



First Nations Health Authority
Health through wellness

BRIEFING

SUBJECT	<i>Support for Indigenous Communities, Businesses, and Individuals Through a Second Wave of COVID-19</i>
TO	Standing Committee on Indigenous and Northern Affairs
FROM	First Nations Health Authority
DATE	November 26, 2020

Purpose

The **First Nations Health Authority's** (FNHA) presentation to the Standing Committee on Indigenous and Northern Affairs in regards to *support for Indigenous Communities, Businesses, and Individuals Through a Second Wave of COVID-19*.

This briefing provides an introduction and context to the FNHA and its organizational COVID-19 response, including key partnerships, systemic barriers, innovations in service delivery with a particular focus on racism in healthcare and First Nations populations living urban or off-reserve.

Key Points

Introduction

The FNHA is the health and wellness partner to over 200 diverse First Nations communities and citizens across BC. The establishment of a unique health governance structure, which includes the FNHA and political representation through the First Nations Health Council and technical support through the First Nations Health Directors Association is an example of the power of self-determination.

- In 2013, the FNHA began a new era in First Nations health governance and health care delivery by taking responsibility for the programs and services previously delivered by Health Canada, now through Indigenous Services Canada.
- FNHA collaborates with the federal and provincial governments, regional Health Authorities and other system partners to coordinate and integrate health programs and services to achieve better health outcomes for First Nations in BC.

General

First Nations view and respond to the COVID-19 pandemic through a historic lens of past pandemics and colonial actions. These colonial actions include systemic institutionalized racism contributing to long-standing health inequities and funding that is not proportionate to the burden of need and these inequities. These inequities have culminated in a disproportionate burden that First Nations in BC are now experiencing, responding to dual health emergencies in COVID-19 and the Opioid and Overdose Public Health Emergency.

- The FNHA has been activated at a Level 3 response, dedicating 80% of all staff time to the COVID-19 pandemic response, since March 30, 2020.
- The FNHA's response to the COVID-19 pandemic shows that tripartite mechanisms are supporting improved outcomes for BC First Nations. This will be documented in an after action review.
- As of November 20, 2020, there have been a total of 25,474 cases of COVID-19 and a total of 331 deaths across BC. As of November 18, 2020 among First Nations in BC, there were a total of 898 cases, of which 214 cases were in First Nation communities.¹
- After seeing a large reduction in First Nations overdose deaths in 2019 and the first 2 months of 2020, there has been a significant increase in deaths since mid-March as an unintended consequence of public health measures.²
- Alerts were issued about increases in the level of drug toxicity, and the impact of physical distancing measures leading individuals to increasingly choose to use alone. The FNHA released a public campaign encouraging people to use drugs safely and education about harm reduction.
- First Nations individuals, families, and communities are working hard to respond to the dual public health emergency presented by the COVID-19 pandemic while the opioid and overdose deaths public health emergency continues to take many lives.
- As we move through and beyond the COVID-19 pandemic we need to
 - ensure that actions and/or responses respect First Nations self-determination, and remain rooted in the tripartite agreements, governance and relationships that have been built in BC,
 - find ways to build from the health innovation and leadership demonstrated by BC First Nations, and
 - Address ongoing systemic barriers to reduce health inequities.

Systemic Barriers

First Nations experience systemic and institutionalized racism at all levels. In the face of challenges accessing care, First Nations continue to strive for improvements of First Nations driven health services and actively advocating on behalf of their communities.

- On June 19, 2020, in response to reports of anti-Indigenous racism by workers in BC hospitals, the Government of BC appointed Mary Ellen Turpel-Lafond to lead an independent investigation.³ The FNHA supports a review of these systemic issues, and has shared data and encouraged First Nations to participate in the investigation.
- Public health costs – ongoing costs for FNHA and communities to continue public health responses particularly related to public health check-points to minimize unnecessary travel in to community and that also provides opportunities to disseminate public health messaging.

¹ <https://www.fnha.ca/Documents/FNHA-COVID-19-Public-Health-Response-Community-Situation-Report-November-23-2020.pdf>

² <https://www.fnha.ca/about/news-and-events/news/covid-19-pandemic-sparks-surge-in-overdose-deaths-this-year>

³ <https://engage.gov.bc.ca/addressingracism/investigation-details/>

- Timely and accurate data is essential to a nimble and effective response. The data that FNHA receives is dependent on federal and provincial information systems, impacting our ability to independently report on First Nations-specific data. The FNHA receives daily updates of COVID-19 Surveillance and Lab data, allowing for the identification of cases among Status First Nations people living in BC. This access to data is unprecedented and has been facilitated by strong partnerships. It serves as evidence for the capacity of the FNHA to steward sensitive data on behalf of First Nations.
- Current limitations for FNHA suggest consideration of a legislative base. This could remove barriers of access to data and provide equal regulatory footing for our professionals working in communities.

Innovations in Service Delivery during COVID-19

The FNHA's response to the pandemic has leveraged new and existing tripartite approaches to respond with speed and innovative solutions that may not have been otherwise possible. The FNHA is working closely with First Nations leaders, alongside the Provincial Health Officer, Emergency Management BC, BC Ministry of Health, Regional Health Authorities and Indigenous Services Canada.

