



First Nations Health Authority
Health through wellness

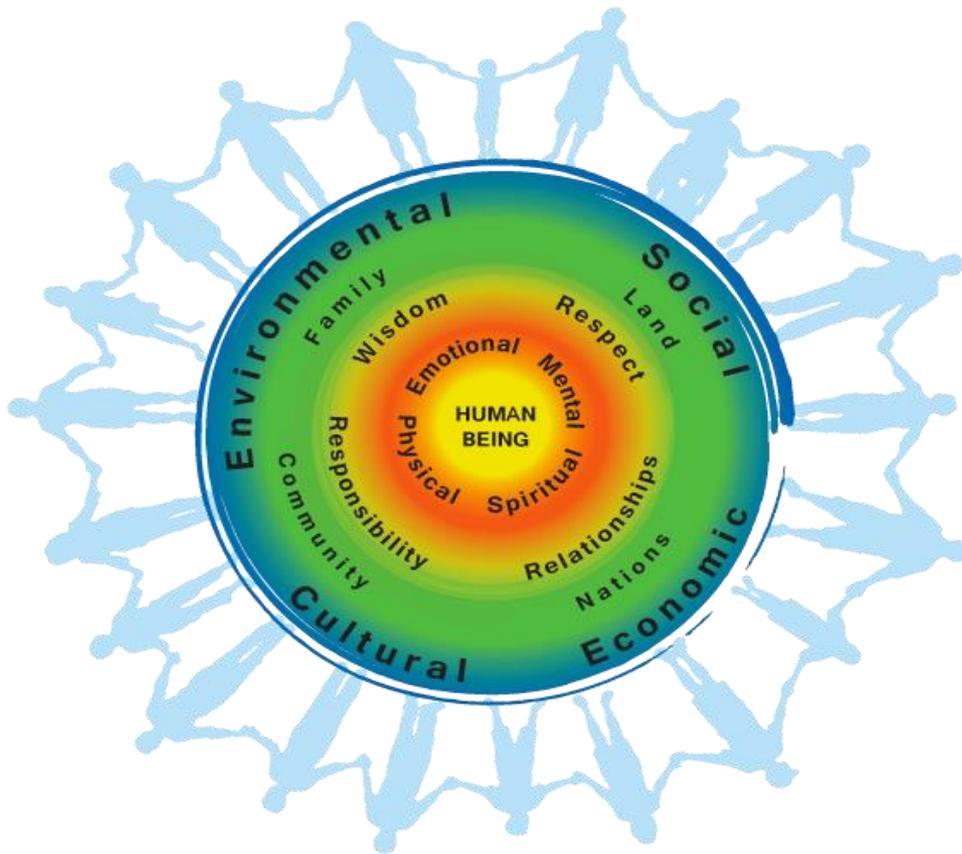
FNHA: The Past, Present and Future of Systems British Columbia

AFN First Nations Health Transformation Summit
February 13, 2018

Joe Gallagher, Chief Executive Officer
First Nations Health Authority



It starts with me...

