimo**

At the session, we will be sharing a provincial snapshot of the Holistic Model of Wellness with indicators using the RHS and comparing with the Canadian Community Health Survey. We will be sharing the RHS 2002/03 data and comparing that to RHS 2009/10 data to see what the health trends are.

We look forward to the communities that participated in RHS to engage with the First Nations Health Council Research Analyst to tell your community stories about Wellness. These stories will be incorporated in the BC Regional report!

We would also like to know what data is missing, what kind of resources do communities need to build research and data capacity, how can the FNHC facilitate that process? Looking forward to the dialogue! Please RSVP to stom@fnhc.ca



FEEL FREE TO BRAG

We are still looking for wellness innovations that are ongoing in communities; please send them to stom@fnhc.ca we are looking for examples that may include the following: development of community gardens, new walking trails, ongoing nutrition programs etc. We would like to include these into our BC Regional report.

BC REGIONAL REPORT - YOUTH LOGO CONTEST

We are still searching for a new logo for the BC Regional report, please submit your entries to stom@fnhc.ca this contest is open to 12 – 17 year olds and the grand prize is a Wii Sports. **DEADLINE:** Friday December 17th, 2010

DATA 101 FOR HUBS

If your HUB has been going for awhile or you are just beginning, I do workshops on Data 101 – Unraveling the Mysteries of Data, Survey Methodology, Holistic Model of Wellness, Building Research Capacity etc. If you would like to request a workshop please talk to the Community Development Liaisons – Eunice Joe, Mary McCullough and Brian Mairs and they will contact me.

Have a great day and looking forward to the dialogue at the Cultural Interpretation Sessions!

Heather Morin Research Analyst

Tripartite Data Agreement creates a clearer picture

Both Health Canada and the Province hold pieces of my health information. Why can't either government see a complete picture of my health?

A Tripartite Data Quality and Sharing Agreement (Data Sharing Agreement) was signed by Health Canada, the Province of BC and the First Nations Health Council on April 8th, 2010. The Data Sharing Agreement enables greater First Nations access to, and authority over, their health information.

In the past, it has been difficult to obtain accurate health data about First Nations in BC. This is because Federal and Provincial governments each hold different pieces of the health data puzzle. In addition to the Data Sharing Agreement, a memorandum

of understanding (MoU) between the Province of BC and Indian and Northern Affairs Canada was signed on June 29th, 2010. This MoU will allow INAC to supply the Province with an annual data extract from the Indian Registry System (IRS), a key information source for Registered First Nations. This information can be used to link with provincial health databases to get the best possible health information for Registered First Nations.

It is important to note that the information shared through this agreement is secure and protected by the terms of the Data Sharing Agreement as well as privacy legislation and policy. A tripartite working group has been established to promote meaningful research, monitor data usage, and to ensure that culturally appropriate

and respectful usage of data sets and information takes place. The Data Sharing Agreement provides the essential foundation for the development of First Nations research capacity and health information.

The signed MoU designates the BC Ministry of Health Services as the interim data steward, responsible for the file containing information on Registered First Nations until a First Nations governance entity has the capacity to become a data steward. The implementation plan for the Data Sharing Agreement, and the related MoU, will be developed by this tripartite working group. We look forward to updating you on the implementation of these historic agreements.

Research & Performance Measurement

Census Changes Cause for Concern

In June, the federal Industry Minister Tony Clement, announced changes to how the Census will be delivered in Canada in 2011. The mandatory long-form census, sent to 20% of households during each census cycle, would be replaced with a voluntary survey (sent to 30% of Canadians) while the remainder of Canadians will continue to receive the short-form. Citing privacy concerns as the reason, the decision raised significant controversy from a wide range of groups and triggered the resignation of the Head of Statistics Canada – Munir Sheikh.

A wide range of critics condemned the decision, including leaders in health, education, housing, business, a wide cross section of religions, statisticians, labour, municipalities, several provinces, and every federal opposition political party.

