



**First Nations  
Health Directors  
Association**

B r i t i s h   C o l u m b i a

# STRATEGIC PLAN

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“Looking across Canada, BC is the first province out of the gate to develop a First Nations Health Directors Association, which is quite powerful. I have already received calls of congratulations from several provinces, and we need to remember that what is going on here in BC is being closely watched by all of Canada. Both the survey and final poll showed strong support for the Association. For those of us who have been involved in providing First Nations health services for decades, this Association is long overdue.”

**D. Laurette Bloomquist, Elected Representative  
for Vancouver Coastal region, FNHDA**

“This Health Directors Association has been a long time coming; a lot of hard work went into its formation. The biggest benefit for me as a Health Director is the ability to collaborate and cooperate with other Health Directors. I believe that, collectively, we have tremendous knowledge, and are going to do some amazing things for BC communities.”

**Aileen Prince, Founding Member for  
North Interior region, FNHDA**

*The initial Strategic Plan was developed in January 2011 and circulated to Health Directors and governance partners. As a result of feedback from Health Directors from Regional Engagement sessions in April and May 2011, and the resolution passed by BC First Nations leadership at Gathering Wisdom IV in May 2011 providing direction on the new First Nations health governance framework – this plan was revised by the FNHDA Board and updated in August 2011.*

# TABLE OF CONTENTS

<b>HISTORY OF THE FNHDA</b>	<b>4</b>
<b>FNHDA BOARD OF DIRECTORS</b>	<b>5</b>
<b>FNHDA'S ROLE</b>	<b>6</b>
Purpose in our Constitution	6
Professional Development Body	6
Partner in BC First Nations Health Governance	6
<b>FNHDA'S STRATEGIC PLAN</b>	<b>8</b>
Vision	8
Mission	8
Philosophy / Value Statement	9
Strategic Priority Areas	9
Immediate Tasks	10
<b>FNHDA WORKPLAN 2010-2012</b>	<b>11</b>
<b>DRAFT SPENDING PLAN APRIL 2011 - MARCH 2012</b>	<b>14</b>
<b>GLOSSARY</b>	<b>15</b>
<b>APPENDIX 1 - The Tripartite First Nations Health Plan</b>	<b>16</b>
<b>APPENDIX 2 - BC First Nations Health Governance Timeline</b>	<b>18</b>
<b>APPENDIX 3 - Summary Table of TFNHP Actions</b>	<b>19</b>

## 1. HISTORY OF THE FNHDA

In the first half of 2008, a group of Health Directors worked with the First Nations Health Council (FNHC) to lay the foundation for a new association, and develop an agenda for a Health Director's forum later that year. The members of this sub-committee were:

- Aileen Prince (Nak'azdli)
- Lauren Brown (Skidegate)
- Kim Brooks (Squamish)
- Laura Jameson (Little Shuswap)
- Carolyne Neufeld (Seabird Island)
- Louisa Willie (Heiltsuk)
- Shelley Henderson (KDC)
- Laurette Bloomquist (Sliammon) and
- Leyal Johnny (Tl'etinqox-T'in)

On September 30 - October 1, 2008, a Health Directors Forum was held in Vancouver attended by 120 Health Directors and Administrators from across BC, who established a timeline and next steps to develop the First Nations Health Directors Association (FNHDA):

- Collate Health Directors Forum data into sub-categories/themes
- Develop and deliver a questionnaire to present different options (print/online)
- Further develop the Health Directors' webpage on the [www.fnhc.ca](http://www.fnhc.ca) website
- Use the Health Directors' webpage to post forum summaries and questionnaire results
- Assess the resources needed to operate the FNHDA

BC First Nations Health Directors Sub-Committee used the Health Directors forum and survey information to develop a model for the Association, which was presented for ratification at the Gathering Wisdom III Forum in November 2009.

At the Gathering Wisdom III Forum, BC First Nations Health Directors voted overwhelmingly in favour of creating a First Nations Health Directors Association.

*"We are very excited about forming the First Nations Health Directors Association. The association represents a collective of the best First Nations health technical advisors in the province. This collective of experience and knowledge can provide analysis, advice and recommendations related to health planning, service delivery, measurable outcomes, and much more. I look forward to the contributions that we can, as a group, make toward health governance discussions."*

**– Kim Brooks, Health Director, Squamish Nation**



## 2. FNHDA BOARD OF DIRECTORS

The FNHDA governing structure was developed through a series of meetings and surveys carried out in 2008, resulting in a 13-member Board of Directors with representatives appointed from each of the five regions. The FNHDA Board of Directors consists of:

- Three directors from the Northern region
- Three directors from the Interior region
- Three directors from the Vancouver Island region
- Two directors from the Vancouver Coastal region
- Two directors from the Fraser region



The FNHDA was incorporated in April 2010.