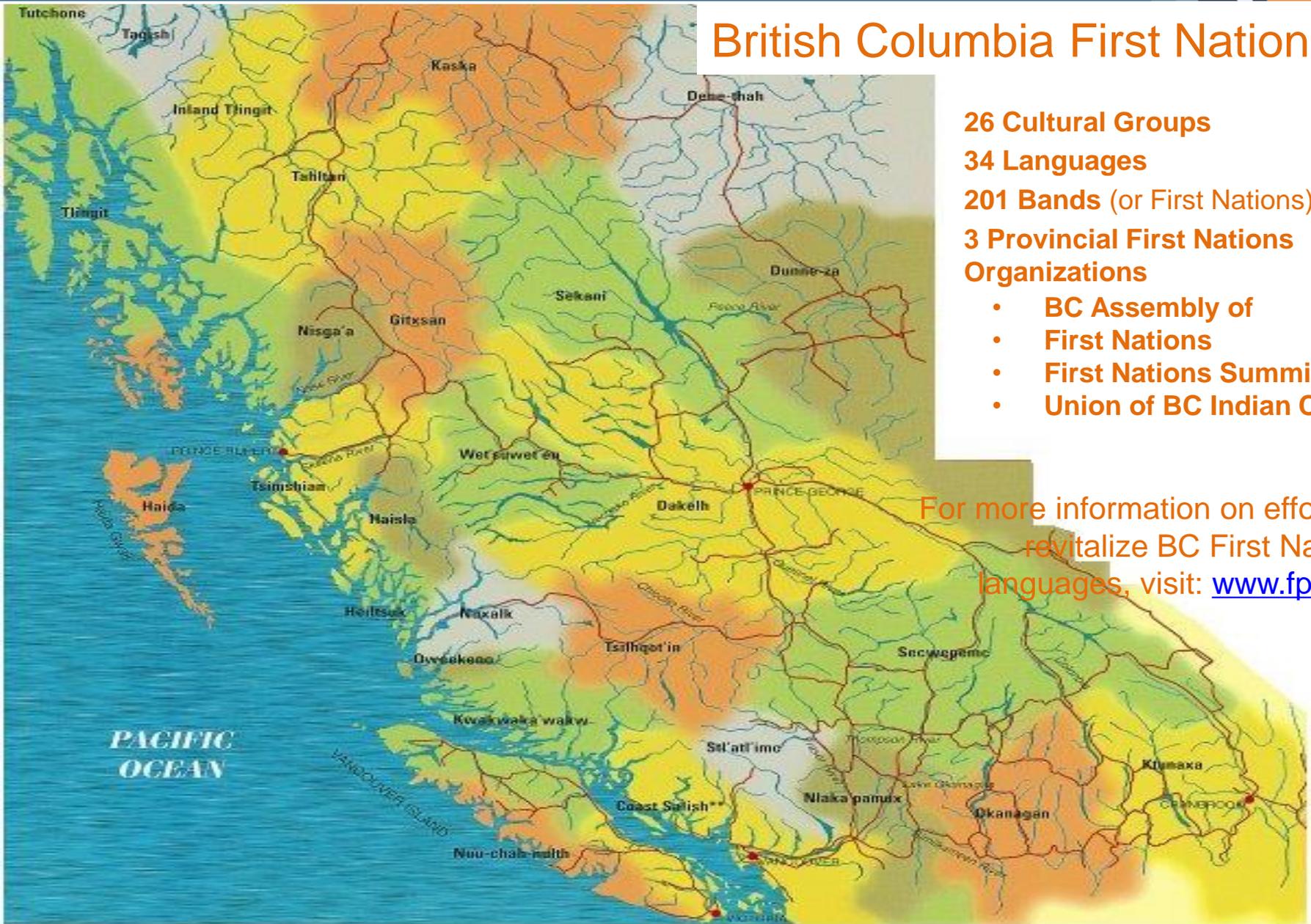


- BC First Nations Perspective on Wellness – holistic
- Our vision of health & wellness comes from the ancestors & is relational
- Colonization interrupted this worldview





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



Regional Profile: Provincial

Total Number of Communities

Total Population (INAC, 2016)

Number of Distinct Contribution Agreements

Total Funded Amount (2016/17)

