

Together in Wellness



OCTOBER 2016–
OCTOBER 2017

*Tripartite Committee on First Nations Health
Annual Report*

***A report on the progress of the integration and
improvement of health services for First Nations
in British Columbia.***



Tripartite First Nations Health Plan



To find this document online, search “Tripartite Committee annual report” on www.Canada.ca

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Également disponible en français sous le titre : *Comité Tripartite sur la Santé des Premières Nations : Rapport Annuel 2015-2016*

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B.C. Ministry of Health

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Together *in* Wellness

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Lydia Hwitsum, Chair, Board of Directors, First Nations Health Authority



A Message from the Partners

As we reach the fourth full year of health service delivery by the First Nations Health Authority (FNHA) on our journey of health system transformation in British Columbia, we would like to mark the occasion by taking time to reflect on our joint accomplishments and envision our path forward. We are encouraged by the increasing commitment to reconciliation that is leading to greater awareness about the shared history of Indigenous peoples and Canadians, and creating space for open discussion and innovative approaches to achieving equity within the social determinants of health. British Columbia and Canada have committed to enacting the 94 Calls to Action identified by the Truth and Reconciliation Commission whose mandate is to reveal to Canadians the complex truth about the traumatic history and ongoing legacy of the residential school system.

The Truth and Reconciliation Commission's definition of reconciliation, "an ongoing process of establishing and maintaining respectful relationships," is well embodied in the work of the B.C. First Nations health governance structure and guides our work as tripartite partners. The Commission's report concluded that all Canadians have a critical role to play in advancing reconciliation through greater knowledge and understanding that will lay the groundwork for establishing mutually respectful relationships. The Government of Canada has committed to reconciliation through a renewed nation-to-nation relationship with Indigenous peoples in Canada. Both the Governments of Canada and British Columbia will be implementing the United Nations Declaration on the Rights of Indigenous People.

The Tripartite Committee on First Nations Health (Tripartite Committee) has enabled relationship-building and progress on transforming health systems, resulting in established linkages for collaboration in critical times, such as the opioid and wildfire emergencies, and collective advancement of initiatives such as improving access to culturally safe primary care services. The tripartite partners continue to work collectively for a positive impact on the health of First Nations in British Columbia, which in turn creates a healthier environment for all British Columbians.

Co-Chairs, Tripartite Committee on First Nations Health:

Lydia Hwitsum, Chair, Board of Directors, First Nations Health Authority

Sony Perron, Senior Assistant Deputy Minister, First Nations and Inuit Health Branch, Health Canada

Stephen Brown, Deputy Minister, British Columbia Ministry of Health



Purpose

The October 2016 - October 2017 *Tripartite Committee on First Nations Health Annual Report: Together in Wellness* is the sixth annual report to fulfil the commitment to report annually on the progress of the integration and improvement of health services for First Nations in British Columbia outlined in the *Tripartite Framework Agreement on First Nation Health Governance*.



FNHA Staff at Gathering Our Voices 2017, Kelowna BC

What is the Tripartite Committee on First Nations Health?

The Tripartite Committee on First Nations Health is composed of senior leaders in federal and provincial governments and First Nations who work collectively towards achieving their shared vision of improving the health and well-being of all B.C. First Nations.

The Tripartite Committee meets twice annually to coordinate and align planning, programming, and service delivery among FNHA, regional health authorities, the Provincial Health Services Authority, the B.C. Ministry of Health and Health Canada. The Tripartite Committee work plan is revisited yearly. It establishes current priorities and deliverables and identifies health care and service delivery barriers that the parties wish to address.

The tripartite partners continue to strive for excellence and support an ongoing evolution of the partnership through time. The Tripartite Committee has enabled relationship-building and progress on key concepts and initiatives such as cultural safety and humility and mental health and wellness, in the spirit of reciprocal accountability. This year Tripartite Committee members have provided feedback through a self-assessment survey, seeking greater clarity on the mandate and purpose of the committee as the work of health plan implementation continues to evolve. Moving forward, Tripartite Committee meetings will focus on more strategic operational issues to ensure the greatest impact, and will continue to provide a forum for alignment and integration of provincial health system planning and reporting on progress related to hardwiring First Nations health into the provincial health system.

► **MEMBERSHIP:**

The tripartite committee is composed of the following members:

- Three co-chairs:
 - » Chairperson of the board of the First Nations Health Authority;
 - » Senior assistant deputy minister of the First Nations and Inuit Health Branch, Health Canada;
 - » Deputy minister, B.C. Ministry of Health;
- President/chief executive officers of each of the B.C. health authorities;
- Provincial health officer under the B.C. *Public Health Act*;
- Aboriginal health physician advisor, Ministry of Health;
- Chief medical officer of the First Nations Health Authority;
- Chairperson and deputy chairperson of the First Nations Health Council;
- One First Nations Health Council representative from each of the regions (designated by First Nations Health Council to First Nations Health Authority, effective Fall 2017);
- Chief executive officer of the First Nations Health Authority;
- President of the First Nations Health Directors Association;
- Appropriate associate deputy minister and assistant deputy minister of the B.C. Ministry of Health; and
- Any other non-voting, observer or full members as agreed to by the tripartite committee.



Tripartite First Nations Health Plan

This year, we celebrate the 10th anniversary of the *Tripartite First Nations Health Plan (2007)*. Building on the *Transformative Change Accord: First Nations Health Plan (2006)*, the *Tripartite First Nations Health Plan* envisions a new structure for the governance of First Nations health services in British Columbia. The *Tripartite First Nations Health Plan* describes the collective vision of the parties that the health and well-being of First Nations is improved, the gaps in health between First Nations people and other British Columbians are closed, and First Nations are fully involved in decision-making regarding the health of their peoples. Significant progress has been made in implementing this vision, including the creation of the First Nations Health Council, the FNHA, the First Nations Health Directors Association, the Tripartite Committee on First Nations Health and the successful transfer of First Nations and Inuit Health Branch B.C. Region to FNHA in 2013.



FNHA Staff – 39th Annual BC Elders Gathering, Tsawout Nation



Tripartite Committee on First Nations Health meeting, 2017

Tripartite Committee on First Nations Health: Reporting on Strategic Priorities

Cultural Safety and Humility

Cultural safety and humility has been recognized as a critical component of effective and appropriate health care for First Nations in B.C. On March 1, 2017 the *Declaration of Commitment to Cultural Safety and Humility* was signed by 23 Health Regulators further supporting the strong momentum building in B.C. to create a culturally safe health system. In signing this Declaration, B.C. health professionals are the first in Canada to pledge their commitment to making the health system more culturally safe for First Nations and Aboriginal People.

Additionally, three other declarations have been signed in this past year including the B.C. Coroners Service, who have committed to building culturally safe Coroners Services; Providence Health Care, who formalized their commitment within the context reconciliation; and Interior Health Authority, Cariboo Memorial Hospital, and First Nations in Williams Lake and surrounding areas, who have committed to addressing racism and neglect in local health services. These signatories join the Ministry of Health, FNHA, and all B.C. health authorities in their Declaration of Commitment on Cultural Safety and Humility in Health Services, signed in July 2015,¹ and in their efforts to hardwire cultural safety and humility into the provincial health system and further build momentum in B.C. to create a culturally safe health system.

¹ *Declaration of Commitment on Cultural Safety and Humility in Health Services*. July 2015. B.C. Ministry of Health and First Nations Health Authority. Available from: <http://www.fnha.ca/wellness/cultural-humility>.

Each of these declarations include a commitment to action that advances, strengthens, and improves cultural safety and humility, and is based on principles of quality, co-development, and reciprocal accountability. Each signatory has committed to a public annual report on strategic activities, outlining and demonstrating how the commitments are being met.

Continuing to implement the *Framework for Action for Cultural Safety and Humility* (2016) in a coordinated approach across the regional health authorities, Provincial Health Services Authority (PHSA), FNHA, and the Ministry of Health will be a priority for the tripartite partners moving into 2018 and beyond.



CULTURAL SAFETY is an outcome based on respectful engagement that recognizes and strives to address power imbalances in the health-care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.

CULTURAL HUMILITY is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a life-long learner when it comes to understanding another's experience.²

Other efforts continue to integrate cultural safety and humility into existing health-care delivery models through online and in-person training. For example:

The PHSA has developed the effective and popular San'yas Indigenous Cultural Safety and Humility online learning tool. Through the combined efforts of the Ministry of Health, FNHA, regional health authorities and PHSA, over 21,000 employees of these organizations have completed San'yas training to date.

In March 2017, the B.C. Patient Safety and Quality Council and FNHA partnered to hold the Best of Both Worlds Forum as a pre-day for the B.C. Patient Safety and Quality Council annual Quality Forum. This Forum brought together 252 delegates including provincial partners, health directors working in First Nations communities, clinicians and other allies. The forum focused on examining how Indigenous concepts of health and wellness can be reflected within provincial quality frameworks and included a strong focus on cultural safety and humility. The PHSA and FNHA both delivered webinar series promoting cultural safety in health organizations and health service delivery.

In addition, all regional health authorities and other health partners have made great strides in enhancing culturally safety in programs and projects for staff and the community. Examples of regional highlights are outlined in the following table:

² Cultural Humility [Website]. First Nations Health Authority. No Date. Available from: <http://www.fnha.ca/wellness/cultural-humility>.