Minister Clement announced minor modifications in response to a legal challenge from French language advocates in New Brunswick, adding two questions to the mandatory short form census that had previously been included in the long form questions.

Changing the methodology of the census will make comparisons with previous censuses problematic, causing what some critics have labelled a break in the data. This means that comparisons with previous censuses will not be possible, damaging the ability of analysis of trends. Switching from a mandatory census to voluntary survey will significantly change the data quality. Voluntary surveys are not random samples which will undermine the data collected and render it far less useful in making policy decisions. Experts warn it is likely that many minority groups will not be well represented in the data, which is of serious concern the First Nations Health Council.

The census is used to collect data on the Canadian population and has been occurring every decade since the 1850s, prior to Confederation. All Canadians are sent the census and, until recently, 20% of Canadians received the long form of the census which includes more detailed

questions. Citing privacy concerns, Minister Clement announced the changes to the census in June. Critics labelled the move one based on ideology and pointed to the tiny number of complaints that the census has received. StatsCan has an outstanding reputation for protecting privacy, with no recorded incident of private information ever being released or misused.

Minister Clement stated that the threat of jail time for people who refused to complete the long-form census was not appropriate, a view that is widely shared

and is supported by opposition parties and others.

The First Nations Health Council has concerns about the changes and their impact on data quality which may interfere with efforts to improve First Nations health and to accurately monitor and assess trends and the effectiveness of programs.

Liberal MP Carolyn Bennett introduced a private member's bill in September calling on the government to reinstate the mandatory long-form census and enshrine it in the Statistics Act.

Changing the methodology of the census will make comparisons with previous censuses problematic, causing what some critics have labelled a break in the data.

A growing list of critics condemns the governments decision

- Dr. Marcia Anderson (Past President of the Indigenous Physicians Association of Canada),
- Dr. Joel Kettner (Chief Public Health Officer for Manitoba),
- Anglican Church of Canada,
- Bar Association of Canada,
- Canadian Islamic Congress,
- Canadian Jewish Congress,
- Vancouver Board of Trade,
- United Church of Canada,
- Metis National Council,
- Inuit Tapiriit Kanatami,
- Government of Nunavut,
- Federation of Post-secondary Educators of BC,
- Evangelical Fellowship of Canada,
- Co-operative Housing Federation of Canada,
- Canadian Nurses Association,
- Catholic Civil Rights League,
- Chinese Canadian National Council,
- Canadian Association of Midwives,
- Canadian Catholic Council of Bishops,
- Canadian Economics Association,
- Canadian Labour Congress,
- C.D. Howe Institute,
- BC Chamber of Commerce,
- Atlantic Provinces Economics Council,
- Association of Canadian Economists,
- Dr. Stephen Duckett – CEO of Alberta Health Services,
- Canadian Association of Retired People,
- Canadian Association of Research Libraries,
- Queer Ontario,
- Saskatchewan School Board Association, Royal Society of Canada, the Statistical Society of Canada,
- Regional Planning Commissioners of Ontario,
- Provinces of Manitoba, Ontario, New Brunswick, Prince Edward Island & Quebec, as well as a wide range of other groups including at least 24 cities (these include – Burnaby, Calgary, Edmonton, Kelowna, Montreal, Ottawa, Surrey, Prince George, North Vancouver, Toronto, Vancouver, Vernon and Victoria).

Health Human Resources

Cultural Competency Training Goes Live

A new Cultural Competency Training website went live on September 20th, 2010. Over the past year, the PHSA Aboriginal Health Team developed Indigenous cultural competency training for Health Authorities as directed under the Tripartite First Nations Health Plan and the Transformative Change Accord: First Nations Health Plan.

This unique on-line cultural competency training is designed to increase knowledge, enhance self awareness and increase the skills of those who work both directly and indirectly with Aboriginal people, and people of cultures other than our own. It is our hope that this training will not only strengthen individual competencies but lead to positive partnerships, and better access and health outcomes for Aboriginal people.

