



**VANCOUVER COASTAL REGION**  
First Nations Health Authority

# Vancouver Coastal Caucus- Fall 2015

# FNHA Strategic Goals



## Goal 1

Enhance First Nations Health Governance

## Goal 2

Promote and Implement the BC First Nations Perspective on Wellness as a Health and Wellness Champion

## Goal 3

Improve Health Services and Program as a Health and Wellness Partner

## Goal 4

Strengthen the FNHA as a Sustainable and Effective First Nations Health Organization

# Provincial and Regional Implementation

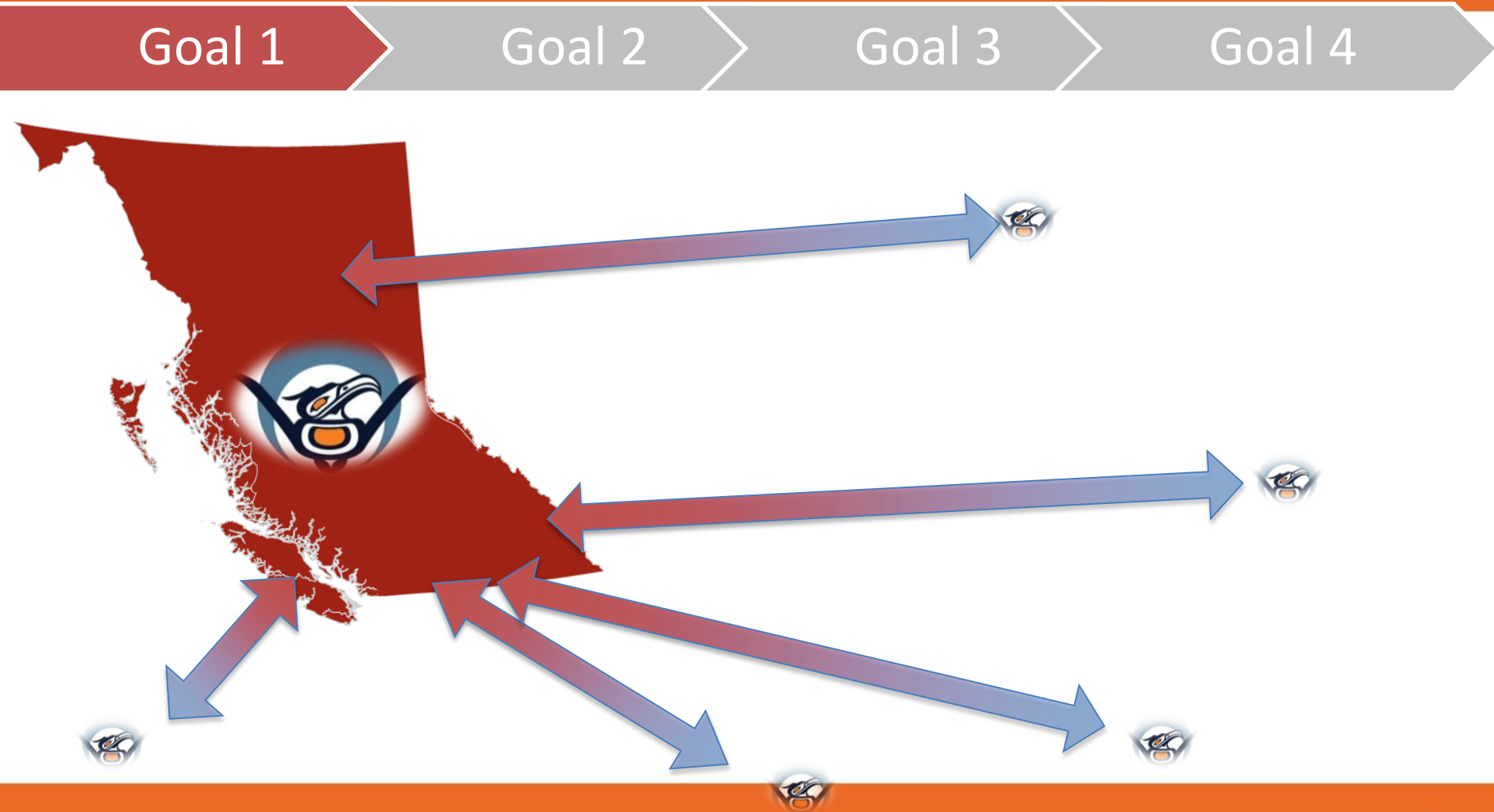


Goal 1

Goal 2

Goal 3

Goal 4



# Regions 2.0



- **Shared objective is to implement a regional basis to the work of the organization, consistent with 7 Directives**
  - Conversion of existing contract or other resources into new positions aligned to the Regional Director
  - New positions in central service departments aligned to regions
  - Reframing existing staffing in central service departments to align to regions
  - Establishment of new processes to facilitate a regional basis (i.e. regional summaries, matrix teams)
- **Regional-specific implementation**

Goal 1

Goal 2

Goal 3

Goal 4

# Regions 2.0 – Vancouver Coastal



- **Original structure included:**
  - Regional Director
  - Administrative Assistant
  - 1 Regional Health Liaisons
  - 3 Community Engagement Coordinators
- **New regional positions:**
  - Regional Manager
  - Mental Wellness Advisor
  - Project Developer
  - \*Future supports being identified
- **New and aligned service positions:**
  - Vancouver Coastal Senior Medical Officer & Nurse Manager
  - Other existing position – EHO's etc

