FNHA: The Past, Present and Future of Systems
British Columbia

AFN First Nations Health Transformation Summit
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It starts with me…

- BC First Nations Perspective on Wellness – holistic
- Our vision of health & wellness comes from the ancestors & is relational
- Colonization interrupted this worldview
British Columbia First Nations

26 Cultural Groups
34 Languages
201 Bands (or First Nations)
3 Provincial First Nations Organizations
- BC Assembly of First Nations
- First Nations Summit
- Union of BC Indian Chiefs

For more information on efforts to revitalize BC First Nations languages, visit: www.fpcc.ca
The Impetus for Change

- **Health Status** of First Nations
- Limited First Nation **Involvement and Decision-Making**
- Health Services- **Access** and **Quality** issues
- Parallel System- **Lack of Integration**
- **Inefficiency** and **Limited Capacity**- FNIHB Policies

Not a Good Fit for British Columbia
Relationships - Amongst Ourselves & with our Partners

- First Nations **consensus-based, collective decision-making** (201 First Nations communities)

- Process of Nation-rebuilding through **collective governance**

- A series of progressive **political, legal and operational** agreements incrementally building a **true health partnership**

- Consistent with the UN Declaration on the Rights of Indigenous Peoples – building our own institutions.
Transfer Framework

- Framework Agreement provided for a phased approach to transfer which resulted in transfer of HQ functions in July 2013 and Regional functions in October 2013.

- Sub-Agreements describe legal and logistic mechanics of transfer for the areas of human resources, health benefits, records, assets and software, accommodations, capital planning, and novation.

- Longer term transition strategy allowing for IT service continuity and Non-Insured Health Benefits buy-back.

- $17 million dollar implementation fund for start up phase.
Key Transfer Activities

Building Solid Systems & Structure
- Building the FNHA (Organizational Development)
- IM/IT systems
  - Financial systems
  - HR systems

Assuming Assets
- Real Property and Accommodations
- Financial and Human Resources

Taking over Programs and Services
- First Nations Health Benefits (NIHB)
- All Current FNIHB Programs and Services
- Contribution Agreements

Creating a Shared Organizational Culture
Health Partnership Accord

Elements of our Shared Vision:
- BC First Nations are among the healthiest in the world
- BC First playing an active role in decision-making regarding their personal and collective wellness and drawing upon the richness of their traditions
- Access to high quality health services that are part of a broader wellness system

Our Commitment to Governance:
- Support a new First Nations health governance structure
- Recognize First Nations decision-making
- Nurture partnerships toward a more integrated health system

Reciprocal accountability:
- We will work together at all levels in a collaborative manner to achieve our shared goals, living up to our individual and collective commitments.
- Each Partner is accountable to the others for its actions and to deploy its part of the system towards shared goals.

The Partners are committed to implementing ongoing innovations, and envision a number of possibilities for health systems transformation, including:
- Wellness System – the incorporation of indigenous models of wellness into the health system and a shift in focus from sickness to wellness.
- Health Planning – better coordination in health planning and resources from community, sub-regional, regional, and provincial levels, to create better linkages between all levels.
- Health Services – the implementation of a high quality, integrated system of community-based public health, primary care, home and community care that is accessible to all and linked to culturally-competent secondary and tertiary care.
- E-health – a province-wide e-health system in First Nations communities is fully integrated with the provincial e-health network, and data sharing and health outcome monitoring is more accurate and effective than ever before.
- Economic Innovation – opportunities for entrepreneurial ventures, including shared services, are supported. Revenue-generating opportunities are pursued for reinvestment into services. Procurement systems are improved, services and facilities shared and aligned, and joint purchasing power maximized.
- Cultural Competency – the workforce that serves First Nations peoples is culturally competent, through an increased number of First Nations health professionals, cultural competency training, the availability of Aboriginal Patient Navigators, and the delivery of culturally-appropriate programs and services by all providers.
Factors Critical to Success

• **Unity amongst ourselves as BC First Nations**
  - Political leadership
  - Consensus-building

• **Relationship and Trust Building across Partners**
  - Series of evolving agreements over time
  - Willingness to provide long-term funding for engagement

• **Focus on the Administration of Health** and not Jurisdiction, Treaty or Aboriginal Rights.

