



First Nations Health Authority
Health through wellness

Indicators of First Nations Health and Wellness

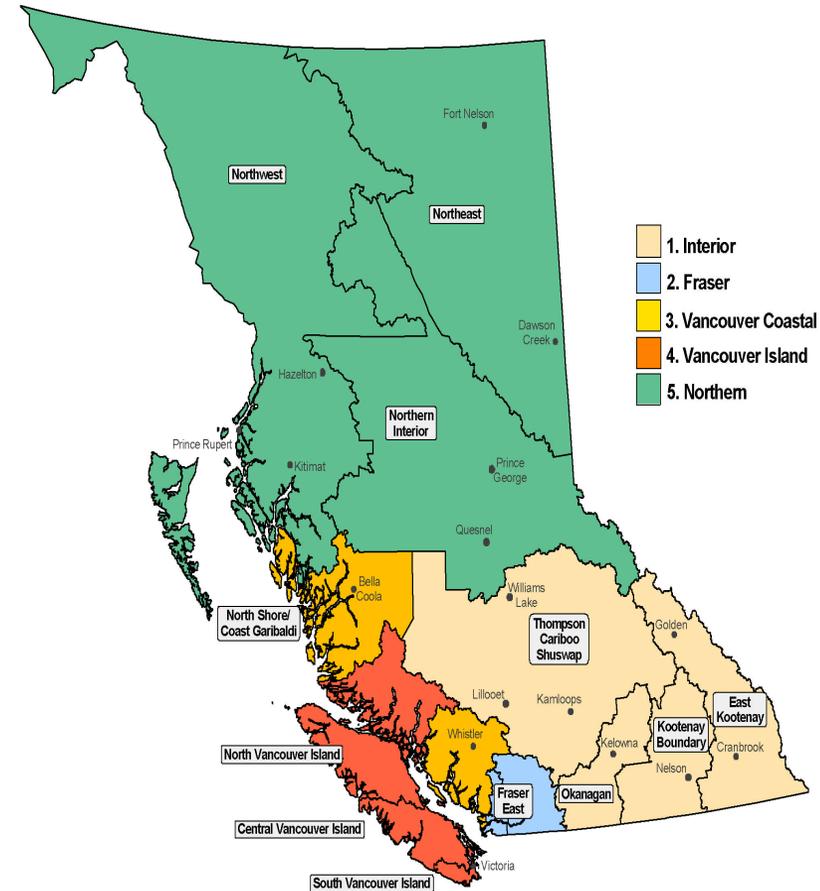
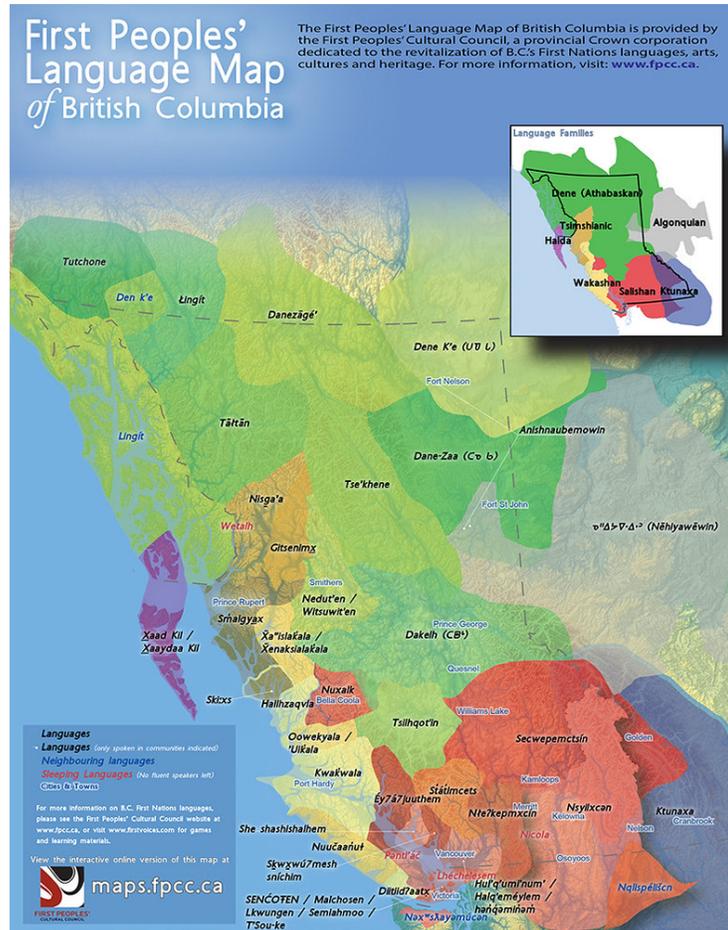
First Nations Well Being Fund: Measuring Wellness Developing
Indicators for Community Priorities