Goal 1

Goal 2

Goal 3

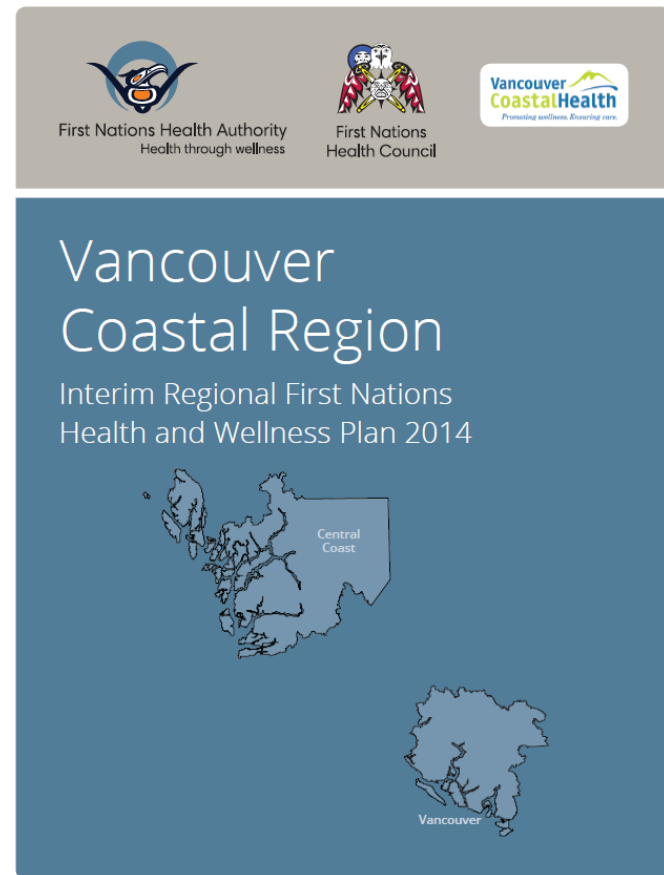
Goal 4

# Regional Investment



## Key Regional Priorities

- Mental Wellness and Substance Use
- Primary Care
- Prevention and Wellness
- Capacity Building



Goal 1

Goal 2

Goal 3

Goal 4

# Regional Investment 2015/16



## Mental Wellness Substance Use

- Mental Wellness Flagship Project

## Primary Care

- Complex Care Management
- Wrap-Around Chronic Disease Care and Prevention
- Integrated Home and Community Care
- Urban On-Reserve Primary Care Clinics
- East Vancouver Urban Primary Care Clinic

## Prevention and Wellness

- Community Wellness Days
- Men's Leadership Initiative
- Healthy Lifestyles Promotion

