



First Nations
Health Council



First Nations Health Authority
Health through wellness

First Nations Health Authority and First Nations Health Council Letter to Attendees of Gathering Wisdom for a Shared Journey VIII

January 6, 2017

Greetings and Happy New Year,

Following up on recent dialogue at the Gathering Wisdom for a Shared Journey Forum, First Nations Health Authority (FNHA) and First Nations Health Council (FNHC) offer a few points of clarification on items raised by forum delegates.

Because the focus of this year's forum was the social determinants of health, the FNHA participated in Gathering Wisdom VIII as an invited guest of the FNHC. The intention was to discuss influencing change within the determinants of health of First Nations communities rather than FNHA service improvements.

The FNHC and FNHA respectively offer the following information in the spirit of open dialogue and continuous improvement, recognizing that we have much work to do together.

In health and wellness,

Grand Chief Doug Kelly,
Chair, First Nations Health Council

Lydia Hwitsum,
Chair, First Nations Health Authority



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Misconception: *Health Directors are being excluded from the health governance/transformation process by not being invited to Gathering Wisdom.*

FNHC Clarification

We appreciated the active participation of over 100 Health Directors and Health Leads at this year's Gathering Wisdom. The Gathering Wisdom forums have evolved over the years to reflect our health and wellness journey as BC First Nations.

The forum this year was different in a number of ways: 1) the forum was hosted by FNHC rather than FNHA; 2) the focus of the forum was broader than health and focused on the social determinants of health; 3). Finally, in accordance with Directive 6 the FNHC recognizes each First Nation organizes its staffing and technical supports according to its own needs and aspirations. As such, each Chief had the opportunity to invite one technical lead, such as a Health Director, to the forum.

Health Directors will continue to be active partners in the transformation of programs and services. Work that requires Health Directors, FNHA and provincial partner participation and engagement. An important upcoming opportunity is the [Best of Both Worlds forum](#) on March 1, 2017 – a conversation about quality improvements for provincial, FNHA-delivered, and FNHA-funded and Health Director-delivered programs and services.



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Misconception: *First Nations Health Council and First Nations Health Authority are taking over Child and Family Services.*

FNHC Clarification:

FNHC is facilitating conversations on the Social Determinants of Health with leadership using existing engagement pathways. The FNHC is not taking over administration of Child and Family services. The decision of how to organize in order to move forward on these items rests with First Nations leaders and in accordance with the Seven Directives.

Specifically, Directive #1: Community-Driven, Nation-Based; Directive #2: Increase First Nations Decision-Making and Control; Directive #4: Foster Meaningful Collaboration and Partnership; and Directive #6: Be Without Prejudice to First Nations Interests. As described on the floor at Gathering Wisdom, this is the beginning of the process using the engagement and approvals pathway that will span the next 24 months.

Misconception: *First Nations Health Council is abandoning its responsibilities in health by focusing on the social determinants.*

FNHC Clarification:

First Nations Health Council has a mandate of health transformation. Social determinants of health are an important influencer of health outcomes for First Nations people. The FNHC is actively engaged with the FNHC/FNHDA/FNHA collaboration committee which guides the transformation of health services. The FNHC look forward to continuing engagement with regional caucuses to make progress on the social determinants of health agenda in 2017/2018.



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Misconception: *FNHA has cut First Nations Health Benefits funding.*

FNHA Clarification:

No elements of the First Nations Health benefits program have seen a cut in funding. In fact, expenditures have increased as number of clients accessing the program continues to grow, including in the areas of patient travel meals and medical transportation.

There is still much work to be done. We encourage those with feedback about First Nations Health Benefits to fill out the Health Benefits Client Satisfaction Survey available through www.fnha.ca/benefits. For more information, please view the FNHA Annual Report Health Benefits section or the First Nations Health Benefits Annual Report: www.fnha.ca/about/governance-and-accountability/annual-reports.

Misconception: *FNHA has cut contribution agreement funding to First Nations communities.*

FNHA Clarification:

Since novation in 2013, FNHA has supported year over year increases for all Set, Flexible and Block community contribution agreements of between 2.5-5.5%. Increases for community contribution agreements in the BC region have outpaced all other regions in Canada.



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Misconception: *FNHA has introduced generic drugs as a cost-cutting measure.*

FNHA Clarification:

BC First Nations receive the same proportion of generic and brand name drugs as before transfer.

Brand name drugs are not better because they are more expensive; they are more expensive because of investments made in research, development and marketing (branding) – which increases pricing by 30 to 40 percent. Any cost savings realized by generic drugs provide the opportunity to reinvest in wellness programming for First Nations.

The FNHA prescription drug list is similar to the BC Pharmacare prescription drug list that is mandated for all citizens of BC. Most drug plans – including Pharmacare, Veterans and NIHB – switch coverage to the generic version of a drug once the patent on the brand name drug has expired. To ensure optimal client safety, a drug exception process is also available.

Both generic and brand name drugs contain the same active medicinal ingredients and are equally safe and effective. Both generic and brand name drugs are tested for quality, safety and effectiveness by Health Canada.

For more information on generic drugs and the FNHA, visit our website: www.fnha.ca and search: Generic Drugs.

Question: *What is the FNHA doing about the overdose crisis?*

FNHA Response:

FNHA has been actively engaged in the provincial overdose task force, presenting at community town halls on overdose and engaging in community training to prevent opioid overdose.



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Over 94 First Nations Health Centres are now registered to provide naloxone kits, at no cost to First Nations, with BC Centre for Disease Control's (BCCDC) 'Toward the Heart' program. [Find a location here.](#) More naloxone kit training sessions are planned.

FNHA is reaching out to communities with its new model: 'Indigenizing Harm Reduction.' The model uses a First Nations lens to facilitate dialogue on harm reduction practices and is provided by FNHA's Indigenous Wellness team. The model was well received in five naloxone training sessions this fall, which reached more than a dozen First Nations communities. Due to high demand, more training sessions will be delivered. To have a presentation in your community please email Janine.Stevenson@fnha.ca.

The rate of overdose deaths continues to rise in BC. Tragically, over 760 people have died of overdose since January 2016. BC is presently averaging two overdose deaths per week.

Further information including videos, posters, information on the Take-Home Naloxone program and a list of treatment centres in BC is available here: www.fnha.ca/overdose.

Resources

'Overdose can be Prevented' poster:

<http://www.fnha.ca/newsContent/Documents/FNHA-Overdose-Awareness-Day-Poster-2016.pdf>

Overdose Information and videos: <http://www.fnha.ca/what-we-do/mental-wellness-and-substance-use/overdose-information#treatment-centres>

Naloxone available at no cost to First Nations in BC:

<http://www.fnha.ca/wellnessContent/Wellness/FNHA-Naloxone-Info-for-Community.pdf>



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How can I help keep people safe?

- Print the attached 'Overdose can be Prevented' poster and post it in your community.
- Have conversations with vulnerable people. A great opportunity for this conversation is when people pick up their supplies.

Key messages for conversations to keep people safe:

- Be extra careful when using – use less than you normally would.
 - [Know the signs of overdose.](#)
 - Try not to use alone. If you do, have someone check on you and have a safety plan in place.
 - Watch out for each other.
 - Call 911 quickly when you notice something isn't right.
 - Breathe for someone that is overdosing: provide one breath every five seconds.
 - Get a naloxone kit – they are free!
 - Ask vulnerable people to spread the word within their social networks as vulnerable people often do not have a connection to health services.
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