TRIPARTITE COMMITTEE MEMBERS	CULTURAL SAFETY COMMITMENTS & ACTIONS
<i>Interior Health</i>	▶ Outcomes of organizational self-assessment of Indigenous cultural safety has resulted in action on priorities. ▶ First Nations, Interior Health Authority and FNHA leaders from the Williams Lake area signed a historic Declaration of Commitment, committing all partners to work together to achieve hospital and community health services settings that are free of discrimination. ▶ Hired a second Aboriginal cultural safety educator to help facilitate full day, in-person, Interior Health Authority-specific training sessions for priority Interior Health staff (emergency department and mental health). ▶ There are now six sacred spaces within Interior Health Authority facilities, including the Kelowna General Hospital Sacred Space opened in February 2017.
<i>Island Health</i>	▶ Established 10 regional cultural safety committees, focused training and workshop opportunities for Island Health staff. ▶ Commitment to implement 'Elders in Residence' program in hospitals. ▶ Held a Coming Together of Health Systems workshop featuring traditional practitioners and dialogue with health professionals from a variety of acute care settings. ▶ Two new north island hospitals, in Comox Valley and Campbell River, incorporate traditional foods menu, welcoming totem poles, cultural safety training targeting executive and medical leadership, emergency and maternity staff, as well as supporting project partners and housekeeping.
<i>Vancouver Coastal Health</i>	▶ Developed Indigenous Cultural Curriculum Model and experiential, in-person workshops for Vancouver Coastal Health Authority staff, including Heiltsuk community-led training sessions. ▶ The Aboriginal Health team facilitated a tailored Indigenous Cultural Safety Training to Carlie Youth Concurrent Disorder Unit at Hope Centre. ▶ Indigenous Elders in Health and Wellness program: supports Vancouver Coastal Health Authority gatherings and events through cultural protocol; facilitates an Elders in Residence program to support Indigenous clients; provides cultural support in times of crises; and provides safety teachings and support to staff. ▶ Facility improvement through cultural design, culturally safe spaces and the grounding of traditional Heiltsuk customs.
<i>Northern Health</i>	▶ Launched an Employee Self-Identification initiative in November 2016 to inform development of a representative workforce within Northern Health Authority including evaluation of recruitment and retention strategies. ▶ Utilizes social media, internet articles, newsletters and presentations to promote cultural safety with Northern Health Authority staff and the general public. ▶ Developed new communications tools including cultural safety resources (a short animated video, booklet, and 4 wall posters).



TRIPARTITE COMMITTEE MEMBERS	CULTURAL SAFETY COMMITMENTS & ACTIONS
Fraser Health	▶ Developed and enhanced a culturally safe process for the intake and reporting of Aboriginal specific complaints. ▶ Established multi-year Elder-in-Residence initiative to provide cultural services to staff and patients in Chilliwack General Hospital and Fraser Canyon Hospital. ▶ Implemented a video and poster campaign articulating the shared vision of a Cultural Safety Framework which was developed to help Fraser Health Authority staff understand their role in improving care and services for the Indigenous population. ▶ Working in partnership with FNHA and Métis Nation B.C. to develop an Introduction to Aboriginal Health eLearning module.
Provincial Health Services Authority	▶ Hosted a Think Tank to gather input into the Indigenous Cultural Safety Strategy and Assessment Tool. ▶ Developing a position statement on Equity and Cultural Safety. ▶ Hosted a National webinar series in collaboration with Ontario Indigenous Cultural Safety program. ▶ Beyond the approximate 21,800 health professionals completing the San'yas training, approximately 40,000 people across B.C. have completed this training.
First Nations Health Authority	▶ Developed cultural safety policy statement and resources, including Key Drivers and Ideas for Change and a series of case studies for each health authority. ▶ Implemented the <i>#It Starts with Me</i> pledge campaign and webinar series. ▶ In partnership with B.C. Patient and Safety Quality Council, held a Best of Both Worlds Forum, Indigenous Perspectives on Quality.
Ministry of Health	▶ Continued implementation of a five-year action plan, including focus on training and education for staff and recruiting/retaining Aboriginal staff. ▶ Hired a Senior Advisor, Cultural Safety and Indigenous Employment. ▶ Working with health system partners on a coordinated approach to provincial cultural safety initiatives.
Health Canada	▶ Working to increase Indigenous representation within the First Nations and Inuit Health Branch to 30% by 2020. ▶ Developing a comprehensive training curriculum addressing cultural safety. ▶ Supporting and encouraging employees to develop cultural competencies.



Mental Health and Wellness

The strong partnership continues between FNHA, Health Canada, and the B.C. Ministry of Health in the area of mental health and wellness. Provincially, this partnership is now expanding to include the newly created Ministry of Mental Health and Addictions. A large volume of work in this area has been focused on the opioid public health emergency (see below). Tripartite partners have worked together to ensure that response efforts are situated within the broader mental health and wellness continuum of care, with strong emphasis on the need to support healing from intergenerational trauma.

Engagement between tripartite partners on key pieces of work in mental health and wellness is ongoing. This includes involvement of health system partners in FNHA's work around the development of integrative mental health and wellness service delivery models, and involvement of FNHA at key tables and strategic planning efforts. Federally, FNHA continues to engage with key partners such as the Mental Health Commission of Canada.

In addition, work is currently underway to use new federal funds to implement additional Mental Wellness teams to support crisis response and healing across the province. The Mental Health and Wellness Summit that FNHA is organizing for winter 2018 will be an opportunity to have a focused dialogue on these initiatives and partnerships while showcasing promising practices in mental health and wellness in First Nations communities in B.C. and beyond.

Taken together, these streams of work are moving towards the realization of a comprehensive, coordinated, and culturally safe continuum of mental health and wellness care for First Nations people in B.C.

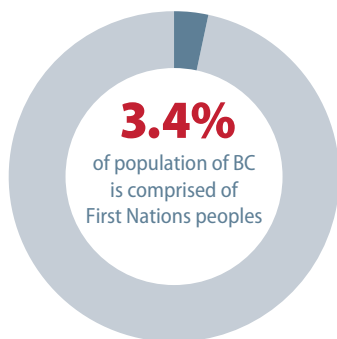


► PUBLIC HEALTH EMERGENCY ON OPIOID OVERDOSE

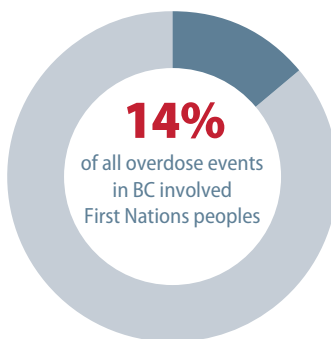


In 2016, the opioid overdose emergency was declared a public health emergency by the B.C. Provincial Health Officer, due to the unprecedented increase in overdoses and deaths in the province. Preliminary data from January to July 2017 shows that fentanyl was detected in 81% of overdose deaths in B.C.³ The crisis has disproportionately affected First Nations in B.C. First Nations people are five times more likely than non-First Nations people to experience an overdose event and overall First Nations people are three times more likely to die due to an overdose.⁴

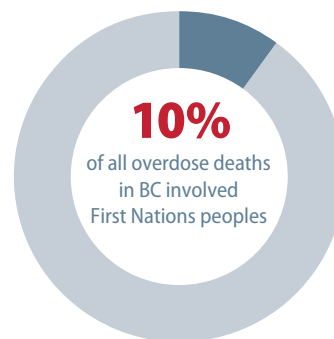
WHAT DID THE DATA SAY?



- Data from overdose events is taken from January 31, 2015 – November 30, 2016
- Data from overdose deaths is taken from January 31, 2015 – July 31, 2016



First Nations people are **5x**
more likely than non-First Nations
to experience an overdose event



First Nations people are **3x**
more likely than non-First Nations
to die due to an overdose

³ BC Coroners Service. (2017). Fentanyl-Detected Illicit Drug Overdose Deaths. Retrieved October 12. Available from <http://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/fentanyl-detected-overdose.pdf>

⁴ First Nations Health Authority. (2017). Overdose Data and First Nations in BC Preliminary Findings. FNHA released information August 3, 2017 from http://www.fnha.ca/newsContent/Documents/FNHA_OverdoseDataAndFirstNationsInBC_PreliminaryFindings_FinalWeb_July2017.pdf





FNHA Overdose Prevention Training

Based on this disproportionate impact on First Nations peoples, FNHA has worked with federal and provincial governments, regional Health Authorities, communities, and other partners to advance a shared Framework for Action. Four action areas have been established to address the public health emergency in partnership with First Nations, starting from the highest level of acuity:

1. Prevent people who overdose from dying
2. Keep people safe when using substances
3. Create an accessible range of treatment options
4. Support people on their healing journeys

The Framework for Action cascades from the tripartite partners' *Reciprocal Accountability Framework* which establishes the process through which the health system works together to collectively address shared goals. Cultural safety and humility is a priority across the Framework for Action to ensure that cultural safety and cultural supports are part of opioid-related interventions taken both by FNHA and health system partners. Moving forward, the tripartite partners will continue

to sharpen the focus on the specific needs of First Nations people. Analysis of data will be continuous and ongoing to better understand how the public health emergency has affected First Nations peoples in order to plan responses to address "hot spots" and specific vulnerable sub-groups. The quantitative data will be complemented by qualitative data, including First Nations-specific journey mapping. Through the information gathered, actions will be informed by the latest data and evidence available, which is integral to informing and monitoring a strategic response to the overdose emergency.

Infant Mortality and Maternal Child Health

The tripartite partners continue to implement actions to reduce First Nations infant mortality rates in B.C. and promote maternal and infant health and wellness.

Key actions have included:

- ▶ Development of a Safe Sleep Toolkit in partnership with Perinatal Services BC and PHSA
- ▶ Development and distribution of the Aboriginal Pregnancy Passport in partnership with Perinatal Services BC and the Ministry of Health
- ▶ Supporting the Doulas for Aboriginal Families Grant Program through the B.C. Association of Aboriginal Friendship Centres (Aboriginal Friendship Centres) in partnership with the Ministry of Health and FNHA
- ▶ Collaboration with the Ministry of Health and Perinatal Services BC in developing a culturally appropriate breastfeeding plan
- ▶ Engagement with First Nations communities regarding Nurse-Family Partnership services to support First Nations women and families, in partnership with the Ministry of Health
- ▶ Addressing gaps in low risk rural maternity care in partnership with the Ministry of Health and Island Health via the Joint Project Board funded Kwakwaka'wakw Teamlet.