## Capacity Building

- First Responders Training & Equipment
- Nurse Practitioner Implementation

Goal 1

Goal 2

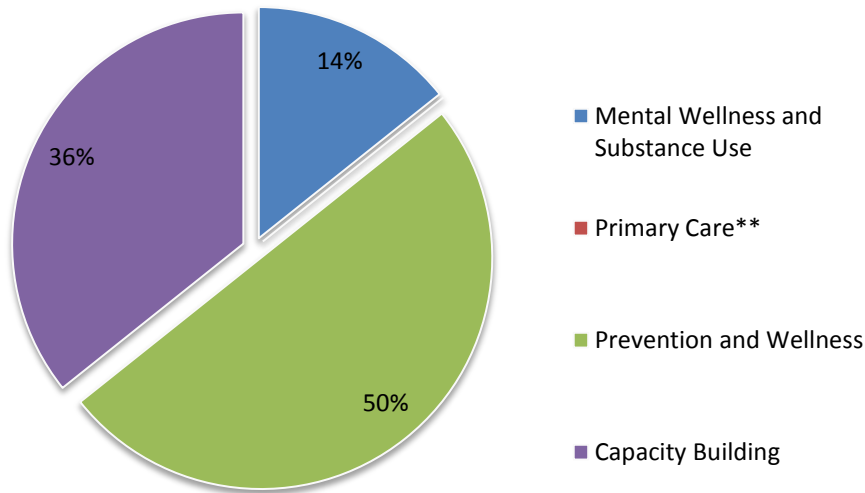
Goal 3

Goal 4

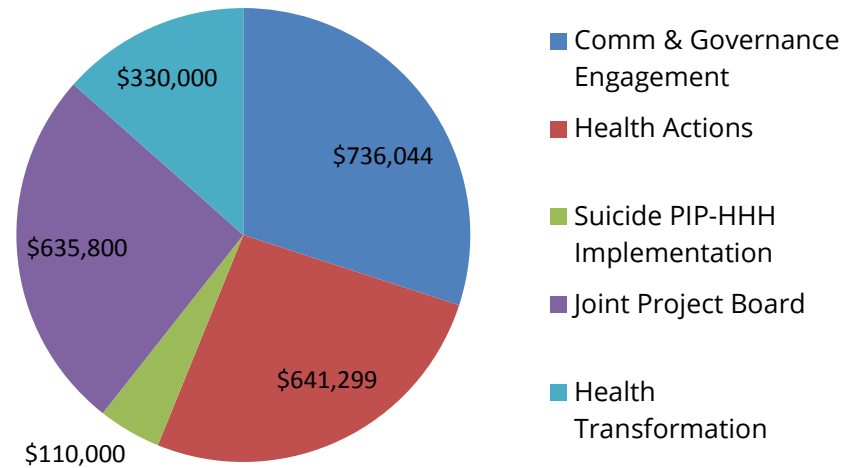
# Regional Investment



2014/15 Health Actions by RHWP Goals



2015/16 Vancouver Coastal Regional Envelope Flexible Components



Goal 1

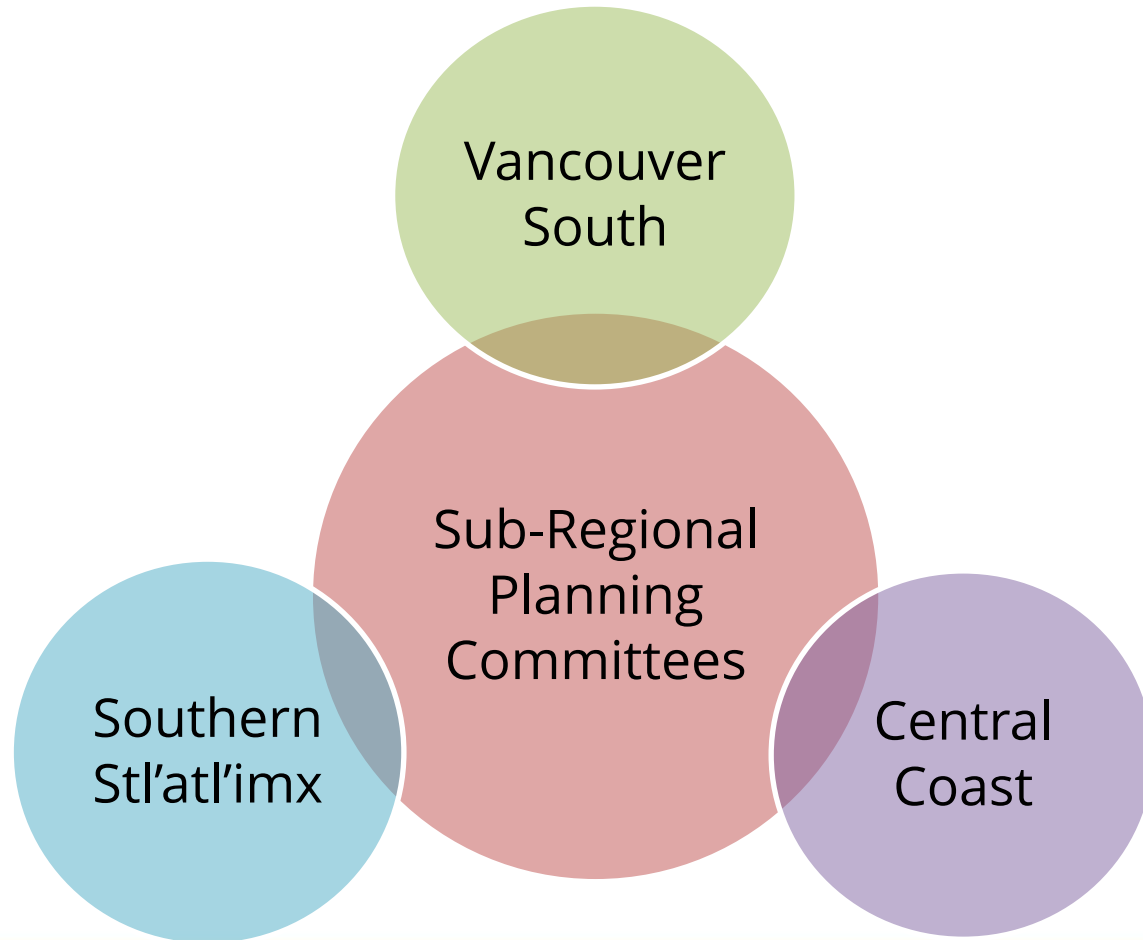
Goal 2

Goal 3

Goal 4



