Tripartite First Nations Health Plan

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YEAR IN REVIEW 2008-2009

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Message from the Partners for Tripartite First Nations Health Plan

The British Columbia *Tripartite First Nations Health Plan* (the Tripartite Plan) is, without question, one of the most exciting and progressive initiatives for First Nations health in Canada today. As the second year of the Plan comes to a close, the partners can take pride in the work that is progressing to move us closer to the ultimate goal - improving the health of First Nations in British Columbia.

One of the most notable achievements of the past year is that representatives from First Nations, the Government of Canada, and the Government of British Columbia have worked in a tripartite way to develop the relationships and processes that are necessary to support genuine cooperation. Cooperative approaches are essential to achieve the objectives of the Tripartite Plan, and it is on this foundation that the partners are now building.

Over the last year, advancements have been made in a number of key initiative areas, including: governance; injury prevention; e-health, and maternal and child health. Some of the early promising outcomes to which we can look include enhanced health services in First Nations communities through Tele-health technology and improved access to screening programs for children.

A central component of the Tripartite Plan is the establishment of a new governance structure for First Nations health in BC. In this new structure, a First Nations health authority will be developed to provide for the effective participation of First Nations leadership in, among other things, enacting policies, identifying program results to be achieved, and establishing service standards. In the past year, a Tripartite Governance Committee has begun discussions about how to implement the vision for governance as set out in the Tripartite Plan, and this committee is continuing to engage First Nations communities in dialogue about approaches to health governance.

It is acknowledged that as time goes by, and with the role of First Nations evolving to provide leadership for the design and delivery for health programs and services for their communities, priorities will change and new issues will arise. The Tripartite Plan provides the framework for the partners to work in new and innovative ways to address the challenges faced in our ever-changing environment.

We are pleased to introduce this first Tripartite Annual Report, highlighting progress made over 2008-2009 toward implementing the BC First Nations Tripartite Health Plan. As set out in this report, much has been achieved through the cooperative efforts among the partners to work together to develop a new governance framework within which First Nations health is delivered, and to build on cooperative efforts to provide programs and services in innovative and coordinated ways.

First Nations Health Council Co-Chair

First Nations Health Council Co-Chair

Assistant Deputy Minister, First Nations
and Inuit Health Branch

Assistant Deputy Minister – Population and Public Health,
Ministry of Healthy Living and Sport

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EXECUTIVE SUMMARY

This *Year in Review 2008 - 2009* outlines progress made toward implementing the Tripartite First Nations Health Plan (the Tripartite Plan) signed in June 2007. This report highlights the achievements made over the past year towards implementing the common vision of the First Nations Health Council, the Government of Canada, and the Government of British Columbia to improve the overall health and well-being of First Nations people in British Columbia.

Navigating this Document

The Tripartite Plan commits the partners to take action in four areas: Governance, Relationships and Accountability; Health Promotion and Disease and Injury Prevention; Health Services; and Performance Tracking.

Section 1 of the *Year in Review* reports on progress made under the theme of Governance, Relationships, and Accountability. The articles in this section outline the actions that the Tripartite partners have taken to advance all aspects of the new First Nations health governance structure envisioned in the Tripartite Plan and the Transformative Change Accord: First Nations Health Plan (TCA: FNHP) signed in 2006.

Progress made to advance commitments in the areas of Health Services, Health Promotion and Disease and Injury Prevention, and Performance Tracking is reported in Section 2 of the *Year in Review*. This section includes the specific health action items from the TCA: FNHP, as well as updates on some new and emerging health issues on which the Tripartite partners are cooperating.

Section 3 of the Year in Review describes the approaches used by the Tripartite partners to manage the implementation of the Tripartite Plan. This includes tools to support coordination, communication strategies, and community engagement activities.

Governance, Relationships and Accountability

A key element in the Tripartite Plan is the agreement to create a new model of governance for First Nations health services in British Columbia. This new structure represents a highly significant change in that BC First Nations will have "a major role in the design, delivery, and evaluation of health services" to more effectively meet the needs of First Nations communities and individuals. The Year in Review reports on progress with respect to all four components of the new governance model. These four bodies will work

with First Nations community health organizations to create a new health governance structure for First Nations in BC:

- A new First Nations structure to govern First Nations Health Services in BC, which will eventually take over services currently provided by Health Canada's First Nations and Inuit Health (FNIH) Regional Office in BC and other agreed upon federal and provincial health services
- A First Nations Health Council, which will provide leadership in the implementation of the Tripartite Plan and represent the views of First Nations on health issues
- A Provincial Advisory Committee on First Nations Health, which will provide a forum for provincial and federal governments to work with First Nations and health authorities in collaborative decision-making at the highest strategic health planning level
- A First Nations Health Directors Association, which will represent professionals working in First Nations health

To advance the commitments set out in the Tripartite Plan for the creation of a new First Nations Health Governing Body, the First Nations Health Council has created the First Nations Interim Health Governance Committee. The three co-chairs of this committee have had preliminary discussions

with Health Canada, the provincial Ministry of Healthy Living and Sport and First Nations about the process of achieving a new governance structure.

In addition, the Tripartite partners held meetings this past year with interested groups to explain the Tripartite Plan and solicit views on ways to achieve its goals. Out of these meetings and discussions, a number of key priorities have emerged. One is that a health governance model must be accountable to individual First Nations and must support the health plans of each First Nation. Another priority is that the transition of Health Canada from "designer and deliverer" of health services for BC First Nations to "funder and governance partner" needs to be done in a way that results in ongoing improvement of health services to First Nations.

Health Actions

This section of the *Year in Review* reports on progress made to realize commitments in the areas of health promotion and disease and injury prevention, health services, and performance tracking. To support 'on the ground' collaboration on these health action items, the Tripartite partners have clustered them into four thematic areas:

- Population Health: The population health cluster outlines progress made in the areas of primary care, maternal and child health, mental health and addictions, injury prevention, and chronic disease management. The emphasis in all the initiatives covered in this section is on developing and delivering programming and training that is culturally relevant and appropriate, and on building capacity in First Nations communities.
- Health Human Resources: Key initiatives undertaken by the Tripartite partners in health human resources include improving access and participation of Aboriginal learners in post-secondary education, increasing the number of Aboriginal Patient Liaisons to help First Nations people navigate the health system, and the development of an Aboriginal Health Human Resource Framework for BC.
- Health Systems: Tripartite partners are laying the groundwork for a more coordinated health planning framework to support building stronger connections between the planning activities of First Nations communities, health authorities, and governments. Considerable progress was also made in 2008-09 in implementing a fully integrated First Nations Tele-health / eHealth network. This network, which requires unprecedented inter-organizational cooperation, will play a crucial role in the success of the Tripartite Plan.

- Research and Performance Measurement: In June 2009, the Provincial Health Officer's report, *Pathways to Health and Healing: Second Report on the Health and Well-being of Aboriginal People in British Columbia 2007,* was released. Over the last year, the Tripartite Data Quality and Sharing Working Group have worked to renew the Tripartite Data Quality and Sharing Agreement. The Agreement will facilitate information sharing between partners to help track the health status of First Nations people, and it will also ensure that First Nations have a greater voice in shaping the research agenda and determining how data is used.

Communications and Engagement

Engaging and sharing information with First Nations communities is a priority. The Tripartite partners have created a number of mechanisms to realize this commitment, including: annual Gathering Wisdom Forums; participation by community members in various committees and forums; First Nations Health Council Community Engagement Hubs; and First Nations Regional Governance Caucuses. Progress has also been made in communications, with a Tripartite Communications Steering Committee in place and work underway on a Tripartite Communications Plan.

Successful implementation of the Tripartite Plan depends on the engagement of Tripartite partners and the communities and health organizations they support. There are a number of ways to engage in the Tripartite Plan's implementation. You can participate in Regional Governance Caucuses or on Health Action projects; attend regional or provincial forums; take part in Community Engagement Hubs; or support Health Directors as they form the new Health Directors Association. Contributions and leadership from all partners are essential to accomplishing the goals of the Tripartite Plan.

Section One: GOVERNANCE, RELATIONSHIPS AND ACCOUNTABILITY

"This Plan signals an exciting new relationship between governments and First Nations. A First Nations health authority enables First Nations to lead in designing and delivering health care for their people, supported by federal and provincial partners."

MINISTER OF HEALTH
– Leona Aglukkaq, 2009

GOVERNANCE, RELATIONSHIPS AND ACCOUNTABILITY

One of the most innovative and exciting elements of the TFNHP is the agreement to create a new structure of governance for First Nations health in BC. In this new structure, BC First Nations will have a "*major role in the design, delivery, and evaluation of health services*" to more effectively meet the needs of First Nations communities and individuals.

Three co-chairs, one from each of the BC First Nations political organizations, along with regional representatives currently comprise a First Nations Interim Health Governance Committee. The appointed co-chairs to the committee are:

- Grand Chief Edward John, appointed by the First Nations Summit
- Grand Chief Doug Kelly, appointed by the BC Assembly of First Nations
- Chief Shane Gottfriedson (who replaced Chief Wayne Christian in the summer of 2009), appointed by the Union of BC Indian Chiefs.

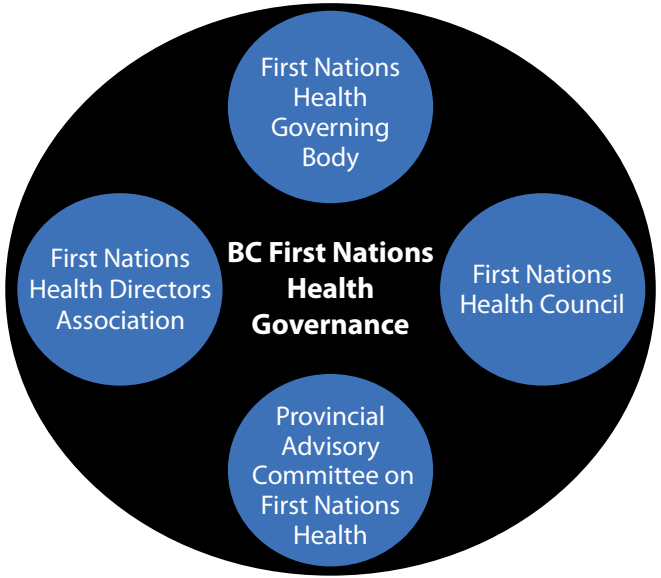


Figure 1: Vision of Governance Structure

The three co-chairs have had preliminary discussions with Health Canada, the provincial Ministry of Healthy Living and Sport, and BC First Nations about the process that should be followed to achieve the new governance structure as set out in the Tripartite Plan. The co-chairs have held a number of meetings in regional settings with BC First Nations leadership. The initial meetings were held:

October 14-15, 2008 – Kamloops

October 22-23, 2008 – Prince George

October 27-28, 2008 – Terrace

November 4-5, 2008 – Chilliwack

November 12-13, 2008 – Vancouver

November 17-18, 2008 – Nanaimo

The TFNHP sets out a vision for a new governance structure that includes four components as represented in Figure 1 Each of these components is discussed in more detail below, along with other aspects of the governance work underway.

Action Item # 1:
Establish a new First Nations Health Council

The First Nations Health Council was established in 2007 with the role, as set out in the *Tripartite First Nations Health Plan*, "to provide leadership in the implementation of the Plan." The First Nations Health Council is mandated by, and accountable to the First Nations people of British Columbia, through the Union of BC Indian Chiefs, the First Nations Summit, and the BC Assembly of First Nations.

Until March 2009, the First Nations Health Council's administrative and policy tasks were hosted by the First Nations Summit. In April 2009, the Health Council established its own business arm to conduct its policy and administrative work. This entity is known as the *First Nations Health Society*, and has its own board of directors and employees. The Tripartite partners wish to acknowledge the First Nations Summit for the support that they have provided since 2007 to support the Health Council.