In addition, FNHA, Aboriginal Friendship Centres, Métis Nation BC, regional health authorities, Child Health BC and the Ministry of Health are working together to identify key priorities to improve Indigenous women's and girls' health, which include comprehensive healthy relationships and sexuality education and culturally safe, holistic mental health and substance use interventions.

Primary Care and Access to Physician Services

Access to primary health care services remains a significant issue for First Nations individuals and communities in B.C., particularly those in rural and remote locations. Due to the recruitment and retention challenge associated with physician services, particularly in rural and remote communities across the province, some communities have consistent access to full-time physicians in-community and/or via telehealth, other communities have physicians and/or nurse practitioners that visit the community periodically, while others have no community-based

access. Through the Joint Standing Committee on Rural Issues, FNHA and Ministry of Health have been focused on supporting the addition of rural First Nations communities to the Rural Subsidiary Agreement list, which will enable them to access the suite of programs and initiatives for recruiting and retaining physicians to rural First Nation communities.

Improving access to primary health care services is a key shared priority of the tripartite partners. Many First Nations across the province are at the forefront of implementing unique, community-driven primary care projects. These projects are significant innovations that demonstrate how primary health care services could be delivered more broadly in other First Nations communities and the province as a whole. Tripartite partners are committed to support, learn from, and replicate these primary health care service models to improve health and wellness outcomes for First Nations in B.C. As primary care transformation continues across the province, tripartite partners will further develop strategic alignments to increase access to primary health care services for First Nations in B.C., including physician services.





The Tripartite Partners Report on Progress

Health Canada

Canada's commitment to achieving reconciliation with Indigenous Peoples through a renewed nation-to-nation relationship, based on recognition of rights, respect, cooperation and partnership, represents a significant shift in the political environment. The principles of reconciliation have been translated into a government-wide framework that supports permanent bilateral mechanisms and ongoing discussions between Indigenous leaders and the Government of Canada. This new initiative complements the Government of B.C.'s work on reconciliation and strengthens the respectful environment that has been at the heart of the tripartite health partnership in B.C. over the last decade.

To redress the legacy of residential schools and advance reconciliation, the Truth and Reconciliation Commission has called on governments, educational and religious institutions, civil society groups and all Canadians to take action on 94 Calls to Action. Canada has committed to working in partnership with Indigenous leaders and communities to develop a national engagement strategy to implement the recommendations of the Truth and Reconciliation Commission, and Health Canada is collaborating with FNHA to implement a number of these recommendations, including: Jordan's Principle – Child First Initiative, parenting and early childhood education through Aboriginal Head Start on Reserve (AHSOR), establishing measurable goals to identify and close the gaps in health outcomes between Indigenous and non-Indigenous communities, traditional healing, and increasing cultural safety in the health-care system.

► BILATERAL RELATIONSHIP

Health Canada's bilateral relationship with FNHA continues to grow as the delivery of health and wellness services provided to B.C. First Nations is transformed through the new First Nation-led governance structure. The *Shared Vision Common Understanding* serves as an agenda for FNHA Chief Executive Officer and the First Nations and Inuit Health Branch (FNIHB) Senior Assistant Deputy Minister to support executive and operational leadership and partnership over the period of the 10-year Canada Funding Agreement (CFA). This agenda provides a means of renewing joint commitments laid out in the legal and funding agreements that support this historic transfer and monitoring progress in reaching our shared goals.

Over the past year, the Senior Assistant Deputy Minister of FNIHB and the Chief Executive Officer of FNHA have focused on: addressing commitments in the CFA related to establishing the escalator for the final five years of the funding agreement; reviewing an arrangement for FNHA's accommodation space that will allow staff to consolidate as teams and achieve greater efficiencies; and working to advance cultural humility and safety in the delivery of health services.

In addition, a collaborative effort has been made by the partners over this period to support the continued transformation of FNHA's Health Benefits Program and, in particular, the transition of the delivery of pharmacy, dental, and Medical Supplies and Equipment off Health Canada's systems. As a first step in this transition, for eligible BC First Nation Clients, coverage of pharmacy benefits previously delivered under Health Canada's Non-Insured Health Benefits was transferred to the B.C. PharmaCare Program. This transfer, which was finalized on October 1, 2017, assists FNHA in their ongoing efforts to bring decision-making about health benefits into the hands of First Nations.

The *Shared Vision Common Understanding* agenda is supported by FNHA Vice-Presidents and FNIHB Directors General Committee, which plays an important role in fostering relationships on issue- and program-specific areas between FNHA and Health Canada's senior managers, program managers and staff. These linkages broaden the scope of the partnership, support discussions on best practices and lessons learned, and assist in tracking progress against shared priorities and commitments, as well as enable a broader discussion of strategic policy and operational issues.





FNHA Environmental Public Health Services staff.

This year, environmental emergencies, such as marine spills and B.C.'s historic wildfires, have placed additional demands on FNHA to fill immediate gaps in communication and coordination for First Nations communities. Health Canada is facilitating linkages with relevant federal departments to ensure that FNHA's unique contribution is recognized.

Data and information are critical to measuring progress in meeting our joint commitment to demonstrate long-term impacts on health status in B.C. and are essential to ensuring that Health Canada has the capacity to produce reports on the health status of First Nations that are national in scope. In this respect, Health Canada is working with the partners to increase shared data and information gathering abilities.

► GOVERNANCE AND ACCOUNTABILITIES

Health Canada is working closely with FNHA to address requirements related to governance and accountability measures that have been put in place with respect to the *B.C. Tripartite Framework Agreement on First Nation Health Governance*. The Senior Assistant Deputy Minister is committed to meeting annually with the FNHA Board, which provides an update on their corporate policies. Health Canada's Office of Audit and Evaluation has undertaken an audit to determine Health Canada's compliance with the *Framework Agreement* and an evaluation of Health Canada's role in supporting FNHA as a governance partner. The evaluation found that Health Canada supports the governance of the agreement by participating in governance forums, facilitating new relationships between the tripartite partners and other federal

government departments and stakeholders, and increasingly through informal channels as relationships have matured.

► SUPPORT FOR FIRST NATIONS HEALTH COUNCIL – FEDERAL DEPUTY MINISTER TABLE ON SOCIAL DETERMINANTS OF HEALTH

Although access to health services is critical, social and economic conditions have a significant impact on health status. The Deputy Minister (DM) and the Grand Chief, Chair of the First Nations Health Council, co-chair a DM-level table in support of a partnership to advance the social determinants of health agenda. The objective of this collaboration is to bring together decision makers at federal and provincial levels in order to strengthen capacity and contribute in a coordinated way to improving the health status of B.C. First Nations. The First Nations Health Council has facilitated federal departments to engage B.C. First Nations leaders through regional caucus sessions that are community-driven and Nation-based, and is advancing a discussion with First Nations in B.C. on the characteristics of a Nation-to-Nation relationship and new approaches to federal funding that would support these efforts. With a mandate to provide service delivery that is patient-centred, focused on community wellness, linked to provincial health care systems, and that considers the connection between health care and the social determinants, Canada's department of Indigenous Services, created on August 28, 2017, will support and enhance efforts to integrate services across the country, including in B.C.

First Nations Health Authority

► ENHANCING CRISIS RESPONSE

As a health and wellness partner to B.C. First Nations communities, FNHA is committed to enhancing crisis response. In addition to the collaborative work that was already underway to address the public health emergency on opioid overdose, FNHA focused on a health literacy campaign to reach B.C. First Nations, including information on harm reduction, treatment centres, and education around take-home naloxone. FNHA delivered naloxone training to more than 110 First Nations communities — more than half of the First Nations communities in B.C. Over 70 First Nations health centres are registered to provide naloxone kits at no cost to First Nations individuals.

In May of 2016, FNHA partnered with the KUU-US Crisis Line Society, an established, culturally safe crisis response hotline to support First Nations and Aboriginal people across the province with immediate 24-hour, seven-days-a-week support services regardless of where individuals reside in the province. KUU-US services are provided to First Nations, and by First Nations. All crisis response personnel are certified and trained in Indigenous cultural safety and therefore bring an understanding of First Nations history and intergenerational trauma to their roles.

FNHA also focused on building capacity for trauma-informed care with community-based frontline health service providers by initiating the “Roots of Trauma” training sessions across B.C. A total of 231 frontline providers participated in three-day training sessions.



OVERDOSE PUBLIC HEALTH EMERGENCY – SHARING TOOLS AND RESOURCES

FNHA developed a health literacy campaign with First Nations in B.C. around the impacts of substance use, the overdose public health emergency, harm reduction, take-home naloxone, and treatment support options. The campaign included a video series, poster sets, media editorials, information sheets on myths and talking about substance use, web blogs and more. A number of the materials were co-branded with the Ministry of Health. The materials can be found at www.fnha.ca/overdose.



Orange Shirt Day at the FNHA, 2017

► WELLNESS ENGAGEMENT

In addition to supporting the B.C. Elders Gathering, Gathering Our Voices Youth Conference, and Summer and Winter Wellness Initiatives for communities in 2016-2017, FNHA partnered with Esk'etemc First Nation and five regions to offer grants to support awareness of and end violence against Indigenous women and girls. Grants of \$1,000 were available to all First Nations communities in B.C. who wanted to host an event or ceremony focused on this issue. Eighty-two communities hosted various inspiring events and ceremonies across the province. Commitment Sticks are a gift from the Esk'etemc community. FNHA was honoured to see Hereditary Chiefs, Chiefs and frontline health-care workers proactively take up this commitment and work together to support families that experience the trauma associated with violence and abuse.



