

Regional Profiles of First Nations Communities

According to Current Provincial Health Authority Regions

September 2010



FIRST NATIONS HEALTH COUNCIL

Version 3.0

First Nations Health Council

<http://www.fnhc.ca>

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EXECUTIVE SUMMARY

In order to provide a comprehensive picture of administrative governance under the current health care system, the following pages break down First Nations communities by provincial health authority. This includes Bands, Tribal Councils, Health Transfer Programs, and Health Plans. Below is a map that depicts the boundaries of the current provincial health regions.

UPDATES

This version of Regional Profiles includes a new data source, the Indian Registry data. This data is an important addition to understanding how First Nations are represented in government statistics. The Indian Registry provides a minimum estimate of First Nations populations due to the fact that not all First Nations are registered for a variety of reasons. The Indian Registry data breaks down First Nations population by province and Band, counting how many First Nations people are from BC. This data differs from the Census data, because in the Census people self-identify their status, and importantly the Census counts the number of First Nations people in each province, regardless of where they are originally from. This Regional Profiles document breaks the Indian Registry data for BC down by health region and includes associated graphs. Other major updates include: alphabetization of Bands and explanation and greater detail to Contribution Agreement Clusters by region.

TERMINOLOGY

In reference to this document, the term “First Nations” applies to First Nations on or off reserve. “Registered First Nations” applies to individuals registered with the INAC (Indian and Northern Affairs Canada) Indian Registry System. The Department of Indian and Northern Affairs and Northern Development (DIAND) is required by the Indian Act (Chapter 1, Section 5(1)) to record in the Registry, the names of individuals registered under the Act. It is important to note that the Indian Register does not include all persons who are entitled to be registered, only those who applied to be registered and whose entitlement has been verified- therefore, DIAND warns that this data may not fully meet requirements of some statistical activities (e.g. demographic patterns, migration patterns). “Aboriginal” is used in the context as taken from the data sources. When referencing the 2006 Census, “Aboriginal” refers to the Aboriginal identity population, which comprises persons who self-reported identifying with at least one Aboriginal group (North American Indian, Métis or Inuit, and/or those who reported being a Treaty Indian or a Registered Indian as defined by Indian Act, and/or those who reported they were members of an Indian band or First Nation.

VALIDITY ISSUES WITH DATA

This report is based upon available data and the accuracy of the numbers may not reflect true population numbers for First Nations in BC. The Health Authorities data comes from 2006 Census of Canada tabulations. First Nations and Inuit Health Branch data on First Nations population are drawn from the Status Verification System (SVS) which is operated by FNIHB. Because the 2006 Census offered an expanded category of “Aboriginal” from the 2001 Census, the data cannot be directly compared. Therefore, only 2006 Census data is used here. Because the data in this Report comes from various sources, not all the data can be compared equally; all sources are listed in endnotes.

The number of BC First Nation Bands varies depending on source. The largest number is 203, which is the number used in this document. This number includes the four Bands in the Nisga’a Nation, and three Bands that are not identified in the INAC list of Bands, but are serviced by BC First Nations and Inuit Health Branch (FNIHB) (Dease River Band, Taku River Tlingit, and Liard First Nation (Lower Post).

The boundaries of Health Authority regions do not coincide with BC First Nations boundaries, and so there are some communities that access services in multiple regions. In this document, five Bands are each listed in two regions to recognize more accurate patterns of service access. It is important to note that in carrying out the Tripartite First Nations Health Plan and creating a new First Nations health governing body, use of the Health Authority regions is not fixed and will be altered by Bands as they wish.

FEDERAL HEALTH TRANSFER PLANS DATA

This report includes regional summaries on the status of First Nations and Inuit Health’s (FNIH) Health Transfer Program, which began in 1989. In 2005, FNIH introduced new Health Funding Arrangements entitled the Contribution Funding Framework (CFF) to the Health Transfer Program. According to FNIH, the new CFF is designed to be more responsive to communities and have increased flexibility across sectors, as well as allowing the possibility of greater community-control. Under the new CFF, a recipient can enter into a longer term contribution agreement (up to ten years in the flexible transfer funding model) compared to the old maximum of five years associated with previous model Transfer agreements. Significantly, a recipient does not need to go through each of the four models in the new CFF to apply for the highest level of self-control (flexible transfer funding). Rather, following a capacity assessment done collaboratively between the recipient and FNIH, a recipient can

NOTES:

1) Department of Indian and Northern Affairs (2009). Registered Indian Population by Sex and Residence 2008. Retrieved December 12, 2009, from <http://www.ainc-inac.gc.ca/ai/rs/pubs/sts/ni/rip/rip08/rip08-eng.asp>.

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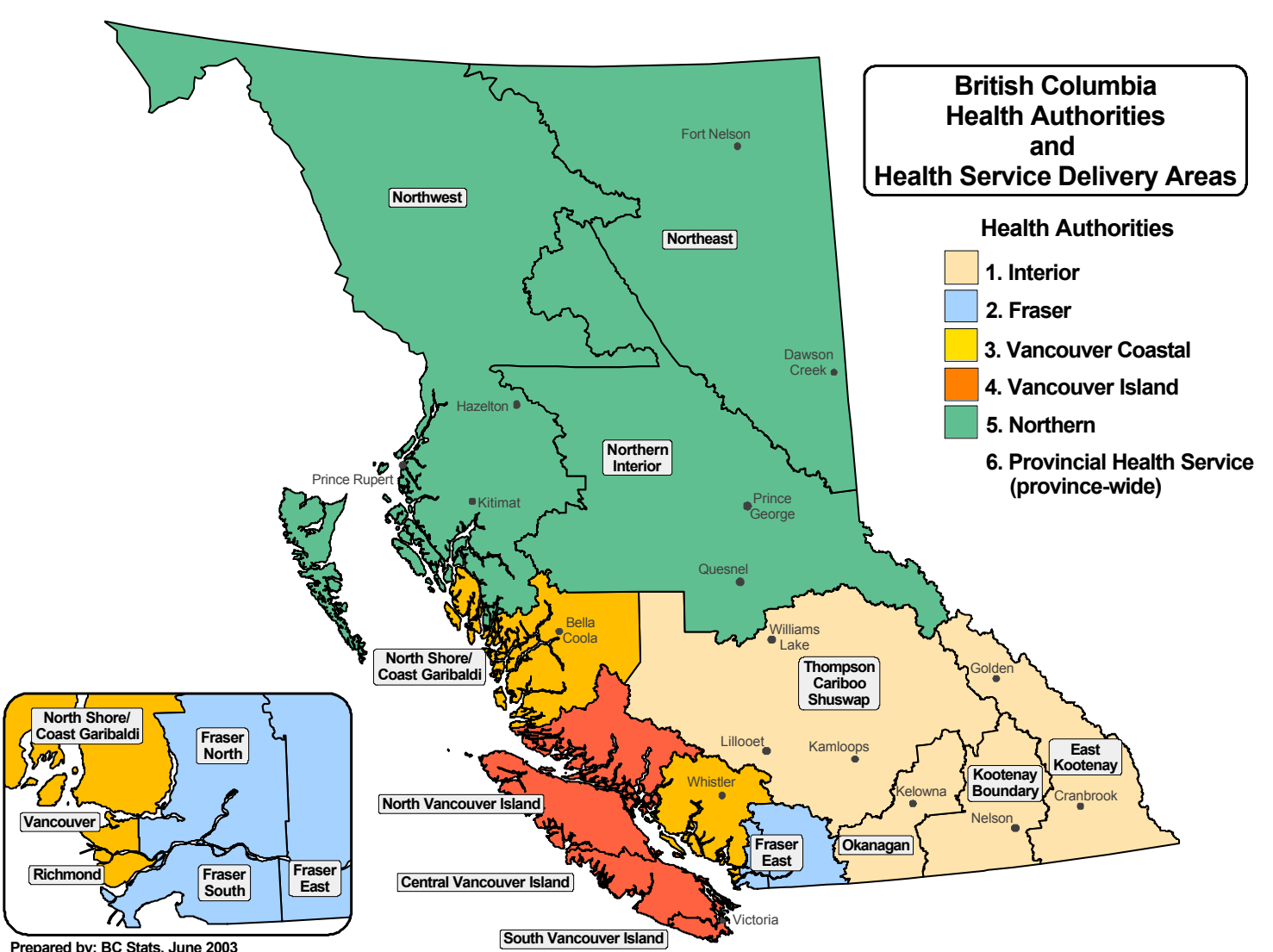
apply for the most appropriate model based on their capacity and abilities.