This training is offered free of charge to the following groups:

- Provincial Health Services Authority
- Northern Health Authority
- Vancouver Coastal Health Authority
- Interior Health Authority
- Fraser Health Authority
- Vancouver Island Health Authority
- Ministry of Health
- Ministry of Healthy Living and Sport

For others, information about the course fee is on the ICC Home Page.



Contact information for ICC Training:

For information about the training and registration: www.culturalcompetency.ca

For all other inquiries: icc@phsa.ca

Christa Williams appointed Health Human Resource Lead



Christa Williams has been appointed cluster leader for the Tripartite Health Human Resources work.

Christa Williams is a member of the Nlaka'pamux Nation and has extensive experience in working for First Nations in BC. She is currently working for the BC First Nations Public Service Secretariat, a coordinating organization responsible for supporting capacity building in BC First Nations administrations.

Christa is widely regarded as an expert in Aboriginal and First Nations education issues and administration. She has strong skills sets in community development, consultation management, strategic planning and project management.

Christa was the Executive Director of the First Nations Education Steering Committee for 14.5 years. Christa's long-standing commitment to improving First Nations education has led to significant achievements provincially and nationally. Under Christa's leadership, FNESC has grown to be an influential body supporting the development of high quality of education for Aboriginal students from kindergarten through post-secondary and adult education.

Christa holds a Bachelor of Science with Honours from Queen's University and sits on various boards including the Board of Governors of Royal Roads University. In 2006 Christa was recognized by the Province of British Columbia and the First Nations Leadership Council for her contribution as a "Woman in BC History" to BC Society in the area of Education.

Health Human Resources

Dynamic Training works for Health Service Providers: With a collective goal to improve health outcomes



The Provincial Health Services Authority (PHSA) and Aboriginal Health Program launched their Indigenous Cultural Competency (ICC) Training Program in January 2010. As directed under the Tripartite First Nations Health Plan and the Transformative Change Accord, the training was developed to increase cultural competency within health authorities. Since this commitment, two ICC training programs have been developed: One of which focuses on specific issues for health care workers that provide services for Indigenous people in British Columbia.

The training is structured in a dynamic format that uses videos, teleconferences, and web learning modules. Participants are guided through 5 modules, comprised of topics such as diversity, terminology, aspects of colonial history, cultural stereotyping and, contexts for understanding social disparities and inequities. Throughout the training, facilitators equip participants with tools for developing progressive communication and relationship building skills.

First Nations Health Council (FNHC) had the chance to discuss the ICC training with Renee Shimla, who provides administrative

support to the Vancouver Island Health Authority, and completed the ICC training in May 2010. Shimla pointed out some particularly crucial learning points offered within the program:

“One of the most important pieces was the information in module 2 about colonization...I knew some things about residential schools but I didn’t know about residential hospitals. There were so many statistics on what a big impact that had on First Nations communities...I went to school and college, and I thought I was informed, but goodness, I was surprised.”

“...it’s not about assigning blame and making people feel guilty, it’s about trying to make us aware so we can reduce and eliminate discrimination. So that in the long term, this will contribute to improving health outcomes.”

The teleconference portion of the training provided Shimla with an opportunity to engage with fellow participants: “From my experience, we went through different scenarios and [the facilitator] provided more learning and asked questions on how these scenarios could have been done in a more sensitive and competent way. It was interesting to hear feedback from people with different perspectives and different parts of the province... Sometimes when learning abstract ideas it helps me to see them be applied practically, in real life situations.”

She also recalls that the diverse use of resources, such as journals, letters and websites, contributed to keeping the online portion of the training interesting.

“...Sometimes when learning abstract ideas it helps me to see them be applied practically, in real life situations.”

“...it’s not about assigning blame and making people feel guilty, it’s about trying to make us aware so we can reduce and eliminate discrimination. So that in the long term, this will contribute to improving health outcomes.”

