ESTABLISHING FIRST NATIONS HEALTH & WELLNESS INDICATORS FOR THE NEXT 10 YEARS

National Health Leadership Conference

Dr. Evan Adams and Lindsay Beck
June 13, 2017
WORKSHOP OBJECTIVES

1. Share some of our history and the development of the First Nations Health Authority

2. Through a discussion on the development of a set of First Nations Population Health and Wellness indicators, build awareness of the concepts of:
   - The First Nations Perspective of Health and Wellness
   - Two-Eyed Seeing
   - Shifting from “sickness” to “wellness”

3. Share innovative concepts and challenge participants to apply these concepts to their own work and to commit to making change based on the learnings.

4. Improve the quality of health and wellness services delivered to First Nations.
BC First Nations

- 26 Cultural Groups
- 34 Languages
- 203 Bands (or First Nations)
- 3 Provincial First Nations Organizations
  - BC Assembly of First Nations
  - First Nations Summit
  - Union of BC Indian Chiefs

Image credit: www.fpcc.ca
Our History

• Pre-contact

• Contact & Colonization

• Decolonization: self-determination
Terra Nullius

Policy and legislation to remove First Nations people from the land
Policy and legislation designed to “Kill the Indian in the child”
BRITISH COLUMBIA HAS THE SECOND-HIGHEST NUMBER OF RESIDENTIAL SCHOOL SURVIVORS IN CANADA (~1400)
Our Shared Journey to Tripartite Partnership:

A series of progressive political, legal and operational agreements incrementally building a true health partnership.

“The health & wellbeing of my people depends on how well I work with each & every one of you in this room.” -Chief Douglas White III Kwulasuitun
FIRST NATIONS HEALTH GOVERNANCE STRUCTURE

Regional Caucuses appoint FNHA and FNHA Members

First Nations Health Council & FNHA members

FNHA Members appoint FNHA Board of Directors, considering nominations from Regional Caucuses

Tripartite Committee on First Nations Health
ENBIC - FNHIC - FNIDA - Regional Tables
Health Canada Ministry of Health Health Authorities

Cooperation and Alignment
Leadership and Advocacy

Advisory and Professional Development
Service Delivery

First Nations Health Directors Association

FNHDA provides technical advice to FNHA for First Nations Health Services
POST-TRANSFER ENVIRONMENT

• Health Canada has transitioned from designer and deliverer to that of funder and governance partner.

• The FNHA responsible for combination of functions: including service design and delivery functions inherited from FNIHB-BC and strategic policy and planning functions inherited from FNIHB-HQ.

• The FNHA maintains a unique position in the provincial system with focus on improving community-based services, improving access to and integration with mainstream services, and addressing the underlying determinants of health.
OUR COMMON FOUNDATION

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

Our Values
Respect, Discipline, Relationships, Culture, Excellence & Fairness

Our Directives
1. Community Driven, Nation Based
2. Increase First Nations Decision-Making
3. Improve Services
4. Foster Meaningful Collaboration and Partnerships
5. Develop Human and Economic Capacity
6. Be without Prejudice to First Nations Interests
7. Function at a High Operational Standard
FIRST NATIONS PERSPECTIVE OF HEALTH AND WELLNESS

• The Lens the FNHA works through for everything it does
• Developed from the teachings and culture of BC First Nations
• FNHA - Health and Wellness Champion, Partner & Living it
• Commitment to supporting the health and wellness from the youngest to the oldest
• Commitment to the generations to come
• Our Health and Wellness Journey belongs to each of us and is as unique as we are
• Leading edge of systemic change to move from Health to Wellness
“Data governance is a foundation of Nation rebuilding. Our leaders work hard to promote positive change and they need access to data to show how well their community is doing in areas such as health and education…

When we have good data, we make good decisions; we can build sound plans and make good investments and this is good governance.”

Gwen Phillips,
First Nations Information Governance Centre Board Member for BC and First Nations Health Council Member
PROVINCIAL HEALTH OFFICER AND FNHA CHIEF MEDICAL OFFICER PARTNERSHIP
OFFICE OF THE PROVINCIAL HEALTH OFFICER & FIRST NATIONS HEALTH AUTHORITY

VISION and FUTURE

WHAT MUST WE DO NEXT?

Leverage Relationships

It’s TIME

We must be BOLD enough for the NEXT 10 YEARS

Next 10 Years

For Example: Lower Youth Suicide, Lower Infant Mortality

Influence the Whole System

WHAT WE DID

WHAT WE NEED TO DO

Leverage Partnerships

Tell the Stories of What We Learned

Implementing Health Governance

Building Partnerships

Not looking back

New 10 Year Plan

Gathering Wisdom

A Reset

Earning Trust

Nova Scotia First Nations Primary Care Model

Primary Care +++++ Model

Wellness

Public Health Agenda

Primary Care

Data to Inform the Work +

The Changes Needed

Make it Relevant at Regional Level

5 Areas

Be Inspired by the Work Ahead of Us

Next 10 Years

Healthier First Nations People

Set a Vision that Puts Health on Every Nation’s Agenda

Live Graphic Recording From the Chief Medical Officer of FNHA & Provincial Health Officer Partnership Workshop - March 2016 (Sam Bradd)
DATA GOVERNANCE ENGAGEMENT SESSIONS

- February and March 2016
- 192 Community representatives, e.g. Chiefs, Council, Health Directors, Managers
WELLNESS INDICATOR ENGAGEMENT FEEDBACK
# FIRST NATIONS POPULATION HEALTH & WELLNESS INDICATORS