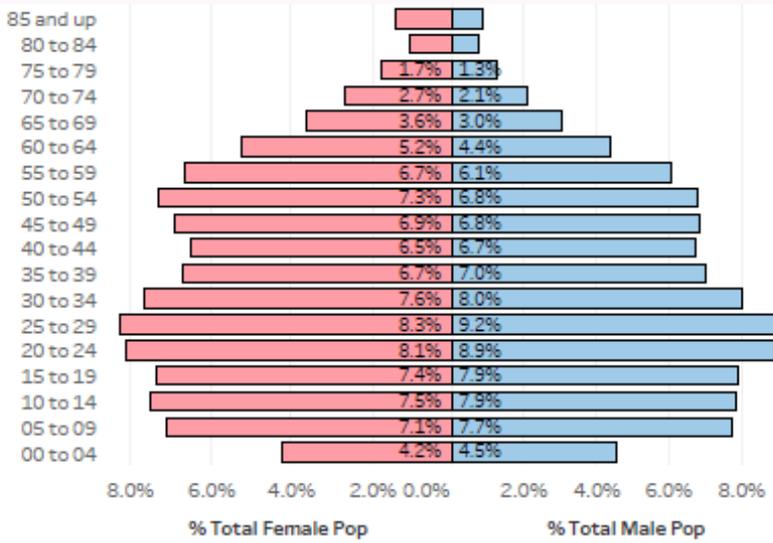
201

146,303

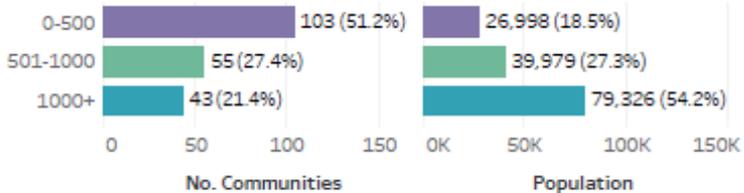
235

\$212,307,853

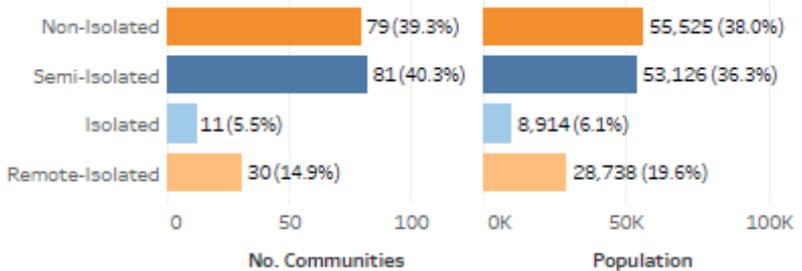
Population Pyramid



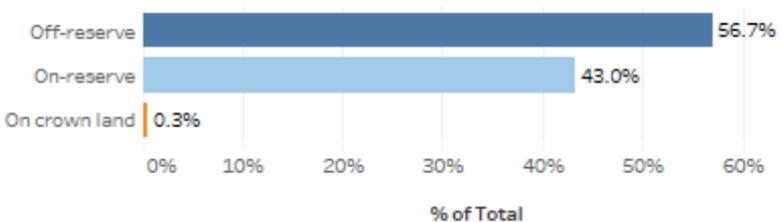
Community Population



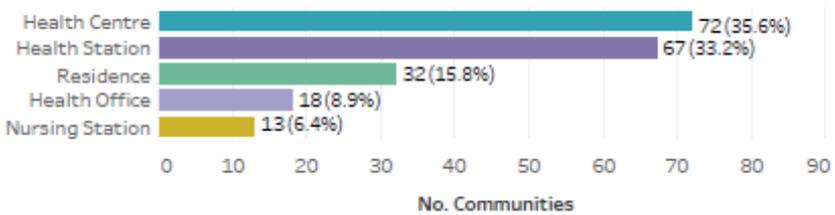
Remoteness



Population by Location of Residence



Types of Health Facilities



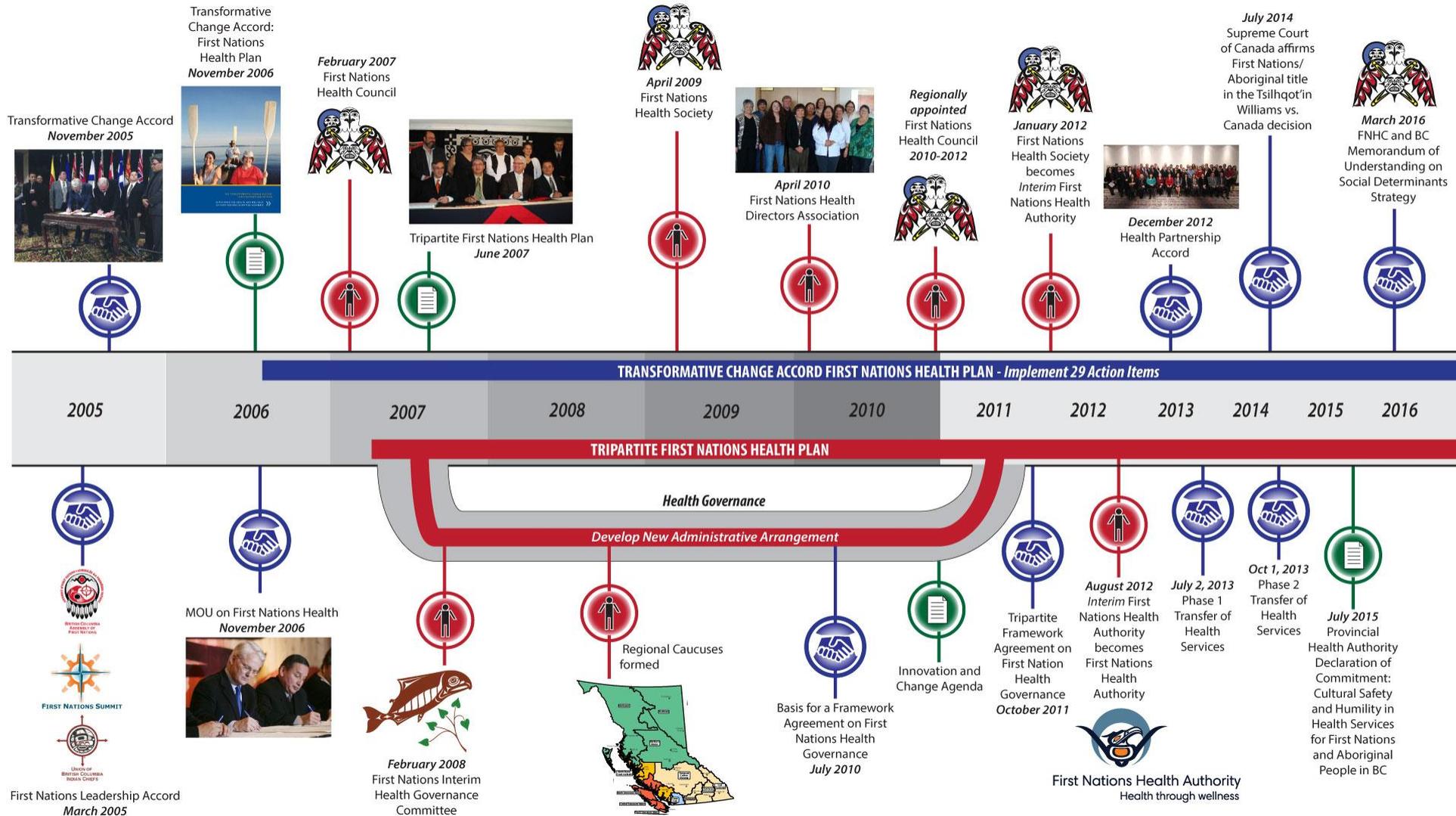


The Impetus for Change

- **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



Where we've been





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.**



Our Shared Journey to a Tripartite Partnership...



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