In July 2010 the First Nations Health Society (FNHS) proposed developing FNHDA and FNHC Secretariats to provide support for both pillars of First Nations health governance. The concept was supported as appropriate for the stage of development.

Under the current FNHDA Secretariat model:

- 1) The FNHDA remains an independent Association but is a 'department' of the First Nations Health Society which provides secretariat and financial services support
- 2) The Executive Director of the FNHDA Secretariat includes oversight and management of the Community Engagement Hubs
- 3) The First Nations Health Society currently provides support for an Executive Director, plus access to contract, communications, policy, research, administration and logistical (meeting & events planning) resources
- 4) The FNHDA and the FNHS jointly develop FNHDA's budget for which the FNHDA Executive Director is responsible
- 5) The First Nations Health Society currently coordinates support and common services for the FNHDA and the FNHC as the political advocacy lead – however this may evolve as the transition of FNIH BC region occurs and the First Nations Health Society's role evolves
- 6) With this secretariat model, the FNHDA Executive Director position funded by the First Nations Health Society reports jointly to the BC First Nations Health Directors Association Board of Directors and the First Nations Health Society's Chief Executive Officer
- 7) The Association and the First Nations Health Society have committed to developing a model that reviews and updates the community engagement approach

### 3. FNHDA'S ROLE

#### Purpose in our Constitution

The FNHDA Constitution states the Association's purpose is to advance health planning and service delivery on behalf of First Nations in BC, including:

##### Professional Development

- Supporting First Nations Health Directors to develop and implement health programs
- Creating a foundation for networking, knowledge, information sharing and communication
- Providing opportunities for First Nations Health Directors to engage in professional development and mutual support initiatives

##### Partner in First Nations Health Governance

- Providing advice and assistance respecting First Nations governance, with the aim of helping to shape health policy and legislation
- Supporting the implementation of the Transformative Change Accord: First Nations Health Plan and the Tripartite First Nations Health Plan

#### Professional Development Body

The Constitution places a responsibility on the Association to support Health Directors professionally. This is a key priority and focus for the Board and for members, and is always discussed at provincial, regional and local forums. The Board has a number of planned initiatives that are both strategic and operational – and focus on supporting Health Directors to be honoured, celebrated and supported to develop their leadership, mentoring and management skills as well as their technical competencies as leaders in health service delivery.

#### Partner in BC First Nations Health Governance

The Tripartite First Nations Health Plan created the opportunity to design a First Nations Health Directors Association, with a common voice to support Health Directors and First Nations communities, as the TFNHP states:

*“An Association of Health Directors and other health professionals will create and implement a comprehensive capacity development plan for the management and delivery of community-based services, and support First Nations and their mandated health organizations in training, program development and knowledge transfer.”*