Action Item # 4ß:
Establish a First Nations Health Advisory Committee

The Provincial Advisory Committee (PAC) on First Nations Health is in place and met for the second time in September 2008. The Committee is a venue for senior representatives from the health authorities and Tripartite partners to discuss their shared work to advance the Tripartite Plan. This year, as part of the Reciprocal Accountability Framework background work, PAC reviewed a summary of all health authority Aboriginal Health Plans to help identify priority areas on which health authorities and the Tripartite partners can work together to: understand how Health Authority Aboriginal Health Plans align with the goals of the TFNHP; and gain a better understanding of the mechanisms in place to monitor the implementation of these plans. The provincial government monitors implementation of the Health Plans through the performance agreements that the health authorities have with the provincial government.

TFNHP: Establish a First Nations Governance Body

Discussions between the Tripartite partners and First Nations Interim Health Governance Committee have included efforts to develop a picture of what a new health governance body would look like as set forth in the Tripartite Plan. Out of these efforts a number of ideas have emerged. Some of the key principles outlined by First Nations who have been consulted include:

- a health governance model must be accountable to individual BC First Nations;
- the model must support the implementation of the comprehensive health plans for each BC First Nation;

- the transition of Health Canada from being a "designer and deliverer" of health services for BC First Nations, to that of a "funder and governance partner," needs to be completed smoothly;
- the resources (from Health Canada) that will be under the control of a new health governance structure will need to be increased;
- the contribution arrangements between individual BC First Nations, their health organizations, and Health Canada will need to be respected, and
- strengths in the current funding system should be advanced and not lost.

A new body could be compared to a BC First Nations health authority in which BC First Nations would assume the governance and management of the staff and resources currently in the First Nations and Inuit Health (FNIH) program of Health Canada. This new First Nations health authority would be based on First Nations principles of health and governance. These principles form a holistic definition that includes the physical, mental, emotional, spiritual and social aspects, as well as defined areas of authority and jurisdiction.

The new partnership between BC First Nations and the province's health authorities would support a better system of health care for BC First Nations people, regardless of where they live in the province. A new collaboration of BC First Nations and health authorities is essential to ensure that BC First Nations health services, and those of the regional health authorities are coordinated. This would also ensure that the goal of the Tripartite Plan-- "First Nations individuals in all regions of British Columbia will have access to quality health services comparable to those available to other Canadians"-- is achieved.

There is still much work to be done in order to develop the governance body that was identified in the Tripartite Plan. The Governance Committee will continue to meet regionally with First Nations groups and organizations. The Tripartite partners will also meet and discuss these issues with interested stakeholders as they prepare for formal discussions on how to develop and implement a new health governance body.

While many details, structures, and relationships are yet to be worked out, the Tripartite partners are encouraged that the process will benefit both First Nations and other residents of BC. These benefits have been expressed in many of our discussions to date, and include:

- decisions would be made by BC First Nations for BC First Nations;

- services could be organized by the needs of the patients and the skill and capacity levels of the health care organization, and not on the basis of federal or provincial jurisdiction;
- more effective and efficient programs would be made possible;
- a community-based approach, where services are reflective of regional differences and are provided closer to home, could arise;
- culturally sensitive services would be provided to First Nations people regardless of where they live;
- increased collaboration between health and other sectors would develop; and,
- improved accountability would result.

The Tripartite Plan called for the development of this new governance structure within three years, by June 2010. A large body of work remains to be done with little time left. The Tripartite Governance Committee will continue to seek input in making this vision a reality.

TFNHP: Establish a First Nations Health Directors Association

The purpose of the Health Directors Association is to support knowledge transfer, networking, capacity development and sharing of best practices among Nations and service organizations. In September 2008, a working group of community health directors organized the first annual BC First Nations Health Directors Forum. The working group tailored the forum to support the development of the Association, and to provide health directors with professional and personal development opportunities. A summary report of the forum is available on the First Nations Health Council website at: http://fnhc.ca/index.php/community_engagement/health_directors_association/

Building upon the knowledge gained at the forum, a Health Directors Survey was conducted to build consensus as to what the new association should look like. The third day of the Gathering Wisdom Forum (November 5, 2009) is dedicated to the work of Health Directors.

Action Item # 2: Appoint an Aboriginal Physician in the Provincial Health Office

This action item was achieved when Dr. Evan Adams from Sliammon First Nation was appointed as the Aboriginal Health Physician Advisor to the Provincial Health Officer (PHO) on April 1, 2007. Dr. Adams monitors the health of Aboriginal people in BC, and supports the production of the PHO's report on the health and well-being of Aboriginal people in BC, the most recent version of which was released in June 2009. He provides advice and guidance on many health issues – especially medical and public health issues. Dr. Adams co-chairs the H1N1 working group that works to

ensure that First Nations communities have the supports and services they need to respond to the H1N1 pandemic. He also chairs the Tripartite Communications Steering Committee and is working with Tripartite partners to create the Health Partners group.

Action Item # 3:
Each Health Authority to develop an Aboriginal Health Plan

Each regional health authority has an Aboriginal Health Plan. A summary of these plans is included in the Appendix to this report, and copies of the plans and subsequent reports can be accessed from Aboriginal Health staff at each health authority. Each plan is effective for a defined period, and health authorities review and renew their plans over time in collaboration with the Aboriginal community. The Tripartite partners will look to each health authority to continue to work closely with First Nations to move towards closer alignment of community and health authority plans so that priorities and implementation plans are coordinated; and to continue their support of First Nations to implement their own health plans to meet the needs of their communities.

"In an ideal world, we would want to see each BC First Nation have a comprehensive Community Health Plan which expresses their governance over their own health and well-being, described holistically in their own way without the impediments of programs and funding limitations. Then Federal and Provincial Governments should come alongside those plans and support their implementation by being accountable for aligning their funding and services with those described by each First Nation. This is our goal."

GRAND CHIEF EDWARD JOHN, 2009

"The collaboration that is occurring between First Nations, Federal and Provincial Governments exploring models, structures, principles and processes for a new First Nations governance body is comprehensive to ensure that we come up with a model that is acceptable to BC First Nations, and supports true self-governance over health care for First Nations by First Nations."

MINISTER OF HEALTHY LIVING AND SPORT – Ida Chong, 2009

Action Item # 5:
Establish a Province-Wide Health Partners Group

The purpose of the Health Partners Group is to share information on, and create recommendations for, closing the gap in First Nations health. The Partners Group will be composed of the First Nations Health Council, federal and provincial governments, colleges and universities, health practitioners and professional groups, and others as needed. There has already been significant engagement between the First Nations Health Council and other partners on a number of issues, and work is underway to formalize the Partners Group.

Action Item # 6:
Develop a Reciprocal Accountability Framework in BC

The 2006 First Nations Health Blueprint for British Columbia developed by BC First Nations leadership describes the concept of reciprocal accountability in this way: "For every increment of performance I demand from you, I have an equal responsibility to provide you with the capacity to meet that expectation. Likewise, for every investment you make in my skill and knowledge, I have a reciprocal responsibility to demonstrate some new increment in performance."

This action item calls for the development of a Reciprocal Accountability Framework (RAF) to address gaps in health services for First Nations in BC.

The RAF will lay out the responsibilities that the Governments of Canada and British Columbia, regional health authorities, the new First Nations Governing Body, and First Nations communities have for improving the health of First Nations in BC. The effort to develop the RAF began taking shape over the past year, with senior management from the federal and provincial governments and the First Nations Health Council meeting with the executive leads of each regional health authority. The purpose of these meetings was to begin regionally focussed discussions on how health authorities are accountable to the First Nations populations they serve, and how this is reflected in their planning, funding, and decision-making processes.

Currently, 'formal accountability' by health authorities for improving health of First Nations is not assigned to First Nations themselves but to the provincial government. The main accountability mechanism is the Government Letter of Expectation (GLE) issued by the Government of British Columbia requiring health authorities to report against a performance agreement. The GLE is a description of the province's expectations with respect to the planning, administration, delivery and monitoring of health services across BC (including on- and off-reserve First Nations). Since the signing of the TCA: FNHP in 2006, the GLE has included provisions on improving Aboriginal health which require health authorities to reflect alignment between their Aboriginal Health Plans and the TCA:FNHP. A formal accountability framework is not yet in place to link health authority Aboriginal Health Plans directly with First Nations communities.

In 2008, the Tripartite partners commissioned a discussion paper on what a RAF might include based on best practices from other countries. Common themes found in international models of reciprocal accountability between national and indigenous governments include:

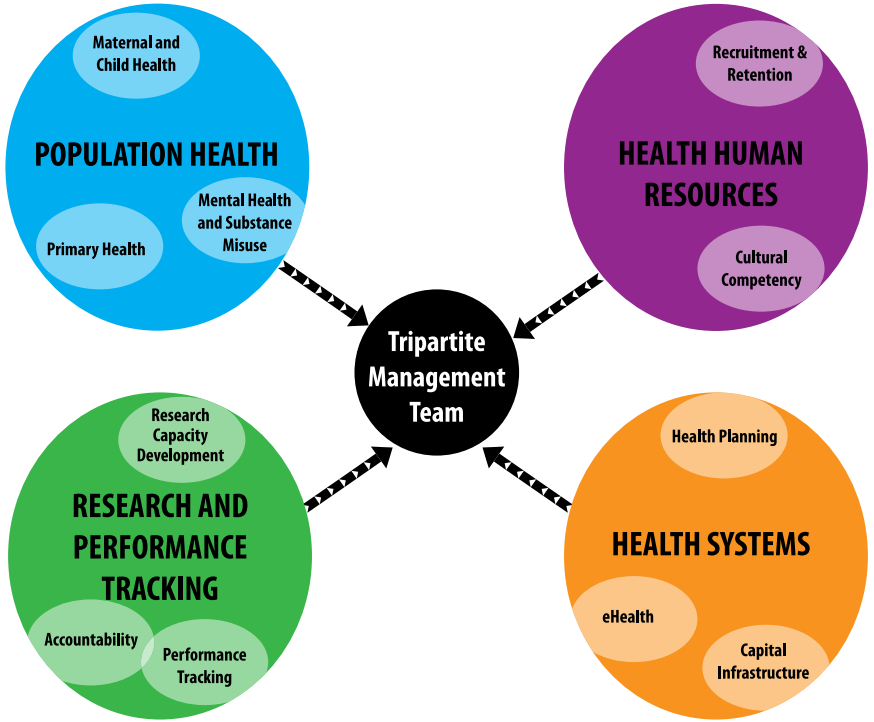
- *Shared Responsibility* – well-understood, shared definitions of the goals of working together and how this will occur in practice
- *Relationships* – well-defined and specific relationship principles; the roles and responsibilities of each party must be clear
- *Mutual Expectations* – clear performance expectations for each partner
- *Balanced expectations and capacity* – equal power relationships (partners must not have more power in the relationship because they hold the resources)
- *Credible reporting* – accurate information sharing among partners in a timely and efficient way
- *Flexibility* – ability to respond and adapt to changing environments

- *Reciprocal commitment* – defined set of values and holding each other accountable when these are not upheld (escalation procedures and dispute resolution)
- *Relevance and accountability* to those served – strengthen accountability to First Nations communities
- *Data collection* – collect good quality information in support of reporting and accountability frameworks; define measurable outcomes that can be supported by data

In 2009-2010, the Tripartite partners will continue to work on developing a RAF. This work is complemented by efforts to develop a more coordinated approach to health planning as discussed under Health Systems, as health plans are key instruments to set out priorities and to track progress towards achieving them. The RAF will be an important part of a future health governance agreement, and will help shape a new relationship between the parties based on principles of mutual understanding, equity, and fairness.

HEALTH ACTIONS

This section of the *Year in Review* reports progress to date on commitments in the areas of Health Promotion and Disease and Injury Prevention; Health Services; and Performance Tracking – which collectively the Tripartite partners refer to as 'Health Actions'. To organize the work of implementing health actions "on the ground", the partners have clustered activities under each of these areas by theme. The diagram below presents the four thematic clusters, as well as specific areas or nodes of activity within each cluster.