► TRANSITION TO PHARMACARE

In early March 2017 the B.C. government enacted a regulation change which previously prevented First Nations from joining the provincial benefit provider. On October 1st, 2017 over 143,000 eligible First Nations joined a new custom PharmaCare Plan W (Wellness). PharmaCare Plan W was designed to meet the unique needs of First Nations in B.C. today, and creates the ability for future plan changes. Client safety and minimizing impacts to clients were the key principles underpinning the transfer. In total, over 110,000 special authorities (grand parenting of drug coverage) were put in place to ensure a smooth transfer for First Nations in B.C. This true tripartite effort is an important milestone in bringing decision-making and control closer to home for First Nations in BC. The transition to PharmaCare sets the stage for the transformation of dental, vision and other benefit areas.

► INDIGENOUS CANCER STRATEGY

The research paper titled "Cancer in First Nations people living in British Columbia, Canada: an analysis of incidence and survival from 1993 to 2010," was completed by FNHA and the BC Cancer Agency in September 2017, with findings recently published in the journal *Cancer Causes and Control*. The study highlights the unique challenges within cancer care facing First Nations peoples in B.C. Findings showed lower incidence rates for First Nations peoples in B.C. overall, but over-representation and lower survival rates for several commonly diagnosed types of cancer. The differences identified in diagnosis and survival rates in the paper highlight the need to acknowledge the impact of colonization on the health and wellness of First Nations people, and the importance for health system and community partners to work collaboratively to improve culturally safe care and services along the entire cancer-care continuum, from prevention to survivorship and end-of-life.

CANCER AMONG FIRST NATIONS PEOPLE LIVING IN BRITISH COLUMBIA

- ▶ First Nations women show 22% higher age-standardized incidence rate for colorectal cancer.
- ▶ First Nations men show 39% higher age-standardized incidence rate for colorectal cancer.
- ▶ A 92% higher incidence rate of cervical cancer was found.⁵



FNHA continued to work with the BC Cancer Agency, BC Association of Aboriginal Friendship Centres, and Métis Nation BC to create an Indigenous cancer strategy. The plan will support communities and individuals in preventing cancer before it starts; detecting cancer before symptoms appear; receiving culturally safe cancer care treatment; and experiencing supportive survivorship and end-of-life journeys.

Additional joint work undertaken by FNHA, BC Cancer Agency, Aboriginal Friendship Centres, and Métis Nation BC over the last year included: hosting a cancer patient forum in Prince George; educational sessions with Aboriginal Friendship Centres staff on cancer care and cultural safety; and the development of a cancer support booklet. BC Cancer Agency and FNHA provided Lunch and Learns to the six cancer centres on the importance of culturally safe care, on the role of Indigenous Traditional Medicines, and Métis People and their history. With the involvement of the Métis Nation BC, Aboriginal Friendship Centres, and BC Cancer Agency, FNHA also secured Indigenous Art from the local First Nations territory that each of the six cancer centres are situated on. BC Cancer Agency has also placed Métis art pieces at each of the six centres. FNHA and BC Cancer Agency are currently assisting with the development of an effective Indigenous Self-Identification process with PHSA.

▶ COLLECTING DATA FROM ACROSS B.C.

This year, FNHA gathered Regional Health Survey (RHS) data in 121 First Nations communities in B.C., with more than 5,000 surveys completed. Three of our five regions participated in a “100 per cent sample,” meaning each and every First Nations community in the Interior, Fraser Salish and Vancouver Coastal Regions were sampled and invited to participate in the RHS. Data collection was performed largely in 2016-2017. Data analysis and reporting will take place in 2017-2018.

ESK’ETEMC FIRST NATION’S SXOXOMIC SCHOOL opened in September 2017. The new facility, which accommodates students from preschool to Grade 7, includes three classrooms, a gymnasium, kitchen, pow wow circle and preschool space. Indigenous and Northern Affairs Canada invested \$7.3 million to support construction of the new school and FNHA invested \$435,000 for construction of the preschool space, recognizing that early childhood education and wellness sets the stage for health and success later in life. FNHA is supporting Aboriginal Head Start On-Reserve programming at the Sxoxomic School.

⁵ McGahan, C. E., Linn, K., Guno, P., Johnson, H., Coldman, A. J., Spinelli, J. J., & Caron, N. R. (2017). Cancer in First Nations people living in British Columbia, Canada: an analysis of incidence and survival from 1993 to 2010. *Cancer Causes & Control*, 28 (10), 1105-1116. doi:10.1007/s10552-017-0950-7



Ministry of Health

Following the May 2017 provincial election, the new Premier of British Columbia provided the following direction to each new Cabinet minister in the July 18th, 2017 mandate letters:

“As part of our commitment to true, lasting reconciliation with First Nations in British Columbia our government will be fully adopting and implementing the United Nations Declaration on the Rights of Indigenous Peoples, and the Calls to Action of the Truth and Reconciliation Commission. As minister, you are responsible for moving forward on the calls to action and reviewing policies, programs, and legislation to determine how to bring the principles of the declaration into action in British Columbia.”

With this direction in mind, the Ministry of Health continues to work toward “hardwiring” the incorporation of the tripartite partnership and First Nations health and wellness across all ministry priorities and initiatives, with our provincial health partners, and strengthened by our robust working relationship with the tripartite governance structure, a demonstrable step toward the vision of UNDRIP and the TRC Calls to Action. The work to ensure First Nations health is embedded into health system policies, programs, and services, also assists in identifying opportunities and addressing barriers as appropriate. The ministry continues to work collaboratively with FNHA to affect health system change on a range of policy and service issues to address areas of priority for communities, such as access to primary care, mental health and addictions services, suicide prevention and response, infant mortality and maternal-child health services, health promotion, and data analysis.

This has been particularly evident over the past year as the ministry has worked to refine the policy directions for comprehensive primary and community care, the priority for improving the health-care system for British Columbians. Primary Care Networks (PCNs) will be established across British Columbia to provide quality primary care services for communities and, as required, coordinate access to health authority specialized services, including those for mental health, substance use and seniors. The PCNs will create greater efficiencies, providing timely access to comprehensive, coordinated, culturally safe and inclusive, primary care through team-based care. PCNs will be established at the local level, and be relevant and sensitive to the needs and perspectives of community members, including First Nations communities.



The new government has also signaled its commitment to address the opioid overdose emergency and improve access to mental health and addictions services through the creation of a new ministry, the Ministry of Mental Health and Addictions. The Ministry of Health is working to support the new ministry and include it in the tripartite partnership, given the high priority BC First Nations have placed on improving mental health and wellness in every region.

► EMERGENCY RESPONSE

As a tripartite governance partner, the Ministry of Health continues to emphasize its commitment to improve Indigenous health and wellness through partnership, collaborative policy development and planning. This foundational relationship with our partners, including close working relationships on the ground among First Nations communities, FNHA and regional health authorities, was critical in the provincial and health system response to the BC wildfire emergency in the summer of 2017. Recognizing that there were devastating outcomes for

some communities, still the relationships among the partners did help to leverage resources and supports, to respond as quickly as possible in the face of a very unpredictable wildfire season. When issues arose, they were for the most part quickly addressed and corrected. We all learned from this experience and are participating in forums to hear from communities and learn, so that next time we can all respond more effectively.

These same foundational relationships have also supported the response to the ongoing opioid overdose public health emergency. This emergency response, now being led by the newly created B.C. Ministry of Mental Health and Addictions, is of the highest priority for the new government, with additional investments and a new focus on prevention, harm reduction and treatment actions to reduce the risk of overdose and overdose death. Our work with FNHA and the health system has seen increased services and outreach over the past year, and together more actions are being developed and implemented.



Kamloops – August 3, 2017
Air Quality Health Index: 49



Kamloops – August 16, 2017
Air Quality Health Index: 3



► BC PHARMACARE

FNHA and Ministry of Health staff worked together over many months to successfully implement the BC PharmaCare First Nations Health Benefits Plan W for eligible First Nations clients who were previously receiving services through Health Canada's Non-Insured Health Benefits (NIHB) Program. The integration of First Nations drug benefits with the provincial PharmaCare plan removes the need for clients to navigate both federal and provincial systems. The transition to date has been largely seamless, thanks to the staff of the tripartite partners who worked tirelessly to ensure this transfer was done in a way that was best for the client, maintaining open communications and providing considerable transition supports for clients along the way.

► SOCIAL DETERMINANTS OF HEALTH

Further to the March 2016 memorandum of understanding between the province and the First Nations Health Council, this past year has seen continued progress and engagement has occurred

towards the joint development of a 10-year social determinants of health strategy across provincial social policy ministries, First Nations social policy councils, and ultimately with federal partners. Moving into our second year of partnership and having completed two rounds of regional engagement sessions, the eight partner provincial ministries are successfully seeing community voice influence ministry service planning across the provincial government. An opportunity for senior executives to participate in regional caucus sessions has led to each ministry embedding early actions into ministry service plans. For the Ministry of Health, this has meant a commitment to enhance programming and resources for new mothers and parents; improved access to mental health and wellness services, working with our partners at the Ministry of Mental Health and Addictions; and enhancing culturally safe health care. Further dialogue with regional caucuses and federal departments will inform the development of the strategy as it is developed through a community-driven, Nation-based approach.



Whistler Alpine Meadows

Regional Partnership Accords

THROUGH THE JOINT PROJECT BOARD, 27 regional projects and over 60 health professionals are funded to enhance primary care service access and delivery to First Nations communities.

The partnerships between regional health authority and FNHA teams continue to grow, strengthen and evolve. With some regions renewing their partnership accords, the engagement, partnership and collaboration at the regional level continue to strengthen each year. Through unfortunate events such as the wildfire season of 2017 and the overdose public health emergency, these partnerships have been tested this year in ways we could not have foreseen. What we have experienced however, affirms that having this system-wide commitment to improving Indigenous Health, addressing cultural safety and humility, and having regular mechanisms to discuss and act on issues, policies, services and emergencies, means that B.C. is making progress, and is more prepared than it was only a few years ago.

