



First Nations Health Authority
Health through wellness

Introduction to First Nations Health Authority

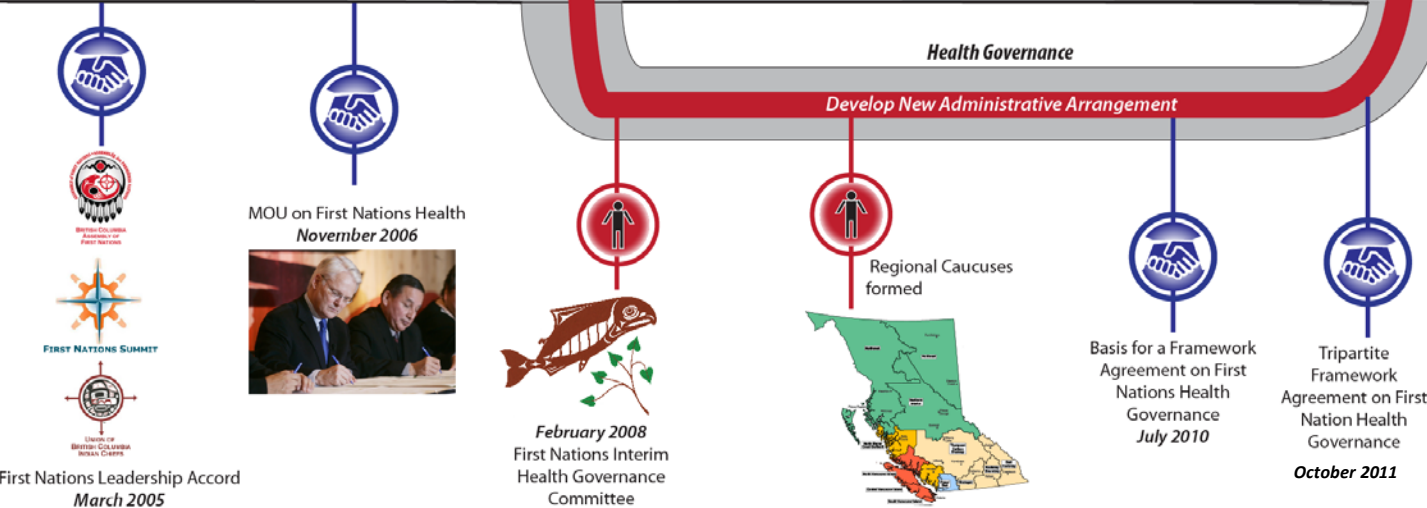
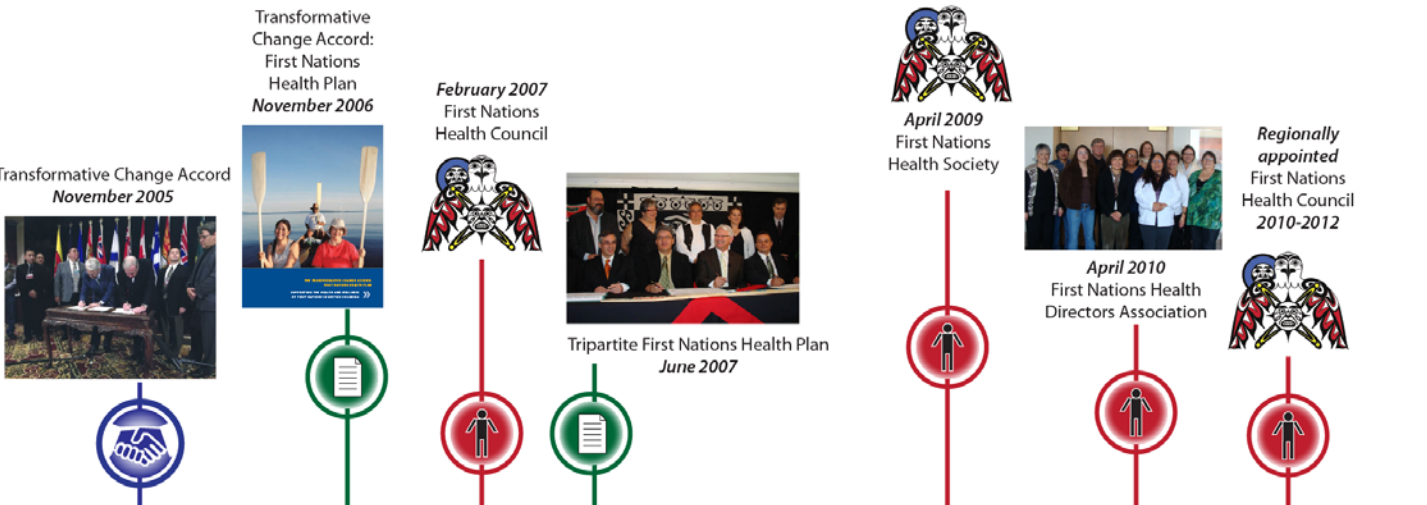
**EPICC Emergency Preparedness and
Business Continuity Conference
November 18, 2014**

FNHC TIMELINE

April 2011

Suggested date for new administrative arrangement

-  Plan
-  Organization
-  Agreement



IMPLEMENT NEW ADMINISTRATIVE ARRANGEMENT (based on 4 components)

- First Nations Health Council
- First Nations Health Directors Association
- First Nations Health Authority
- Tripartite Committee on First Nations Health