POPULATION HEALTH

The Population Health cluster brings together Health Action items in the three areas of Primary Care, Maternal and Child Health, and Mental Health and Substance Misuse. Many of the health programs and services across these three areas are connected – links between specific action items are indicated in the report.

PRIMARY HEALTH

Action Item # 7:
Lead the development of a specific Aboriginal ActNow BC Program

The TCA: FNHP and the Tripartite Plan highlight the need for an increased focus on healthy eating and nutrition and increased levels of exercise and recreation for Aboriginal peoples in BC. One of the ways in which these goals are addressed is through the Aboriginal ActNow BC program. Four components of Aboriginal ActNow are discussed below: sport and physical activity, nutrition, First Nations-specific ActNow BC, and the Honour Your Health Challenge.

SPORT AND PHYSICAL ACTIVITY

The Aboriginal Sports, Recreation and Physical Activity Partners Council (ASRPAPC) was formed in early 2008 and includes members from the Aboriginal Sports and Recreation Association, the First Nations Health Council, the BC Association of Aboriginal Friendship Centres, the Métis Nation BC, and the Cowichan 2008 North American Indigenous Games Society. The Council's strategic focus is on increasing access to sports, recreation and physical activity opportunities for First Nations, Métis, and off-reserve Aboriginal peoples. The Council has five main strategic pillars:

Pillar 1 – Active Communities (including a focus on community equipment, facilities and access)

Pillar 2 – Leaders and Capacity (including a focus on building the workforce, coaches, trainers and officials)

Pillar 3 – Excellence (including a focus on organized events; supporting professional athletes and the North American Indigenous Games)

Pillar 4 – System Development (including a focus on developing partnerships with mainstream sporting agencies and improving capital infrastructure)

Pillar 5 – Sustainability (including building capacity and partnerships that can be sustained over a long term)

The Council continues to meet and develop new ideas and strategies to promote achievement of goals that align with these five pillars.

NUTRITION

Nutrition and Healthy Food Advice and Information

One of the major factors that can make existing nutrition resources and messages less relevant for First Nations communities is the lack of inclusion of traditional foods. Since more than half of BC First Nations consume some traditional food each day – food that is gathered, hunted, or fished – a key focus in diet and nutrition programming is the inclusion of these foods in teaching and learning.

To guide nutrition programming for First Nations in BC, a needs/asset questionnaire was developed to learn from community health workers about the current nutrition environment, including what is in place to promote healthy eating, and what they feel would promote healthy eating. Surveys were completed by 104 health and human services staff representing just over 50% of BC First Nations.

The results of the survey identify the following priorities for community nutrition:

1) Training priorities include developing healthy meal planning skills for cooks, building traditional food knowledge and skill, and increasing community capacity to address food security.
2) Communities would like support and training in food policy development.
3) There is a need for part-time, community-based health promoters with a nutrition focus.

A prominent issue that challenges efforts to secure healthy food is inadequate income. Many First Nations families are living below the poverty line and simply cannot afford enough healthy food.

FIRST NATIONS ACTNOW BC INITIATIVE

The First Nations ActNow BC initiative is led by the First Nations Health Council and operates under the 'umbrella' of Aboriginal ActNow BC. This First Nations-specific initiative strives to improve health and reduce health inequity for First Nations people in British Columbia. It is a community-focused, chronic disease prevention and health promotion program that emphasizes a culturally -specific health promotion strategy which is designed, delivered, and implemented by First Nations.

The goals of the First Nations ActNow BC are to promote wellness and healthy lifestyles – for example through physical activity and better nutrition in schools and communities; support chronic disease prevention; increase the capacity of First Nations communities to create and sustain health-promoting policies, environments, programs and services; and enhance collaboration between local government, non-governmental, and private sector organizations. To date, initiatives undertaken under ActNow BC include:

- *Development of a First Nations ActNow BC Toolkit*. The toolkit provides communities with a school-based health promotion curriculum, community health policies, and support for developing regional campaigns. The toolkit can be used by all community members to take action and make a long-term commitment to the health and well-being of First Nations children. Content for the toolkit has been developed and a launch is planned for the coming year. Participating communities will receive a small grant to implement a program.

- *First Nations Leadership Challenge*. The Leadership Challenge is a community health challenge which provides a stepping stone for getting in shape, creating healthy workplaces, and building healthy communities. Through the Challenge, elected Chiefs and Councils set and meet three health goals: Personal, Workplace, and Community. Participants can get support from their own community health staff, First Nations Health Council staff, and motivation from other participants. A $1,000 dollar community incentive package will be awarded to communities that participate and finish the challenge.
- *Role Models Poster Campaign*. To recognize people for their healthy choices, the First Nations Health Council and the 2010 Four Host First Nations Society have selected five First Nations people to serve as role models in the Health Promotion Poster Series. Throughout February and March 2009, nominations for role models who live a healthy life and promote a healthy lifestyle in their community came in from elders, adults, youth, and children from across BC First Nations. The nomination and selection process are complete, and the role model posters will be available later this fall.
- *KidSport BC (for First Nations communities)*. In partnership with KidSport BC, the aim of this program is to improve health and increase sport and recreation capacity in First Nations communities by developing a holistic sport program that encourages healthy lifestyles in order to promote resiliency in First Nations youth.
- *Physical Activity initiatives*. Examples include encouraging walking groups for people with diabetes (disseminating 10,000 pedometers across BC); promoting organized sports (e.g. hockey); and supporting traditional food gathering activities (berry picking, hunting, fishing).

HONOUR YOUR HEALTH CHALLENGE

The Honour Your Health Challenge (HYHC) is led by the Ministry of Healthy Living and Sport. The HYHC is a provincially –coordinated health challenge that encourages and supports individuals and communities to quit or reduce their tobacco misuse, promoting smoke-free environments and healthy lifestyles through physical activity, healthy eating and healthy choices in pregnancy. Annual training, community grants, program incentives and provincial supports have been provided to encourage the participation of Aboriginal organizations and communities. Funding levels for the current program are being reviewed in the context of the province's extraordinary fiscal challenges in 2009/10

Another component of the HYHC has been to promote Aboriginal participation in the annual Vancouver SunRun, the largest 10K race in Canada and the second largest in North America. An Aboriginal-specific In-Training walk/run program has been offered by SportMedBC for HYHC participants to help prepare them for the race. The number of Aboriginal people taking the walk/run challenge program has risen each year, from 300 participants in 2007, to 1,260 in 2008 and to almost double that number in 2009 with 2,401 participants. In 2008, the Healthy Hearts Society conducted health screening of the SunRun participants and found significant improvements in blood pressure, cholesterol and BMI in the participants after completing the HYHC and SunRun programs. In its entirety, in 2008/2009, the HYHC directly affected nearly 10,000 Aboriginal people to make healthy lifestyle choices for themselves.

Communities also receive support from the First Nations Health Council and Health Canada (FNIH) to implement other initiatives that promote HYHC goals. These include: a healthy lunch program, combined with recreation activities and health promotion presentations; supporting young people to drink water rather than juice and pop; a 'Stop Smoking' essay contest; and a health and wellness program highlighting traditional foods, cultural teachings, and family role models.

Aboriginal Health Collaborative Prevention Activities

- berry picking
- nutrition and elder activity
- communities changing their 'bannock' recipe to whole wheat flour instead of white flour
- baking bannock instead of frying it in oil
- routine testing of blood sugar levels at gatherings

Action Item #12: Improve Primary Care Services on reserve to match or exceed off-reserve services

Some of the findings generated from an Environmental Scan of Chronic Disease Management (CDM) programs and services discussed below in Action Item #22 highlight and affirm the need to improve access to primary care – in particular, physician and nursing services for First Nations communities. The

Tripartite partners will be moving forward on work in this area as part of building on the CDM work.

Interior Health has made strides in addressing this Action Item. The Health Plan West of the Fraser (formerly 'The Chilcoltin Health Plan) seeks to improve access to primary care to First Nations in the Chilcoltin Region. Specifically, health services in the area West of the Fraser will be delivered by a coordinated group of providers working together in an interdisplinary way. Tripartite partners in this process include Health Canada – First Nations Inuit Health, the First Nations in the region, Vancouver Coastal, Interior Health, and BC Ambulance Services. It will include a comprehensive continuum of care from the delivery of Primary Health Care service to urgent/emergency response. Central to the success of this project is the co-funded Nurse Practitioner who will serve the First Nations and regional district constituents of the area.

In a second project, Urban Aboriginal Primary Health Care needs in the Kamloops area are addressed through the provision of a Nurse Practitioner whom provides services through three Aboriginal agencies including Interior Indian Friendship Society Urban Native Health Center, White Buffalo Health Services Society, and Qwemtsin Health. Physician support is provided at two (2) of the three locations.

Action Item #13: Improve the First Responder Program in Rural and Remote Communities

Some preliminary action has been undertaken by the Tripartite partners on this item, including First Nations Health Council financial support for additional First Aid and Emergency Training for First Nations community workers, and preliminary discussions with BC Emergency Services. There remains a great deal more work to do in this area to support a province-wide strategy to ensure that all rural and remote communities can access First Responder support.

Action Item #17: Implement a Northern Region Chronic Disease Prevention and Management Pilot

Health Canada's Aboriginal Diabetes Initiative and Aboriginal Health Transition Fund collaborated with the Northern Health Authority to jointly fund the 'Aboriginal Health Collaborative' pilot (AHC). The pilot was initiated in 2007 in partnership with First Nations communities and other Aboriginal organizations engaged in working to improve health outcomes.

From January 2007 to December 2008, 15 of approximately 60 First Nations in the north participated in the AHC. Based on surveys of Care North coordinators, clinical and evaluation data, the AHC has made substantial progress in reaching its deliverables. The pilot reached 661 patients, and

there have been improvements in quality of care, access to care, and care coordination. This is reinforced by clinical data showing that sites involved in the AHC have completion rates and targets for diabetes that are generally better than average for the Northern Health region and BC. In many cases, results are better than their neighbouring non-First Nations communities. This success is attributed to good cooperation and communication among stakeholders, and teamwork based on needs identified by communities.

Key achievements over the past year include:

- Development of patient registries in order to proactively assist patients who have a chronic disease to better manage their care with their physicians;
- Proactive patient recall and management by the CDM toolkit or Electronic Medical Record;
- Group medical appointments that allow patients to meet with their physicians over 1 ½ hours in a group setting. Group appointments provide an opportunity for patients to hear answers to questions they have not thought to ask, and to learn from the experiences of others;
- Community collaboration and innovations (e.g. the Diabetes and My Nation project, health fairs, access to healthy food and physical activity, etc);

"Fraser Health has seen successful tripartite partnerships built in our region through recognition and commitment to the roles each party plays in providing the best in health care to First Nations in our region. When all three partners are able to leverage their resources the whole community benefits and it just makes the best sense in these challenging economic times".

Diane Miller, Executive Director
Primary Care & Aboriginal Health
Fraser Health

- Better communication and coordination of care;
- Improved access to technology (internet, point-of-care testing, lab work);
- Improved access to services and specialist advice;
- Use of guideline-based care and other decision support tools. Guideline-based care is the care that a person should receive for a specific condition based on the best evidence, while decision support tools help care providers to ensure that patients receive guideline-based care; and
- Improved education opportunities for patients and providers.

In the coming year, surveys with First Nations community stakeholders, key physicians, and other stakeholders will continue as part of the ongoing evaluation of the program. The evaluation process will expand understanding of the factors that contributed to success, as well as areas requiring further work. This information will be considered as the program expands to other First Nations communities and possibly urban populations.

Action Item #22:
Introduce Integrated Primary Health Services and Self-Management Programs for Chronic Health Conditions

In 2008, the FNHC commissioned an Environmental Scan of Chronic Disease Management services and programs for First Nations which focused on eight specific high priority areas from the 2001 Provincial Health Officer's report: diabetes, respiratory diseases, cardiovascular (heart) disease, kidney/renal disease, liver disease, osteo-arthritis, depression, and dementia.