<table>
<thead>
<tr>
<th>SOCIAL CULTURAL ECONOMIC ENVIRONMENTAL</th>
<th>HEALTH SYSTEMS</th>
<th>LAND FAMILY NATIONS COMMUNITY</th>
<th>MENTAL PHYSICAL SPIRITUAL EMOTIONAL</th>
<th>HEALTH AND WELLNESS OUTCOMES</th>
<th>TRANSFORMATIVE CHANGE ACCORD FN HEALTH PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDUCATION</td>
<td>EXPERIENCE OF CULTURAL SAFETY &amp; HUMILITY IN RECEIVING HEALTH SERVICES</td>
<td>COMMUNITY STRENGTH AND RESILIENCE</td>
<td>LEVEL OF PHYSICAL ACTIVITY</td>
<td>INFANTS BORN AT A HEALTHY BIRTH WEIGHT</td>
<td>INFANT MORTALITY</td>
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<tr>
<td>FOOD SECURITY</td>
<td>AVOIDABLE HOSPITALIZATIONS</td>
<td>ECOLOGICAL HEALTH</td>
<td>NUMBER OF CHILDREN WITH HEALTHY TEETH (no cavities)</td>
<td>ALCOHOL-RELATED DEATHS</td>
<td>CHILDREN WITH HEALTHY BODY MASS INDEX (BMI)</td>
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<td>ADEQUACY OF HOUSING</td>
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<td>SMOKING RATES OF COMMERCIAL TOBACCO</td>
<td>SERIOUS INJURIES REQUIRING HOSPITALIZATION</td>
<td>YOUTH SUICIDE</td>
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<td>CULTURAL WELLNESS</td>
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<td></td>
<td></td>
<td>SELF-REPORTED MENTAL AND EMOTIONAL WELL-BEING</td>
<td>DIABETES PREVALENCE</td>
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<td>• Exposure to traditional language</td>
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<td>• Knowledge of/access to traditional foods</td>
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<td>• Access to traditional medicine/healing</td>
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<td>• Sense of community belonging</td>
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<td>• Importance of traditional spirituality</td>
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- **First Nations Health Authority**
- **Office of the Chief Medical Officer**
A MILESTONE MOMENT

[Diagram: A new 10 yr plan. Setting a course.]

[Diagram: Healthier First Nations people. Set a vision that puts health on every nation's agenda. Be inspired by the work ahead of us.]
CORE PRINCIPLES USED IN DEVELOPING THE INDICATORS
I AM NISGA’A: I AM ROSE, WALKING IN WELLNESS
The direction and guidance the FNHA has received from First Nations is to conduct our business in a manner aligned with the philosophies and teachings of BC First Nations peoples.

This tool is intended to be a source of guidance and inspiration to individuals, wherever they are at in their own wellness journey. It aims to create shared understanding of a holistic vision of wellness.
SHIFTING THE PARADIGM: SICKNESS TO WELLNESS, DEFICITS TO STRENGTHS

Many First Nations have especially good health and wellness outcomes.

• We will focus on wellness outcomes, not only “health” or disease/illness outcomes.

• We will explore and celebrate their sources of strength & resilience — build, share & spread those successes!
SHIFTING THE PARADIGM: SICKNESS TO WELLNESS, DEFICITS TO STRENGTHS

• First Nations are taking back control & are acting to address the structural origins of these inequities, by increasing local control over land, resources, services & decision-making structures.

• Existing strengths, such as Aboriginal ways of knowing & being, including connection to land, culture, language, community, & family balance, self-reliance etc.
TWO-EYED SEEING: BEST OF BOTH WORLDS

Two-Eyed Seeing is “learning to see from one eye with the strengths of Indigenous knowledges & ways of knowing, & from the other eye with the strengths of Western knowledges & ways of knowing...& learning to use both these eyes together, for the benefit of all,” championed by Elder Albert Marshall (Mi’kmaw Nation).
TWO-EYED SEEING: BEST OF BOTH WORLDS

First Nations Perspective on Wellness

# First Nations Population Health & Wellness Indicators

## Social, Cultural, Economic, Environmental
- **Education**
- **Food Security**
- **Adequacy of Housing**

## Health Systems
- **Experience of Cultural Safety & Humility in Receiving Health Services**
- **Avoidable Hospitalizations**

## Land, Family, & Nations Community
- **Community Strength and Resilience**
- **Ecological Health**

## Mental, Physical, Spiritual, Emotional
- **Level of Physical Activity**
- **Number of Children with Healthy Teeth (no cavities)**
- **Smoking Rates of Commercial Tobacco**
- **Self-Reported Mental and Emotional Well-Being**

## Health and Wellness Outcomes
- **Infants Born at a Healthy Birth Weight**
- **Alcohol-Related Deaths**
- **Serious Injuries Requiring Hospitalization**
- **Age-Standardized Mortality Rate**
- **Life Expectancy**
- **Number of Practicing, Certified First Nations Health Care Providers**

## Transformative Change Accord FN Health Plan
- **Infant Mortality**
- **Children with Healthy Body Mass Index (BMI)**
- **Youth Suicide**
- **Diabetes Prevalence**
- **Age-Standardized Mortality Rate**
- **Life Expectancy**
- **Number of Practicing, Certified First Nations Health Care Providers**
INSTRUCTIONS FOR BREAKOUT GROUPS

Three Breakout Groups:

• First Nations Perspective on Wellness
• Two-eyed seeing
• Sickness to wellness
THE TEAM

• Collaboration between the Office of the PHO, Office of the CMO and other FNHA departments.

• Executive Sponsors: Dr. Perry Kendall, Dr. Evan Adams, Dr. Shannon McDonald, Dr. Shannon Waters/Dr. Daniele Behn-Smith

• Project Managers: Lindsay Beck, Adrienne Bonforti