**BRITISH COLUMBIA TRIPARTITE FRAMEWORK
AGREEMENT ON FIRST NATION HEALTH GOVERNANCE**

Made as of the 13th day of October, 2011

Between

HER MAJESTY THE QUEEN IN RIGHT OF CANADA
as represented by the Minister of Health

and

**HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF
BRITISH COLUMBIA**
as represented by the Minister of Health

and

FIRST NATIONS HEALTH SOCIETY

Endorsed by

FIRST NATIONS HEALTH COUNCIL



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.

Partners See Possibilities

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.

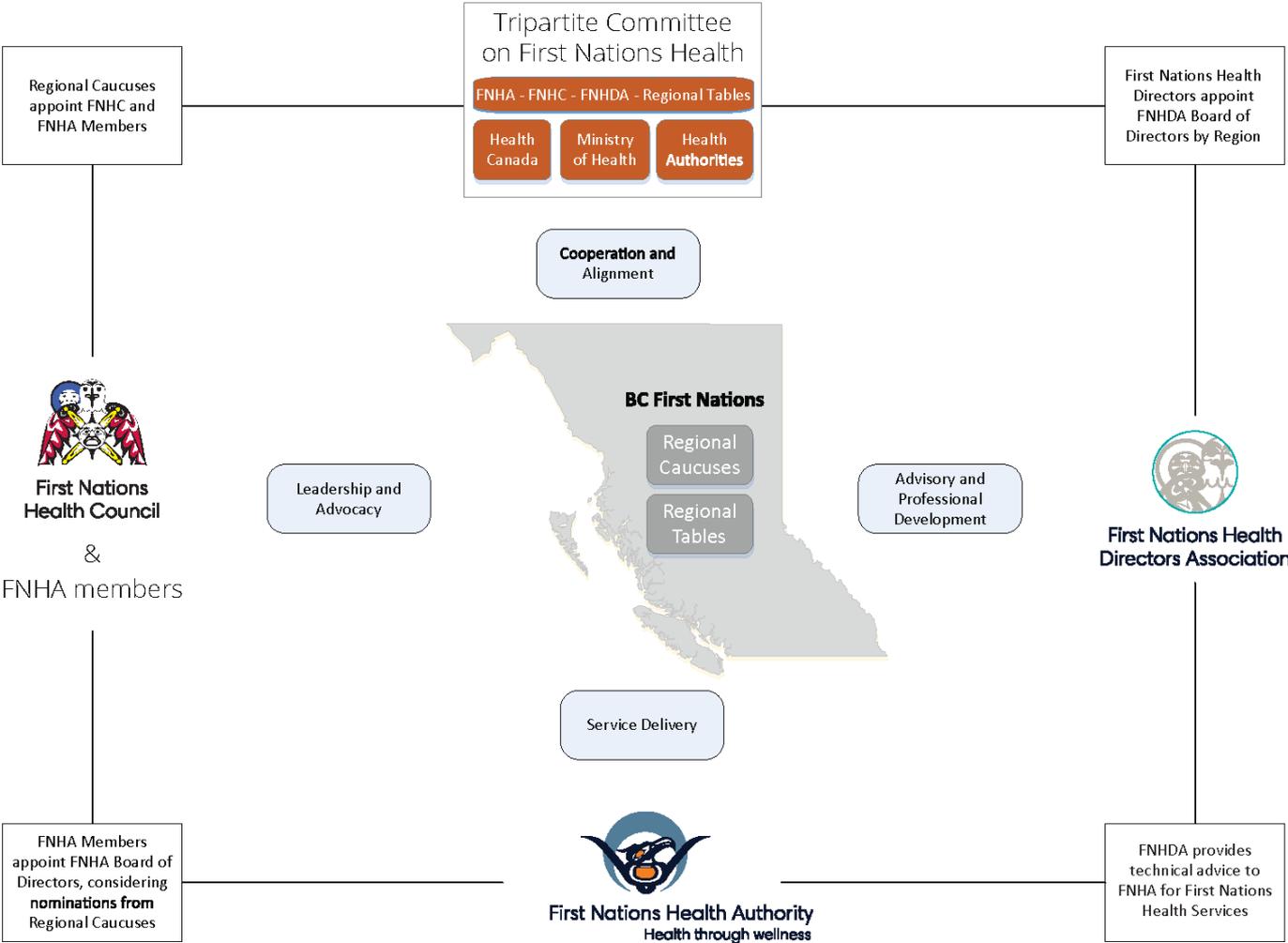


Factors Critical to Success

- **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.