The Scan reviewed federal, provincial, and First Nations-delivered programs and services to determine (i) the extent of Aboriginal-specific programs, services, or resources, and (ii) whether generic chronic disease programs, services, and resources are being made available to First Nations and Aboriginal communities. The overall finding from the Scan is that there are very few specific programs or services for First Nations and Aboriginal communities. Most agencies included in the Scan do not collect data on program take-up by Aboriginal people, and are also unfamiliar with whether the scope of existing programs and services reaches into Aboriginal communities.

The Environmental Scan reveals some of the challenges faced by Tripartite partners and First Nations communities with respect to improving chronic disease management support. Community reports document that few First Nations and Aboriginal health providers employ their own physicians; they more frequently rely on visiting physicians to provide chronic disease screening and early treatment services. Physicians visit some reserves on a regular basis, and there are good examples of collaboration between First Nations and physicians and medical centres. In other locations, significant challenges remain with respect to ensuring that physician services are available to communities, and that the full range of needed services is provided. In the light of the inconsistent access to appropriate services experienced by First Nations people, more work is needed to improve access to mainstream services and programs or to develop and support Aboriginal specific programs and services within Health Authorities, particularly given significantly higher rates of chronic disease in this population.

The Scan also demonstrates that chronic disease programs are often small, one-off and short-term community initiatives in the areas of nutrition, physical activity, health promotion, and education. While beneficial, most are not sustainable, nor are they being evaluated to measure effectiveness. Fewer and more sustainable programs are needed to produce better results for communities. Evidence from a review of best practice in other jurisdictions reveals some patterns and themes that will be important for the Tripartite partners to consider when planning a chronic disease management approach for First Nations and Aboriginal peoples.

A Chronic Disease Self-Management Program (CDSMP)

This a lay-led patient education program which provides tools to individuals living with chronic disease to manage their illness. This program is led by pairs of trained lay leaders to groups of eight to 10 people, once each week for 2 ½ hours, for six consecutive weeks. The program is offered through the University of Victoria, Centre for Aging. In 2006-2007, based on the results of a pilot, the leaders' manual and training program were modified to make them culturally appropriate for First Nations communities. In 2008-2009, five four-day Leader-Training Workshops were conducted, and 90 new Program Leaders from First Nations communities were trained.

Building on the findings of the Environmental Scan, the Tripartite partners will be exploring the next steps to support the development of a more coordinated approach to chronic disease management in BC. The partners recognize that First Nations communities will not benefit from a 'one size fits all' approach - there remains a need for clear direction for the partners on how they can participate and partner with First Nations and Aboriginal communities to help them accomplish their specific goals. The partners hope that many communities will to continue to be involved in this important work which will have a huge impact on families and individuals in the coming years.

TFNHP: Develop and Implement an Injury Prevention Strategy

One in four deaths in First Nations communities is injury-related. Since work began under the Tripartite Plan, injury prevention has become a high priority for the provincial and federal governments, and more work is being done to tailor existing initiatives for First Nations in BC. To guide this work, a Tripartite Injury Prevention Working Group is in place, comprised of staff from First Nations and Inuit Health, the First Nations Health Council, and the BC Ministry of Healthy Living and Sport.

The Working Group is working towards developing an Injury Prevention Strategy. At present, the group is focused on the specific commitment to improve awareness of driving safely, and ensure children and adults wear seatbelts (Action Item #14). Resources in place to assist the Working Group to develop injury prevention initiatives include: data from the Regional Health Survey; feedback from communities through events like annual Gathering Wisdom forums; and existing injury prevention initiatives supported by First Nations and Inuit Health, the provincial government and health authorities.

Action Item #14:
Introduce Campaign to raise awareness on Seatbelt Use and Safe Driving

With background work well underway, the Tripartite Injury Prevention Working Group is collaborating with the BCAA Traffic Safety Foundation to launch a campaign to increase awareness of the importance of using infant and child and booster seats in First Nations communities by the end of 2009-2010. The Tripartite partners and BCAA will make a quantity of loaner car seats available to communities. Funding for the initiative provided by the Tripartite partners will be matched by BCAA.

The Tripartite partners are also planning an interactive DVD workshop for parents, family, and community members of teen drivers. The DVD will feature Dr. Evan Adams as the spokesperson. The goal of the DVD is to increase awareness of safe driving practices through role modelling in communities.

TFNHP: HIV / AIDS Strategy

Given the statistics for new HIV infections in BC, there is a sense of urgency among the Tripartite partners to address the issue of HIV/AIDS within First Nations communities. While Aboriginal people represent approximately 5% of the BC population, they are disproportionately affected by HIV/AIDS. In 2007 , First Nations individuals accounted for 15.4% of the 78 new AIDS cases and 14.7% of the 389 newly reported HIV cases. The Tripartite Plan encourages more involvement from First Nations leadership in HIV/AIDS and all partners are working together to help address the issue.

The effort to stem the rising numbers of HIV infections among First Nations started 18 years ago with the BC Aboriginal HIV/AIDS Focus Group, composed of federal, provincial and First Nations representatives, as well as persons living with HIV/AIDS. *The Renewing Our Response* Conference in 2005 was also a critical step, bringing together a wide range of First Nations, community, health provider, and government representatives, and resulting in a set of 24 recommendations.

Following the conference, a *Renewing Our Response Team* was formed to set priorities from this broad set of recommendations. The team includes representatives of provincial Aboriginal AIDS service organizations and similar regional groups. The Leaders Team proposed specific strategies to address the 24 recommendations and other factors that contribute to an increase in the rate of new infections. The team also considered setbacks and challenges in halting the spread of HIV, particularly in the north and among Aboriginal women.

In May of 2008, the First Nations Health Council brought together Aboriginal HIV/AIDS organizations, representatives from provincial and federal governments, and health authorities. The purpose of this session

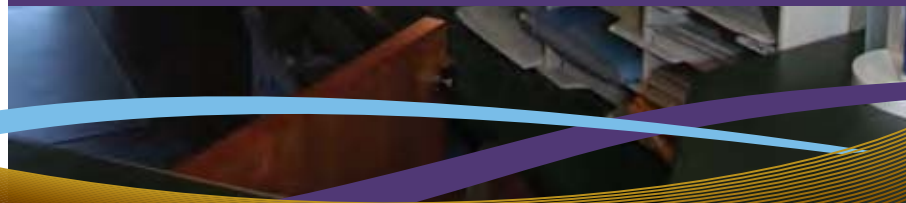
was to consider the strategies identified and develop specific approaches to address them.

Over the past year the tripartite partners began an analysis of HIV/AIDS services delivered to Aboriginal people in BC. This work will not only identify service gaps but also opportunities to improve coordination between the various service-delivery partners. The project has led to the development of a discussion paper outlining best and promising practices.

A key target for the Tripartite partners on HIV/AIDS over the coming year is the establishment of an HIV/AIDS Reference Group to take the response to HIV/AIDS among Aboriginal people forward in a more structured and formal manner, with increased involvement of First Nations communities.

"One of the most exciting promises of the Tripartite Health Plan is that the three partners - by coordinating their efforts to fill gaps in health services - can work to reduce diseases and chronic conditions, such as diabetes and HIV/AIDS, in BC First Nations communities."

Dr. David Martin, Regional Medical Officer, Health Canada - BC Region



Traditional Medicines and Practices

The First Nations Health Council began work on learning more about the scope and use of traditional medicines and practices among First Nations communities in BC. This complements work being done in other areas, in particular improving the range of primary care and mental health and addictions services.

Traditional medicine, as well as naturopathic medicine and other forms of alternative medicines, are not currently funded by the provincial or federal governments. There are some instances where portions of a visit to a practitioner of alternative medicine and laboratory testing will be covered; but, as a whole, naturopathic physicians do not bill the government or government-funded health organizations. This makes it challenging for patients to utilize the health care that they prefer, and also for organizations or clinics to hire traditional healers or naturopathic physicians.

Critical to the development of traditional medicine strategies is sustainability. It is vital that First Nations have a workforce with the knowledge to disseminate and practice by traditional means so that customs and traditions for healing naturally and spiritually are not lost.

In 2009-2010, the Tripartite partners intend to undertake a survey on the scope and use of traditional practices and medicines to inform policy

Renewing Our Response Leaders Team - 5 Strategies

1. Strategically unify and strengthen the response to HIV and AIDS in Aboriginal communities in BC by developing knowledge, coordination, policy, and funding.
2. Improve and maintain health, wellness, and quality of life of Aboriginal people living with HIV/AIDS.
3. Create and expand harm/risk reduction activities in Aboriginal communities to reduce the risk of contracting HIV, Hepatitis C, and other blood-borne pathogens.
4. Raise Aboriginal people's awareness of HIV/AIDS throughout BC and reduce risky behavior that leads to HIV transmission.
5. Improve our understanding of the HIV epidemic among Aboriginal people, track changes in risk behaviors and HIV prevalence over time, and assist in tailoring an improved response.

work on recognition, support, and sustainability of First Nations traditional healing.

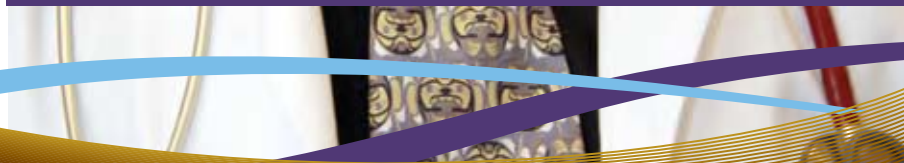
Pandemic Planning and H1N1

A new issue for the Tripartite partners is the H1N1 pandemic. While the effects of this influenza strain have not hit BC Aboriginal communities as strongly as other provinces, it still remains high on the planning agenda for both the federal and provincial governments and First Nations leadership. Work in BC has been led by two First Nations physicians: Dr. Shannon Waters, FNIH, and the PHO's Aboriginal Physician Advisor, Dr. Evan Adams, who serve as co-chairs of the BC First Nations H1N1 Working Group. The purpose of the H1N1 Working Group is to develop coordinated strategies which support First Nations communities in preparing and responding to the H1N1 influenza - including identifying and mitigating existing health service gaps. To this end, an Action Plan for rural and remote communities has been developed which provides for greater local decision-making, allowing communities to respond more effectively to H1N1-related issues.

Supported by the Office of the Provincial Health Officer, the Aboriginal Healthy Living Branch of the Ministry of Healthy Living and Sport, Health Canada, the First Nations Health Council, regional health authorities and the BC Centre for Disease Control, work to date has been particularly effective at reducing the impact of H1N1 on First Nations communities in BC.

"The Tripartite H1N1 Working Group has developed a BC First Nations H1N1 Action Plan that focuses on H1N1 issues for remote communities. BC has had the benefit of having strong tripartite relationships in place, which has allowed a proactive response to the pandemic planning and preparedness for H1N1".

Dr. Evan Adams, Aboriginal Physician Advisor, Provincial Health Office



Members of the Working Group have also been active in some First Nations communities offering information about H1N1 and the need for good infection control practices, such as: hand-washing, avoiding contact with others when you have flu-like symptoms, not sharing bottles or cutlery with sick people, and ensuring those with existing chronic health conditions take special care. As well, the Action Plan has allowed some communities and health authorities to 'test' their pandemic plans.

All communities should remain vigilant about infection control practices and promote care practices for those with mild, influenza-like illness, particularly if they have existing health conditions. The tripartite partners encourage individuals to visit www.fightflu.ca for more information.

MATERNAL AND CHILD HEALTH

This cluster of services includes child health-related Action Items, as well as the priority given to improving access to appropriate and effective maternal care for Aboriginal mothers. This year saw the Tripartite partners achieve major progress in the areas of maternal and child health. In order to facilitate First Nations community voices into the implementation of Action Items #7, 10, 11 and 21, an Aboriginal Maternal and Child Health Committee has been formed. The Aboriginal Maternal and Child Health Committee includes representatives from First Nations, Aboriginal, and Metis communities and organizations, as well as the First Nations Health Council, and federal and provincial governments.