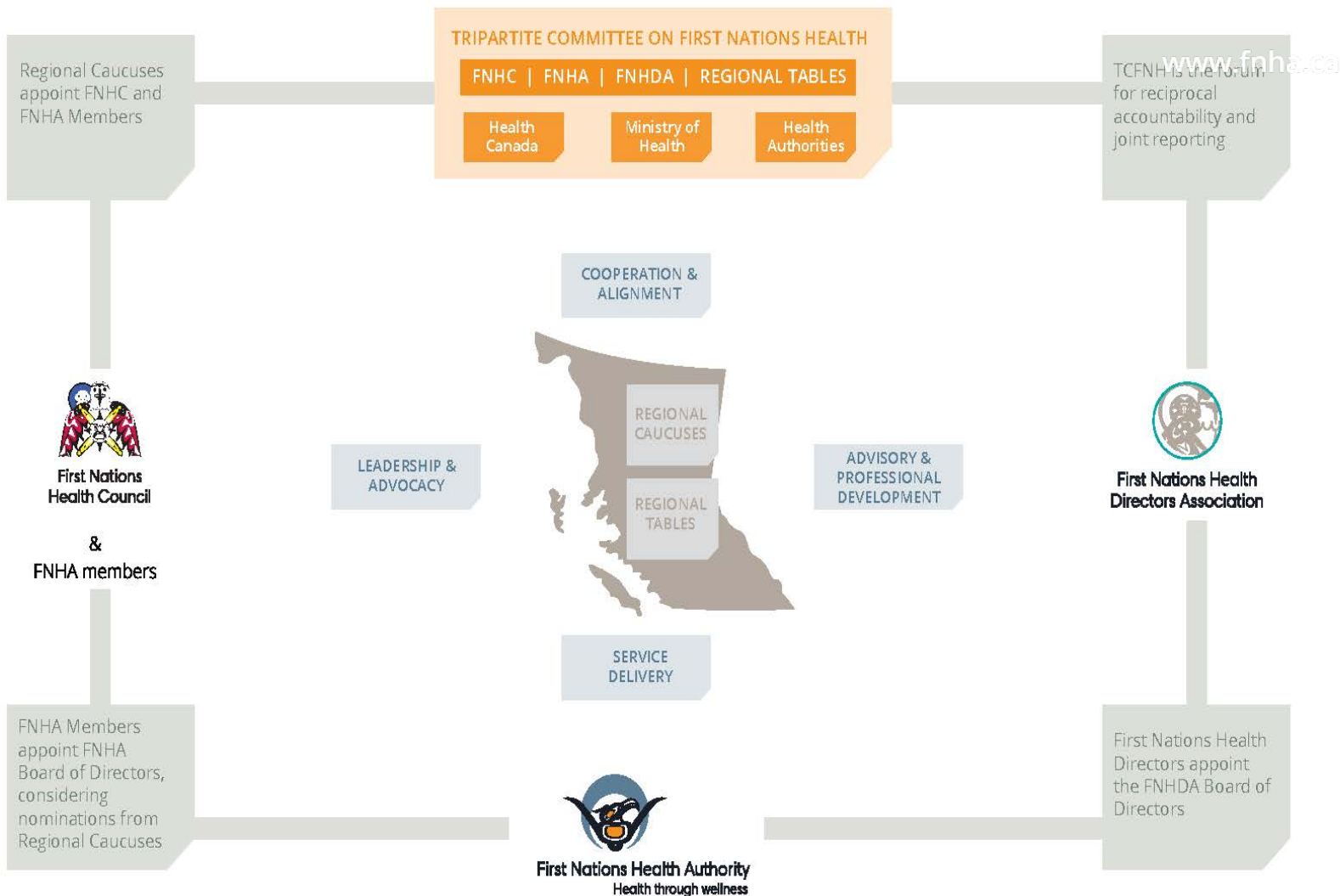


FIGURE 1: BC FIRST NATIONS HEALTH GOVERNANCE STRUCTURE

GOVERNANCE STRUCTURE

In 2006, BC First Nations embarked upon a shared journey of health reform. The foundation for this change was the creation of a new First Nations health governance structure, enabling BC First Nations to participate fully in the design and delivery of health and wellness programs and services. Adopted by a significant degree of consensus by BC First Nations, this new health governance structure was built from the ground-up, and includes four components:

1.

The First Nations Health Council (FNHC) provides governance leadership and oversight for the implementation of the health plans, including responsibility to uphold the governance structure established by BC First Nations. This includes the legal role of serving as Members of the First Nations Health Authority non-profit Society.
2.

The First Nations Health Authority (FNHA) manages, designs, delivers, and funds health and wellness programs, services, and initiatives in partnership with First Nations. The FNHA also works in partnership with the Ministry of Health and the regional health authorities to coordinate and integrate their respective health programs and services to achieve better health outcomes for BC First Nations.
3.

The First Nations Health Directors Association (FNHDA) is composed of Health Directors and managers working in First Nations communities and is the entity through which Health Directors speak with one voice on technical advice, and access support, training, and professional development.
4.

The Tripartite Committee on First Nations Health (TCFNH) is the forum for coordinating and aligning programming and planning efforts in support of BC First Nations health and wellness across the entire provincial system. Therefore, members of the TCFNH including the FNHC, FNHA, FNHDA, First Nations Regional tables, Regional and Provincial Health Authorities, the Provincial Health Officer and Deputy Provincial Health Officer, the BC Ministry of Health, and Health Canada.



Regional Representation - Caucuses



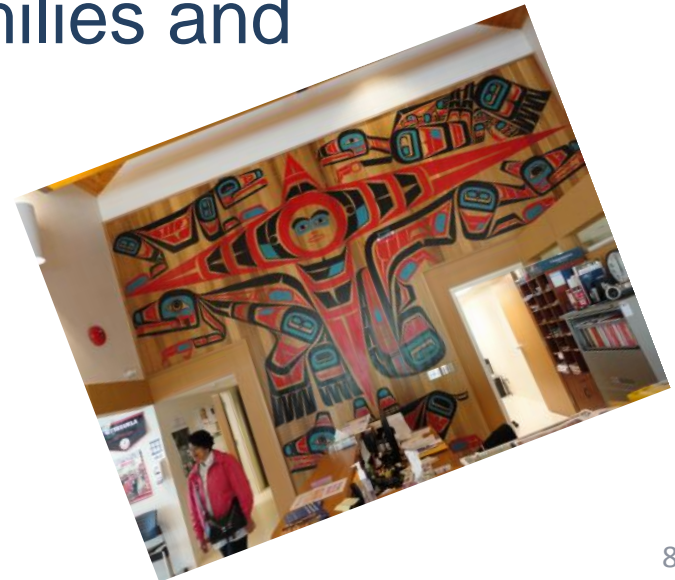
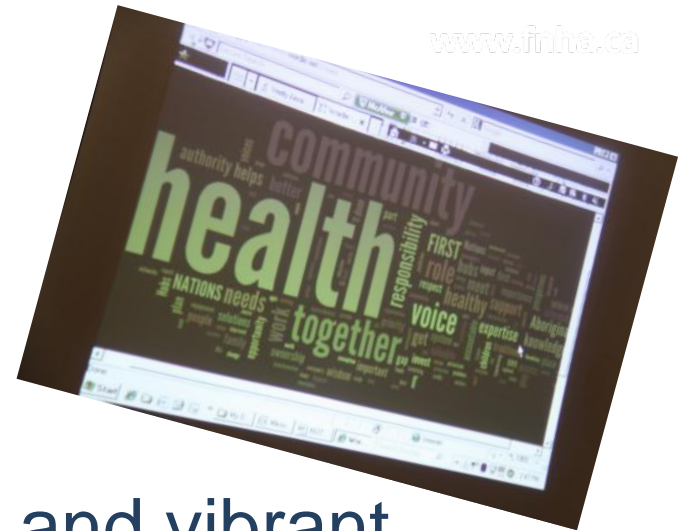


Pulling Together – First Nations in BC working together for a better future



Vision

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





Mission Statement

The FNHA supports BC First Nations individuals, families and communities to achieve and enjoy the highest level of health and wellness by; honouring traditions and cultures; and championing First Nations health and wellness within the FNHA organization and with all of our partners.