• **Acknowledgement of Provincial Responsibility** for providing all aspects of Health Services to First Nations people living on and off reserve.
Reciprocal Accountability:

Work at all levels to achieve our shared goals, living up to our individual and collective commitments.

Each Partner is accountable to the others for its actions, and for the effective implementation and operation of their responsibilities and systems, recognizing that our work as Partners is interdependent and interconnected.

We strive not only to live up to one another’s expectations, but to exceed them.
Our Teachings

Our Vision

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

Our Values

Respect, Discipline, Relationships, Culture, Excellence & Fairness

Our Directives

1. Community Driven, Nation Based
2. Increase First Nations Decision-Making
3. Improve Services
4. Foster Meaningful Collaboration and Partnerships
5. Develop Human and Economic Capacity
6. Be without Prejudice to First Nations Interests
7. Function at a High Operational Standard
Approach of the FNHA: First Nations Decision-Making

- “Nothing for us without us” – empowering individuals, families, and communities to be self-determining
- Created by First Nations for First Nations, with a mandate broader than former FNIHB-BC Region
- BC’s 7th Health Authority. Non-profit society under the BC Society Act. FNHA’s authority comes from the inherent right of First Nations people to be self-determining
- Working at all levels of the health system simultaneously – unique in the health system in BC
- Articulating First Nations views about health and wellness and develop policy that works for First Nations
Ecosystem of Health and Wellness

First Nations Health Authority

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

PARTNERS
- Health Authorities
- Educational institutions
- Professional Associations
- Regulatory bodies

Health AND Wellness Services

CULTURAL HUMILITY

IT STARTS WITH ME!
I own my health and wellness journey
And the FNHA is my health and wellness partner
And I can be a Health and Wellness Champion!

CULTURAL SAFETY

ME
Family
Community
Nations/Subregions
Region
Provincial
HOME & HOME AWAY FROM HOME

Decision-Making Framework

FEATHERS

HEALTH & WELLNESS
TRANSFORMING
THE SYSTEM

CONTROL
ACUITY
First Nations Planning Approach

A comprehensive planning model, grounded in community and regional plans and priorities

FNHA Multi-Year Health Plan Goals:

1. Enhance First Nation Health Governance
2. Champion the BC First Nations Perspective on Health & Wellness
3. Advance Excellence in Programs & Services
4. Operate as an Efficient, Effective, and Excellent First Nations Health Organization
QUALITY AGENDA
STRATEGIC PRIORITIES (2017/18)

In fall of 2016 the FNHA established a Quality Agenda that was communicated to First Nations and our partners at various events and meetings. This ambitious Agenda outlines 3 Perspectives of Quality; 13 Initiatives; and 42 Strategic Activities to be implemented over a number of years. The following six strategic priority statements support ongoing momentum and awareness of the FNHA Quality Agenda, and communicate the FNHA’s key strategic quality priorities for the 2017-2018 year.

PROVINCIAL SERVICES
ENGAGING THE BROADER SYSTEM AND ADVOCATING FOR FIRST NATIONS INTERESTS TO RECEIVE CULTURALLY SAFE SERVICES

STRATEGIC PRIORITY
➢ Pursue additional signatory organizations to Declarations of Cultural Safety and Humility, and develop a platform and process for shared reporting and tracking of commitments and progress.
➢ Supported by evidence, leverage partnerships with groups such as the Ministry of Health, Regional Health Authorities, and Doctors of BC to fully operationalize Joint Project Board and other service projects, and initiate new projects that will increase access to Primary Health Care for First Nations in BC.

FNHA SERVICES
ENSURING FIRST NATIONS PEOPLE RECEIVE CULTURALLY SAFE AND QUALITY CARE FROM FNHA-DELIVERED SERVICES

STRATEGIC PRIORITY
➢ Establish an FNHA complaints process which supports the quality of all health services accessed by First Nations in BC.
➢ Establish FNHA service standards aligned to the First Nations Perspective on Health and Wellness and which outline the quality of services that our clients can expect to receive from the FNHA. This will include service standards for Health Benefits; Nursing; and Community Programs and Services.