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Who we are – First Nations in British Columbia



First Nations Health Authority
Health through wellness





Mandate from First Nations to FNHA

Our 7 Directives

Given to us by BC First Nations

Directive #1: Community-driven, Nation-based.

Directive #2: Increase First Nations Decision-making and Control

Directive #3: Improve Services

Directive #4: Foster Meaningful Collaboration and Partnership

Directive #5: Develop Human & Economic Capacity

Directive #6: Be Without Prejudice to First Nations Interests

Directive # 7: Function at a High Operational Standard

Shared by the FNHA | FNHC | FNHDA

**DIRECTIVE #1
COMMUNITY-DRIVEN, NATION-BASED**

- The Community-Driven, Nation-Based principle is overarching and foundational to the entire health governance arrangement.
- Program, service and policy development must be planned and driven by the appropriate level.
- First Nations community health agreements and programs must be prioritized and sustained.
- Autonomy and authority of First Nations will not be compromised.

**DIRECTIVE #2
INCREASE FIRST NATIONS DECISION-MAKING AND CONTROL**

- Increase First Nations influence in health programs and service planning, design and delivery at the local, regional, provincial, national and international levels.
- Develop a wellness approach to health including promoting health promotion and disease and injury prevention.
- Implement greater local control over community-level health services.
- Implement greater influence in federal and provincial decision-making and health services for First Nations at the higher levels.
- Increase community-level flexibility in spending decisions to meet their own needs and priorities.
- Implement the OCAP (Ownership, Control, Access and Possession) principle regarding First Nations health data, including leading First Nations health reporting.
- Recognize the authority of individual BC First Nations to their governance of health services to their communities and revitalize the delivery of programs to local and regional levels as much as possible and when appropriate and feasible.

**DIRECTIVE #3
IMPROVE SERVICES**

- Protect, respect and promote First Nations knowledge, beliefs, values, practices, medicines and wisdom of health, and bring into all health programs and services that serve BC First Nations.
- Improve and revitalize the non-insured benefits program.
- Increase access to primary care, physicians, nurses, mental care and other allied health care by First Nations communities.
- Through the creation of a First Nations Health Authority and supporting a First Nations population health approach, First Nations will work collectively to improve all health services accessed by First Nations.
- Support health and wellness planning and the development of health programs and service delivery models at local and regional levels.

**DIRECTIVE #4
FOSTER MEANINGFUL COLLABORATION AND PARTNERSHIP**

- Collaborate with other First Nations and non-First Nations organizations and governments to address social and environmental determinants of First Nations health (e.g. poverty, water quality, housing, etc.).
- Partnerships are critical to our collective success. First Nations will create opportunities through working collaboratively with federal, provincial, and regional partners.
- Foster collaborations in research and reporting at all levels.
- Support community engagement hubs.
- Create relationships building between First Nations and the regional health authorities and the First Nations Health Authority with the goal of aligning health care with First Nations priorities and community health plans where applicable.

**DIRECTIVE #5
DEVELOP HUMAN AND ECONOMIC CAPACITY**

- Develop career and talent health professionals at all levels through a variety of education and training and social and health outcomes.
- Result in opportunities to leverage additional funding and investment and services from federal and provincial sources for First Nations in BC.
- Result in economic opportunities for generation and build resources for First Nations health programs.

