



First Nations Health Authority
Health through wellness

Moving from Engagement to Partnership with First Nations Communities

GPSC Summit
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Presenters' Disclosure

Faculty:

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Relationship with commercial interests:

None

Potential for conflict(s) of interest:

None

Mitigating Potential Bias:

- The information presented is based on available data and evaluation findings. All efforts have been made to provide fair and balanced perspectives.



Agenda

- Opening and Introductory Remarks (5 mins)
- Presentation on the First Nation Health Authority's Approach to Primary Health Care (20 mins)
- Stories from the Regions: Vancouver Island & North (30 mins)
- Reflection & Discussion (15 mins)
- Closing (5 mins)



FNHA: Our Common Foundation

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



FNHA Goals

GOAL 1

ENHANCE FIRST NATIONS HEALTH GOVERNANCE



GOAL 2

CHAMPION THE BC FIRST NATIONS
PERSPECTIVE ON HEALTH AND WELLNESS



GOAL 3

ADVANCE EXCELLENCE IN PROGRAMS AND SERVICES



GOAL 4

OPERATE AS AN EFFICIENT, EFFECTIVE, AND
EXCELLENT FIRST NATIONS HEALTH ORGANIZATION





Context

- First Nations in BC have a rich history of wellness that extends back in time for many thousands of years.
- First Nations enjoyed good health and wellness due to a lifestyle that was active, based on healthy traditional diets and enriched by ceremonial, spiritual, emotional and healing practices.
- The recent arrival of Europeans changed the course of First Nations health and wellness.
 - Process of colonialism enacted via policy & legislation
 - Residential schools
 - Indian hospitals
 - 60's scoop
 - Incarceration



What do we hear?

"I work in acute care/maternity setting. When I first began my mat training, I was told that you could always tell when a Native is fully dilated as their top lip perspires, so I was looking more at their top lip than I was looking at the whole person."

*Used with permission from the
San'yas Indigenous Cultural Safety Training Program
Provincial Health Services Authority*

"I have witnessed Aboriginal persons present with physical complaints, but being somewhat 'incoherent,' they were dismissed as intoxicated and discharged without their condition fully being assessed. They later returned with even more severe complaints, which had presented as life-threatening. It wasn't until dire consequences arose that they were taken seriously."

*Used with permission from the
San'yas Indigenous Cultural Safety Training Program
Provincial Health Services Authority*

"I am really tired of Aboriginal people complaining and whining about the past. (Looks to me like they actually benefited from colonization.)"

*Used with permission from the
San'yas Indigenous Cultural Safety Training Program
Provincial Health Services Authority*

On November 25, 2016, FNHA received a letter of complaint from Georgina Mortensen, Soda Creek Health Coordinator, regarding the very poor experience of one of their Elders at Cariboo Memorial. She was treated dismissively and with discrimination after several falls, and was finally diagnosed with a brain tumour.



What does the data tell us?

Compared to Non-First Nations in BC, First Nations:

- Are overrepresented in EDs, with user rates from 30% to 50% of the population, depending on the region and gender
- Have decreased rates of visits with GPs, surgeons and some specialists
- Have lower rates of attachment to GPs
- Have elevated prevalence rates of 17 chronic conditions, including asthma, osteoarthritis, mood anxiety disorder, diabetes, COPD, osteoporosis, chronic kidney disease, heart failure, angina and rheumatoid arthritis
- Experience higher rates of hospitalizations for ambulatory care sensitive conditions



A Unique Place in the Health System

- In some ways, **FNHA is like the Ministry of Health and Health Canada:** FNHA undertakes strategic policy and planning.
- In some ways, **FNHA is like the Provincial Health Services Authority:** FNHA delivers some services to the entire First Nations population across the province, and can provide certain services across BC First Nations health centres.
- In some ways, **FNHA is like Regional Health Authorities:** FNHA undertakes local and regional health services planning and delivery

Working at all levels of the health system simultaneously to advance system-wide priorities in the spirit of reciprocal accountability.





A Unique Space in Primary Health Care

FNHA does not receive funding in the same way that other Regional Health Authorities do.