Much of the primary care work focuses on initiatives completed through the Joint Ministry of Health and First Nations Health Authority Project Board (Joint Project Board), which is a joint senior executive table that identifies and looks to remove policy barriers to improve access to primary care for First Nations communities. Joint Project Board has funded 27 projects across the province, which equates to increased investments to support increased access to primary care practitioners and other supports such as mobile outreach teams, crisis workers, mental health counsellors, patient navigators, and nursing supports.

Each health region has provided highlights of the work they have done over the last year to improve health care delivery to Indigenous peoples, under the support and guidance of the Tripartite Committee on First Nations Health, and the regional partnership tables. The descriptions vary from region to region, but all speak to their partnership work in maternal and child health, mental health and wellness, and primary care.



Interior Health – Mount Waddington



Jenn Smith and Bill Cramer – Regional Caucus 2016



Interior Region

► BACKGROUND

Partnership between Interior First Nations and Interior Health Authority is facilitated through the Partnership Accord Leadership Table, which comprises senior officials from Interior Health Authority and representatives from each of the seven Nations. Technical advice and recommendations to the Partnership Accord Leadership Table are provided through the Interior Region Aboriginal Wellness Committee technical table, consisting of senior management from Interior Health Authority, technicians from the seven Nations and one Métis representative.

Interior partnership tables serve as an influential forum for collaboration and joint efforts on First Nations priorities, policies, resources, programs and services in the Interior region. These operate from a joint multi-year workplan guided by the Partnership Accord, Interior Nations interim *Regional Health and Wellness Plan* and the Interior Health Authority *Aboriginal Health and Wellness Strategy (2015-2019)*.

Nation Letters of Understanding (LOUs) have been signed between each of the seven Interior Nations and Interior Health Authority. These agreements create a strong link between Interior Health Authority and Nations to provide a setting where community health concerns and initiatives can be shared and discussed and local decisions impacting First Nations communities can be made. An audit of the Interior's seven LOUs was conducted in 2016/17, which found that the agreements were achieving the intended purpose of establishing and improving relationships between Nations and Interior Health Authority; have created strong partnerships and improved local coordination of services; and provided a platform to resolve local health issues.

The Interior Region Partnership Accord, an agreement between Interior First Nations and Interior Health Authority to improve health outcomes of First Nations people, will automatically renew in the fall of 2017. An evaluation is currently underway to seek feedback from key partners through interviews and focus sessions with key groups to help guide a renewed Partnership Accord.

► JOINT PROJECT BOARD PROJECTS

Currently in the Interior region there are eight Joint Project Board Nation-based projects that Interior Health Authority supports. The Nations design the projects based on community identified need and Interior Health Authority and FNHA are partners in ensuring their successful implementation. Positions include nurse practitioners, trauma support teams, clinicians, dietitians, mental health workers and health advocates. For 2016/2017, Interior Nations have identified mental wellness and substance use, primary care and traditional wellness as key priorities. Targeted action plans are in development and alignment opportunities between Nations, the FNHA and Interior Health Authority are being explored. Each Nation is participating to identify needed on-the-ground actions and appropriate care delivery strategies.





St'at'imc Sacred Space Opening, 2017

► MENTAL HEALTH AND WELLNESS

An Interior Health Authority Aboriginal Mental Wellness Plan was endorsed in principle by Interior Health Authority leadership and is nearing completion. Engagement with Nations was paramount in the creation of this strategy to improve not only Interior Health services but also to look beyond these to offer a more holistic direction forward for mental wellness services in the Interior region. The plan speaks to five priority areas of focus: develop and enhance family and community based prevention, promotion, awareness, and self-care supports, participate in meaningful engagement, build trauma-informed, culturally safe Interior Health Authority mental health services, increase equitable access, improve transitions and reduce barriers, and apply a continuous quality improvement lens.

As part of the Province's commitment to add 500 additional substance use spaces throughout British Columbia by 2017, Interior Health Authority announced its plan to open 73 substance use treatment beds within the interior. In collaboration with FNHA, Interior Health Authority set-up 14 support recovery beds with existing Aboriginal service providers designed specifically for Aboriginal people. Bed locations are as follows: four beds in Cranbrook with the Ktunaxa Nation, six beds in Armstrong with Round Lake Treatment Program, and five beds in Alkali Lake with Esk'etemc First Nation.

► INFANT MORTALITY

Early in 2017, Interior Health Authority formed an Infant Mortality Review Committee consisting of leadership from a cross-portfolio and cross-sector to decrease the occurrence of infant deaths in the Interior region and reduce the gap in infant mortality between First Nations and other residents.

The Infant Mortality Review Committee will be providing consultation support to encourage prenatal contact and facilitate close communication between expectant mothers and local health care providers, promote universal access to safe infant sleep space, and increase awareness and knowledge of infant safe sleep practices.

► ELDER CARE

In early 2017, Interior Health Authority made a funding announcement at the Partnership Accord Leadership Table that the equivalent of 30 residential care beds would be earmarked annually specifically to support First Nations Elders beginning in 2019/2020. Through extensive engagement with Interior Nations on how to best target this funding, a nursing enhancement to improve Elder care for each community will be put forth for adoption to Interior Health Authority Senior Executives in the fall of 2017. The joint planning for this initiative was the first of its kind for Interior Health Authority and Nations where considerable flexibility was provided to the Nations on how to design the funding to best meet the needs of communities. Many Nation leaders have seen this initiative as a best practice on how to plan together going forward.

► OVERDOSE

Interior Health Authority and the Interior FNHA team collaboratively developed an Interior Region Overdose Response Framework. The Vancouver office of FNHA recently released a province-wide Overdose Report with recommendations including immediate harm reduction measures, developing Nation/regional protocol, communications and information sharing, and enhancing links to timely and equitable services.



An Interior Health Authority Aboriginal Harm Reduction Coordinator supported Take Home Naloxone training for Aboriginal health care partners on reserve as well as urban agencies. The coordinator was able to connect with all Interior First Nation communities and urban agencies to discuss harm reduction education and services.

► IMIT

Since 2011, Interior Health Authority has been leading the province in helping to gather data through the creation, development and reporting of the Aboriginal Self-Identification Project within the acute care setting. The expansion of this project is being rolled out to community information systems. In an effort to improve communication and discharge planning, remote access to Interior Health Authority's clinical information system for community health nurses has been piloted with Splat'sin First Nation and is currently rolled out to four communities, with more communities being added as they meet conformance requirements.

► INTERIOR WILDFIRES

On July 7, 2017 the Province of British Columbia announced a provincial state of emergency regarding the wildfire situation, which was subsequently extended throughout the summer. This was an unparalleled situation which affected nearly half of

all First Nations communities in the Interior region. Throughout the emergency response process, FNHA and Interior Health Authority collaborated to efficiently resolve barriers and ensure that required culturally appropriate health supports were available to Interior First Nations. FNHA played a key role supporting the coordination of mental wellness, emotional, and cultural supports, assessing the public health impacts of the emergency on-reserve and assessing the regional public health impacts of the wildfires in partnership with Interior Health Authority.

► LEADERSHIP COMMITMENT

The FNHA and Interior Health Authority CEOs signed a CEO to CEO Protocol in April 2017. The purpose of this document is to set out a shared approach and agenda between the respective organizations, which will support executive and operational partnership in the implementation of the Interior Partnership Accord and Tripartite First Nations Health Plan.

Demonstrating a commitment to understanding the reality of First Nations communities on the ground, Interior Health Authority CEO and senior leadership toured the communities of the Nlaka'pamux and Northern St'át'imc Nations, meeting directly with Chiefs and Councils, health leadership and community members to listen and learn how Interior Health Authority can better support communities.



Okanagan Nation and Syilx basketball thanked the FNHA for their support at the 2017 Junior All-Native Basketball Tournament.

Northern Region

Northern First Nations, the First Nations Health Authority and the Northern Health Authority work in partnership to improve Northern First Nations peoples' health outcomes, through the continuing implementation of the *Northern Partnership Accord*. This accord enables partners to align planning, program and service delivery at local and regional levels through the operationalization of the *Northern First Nations Health and Wellness Plan*.

The Northern Region is made up of three distinct geographical sub-regions: the Northwest, North Central and Northeast regions. There are 54 First Nations communities with more than 47,000 First Nations people in the region. Northern First Nations community leadership makes decisions and sets direction for First Nations health and wellness activities in the region through sub-regional caucuses with representation from health leads and community leadership.



► JOINT PROJECT BOARD PROJECTS

Three Joint Project Board projects focused on primary care and mental wellness/substance use are underway or planned: (1) 11 Wellness and Substance Use Mobile Support Teams providing service to 29 First Nation communities, (2) one Primary Care Team providing primary care service to four First Nation coastal communities, and (3) Nurse practitioner support and service delivery. Project development is overseen by a Project Advisory Committee (PAC) that includes partners from northern First Nations communities, Northern Health Authority, and FNHA, and that provides leadership for implementation, evaluation, and ongoing support to community Mobile Support Teams (MSTs). The PACs are accountable to the Northern First Nations Health Partnership Committee. The FNHA and Northern Health Authority have also committed technical support to assist in the development of the MSTs and to conduct evaluations of the project.

Currently there are four MST projects fully operational across the north; the remaining seven teams are in the preplanning stage. Lessons learned from operationalizing the current MSTs will help to inform future implementation. For example, First Nations communities hosted a welcoming feast for new MST employees providing an opportunity for relationships to develop. The impacts of these teams are evident in their quick responses to community crises and in high number of client visits, for example, 307 between three MST sites. In addition, MST staff are supported through professional development opportunities such as their recent participation in *Applied Suicide Intervention Skills Training* offered by FNHA.

The Primary Health Care Team is moving toward implementation with considerable time being spent in preplanning and planning given the complexity of the project. Nurse practitioners are being supported while others are being recruited for work in First Nations communities.