# Sub-Regional Community Engagement On Investment



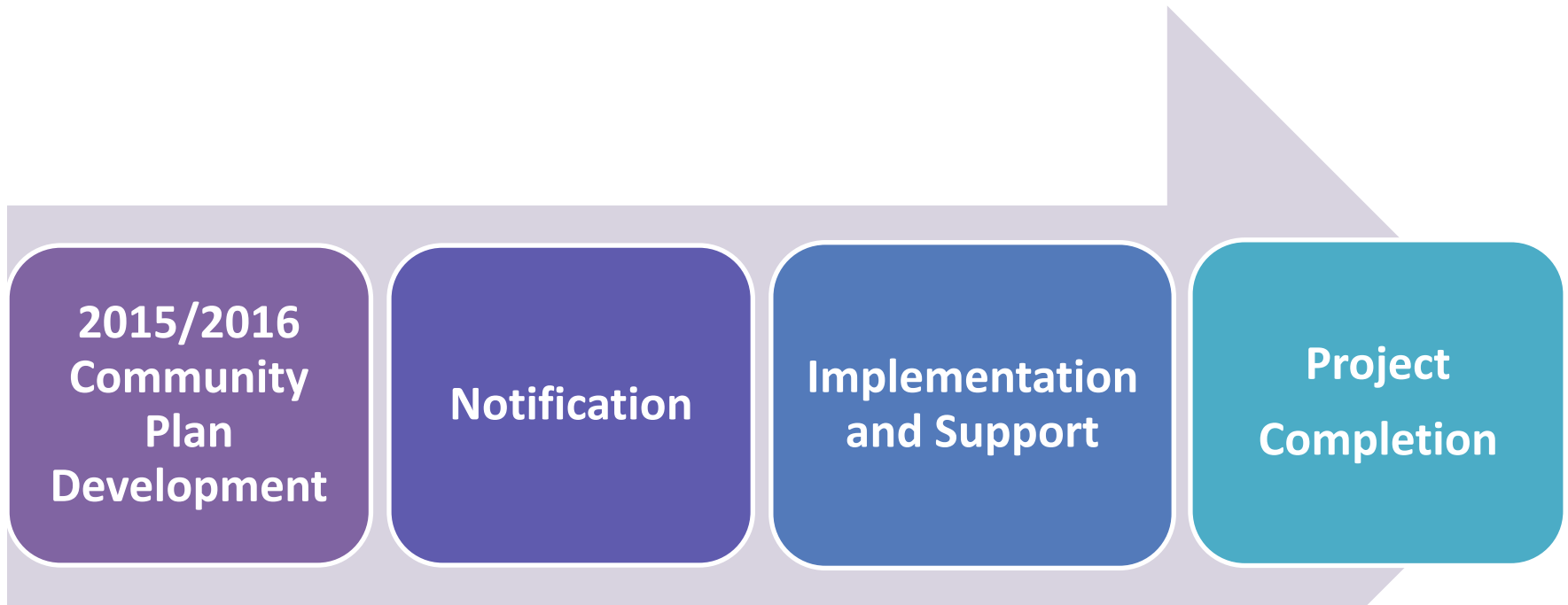
Goal 1

Goal 2

Goal 3

Goal 4

# Regional Investment Progressive Flow Chart



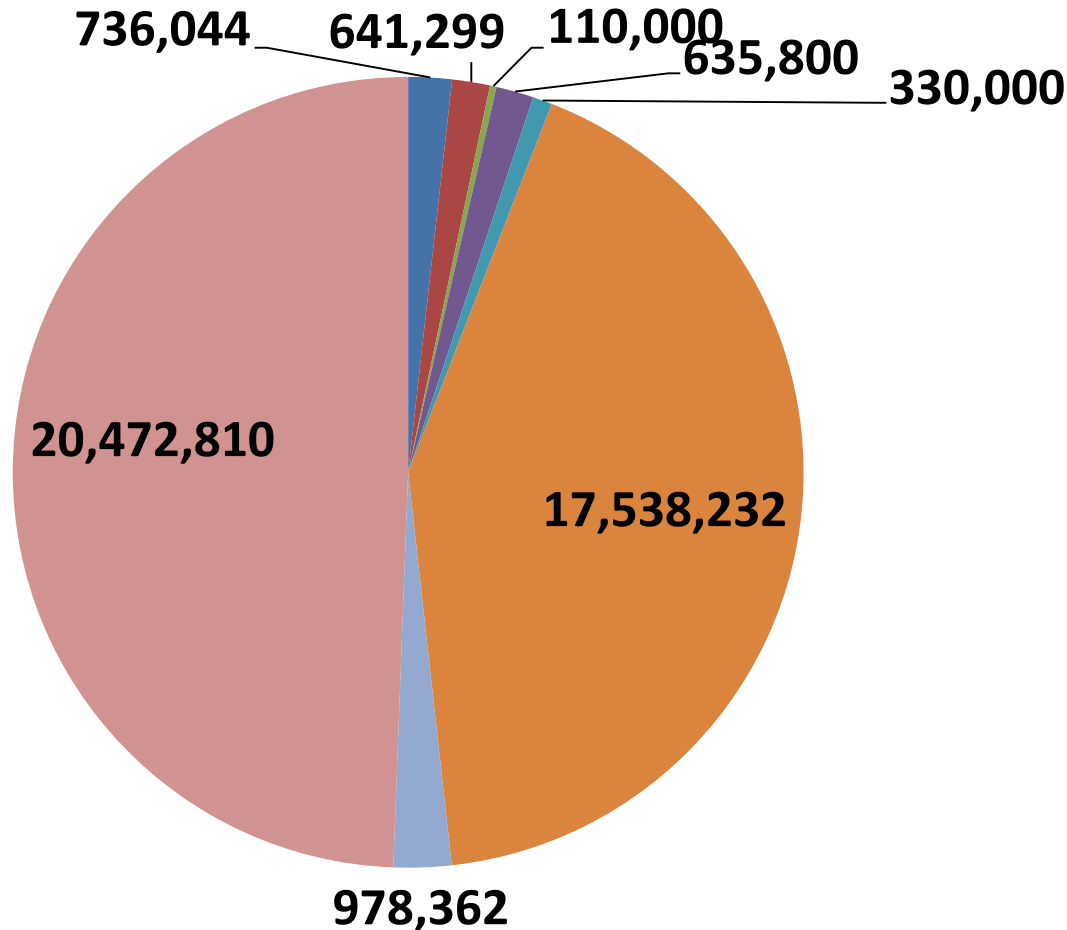
Goal 1

Goal 2

Goal 3

Goal 4

# Regional Investment



- Comm & Governance Engagement
- Health Actions
- Suicide PIP-HHH Implementation
- Joint Project Board
- Health Transformation
- Contribution Agreements
- Capital Contributions
- Health Benefits