Currently, FNHA is not funded or mandated to provide:

- Physician & Nurse Practitioner services
- Tertiary or Quaternary Care
- Generally do not provide direct primary health service delivery off-reserve
 - 60+% First Nations live off-reserve in BC; highly mobile population



FNHA Primary Health Care Snapshot

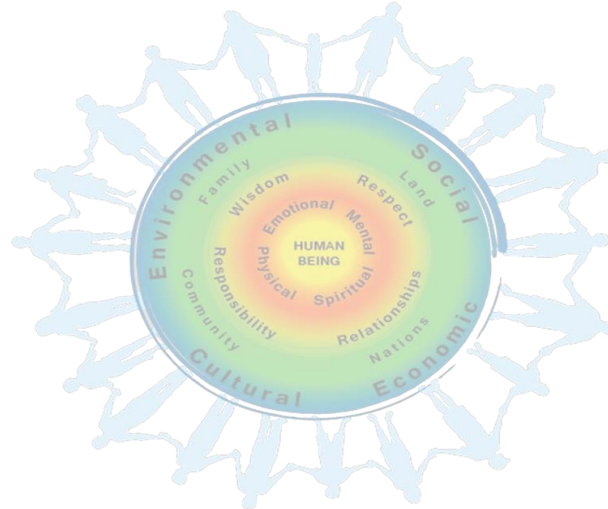
Provincial Services

Hardwire First Nations interests within/influence:

- Provincial Primary & Community Care transformation to leverage value for First Nations
- Participate in Provincial Committees & Working Groups
- MOH, RHAs, Clinical Committees, Divisions

FNHA Services

- 8 Nursing Stations
- 12 Health Centres
- Oral health services
- Joint Project Board Projects (where FNHA is the employer)
- eHealth infrastructure
- Health Benefits
- Capital Investments



FNHA-Funded Community Services

- Joint Project Board Projects (where FNHA is the funder)
- Various health & wellness services (Maternal Child Health, Children's Oral Health Initiative, FASD Programs)