► MATERNAL CHILD HEALTH

A Northern Maternal Child Health Working Group (NMCHWG) was established this year. The group has had two meetings where the focus of the work has been on identifying regional priority linkages with provincial strategies and implementation of the Terms of Reference. The product of these meetings is the first draft of an NMCHWG work plan. Ongoing work includes refining the work plan to include specific priorities, associated activities, success



indicators and timelines. An important aspect of this work is to identify regional and provincial partnerships that will increase the scope and breadth of the work.

► MENTAL HEALTH AND WELLNESS

In addition to the extensive planning and work with the Mental Wellness MSTs, considerable work, often in response to community crisis, is being undertaken in the area of mental health and wellness. The FNHA Crisis Response Advisor provided extensive support with assistance from the northern regional team during the interior wildfire evacuation, aiding evacuees with navigating services, administering gift cards and providing culturally informed emotional support. Resources were also developed to share with clients on the signs of traumatic stress and coping strategies. Ways to improve process and consistency for responses to sensitive crises have been identified by both FNHA and Northern Health Authority as an area of further work.

Jordan's Principle requests within the region are another important area of work and are supported by regional mental wellness teams. These teams provide community follow up, planning support, leadership briefings, alignment with various FNHA service pathways, and recommendations on improving process and avoiding duplication in resources.

In response to the opioid emergency an Opioid Agonist Therapy (OAT) Program is being piloted in two communities as a partnership between FNHA Nursing and Northern Health. FNHA Nursing is working on the policy and procedures to support medical procedures to induct patients in to OAT-5. The regional team is arranging a meeting with community leadership to gain their direction on next steps and provide some expert consultation from FNHA Nursing and Northern Health Authority partners.

The Mental Wellness and Substance Use Working Group continued meetings to advance community priorities in mental wellness and substance use (i.e. Opioid Response, MST Services). The working group has been examining the development of collaborative Mental Wellness training targets to offer in northern

First Nations communities as well as finalizing a shared crisis response protocol.

Provincial activities include participation and support at the FNHA Mental Health and Wellness Redesign meeting with provincial partner of the National Native Alcohol and Drug Abuse Program (NNADAP) Treatment Centres, as well as participation and support at the Correctional Health Services Dialogue with the PHSA.

► ABORIGINAL HEALTH IMPROVEMENT COMMITTEE

Considerable work focused on cultural safety has been undertaken in the past year. Northern Health continues to support more than 500 Northern Health Authority employees annually to participate in Indigenous Cultural Competency Training offered by the PSHA. Northern Health Authority Indigenous Health, together with Northern Health Authority Human Resources, launched an Employee Self-Identification initiative in November 2016 to inform development of a representative workforce within Northern Health Authority including evaluation of recruitment and retention strategies. Northern Health actively champions FNHA's Cultural Safety and Humility Campaign amongst its staff and leadership. Specifically, Northern Health Authority utilizes social media, internet articles, newsletters and presentations to promote cultural safety with Northern Health Authority staff and the general public.





Drying Fish



Many cultural safety resources have been developed in the past year. A significant number of these (eight) were developed by the Aboriginal Health Improvement Committees⁷ whose annual work includes the development of culturally specific resources, for example, a booklet of Gitksan words and phrases to support health practitioners communicating with Gitksan Elders, an aerial video of a local First Nations community showing the natural landscape and vegetation, and an Indigenous patient services card to ease entry into hospital emergency wards.

In addition, Indigenous Health, Northern Health Authority developed a series of cultural safety resources including an animated cultural safety video, supporting booklet and a series of four large posters which have been used in several presentations and formal teaching opportunities. Related to this learning and to support the continued realization of cultural safety, an informal community of practice group has been formed by committed Northern Health Authority

employees. This circle provides opportunities to deeply explore cultural safety and its realization in practice. Further, in support of patients and visitors to Northern Health Authority health facilities, a booklet identifying the location and use of spiritual rooms and sacred spaces was created. In addition to these resources, specific cultural safety training for Northern Health Authority employees, Indigenous communities and the public at large have been addressed through the specific internal Northern Health Authority presentations, community specific webinars and public webinars (in partnership with the National Collaborating Centre for Aboriginal Health) focused on complex topics such as trauma-informed practice, racism and cultural safety. Cultural safety in emergency rooms, enhanced education initiatives, continued development of cultural resources and support of local communities' cultural safety initiatives are future priority areas for FNHA and Northern Health Authority as they continue to collaborate and partner on this critical work.

⁷ Aboriginal Health Improvement Committees are collaborative groups that bring Northern Health frontline workers and administrators together with First Nations and Indigenous health representatives and First Nations and Indigenous community leaders to share information and work in partnership on local health priorities.



Island Health staff attend a Cultural Safety and Humility workshop on Snuneymuxw traditional territory, September 2016

Island Region

► VANCOUVER ISLAND PARTNERSHIP ACCORD

On December 13th, 2016, Chiefs, Elders and community members joined representatives from FNHA, Island Health, and the First Nations Health Directors Association to celebrate the signing of the renewed Vancouver Island Partnership Accord. The Accord strengthens partnerships and shared decision-making towards the common goal of improving health outcomes and creating a more integrated, culturally appropriate, safe, and effective health system for Indigenous peoples on Vancouver Island.

► JOINT PROJECT BOARD INITIATIVES

The Island region has been successful in the establishment of four primary Joint Project Board initiatives: The Kwakwaka'wakw Primary Maternal, Child and Family Health Collaborative Team; the Coast Salish Primary Care Teamlet; the Vancouver Island Nurse Navigators project; and the Vancouver Island First Nations Mental Health and Wellness initiative.

The Kwakwaka'wakw Primary Maternal, Child and Family Health Collaborative Team in Campbell River provides high quality, culturally safe, accessible care that is close to home for women and families in the Kwakwaka'wakw territory of North Vancouver Island. The team currently consists of a project manager, two health coaches, and a family wellness navigator. The Kwakwaka'wakw Project has provided sessional funding for physician participation in Cultural Safety Training, and, in collaboration with Kwakiutl District Council Health Services, the project also funded the training of thirty postpartum doulas.

The Coast Salish Primary Care Teamlet, Sihexun Sun'ts'a Clinic, is based on a First Nations-driven model of care, designed and resourced to meet clients' holistic and complex needs. The primary care teamlet is relationship-based and client-centred, and consists of a general practitioner, registered nurses, a registered dietitian, a social determinants advocate, a speech therapist, two health coaches and a physiotherapist. The clinic provides care to communities in the Cowichan Valley, with 328 rostered clients as of March 2017. The Coast Salish Teamlet Steering Committee is currently working to develop an evaluation system to assist in planning for client-panel growth and expansion.

The Nurse Navigators project funds two licensed practical nurses and one registered nurse, all of whom work with clients and care providers to remove barriers and improve health outcomes. This is accomplished through the coordination of culturally safe discharge planning, and access to resources, services, and supports. The nurse navigators are community-based and situated within each of the three family groupings, enabling them to provide service which aligns with the unique values, beliefs, and teachings of the respective cultural families.

The Vancouver Island Regional Mental Health and Wellness project will provide prevention, intervention, and post-vention services rooted in a traditional, cultural approach. The project aims to enhance the availability of, and access to, mental health and wellness services, with special emphasis placed on improving prevention-based services in community. The overarching goal of the project is to reduce the number of incidents related to social and psychological challenges, and the promotion of day-to-day mental wellness. The teamlet, once fully staffed, will include four social workers, two psychologists, six clinical counsellors, and eight cultural support workers.

► MENTAL HEALTH AND WELLNESS

Mental health and wellness continues to be one of Vancouver Island's key priority areas. Of pressing concern is the provincial opioid emergency and the need for both immediate and long-term strategies to address this public health issue. More immediate efforts involve preventative and harm reduction measures, including public education and the distribution of naloxone kits.

A regional Overdose Response Action Framework is also under development, and Island Health and FNHA are collectively assessing the need to enhance shared responses. Island Health's Mental Health and Substance Use services continue in their efforts to improve accessibility for vulnerable, higher-risk populations. In addition to responding to the opioid emergency, the partners also recognize the importance of addressing other substance use issues, including alcohol

abuse which is frequently noted as a risk factor for communities experiencing a crisis.

► INFANT MORTALITY AND MATERNAL CHILD HEALTH

Island Health's Infant Mortality Review Committee (IMRC) has been reviewing infant deaths in the region since 2007. The most recent report (January 2017) indicates that between the years of 2012 and 2014 there were 81 infant deaths; translating into an estimated 4.26 infant deaths per 1,000 live deaths. While Aboriginal peoples make up approximately 6.6% of Vancouver Island's population, they disproportionately represent 26% of all infant deaths and 50% of Sudden Unexplained Death in Infancy (SUDI). The high proportion of SUDI deaths indicates that there are opportunities available to reduce these deaths by modifying the contributing external factors.

Given the onset of the opioid public health emergency, however, the last couple of years have posed real challenges... The need stands for increased emphasis on trauma-informed practice, and the tying of these practices to provincial strategies to ensure they meet the unique perspectives and needs of First Nations people.

– Island Health reflection on the Vancouver Island Partnership Accord

"In 2012, Island Health was honoured to sign the first Vancouver Island Partnership Accord. I was privileged to witness the signing of the renewed Partnership Accord in December 2016. The Partnership Accord affirms our shared goal of improving health outcomes and creating a more integrated, culturally appropriate, safe, and effective health system for First Nations on Vancouver Island."

– Kathy MacNeil, Interim President & Chief Executive Officer, Island Health



Fraser Region

Fraser Health Authority and FNHA have committed two million dollars to improve health and wellness for Indigenous people living in the Fraser Salish region, with funding going towards initiatives and services that address unmet needs identified through available population health data and by First Nations communities and Indigenous peoples. This partnership between Fraser Health Authority and FNHA is a positive step that will empower communities, strengthen the overall health of our population, and address gaps within the health-care system.