The previous funding arrangements consisted of three defined funding agreement models (General, Integrated, and Transfer). Associated with these funding models were additional elements, such as community size that determined whether a community may reach the final phase. The new funding models are a single funding agreement with various funding models based on community capacity and readiness; the funding models are Set, Transitional, Flexible, and Flexible Transfer, with flexible transfer allowing for the most community-control. The old and the new funding models will run concurrently until 2011 when all BC region recipients will be under the new arrangements. NIHB and Residential School Programs can only be funded through a SET agreement, preventing reallocation of these resources to other community-based programs.

In this report, each regional profile includes a chart detailing the number of Health Plans with FNIH in that region by the old work plans associated with the three stages combined with the four models of the new CFF. Importantly, the number of Contribution Agreements that each BC Health region has will not add up to 100% of First Nations Bands as some Bands may be involved in more than one Contribution Agreement (multi-band and individual).

NOTES:

2) First Nations and Inuit Health, BC Region (2007). Contribution Funding Framework and Health Planning Process, May 2007. Retrieved May 6, 2009 from http://74.125.155.132/search?q=cache:dmiEXtBgTEUJ:www.bcfhhs.org/downloads/admin/national/Natl_Funding_Changes_2008.ppt+FNIHB+Health+funding+arrangements&cd=6&hl=en&ct=clnk.



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LIMITATIONS

BC Stats produces PEOPLE33 (Population Extrapolation for Organizational Planning with Less Error) which reflect the most current projections/estimates. Although PEOPLE33 population projections are available for Health Authority populations as a whole, or by Health Service Delivery Area, it is not currently possible to get such projections for Aboriginal populations. Although it is possible to get a 2010 population projection for each Health Authority, Aboriginal population numbers are limited to 2006, the last Census. Therefore, for comparative reasons, this document will focus on 2006 Census data, 2008 Indian Registry data, and 2008 PEOPLE Projections for general population of each health region.

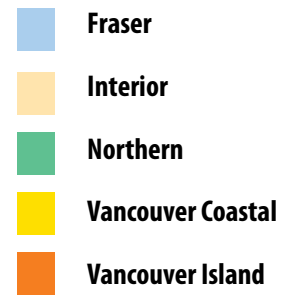


Chart 1: Population based on 2006 Census Data ("Aboriginal" referring to persons of "Aboriginal Identity" residing in BC including North American Indians, Métis, Inuit, Treaty and Status First Nations)

Health Region	Total Population 2006	Aboriginal Population 2006	Aboriginal Population as % of Specific Region	Aboriginal Population as % of Total Provincial Aboriginal Population	Territorial Land Mass of Region in kilometers square, and percent of total
Fraser	1,501,683	38,105	2.5%	19.4%	15,735 (1.7%)
Interior	710,834	44,900	6.3%	22.9%	214,706 (23.2%)
Northern	289,793	48,050	16.6%	24.5%	617,284 (66.7%)
Van Coastal	1,077,572	24,470	2.3%	12.5%	54,484 (5.9%)
Van Island	740,373	40,550	5.5%	20.7%	55,051 (5.9%)
Total BC	4,320,255	196,070	4.5%	100%	957,260 (100%)

Fig 1.0
Total Population in BC (Aboriginal and Non-Aboriginal) by Health Region, 2006

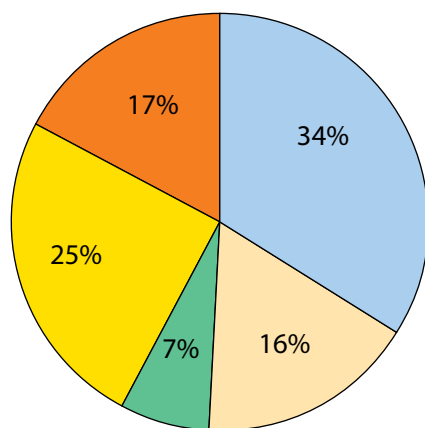


Fig 1.1
BC Aboriginal Population by Health Region, 2006

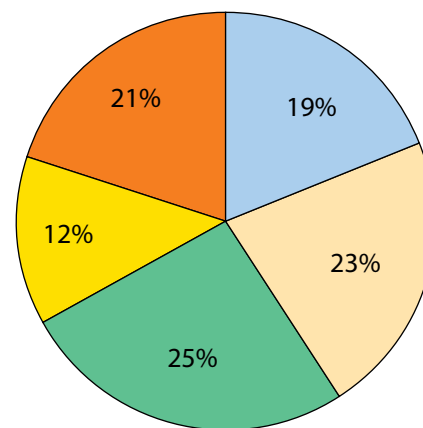
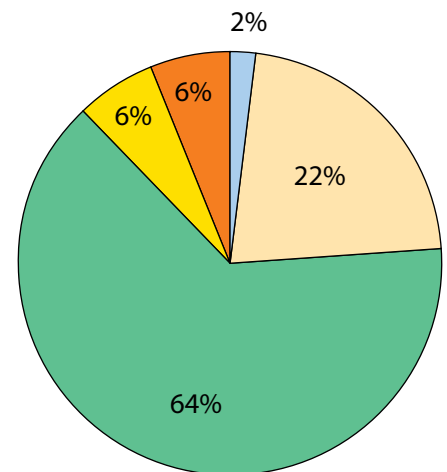


Fig 1.2
Land Mass by Health Region, (km sq.) 2006



Regional Profiles of First Nations Communities

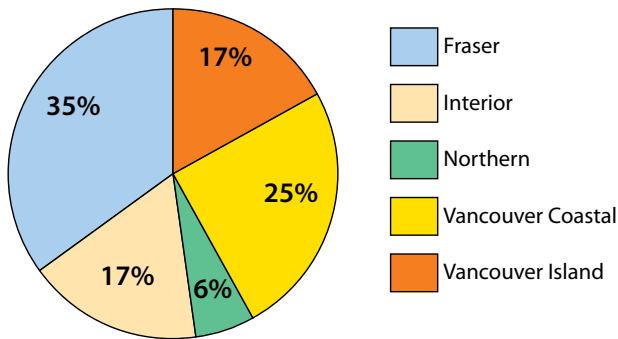
According to Current Provincial Health Authority Regions

Chart 2: Population based on 2008 Indian Registry Data (Only persons who have registered and are qualified, only First Nations who are from BC Region); and based on PEOPLE33 2008 Population Projections for comparison.

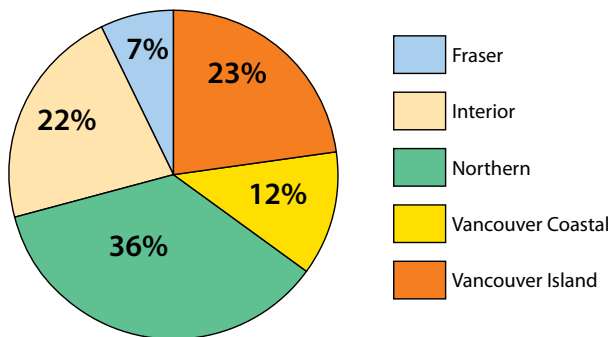
Health Region	Total Population 2008	Status First Nations Population* 2008	Status First Nations Population as % of Specific Region	Status First Nations Population as % of Total Provincial Status First Nations Population	Territorial Land Mass of Region in kilometers square, and percent of total
Fraser	1,542,725	8,399	0.5%	6.6%	15,735 (1.7%)
Interior	722,435	28,398	3.9%	22.2%	214,706 (23.2%)
Northern	283,648	46,623	16.4%	36.5%	617,284 (66.7%)
Van Coastal	1,093,246	15,216	1.4%	11.9%	54,484 (5.9%)
Van Island	741,791	29,039	3.9%	22.7%	55,051 (5.9%)
Total BC	4,383,845	127,675	2.9%	100%	957,260 (100%)

*The regional distribution is based on author's calculations, with five (5) Bands counted twice each, and some missing data which INAC suppressed for confidentiality, and includes all accessible data from 203 BC First Nations.