First Nations Health Governance Structure



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**



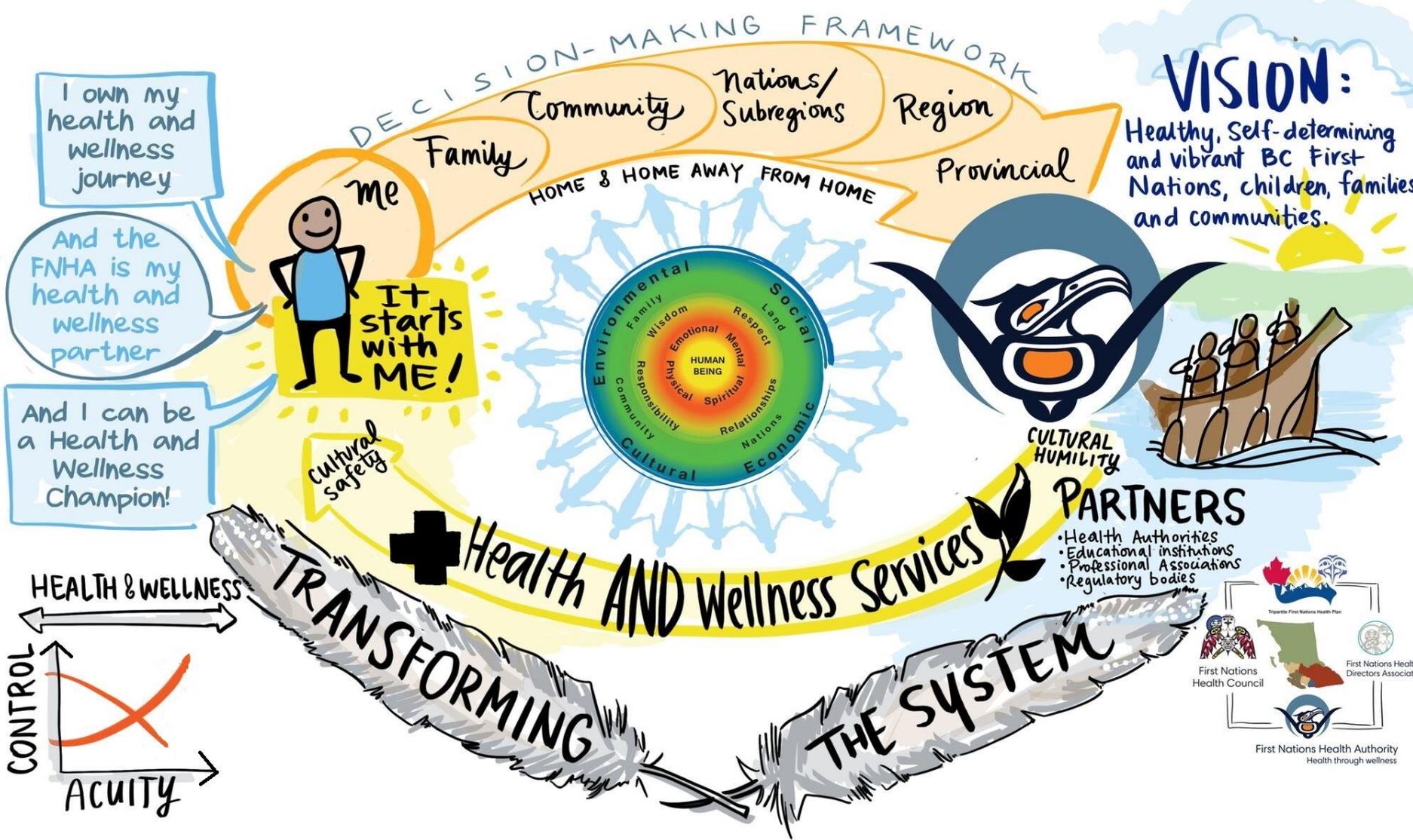
Approach of the FNHA: First Nations Decision-Making