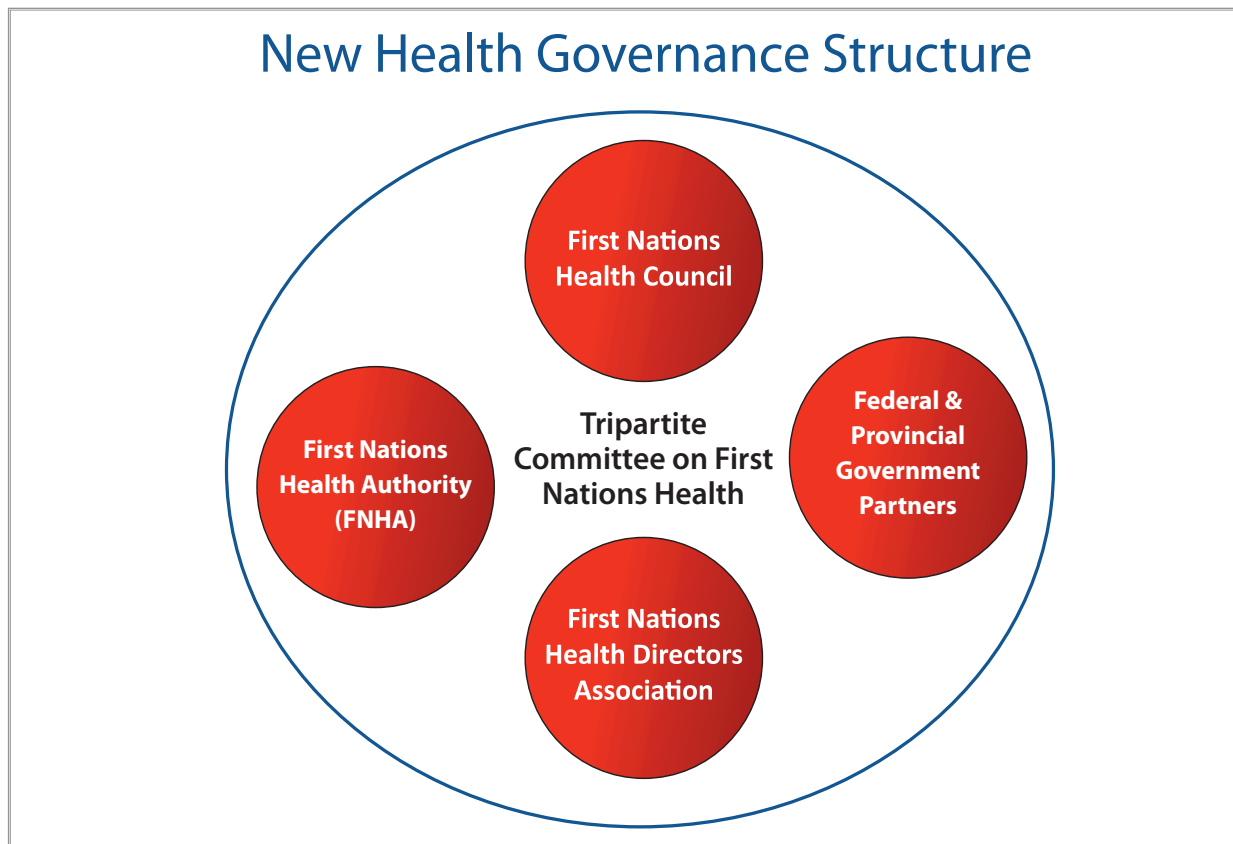


The Association is now one of four governance pillars outlined in the Tripartite First Nations Health Plan (TFNHP), which was signed in 2007 between the First Nations Leadership Council, the Province of British Columbia, and Health Canada:

- First Nations Health Authority (to assume responsibilities from FNIH BC regional office)
- Tripartite Committee on First Nations Health (formerly known as Provincial Committee on First Nations Health) – established 2008
- First Nations Health Council – established 2008
- First Nations Health Directors Association – established April 2010

Collectively, Health Directors have a wealth of information, capacity, and solutions surrounding health and wellness issues in our communities as the lead front-line administrators in First Nations health. Consequently Health Directors are well positioned to provide advice, input and direction to implement the Tripartite First Nations Health Plan through their unique vantage point. The Basis for a Framework Agreement and draft Framework Agreement supports the transfer of First Nations Inuit Health (FNIH) to a First Nations Health Authority. It also affirms the FNHDA as one of the 4 pillars of governance and a technical advisor to the FNHC and the new First Nations Health Authority when it is established.

The appendices includes a snapshot of the Tripartite First Nations Health Plan and key events in recent history that led to the TFNHP, and current activities underway to develop a BC First Nations Health Governance Framework:



## 4. FNHDA'S STRATEGIC PLAN

This FNHDA Strategic Plan describes the Association's mission and vision, strategic priorities, and an action plan to achieve these priorities over the next two years. Usually a strategic plan like this would take a longer term view – however our environment is in a state of rapid change in the first two years due to the development of the First Nations health governance model, and the impending transfer of FNIH BC region from Health Canada to a new First Nations Health Authority. Our role as a partner in this development means the environment for us will be in a dynamic state at least for our first two years. We hope to develop a longer term plan once implementation of this model starts to take shape between 2012 and 2015.

### Vision

*Culturally and spiritually strong, vibrant, competent, healthy First Nations Health Directors, who are experienced, professionally trained leaders with traditional knowledge that advocate for and work to sustain community wellness.*

### Mission

A strong, professional First Nations Health Directors Association that:

- 1) Supports the development of First Nation Health Directors, their mandated health organizations, and others to build competence and excellence in traditional First Nation wellness (*our professional development focus*);
- 2) Establishes and maintains partnerships to improve First Nations health and wellness for individuals and communities (*i.e. partnerships within the FN Health Governance model and other partnerships that support our work*);
- 3) Advocates for beneficial change for First Nation communities (*our responsibility as health directors to provide technical advice to partners and stakeholders*).

At all times, we will respect the autonomy and accountability of individual Health Directors who manage services within their own communities and have certain obligations and responsibilities as a result.



## Philosophy/Value Statement

### Respect and Recognition

- We will work collaboratively with the Tripartite partners to evolve positive working relationships, while respecting each other's responsibilities.
- We will advocate for and recognize the role of cultural knowledge and traditional health practices and medicines in the work we do.
- We will recognize the diversity, interests and visions of First Nations communities in BC, and cater to this diversity in our planning and approaches to our work.
- We will continually advocate for improved coordination of federal and provincial-funded health programs and services for First Nations communities, and for increased participation of First Nations in the governance, management and delivery of services.

### Commitment to Action

- We will demonstrate a strong commitment to action and to supporting First Nations Health Directors and mandated health organizations, as proactively as we can, to achieve the goals of the TFNHP.