Total Population in BC by Health Region, 2008



Total Registered B.C. Indian Population by Health Region, 2008



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Chart 3: Regional profiles of B.C. Status First Nations Population by Health Region, 2008

Health Region	Status First Nations Population* 2008	On Reserve and On Crown Land# (a) ****	On Reserve and On Crown Land # as % of total	Off Reserve (b) ****	Off Reserve as % of Total
Fraser	8,399	4,489	53.5%	3,873	46.1%
Interior	28,398	14,720	51.8%	13,678	48.2%
Northern	46,623	18,464	39.6%	28,169	60.4%
Van Coastal	15,216	8,962	58.9%	6,254	41.1%
Van Island	29,039	13,870	47.8%	15,169	52.2%
Total BC	127,675	60,505	47.4%	67,143	52.6%

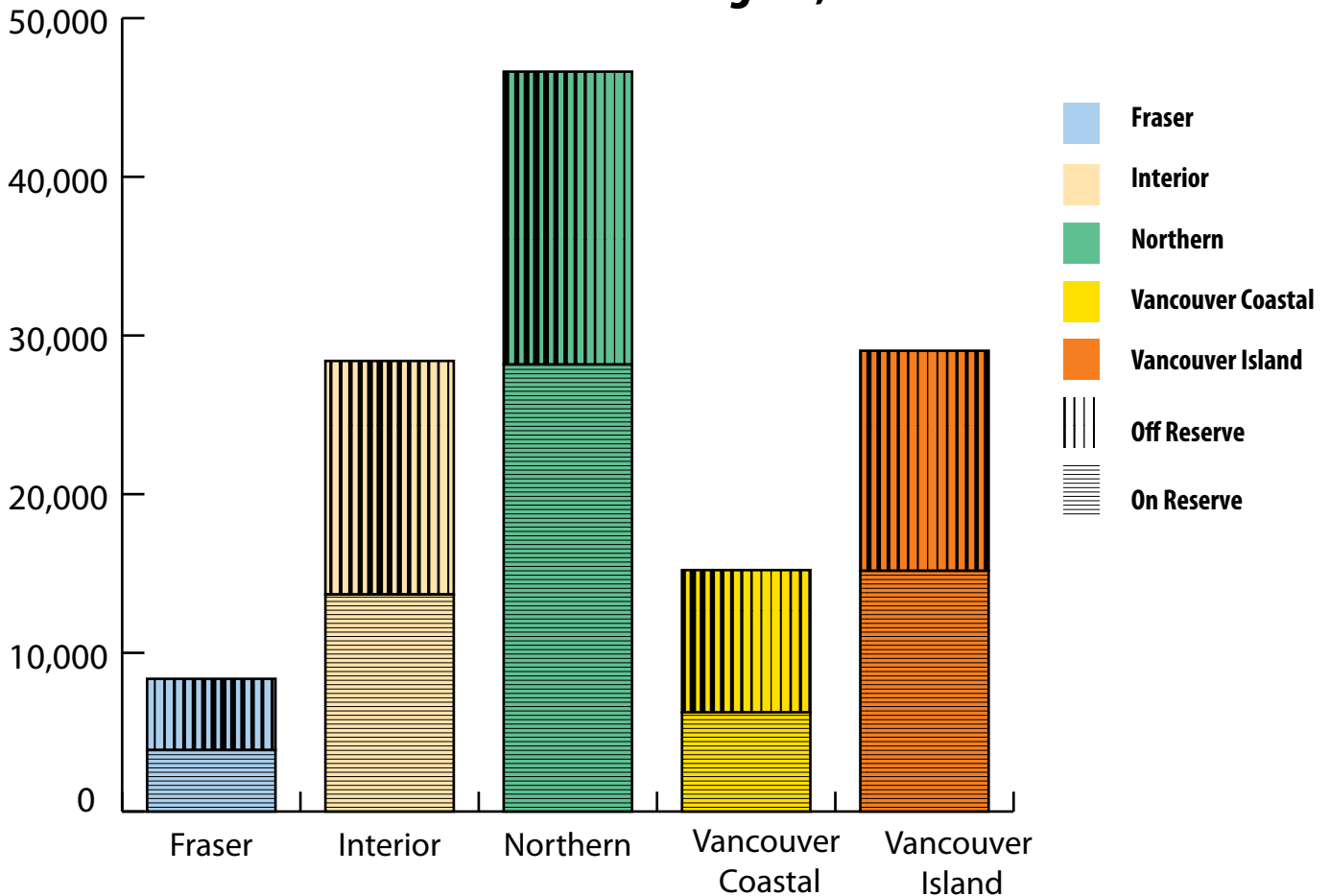
Source: Indian Registry System data 2008

*The regional distribution is based on author's calculations, with five (5) Bands counted twice each, and some missing data which INAC suppressed for confidentiality, and includes all accessible data from 203 BC First Nations.

****Data suppressed due to low counts

Includes lands affiliated with First Nations operating under Self-Government Agreements

Registered B.C. First Nations Population by Residence and Region, 2008



Profiles of First Nations Communities for the five Provincial Health Authority Regions



NUMBER OF FIRST NATIONS BANDS: 32⁵

NUMBER OF TRIBAL COUNCILS: 4

(Some are also in other regions boundaries)

1. Nlaka'pamux Nation Tribal Council
2. Sto:lo Nation Member Bands
3. Sto:lo Tribal Council Member Bands
4. Naut'sa Mawt Tribal Council

NUMBER OF UMBRELLA HEALTH ORGANIZATIONS: 5⁶

1. Sto:lo Nation Health Services
2. Seabird Island Health Services
3. Chehalis Health Services
4. Southern Stl'atl'imx Health Society
5. Nlaka'pamux Fraser Thompson Indian Society

Territorial Land Base: 15, 735 km squared (1.7% of total)⁷

Total Population 2006: 1,501,683⁸

Aboriginal Population 2006: 38,105; 2.5% of region's population⁹

Number of Health Plans with FNIHB	Number of Bands	%
Total Number of Bands in a Health Plan (existing Health Transfer Agreements or Flexible or Flexible Transfer Agreements)	22	68.75%
Total Number of Bands in a Health Work Plan (will be Transitional Agreements)	5	15.63%
Total Number of Bands in a Health Program Plan (will be Set Program)	4	12.5%
Total Number of Bands without a Plan	1	3.13%
TOTAL	32	100%

NAMES OF FN BANDS IN FHA REGION

1. Aitchelitz Band
2. Boothroyd Band*
3. Boston Bar FN *
4. Chawathil
5. Cheam
6. Chehalis Indian Band
7. Katzie FN
8. Kwantlen FN
9. Kwaw-Kwaw-Apilt
10. Kwikwetlem FN
11. Leq'ámel FN
12. Matsqui FN
13. Peters Indian Band
14. Popkum
15. Qayqayt (New Westminster)
16. Scowlitz
17. Seabird Island Band
18. Semiahmoo FN
19. Shxw'ow'hamel FN
20. Shxwhá'y Village
21. Skawahlook FN
22. Skowkale FN
23. Skwah FN
24. Soowahlie
25. Spuzzum FN**
26. Squiala FN
27. Sumas FN
28. Tsawwassen FN
29. Tzeachten FN
30. Union Bar Band
31. Yakweakwioose
32. Yale FN

*Boothroyd Band and Boston Bar First Nation access both the Fraser Health region and the Interior Health region.

** Spuzzum territory covers both the Fraser region and the Interior Region, but most services are accessed through Fraser. FNIH counts Spuzzum FN as Interior, so it is included in Interior Region's number of Health Plans.