7 Directives as agreed to by BC First Nations leadership:

Directive 1 – Community-driven, Nation-based

Directive 2 – Increase First Nations Decision-making & Control

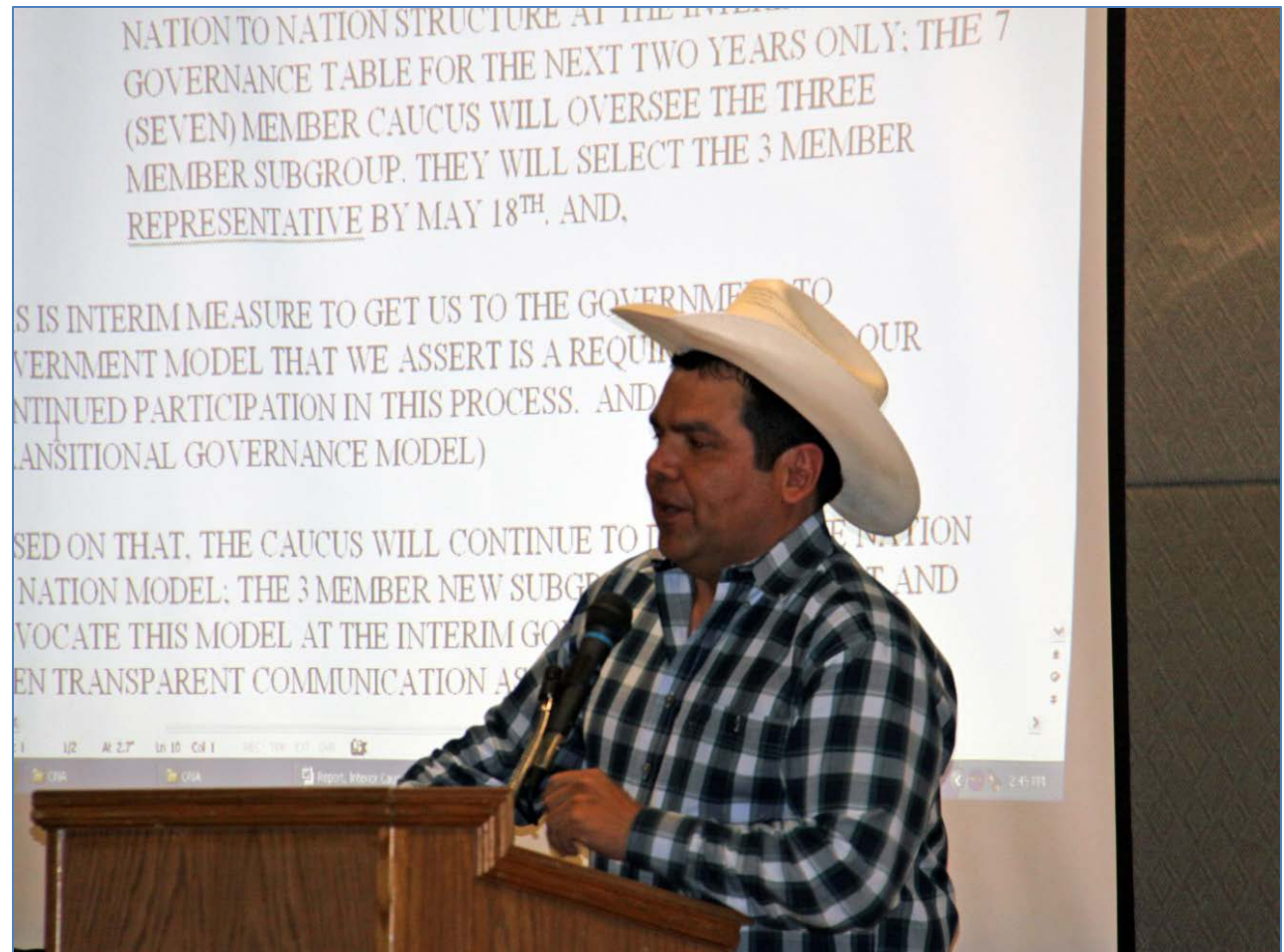
Directive 3 – Improve Services

Directive 4 – Foster meaningful collaboration & partnership

Directive 5 – Develop human & economic capacity

Directive 6 – Be without prejudice to First Nations interests

Directive 7 – Function at a high operational standard





Operating Principles

Our Values

- Respect
- Discipline
- Relationships
- Culture
- Excellence
- Fairness



BC FIRST NATIONS COMMUNITIES

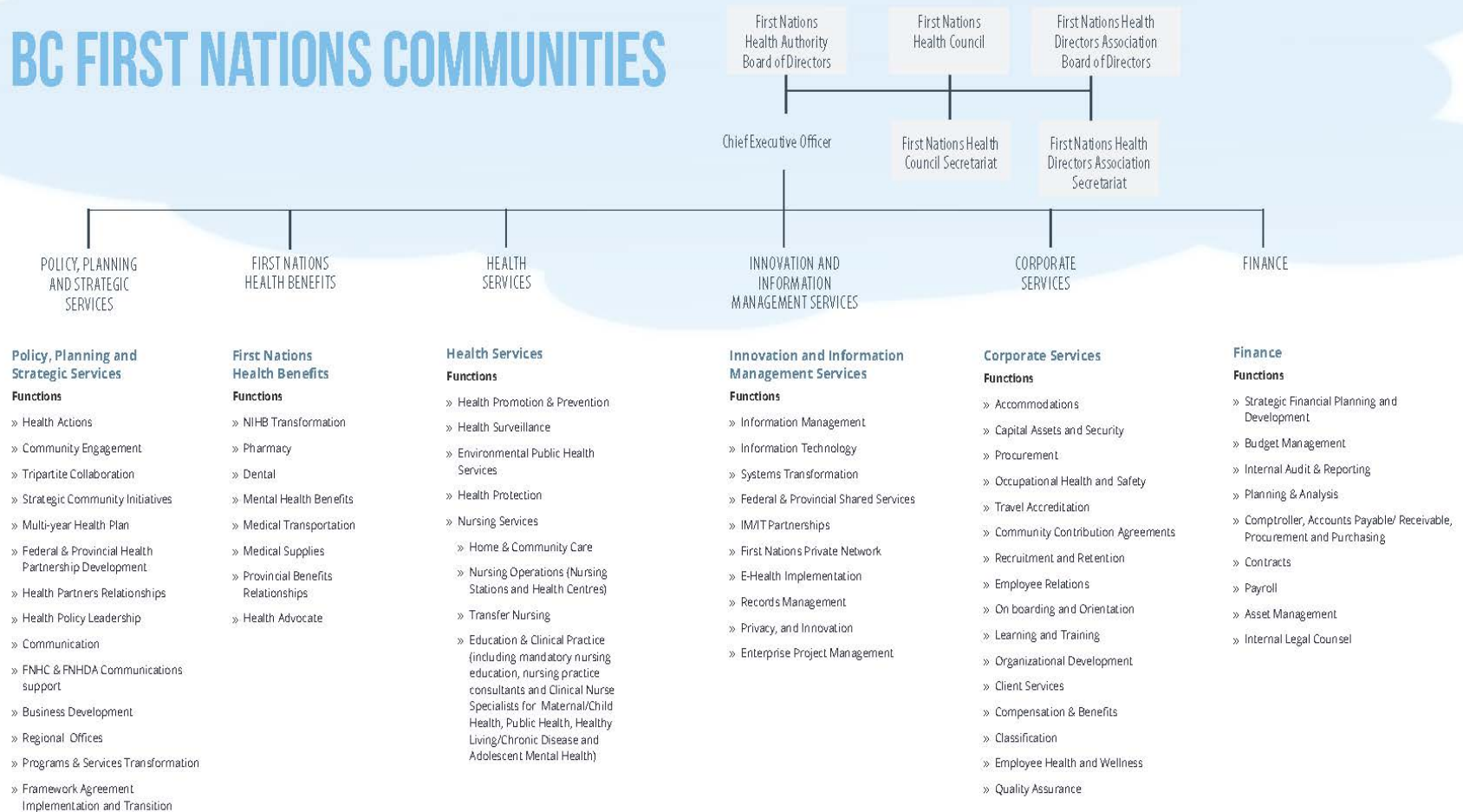


FIGURE 2: FIRST NATIONS HEALTH AUTHORITY FUNCTIONAL ORGANIZATION, APRIL 1, 2014



WHAT WE DO...

HEALTH SURVEILLANCE: Work collaboratively with program areas (Health Promotion & Prevention; Health Protection; Environmental Health; and Nursing) to **collect and create First Nations and other data** in order to **inform health priorities** that will in turn **aid program planning**.

HEALTH PROMOTION & PREVENTION: Support **mental wellness, early childhood, and chronic disease and injury prevention** programs for First Nation individuals and communities.