FNHA-FUNDED COMMUNITY SERVICES
PROMOTING QUALITY AND CULTURAL SAFETY THROUGH FNHA-FUNDED AND SUPPORTED COMMUNITY SERVICES

STRATEGIC PRIORITY
➢ Work with the First Nations Health Directors Association to support and enhance the capacity of Health Directors to champion cultural safety and humility and quality.
➢ Work with the First Nations Health Directors Association to improve the quality of community planning, reporting and evaluation in alignment with the First Nations Perspective on Health and Wellness.
Harmful Encounters in Health Care

We Remember

We Witness

We Experience

Many of us have examples from our own lives when:

- Our concerns are discounted
- Assumptions are made about our behaviour
- We are blamed or belittled
- Our cultural health practices are sidelined
- Our rights are undermined
Cultural Safety & Humility

- In BC, system-wide **commitment to reducing racism** in the health system.

- **Declaration of Commitment** signed by Ministry of Health and all 6 Provincial Health Authorities in July 2015.

- **23 health regulatory bodies** have signed on

80% of FNHA employees and 170 mental health professionals and 187 dental hygienists registered as providers for FNHA Health Benefits have completed Indigenous Cultural Safety training.
Policy Statement on Mental Health and Wellness

The FNHA through its relationships and partnerships will assure that all First Nations people have access to a culturally-safe, comprehensive, coordinated continuum of mental health and wellness approaches that affirms, enables and restores the mental health and wellness of our people, and which contributes to Reconciliation and Nation rebuilding.

When services are needed, a full continuum is equitably available and includes:

- culture and traditional healing;
- promotion, prevention, capacity-building, education;
- early identification and intervention;
- wrap-around supports, including aftercare;
- harm reduction;
- crisis response;
- trauma-specific services;
- withdrawal management/detox;
- trauma-informed in-patient and out-patient treatment/services;
- coordination of care and care planning

Principles:

- Person-and family-centred
- Wellness-focused and Recovery-oriented
- Trauma informed and responsive
- Cultural safety & humility
- Culture and community centred
To achieve this vision we need a paradigm shift.

**Shifting from:**
- Long waitlists and substandard service
- Western biomedical paradigm
- Crisis response and focus on deficits and disease
- Decisions made about and without First Nations
- Fragmented and siloed systems and services

**Shifting to:**
- Improved quality of services
- Best of western and traditional healing and wellness approaches
- Mental health and wellness promotion across the continuum
- Community ownership through Nation-based and Nation rebuilding approaches
- Integrated system design and service delivery
Transition to PharmaCare

• The transition to PharmaCare makes our First Nations Plan W the payer of first resort

• Eliminates jurisdiction barriers

• Brings management of Health Benefits Closer to Home

• First step in bringing dental and other benefits into First Nations Ownership and Control
Indigenous Cancer Strategy

What We Heard
Indigenous people have stated the need to improve:

• cultural safety and humility
• relationship-based care
• health literacy of both people with cancer and providers
• dialogue on traditional wellness and healing

Data Match
• Higher colorectal and cervical cancer incidence rates.
• Lower survival rates in 10 of the 15 cancer sites examined.
Indigenous Cancer Strategy

7 Priority Areas:
- Partnerships
- Prevention
- Screening
- Culturally Safe Care
- Survivorship
- End of Life
- Knowledge Development
Data & Evidence

- Commitment to engagement and storytelling
- Building our quantitative data (Tripartite Data Quality & Sharing Agreement)
- Shifting the outcome paradigm from sickness to wellness
- Honouring & upholding First Nations Data Governance
Thank you

Gayaxsixa (Hailhzaqvla)
Huy tseep q’u (Stz’uminus)
Haw’aa (Haida)
Gila’kasla (Kwakwaka’wakw)
Kleco Kleco (Nuu-Chah-Nulth)
kwukwstéyp (Nlaka’pamux)
Snachailya (Carrier)

Mussi Cho (Kaska Dena)
Tooyksim niin (Nisga’a)
Kukwstsétsemc (Secwepemc)
čɛčɛhaθɛɛc’ (Ayajuthem)
Sechanalyagh (Tsilkut’in)
kw’as ho:y (Halq’eméylem)
T’oyaxsim sim nisim (Gitxsan)