NOTES:

5) Fraser Health Authority, 2008)

6) (Fraser Health Authority, 2008)

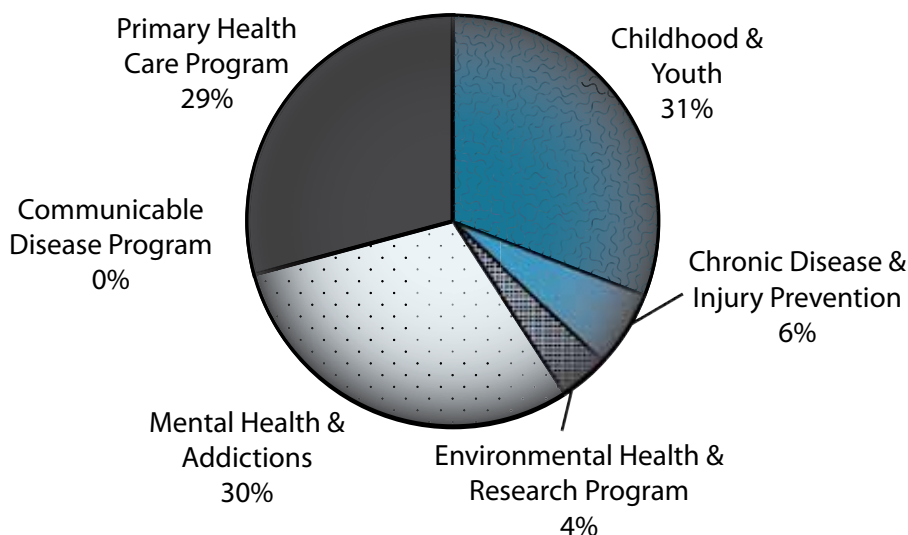
7) (Province of British Columbia, 2007)

8) (Stats Canada, 2009)

9) (Stats Canada, 2009)

Fraser Health Authority Summary of FNIHB Clusters funded by Contribution Agreements, 2008/09*	
Childhood and Youth	\$ 12,208,587
Chronic Disease and Injury Prevention	\$ 248,860
Communicable Disease Program	\$ 14,696
Environmental Health and Research Program	\$ 142,210
Mental Health and Addictions	\$ 1,153,738
Primary Health Care Program	\$ 1,109,385
Total	\$ 3,875,458

*For a description of programs in each cluster, please see Appendix.



FRASER HEALTH

Fraser - Aboriginal Health Plan 2007-2010
(page 20)

1. Improving Health Outcomes for Aboriginal People

• **Enhance the collaboration** with Aboriginal communities in planning and implementation of health promotion and prevention activities through:

- Act Now B.C
- Chronic Disease
- HIV/AIDS
- Injury Prevention
- Improve the Mental Health and Addictions continuum of care for Aboriginal individuals and families.

2. Improving Access to Culturally-Appropriate Services

Increase access to primary care services.

- Increase Fraser Health employee knowledge and understanding of Aboriginal terminology, theories and practice.
- Increase the number of Aboriginal health care providers hired by Fraser Health.

3. Strengthening Relationships and Community Capacity Building

- Increase partnerships and linkages with Aboriginal communities.
- Increase dissemination of knowledge, information and evaluation between Fraser Health and Aboriginal communities.



(this information is taken from the Fraser Health website -<http://www.fraserhealth.ca/media/Aboriginal%20Health%20Plan.pdf>)

Regional Profile: First Nations Communities in Interior Region

NUMBER OF FIRST NATIONS BANDS: FNIH counts 49¹⁰; but the IHA counts 55 including four FN that fall under other jurisdictions (Boothroyd and Boston Bar (FHA), Alexandria and Ulkatcho (NHA)). The IHA count includes two FN that access services in other Health Regions, where they are also counted (Spuzzum FN accesses services from the Fraser Region, and Esketemc FN accesses services from North Health Region).

NUMBER OF TRIBAL COUNCILS: 9

1. Cariboo Tribal Council
2. Carrier-Chilcotin Tribal Council
3. Ktunaxa Tribal Council Society
4. Lillooet Tribal Council
5. Nicola Tribal Association
6. Nlaka'pamux Nation Tribal Council
7. Okanagan Nation Alliance
8. Shuswap Nation Tribal Council
9. Tsilhqot'in National Government

NUMBER OF UMBRELLA HEALTH ORGANIZATIONS: 4

1. Heskw'en'scutxe Health Services Society
2. Q'wemtsi'n Health Society
3. Fraser Thompson Indian Services Society
4. Three Corners Health Services Society

Territorial Land Base: 214,706 km squared (23.2% of the total)¹¹

Total Population 2006: 710,834 ¹²

Aboriginal Population 44,900; 6.3% region's population ¹³

Number of Health Plans with FNIH (as of March 21, 2010)	Number of Bands	%
Total Number of Bands in a Health Plan (existing Health Transfer Agreements or Flexible or Flexible Transfer Agreements)	19	35.19%
Total Number of Bands in an Integrated Health Work Plan (will be Transitional Agreements)	27	50%
Total Number of Bands in a Health Program Plan (will be Set Agreement)	7	12.96%
Total Number of Bands without a Health Program Plan	1	1.85%
TOTAL	54	100%

NOTES:

10) (First Nations and Inuit Health, BC Region, Health Canada, 2008)
 11) (Province of British Columbia, 2007)
 12) (Province of British Columbia, 2007)
 13) (Stats Canada, 2009)

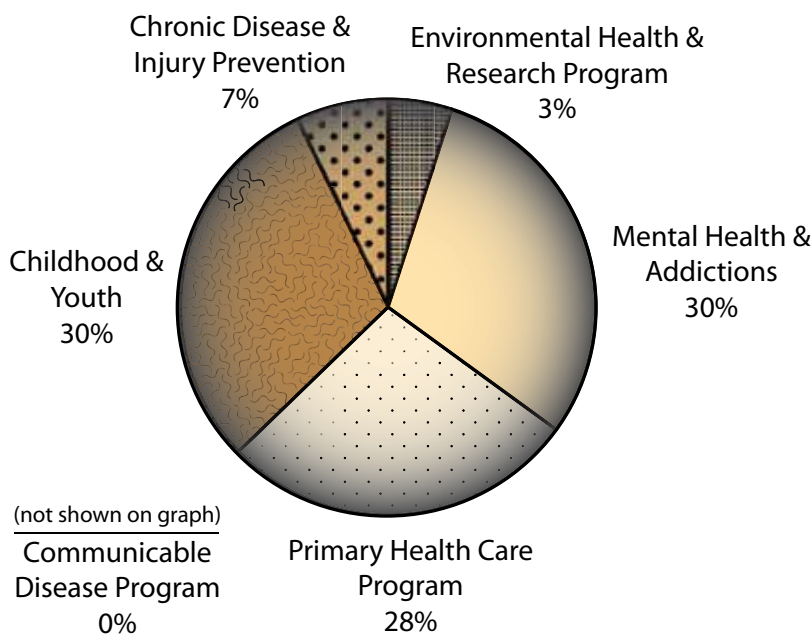
NAMES OF FN BANDS IN INTERIOR REGION

1. ?Akisq'nuk FN
2. Adams Lake Band
3. Alexandria Band (also under NHA)***
4. Alexis Creek FN
5. Ashcroft Indian Band
6. Bonaparte Indian Band
7. Boothroyd Band (also under FHA)***
8. Boston Bar Band (also under FHA)***
9. Bridge River Band
10. Canim Lake Band
11. Canoe Creek
12. Cayoose Creek
13. Coldwater Indian Band
14. Cook's Ferry Indian Band
15. Esketemc First Nation*
16. High Bar FN **
17. Kamloops Indian Band
18. Kanaka Bar
19. Little Shuswap Indian Band
20. Lower Kootenay Band
21. Lower Nicola Indian Band
22. Lower Similkameen Indian Band
23. Lytton FN
24. Neskonlith
25. Nicomen
26. Nooaitch Indian Band
27. Okanagan Indian Band
28. Oregon Jack Creek Indian Band
29. Osoyoos Indian Band
30. Penticton Indian Band
31. Seton Lake
32. Shackan Indian Band
33. Shuswap Indian Band
34. Simpcw FN
35. Siska Indian Band
36. Skeetchestn Indian Band
37. Skuppah
38. Soda Creek (Xatstull) FN
39. Spallumcheen Indian Band
40. Spuzzum FN (also under FHA)***
41. St. Mary's Band
42. Stone Indian Band
43. T'it'q'et
44. Tl'etinqox-t'in Government Office
45. Tobacco Plains Band
46. Toosey Indian Band
47. Ts'kw'aylaxw First Nation
48. Ulkatcho Indian Band *** (NH)
49. Upper Nicola Indian Band
50. Upper Similkameen Indian Band
51. Westbank FN
52. Whispering Pines/Clinton Indian Band
53. Williams Lake Indian Band
54. Xaxli'p Band
55. Xenigwet'in First Nation Government

*Esketemc First Nation also accesses services from the North Health region, and is included on that list too.
 **High Bar has no existing Contribution Agreement with Health Canada - BC Region but is part of list.
 *** These Bands also fall under other jurisdictions (listed in the brackets), and are actually counted in those jurisdictions for the health plans with FNIHB.