Goal 1

Goal 2

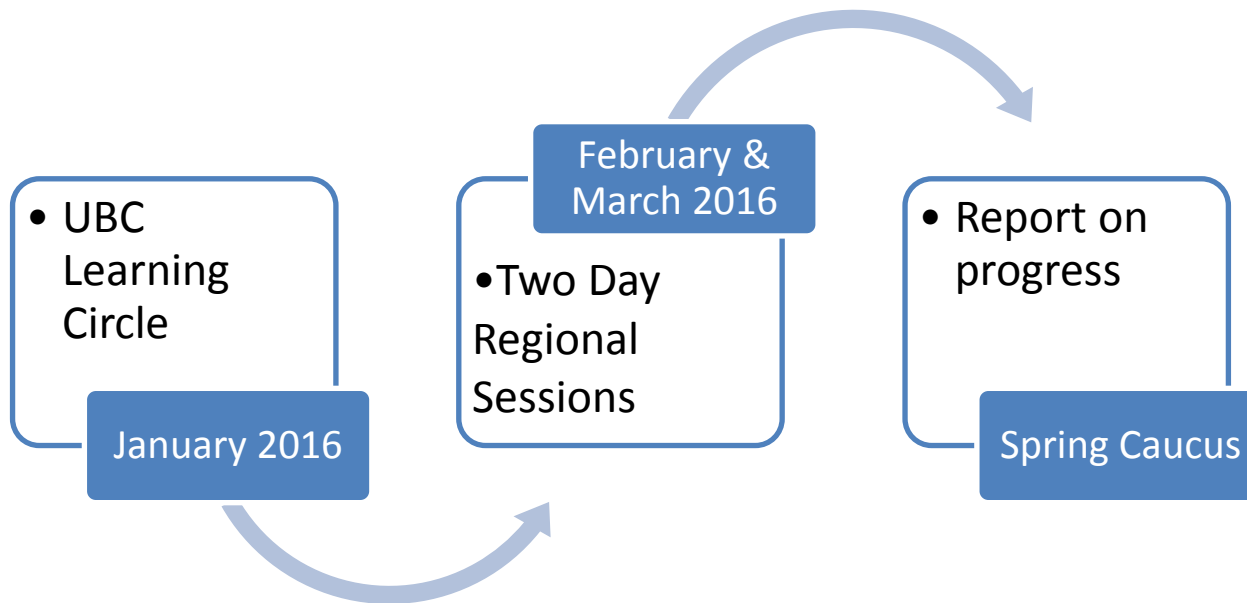
Goal 3

Goal 4

# Regional Data and Information



- Regional Health Survey
- Regional Data Governance Engagement



Goal 1

Goal 2

Goal 3

Goal 4

# Gathering Wisdom for a Shared Journey



- Increasing challenges in balancing governance and health service agendas and audiences through a single forum
- The sustainability and cost-neutrality of a provincial forum every 18 months is limited
- There is extensive opportunity to engage in a more cost-sustainable way
- Options to be discussed at Spring Caucuses



Annual General Meeting

Goal 1



18 Month Accountability

Goal 2



Cost-neutral health conference

Goal 4

Goal 3

# Promote and Implement the BC First Nations Perspective on Wellness as a Health and Wellness Champions



- Event Partnerships & Health Screening
- Campaign Partnership & Health and Wellness Champions
- Increased grants for Spring and Winter Wellness events



## Vancouver Coastal Aboriginal Day of Wellness

# of Successful Applicants	Estimated Participants	Amount Requested	Partner Contribution	Host Contribution	Approved Amount
14	2283 - 2750	\$ 38,448	\$102,910	\$28,615	\$29,000.

Goal 1

Goal 2

Goal 3

Goal 4

# Regional Implementation



**Team Wellness:** Focus on culture, measurable health goals, supportive environment and quarterly team wellness days



Goal 1

Goal 2

Goal 3

Goal 4

# Regional Implementation



- **Living it**
  - Ensure there is balance in our work and our wellness priorities throughout all four seasons
- **Emphasis on personal best**
  - Provide a positive example of working towards good mental, spiritual, emotional and physical wellness to our team, families and communities and being the best human being we can be
- **Wellness**
  - We will lead by example as a First Nations Health Organization that models wellness by living our personal wellness