- “**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





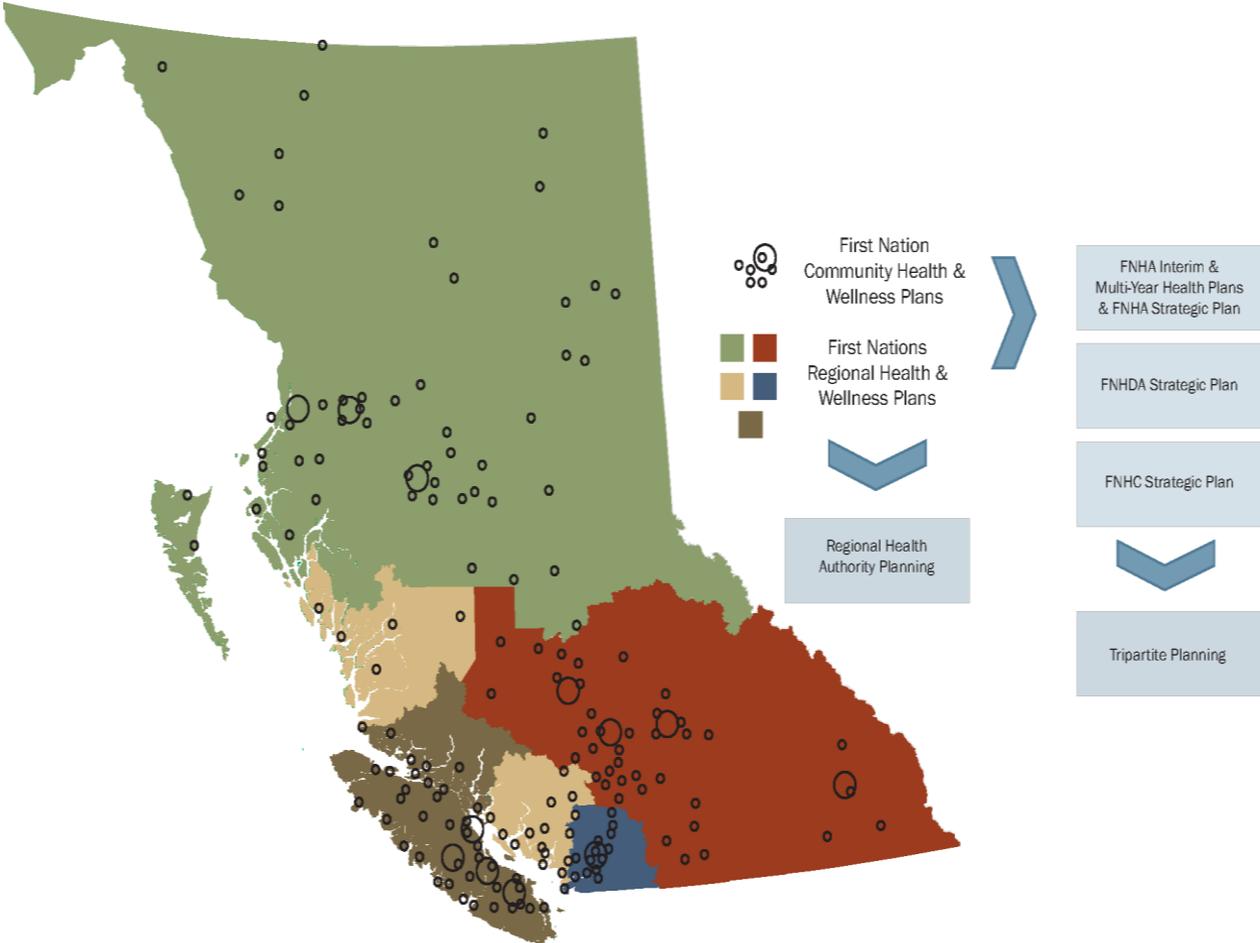
Ecosystem of Health and Wellness





First Nations 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



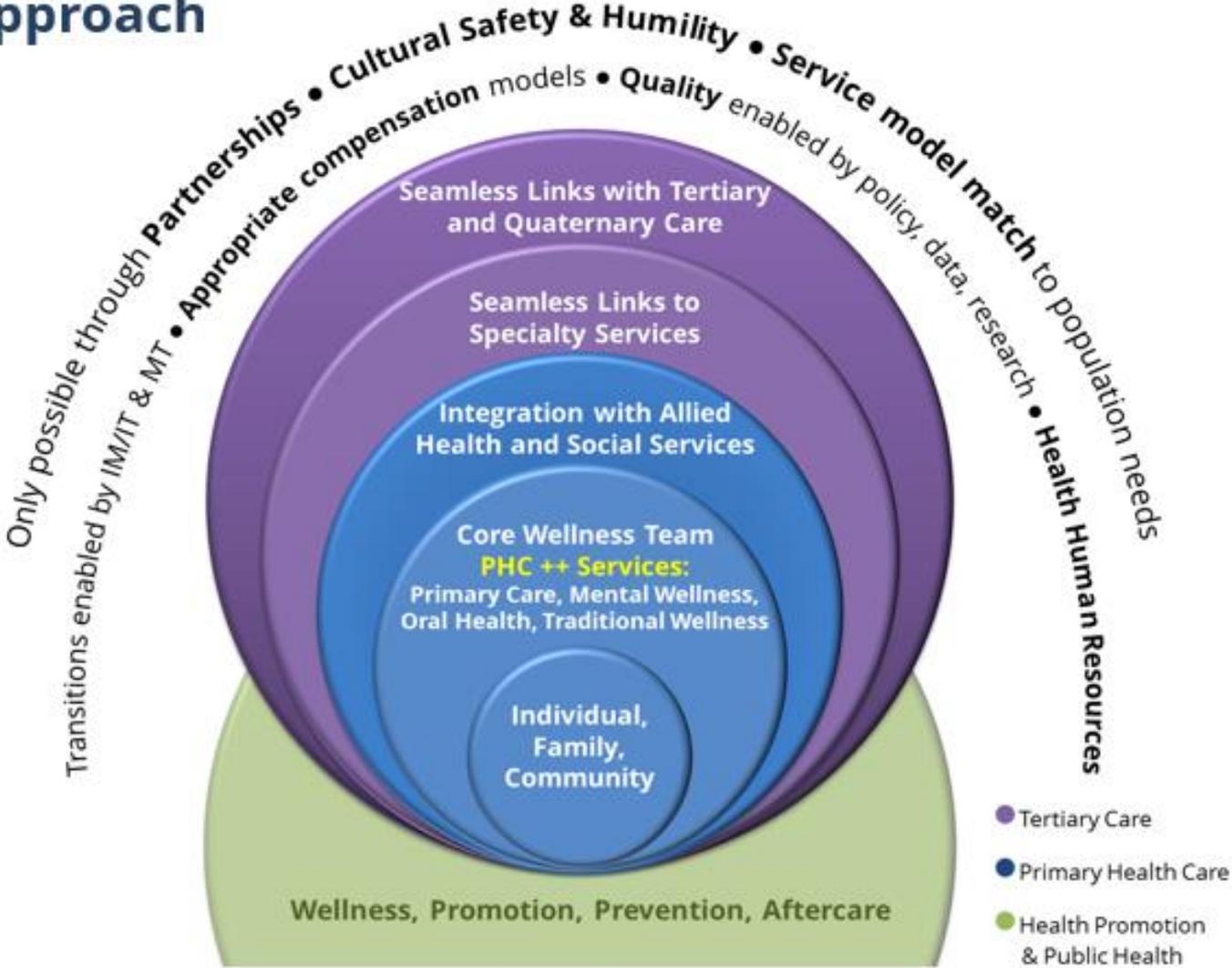
#itstartswithme

**Creating a Climate
for Change** 

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.



PHC++ Approach





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



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

To achieve this vision we need a paradigm shift:



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

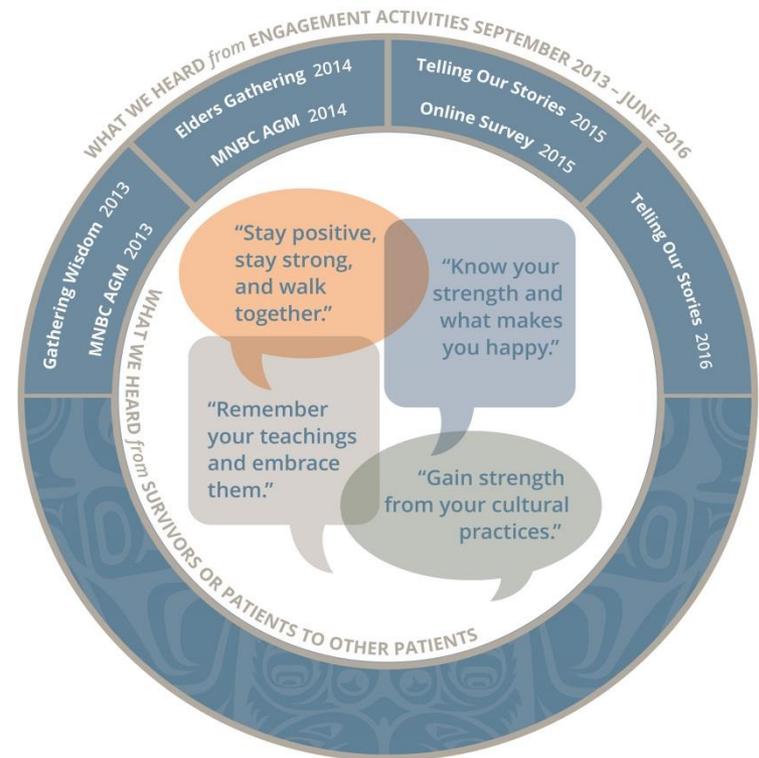
What We Heard

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

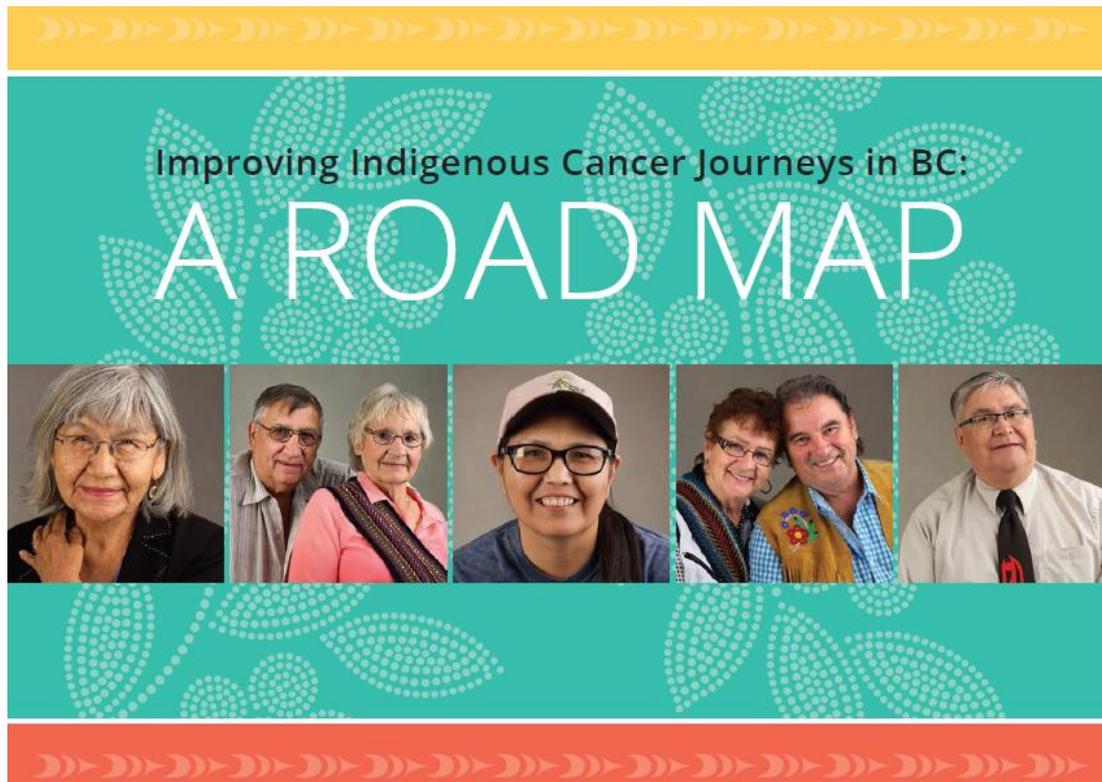
Data Match

- 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

First Nations Population Health & Wellness Indicators

SOCIAL CULTURAL ECONOMIC ENVIRONMENTAL	HEALTH SYSTEMS	LAND FAMILY NATIONS COMMUNITY	MENTAL PHYSICAL SPIRITUAL EMOTIONAL	HEALTH AND WELLNESS OUTCOMES	TRANSFORMATIVE CHANGE ACCORD FN HEALTH PLAN
EDUCATION	EXPERIENCE OF CULTURAL SAFETY & HUMILITY IN RECEIVING HEALTH SERVICES	COMMUNITY STRENGTH AND RESILIENCE	LEVEL OF PHYSICAL ACTIVITY	INFANTS BORN AT A HEALTHY BIRTH WEIGHT	INFANT MORTALITY
FOOD SECURITY	AVOIDABLE HOSPITALIZATIONS	ECOLOGICAL HEALTH	NUMBER OF CHILDREN WITH HEALTHY TEETH (no cavities)	ALCOHOL-RELATED DEATHS	CHILDREN WITH HEALTHY BODY MASS INDEX (BMI)
ADEQUACY OF HOUSING					YOUTH SUICIDE
CULTURAL WELLNESS <ul style="list-style-type: none"> • Exposure to traditional language • Knowledge of/access to traditional foods • Access to traditional medicine/healing • Sense of community belonging • Importance of traditional spirituality 			SMOKING RATES OF COMMERCIAL TOBACCO	SERIOUS INJURIES REQUIRING HOSPITALIZATION	DIABETES PREVALENCE
					LIFE EXPECTANCY
					NUMBER OF PRACTICING, CERTIFIED FIRST NATIONS HEALTH CARE PROVIDERS



Questions & Discussion

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)

č̣əč̣əhaθəč̣ (Ayajuthem)

Sechanalyagh (Tsilhqot'in)

kw'as ho:y (Halq'eméylem)

T'oyaxsim nisim (Gitxsan)