<i>Interior Health Authority Summary of FNIHB Clusters funded by Contribution Agreements, 2008/09*</i>	
Childhood and Youth	\$ 3,828,154
Chronic Disease and Injury Prevention	\$ 852,475
Communicable Disease Program	\$ 52,688
Environmental Health and Research Program	\$ 590,484
Mental Health and Addictions	\$ 3,908,962
Primary Health Care Program	\$ 3,647,986
Total	\$ 12,880,749

*For a description of programs in each cluster, please see Appendix.



INTERIOR HEALTH

Interior Health's Aboriginal Health and Wellness Plan 2006-2010

(p. 10)

1. Early Childhood Development:

Develop healthy communities through the promotion of Aboriginal culture and tradition by focusing on early childhood development.

2. **Mental Health and Addictions:** Enhance and coordinate mental health and addictions services for Aboriginal clients and communities.

3. **Aboriginal Elders:** Develop and improve Home and Community Care services for Aboriginal Elders in culturally appropriate settings.

4. **Communicable Disease:** Connect programs and services that address communicable diseases as a major risk factor for youth and young adults.

5. **Injury Prevention:** Reduce the burden of injury among the Aboriginal People of Interior Health

6. **Collaboration:** (a) Build collaborative environments where communities and providers share resources to create healthy communities. (b) Ensure there is an increase in Aboriginal people working within Interior Health programs.

7. **Cross Cultural Education:** Cross-cultural education of caregivers will make services more effective, accessible and culturally appropriate.

8. **Communication:** Effective communication helps ensure that Aboriginal Health and Wellness Plan goals are focused and achievable.

(this information is taken from the Interior Health website - <http://www.interiorhealth.ca/health-services.aspx?id=416>)



NUMBER OF FIRST NATIONS BANDS: 54¹⁴ according to NHA, but 55 including Esketemc FN, which accesses services in both region the Northern and Interior regions.

Northern Health is divided into three Health Service Delivery Areas (HSDA's):

- Northeast (NE): (8 FN communities)
- Northwest (NW): (21 FN communities)
- Northern Interior (NI): (25 FN communities)

NUMBER OF TRIBAL COUNCILS: 9

1. Carrier-Sekani Tribal Council
2. Gitksan Hereditary Chiefs
3. Council of the Haida Nation
4. North Coast Tribal Council
5. Treaty 8 Tribal Association
6. Tsimshian First Nation
7. Nisga'a Lisims Government
8. Kaska Tribal Council
9. Dakh Ka Tlingit Nation

NUMBER OF UMBRELLA HEALTH ORGANIZATIONS: 4

1. Carrier-Sekani Family Services
2. Gitksan Health Society
3. Nisga'a Valley Health Board
4. Tahltan Health and Social Services Society

Territorial Land Base: 617,284 km squared (66.7% of total)¹⁵

Total Population (2006): 289,793¹⁶

Aboriginal Population 2006: 48,050; 16.6% of the region's population

Number of Health Plans with FNIHB (as of March 21, 2010)	Number of Bands	%
Total Number of Bands in a Health Plan (existing Health Transfer Agreements or Flexible or Flexible Transfer Agreements)	23	42.59%
Total Number of Bands in an Integrated Health Work Plan (will be Transitional Agreements)	25	46.3%
Total Number of Bands in a Health Program Plan (will be Set Agreement)	6	11.11%
TOTAL	54¹⁴	100%

NOTES:

14) There are 54 Bands including the four which belong to the Nisga'a Nation in this area. (Northern Health 2008)

15) (Province of British Columbia, 2007)

16) (Province of British Columbia, 2007)

17) (Stats Canada, 2009)

NORTHERN HEALTH

2007 - 2010 Aboriginal Health Services Plan

The Aboriginal Health Services Plan 2007 - 2010 includes five key objectives, each with a variety of strategies and activities. They are as follows:

1. To improve engagement with Aboriginal communities.
2. To improve cultural competency within Northern Health.
3. To increase effective service delivery.
4. To increase investment in the Aboriginal Workforce.
5. To develop monitoring and evaluation mechanisms for Aboriginal health systems.

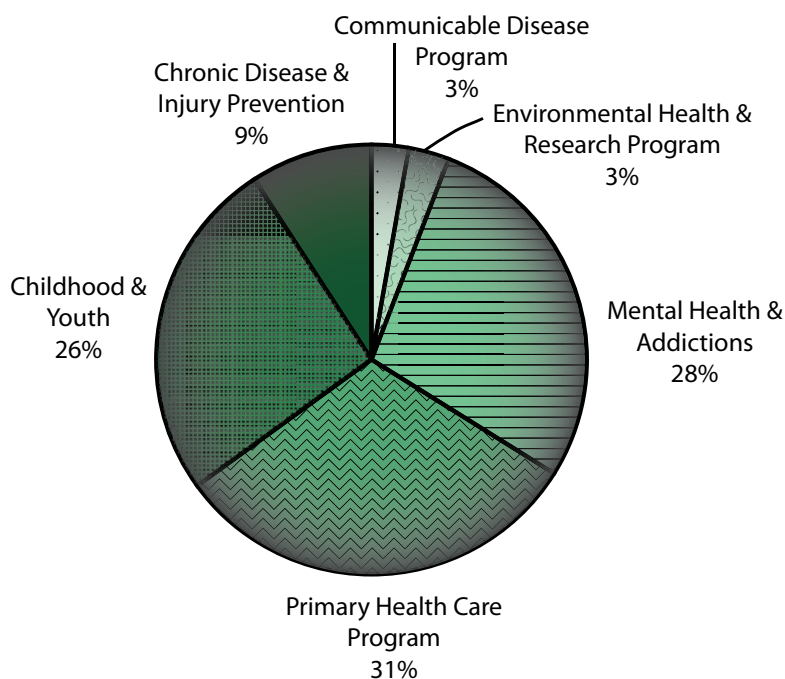
(this information is taken from the Northern Health website - <http://www.northernhealth.ca/YourHealth/AboriginalHealth.aspx>)



Regional Profile: First Nations Communities in Northern Region

Childhood and Youth	\$ 3,719,091
Chronic Disease and Injury Prevention	\$ 1,313,732
Communicable Disease Program	\$ 336,564
Environmental Health and Research Program	\$ 406,384
Mental Health and Addictions	\$ 3,968,891
Primary Health Care Program	\$ 4,384,340
Total	\$ 14,129,002

*For a description of programs in each cluster, please see Appendix.