When asked whether she experienced any personal revelations over the course of the training and whether it has impacted any aspect of service delivery with Aboriginal clients, Shimla reflects on her experience:

“What the training has done is, it’s reinforced my admiration for First Nations people... That even if they have been abused they are still prepared to share their experiences and are willing to help us learn and they continue to be respectful and kind, even though they were not treated in that fashion for many, many years and even now.

I feel really honoured to have had the opportunity to take this training. And also to try and champion it with my colleagues and the people I work with. I feel a sense of honour and it makes me feel like I’m helping even a little bit just by encouraging others to increase their awareness.”

PHSA officially launched their Indigenous Cultural Competency support and registration website on September 20th, 2010. This website also provides former participants with post-training resources and support to serve ongoing learning.

www.culturalcompetency.ca

Health Human Resources

Seabird Island's Aboriginal Practical Nurse Pilot-Program

Seabird Island health authority has developed an Aboriginal Practical Nurse Pilot-Program that has given 12 students the opportunity to become licensed nurses.

A partnership with Vancouver Community College (VCC) was created to allow the nursing curriculum to be delivered within the Seabird Island community. Commonly referred to as a satellite program; the participants are enrolled as VCC students but attend classes at 4 portables that have been transformed into a temporary lab and classroom.

Laureen Deurksen, Aboriginal Practical Nurse Program Coordinator and instructor, talks about the objectives of the program, "The plan was to provide education and successful graduation...there will always be jobs for nurses, every First Nations community requires a nurse."

The 12 students represent 8 different communities from 2 provinces. All of the students relocated to the Seabird Island area to attend the program, which began in February 2010. Tuition is paid for by the students' bands, and by bursaries and scholarships.

The program runs as a 3-day in-class school week with 2 days of homework. However, the classroom is open all week so that students can utilize the space if needed. Support

"...there will always be jobs for nurses, every First Nations community requires a nurse."

-Laureen Deurksen, Aboriginal Practical Nurse Program Coordinator



Above: The students involved with the Aboriginal Practical Nurse Pilot-Program attend the Fraser Health Aboriginal Health Annual Review Celebration

services such as meals on wheels and mental wellness are also offered to provide extra help to the student's and their families when requested.

One of the key aspects of this program is providing a schedule that works for their students: "Many of our students are parents or grandparents raising grandchildren. It doesn't make sense to start at 8 in the morning because they have to get their kids to school. We have that flexibility; we know it's important for our students to take care of their families.

"We can get involved with activities that happen here and we certainly know that if there's been a death in the family, the student is going to be away. They are not going to fail if they are not in class at that time. They still have to finish their work, other schools are not so understanding."

Teaming up with the Seabird Island First Nations band, the program has been able to bring in community health workers to contribute to the Aboriginal component of this programming, "We've brought in several Aboriginal speakers, naturopaths, elders, aboriginal counselors and we utilize our mental health department."

When speaking of unforeseen successes of the program, Deurksen mentions, "We probably

have about five [students] wanting to carry on to become Registered Nurses." Following their graduation, the students will need to leave the Seabird Island community to continue with their studies towards becoming a registered nurse; which requires a degree from a university.

The benefits of a small classroom have allowed the students to find positive peer support with one another. Deurksen says, "They are very much a family, and like any family there will be struggles and issues. But they know each other very well; they know each other's families and a lot of them are related. Their kids go to school together, they are a close-knit group. And the fact that they are the first group makes it even more special, because they know they are trailblazing for those who will follow them."

The 12 Aboriginal nursing students attended the Fraser Health Aboriginal Health: Year in Review on September 22nd and were introduced as a shining example of the work being done to improve health services for Aboriginal people in the Fraser Region. During this celebration, Diane Miller, Executive Director of Primary Care & Aboriginal Health made a commitment to ensure that all of the nurses in the program would have placements secured in the Fraser Health region to complete their nursing practicums. The class is expected to graduate by August 2011.