Goal 1

Goal 2

Goal 3

Goal 4



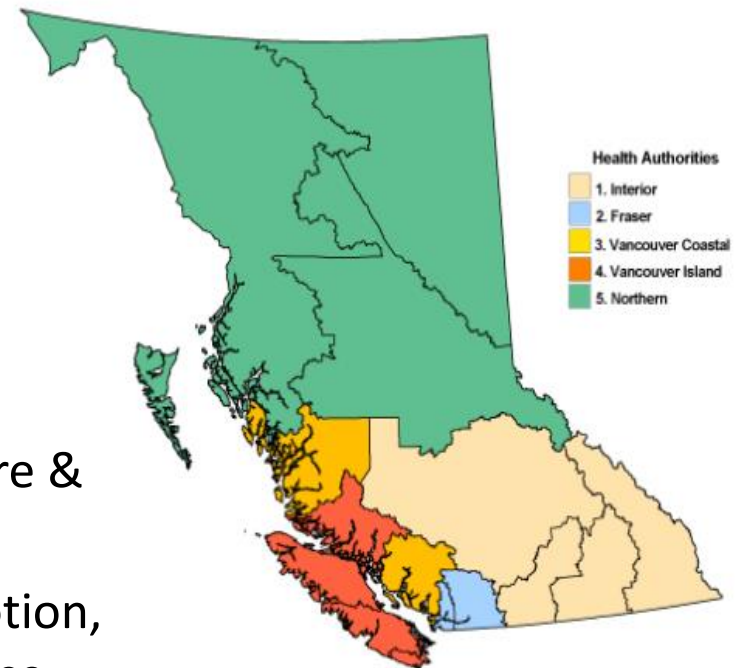
# Senior Medical Officers (SMOs)



- **Dr. Evan Adams (Vancouver Coastal Region)**
- Dr. Shannon McDonald (Island Region)
- Dr. Nataliya Skuridina (Fraser Region)
- Dr. Rob Parker (Interior Region)
- Dr. Charl Badenhorst (Northern Region)

## Role:

- Maintain both regional & outward focus.
- Provide leadership in “quality”, physician care & health reporting.
- Population health, health & wellness promotion, environmental health, and health surveillance.
- Support response to public health emergencies.
- Strengthen cultural safety and humility.



# First Nations Health & Well-being: 2015 interim update\*



*Dr. Perry Kendall, Provincial Health Officer*

*Dr. Evan Adams, FNHA Chief Medical Officer*

November 12, 2015

*Prepared as per commitments in the 2005 Transformative Change Accord.*



Office of the  
Provincial Health Officer



First Nations Health Authority  
Health through wellness

# The Transformative Change Accord: First Nations Health Plan 2005



## Targets for 2015:

- Reduce the gaps between First Nations (Status Indians) and other British Columbians on five core health indicators:
  - Life expectancy by 35%
  - Mortality rate by 35%
  - Youth suicide rates by 50%
  - Infant mortality by 50%
  - Diabetes prevalence by 33%
- Develop a baseline and ongoing mechanism for data collection about childhood obesity.
- Develop a baseline and ongoing mechanism for data collection about the number of practicing, certified First Nations health care professionals in BC.

Indicator	Progress since Baseline	Projected to meet TCA:FNHP Target	Recommended Next Steps
<b>#1 Life expectancy</b>	✓	✗	Recognize success since baseline, but increase work in this area, such as improving infant mortality.
<b>#2 ASMR</b>	✓	✗	Recognize success since baseline, but increase work in this area, such as decreasing youth suicide and motor vehicle crash fatalities.
<b>#3 Youth Suicide Rate</b>	✓	✓	Celebrate success and leverage improvements to ensure continued advancement.
<b>#4 Infant Mortality</b>	✗	✗	Focus additional analyses on this indicator and enhance related programs and initiatives.
<b>#5 Diabetes Prevalence</b>	✓	✓	Celebrate success and leverage improvements to ensure continued improvement.
<b>#6 Childhood Obesity</b>	✓	✓	Support the work of FNHA on the First Nations Regional Health Survey and related analyses to determine childhood obesity baseline.
<b>#7 Practising Certified FN Health Care Professionals</b>	✓	✓	Support regional HAs in identification of health care professionals, and support FNHA in their efforts to increase these numbers.

# Cultural Safety and Humility Declaration



- A Declaration of Commitment was signed in July 2015 by Deputy Minister and CEOs of all Health Authorities
- Commits to embedding cultural safety and humility within health services and reflects the high priority on cultural safety and humility as essential dimensions of quality and safety within health services
- Sets out guiding principles and concrete actions to support cultural safety and humility
- Next steps include operationalization of the Declaration's commitments throughout the health system and its component organizations

Goal 1

Goal 2

Goal 3

Goal 4

# Improve Health Services and Programs as a Health and Wellness Partner

- Over 73% of the FNHA budget is transferred directly to BC First Nations through Contribution Agreements and the First Nations Health Benefits Program.
- The FNHA also directly delivers nursing, health protection, environmental public health and other services.



Goal 1

Goal 2

Goal 3

Goal 4

## Engagement Activities to date

- Gathering Wisdom 2013 & 2015
- Elder's Gathering 2014 & 2015
- Telling Our Stories (cancer survivors, caregivers and healthcare providers) 2015
- Survey placed online

## *Next steps*

- *Telling Our Stories 2016*
- *Direct outreach to leading cancer organizations*
- *Finalizing data match and analysis*
- *Strategy will be brought to Spring Regional Caucuses*

Goal 1

Goal 2

Goal 3

Goal 4

# Reviews and Improvements



- **The IRS review has been completed**
  - Workplan has been developed to support implementation of the recommendations
  - Supporting FNHC advocacy with Health Canada on program improvements
- **NNADAP review is in its second phase (regional)**
  - Regional sessions being planned to bring together all service providers
- **The Nursing Review transition and communications plans have been drafted.**
  - Implementation of the recommendations is expected to take several years (incremental approach)
  - Starting with the implementation of Regional Nursing Managers and Chief Nursing Officer