**DIRECTIVE #6
BE WITHOUT PREJUDICE TO FIRST NATIONS INTERESTS**

- Not impact on Aboriginal Title and Rights or the treaty rights of First Nations, and be without prejudice to any self-government agreements in exist, proceedings, or in progress.
- Not impact on the fiduciary duty of the Crown.
- Not impact on existing federal funding agreements with individual First Nations, unless First Nations agree the agreement is to change.

**DIRECTIVE #7
FUNCTION AT A HIGH OPERATIONAL STANDARD**

- Be accountable, including through clear, regular and transparent reporting.
- Make best use of available resources.
- Implement appropriate compliance for key roles and responsibilities at all levels.
- Operate with clear governance documents, policies, and procedures, including for conflict of interest and change resolution.

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



FNHA: Advancing First Nations Decision-Making

- **“Nothing for us without us”**
- FNHA was created by First Nations for First Nations to advance a holistic First Nations Perspective on Health & Wellness
- Vision of individuals, families, and communities as self-determining
- BC’s 7th Health Authority. Non-profit society under the BC Society Act. FNHA’s mandate is supported by the **inherent right** of First Nations people to be self-determining in their health and wellness
- Working at all levels of the health system
- Articulating First Nations views about health and wellness and development of policy and approaches that are by and for First Nations people





Measuring Poor Health

- Measuring gaps in First Nations health status tells us the story of colonization and its impacts to our mental, emotional, physical and spiritual health
- Deficit based reporting reinforces stigma, racism and pathologizes peoples without looking at structural causes
- Data collection without action is unethical
- First Nations people will no longer be researched to death
- Gaps and inequities persist, this data is important, we also want to know what is working to close gaps



Measuring What Makes us Healthy

- First Nations cultures, history, resistance to colonization and resilience despite atrocities demonstrates strengths
- Data is story - First Nations priorities must drive research agenda
- Need for good data that is community-driven and nation-based, on priorities set by First Nations
- First Nations are developing their own culturally grounded and specific indicators of health and wellness
- Programs and interventions offer opportunity in evaluation design or creation of systems for ongoing data collection



RHS4 data return and reporting

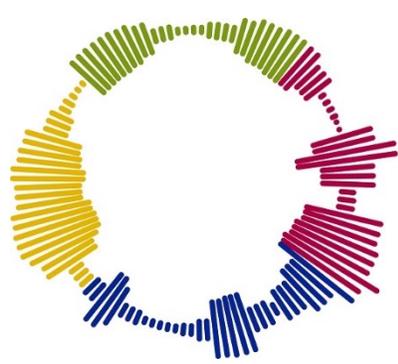
- First priority is as much community-level data return as possible
 - This is a top priority for many participating communities
- New: Pilot with Nisga'a Nation for them to collect, hold and jointly report on their own Nation's data
- New: Consent for potential Nation-level data return will be discussed at the time of community consent gathering
- Nation-level data return consent lays the groundwork
 - Potential partnerships may arise for Nation-based wellness indicator work in the future. Currently having early discussions about plans and capacity for this work at FNHA



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Environment Community Health Observatory (ECHO)

Health and Wellness Indicator Project



Environment Community Health Observatory Network

Réseau observatoire sur l'environnement les communautés et la santé



- The FNHA with Simon Fraser University is one of four regional cases involved in an Environment Community Health Observatory Network
- Brings together researchers and local knowledge-users who have identified a need to better understand and respond to the health, environment and community impacts of resource development
- FNHA/PHO's *Public Health and Wellness Agenda* has pointed to a lack of land based health and healing indicators and Indigenous centered health and wellness indicator frameworks that are community-led

<http://www.echonetwork-reseaecho.ca/>



ECHO indicators collaboration: Approach

- Draws on self-determination, culture, kinship, communities, and land to inform and define health and wellness indicator developments in a BC First Nation context.
- The objective is to develop a model for what a fulsome, rich, and proactive land-based indicator framework process looks like in a BC First Nations context.
- Approach assists in enabling **land, water, and territory to be understood as a prominent determinant of health** for BC First Nations and works to decolonize conventional health governance and policy structures.