(NORTHEAST: 8 FN COMMUNITIES)

1. Blueberry River First Nation
2. Daylu Dena Council (Lower Post FN)*
3. Doig River First Nation
4. Fort Nelson
5. Halfway River FN
6. Prophet River Band, Dene Tsa'a Tse K'Nai FN
7. Saulteau FN
8. West Moberly Lake FN

(NORTHERN INTERIOR: 21 FN COMMUNITIES)

9. Alexandria**
10. Burns Lake Band
11. Cheslatta Carrier Nation
12. Kwadacha
13. Lake Babine Nation
14. Lheidli T'enneh
15. Lhoosk'uz Dene Government (Kluskus)
16. McLeod Lake
17. Nadleh Whuten
18. Nak'azdli Band
19. Nazko
20. Nee-Tahi-Buhn Band
21. Red Bluff
22. Saik'uz FN
23. Skin Tyee Nation
24. Stellat'en FN
25. Takla Lake FN
26. Tl'azt'en Nation
27. Tsay Keh Dene
28. Wet'suwet'en FN
29. Yekooche

(NORTHWEST REGION: 25 FN COMMUNITIES)

30. Dease River Band Council*
31. Gingoix
32. Gitanmaax
33. Gitanyow
34. Gitsegukla
35. Gitwangak
36. Gitwinksihlkw
37. Gitxaala Nation
38. Glen Vowell Band
39. Hagwilget Village
40. Hartley Bay Band
41. Iskut
42. Kispiox
43. Kitamaat Village Council
44. Kitselas Indian Band
45. Kitsumkalum Band
46. Laxgalt'sap
47. Lax-kw'alaams FN
48. Metlakatla Indian Band
49. Moricetown
50. New Alyansh
51. Old Massett Village Council
52. Skidegate Band
53. Tahltan
54. Taku River Tlingit First Nation*

Note: * Three Bands not identified in the INAC list of Bands but are serviced by the BC FNIB (Dease River Band, Taku River Tlingit and Liard First Nation (Lower Post))
 **Alexandria FN are also identified by the Interior Health Authority as in their jurisdiction.
 *** Esketmc FN is considered part of the IHA, but chooses to access services in Northern region, so is included in both lists.

NUMBER OF FIRST NATIONS BANDS: 14¹⁸

NUMBER OF TRIBAL COUNCILS: 5

1. Naut'sa Mawt Tribal Council
2. Lower St'atl'imx Tribal Council
3. Oweekeno-Kitasoo-Nuxalk Tribal Council
4. Heiltsuk Tribal Council
5. Lillooet Tribal Council

NUMBER OF UMBRELLA HEALTH ORGANIZATIONS: 1

1. Southern Stl'atl'imx Health Society

Territorial Land Base: 54,484 km squared (5.9% of total)¹⁹

Total Population 2006: 1,077,572²⁰

Aboriginal Population 2006: 24,270; 2.3% of the region's population.²¹

NAMES OF FN BANDS IN VANCOUVER COASTAL REGION:

1. Douglas FN*
2. Heiltsuk
3. Kitasoo
4. Mount Currie Band
5. Musqueam FN
6. N'Quatqua FN
7. Nuxalk Nation
8. Samahquam*
9. Sechelt Indian Government District
10. Skatin Nation*
11. Sliammon FN
12. Squamish Nation
13. Tsleil-Waututh Nation
14. Wuikinuxv Nation

#FNIHB lists Samahquam, Skatin Nation, and Douglas FN as part of FHA jurisdiction.

Number of Health Plans with FNIHB (as of March 21, 2010)	Number of Bands	%
Total Number of Bands in a Health Plan (existing Health Transfer Agreements or Flexible or Flexible Transfer Agreements)	4	36.36%
Total Number of Bands in an Integrated Health Work Plan (will be Transitional Agreements)	1	9.1%
Total Number of Bands in a Health Program Plan (will be Set Agreement)	5	45.45%
Total Number of Bands in a Self-Government arrangement	1	9.1%
TOTAL	11	100%

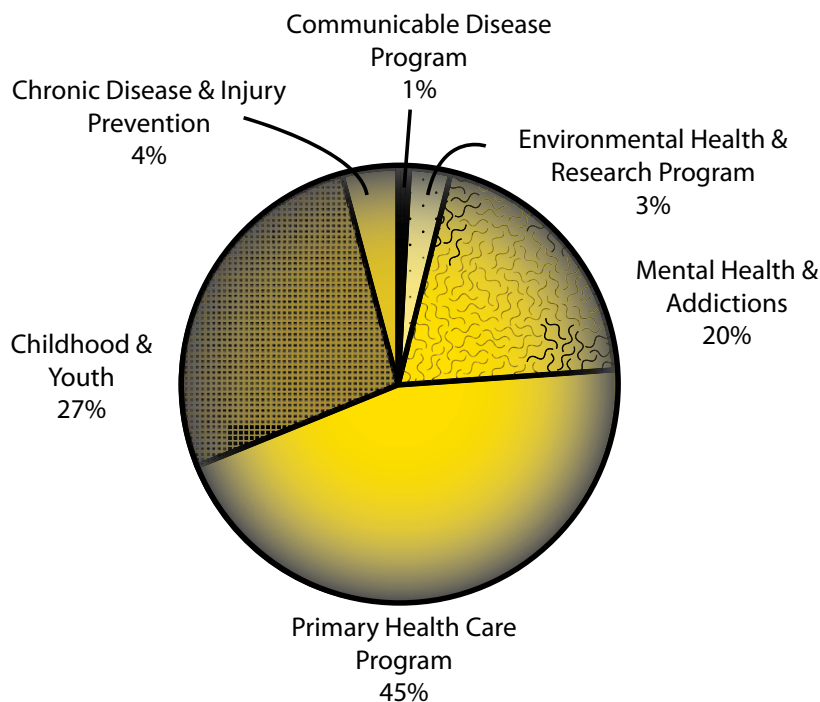
NOTES:

- 18) (Vancouver Coastal Health, 2008)
- 19) (Province of British Columbia, 2007)
- 20) (Province of British Columbia, 2007)
- 21) (Stats Canada, 2009)



<i>Vancouver Coastal Health Authority Summary of FNIHB Clusters funded by Contribution Agreements, 2008/09*</i>	
Childhood and Youth	\$ 1,102,258
Chronic Disease and Injury Prevention	\$ 166,862
Communicable Disease Program	\$ 28,971
Environmental Health and Research Program	\$ 112,150
Mental Health and Addictions	\$ 787,491
Primary Health Care Program	\$ 1,788,537
Total	\$ 3,986,269

*For a description of programs in each cluster, please see Appendix.



VANCOUVER COASTAL HEALTH

VCH - Aboriginal Health and Wellness Plan 2008-2011
(page 9)

FIVE STRATEGIC PRIORITIES

1. Mental Health and Addictions: Improve and better coordinate mental health and addictions services for Aboriginal Clients and Communities.

2. Primary Health Care Services: Increase access to maternity care, enhance chronic disease management and prevention programs and services, improve coordination of and management of co-morbidities, care for frail elders and enhance end of life care.

3. Health Education and Human Resources: Increase employment and career opportunities for Aboriginal people at all levels of the organization.

4. Elder Care: Develop and improve Home and Community as well as Residential Care services for Aboriginal Elders throughout the region. Ensure these services are offered in a culturally appropriate manner.

5. Public Health: Research, develop and implement a model of Aboriginal public health consistent with the dynamic health requirements of Aboriginal people and based on a population health approach.