Goal 1

Goal 2

Goal 3

Goal 4



# “Upstream” Program Improvement



- Programs include National Aboriginal Youth Suicide Prevention Strategy, Aboriginal Diabetes Initiative and Maternal Child Health
- Health Canada has provided extensions across the country, FNHA has extended community based funding for these programs, and will renew as-is for 2016/17
- Goal is to improve alignment and flexibility of funding with First Nations Perspective on Wellness
- **No reduction in funding for communities.**

Goal 1

Goal 2

Goal 3

Goal 4

# Health Benefits



- Update on current activities 'annual report' and the immediate innovations and improvements made to date
- Description of broader / more complex improvements and transformation currently under analysis, informed by regional engagement and customer/owner engagement
- Report back to regions on Medical Transportation and Buy-Back engagement from last regional caucus
- Outline next steps and timeframes related to future engagement and transformation
  - Mental Health
  - Regional highlights

Goal 1

Goal 2

Goal 3

Goal 4

# Buy-Back Project today and moving forward



TODAY

FNHA Health Benefits are processed through a combination of direct FNHA administered benefits and through a “Buy-Back” agreement with Health Canada (Health Benefit Service Agreement).

TARGET  
– JULY  
2017

FNHA Health Benefits processes are provided through partnerships outside of the Health Canada “Buy-Back” arrangement allowing for full transformation:

- **Drug Benefits** in partnership with the Ministry of Health through Pharmacare and a Third Party Claims Processor
- **Dental, MS&E, Vision** in partnership with a Third Party Claims Processor

Goal 1

Goal 2

Goal 3

Goal 4

# Buy back Project continued



## *Progress:*

- Comprehensive evaluation and mapping of the current system and processes
- Issued an **Expression of Interest** for a Third Party Adjudicator (TPA)
- Discussions with BC Ministry of Health on a Pharmacare partnership
- Community Engagement sessions and on-line survey on plan design ideas complete

Goal 1

Goal 2

Goal 3

Goal 4

# Medical Transportation



## What's Been Done?

- 😊 Increased Meal Rates
- 😊 Increased Mileage Rates

## What's Next?

- Deeper look at more complex issues related to medical transportation
- Engage on urban medical transportation issues

Goal 1

Goal 2

Goal 3

Goal 4

# Vancouver Coastal Region

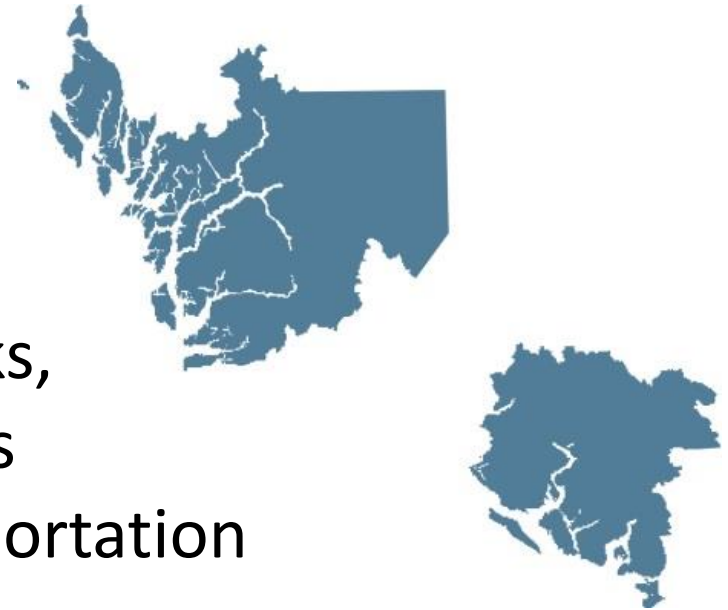


Information gathered from:

- 5 Engagement Sessions

Key themes:

- Support for Patient Travel Clerks, including training opportunities
- More community-based transportation supports
- Amend Meal Allowance Policy
- Address accommodation issues