ECHO indicators collaboration: Contribution

- Drawing on work already begun at the FNHA, the research approach is integrated into connecting land into population health reporting, and what Beck et al (2020) refer to as a:

“ground-breaking BC First Nations’ health governance structure [that] enables a collaborative, two-eyed seeing approach to population health reporting that **aims to privilege and elevate the importance of ecological health and connection to land.**”



Indicator Frameworks: Gap

- Frameworks and indicators have proven more effective when created within individual communities and nations, rather than relying on narrow or vague catch-all categories for all communities
- Still few examples of strengths based indicators that are operationalization in health and wellbeing work

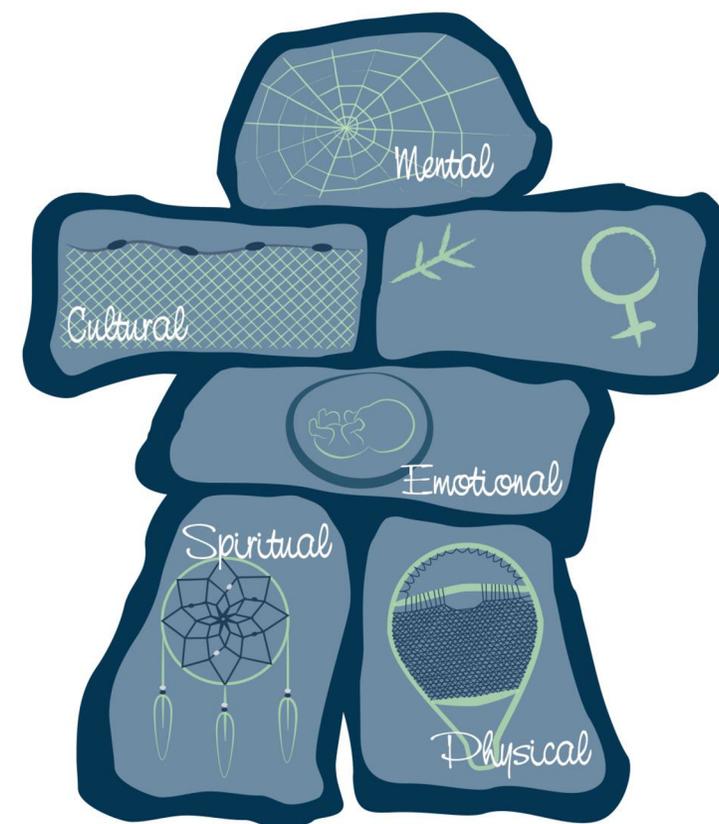


Image developed by community researchers in Happy Valley-Goose Bay, and digitized by Monica Peach



Current work measuring health & wellness

- Dawn Hoogeveen is a Senior ECHO research fellow with FNHA looking at health and wellness indicators.
- She is a third-generation Canadian settler of Dutch and British ancestry.
- Raised on Anishinaabe territory on Williams Treaty lands near Peterborough, Ontario and now lives in Vancouver with partner and two kids.
- Has been working with SFU and FNHA colleagues on funding applications with CIHR and MSFHR to support *Healing Indicators* project.
- Now beginning scoping phase of “measuring health and wellness” collaborative work.



Land based ancient cultures that prioritize respect, ceremony, connection, transformation





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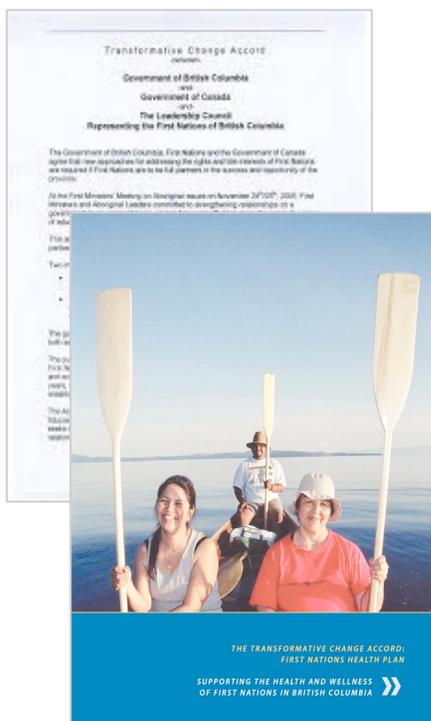
First Nations Health and Wellness Reporting