### Nurture the Relationship

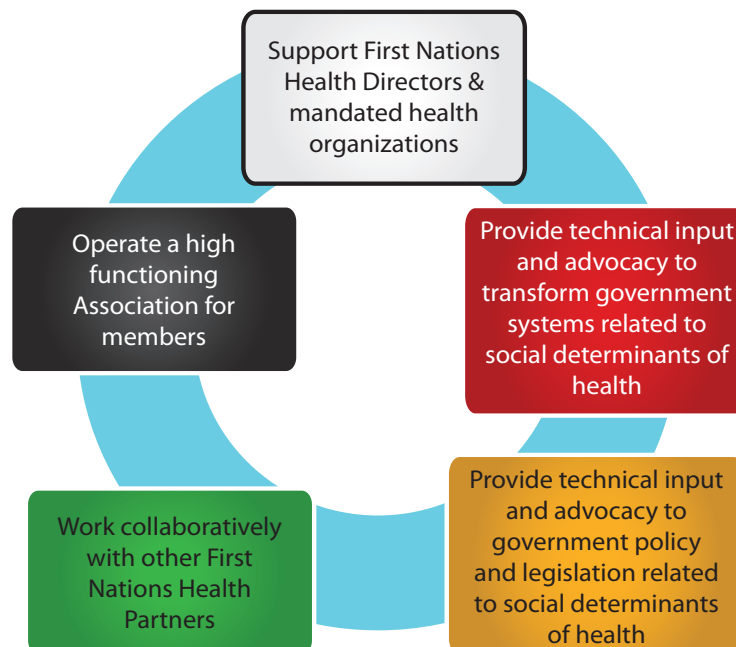
- We will ensure capacity building needs in the First Nations health sector will be paramount, through planned growth, knowledge and skill transfer; this approach will remain a crucial component of the way we work with:
  - o First Nations Health Directors
  - o Tripartite partners

### Transparency

- We will operate in a transparent way with First Nations communities, First Nations Health Directors, and mandated health organizations, including sharing information and being accountable for our work.

## Strategic Priority Areas

This plan identifies five Strategic Priority Areas:



## Immediate Tasks

For the inaugural term of the FNHDA, the following key tasks have been identified for us to work toward achievement of our strategic priority areas. The work plan shows which items have been completed as of August 2011.

### *Getting our House in Order*

- 1) **Strategic Plan** - Review and ratify this Strategic Plan with Health Directors
- 2) **Membership** - Continue our membership drive to recruit all 120 Health Directors as Full members and to encourage Associate members
- 3) **Governance and Management** - Work on our internal processes to fill Board vacancies; recruit an Executive Director and complete Board policies and procedures
- 4) **Accountability to Members** - Prepare for and convene our Annual General Meeting in September 2011
- 5) **Communications** - Complete and begin implementing our Communications Plan

### *Commence planning for professional development of health directors*

- 6) **Identifying Development Needs and Strategies** - Work to identify professional development needs of Health Directors (through reviewing past engagement and needs identified by Health Directors) and develop appropriate responses and strategies for addressing these needs (including connection with national First Nations Health Managers Association and other training / learning partners)
- 7) **Community Planning** - Engaging with Health Directors on best practices for Community Health and Wellness planning that can be shared with others
- 8) **Knowledge Sharing** – identifying opportunities for knowledge sharing locally and regionally (e.g. Health Directors without Borders); nationally (e.g. presentation and participation at national health conferences) and internationally (e.g. connecting with Tribal / Indigenous Health Directors groups and Associations that we can learn from and share ideas with)

### *Becoming an effective health governance partner:*

- 9) **Partner in Health Governance** - Participate in developing the new First Nations Health Governance Structure including:
  - Strengthening relationships with the First Nations Health Council as the political advocacy body on health and aligning our efforts in the best interests of communities – focusing on a community-driven nation-based process
  - Providing support and advice from a Health Director perspective on First Nations health governance including formation of a First Nations Health Authority through the transition of FNIH BC Region. This work includes engagement with Health Directors across the Province
  - Participating in the Tripartite Committee on First Nations Health for oversight and monitoring of First Nations health status
- 10) **Technical Advice to our Partners:**
  - Participate in Non-Insured Health Benefits discussions and program review with our partners and FNIH through providing technical advice and advocacy
  - Providing technical advice on community engagement and the evolving role of hubs in light of emergence of the new FN Health governance framework and FNIH transfer to a new First Nations Health Authority
  - Providing technical advice and support around Health Actions from the TFNHP - for systemic change within Federal and Provincial health systems for First Nations communities