HEALTH PROTECTION: Through collaboration and engagement in provincial and national forums: certify nurses providing **immunization in** all BC FN communities; conduct **pandemic planning** with BC First Nation communities; support Northern Aboriginal **HIV/AIDS taskforce**; and collaborate with BC Health Authorities and Ministry of Health to provide integrated and quality **communicable disease control services** to BC First Nations.

ENVIRONMENTAL HEALTH SERVICES: Deliver Environmental Public Health Services to First Nation communities in the 8 core program areas: drinking water safety; waste water; housing; communicable disease control; emergency preparedness and response; environmental contaminants; facilities inspection and food safety.

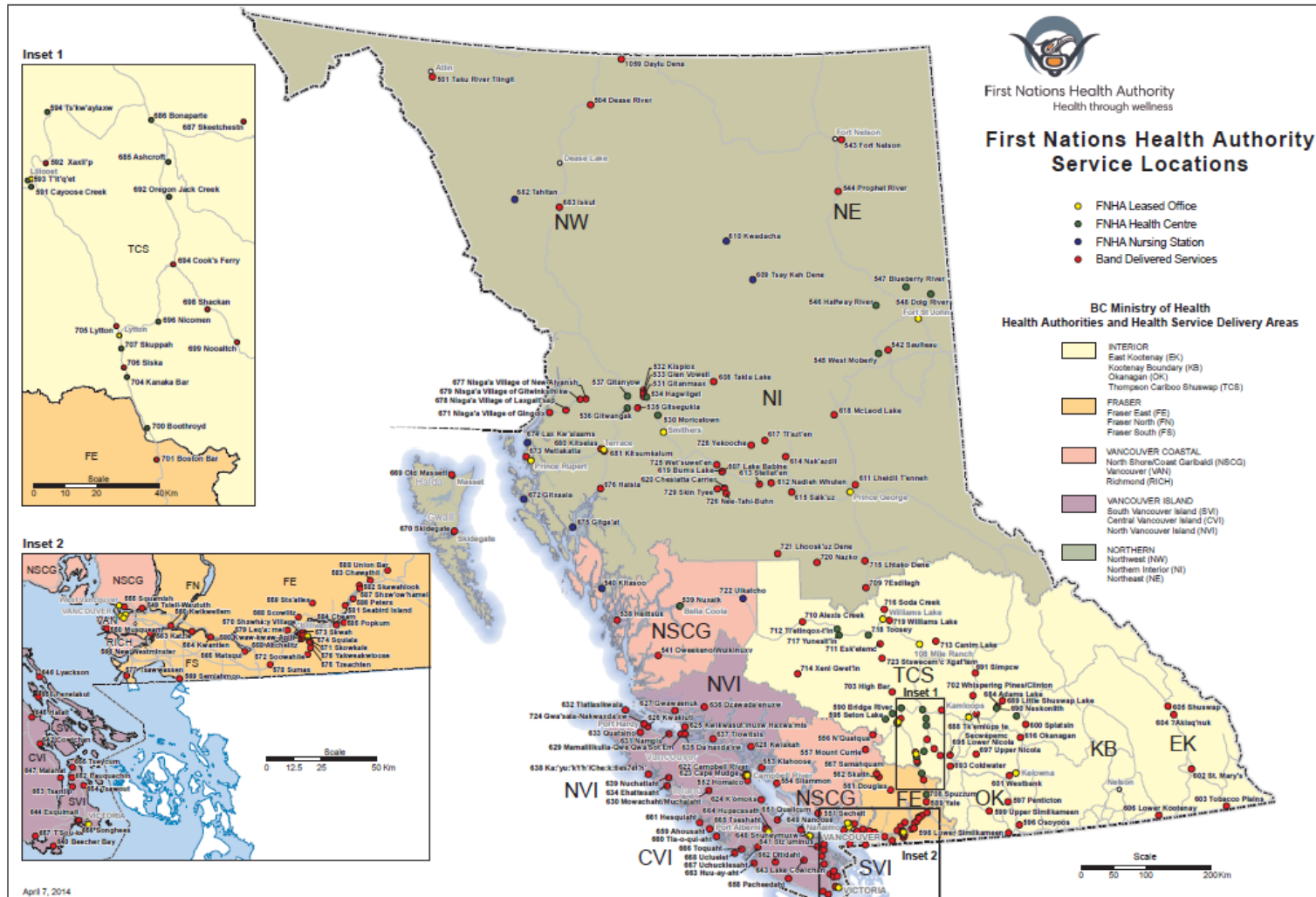
NURSING: Key team functions are: Home & Community Care; Nursing Operations (Nursing Stations and Health Centres); Transfer Nursing; Education & Clinical Practice (including mandatory nursing education, nursing practice consultants and Clinical Nurse Specialists for Maternal/Child Health, Public Health, Healthy Living/Chronic Disease and Adolescent Mental Health); and Recruitment & Retention

Support, and in some cases deliver, health programs and services for BC First Nation individuals and communities.