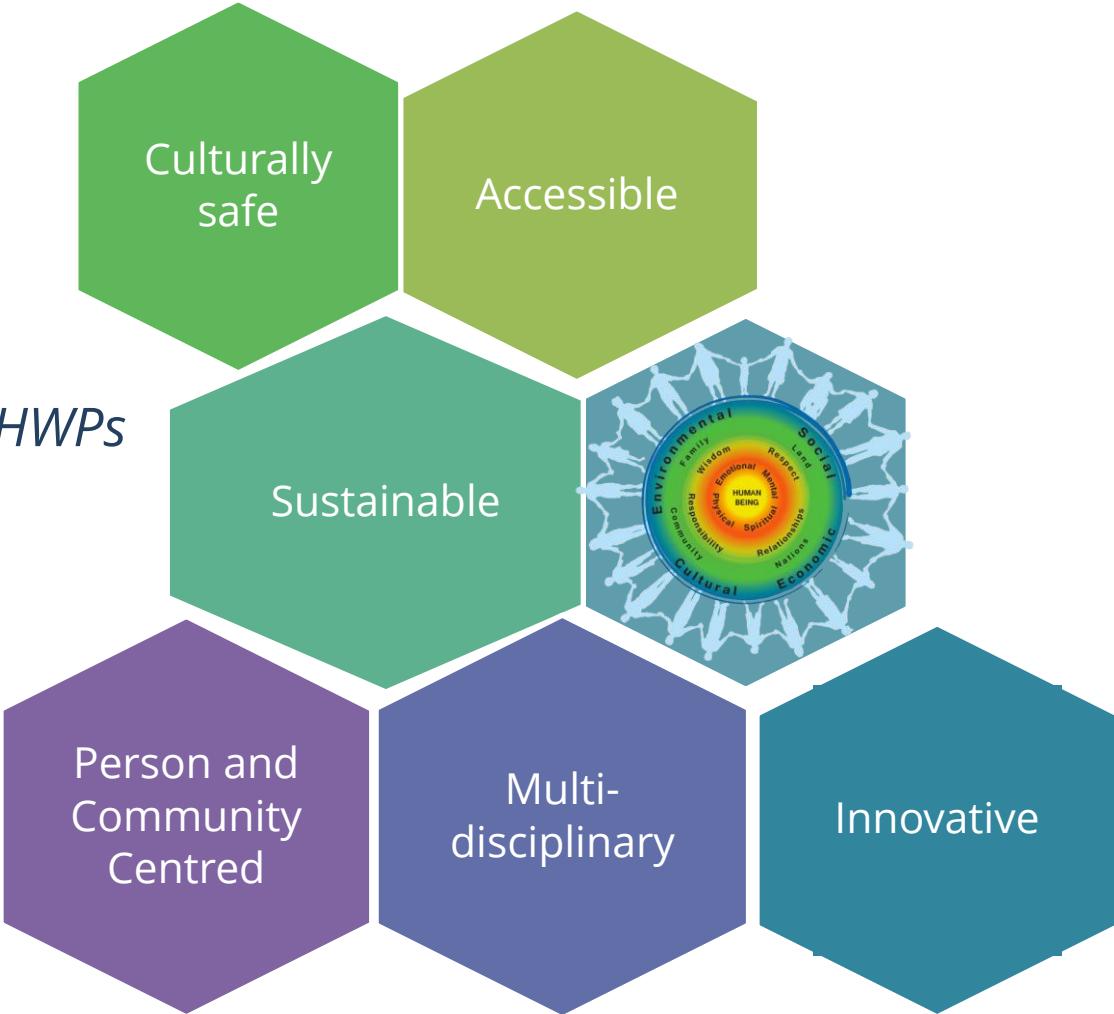
First Nations Primary Care Services

- Many First Nations deliver their own community health programming and health care delivery, such as nursing services, health centres, etc.
 - E.g. Cowichan Health Centre & Clinic
- FNHA represents the general interests of these communities but does not replace them at local planning tables
- FNHA provides support to these communities (e.g. with funding and program/policy/clinical guidance)