(this information is taken from the VCC Health website -<http://aboriginalhealth.vch.ca/docs/AHWP.pdf>)

NUMBER OF FIRST NATIONS BANDS: 50²²

NUMBER OF TRIBAL COUNCILS: 4

1. Kwakiutl District Council
2. Musgamagw Tsawataineuk Tribal Council
3. Nuu-Chah-Nulth Tribal Council
4. Naut'sa Mawt Tribal Council

NUMBER OF UMBRELLA HEALTH ORGANIZATIONS: 1

1. Inter-Tribal Health Authority

Territorial Land Base: 55,051 km squared (5.9% of total) ²³

Total Population (2006): 740,373 ²⁴

Aboriginal Population 2006: 40,550; 5.5% of the region's population. ²⁵

Number Health Plans with FNIHB (as of March 21, 2010)	# of Bands	%
Total Number of Bands in a Health Plan (existing Health Transfer Agreements or Flexible or Flexible Transfer Agreements)	41	82%
Total Number of Bands in a Health Work Plan (will be Transitional Agreements)	6	12%
Total Number of Bands in a Health Program Plan (will be Set Agreement)	3	6%
TOTAL	50	100%

NOTES:

22) (First Nations and Inuit Health, BC Region, Health Canada, 2008)

23) (Province of British Columbia, 2007)

24) (Province of British Columbia, 2007)

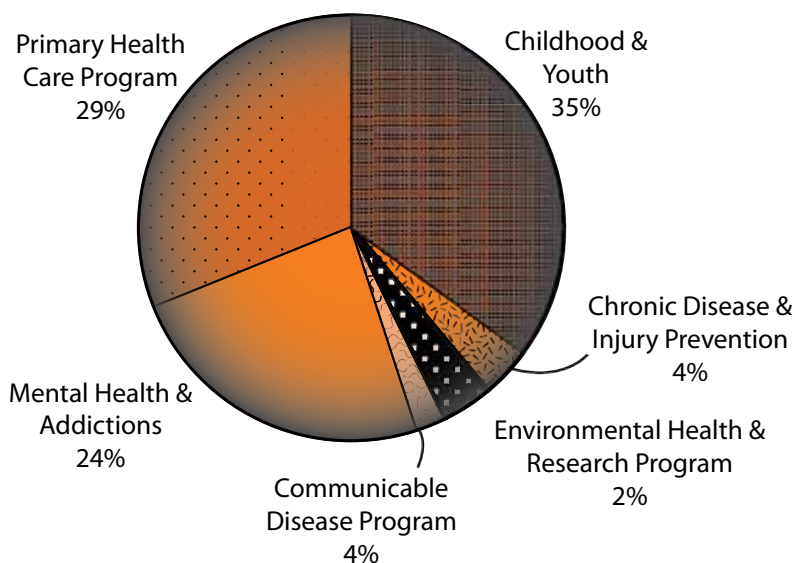
25) (Stats Canada, 2009)

NAMES OF FN BANDS IN VANCOUVER ISLAND REGION:

1. Ahousht FN
2. Beecher Bay FN
3. Campbell River Indian Band
4. Cape Mudge Indian Band
5. Chemainus FN
6. Comox Band
7. Cowichan Tribes
8. Da'Naxda'xw FN
9. Ditidaht Band
10. Ehattesaht Band
11. Esquimalt FN
12. Gwa'Sala-Nakwaxda'xw FN
13. Gwawaenuk Tribe
14. Halalt Band
15. Hesquiaht FN
16. Homalco FN
17. Hupacasath FN
18. Huu-ay-aht FN
19. Ka:'yu:'k't'h'/Che:k'tles7et'h FN
20. Klahoose FN
21. Kwakiutl Band
22. Kwiakah
23. Kwicksutaineuk-ah-kwah-ah-mish
24. Lake Cowichan FN
25. Lyackson FN
26. Malahat FN
27. Mamalilikulla-Qwe'Qua'Sot-Emox
28. Mowachaht/Muchalaht
29. Namgis First Nation
30. Nanoose FN
31. Nuchatlaht Band
32. Pacheedaht FN
33. Pauquachin FN
34. Penelakut
35. Qualicum FN
36. Quatsino
37. Snuneymuxw FN (Nanaimo)
38. Songhees FN
39. T'Sou-ke FN
40. Tla-o-qui-aht First Nations
41. Tlatlasikwala
42. Tlowitsis Tribe
43. Toquaht
44. Tsartlip FN
45. Tsawataineuk FN
46. Tsawout FN
47. Tseshaht FN
48. Tseycum FN
49. Uchucklesaht FN
50. Ucluelet FN

<i>Vancouver Island Health Authority Summary of FNIHB Clusters funded by Contribution Agreements, 2008/09*</i>	
Childhood and Youth	\$ 3,483,138
Chronic Disease and Injury Prevention	\$ 428,534
Communicable Disease Program	\$ 415,212
Environmental Health and Research Program	\$ 187,350
Mental Health and Addictions	\$ 2,433,236
Primary Health Care Program	\$ 3,113,873
Total	\$ 10,061,343

*For a description of programs in each cluster, please see Appendix.



VANCOUVER ISLAND HEALTH

VI - Aboriginal Health Plan

[December 2006]

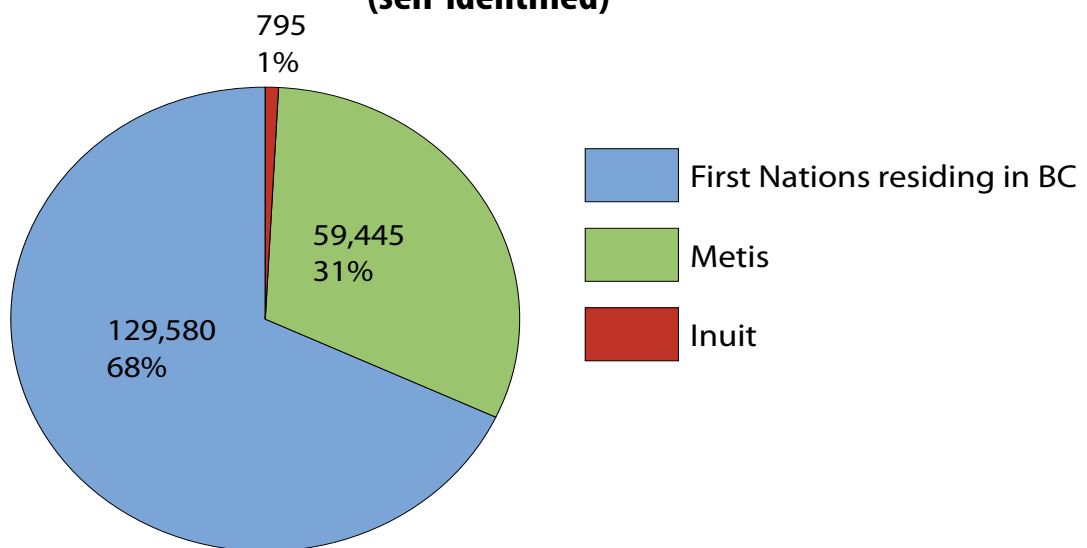
(page 30)

1. Improve the mental health of Aboriginal people, reduce the effects of post-traumatic stress, and address the underlying causes of addiction through a variety of health care service models.
2. Improve the health and wellness of Aboriginal women.
3. Improve the health of babies and eliminate the gap in neonatal and infant mortality rates between Aboriginal and non-Aboriginal people (based on our indicators).
4. Improve the health and wellbeing of Aboriginal people, reducing both the incidence of chronic diseases such as diabetes, and the disability they cause.
5. Partner with Aboriginal families, communities and agencies to optimize Aboriginal early childhood development and reduce childhood obesity.
6. Work to eliminate barriers to services and to ensure that all health services are delivered in a culturally safe manner.
7. Collaborate with Aboriginal communities to enhance the quality of life of Aboriginal seniors.
8. Work in partnership with Aboriginal communities to address the social determinants of health.
9. Increase the number of Aboriginal health care professionals within VIHA.