FNHA_Locations.pdf - Adobe Reader

File Edit View Window Help





Government Relationships

Ministry of Health:

- Direct working partnership between Deputy Minister of Health and CEO of the FNHA
- FNHA and MOH Executive team working relationships through Project Board to address health issues and priorities
- Alignment with regional planning processes
- FNHA and MOH Executive Team to undertake joint regional and community engagements
- Continued commitment to address health action commitments in TFNHP

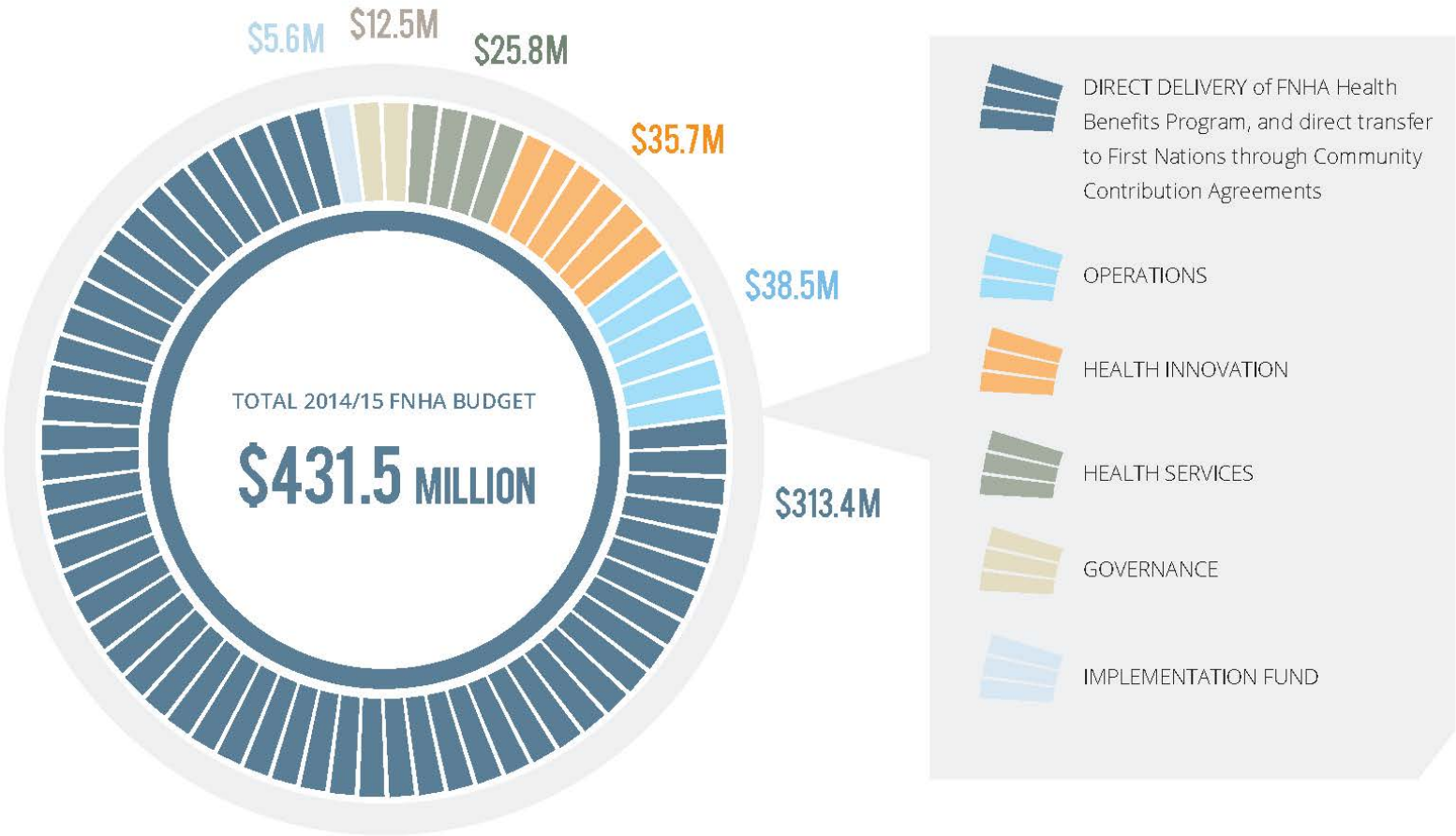


FNHA Annual Budget

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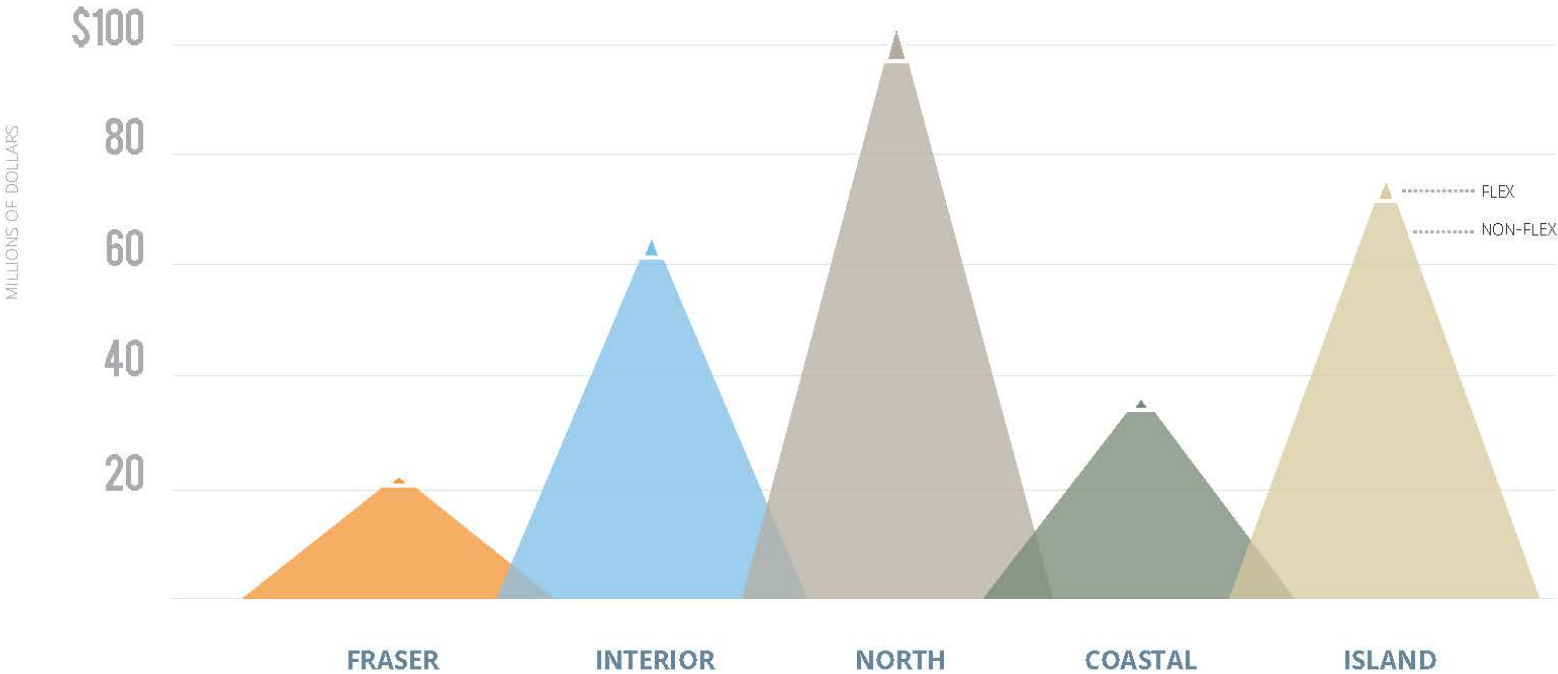
The total FNHA budget for 2014/2015 is \$431.5 million. 73% of this budget supports two areas: 1) direct delivery of the FNHA Health Benefits Program, and 2) direct transfer to First Nations through community contribution agreements.