## Work Plan

 – Indicates completed as of August 2011

IMMEDIATE TASKS	OUTPUTS/ACTIVITIES	TIME FRAME	EXPECTED RESULT
<b>GETTING OUR HOUSE IN ORDER</b>			
<b>Strategic Plan</b>	Strategic Planning session to be convened with facilitator	January 2011	FNHDA initial Strategic Plan completed with membership input
	Draft plan prepared	By end March 2011	
	Regional engagement with Health Directors on Strategic Plan completed	By end May 2011	
	Gathering Wisdom IV held in Richmond	May 2011	
	Plan revised and disseminated to members	By September 2011	
	Revise Strategic Plan and update	By July 2012	Updated Strategic Plan
<b>Membership</b>	Register initial members (Board appointees)	April 2010	Membership List Created
	Develop membership Policy, template for membership registration and Membership database	By June 2010	Processes for membership confirmed
	Promote membership (FNHC website and newsletters)	Ongoing	Membership drive initiated
	Promote membership at Regional Engagement sessions	By May 2011	
	Update membership list and present to AGM	By September 2011	Transparency to members on membership
	Promote membership to non-member Health Directors	By February 2012	All Health Directors in BC are members of the FNHDA
	Circulate ongoing information to new Health Directors joining FNHDA	Ongoing	Process in place for new Health Directors to join and FNHDA Membership List is always current
<b>Governance &amp; Management</b>	Develop process to fill vacancies on the Board (when Health Directors 'move on' or resign) so that they are replaced quickly on the Board and all regions are represented	By end December 2010	All positions on the Board are filled at all times and vacancies filled asap
	Complete Board policies and By Law / Terms of Reference	By December 2010	Board operates to best practice governance policy for an Association and is accountable
	Complete Board governance training	By March 2011	
	Develop Job Description for Executive Director for FNHDA with FNHS; post, interview and appoint	By January 2011	FNHDA Executive Director in place to lead work for the Board

IMMEDIATE TASKS	OUTPUTS/ACTIVITIES	TIME FRAME	EXPECTED RESULT
<b>Accountability to Members</b>	Prepare Annual Report for AGM	By August 2011	Annual Report produced for inaugural year
	Set date for AGM, promote AGM attendance and registration of members	By July 2011	AGM notice provided
	Convene AGM and present report and plan for next phase of work. Minutes and decisions of members disseminated	By end of September 2011	AGM convened and minuted
	Ensure members have information accessible on FNHDA activities; engagement in regional sessions - by working with FNHS communications team	Ongoing	Health Directors participate in regional sessions with FNHC & FNHDA
<b>Communications</b>	Complete communications needs and planning with FNHS Communications Manager	By January 2011	Planning for communications completed
	Prepare Communications Plan with FNHS	By March 2011	Plan in place
	Begin implementing communications from date of registration with FNHS – and align with Communications Plan once developed	Ongoing	FNHDA members access information through FNHS mechanisms, meetings and various print, internet and other media
<b>PLANNING AND INITIATING PROFESSIONAL DEVELOPMENT FOR HEALTH DIRECTORS</b>			
<b>Identifying Needs and Strategies</b>	Review past training and development needs identified by Health Directors since 2008 and identify priorities	By March 2011	Current needs are identified
	Funding and Strategies for training and development of Health Directors confirmed	By June 2011	Funding and strategies for development confirmed
	Investments and initiatives for training commenced (training day for Board on governance, Training Day at Gathering Wisdom IV & Training Day at AGM) and other training days	May – September 2011	Training opportunities initiated
	Connect with national First Nations Health Managers Association and ensure information on certification circulated to BC First Nations Health Directors	By end September 2011	FNHMA information circulated to Health Directors to commence competency recognition
<b>Community Planning</b>	Identify experienced Health Directors and administrators who can provide guidance and models to other health directors on successful comprehensive health and wellness plans	By December 2011	Role Models for Health Planning identified
	Review current Planning Processes of FNIH, INAC and RHAs to identify opportunities for planning support, resources and opportunities for alignment	By February 2012	Stakeholder planning processes identified to align community health planning
	Develop templates, processes for knowledge sharing and methods for gathering best practice advice and sharing this with Health Directors	By March 2012	Tools and information provided to Health Directors
<b>Knowledge Sharing</b>	Identify opportunities for knowledge sharing in the context of the First Nations health environment and evolution	Ongoing	Current 2011 – 2012 opportunities identified and a plan prepared
	Create, support and invest in initiatives that support knowledge sharing and competency development among Health Directors (locally, regionally, provincially, nationally and internationally) including conferences	Ongoing	Health Directors have access to appropriate, relevant and current health knowledge that can enhance their role in the current environment