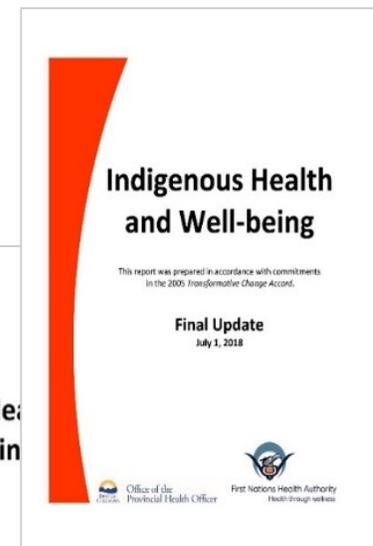
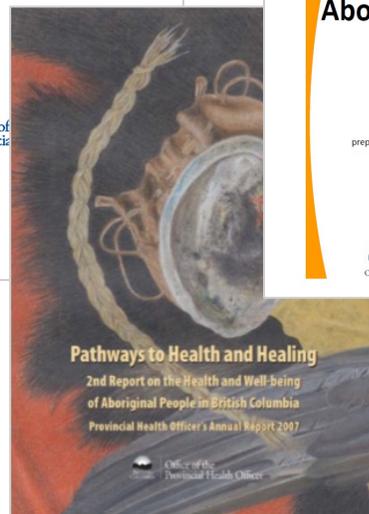
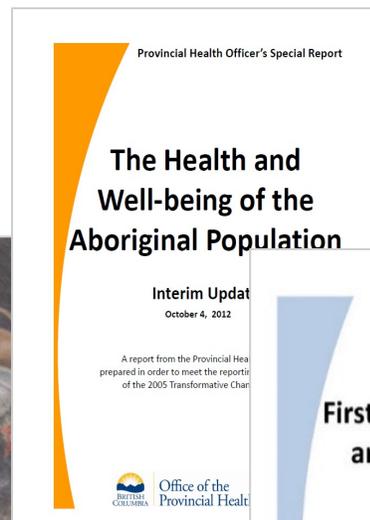
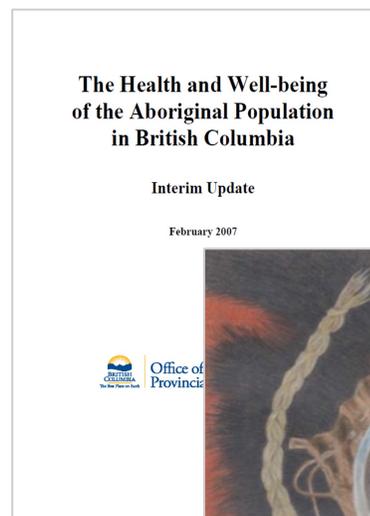


Where we have come from

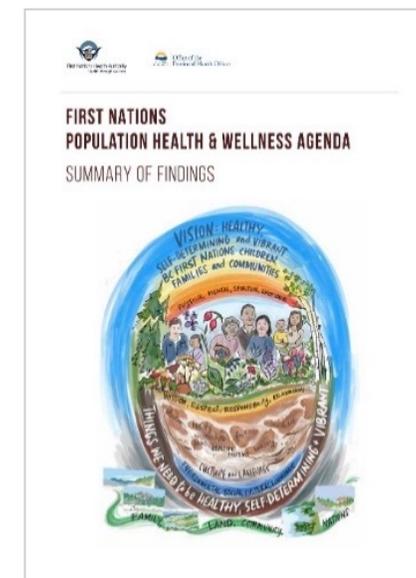
2005-2006



2007-2018

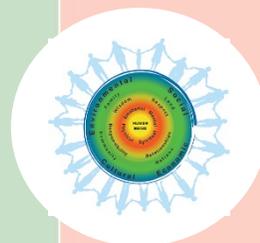


2020



FIRST NATIONS POPULATION HEALTH & WELLNESS INDICATORS (2019-2029)