1. **73% (\$313.4 million)** Direct Delivery of FNHA Health Benefits Program, and direct transfer to First Nations through Community Contribution Agreements.
 - **40% (\$173.4 million)** through First Nations contribution agreements (includes First Nations community contribution agreements, capital, community-administered medical transportation program and First Nations treatment centres)
 - **33% (\$140 million)** for First Nations Health Benefits Program (direct benefits for pharmacy, vision, dental, medical supplies and equipment program operation)
2. **9% (\$38.5 million)** for operations (i.e. accommodations, vehicles, FNHA Board of Directors, software and systems, personnel etc.)
3. **8% (\$35.7 million)** for health innovation and transformation (i.e. Joint Project Board investments, Regional envelopes, Wellness investments, Health Actions)
4. **6% (\$25.8 million)** for health services (direct service provision, nursing, environmental health, etc.)
5. **3% (\$12.5 million)** for governance and community engagement (community engagement services in each region, FNHDA/FNHC secretariats, Regional Caucus meetings)
6. **1% (\$5.6 million)** for implementation fund projects (technology and one-time projects to complete transition and migration from Health Canada Services)



73% OF THE FNHA BUDGET SUPPORTS TWO AREAS: DIRECT DELIVERY OF THE FNHA HEALTH BENEFITS PROGRAM, AND DIRECT TRANSFER TO FIRST NATIONS THROUGH COMMUNITY CONTRIBUTION AGREEMENTS.

TOTAL DIRECT REGIONAL EXPENDITURES: \$301 million dollars will flow directly to the regions through Community Contribution Agreements, Health Benefits, Health Actions, Project Board, Governance and Community Engagement





PRIORITIES, GOALS & STRATEGIES

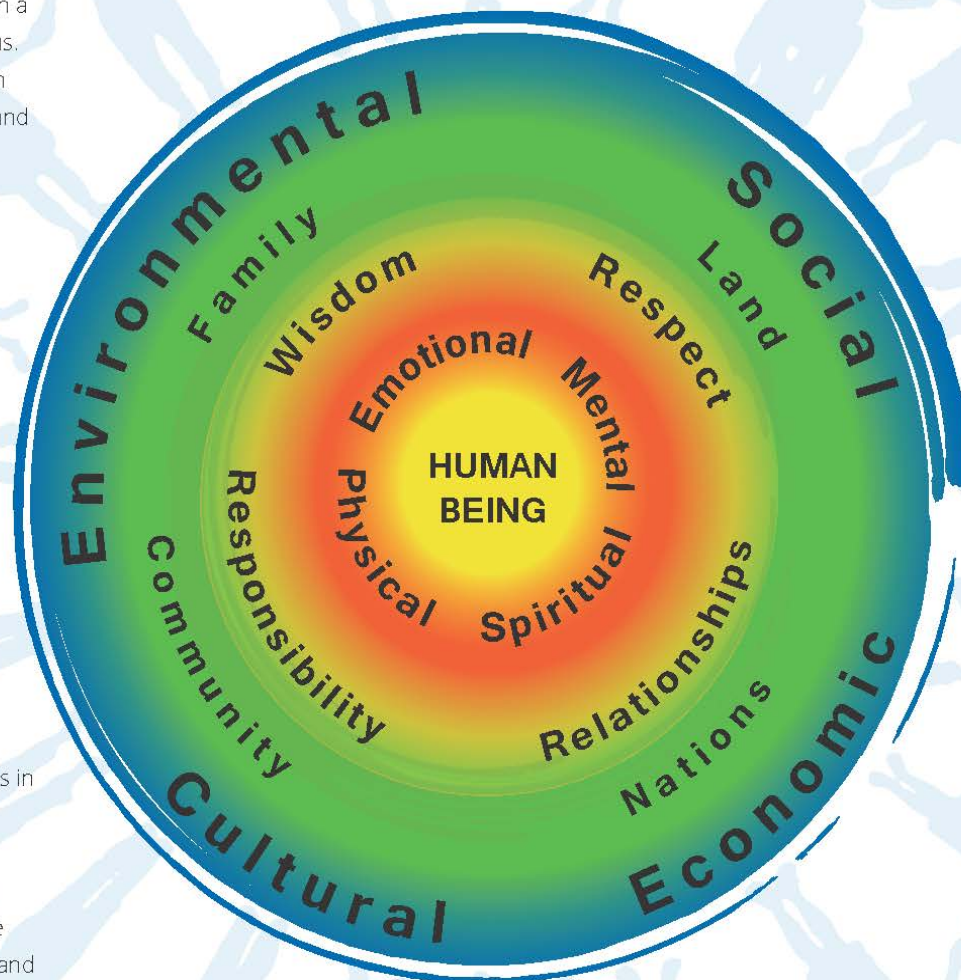
The priorities identified in the 2013-2014 Summary Service Plan will continue to guide the work of the FNHA through the next year of continued transition.

TRANSITION	GOVERNANCE AND DECISION-MAKING	HEALTH SERVICES & IMPROVEMENTS	PARTNERSHIPS	LEADERSHIP, ORGANIZATIONAL DEVELOPMENT & PLANNING
In accordance with the Framework Agreement, complete the smooth transition from Health Canada responsibilities to the FNHA, ensuring continuity of programs, services and funding.	Develop and align regional-based supports to ensure effective, efficient and equitable engagement processes that enhance First Nations governance and decision-making in health.	Implement effective mechanisms to integrate planning and delivery of high quality health services to BC First Nation individuals, families and communities with provincial and other partners.	Enhance partnerships and collaborative initiatives with BC First Nations, the Province of BC, Regional Health Authorities, federal government departments, and other health and wellness allies.	Establish the FNHA as a leading First Nations health organization, and as a partner to BC First Nations' community health organizations.