Action Item #7
TFNHP: ActNow BC- Healthy Choices in Pregnancy

The Healthy Choices in Pregnancy initiative provides resources for individuals, families, and communities to increase their knowledge of factors that contribute to healthy outcomes for pregnant women and their infants; and to enhance the ability of communities to be supportive of women during their pregnancies and postpartum. One area of focus within this initiative is to encourage women to stop or reduce their use of alcohol during pregnancy.

From May 2008 to March 2009, the First Nations Health Council, the Ministry of Healthy Living and Sport and the National Collaborating Centre for Aboriginal Health worked together to develop a "Train the Trainer" model curriculum. The model developed is culturally specific to support implementation of Healthy Choices in Pregnancy in First Nations communities. Designed for service providers who work with Aboriginal women in their childbearing years, the curriculum increases providers' capacity to counsel women about alcohol use in pregnancy. To support all women in

experiencing a healthy pregnancy, additional provincial on-line resources are available about exercise and healthy eating during pregnancy.

Action Item #10:
Improve Childhood Vision, Hearing, and Dental Screening for First Nations Children

A critical health action is the provision of early childhood hearing, dental, and vision screening as part of an integrated strategy to improve health and well-being. The aim of the screening programs is to offer screening to all First Nations children in BC.

In 2008-2009, Health Authorities offered vision screening to all public and First Nations Schools on reserve. As part of this initiative, the First Nations Health Council provided training for community members in vision screening. More training sessions will be held in the coming year, reinforcing the goal of building capacity in the communities.

A newborn hearing screening program is also being implemented province-wide to screen all newborns for hearing loss. Currently 95 percent of infants registered receive hearing screening. In the next year, information is being developed to ensure communities, parents and careproviders are aware of the importance of screening and diagnostic follow-up if indicated.

In the area of dental screening, the Tripartite partners are working with the BC Dental Association on a DVD that will include information on a child's first visit to the dentist, dental care, and prevention of tooth decay. Health Authorities are offering a province-wide dental check for children in the 2009-2010 school year.

Action Item #11:
Follow up on 2006 Child Death Review Report with the BC Coroner's Office

The Child Death Review Unit at the BC Coroner's Office is collaborating extensively with the Tripartite partners to address the disproportionately high number of deaths occurring among Aboriginal children and youth in BC. Representatives from the Tripartite partners sit on the Child Death Review Committee and review all cases of Aboriginal child death. One key area influenced by the partners is the language and tone of the Coroner's reports to ensure they are culturally appropriate.

The Child Death Review Unit also sponsored two seats for First Nations communities to attend the Shaken Baby Syndrome (SBS) Conference. The Tripartite partners have been working with Prevent SBS British Columbia to promote the Stage of Purple Crying Prevention Program, as well as their training program for First Nations communities. Feedback has also been provided to SBS BC to ensure that training is culturally relevant to BC First Nations.

Action Item #21:
Improving Access to Maternity Services

An Aboriginal Perinatal Committee is in place to facilitate the inclusion of community voices in high-level, broad initiatives that influence maternal and child health. In addition to community representatives, the Committee includes participants from Health Canada (FNIH), the Ministry of Healthy Living and Sport, Public Health Agency of Canada, the Provincial Health Services Authority (PHSA), and the First Nations Health Council. At a strategic level, the Committee focuses on improving access to all aspects of pre- and post-natal care and supporting family inclusion. The key goals of this work are to maximise outcomes for positive birthing experiences (reduce infant mortality, reduce low birth weight newborns) and improve maternity experiences for Aboriginal women across BC.

The committee provides feedback, recommendations, and guidelines on a number of maternal and child health initiatives. The BC Perinatal Health Program (BCPHP) is the provincial structure that hosts the: Aboriginal Perinatal Health Committee. Comprised of the tripartite partners, and the Provincial Health Services Authority, strategic directions are developed that will improve maternity care access and maternal/infant health outcomes for Aboriginal and First Nations women. The Aboriginal Perinatal Health Committee provides critical feedback to the BCPHP, Aboriginal Perinatal Health Committee regarding provincial best practice resources and strategies. An example includes:

- Doula Training – Doula Training –The purpose of the training is to increase capacity within Aboriginal and First Nations communities to support Aboriginal women and to improve their birthing experiences. In fiscal 2008/2009, two pilot sites (the Interior and Northern Health Authority) received doula training, guided by a draft BC specific curriciulm that incorporated traditional and cultural context. The pilot is a collaborative initiative involving Health Canada (FNIH), Health Authorities, and the First Nation Health Council, and is coordinated by the BCPHP. Next steps are being discussed by the BCPHP, Aboriginal Periantal Health Committee.

MENTAL HEALTH AND ADDICTIONS

Action Item # 8:
Develop and implement a Mental Health and Addictions Plan

Tripartite collaboration in this area is in its early stages. The objective is to develop an Aboriginal Mental Health and Addictions Plan which incorporates adult mental health, substance abuse and young adult youth suicide as indicated by the TCA: FNHP. This plan will take into consideration needs and services for Residential School Survivors which has also been identified as a priority by First Nations communities. This area will be a key priority for the tripartite partners in 2009-2010.

In the meantime the provincial government is in the process of developing a 10-year Mental Health and Wellness Plan for BC. A multi-party Aboriginal Mental Health and Addictions Working Group is in place to provide input to the provincial plan. The group includes representatives from the Ministry of Healthy Living and Sport; Health Authorities; specialists and other agencies such as MCFD and INAC.

The Tripartite partners have commissioned some background work on the extent of mental health and substance misuse among Aboriginal communities, along with evidence on best practice initiatives; current services [and gaps], workforce and infrastructural requirements (such as availability of addiction beds). There is substantial work to do to gather this information

from within the Province, Health Authorities, Health Canada and First Nations communities – but once the evidence is collated, this will provide the basis and evidence for the Tripartite partners to then determine priorities, improvements and other strategies needed to address gaps. The partners are committed to build on what is already working at the community level, and to increase First Nations participation in the design and delivery of culturally appropriate service. The background work will be completed in 2009-2010 and fully considered by the partners to develop a sustainable plan that will address the significant needs in this area. We encourage full participation by all First Nations communities interested in this area of work, so that the Tripartite can make well informed, and well supported, decisions for improving care and treatment for those most in need.

Action Item # 9:
Host a forum on Youth Suicide Prevention

A Youth Committee was formed in August 2008 by the First Nations Health Council to plan a Youth Wellness Gathering. The gathering, called "Finding the Strength Within," was held at *Sts'sailes Lhawathet Lalem*, Chehalis Healing House, Harrison Mills, from October 24-26, 2008. The participants experienced a positive atmosphere of traditional culture, inspiring speakers and friendship. The gathering provided a foundation for future Spring Break Camps, Summer Camps, and a Provincial Youth Forum. A Tripartite Youth Suicide Forum Working Group has been brought together to plan the Provincial Youth Forum which will be held in Spring 2010. This forum will engage youth, elders, tripartite partners and service providers from all over BC to share their knowledge and develop models for youth suicide prevention. The forum will focus on increasing capacity within Aboriginal communities to develop their own suicide prevention projects based on their individual community needs.

Action Item #15:
Develop new culturally appropriate Addiction Beds for Aboriginal Peoples

The Tripartite partners are aware that many communities are looking for opportunities to expand available treatment supports to better serve Aboriginal people. Given the need for improved addictions services for Aboriginal peoples in BC, the Tripartite partners are working to identify opportunities to use existing sources of capital funding to expand access to facilities and programs. In addition, the need for more addiction beds will be identified as a key strategy within the new Mental Health and Addictions Plan being developed as part of Action Item #8.

HEALTH HUMAN RESOURCES

Action Item #18:
Dedicate Post-Secondary Seats for Aboriginal Health professions

An environmental scan commissioned by the Tripartite partners in 2008-2009 under Health Canada's Aboriginal Health Human Resource Initiative (AHHRI) reviewed post-secondary health care programs offered for Aboriginal students. The scan indicated:

- The need for a standardized and comprehensive method of data reporting, which is critical for accurate monitoring and evaluation of recruitment and retention strategies;
- That out of the total 413 health education programs, only 103 have strong Aboriginal content or methods (e.g. distance education) within their curriculum; and
- That it is predicted that a minimum of 293 Aboriginal students will graduate from health programs in 2009, but that this is considered an underestimate due to problems with data collection.

As part of the scan, representatives from a number of post-secondary institutions (PSIs) came together at a gathering in Vancouver early in 2009 to discuss how successful AHHRI funded initiatives had been in attracting and supporting Aboriginal students. The initiatives undertaken by PSIs relate to curriculum development, student support strategies, and bridging/laddering of program development.

Ongoing work under this action item includes identifying emerging provincial initiatives and devising an emerging practices framework that will ensure Aboriginal students are filling available seats and successfully completing programs. The next step will be to work with all stakeholders to identify emerging practices and areas for improvement, and obtain commitments to bridge the gaps in education and training for current and future health professionals and paraprofessionals.

This Action Item is closely linked to Action Item #25 below since PSIs have a significant role to play in helping to attract and retain Aboriginal students in health studies in BC.

Action Item #19:
Develop a Curriculum for Cultural Competency for Health Authorities

In 2008, the Tripartite partners, led by the Ministry of Healthy Living and Sport, commissioned a Cultural Competency and Cultural Responsiveness concept paper. The goal was to explore definitions of cultural competency nationally and internationally (from an Indigenous perspective) and best practice models of cultural competency frameworks to inform a cultural

competency curriculum for health authorities. The paper identified that cultural competency has broad meanings depending on the setting, and that it is necessary for the partners to affirm a definition so that all parties and First Nations could be clear on what is meant when this action item is being considered.

The concept of cultural competency generally takes two main forms. One approach considers competency of ***individuals*** – including health practitioners, physicians, nurses, managers, governors and health workers. The other approach looks at the policies, practices, strategies, plans, and service delivery mechanisms – the ***systems*** of health care institutions. Given these two dimensions of cultural competency, some initiatives focus on developing 'people' while others are designing and implementing approaches to enhance people and systems. In accordance with the values and intentions of the TFNHP, the latter definition is being applied.

It is acknowledged that all First Nations and Aboriginal communities have their own definitions of 'cultural competency'. The intent of this work is NOT to interfere with sovereignty over those Aboriginal-owned definitions, but rather to create an environment in which these definitions and interpretations can be encouraged and integrated into local health systems for First Nations communities. The evidence shows that there are similarities in definitions of the main terms used, and in what context they should be used, which can be summarized as follows:

- *Cultural Responsiveness* - Cultural responsiveness is concerned with improving the competency of individual practitioners and systems, the combination of people's attributes (professional attitudes, knowledge, behaviors) and organizational or institutional attributes (practices, strategies, policies and procedures, standards and performance management / remuneration mechanisms). Both are needed in order for the 'whole' to be in the best 'cultural' position possible to respond correctly when the need arises.
- *Cultural Appropriateness* - Some commentators define 'cultural appropriateness' similarly to cultural responsiveness, referring to a combination of people attributes and institutional attributes. However 'appropriateness' refers more to matching people and systems to the cultures and communication styles of the clients or stakeholders. It has an underpinning feature of having to be 'fit for purpose' or 'suitable' for the purposes intended.