► FRASER REGION JOINT PROJECT BOARD PROJECTS

The Primary Health Care at Stó:lō Nation Health project addresses gaps in physician services available at the Stó:lō Nation Health clinic. The clinic previously operated under a fee-for-service model which did not support the more beneficial intensive case-management service approach, and only provided funding for one full time general practitioner (GP) to develop a more holistic, case-management model to managing clients' health. In July 2016, the full time GP position was re-profiled with 70% of time allocated to a GP and 30% allocated to a traditional Chinese medicine Practitioner.

The Seabird Island Primary Health Care project addresses gaps in services provided by the Seabird Island Primary Care Clinic and integrates primary care services with social and support services to provide First Nations clients with health care that effectively and holistically addresses their health and wellness. Joint Project Board funding provides subsidies for two full time GPs at the clinic.

The Wellness System Navigators project works with individuals living with chronic conditions to advance wellness across the full spectrum of the health and social system. Joint Project Board funding supports a full time registered nurse and registered social worker to facilitate a person-centred and holistic approach to health and wellness, through health/social systems mapping, individual health and wellness planning, and increased health literacy.

In response to high youth suicide rates in the Fraser Salish region, the Mental Health Clinicians Services project, which previously operated as a Youth Suicide Prevention, Intervention, and Postvention (PIP) Coordinator, was realigned in fiscal year 2015-2016 and now provides funding for two full time mental health clinician positions to increase access to mental wellness and substance use supports for Fraser Salish community members.

The Riverstone Home/Mobile Detox and Daytox Program project supports First Nations communities to address substance use in the eastern Fraser Valley through the development of two new teams consisting of one full time registered nurse position and one full time registered clinical counsellor position per team to provide services seven days a week.

► PRIMARY AND COMMUNITY CARE

The vision shared by communities, FNHA and Fraser Health Authority is to redesign health service delivery to “ensure a person-centred experience of care that is holistic, integrated, coordinated, and accessible – and that our diversity and culture are respected.” In this respect, and consistent with community-driven, Nation-based priorities, a phased approach is being taken to gather required information to support evidence-based decision-making on regional investments and primary and community-care transformation. The partners committed to comprehensively map out current health services provided to First Nations living on and off reserve within the Fraser Salish region.

► MENTAL HEALTH AND WELLNESS

In partnership with Fraser Health, FNHA hosted a Mental Wellness Forum in February 2017 for service providers, health directors, community front line workers, community champions, Elders and youth. A report was generated which provided next steps for a three-year work plan.

Fraser Salish community leadership drove the development of a “Call to Action on Suicide” plan as a response to a series of suicides in our communities. Personal and organizational commitments to action were discussed, and next steps include the Youth leading Youth event. Further, FNHA and Fraser Health, in partnership with Fraser Region Aboriginal Friendship Centre Association (FRAFCA), hosted a Surrey Urban Indigenous Youth event to inform perspectives on Indigenous youth life promotion.

The Building Land-Based Resilience in Fraser Valley First Nations Youth Research Project is currently in its second phase. The research team will host a Digital Storytelling Workshop for three youth from each of the four collaborating communities (Sumas, Sqewlets, Nuxaulk and the Mission Friendship Centre) to build capacity among youth workers.

FNHA and Fraser Health-Aboriginal health coordinated engagement between the START and Early Psychosis Intervention program and First Nation communities, Métis Chartered communities and the Urban Indigenous population to enhance community awareness around mental health services. In addition, and in accordance with the BC Suicide Prevention Intervention Postvention framework, gatekeeper resource guides were developed to inform First Nation communities of active mental health services.

► INFANT MORTALITY AND MATERNAL CHILD HEALTH

During the January 25, 2017, Maternal Child Health “Fostering Partnership Day” in the Fraser Salish Region, health service providers from Fraser Salish communities, Fraser Health and the urban Friendship centres gathered to discuss maternal child health issues and to brainstorm solutions to unmet service needs. Three areas of focus were: hospital intake and discharge planning; the use of health providers in First Nations communities; and, traditional cultural practices in relationship to the birthing experience. Discussions are ongoing to develop programming to address issues identified at this gathering.

“We are building trust, reciprocity and inclusion in our health system so that Aboriginal people can become genuine partners in their health care.”

– Fraser Health Authority President
and CEO, Michael Marchbank

“Transformative change requires partners to come together, to listen to each other and innovate to improve care and systems for First Nations communities on-the-ground.”

– First Nations Health Council Chair,
Grand Chief Doug Kelly



Vancouver Coastal Region

► JOINT PROJECT BOARD PROJECTS

Vancouver Coastal region has been successful in obtaining support for the development and implementation of five joint projects to further improve access to primary care services.

In the central coast, an integrated home and community care team is operational, supporting Bella Coola / Nuxalk, Heiltsuk, Kitasoo, and Wuikinuxv. This project has funded two new registered nurses, plus rehabilitation services from a registered dietitian, occupational therapist, physiotherapist and a speech pathologist.

On the Sunshine Coast, the 'We Are Related' (Jeh Jeh) Circle of Care initiative is an innovative wrap-around model of care that utilizes a complex care management approach to support clients in the Sechelt and Tla'amin communities on the Sunshine Coast. The addition of two new care manager positions, along with two Elder coordinators and two youth wellness coordinators, will help to support complex care management for clients with the highest needs.

Through the Southern Stl'atl'imx initiative, all five Stl'atl'imx communities continue to strengthen existing capacity through improved discharge coordination and chronic disease management. A First Nations wellness coordinator (registered nurse) is a key addition to this project with the goal to ease the hospital discharge planning processes, and is supported by Elder coordinators for client specialists who provide at home wrap around support.

Urban primary care clinics have now been established on-reserve with the Musqueam, Tsleil-Waututh, and Squamish Nations and will be staffed with collaborative care teams. Each clinic is now operating with physicians on board, electronic medical records in place and medical office assistants employed. New positions in the three urban clinics include a permanent general practitioner, registered social worker, registered nurse and medical office assistants across the three communities. Approximately 300 new patients have joined the clinics since they opened, with a total of almost 1,000 consultations. These primary care clinics have improved access to primary care due to their geographic location within community, as service is provided in a way that makes patients feel welcome. Wrap-around quality care is being provided by regulated health professionals such as nurse practitioners, naturopathic physicians, as well as traditional healers and Elders.)

Vancouver Coastal region is also working to create a service design and delivery model to support mental wellness across the region. This is intended to be a community-driven – Nation-based approach to developing an integrated model of care, with culturally appropriate services. Community sessions were held throughout the region in order to determine the best service model to meet community needs, and continued engagement will further support and guide the development of this Joint Project Board initiative.



Walk for Reconciliation in Vancouver

► MENTAL HEALTH AND WELLNESS

In alignment with FNHA Opioid Overdose Framework for Action, the Vancouver Coastal Regional Team has supported Community Town Hall meetings to raise awareness, inform, and educate on Opioid Overdose and Naloxone training. The town halls were held in Musqueam, Squamish, Tsleil-Waututh, Tla'amin, with Sechelt upcoming. Close to 370 people attend the town halls with a significant number of attendees taking the Naloxone training.

Other training supports have taken place in the Vancouver Coastal region over the past year including: Hope, Help, Healing Initiatives which trained over 40 First Nations people across the Region in Applied Suicide Intervention Skills Training (ASIST) and 60 people trained in suicide awareness. A Community Healing feast was held in the Nuxalk Nation to acknowledge suicide response volunteer team; and Roots of Trauma training, accredited by the National Native Alcohol and Drug Abuse Program, further supports training and support for mental health and wellness. Downtown Eastside (DTES) Connections is a new culturally safe opioid replacement therapy clinic opened on March 1, 2017. DTES Connections offers fast and easily accessible opioid replacement therapy to clients who do not have an addiction doctor. Clients are also helped with other health care needs. The clinic is open seven days a week, nine hours a day, 365 days a year. The DTES Connections team includes doctors, nurses, counsellors, peers, financial outreach workers, and pharmacists. It has a pharmacy on site.

Vancouver Coastal continues to promote the KUU-US Crisis Response Services which provides culturally safe crisis line support for First Nations and Aboriginal people in B.C. KUU-US services are for First Nations, by First Nations. All crisis response personnel are certified and trained in Indigenous cultural safety and therefore bring an understanding of First Nations history and trauma from the residential school to their roles. The region continues to work with First Nations communities to discuss continued improvement

on how to incorporate traditional wellness and trauma informed practice into current programs and operations.

Vancouver Coastal Health Authority offers an Aboriginal Wellness Program which is delivered by Indigenous therapists who use their lived experience of colonization in the service of supporting Indigenous clients' healing from the impact of colonization. The therapists draw on Indigenous worldviews, traditional ceremony and cultural practices while also utilizing cutting edge Western clinical methods in service of clients. The program offers services in different modalities (individual, couple and family counselling; workshops; psychoeducational groups; therapy groups; community events), all of which have the objective of supporting healing from the intergenerational trauma and attachment disruption of colonization. One of the unique aspects of the program is its emphasis on breaking isolation among program members by offering a variety of group experiences, through which people have an opportunity to experience strong and healthy community connections.

SAA-UST SHQALAWIN (LIFTING UP THE HEARTS AND MINDS) INDIGENOUS FEAST

Vancouver Coastal Health Authority Aboriginal Health, Culture Saves Lives, and the Western Aboriginal Harm Reduction Society partnered to hold a gathering to address the ongoing opioid crisis. It included ceremony, songs, dances, talking circles, and a community feast for those who had been impacted by the opioid crisis. It was an opportunity for the community to collectively recognize those they had lost, as well as engage with their partners on solutions to the crisis. Participants called for more access to traditional healing and culture, removal of barriers for injectable heroin and hydromorphone, and services that respect Indigenous community members' strength, honour, and dignity.