IMMEDIATE TASKS	OUTPUTS/ACTIVITIES	TIME FRAME	EXPECTED RESULT
<b>BECOMING AN EFFECTIVE FIRST NATIONS HEALTH GOVERNANCE PARTNER</b>			
<b>Partnering in Health Governance</b>	Meet with FNHC; attend FNHC meetings and remain informed on health governance priorities	Ongoing	FNHDA Board develops effective partnership with FNHC
	Partner with FNHC to disseminate information on health governance leading up to Gathering Wisdom IV in May 2011	July 2010 – May 2011	FNHDA and Health Directors are informed and support health governance decisions by community leadership
	Support FNHC regional sessions and engagement for decisions by First Nations leadership at Gathering Wisdom May 2011 and May 2012	July 2010 – May 2012	
	Provide information to Health Directors on the proposed transfer of FNIH BC region and a new First Nations Health Authority through regional caucus and regional sessions with Health Directors	January 2011 – May 2012	
	Develop MOU / understanding with FNHC on roles and responsibilities in the health governance partnership as a result of resolutions by leadership and the Framework Agreement	By December 2011	Clarity of roles attained between First Nations health governance partners
	Participate in Tripartite Committee on First Nations Health with RHA CEOs, DM for Health (Province), FNHC and Federal partners	October 2010 September 2011 April 2012	President participates in TCFNH to provide Health Director perspective and oversight role
<b>Providing Technical Advice to Our Partners</b>	Develop Position Paper on Non-Insured Health Benefits (NIHB) as a priority area for Health Directors and advocate for advice	Ongoing – paper to be done by December 2011	Improvements to NIHB program initiated and incorporated into planning for the new FNHA
	Develop advice on community engagement models and the evolution of community engagement hubs to the FNHS and FNHC	By October 2011	Community engagement is effective for the FNHC, FNHS and FNHDA and utilizes community time and advice appropriately as well as FNHS resources (Directives #1 and #7 from Gathering Wisdom IV)
	Provide advice and expertise into Health Actions being facilitated by the FNHS in the areas of: <ul style="list-style-type: none"> <li>• Primary Care and Public Health</li> <li>• Maternal and Child Health</li> <li>• Mental Health and Addictions</li> <li>• E-Health</li> <li>• Health Human Resources</li> <li>• Health planning</li> <li>• Health Information Management</li> </ul>	Ongoing – initiate involvement by December 2011	Health Actions has a strong involvement with Health Directors to help drive systemic changes that benefit First Nations communities

**FNHDA DRAFT SPENDING PLAN** April 2011 - March 2012

<b>Community</b>	\$84,624
<b>Meetings</b>	\$24,999
<b>Travel</b>	\$69,571
<b>Honoraria</b>	\$134,104
<b>Professional Fees</b>	\$13,300
<b>Salaries and Benefits</b>	\$220,210
<b>General and Administration</b>	\$28,192
<b>Total</b>	<b>\$575,000</b>



## GLOSSARY

<b>BC</b>	British Columbia
<b>CEH</b>	Community Engagement Hubs (informal networks)
<b>ED</b>	Executive Director [FNHDA]
<b>FN</b>	First Nations
<b>FNHC</b>	First Nations Health Council
<b>FNHDA</b>	First Nations Health Directors Association
<b>FNHMA</b>	First Nations Health Managers Association (National)
<b>FNHS</b>	First Nations Health Society
<b>FNIH</b>	First Nations and Inuit Health (Health Canada)
<b>MOU</b>	Memorandum of Understanding
<b>NAHO</b>	National Aboriginal Health Organization
<b>NIHB</b>	Non-Insured Health Benefits (Program of Health Canada)
<b>TCFNH</b>	Tripartite Committee on First Nations Health
<b>TCA: FNHP</b>	Transformative Change Accord: First Nations Health Plan
<b>TFNHP</b>	Tripartite First Nations Health Plan
<b>RHA</b>	Regional Health Authority
<b>DM</b>	Deputy Minister
<b>CEO</b>	Chief Executive Officer

## APPENDIX 1 - THE TRIPARTITE FIRST NATIONS HEALTH PLAN

### TFNHP Vision

As an enabling document, the Tripartite First Nations Health Plan sets out a collective vision, guiding principles, how parties will interact, and what is essential to achieve goals. The TFNHP vision says:

“The collective vision of the Province of BC, the Government of Canada, and the First Nations Leadership Council is that the health and well-being of First Nations are improved, gaps in health between First Nations people and other British Columbians are closed, and First Nations are fully involved in decision making regarding the health of their peoples.”



### TFNHP Key Health Indicators

- Close the gap in life expectancy between First Nations and others in BC (a gap of seven years in 2005)
- Close the gap in mortality rates (First Nations mortality is 1.5 times higher than others in BC)
- Close the gap in youth suicide rates (which are five times that of non-First Nations youth)
- Close the gap in infant mortality rates (eight per 1,000 Status Indian children die in the first year of life, compared to four per 1,000 children in the general population)
- Close the gap in the prevalence of diabetes (which is 6% among Status Indians, compared to 4.5% in the rest of the population)
- Decrease rates of childhood obesity
- Increase the First Nations health care workforce

One of the TFNHP health action items is to develop additional indicators, in consultation with First Nations communities, which will be more culturally relevant and focus on well-being.