SOCIAL CULTURAL ECONOMIC ENVIRONMENTAL	 HEALTH SYSTEMS	 LAND FAMILY NATIONS COMMUNITY	 MENTAL PHYSICAL SPIRITUAL EMOTIONAL	 HEALTH AND WELLNESS OUTCOMES	 TRANSFORMATIVE CHANGE ACCORD FN HEALTH PLAN
<p>EDUCATION : GRADUATION RATES</p> <p>FOOD SECURITY : CAN'T AFFORD TO EAT A BALANCED MEAL</p> <p>HOUSING: ADEQUATE, SUITABLE AND AFFORDABLE HOUSING</p> <p>CULTURAL WELLNESS</p> <ul style="list-style-type: none"> • Exposure to traditional language • Knowledge of/access to traditional foods • Access to traditional medicine/healing • Sense of community belonging • Importance of traditional spirituality 	<p>CULTURAL SAFETY & HUMILITY: CARE PROVIDER RESPECTFUL OF CULTURE AND TRADITIONS IN RECEIVING CARE IN ACUTE CARE SETTING / EMERGENCY DEPARTMENT</p> <p>ACCESS TO AND QUALITY OF PRIMARY HEALTHCARE: HOSPITALIZATIONS THAT ARE AVOIDABLE WITH EFFECTIVE PRIMARY CARE AND TREATMENT FOR CHRONIC CONDITIONS (I.E. ASTHMA, DIABETES)</p>	<p>UNDER DEVELOPMENT: INDICATOR THAT REPRESENTS THE STRENGTH AND HEALTH OF OUR COMMUNITIES AS A COLLECTIVE</p> <p>UNDER DEVELOPMENT: INDICATOR THAT REPRESENTS THE HEALTH OF THE RELATIONSHIPS WITH THE ECOSYSTEM/ ENVIRONMENT AROUND US</p>	<p>PHYSICAL ACTIVITY: MEETING CANADIAN GUIDELINES FOR PHYSICAL ACTIVITY</p> <p>HEALTHY TEETH: RATES OF CAVITY FREE KINDERGARTEN CHILDREN</p> <p>SMOKING: SMOKING RATES COMMERCIAL TOBACCO</p>	<p>MATERNAL/CHILD HEALTH: INFANTS BORN AT A HEALTHY BIRTH WEIGHT</p> <p>ALCOHOL: DEATHS ATTRIBUTED TO ALCOHOL USE</p> <p>INJURIES: SERIOUS INJURIES REQUIRING HOSPITALIZATION</p> <p>MENTAL AND EMOTIONAL WELL-BEING: FREQUENCY OF FEELING BALANCED PHYSICALLY, EMOTIONALLY MENTALLY AND SPIRITUALLY</p>	<p>INFANT MORTALITY</p> <p>CHILDREN WITH HEALTHY BODY MASS INDEX (BMI)</p> <p>YOUTH SUICIDE</p> <p>DIABETES PREVALENCE AND INCIDENCE</p> <p>AGE-STANDARDIZED MORTALITY RATE</p> <p>LIFE EXPECTANCY</p> <p>NUMBER OF PRACTICING, CERTIFIED FIRST NATIONS HEALTH CARE PROVIDERS</p>





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Healthy, Self-Determining Nations and Communities:

Land, Family, Community, Nations

- Self-Determination
- Connection to Land
- Cultural Wellness





We Walk Together

- Building a Community-driven, Nation-based indicator of Connection to Land from the community-up
- Three land-based gatherings in partnership with regions and Nations
- Asking Knowledge Keepers and youth,
 - What is the significance of Connection to Land
 - What affects your Connection to Land
 - How can it be measured



Babine Lake, Lake Babine Nation territory



Reflection questions

- What makes us healthy? What maintains good health?
- What does good health mean to you?
- When you develop programs and services do you have the information you need on hand?
- What are some differences in how your culture, community or nation defines living a healthy life ?
- What things pose a risk to living a good life?
- Do you have what you need to be healthy across the four dimensions – mental, physical, spiritual, emotional