- *Cultural Awareness* – There is wide variation in definitions of cultural awareness, and more often than not it is discussed in the context of cultural sensitivity and cultural safety. Most commentators place cultural awareness on the lower end of a continuum of learning. All agree that cultural awareness is the first step in the continuum toward achieving cultural competency among individual practitioners. Evidence cites cultural awareness as 'acknowledgment of difference'. It is about the learner understanding their own culture, and learning about other cultural practices, customs, beliefs and traditions – and then respecting the differences.
- *Cultural Sensitivity* - Cultural sensitivity is about understanding and appreciating the consequences of European contact on Aboriginal people (e.g. loss of language), colonization, and the effects of this history. There is an intrinsic requirement to learn about the consequences – not just to know what happened, but to understand what the outcomes (negative and positive) have been on today's society. Cultural sensitivity is defined as 'recognizing the importance of respecting difference'.
- *Cultural Safety* - A great deal has been written about, and implemented in regard to cultural safety. The term centers on the experience of the patient, and whether they feel 'culturally safe' before, during or after having received services. It focuses on practitioners being aware that they bring their own culture 'to the table' and that it is important to allow the patient to contribute their culture to the intervention or relationship. Unsafe practice is defined as a situation where the patient may feel disempowered or diminished by the interaction with a health practitioner. Cultural safety learning would include a study of experiences of patients (either positive or negative) and patient satisfaction. Studies in this area would encourage changes in practice by institutions and practitioners in order to improve patient experiences.
- *Cultural Competency* - Cultural competency is defined in many ways. The common feature of almost all definitions is that competency recognizes that people and/or systems are able to apply their knowledge about culture to changing or improving practices in ways that influence health outcomes. The connection to improving outcomes is the strongest theme of cultural competency in health care circles. Competency is not just about being aware of or sensitive to other cultures, and how those cultures have developed; it is about 'using that knowledge to positively influence and even fundamentally change, the way a person or organization operates in order to improve outcomes'.

The evidence and ideas in the concept paper will inform the work of a Tripartite Steering Group on Cultural Competency. What is obvious is that the Province (Ministry of Healthy Living and Sport and Ministry of Health Services) must also look at the 'cultural competency' of its own agencies, and background work has begun on exploring how this could be implemented for all provincial health staff. The need for culturally competent health services should also extend to all other mainstream service providers servicing First Nations communities. The scope of this work is substantial but the groundwork has been done to inform the strategic thinking and implementation that needs to occur over coming years.

A facilitated on-line Indigenous Cultural Competency training program has been developed by the Provincial Health Services Authority (PHSA) and is intended for ministry, provincial and regional health authority staff. The curriculum content was informed by recommendations from a provincial "think tank" held in November 2008. The curriculum, online training platform and instructional model was developed by March 2009 with input from advisory committees that included First Nations, Aboriginal and non-Aboriginal leaders. Subsequent vetting and piloting of the curriculum has been ongoing since June 2009 and includes a comprehensive evaluation process that will assess both learning within the training as well as integration into practice.

The PHSA curriculum is foundational cultural competency training and can supplement any nation and region specific training developed by regional health authorities or Indigenous groups within the province. Plans are underway for providing the training to PHSA, ministry and health authority staff beginning in January 2010. In addition, a resource website is in development that will support learners post training. This will provide additional support, cultural competency information, mini-modules, research and resources. Additional modules on mental health and women's health are also in development.

At the end of February 2009, Vancouver Coastal Health (VCH) hosted an 'Aboriginal Cultural Competency and Inclusion Forum', held to solicit feedback from Aboriginal community members, VCH staff, and other stakeholders in developing an Aboriginal cultural competency training framework for the Vancouver Coastal Health region.

Close to 200 Aboriginal community members, VCH staff, and representatives from community organizations from around the region attended the two-day event. Participants divided into a series of focus groups to discuss what VCH staff might do to provide culturally competent services and how change might best be implemented. Forum participants were asked to provide their input on a number of different topics related to cultural competency training, including: best practices in cultural competency training; strategies for organizational change management; options for training formats; and monitoring and evaluating the training program. In addition, participants identified culture and region-specific traditional healing methods and values to help shape the curriculum.

Action Item #20:
Designate Senior Staff in Health Authorities Responsible for Aboriginal Health

Dedicated Aboriginal Health Lead positions are staffed in each of the Health Authorities:

Northern Health Authority: .....(250) 565-2134
www.northernhealth.ca/Your_Health/Programs/Aboriginal_Health/

Interior Health Authority: ..... (250) 314-2100 ext 3773
www.interiorhealth.ca/health-services.aspx?id=412

Fraser Health Authority:.....(604) 587-4643
www.fraserhealth.ca/services/our_services/?&program_id=9680

Vancouver Coastal Health Authority: .....(604) 875-5600 ext 66942
www.aboriginalhealth.vch.ca/

Vancouver Island Health Authority: .....(250) 755-6281
www.viha.ca/aboriginal_health/

Provincial Health Services Authority: ..... (604) 875-2000 ext 5934

The Health Authority Aboriginal Health Leads develop and lead the implementation of the Aboriginal Health Plan within their health authority by working with local First Nations, Aboriginal health organizations, and Métis Chartered Communities. The Leads also play a key role in providing regional perspectives to provincial and Tripartite planning processes; facilitating health authority relationships with local First Nations communities; supporting service change within their health authorities; and providing cultural competency development of staff.

Action Item #24:
Further Develop the Role of Nurse Practitioners and Enhance Physician Participation in Aboriginal Health and Healing Centres

Discussion of this Action Item is being included in Action Item #25 below through inclusion of Aboriginal nursing and physician professional groups in the Steering Group as important participants in the planning and decision-making processes. In addition, the Steering Group will seek participation from Health Directors, possibly through the new Health Directors Association.

Action Item #25:
Increase the number of professional and skilled trades First Nations in health professions

Appropriate planning and management of Aboriginal Health Human Resources is a key factor in developing a health care workforce that has the right number and mix of health professionals to serve First Nation, Inuit and Métis people. Health Canada's Aboriginal Health Human Resource Initiative supports efforts to increase the number of Aboriginal people pursing health-related careers. The AHHRI Environmental Scan discussed under Action Item #18 interviewed a variety of First Nations Health Directors, and conducted focus groups with First Nations students currently pursuing health careers at mainstream and Aboriginal post-secondary institutions. The Scan highlights the importance of several key issues:

- Career information: The need to promote health careers – preparing students in secondary school and pre-secondary school [the Health Council employs two Recruitment Officers for Health Careers to encourage Aboriginal students into health studies]
- Education supports: Post-Secondary Institution (PSI) support for students once in study [as discussed under Action Item #18, AHHRI supports a number of PSIs to implement initiatives to attract and retain Aboriginal students in health studies;
- Recruitment and Retention: Measures to attract and retain Aboriginal students in health studies
- Professional and cultural development: issues for the existing health workforce

Aboriginal Patient Navigators/Liaisons

Gloria Big Sorrel Horse is a Patient Navigator with Interior Health. She explains that sometimes Aboriginal patients do not fully understand what a doctor or nurse has told them and they might not be comfortable asking questions. She reported, "I don't see it so much with younger people, but the older generation puts others' needs ahead of their own. They don't want to be a burden." Patient Navigators fill this gap by providing one-on-one and family support to the client.

Gloria sees most Aboriginal patients in acute care, especially those with heart problems. She feels confident in her ability to help patients. "I see how resources that are shared with us are beginning to be utilized – and how I can use them. As a result of the program, we are seeing a more trusting relationship forming between Aboriginal patients and hospital staff."

In 2009-2010, the partners will build on this work by undertaking a quantitative survey of the health workforce in First Nations communities to assess the numbers and qualifications (scope of practice) of the First Nations health professionals. This will help to identify how the First Nations workforce has grown since previous surveys, and in which areas. It will also help identify which health disciplines are growing (e.g. more workers with nursing qualifications) and which areas still experience gaps (e.g. workers with counselling or psychology qualifications). The Tripartite partners encourage all communities to contribute to this survey so that future Health Human Resource planning can take into account community needs and gaps.

To support the implementation of the Health Human Resource Action Items in the Tripartite Plan, the Ministry of Healthy Living and Sport, health authorities, and other Aboriginal partners are also conducting an environmental scan to learn about the Health Human Resource initiatives already taking place in the province. The findings from this Scan, along with the AHHRI Scan and workforce survey, will inform the development of an Aboriginal Health Human Resource Framework for BC, led by the Ministry of Healthy Living and Sport. This framework will form the foundation for a comprehensive, integrated, tripartite approach.

Action Item #26: Increase the number of Aboriginal Patient Liaisons/ Navigators

All health authorities have Aboriginal Patient Liaisons/Navigators whose purpose is to assist patients and families to navigate the health system and to provide links to community-based services. Patient Liaisons/Navigators provide patients with referrals, advocate on their behalf to ensure that they receive appropriate supports, and assist patients through the process. This includes ensuring appropriate discharge plans are in place, and that facility staff work collaboratively with community health workers. One of the most significant roles of Patient Liaisons/Navigators is to facilitate cross-cultural understanding within the health care setting, connecting between Aboriginal patients and medical staff.

When the TFNHP was signed in 2007, there were 12 Patient Liaisons / Navigators in place. Since then, an additional 20 positions have been funded for a total of 32 Patient Liaisons/Navigators – an increase of 167%.

The majority of the growth in Patient Liaison positions was funded through the 2007-2010 Health Canada Aboriginal Health Transition Fund – Adaptation Envelope. This fund is currently set to sunset March 31, 2010. The Government of BC is actively working with the other provinces and Health Canada to renew the Aboriginal Health Transition Fund for a further five-year term.

HEALTH SYSTEMS

HEALTH PLANNING

TFNHP: FNIH First Nations Community Health Plans

As set out in the Tripartite Plan, the partners share the vision that: "each First Nation and mandated health organization have a comprehensive health plan that will be a foundational document for the design of community health services and the creation of working partnerships with governments and health service providers."

The majority of First Nations in BC (90%) have work plans or program plans in place through their funding arrangements with Health Canada's First Nations and Inuit Health regional office. Of this 90%, 43 communities -representing 58% of the on-reserve population - have a community health plan. The vision behind these FNIH community health plans is to transfer control over health service design and delivery to First Nations within a funding framework provided by Health Canada.

The primary objective of the FNIH funding framework is to ensure communities have flexibility in the delivery of health programs and services so they can meet community health needs and priorities. As such, Health Canada supports community health plans that are broad in scope and reflective of all the program and service arrangements in place, including:

services offered by health authorities; services designed and delivered by First Nations; culturally or spiritually based services; services delivered or funded by other agencies, such as the BC Ministry of Children and Family Development or Indian and Northern Affairs Canada.

TFNHP: Develop a Multi-Jurisdictional Planning Framework

Linked to the discussion of community health plans is the commitment to develop a multi-jurisdictional planning framework. This framework will provide "service delivery linkages between goals and activities described in First Nations community health plans, with those of regional health authority service plans."

The Tripartite partners initiated work on multi-jurisdictional planning in 2008-09 by commissioning a discussion paper exploring how planning is currently completed. Once finalized, this paper will identify some opportunities to move towards better coordination and alignment across First Nations communities, health authorities and the newly created Community Engagement Hubs.

First Nations communities complete a health plan with FNIH as part of the funding process and to meet the accountability requirements of the Government of Canada. These plans vary from community health plans that provide a great deal of flexibility and control to communities, to program plans that focus on FNIH-defined programming. FNIH actively promotes the development of First Nations community health plans to support communities to look at their own needs and aspirations, and to deliver health programs and services in a more flexible way to meet these needs.

Provincial ministries and health authorities prepare service plans to outline the specific measures that they will take to meet government priorities and accountability requirements. As discussed under Action Item #3, health authorities are also required to develop Aboriginal Health Plans. Health authorities work with Aboriginal health committees comprised of local Aboriginal service provider representatives and organizations, to provide recommendations for planning and priorities in the region.

The First Nations Health Council is also involved in health planning through its support for Community Engagement Hubs (CEHs). As discussed in more detail in Section 3 below, Hubs support communities to plan and communicate together, identifying shared priorities and engaging with health authorities and others to address them.