10 | FIRST NATIONS HEALTH AUTHORITY

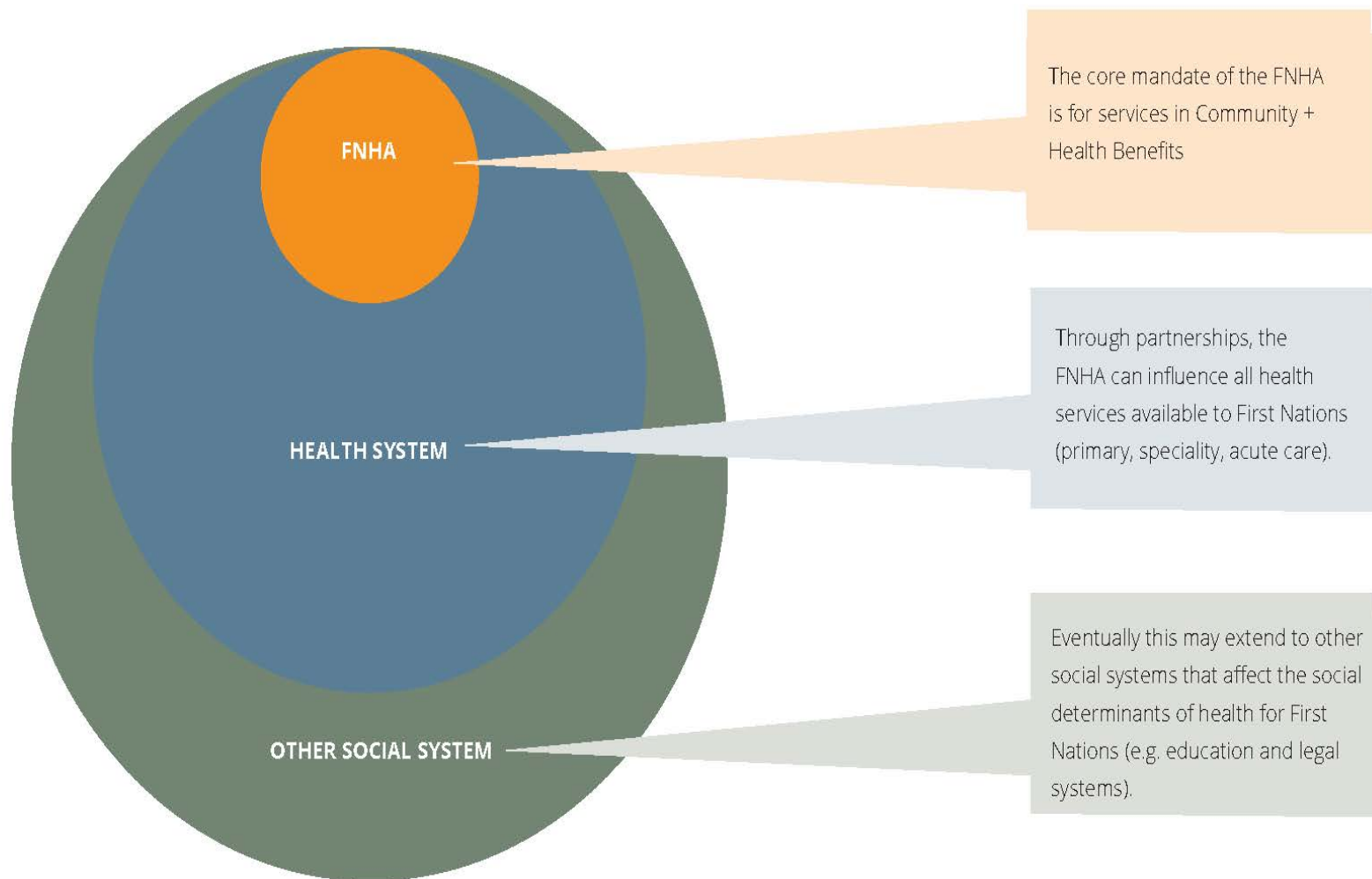
WELLNESS is our philosophy – it is holistic and includes living well through a balanced lifestyle and a harmonious relationship with all that surrounds us. This Perspective on Wellness is our definition as BC First Nations of health and wellness, and therefore is the foundation of our approach to health and wellness systems, programs, and services.

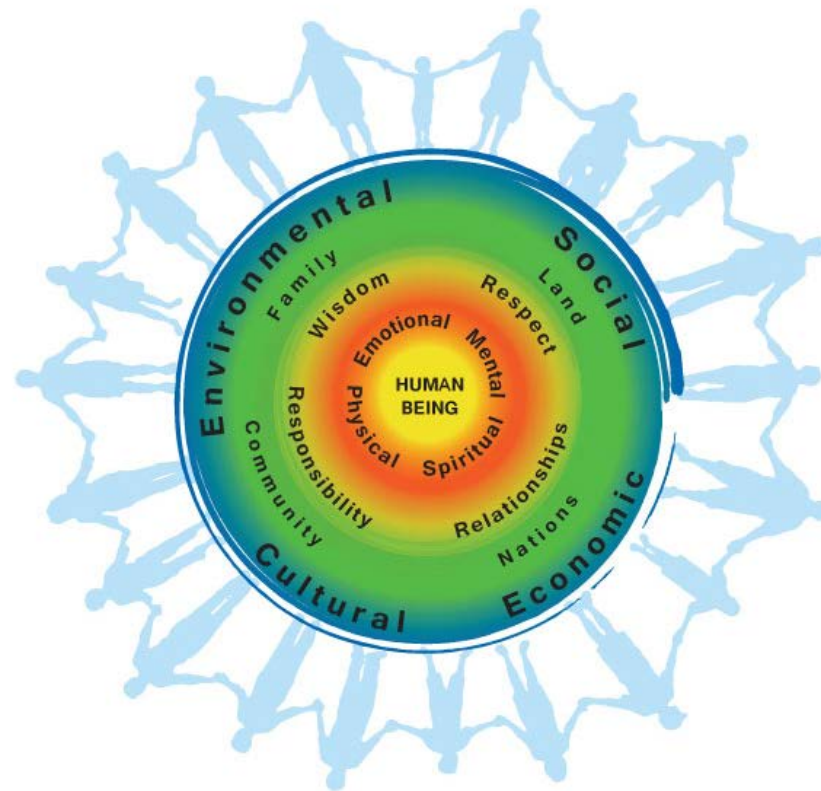
- **FIRST CIRCLE:** Wellness belongs to every human being – and each person's reflection of wellness will be unique.
- **SECOND CIRCLE:** Wellness is balanced and nurtured together to create a holistic level of well-being.
- **THIRD CIRCLE:** There are overarching concepts that support and uphold wellness: Respect, Wisdom, Responsibility, and Relationships.
- **FOURTH CIRCLE:** The fourth circle depicts the people that surround us and the place/s where we come from: Nations, Family, Community, and Land, which are critical components of our healthy experience as human beings.
- **FIFTH CIRCLE:** Social, Cultural, Economic and Environmental elements in our lives are determinants of our health and well-being.
- The people drawn on the outer circle represent the vision of strong children, families, Elders, and people in communities. The people are holding hands to demonstrate togetherness, respect, relationships, and "one heart, one mind."