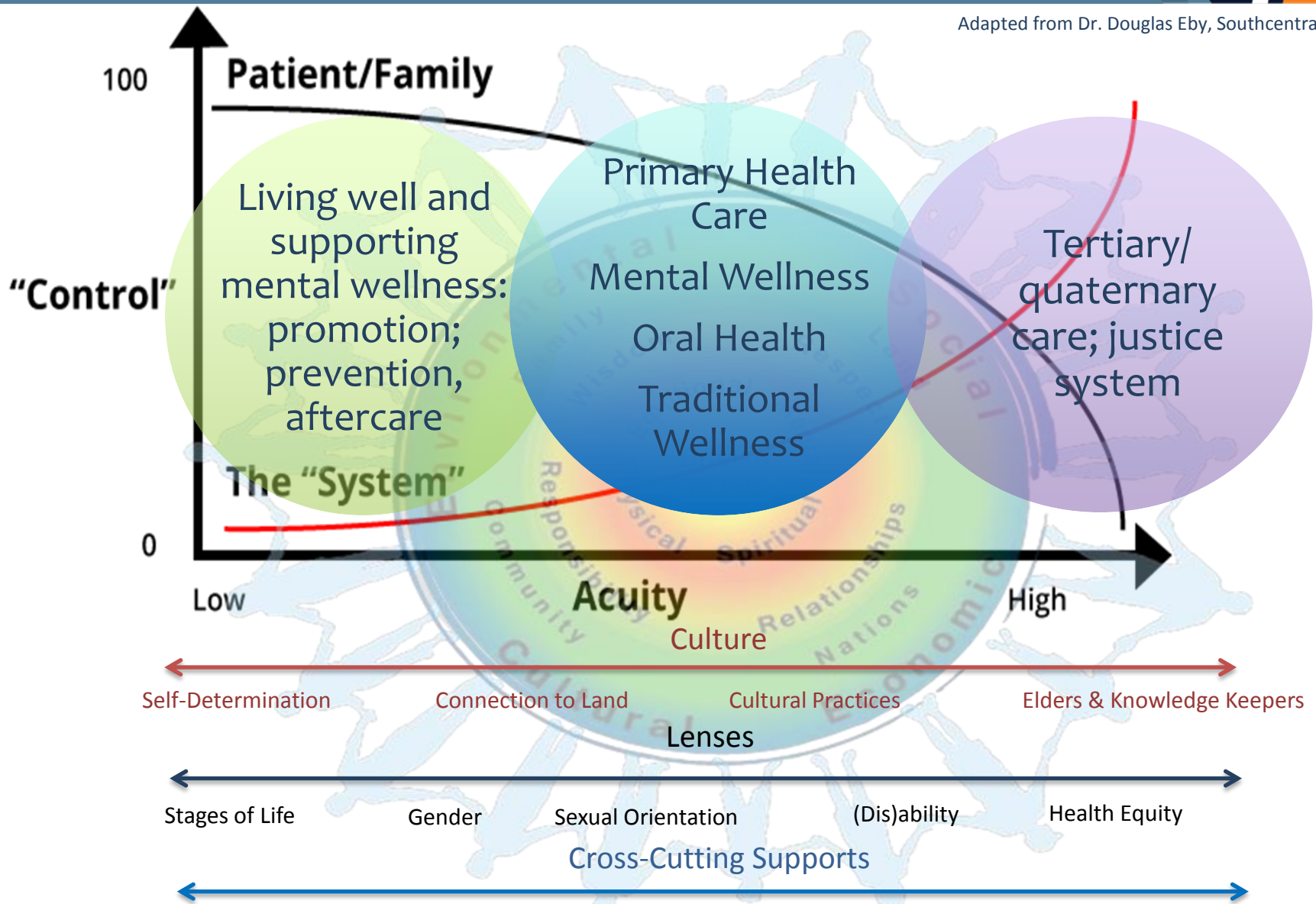
Feedback from First Nations

*Our Philosophy, RHWPs
& Community
Engagement*



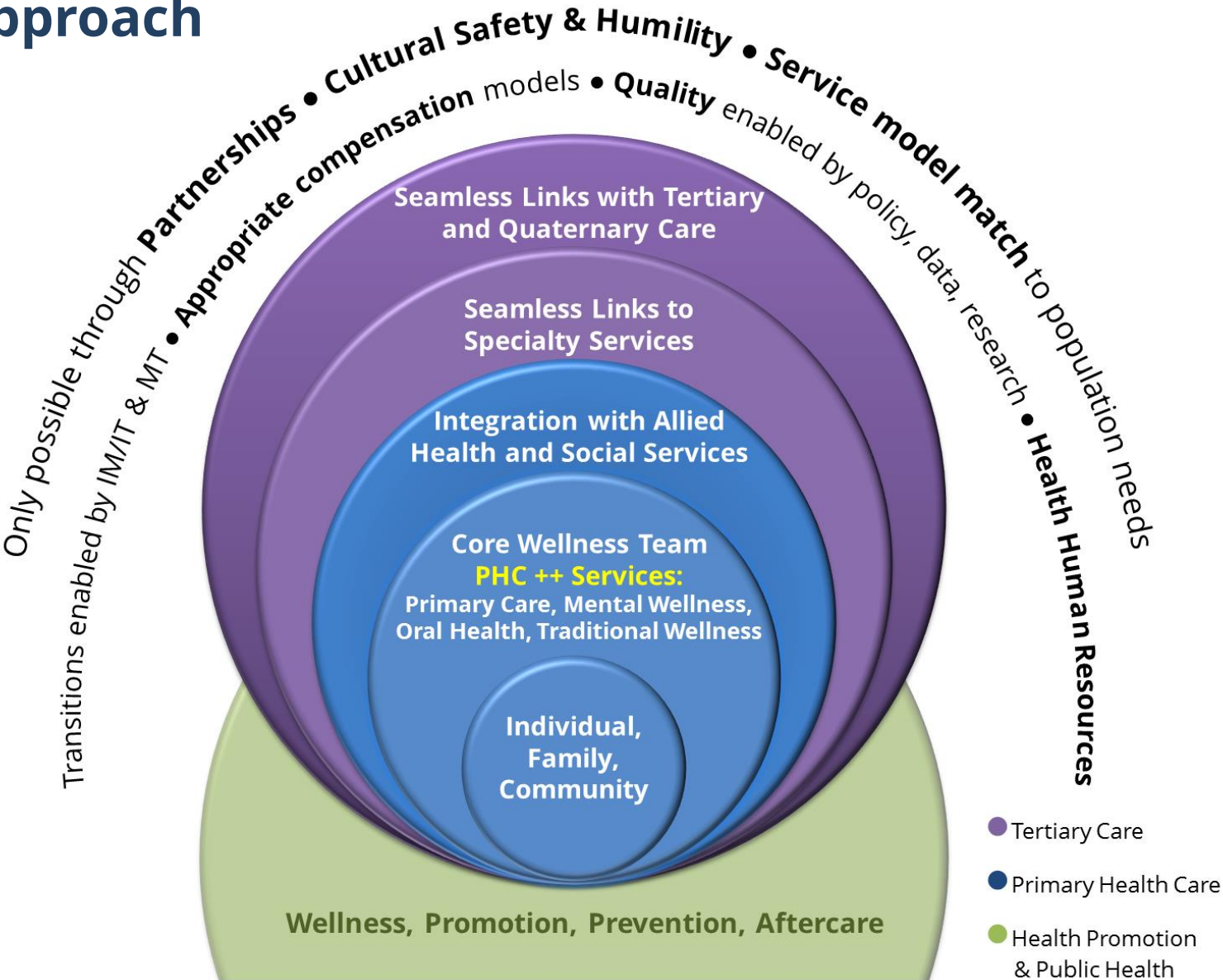


Adapted from Dr. Douglas Eby, Southcentral Foundation





PHC++ Approach





Partnership Considerations

- Working toward the PHC++ Approach and increasing equity in health and wellness outcomes for First Nations in BC requires strong partnerships and champions across the health system.
- FNHA frequently plays a role of collaborator and facilitator to connect First Nation communities to local and regional planning tables such as Interdivisionals/Collaborative Services Committees (CSC).
- In most circumstances, FNHA isn't the voice of local First Nations at planning tables. Though FNHA may be a CSC partner in some cases, primary care transformation will require partnership(s) at the local level (e.g. First Nation community or Band, Indigenous health service organization).