The Tripartite partners agree that effective community health plans need to be owned, driven and designed by First Nations communities themselves, and that ideally these plans would look at the broader social determinants of health and incorporate the unique cultural context of

each community. The partners also agree that planning between First Nations and health authorities needs to be reciprocal in nature – that is, health authorities need to move towards reflecting community health plan priorities in their plans, and communities need to better reflect provincial services in their plans alongside federally-funded programs. In this way, multi-jurisdictional planning is strongly linked to Reciprocal Accountability, discussed above under Action item #6.

"Given the remote nature of many BC First Nations communities, the development of a Tele-health network is critical for linking communities to health promotion and clinical services. In this regard, eHealth initiatives are key components of the Tripartite Health Plan in terms of improving health outcomes."

Yousuf Ali, Regional Director, First Nations and Inuit Health, Health Canada - BC Region

eHEALTH

Action Item #23: Create a fully integrated clinical Tele-health network

Action Item #23 promotes the creation of a fully integrated Tele-health network. Led by the Tripartite Strategy Council for First Nations eHealth, work is progressing at a rapid rate and is showing significant progress in a relatively short period of time.

The focus on Tele-health has been expanded to look at a total solution for eHealth needs for First Nations. Led by BC First Nations through the eHealth Centre of Excellence, the First Nations Tele-health Expansion Project will establish 51 Tele-health-enabled sites as part of the creation of a First Nations Clinical Tele-health Network. In addition to establishing the Tele-health sites, the Tele-health Expansion Project will coordinate and facilitate linkages to health promotion and clinical services that can be offered through Tele-health for communities. The project will build and expand Tele-health capacity within First Nations communities, and ultimately integrate a First Nations Tele-health Network with the provincial Tele-health and eHealth Networks currently under development.

TFNHP: Develop and Implement an eHealth Strategy for First Nations

Health information in the right place, at the right time, and within the right context is at the centre of any First Nations eHealth solution. The implementation of a fully integrated First Nations Tele-health / eHealth network requires unprecedented inter-organizational and cross-jurisdictional cooperation. In 2008, First Nations eHealth initiatives benefitted from a strong commitment by Tripartite partners who recognized the important role health information and Tele-health will play in realizing the goals of the Tripartite Plan. The partners consider eHealth to be a forerunner and testing ground for developing effective tripartite processes and initiatives since the physical infrastructure and governance requirements of the network necessitate the support and input of the three parties.

eHEALTH GOVERNANCE

Significant progress is being made on putting in place the foundational building blocks for First Nations eHealth in BC, including the creation of a First Nations operational entity for eHealth, advancement of the Pathways Connectivity Project, and the First Nations Telehealth Expansion Project.

In eHealth, effective governance is critical. With the numerous projects currently underway or about to begin, and with multiple parties at the table, there was a need to clarify how decisions would be made. Prior to the signing of the Tripartite Plan, First Nations eHealth initiatives in BC were generally governed or co-managed by Health Canada and individual communities. This structure held few opportunities for regulating, standardizing, and maximizing the benefits of eHealth solutions, and creating the necessary economies of scale. New eHealth initiatives under the Tripartite Plan are working in a shared power environment, with Health Canada, the Ministry of Health Services and the Ministry of Healthy Living and Sport, and First Nations Health Council as foundational partners. Advances in eHealth governance were achieved through establishing three core levels or points of collaboration: The Tripartite Strategy Council for First Nations eHealth, the Tripartite Working Group for First Nations eHealth, and the BC First Nations eHealth Centre of Excellence Society.

The Tripartite Strategy Council for First Nations eHealth is responsible for decision making with respect to key policy and strategic direction, endorsing Tripartite partner initiatives and operations in the governance context of the First Nations Health Council and the evolving tripartite governance structure. The Tripartite Strategy Council is responsible for helping to ensure the success of the provincial and federal partners, BC First Nations, including the First Nations eHealth Centre of Excellence Society, and the full range of eHealth-related initiatives.

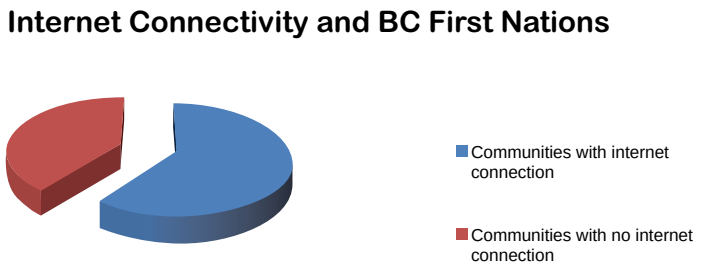
The Tripartite Technical Working Group for First Nations eHealth is responsible for facilitating day-to-day analysis and planning of non-strategic issues, and operates as an extension of the Tripartite Strategy Council. The Technical Working Group enables: the coordination and facilitation of key First Nations eHealth related initiatives; alignment between provincial and federal partners, BC First Nations, including the First Nations eHealth Centre of Excellence Society; information sharing and project linkage to Tripartite Strategy Council; and leveraging of provincial, federal and BC First Nations partners' knowledge, skills and resources to help ensure the success of the provincial and federal partners, BC First Nations, including the First Nations eHealth Centre of Excellence Society, and all eHealth- related initiatives.

The First Nations eHealth Centre of Excellence is an operational entity to advance First Nations eHealth in BC. Incorporated in 2008, the First Nations eHealth Centre of Excellence and its board of directors advances the vision of *Empowered First Nations, using innovative health information technologies to achieve wellness in their communities.* The Centre of Excellence will be the lead organization on the First Nations Telehealth Expansion project in BC, and will also build its foundational capacity and infrastructure over the next two years.

CONNECTIVITY

In order to deliver eHealth solutions, First Nations communities need reliable high-speed internet access. Currently, 123 out of 203 communities have at least consumer grade internet access; however, a First Nations Telehealth Network will require faster and more reliable industrial grade broadband. In 2008, the Pathways to Technology Project was launched to support improvements in connectivity in First Nations communities across BC (www.pathwaystotechnology.ca).

The Pathways project is a partnership between the First Nations Health Council, the First Nations Technology Council and All Nations Trust Company. The project partners are working together with the private sector and Network BC to get First Nations communities connected to the internet, and to establish the industrial grade broadband required for the First Nations Telehealth network in as many sites as possible. This project is expected to take up to four years, with the first round of communities getting connected as early as September 2009.



123 out of 203 communities have at least consumer grade internet access

Initial funding for these initiatives has been provided through the provincial Ministry of Labour and Citizens' Services through NetworkBC with a substantive contribution from Health Canada.

CAPITAL AND INFRASTRUCTURE

Action Item #16: Develop a new Health Centre at Lytton

The official opening of the new St. Bartholomew's Health Centre and Chief David Spintlum Lodge was celebrated on July 31, 2009. The new assisted living complex and Health Centre, which bring community health services and seniors' housing under one roof, were blessed with a traditional prayer ceremony by Lytton First Nation members.

The need for capital infrastructure for First Nations communities will continue to be a priority to support effective service delivery.

TFNHP: Support the process of developing Capital Infrastructure with First Nations

Capital infrastructure supports effective health program and service delivery. The Tripartite partners are aware that many First Nations communities would like to expand or improve existing health facilities, or create new facilities, in order to better meet local needs. The partners are exploring opportunities to support and enhance capital funding processes to ensure that the needs of First Nations communities are met, and that innovative and best-practice approaches are considered. This includes not just support for 'bricks and mortar' development, but also the ongoing funding required for health and treatment facilities to operate.

RESEARCH AND PERFORMANCE MEASUREMENT

RESEARCH CAPACITY DEVELOPMENT

Action Item #27:
Issue Provincial Health Officer's Report on Aboriginal Health every 5 years

In June 2009, the Provincial Health Officer's report, *Pathways to Health and Healing: Second Report on the Health and Well-being of Aboriginal People in British Columbia 2007,* was released. This document is an update to the 2001 report. In 2007, under a special agreement between the BC Ministry of Health, Indian and Northern Affairs Canada, and with special support from the First Nations Leadership Council, an extract of the Status Verification File was provided to the BC Ministry of Health to be linked with their databases for the sole purpose of providing the most comprehensive data on the Status Indian population in British Columbia.

The process for creating the report included a series of consultations with First Nations communities organized by the First Nations Health Council. Those who participated offered their interpretations of the collected data and what the data meant to them, and also provided information about other sources of data. Regional data has been included to support use by Health Authorities in their work together with First Nation communities in their regions. Although participation in this process was low, FNHC and the PHO office are committed to a more thorough and inclusive process in the years to come.

Although the majority of the data represents only the Status Indian population at this time, the report provides a basis for in-depth analysis and provides information that is necessary to monitor changes in health status and observe trends in First Nations health.

The report is available electronically at: www.hls.gov.bc.ca/pho

Action Item #28:
Renew the Tripartite Data Quality and Sharing Agreement

The sharing of First Nations health information is a very important tool in generating data to monitor health status and to measure improvements in First Nations health. The need for an agreement that allows for continual sharing of information between partners is therefore critical. This is why renewing the Tripartite Data Quality and Sharing Agreement is a specific action item in the Tripartite Plan. The agreement will enable good quality First Nations data to be used by the three parties to help to identify gaps and plan strategies to address them.

Through the Data Quality and Sharing Agreement, new data sets will be created to improve the quality of information about First Nations health,

and data usage will be monitored by a tripartite committee for appropriateness. The Agreement will give First Nations a voice in determining the research agenda and ensuring research projects will benefit First Nations people. The Agreement is a part of recognizing and respecting First Nations as full partners in decision making.

Reaching consensus on the Agreement has taken substantial time and effort. Provincial and federal privacy laws had to be considered and adhered to, and First Nations health information governance also had to be reflected in the Agreement. The parties working to develop the agreement are: the First Nations Health Council, Health Canada, Indian and Northern Affairs Canada, and the provincial Ministries of Health Services and Healthy Living and Sport. The renewed Agreement will be for a five-year term and will enable sharing of data on an annual basis. Partners expect the Data Quality and Sharing Agreement to be signed off in the coming months.

A Tripartite First Nations Data Quality and Sharing Working Group is in place and tasked with creating a clear process for First Nations data access and developing a set of common data indicators that will be available to communities. Requests for data will come to the tripartite committee, which will work by consensus and not majority, to ensure that Nations have a powerful voice at the table.

Action Item #29:
Expand the Community Health survey to include First Nations

The Tripartite Plan requires that the PHSA, the Province, and the First Nations Leadership Council expand the Community Health Survey to include First Nations. The Survey collects valuable data on health risk factors, such as obesity, level of physical activity, and nutrition. This data will provide First Nations communities and health care providers with valuable information for planning health services and monitoring changes in health status. The Tripartite Data Quality and Sharing Working Group will consider how to approach this Action Item in 2010

PERFORMANCE TRACKING

TFNHP: Develop new performance and health indicators

The TFNHP acknowledges the seven performance indicators identified in the TCA: FNHP as tools to track progress on closing the gap in health status between First Nations people and other citizens of BC. Other key indicators are to be identified and developed over time, including the measurement of new and improved health governance, and management and service delivery relationships at all levels. Work on this will be considered in 2009-2010.

Section Three: IMPLEMENTATION, OVERSIGHT & COMMUNITY ENGAGEMENT

IMPLEMENTATION, OVERSIGHT & COMMUNITY ENGAGEMENT

The Tripartite Plan spells out a number of activities related to planning and monitoring, oversight and community engagement which are expected during its implementation. We report on progress with these requirements below.

PLANNING AND MONITORING IMPLEMENTATION

Work Planning and Reporting

The Tripartite Plan requires that a Tripartite work plan is developed and updated annually, and that a report on progress is prepared every three years. A work plan is in place that incorporates a comprehensive project management database, which updated regularly with progress through an 'Actions Register'. The partners also have their own planning priorities and improvements to make since circumstances have changed dramatically over the past three years. Organizations have grown fast to manage the complex workload of the Tripartite Plan; budgets have been challenged by the impacts of the global recession, and expectations of both communities and partners often exceed available time and capacity. Despite these challenges, significant progress has been made and will continue to be made as the partners develop knowledge, expertise, and relationships in the many areas to be addressed under the Tripartite Plan.