(this information is taken from the VI Health website - <http://www.viha.ca/NR/rdonlyres/0A4157C8-A9AB-44E4-8F2E-F3C96AD71F8D/0/VIHAAboriginalHealthPlan.pdf>)

- Total available resources for national FNIH Programs approved by Parliament through the main estimates 2008/2009: \$2.04 billion.
- Total Resources for national NIHB, both operating and contribution: \$878.1 million(43.1% of total).
- Funding from FNIH for non-NIHB federally (national): \$1.1 billion
- Health services (community programs- Children and Youth, Chronic Disease and Injury prevention, Mental Health and Addictions) federally: \$1.13 billion (55.1%% of total)
- FNIH Hospital services (national): \$28.7 million(1.4% of total)
- Total population of Canada in 2006: 31,612,89728
- Total Aboriginal identity population in Canada in 2006: 1,172,79029
- Total population of First Nations in Canada in 2006: 698,02530
- *The First Nations population increased 29% between 1996 and 2006, 3.5 times the growth rate of 8% for the non-Aboriginal identity population.
- Population of First Nations in Canada as percentage of Aboriginal identity population 2006: 59.5%
- Total population in BC, Census 2006: 4,320,25531
- Population of BC as percentage of total Canada population, Census 2006: 13.7%
- Population of Aboriginal identity population in BC , Census 2006: 196,07532
- Population of First Nations residing in BC in 2006: 129,58033
- Population of Métis in BC, 2006: 59,445
- Population of Inuit in BC, 2006: 795
- First Nations residing in BC as percentage of total First Nations in Canada based on Census 2006: 18.6%
- First Nations residing in BC as percentage of total BC population in 2006: 3%
- Amount that Ministry of Health spends annually on Aboriginal health in BC through publicly funded services in Acute, Home and Community Care, Mental and Public Health, MSP, and PharmaCare: approximately \$230 million³⁴
- Provincial spending on health, 2005/2006, in millions: \$12,822 (39% of total provincial expenditures) ³⁵

Total Aboriginal Identity Population Residing in BC, Census 2006 (self-identified)*



*Please refer to the “Terminology” section in the beginning of this document for a full explanation of terms.

NOTES:

4) Health Canada, 2008, “Non-Insured Health Benefits: First Nations and Inuit Health Branch Annual Report 2007-2008,” Retrieved from http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/2008_rpt/index-eng.php#sec10.
 5) Health Canada, 2010.

Non-Insured Health Benefits (NIHB) data from 2008/2009

Eligible client population (both First Nations and Inuit) in BC: 121,053

Eligible First Nations population in BC: 120,833

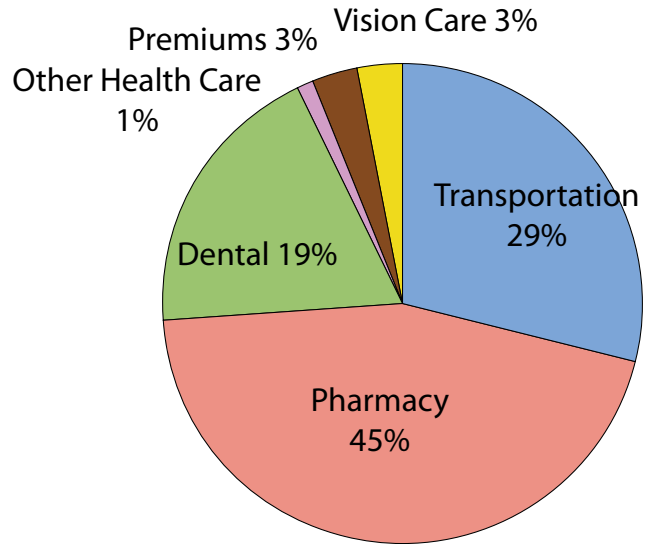
BCFN as % of total federal eligible client population: 14.8% of total federal eligible client population (815,800)

Breakdown of NIHB Spending, 2008/2009

Federal		
NIHB Expenditures by Benefit	Money (in millions)	% of total NIHB Federally
Pharmacy	\$419.0	44.8%
Transportation	\$275.0	29.4%
Dental	\$176.4	18.9%
Vision care	\$26.5	2.8%
Premiums	\$26.4	2.8%
Other health care	\$11.4	1.2%
Total	\$934.6*	100%

*Not reflected in the \$934.6M in NIHB expenditures is approximately \$35.9M in administration costs including Program staff and other headquarters and regional costs. More detail can be found in the Health Canada First Nations and Inuit Health Branch 2008/2009 Annual Report on NIHB

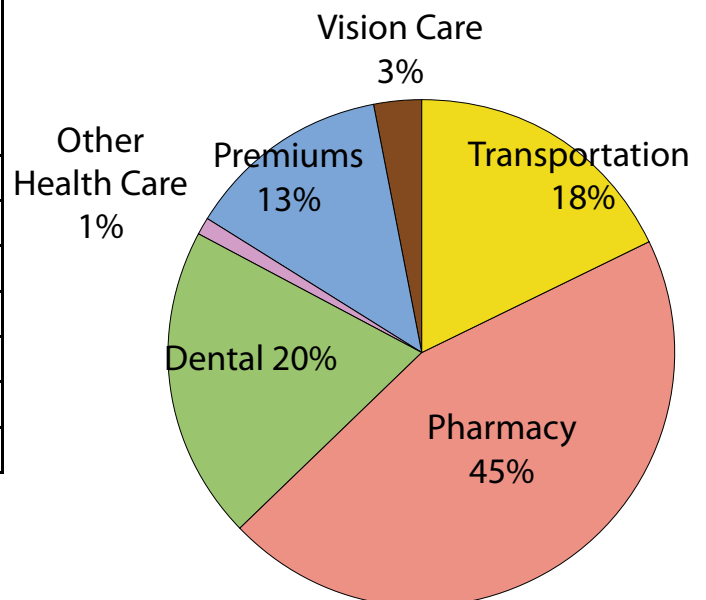
Total Expenditures NIHB Federally, 2008/2009



Breakdown of NIHB Spending, 2008/2009

Province of BC			
NIHB Expenditures by Benefit	Money (\$000's)	% of total NIHB BC	% of total NIHB Federal
Pharmacy	\$56,104	45.1%	13.4%
Transportation	\$22,711	18.2%	8.3%
Dental	\$24,718	19.9%	14.0%
Vision care	\$3,251	2.6%	12.3%
Premiums	\$16,510	13.3%	62.5%
Other health care	\$1,165	0.9%	10.2%
Total	\$124,458	100%	13.3%

Total Expenditures NIHB in BC, 2008/2009



Appendix: First Nations and Inuit Health Branch Clusters Programs Description

Childhood and Youth includes the following programs:

- Aboriginal Head Start On-Reserve (AHSOR)
- Canada Prenatal Nutrition Program (CPNP)tt
- Fetal Alcohol Spectrum Disorder (FASD)
- Maternal Child Health (MCH)

Chron Dis and Injury Prev (Chronic Disease and Injury Prevention) includes the following programs:

- Aboriginal Diabetes Initiative (ADI)
- Injury Prevention (CHPI/IP)

CD Prog (Communicable Disease Program) includes:

- Communicable Disease Control (CDC)
- HIV/AIDS
- Enhanced Tuberculosis Control (ETC)

EH and Res (Environmental Health and Research Program) includes:

- EH- Drinking Water Safety Program (EH/DWSP)
- EH -FN Environmental Contaminants (EH/FNEC)

MH and Addic (Mental Health and Addictions) includes:

- BHC - Mental Health (BHC/MH)
- BHC - Solvent Abuse Program (BHC/SAP)
- Brighter Futures (BF)

PHC (Primary Health Care Program) includes the following programs:

- Community Primary Health Care (CPHC)
- FNI Home and Community Care (FNIHCC)
- Oral Health (COHI)

Works Cited

Department of Indian and Northern Affairs (2009). Status First Nations Population by Sex and Residence 2008. Retrieved December 12, 2009, from <http://www.ainc-inac.gc.ca/ai/rs/pubs/sts/ni/rip/rip08/rip08-eng.asp>.

First Nations and Inuit Health, BC Region (2007). Contribution Funding Framework and Health Planning Process, May 2007. Retrieved May 6, 2009 from http://74.125.155.132/search?q=cache:dmiEXtBgTEUJ:www.bcfnh.org/downloads/admin/national/Natl_Funding_Changes_2008.ppt+FNIHB+Health+funding+arrangements&cd=6&hl=en&ct=clnk

BC Stats (2010). "2008 BC population estimates: BC Stats, PEOPLE33" Retrieved from <http://www.bcstats.gov.bc.ca/DATA/POP/pop/popproj.asp>. Health Canada, 2008, "Non-Insured Health Benefits: First Nations and Inuit Health Branch Annual Report 2007-2008," Retrieved from http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/2008_rpt/index-eng.php#sec10

Health Canada, 2010. "Non-Insured Health Benefits Program: First Nations and Inuit Health Branch, Annual Report 2008/2009." Ottawa: Health Canada



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