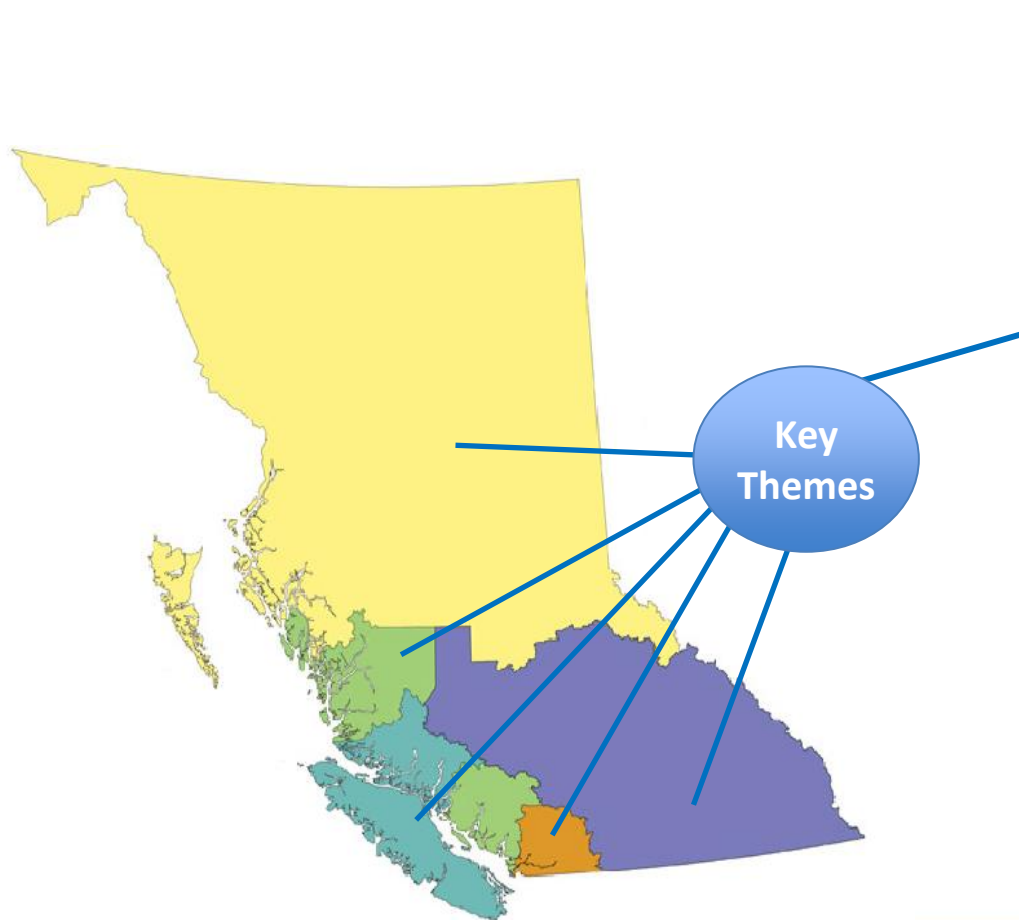
Goal 1

Goal 2

Goal 3

Goal 4

# Community Engagement: What We Heard Provincially



- Client Escorts
- Patient Travel Clerk Support
- Accommodations
- Access to Care
- Meal Allowance
- Modes of Transportation
- Funding & Reimbursement

Goal 1

Goal 2

Goal 3

Goal 4

# Engagement Review Process



- Compiling MT data from all community engagement sessions and submissions
- Determining broad themes and key issues
- Developing approaches to address challenges
- Examining potential financial impacts

Goal 1

Goal 2

Goal 3

Goal 4



# Capital: Our Collective Challenge



- BC situation compares favourably to other regions across the country – FNHA has secured budget of \$12.5M annually and has enhanced flexibilities to carry forward funding
- However, community capital requests outweigh demand significantly (\$67M, in addition to the projects outlined already in the Capital Plan inherited at transfer)
- The current model is unsustainable
- Additional typical capital pressures (consideration of full facility lifecycle, escalating construction costs, other delays)

Goal 1

Goal 2

Goal 3

Goal 4

# Strengthen the FNHA as a Sustainable and Effective First Nations Health Organization



- Two years post-transfer – FNHA continues efforts to restructure in order to improve program and service delivery in a regional and community community-facing way
- Continuing to develop our version of customer-owner philosophy and associated measurement to drive our ongoing pursuit of excellence

A graphic titled "OPERATING PRINCIPLES" with a grid of images on the right. The grid includes photos of a woman, a young girl, an elderly man, a baby, a man in a white coat, and a woman in a grey jacket. The text on the left is organized into sections: WELLNESS, EMPHASIS, LIVING IT, LISTEN, LEARN, AND ACT, NEVER LEAVING ANYONE BEHIND, EXCELLENCE, SERVICE DELIVERY, and SUSTAINABILITY. A vertical text on the right reads "FNHA, FNHC, FNHDA SHARED VISION >>> Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities." The FNHA logo is at the bottom right of the grid.

**OPERATING PRINCIPLES**

Wellness philosophy based on First Nations teachings is the perspective through which the FNHA approaches every aspect of its work and carries out its roles as health and wellness champions and partners.

Emphasis on personal best – being the best human being we can be – is how the FNHA approaches its work, partnerships, and those we serve.

Living it – the FNHA leads by example as a First Nations health organization that models wellness.

Listen, learn, and act is the approach through which the FNHA establishes itself as a learning organization, and knowledge transfer will support shared learnings with health partners.

Never leaving anyone behind, the FNHA works with its partners to ensure health initiatives, programs and services support and are accessible to all First Nations and Aboriginal peoples living in BC.

Excellence means implementing initiatives, programs and services that brings the best in western medicine together with that of First Nations traditional knowledge and medicine, and by examining needs to continuously improve services and approaches and remove barriers.

Service delivery and system transformation is driven by First Nations decision-making through engagement to determine desired outcomes and supported by consensual leadership of the First Nations health governance partners and realized through leveraged collaboration with federal and provincial health systems.

Sustainability, integrity, efficiency and innovation are essential components to the business approach that the FNHA brings to its programs, services and initiatives.

FNHA, FNHC, FNHDA SHARED VISION >>> Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities.

First Nations Health Authority  
health through wholeness

Goal 1

Goal 2

Goal 3

Goal 4

# Questions and Dialogue