Tripartite Management Team

The Tripartite Management Team (TMT) is made up of:

- the Executive Director, Aboriginal Healthy Living Branch, Ministry of Healthy Living and Sport
- the Senior Advisor, Policy and Strategic Initiatives of the First Nations Health Society
- the Tripartite Senior Advisor for First Nations and Inuit Health, Health Canada

This team meets monthly to monitor progress on Health Actions implementation, to share information, to assign resources to projects, and to ensure projects are aligned with the intentions and expectations of the Tripartite Plan. At the TMT table, communication is honest and open – challenges are discussed, debated and resolved and activity moves forward with the solid support of partners. It is not always easy representing three different organizations with competing and sometimes conflicting priorities; but the TMT aims to reflect the spirit of the Tripartite Plan to work together collaboratively towards a shared vision. There is absolutely no doubt that this shared vision exists among the TMT members.

Annual Principals Meetings

The Tripartite Plan requires that high-level engagement of all the parties will be managed through an annual meeting of the 'Principals'. The Principals are senior representatives from the First Nations Leadership Council, the federal Minister of Health, and the provincial Ministers of Health Services and Healthy Living and Sport. This year, the Principals meeting was held in Victoria, BC on August 31, 2009.
www.hc-sc.gc.ca/ahc-asc/media/nr-cp/_2009/2009_142-eng.php

COMMUNICATION AND ENGAGEMENT

The Tripartite Plan promotes the benefits of ongoing First Nations community engagement through various projects and initiatives; through representation on various committees and working groups; and through participation in forums and conferences, such as the annual Gathering Wisdom forum.

Gathering Wisdom Forum

Successful Gathering Wisdom forums have now been held for two consecutive years, with the 2009 forum scheduled for November 3-5. Gathering Wisdom III was originally planned for May, but due to the H1N1 virus the Tripartite partners decided that this was an important time for key health leaders to remain in their communities to support community members.

Health Authority Engagement

There are three formal levels of engagement between Tripartite partners and health authorities: the Provincial Advisory Committee on First Nations Health; the Aboriginal Health Executive Leads Group; and the Aboriginal Health Leads table. Health authorities engage with communities and local service providers through various forms of Aboriginal Health advisory committees.

Tripartite Communications

COMMUNICATIONS STEERING COMMITTEE

There is strong agreement among the Tripartite partners that communications are key in conveying the potential of the Tripartite Plan, as well as its ongoing progress and achievements. The past year saw the formation of the Tripartite Communications Steering Committee. The committee includes representatives from all three Tripartite partners and is chaired by BC's Aboriginal Health Physician Advisor, Dr. Evan Adams. The committee will play a pivotal role in ensuring all communications about the Tripartite Plan are delivered with effective, consistent messaging to a range of key audiences.

The H1N1 virus is one of the early challenges for the Communications Steering Committee. Pooling different skills and working together with the H1N1 Working Group, the partners have developed materials for First Nations communities in BC so that they are fully informed regularly about the virus, treatment and prevention measures.

TRIPARTITE COMMUNICATIONS PLAN

The Communications Steering Committee is developing a Tripartite Communications Plan to facilitate a coordinated approach to sharing the wealth of information on the Tripartite Plan to the many audiences interested in tracking its progress. While the communications plan includes many traditional tools, the partners have committed to being innovative and fostering 'two-way' communication with First Nations communities, health professionals and other audiences.

First Nations Health Council Communications

WEBSITES, NEWSLETTERS AND INFORMATIONAL BROCHURES

The FNHC has a range of other mechanisms to engage and communicate with First Nations communities and other stakeholders. The website is a key source of information, and the Health Council issues a regular newsletter to supplement the web-based information that is disseminated widely across the province and other parts of Canada.

COMMUNITY ENGAGEMENT HUBS

Community Engagement Hubs were launched in 2008 to provide a vehicle for upstream health planning, communication, and collaboration. The current system provides limited resources for communities to plan ahead, and to set and meet health priorities. Hubs fill this funding gap, providing resources to conduct community engagement, to meet with regional health authorities, and to collaborate with neighbouring nations.

Over the past year, 14 new Community Engagement Hubs were established, representing 68 First Nations. In total, 150 First Nations have formed 23 Community Engagement Hubs. Several hubs became fully operational this year, while others continued to develop work plans. At a Community

"If HUB were an acronym It could stand for … ***H***elping ***u****s* ***B***uild"
"This is exciting, and scary, and it's going to be a lot of work. But with resources made available it will be a powerful tool."

Feddie Louie, Health Director for Iskut First Nation

Engagement Hub work-plan session held in April 2009, new hubs had a chance to connect with more fully developed hubs.

Community Engagement Hubs that have completed their work plans are well on their way. The Community Engagement Hubs also provide a useful mechanism for the Tripartite partners and First Nations Health Council to communicate with communities in a cohesive way and to disseminate information and resources.

REGIONAL GOVERNANCE CAUCUSES

The Tripartite Plan calls for the establishment of a new First Nations governance structure for First Nations heath services. Discussions began in earnest last September through six regional meetings with BC First Nations leadership and Health Directors. As a result of these meetings and several follow-up sessions, regional caucuses have been established in the Interior, Fraser, Northern, Vancouver Coastal, and Vancouver Island Regions. Regional Governance Caucuses provide a venue for BC First Nations Leadership to direct and influence the development of a new First Nations governance structure for First Nations health service

Appendix: ANALYSIS OF REGIONAL HEALTH AUTHORITY ABORIGINAL HEALTH PLANS

Analysis of Regional Health Authority Aboriginal Health Plans

These tables show the RHA's Aboriginal Health plans alignment with the Tripartite First Nations Health Plan priorities:

TRIPARTITE PLAN	Interior	Fraser	Vancouver Coastal	Vancouver Island	Northern
Aboriginal Health Plans (Action 3 FNHP)	Interior Health's Aboriginal Health and Wellness Plan 2006-2010	Aboriginal Health Plan 2007-2010	Aboriginal Health and Wellness Plan 2008-2011 – specific alignment to TFNHP	Aboriginal Health Plan (2006)	Aboriginal Health Services Plan 2007-2010
VISION: THAT FNs are fully involved in decision-making regarding health or their peoples THAT the health and wellbeing of FNs is improved THAT gaps in health between FNs and other British Columbians are closed	To improve the health and wellbeing of Aboriginal people living in IH to the same or better standard of that of the non-indigenous population	Healthy Self, Healthy Families, Healthy Communities, Healthy Nation	We are committed to supporting healthy lives in healthy communities with our partners through care, education and research	Work collaboratively with Aboriginal people to define and improve their health	To be a model of excellence in rural health care
MISSION	To create a respectful, trusting, responsible partnership between Aboriginal people and IH to support the development of a holistic health and wellness system that is responsive to the needs of diverse Aboriginal communities	Inuit, Métis and First Nations partner with FH and others to meet primary health care and wellness needs and together build on cultural strengths enhancing communities of care	Work towards improving health outcomes for First Nations and Aboriginal people by implementing the nine strategic priorities identified in the 2008 - 2011 VCH Aboriginal Health and Wellness Plan	THEMES: Build Relationships Improve access to health services Build capacity	To build and strengthen the health of communities, relationships and all people in Northern British Columbia

** PHSA health plan not publicly available yet on their website*

TRIPARTITE PLAN	Interior	Fraser	Vancouver Coastal	Vancouver Island	Northern
FN movement to governance of own health services Incorporates Reciprocal Accountability	Priority 6a – Collaboration: building collaborative environments where communities and providers share resources to create healthy communities (AH&WA Committees, AHICs); build relationships with Aboriginal organisations and bands; HSDA planning	Strategy 3: Strengthening Relationships and Community Capacity Building (partnerships, shared learning)	Health System Transformation 1 – Access to health care (linking to FN Cty Health Plans) Health System Transformation 2 – Management and Accountability	Goal - Work collaboratively with Aboriginal people to define and improve their own health Engagement: Ab. Health Working Groups (AWGs), Island-wide Advisory Council to VIHA Strategy 1 – Build Relationships – including collaboration with FNIHB; Universities Strategy 3 – Build capacity in Aboriginal communities	Goal 1 – Improve engagement with Aboriginal communities (AHIC, annual Gathering)
Aboriginal Health Human Resources (including AHHRI)	Priority 6b – Collaboration : Increase number of Aboriginal people working in AH programs Hospital liaison positions	Strategy 2: Improve access to culturally appropriate services (incl. increase no. of Aboriginal staff in FH) Hospital liaison positions	Strategic Priority 3 – Health Education and Human Resources Aboriginal Patient Navigator positions	Strategy 3 – Develop capacity: VIHA Aboriginal employment strategy; work with PSI's to enroll students Hospital liaison positions	Goal 4 – Increased investment in Aboriginal workforce (workforce strategy, youth mentoring, education, recruitment and retention) Hospital liaison positions

TRIPARTITE PLAN	Interior	Fraser	Vancouver Coastal	Vancouver Island	Northern
Cultural Competency	Priority 7 – Cross-Cultural education of caregivers to make services more appropriate	Strategy 2: Improve access to culturally appropriate services (incl. increase employee knowledge of Aboriginal terminology, practices and theories)	Health System Transformation 2 – Cultural competency & inclusion	Strategy 3 – Developing Capacity (delivery cultural safety training to VIHA staff) and pilot new service delivery models	Goal 2 – Improve cultural competency within NH
Chronic Disease and Primary Care	Priority 1 – Early Childhood development (link with Headstart, FASD, at risk families Priority 3 – Aboriginal elders (HCC services, injuries, cultural approaches)	Strategy 2: Improve access to culturally appropriate services (incl. primary care)	Strategic Priority 2 – Primary Health Care Services (maternity, CDM, elder care and end of life care) Strategic Priority 4 - Elder Care (HCC services, traditional approaches, residential care)	Strategy 2 – Increase and / or improve access to services	Goal 3 – Increase effective service delivery (self-care, primary care collaborative)
Health Promotion & Injury Prevention	Priority 4 – Prevent communicable disease Priority 5 – Injury prevention	Strategy 1 – Improve health outcomes for Aboriginal people (collaborate on HP&P for variety of conditions including injuries, FASD, activity, smoking, diabetes, HIV/AIDS)	Strategic Priority 5 – Implement model of Aboriginal Public Health	X	X

TRIPARTITE PLAN	Interior	Fraser	Vancouver Coastal	Vancouver Island	Northern
Mental Health & Addictions	Priority 2 – Mental Health and addictions service improvements (including suicide prevention, crisis response, risk reduction)	Strategy 1 – Improve health outcomes for Aboriginal people (improve MH&A continuum of care)	Strategic Priority 1 – Mental Health & Addictions	Strategy 2 – Improving access to mental health & addiction services	Goal 3 – Increase effective service delivery (Mental health and addictions, youth drug use)
Research, Evaluation and Performance Tracking (including data)	Priority 8 – Communication that helps ensure the goals of the plan are achievable and measurable Priority 6a – Collaboration: Improve data to inform planning	Strategy 3: Strengthening Relationships and Community Capacity Building (increase dissemination of knowledge, information and evaluation between FH & Aboriginal communities)	Health System Transformation 4 – Aboriginal Health Data	Strategy 3 – Developing capacity (research, Healthy Communities)	Goal 5 – Monitoring and Evaluation
Health Infrastructure (including E-Health)	-	-	Strategic Priority 2: Primary Health Care Services (Aboriginal Integrated Health Networks)	Strategy 3 – Developing capacity (work with Federal funding for initiatives to sustain effective services; expand contract management and community training programs	-

Index of Health Actions

Tripartite First Nations Health Plan

Canada

BRITISH COLUMBIA

FIRST NATIONS HEALTH COUNCIL