## TFNHP Key Goals

- 1) Each First Nation and mandated health organization will have a comprehensive health plan.
- 2) First Nations health services will be delivered in a manner that effectively meets the needs, priorities and interests of First Nations communities.
- 3) First Nations will have access to quality health services.
- 4) First Nation mandated health organizations will be central to the design and delivery of all health services at the community level.
- 5) Health services delivered by First Nations, when appropriate, will be effectively linked to and coordinated with provincially-funded services.
- 6) First Nations health services will be delivered through a new governance structure that leads to improved accountability and control of First Nations health services by First Nations.
- 7) Health Canada and the Province of British Columbia will continue to evolve their roles, from that of a designer and deliverer of First Nations Health Service to that of funder and governance partner.
- 8) First Nations, Health Canada and the provincial government (including regional health authorities) will maintain an ongoing, collaborative relationship, based on respect, reconciliation and recognition of each other's roles as governance partners.

## Implementing TFNHP Actions

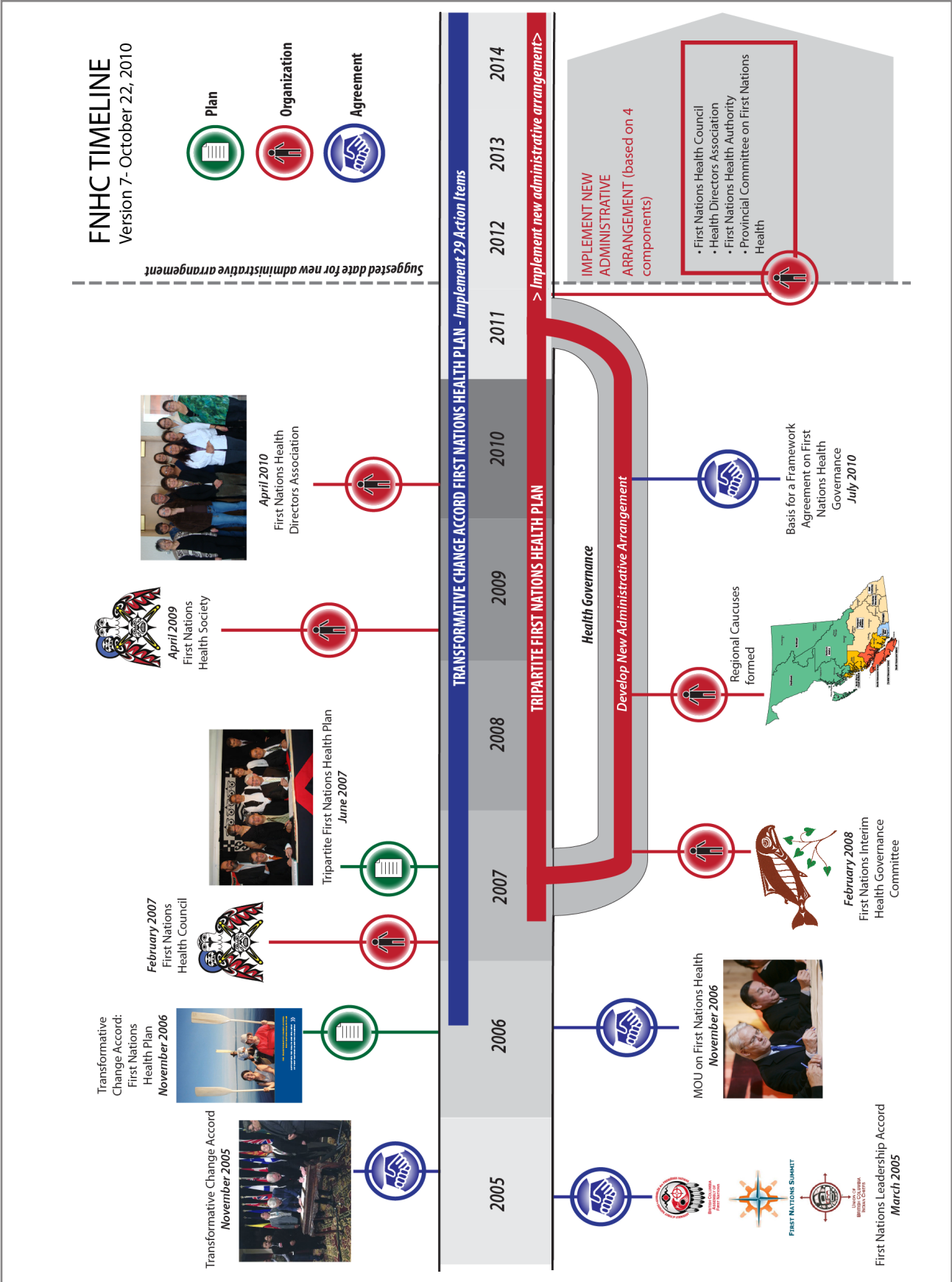
The Tripartite First Nations Health Plan identifies opportunities for refining the relationship between the First Nations Health Directors Association and First Nations Health Council, including:

- Developing a shared TFNHP work plan that will be updated and reported on annually.
- Regularly engaging all parties to the plan at a high level, to review progress on achieving the Tripartite First Nations Health Plan.
- Continuing to engage with First Nations, mandated health organizations, and health care providers on the Tripartite First Nations Health Plan, through regularly scheduled province-wide/regional forums and a comprehensive communications strategy.

The summary table in appendix three lists actions arising from the Tripartite First Nations Health Plan and identifies the 'clusters' of health actions for which Tripartite discussions are already in progress between the partners.



# APPENDIX 2 - BC First Nations Health Governance Timeline



## APPENDIX 3 – SUMMARY TABLE OF TFNHP ACTIONS

The table below provides a snapshot of actions arising from the Tripartite First Nations Health Plan that have been, are being, or will be, implemented by plan partners. This information is provided as a quick reference, rather than a detailed overview of all actions that need to be undertaken.

<b>TCA: FNHP &amp; Tripartite First Nations Health Plan - References (Action # &amp; Description)</b>			
<b>GOVERNANCE ACTIONS</b>		<b>MATERNAL AND CHILD HEALTH</b>	
1	Establish a new First Nations Health Council	10	Improve childhood Vision, Hearing, and Dental Screening for First Nations children
2	Appoint an Aboriginal Physician in the Provincial Health Officer's Office	11	Follow up on 2005 Child Death Review Report with the BC Coroner's Office
3	Each Health Authority to develop an Aboriginal Health Plan	14	Introduce Campaign to raise awareness on Seatbelt Use and Safe Driving
4	Establish a First Nations Health Advisory Committee	21	Improving Access to Maternity Services
5	Establish a Province-Wide Health Partners Group	<b>HEALTH HUMAN RESOURCES</b>	
6	Develop a Reciprocal Accountability Framework to address gaps in health services for FNs	18	Dedicate Post-Secondary Seats for Aboriginal Health professions
TFNHP	Establish a First Nations Health Directors Association	19	Develop a Curriculum for Cultural Competency for Health Authorities
TFNHP	Establish a First Nations Health Governance Body (FN Health Authority)	20	Designate Senior Staff in Health Authorities Responsible for Aboriginal Health
<b>HEALTH ACTIONS</b>		24	Develop role of Nurse Practitioners & Physician participation in Ab. Health & healing centers
<b>PRIMARY CARE &amp; PUBLIC HEALTH</b>		25	Increase the number of professional and skilled trades First Nations in health professions
7	Lead the development of a specific Aboriginal Act-Now BC Program	26	Increase the number of Aboriginal Hospital Patient Liaisons/Navigators
12	Improve Primary Care Services on reserve to match or exceed off-reserve services	<b>EHEALTH</b>	
13	Improve the First responder Program in Rural and Remote Communities	23	Create a fully integrated clinical Tele-health network
17	Implement a Northern Region Chronic Disease Prevention and Management Pilot	<b>HEALTH PLANNING &amp; CAPITAL</b>	
22	Introduce Integrated Primary Health Services and Self-Management Programs for Chronic Health Conditions	TFNHP	Develop a Multi-Jurisdictional Planning Framework
TFNHP	Develop and Implement an Injury Prevention Strategy	16	Develop a new Health Centre at Lytton
NEW1	Develop and Implement an HIV / AIDs Strategy (new 2008)	TFNHP	Ensuring and supporting First Nations in developing Community Health Plans
NEW2	Pandemic Planning and H1N1 (New 2009)	TFNHP	Support the process of developing Capital Infrastructure with First Nations
NEW3	Traditional Medicines and Practices (new 2009)	<b>RESEARCH &amp; SURVEILLANCE</b>	
<b>MENTAL HEALTH AND ADDICTIONS</b>		27	Issue Provincial Health Officer's Report on Aboriginal Health every 5 years
8	Develop and implement a Mental Health and Addictions Plan	28	Renew the Tripartite Agreement to ensure First Nations information is shared
9	Host a forum to support and encourage cultural learning and to develop models for Youth Suicide Prevention	29	Expand the Tripartite Agreement to ensure First Nations
15	Develop a culturally appropriate Addictions Beds for Aboriginal Peoples	TFNHP	Develop indicators to complement the 7 existing factors