Squamish Man building a fish trap





First Nations Wellness Approach

The FNHA took the decision to focus on Health and Wellness – a broader way of viewing health that includes modeling healthy behaviour and supporting each member of our staff to create an Individual Wellness Plan.



First Nations Health Authority
Health through wellness

First Nations Health Authority Emergency Preparedness role

**EPBC Conference – Vancouver
November 2014**



Core areas of Environmental Public Health Services (EPHS):

1. Drinking Water
2. Wastewater
3. Healthy Housing
4. Food Safety
5. Facilities Inspections
6. Solid Waste Disposal
7. Communicable Disease Control
8. Emergency Preparedness and Response
9. Environmental contaminants program



Emergency Preparedness:

First Nations communities need to prepare for, and respond to emergencies such as, but not limited to:

- earthquakes and tsunami;
- landslides and flooding;
- forest fires;
- chemical spills (road, rail or marine);
- severe storm events;
- contamination of food or water supplies;
- pandemic disease outbreaks;
- psycho-social crises;
- power outages; etc.





Emergency Preparedness and Response

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- The FNHA, Environmental Public Health Program (EPHS) participates in the development of First Nations' Emergency Preparedness and Response Plans (EPRs), and works to ensure environmental public health considerations are included in EPR activities.
- Provide advice and information, guidance and recommendations to Chief & Council(s) and Band Administration(s), about environmental public health issues as they relate to emergency preparedness and response.



- AANDC and EMBC have a Letter of Understanding in place to enable the provision of emergency response and recovery measures in First Nation communities in British Columbia. EMBC will support local First Nations band's emergency management activities when requested to do so by AANDC or the First Nations band directly.
- AANDC also funds FNESS for emergency preparedness and planning by helping communities prepare emergency plans, assessing the communities' state of readiness and providing information sessions on emergency management to communities.



In the event of an emergency:

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- FNHA is usually apprised of a situation through the Emergency Management Unit of the Min. of Health, PHAC or EMBC.
- EMBC have full control over anything where life and limb are concerned; a Tsunami or flood, forest fire, earthquake or avalanche etc., where a community is in need of immediate assistance or evacuation or rescue.



- Depending on the nature of the emergency, EPHS liaises with community administration, AANDC, FNESS, local and Regional Health Authorities, subject matter experts, and other FNHA programs, to monitor and assess the extent of or potential impacts to the community.
- EPHS will advise how to reduce or mitigate associated environmental public health risks through inspections of temporary accommodations, residential and public buildings, drinking water sampling, food services, solid waste and waste water systems as required.



- EHOs are located throughout the province and in many cases they are able to travel to the community.
- After the emergency is over or on return after an evacuation, EHO's continue to assess and provide public health inspections of residential and public buildings, the water supply integrity, general sanitation, food services and solid waste, and the integrity of sewage disposal systems as required. These assessments would be used to facilitate a safe return to the community.



- In the case of forest fires and related smoke issues, our role is to liaise with Medical and nursing staff in the community and the Regional Emergency Operation Centres to assess air quality conditions in the area. If necessary, relocated community members are linked with ESS (Emergency Social Services) through the EMBC program, and taken care of until air quality is assessed and concerns are mitigated.
- If it is deemed an interface fire, mandatory evacuation is necessary.



- In these cases we are part of a Health Team, together with our new Chief MHO, we are linked with Regional Health Authority, MHOs who can make the decisions regarding 'health of community members and need for relocations'. They have 'Order in Council'.
- The risks to the community members due to smoke and the relocation of affected people is a 'medical decision'. A relocation decision based on medical grounds is different to an evacuation order.



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Moving forward:

- Up to this date, Health Emergencies within the FNHA are handled through the Manager, Environmental Public Health Services, and the Director of Health Protection with support via the VP of Health Services.
- FNHA is presently staffing the newly created position of Manager, Health Emergency Management that will take over those roles.
- Plus a new Chief Medical Officer starting December 1st 2014.
- Remains to be seen how the program evolves.



Mt. Polley Healing Ceremony

The impact from these disasters on First Nations – and helping to support them deal with the outcome of disaster



Some of the Emergencies affecting First Nation communities EPHS has been part of:

- Pemberton Valley Flooding 2003
- Cheakamus River Train derailment – Sodium Hydroxide spill 2005
- BC Ferries - Queen of The North sinking 2006
- CN Coal train derailment - Lytton Bridge/Fraser River 2007
- Chilcotin Wild Fires 2010
- Haida Gwaii Earthquake 2012
- Mt Polley Mine tailings pond breach 2014



- On Monday August 4, 2014, the tailings dam of the Mount Polley Mine was breached, releasing water/tailings and ground rock into Polley Lake, then into Hazeltine Creek and then to Quesnel Lake.
- The Mine is in the northern part of the Secwepemc te Qelmucw (NStQ) traditional territory and is within the traditional territories of T'exelc Williams Lake Indian Band and the Xat'sull Soda Creek First Nations.
- The breach has affected communities in the surrounding area and throughout BC in many ways. Mental and spiritual health, water quality and food fish safety were the immediate concerns of Nations and the First Nations Health Authority (FNHA).



Mount Polley Tailing Pond Breach



- Based on concerns of impacts to drinking water supplies, the Cariboo Regional District issued a 'Do Not Use' advisory for the immediate area of the spill, for both drinking and recreational use. (Now lifted). The First Nations drinking water systems are not in the vicinity of the spill area and therefore are not at risk of contamination.
- The First Nations Health Authority is supporting the human health concerns of all First Nations affected by the breach/spill. In addition FNHA recognizes that there is an important connection between the environmental impacts of this incident and the spiritual, emotional and mental well-being of community members.

CAUTION

Disaster Zone

WARNING



- The spill coincided with the Fraser River sockeye run and has created concern about the safety of food fish. The FNHA supported communities to conduct salmon testing at the request of affected First Nations. To date 13 communities have requested sampling. Testing was conducted for heavy metals in the flesh of the fish; heavy metals are of human health concern and were found in the Mount Polley tailing pond sediment. Samples will be compared to 2013 fish samples where available.
- All communiques and updates are available on the FNHA website:
www.fnha.ca (Latest news)

Questions & Discussion