Seabird Island is planning to start this program again and is currently recruiting students for September 2011. If you are interested in participating in this program please contact Laureen Duerksen, by email, to find out more.

laureen@seabirdisland.ca



First Nations Health Society Update

First Nations Health Society holds 1st Annual General Assembly

The FN Health Society held its first Annual General Meeting on September 20th. The members of the FN Health Society, received the Annual report and approved the financial statements of the First Nations Health Society for the fiscal year, ending March 31, 2010. The meeting also passed a special resolution to change the name of the Society to: First Nations Health Society.

The FN Health Society Annual Report includes a report of the Society's activities in the first year of operations and a full financial accounting for expenditures April 2009-2010. Highlights from the financial report include:

- 26% of our expenditure was program-related
- 23% of our expenditure was allocated to Health Actions with the vast majority of this funding being paid to First Nations communities for community health initiatives

- 15% of our expenditure was allocated to operating the FN Health Council and staffing along with operating costs
- 25% of our expenditure has been used to sustain community engagement hubs and to pay for the Gathering Wisdom forum
- 11% of our expenditure was allocated to governance work including the Health Directors Association and FNHGC/ Regional caucus costs

By law, the FN Health Society must produce an Annual Report for its members. The Society has completed a successful 'clean audit' for the 2009-2010 year as evidenced by the Auditors Deloitte and Touche. The Annual General Meeting of the Society was held with the members on 20 September 2010 and all members were satisfied that there has been full accountability for all funds and actions for that financial period. We are pleased that the Board of the Society has within it an excellent mix of expertise - First Nations, business, accounting, Government and professional skills. The report shows that this expertise has been essential in maintaining accountability for the funds we receive, and for ensuring best use of funds for BC First Nations.



If you'd like to receive a copy of the FNHS annual report please see the details below.

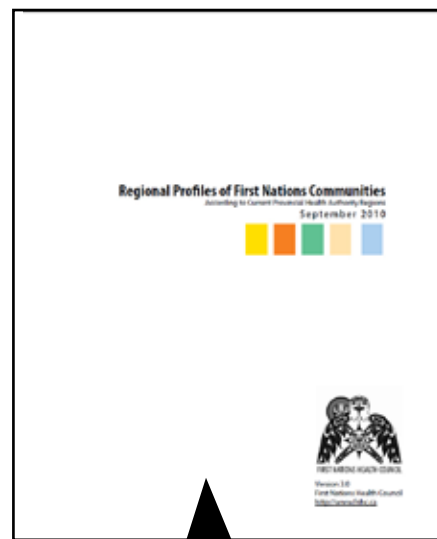
New Publications available through the First Nations Health Council!



Dr. Georgia Kyba's recent **Traditional Models of Wellness- Environmental Scan Summary** is now available in PDF format via the www.fnhc.ca website. This information was provided in July 2010's info bulletin and is currently available for web-distribution.



The First Nations Health Council released a three year report to BC First Nations on September 20th, 2010. This report speaks of the reality of working with complex, large government systems and the challenges of achieving positive change. The 3 year progress report enables First Nations to review progress since 'day one' and receive full financial accountability for Health Plan funding since the signing of the Tripartite First Nations Health Plan in 2007.



The 2010 Regional Profiles for First Nations Communities in BC, was published in September and is now available. Information such as number of First Nations bands in each region and percentage of funds towards different health initiatives are made available through this document.

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.

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

The First Nations Health Council wants to Share your Stories

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

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

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

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

With respect,
Davis McKenzie, Editor, First Nations Health Council Infobulletin.

Submission Guidelines

- Tell us about your innovations in relationship building and collaboration, creative health programming, the integration of culture in health service delivery, shared service solutions, or any other stories you would like to share.
- Between 100 and 300 words in length
- Please include photo(s) (at least 200 dpi)
- Include name and contact information.
- Deadline for the next issue is January 15th, 2011

If you have any questions about submitting please contact Davis McKenzie 604.913.2080 or dmckenzie@fnhc.ca

We look forward to hearing your stories!

CONTACT US

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