- The BC Rural, Remote and Indigenous Communities COVID-19 Collaborative Response Framework has created an opportunity to collaborate with regional health authorities, provincial ministries and other health agencies on medical transport, isolation support options, and contact tracing and rapid testing protocols. These medical transportation improvements have been a priority to BC First Nations since before the pandemic.
- In partnership with provincial and federal representatives, the FNHA participates in frequent COVID-19 updates to BC First Nation Chiefs, First Nations Leadership Council and FNHDA. These calls have a reciprocal opportunity to keep First Nations decision-makers informed on response and recovery strategies and to voice their concerns and share areas of innovation in the local response.
- The FNHA and the Canadian Red Cross have a long-standing partnership, expanding to include collaboration for the 'Ready When the Time Comes' program. Under this agreement, the FNHA will provide up to 30 employees when required as surge capacity to the Red Cross for disaster response in BC, beginning in June 2020.

Primary Care

- The First Nations Virtual Doctor of the Day program was developed by the FNHA in partnership with the Rural Coordination Center of BC (RCCbc) to make primary care readily available to BC First Nations.
- The First Nations Virtual Doctor of the Day program enables members of BC First Nations with limited or no access to their own doctors or nurse practitioners to make virtual appointments.

Mental Wellness

- The First Nations Virtual Substance Use and Psychiatry Service provides individuals with access to specialists in addictions medicine and psychiatry while supporting capacity building for front line health workers in community to respond to mental health and substance use concerns.

- Overdose deaths of our family members are rising as individuals heed the province's call for physical distancing and default to using alone. In response, our investments in urban centres, where most First Nations people are dying, have increased in 8 cities/hot-spots across the province. More funding is needed to support the creation of Indigenous-specific and -led responses for those living close-to-home and away-from-home.
- Treatment Centre and Indian Residential School Resolution Health Support Program providers have completed a rapid shift to virtual service models for counselling, health and cultural support. Innovation has included implementation of a daily outpatient addiction program via Zoom and development of robust virtual aftercare programs for previous treatment centre graduates.
- Staff burn out within the FNHA and leadership in First Nations and other First Nations service organizations is a constant concern. The FNHA has supported the well-being of health, emergency, community workers, Chiefs and Health Directors by identifying counselling, health and cultural supports that are available 7 days a week.
- FNHA has worked with the province of BC to increase investment in treatment and land-based healing, providing the opportunity to increase connection to culture across families, sub-regions, nations and regions. For many, spending time on the land is providing an opportunity to connect with cultural, land and family, enhance mental health and maintain safe physical distance all at the same time.
- The FNHA provides grants for wellness activities to mark Indigenous Peoples Day, the following examples of safe celebrations highlight the flexibility and resilience of First Nations in BC;
 - Sik-E-Dakh (Glen Vowell Indian Band) held a virtual cooking class. Families were given all the needed ingredients, cooking equipment, and set up with technology. They made Fish Soup, Fry Bread and Soap Berry Ice Cream.
 - Wet'suwet'en Elders told stories of their childhood that were shared on social media. Stew and bannock was prepared for pick up following COVID-19 safety protocols.
 - Downtown Eastside Neighbourhood House held two virtual workshops. There was a smudging feather making workshop and a medicinal plant tour and workshop where community members got an introduction to the new Medicine Garden project and learned about traditional plants for food and medicine.

FNHA Considerations for the Next Phase

The FNHA has prioritized the dual public health emergencies by creating and staffing a Public Health Response team. FNHA staff members, led by a newly created Vice-President, Public Health Response, were re-deployed from other areas of the organization to support this important work.

Reopening Indigenous communities in a safe manner

- Ensuring and expanding the availability of e-health services, including the First Nations Virtual Doctor of the Day, and the Virtual Substance Use and Psychiatry Service.
- Communities will have different comfort levels; remote access communities, communities in high case burden areas, and communities near tourist areas will all be concerned for

different reasons. Messaging that reinforces the sovereignty and ensures that supports continue to be available for Nations to remain closed if they choose.

Building resiliency with an equitable and sustainable economic recovery plan

- Statistics Canada has reported that Indigenous persons (excluding on-reserve First Nations) experienced similar rates of job losses in the first three months of the pandemic, but had not recovered those losses in the following three months.⁴
- The exclusion of on-reserve First Nations from this report is a significant gap that should be addressed. The FNHA is currently implementing the First Nations Labor and Economic Development Survey as regional partner to the First Nations Information Governance Centre. This survey is the only data source that captures First Nations living on-reserve. Survey implementation has struggled to adapt to COVID-19. The FNHA is one of the only regions to continue implementation of this important resource.
- Support First Nations ability to participate fully in the development of health impact assessments associated with resource extraction projects.
- Many community members provide support to community members in need, particularly elders, in the form of firewood or traditional foods which are not recognized by the Government of Canada's economic measures. Acknowledge and provide support direct to Nations earmarked for uncompensated community care roles.
- Support organizations already developing infrastructure, support and training for First Nations to join the growing remote workforce.

Considerations for those living off-reserve and in urban centres

- After years of work and extensive engagement, the FNHA recently released the Urban and Away-from-home Wellness Framework.⁵ This Framework outlines high-level principles and strategies for moving forward to improve health and wellness services for the urban and away-from-home population.
- The FNHA, in partnership with the Ministry of Health, and regional health authorities, have begun developing 15 First Nations-led primary health care initiatives across BC. These include on- and off-reserve service locations.
- Current funding is fragmented and not sufficient to provide critical services.

⁴ <https://www150.statcan.gc.ca/n1/daily-quotidien/201102/dq201102c-eng.htm>

⁵ <https://www.fnha.ca/WellnessSite/WellnessDocuments/FNHA-Closer-to-Home-Urban-and-Away-From-Home-Health-and-Wellness-Framework.pdf>