► MATERNAL CHILD HEALTH

Vancouver Coastal Health – Aboriginal Health, FNHA, and other partners held Nəcámat, the inaugural Urban Indigenous Women’s Village of Wellness in the downtown eastside (DTES). The day began with a smudging and cedar brushing to cleanse the space and prepare for the work ahead, followed by a welcome to the traditional homeland from local Nations. Approximately 300 Indigenous women from the DTES and neighbouring areas joined us and enjoyed the many services available, including haircuts, manicures, health information and testing, and Indigenous healing. Indigenous women leaders from across B.C. spoke throughout the day; free books, clothing, and grocery gift cards were available, and participants left feeling grateful, happy and thankful. Based on the overwhelming success, this has evolved into an annual event.



Sheway held a Baby Welcoming Ceremony to welcome all of the babies born to Sheway clients over the past year and introduce them into the community. The ceremony was led by an Elder welcoming the babies and their parents, and included songs sung for

all the babies, and small gifts presented to the parents and babies. Elder Lillian worked with the parents for several weeks leading up to the ceremony, providing traditional teachings to the parents and supporting them in their parenting journey.

Vancouver Coastal Health Authority - Aboriginal Health held a workshop titled “Supporting and Prioritizing Indigenous Women’s Wellness in VCH Regions.” This workshop invited key stakeholders within the health authority to hear from guest speakers on Indigenous women’s wellness. The workshop was opened by an Elder, and followed by presenters focused on women’s empowerment. Participants were led in discussion and called to action to determine how they can support Indigenous Women’s wellness in their own work objectives.

► INFANT MORALITY

The Vancouver Coastal Region Infant Mortality Review Committee was created in September 2016, with the focus to decrease First Nations infant mortality through monitoring and analysis of infant deaths within Vancouver Coastal Health Authority. Through these learnings, the committee can make recommendations and report to Vancouver Coastal Health Authority and FNHA leadership. The Committee meets bi-monthly to discuss their planned approach for gathering data on child death in our region, to identify modifiable risk factors contributing to infant mortality and to make recommendations to reduce those risks.

► REGIONAL PARTNERSHIP ACCORD RENEWAL

The Aboriginal Health Steering Committee has committed to the development of a renewed Partnership Accord following a review and evaluation of the current Partnership Accord. This will give the committee an opportunity to build on current successes, and make adaptations through the evolution of services and program delivery.



Good Mind Conference 2017, Vancouver, BC

Provincial Health Services Authority

The PHSA Indigenous Health team has continued working on the development of an organization-wide *Indigenous Cultural Safety (ICS) Strategy*, which includes working with the Strategic Change and Innovative Team on a comprehensive high-level plan. In January 2017, PHSA hosted a Think Tank to gather input from PHSA staff and other stakeholders on the development of the ICS Strategy. In collaboration with the Southwest Ontario Aboriginal Health Access Centre, PHSA Indigenous Health launched the National Indigenous Cultural Safety Learning Series; a webinar series focused on responding to anti-Indigenous racism. The *San'yas Indigenous Cultural Safety Training Program* has also continued to expand beyond the 21,000 health professionals in B.C., with training now also being expanded through partnerships with Ontario and Manitoba.

► INDIGENOUS YOUTH WELLNESS

The Indigenous Youth Wellness team at PHSA hosted their first Good Heart Good Mind Youth Gathering focusing on skill building in the areas of leadership and community based activism through different forms of new media. The team continues to work with communities to implement health promotion programs, *Cuystwi* and *Ask Auntie* and has launched a collaborative Elder-youth podcast called *Teachings in the Air*, featuring Elder Gerry Oleman. This conversational podcast aims to motivate and empower Indigenous men while building balanced solutions to challenges faced by Indigenous peoples today. A team of six youth from Cowichan Tribes successfully facilitated and evaluated the The'ye'lh Smun'eem Indigenous Youth Wellness project adapted from Cuystwi's second on-line wellness quest.



► BC CENTRE FOR DISEASE CONTROL – CHEE MAMUK

Chee Mamuk is a provincial Aboriginal program that continues to be recognized as a leader in best practices and curricula for promoting effective Sexually Transmitted and Blood Born Infections, HIV, Hepatitis C and harm reduction education with Indigenous Peoples, as well as two-spirit awareness and competency. The new

Indigenous men's health promotion program was initiated based on a request brought forward to the *Around the Kitchen Table* teams, which have also been instrumental in the *Encouraging Strong Paths Men's* Gathering held in March 2017.



Naloxone trainings and distribution of Naloxone kits through Chee Mamuk programs have contributed to responding to the opioid emergency. Chee Mamuk was granted Special Program Approval by the BC Human Rights Tribunal to allow Chee Mamuk to restrict hiring to people of Aboriginal ancestry for another five years.

► PERINATAL SERVICES BC

Perinatal Services BC has been working closely with FNHA and Ministry of Health to update provincial safer sleep resources for parents and healthcare providers. This has included a substantive refresh of the *Honouring our Babies Toolkit* which was developed specifically with an Indigenous lens and for use in Indigenous communities. An integrated provincial launch is planned for October, SIDS Awareness Month. Also in October, Perinatal Services BC is co-convening with FNHA and a multi-health authority working group a multidisciplinary, cross-sectoral provincial meeting on improving Maternal, Perinatal and Infant Mortality, and Morbidity Surveillance and Response in B.C. in Saanichton.

► CHILDREN'S AND WOMEN'S HOSPITALS

Indigenous Health at BC Children's and Women's Hospitals has a long term, established Indigenous Patient Liaison service. In addition to liaising

with patients and health care providers they also provide practical supports by working with Indigenous providers including the FNHA's health benefits program for eligible patients to access accommodation, travel and emergency food vouchers. The program includes cultural support with an Elder and an Outdoor Sacred Space for ceremonies. These cultural services incorporate a holistic approach to wellness that many Indigenous patients and families find important in their wellness journey.

In 2017, BC Children's and Women's Hospitals was awarded funding through Joint Project Board to develop the Indigenous Complex Care Coordination team. The physical renovations and recruitment of staff are complete. The initial phase of the service will be with three units within Children's and Women's Hospitals and will then expand to serve the entire campus. This is a service for medically and psychosocially complex Indigenous patients that need support in the discharge piece of the continuum of care. This team is made up of a social worker and registered nurse who coordinate care with community services and healthcare providers. The team will follow up with the patients once they have transitioned back home to assess the efficacy of the plans and provide coordination support to the patients and their families.

For the past two years Children's and Women's Hospitals have partnered with FNHA and the BC Women's Hospital + Health Centre Foundation, in hosting activities on site for National Aboriginal Day / Wellness celebrations on June 21. These included having a traditional welcome from a member of the Musqueam Nation, songs from an Elder, traditional drumming and lunches for all families and staff at BC Children's and Women's Hospitals.

BC Children's and Women's Hospitals have partnered with the Central City Foundation in the creation of the Indigenous Outdoor Sacred Space, Totem Pole and site improvements providing a visible Indigenous presence on campus. We are currently engaging with partners and the site redevelopment planners to lead in the development of an indoor sacred space accessible as a gathering and healing space for patients, families, and communities.



Measuring Health Outcomes

By February 2018, the Office of the Provincial Health Officer and FNHA will release the report *The Health and Well-Being of the Aboriginal Population* to fulfill the reporting commitments laid out in the 2005 *Transformative Change Accord*. The report outlines challenges and progress made in reaching established targets for seven key health indicators, and in improving health outcomes for Aboriginal people in B.C. The report includes data analyses and progress updates since the 2005 baseline year through 2015 regarding life expectancy, age-standardized mortality rates, infant mortality, youth suicide and diabetes prevalence. This is the final interim report utilizing only the seven indicators established in 2005.

The Office of the Provincial Health Officer and the FNHA Office of the Chief Medical Officer have been working together to establish a new expanded suite of 15 new wellness-based indicators to monitor over the next 10 years. The new indicators reflect a holistic approach to health and well-being, and will be monitored and reported on alongside the original seven indicators.

The Provincial Health Officer and the FNHA Chief Medical Officer have also been working together to develop a comprehensive report on Aboriginal women's and girls' health, with an anticipated release in the summer of 2018.

The Office of the Provincial Health Officer is making progress on chronic disease tracking for First Nations people in British Columbia. The Ministry of Health is continuing to work with FNHA to track rates of chronic disease amongst First Nations populations in order to inform action to reduce the rate of incidence and improve the level of disease management, with emphasis given to those diseases that may be managed through improved diet, exercise, smoking cessation and other modifiable factors (e.g., diabetes).



FNHA Traditional Healers Advisory Committee



Looking Forward – The Partners Envision the Possibilities

This past year has been a turning point for the Tripartite Committee on First Nations Health, with significant progress made in the areas of governance, partnerships, data, and service delivery. As Tripartite Committee moves forward over the next year at a level focused more on senior operational measures, this repositioning will enable a sustained focus on health system transformation and the strategic resolution of health service issues and barriers.

With the identification of new data collection indicators, we will have the means to set unique and important baselines to continue to guide our work into the future. With the maturation of the FNHA as a sustainable First Nations health organization which is continuously growing and evolving, we see the positive change this is having on the health system partnerships.

The effects of these relationships, and collaborative planning on service development and delivery is evident on the ground through the implementation of Joint Project Board projects enhancing the service delivery to First Nations people and communities across the province. The commitment from both the federal and new B.C. provincial governments to the United Nations Declaration on the Rights of Indigenous People, and the Truth and Reconciliation Commission, show alignment and accountability for positive, meaningful change. The year ahead shows promise for continued growth, improvement, and opportunity.



Quality Forum 2017 - BC Patient Safety and Quality Council

Notes

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Canada



First Nations Health Authority
Health through wellness

