

**For Immediate Release  
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**November 8,**

## **\$3 million Dollar Joint Investment Brings Enhanced Elder Care to Interior Nations**

### ***Elder care in the seven First Nations of the Interior to be delivered closer to home.***

Today, Interior Health (IH) and the First Nations Health Authority (FNHA) announced a shared investment of \$3 million to bring Elder care closer to home. IH will contribute \$2 million dollars on an ongoing annual basis for a nursing enhancement to support First Nations Elders and those living with chronic conditions. The FNHA will contribute \$1 million dollars to support communities in preparedness. Together, this joint investment will benefit approximately 4,450 Elders in the Interior region.

A shared decision-making process driven by the seven Interior Nations of Däkelh Dené, Ktunaxa, Nlaka'pamux, Secwepemc, St'át'imc, Syilx and Tsilhqot'in resulted in a cooperative rather than competitive approach in planning for the investment. The long-term ongoing investment will commence in 2019-20 and result in \$10 million over the next five years directed towards First Nations Elders care in the Interior region. The FNHA's contribution will commence in 2018-19.

"As 7 Nations of the Interior we sat together to determine how the funding could have the most significant impact across our region," said Ko'waintco Michel, Co-Chair of the Partnership Accord Leadership Table. "We agreed that no community should be left behind, and that increasing access to primary health care services closer to home was the area of greatest need. We appreciate Interior Health showing leadership in their flexibility in allowing us to define how best to meet the need in our communities by following a decision-making process that works for our Interior Nations."

The investment decision was also driven by data from the *First Nations Health Authority – Interior Health Authority Expenditure Project*. The analysis of this data showed that in comparison to other residents in 2013/14, First Nations Elders were less likely to visit physicians, had higher prevalence rates for many chronic conditions, and were more likely to visit the emergency department. These results, and others, suggest that key early intervention points in a person's care journey may be missed because of inaccessible or unavailable primary health care services.

"There continues to be barriers that challenge the delivery of health-care services to First Nations," said Brad Anderson, Interior Health's Corporate Director Aboriginal Health. "This partnership ensures care is being provided in the community--collaboratively and in a culturally safe way, where First Nations Elders live, so they can be partners in their own care along with their family and an interdisciplinary care team."

This nursing enhancement will improve access to culturally safe, holistic and quality healthcare services for Elders living in community, including those living with chronic conditions. The investment is also aligned with IH's shifting focus on the development of community resources to support individuals in remaining in their homes longer, and renewed systems of care to improve access and service quality across rural and remote communities for cultural safety.

“As Elder care has long been identified as a priority for Interior Nations, we commend the leadership of (IH) CEO Chris Mazurkewich and his team. This investment complements and adds value to the existing Nation-Based health care delivery models,” said Lisa Montgomery-Reid, FNHA Interior Regional Director. “New and enhanced nursing roles will work with a broader scope of practice and collaborate with the Elder, their family, and an interdisciplinary care team to develop individualized wellness plans.”

Interior Nations, FNHA and IH are working in full partnership for implementation.

## **Backgrounder**

- The Interior Region Nation Executive Table is comprised of one representative from each of the Seven Nations of the Interior Region, and acts as an Executive body to the Interior Region Caucus. The Executive Table offers equitable decision-making capacity for Interior First Nations and gives regional direction to the First Nations Health Council. Issues or interests that are common to the Nations are addressed in a collective manner.
- The *First Nations Health Authority – Interior Health Authority Expenditure Project: Development of a Scoping Model in the Interior Region of BC (Final Report, April 2016)* provides a snap shot of the prevalent chronic conditions and service utilization by the Interior First Nations population through a data linkage of the Ministry of Health’s Health System Matrix (HSM) and the First Nations Client File for the years 2008-09 & 2013-14.
- Data comes from the Ministry’s chronic conditions registries, diagnoses from physician MSP fee for service billings, hospitalizations, PharmaCare programs, and use of home and community care services. The 2013/14 First Nations population covered in this analysis totaled 29,656.
- The data found that in 2013/14, access to physicians (e.g. GP, surgeons, and medical specialists) by First Nations Elders was lower than other residents at the same time that this population had higher prevalence rates in many chronic condition registries.
- The highest emergency department physician rates were in the frail Elderly population and in those persons with acute time-limited illnesses, accidents or injuries. When compared to other residents, First Nations aged 75+ were more likely to visit the emergency department, and less likely to have day procedures and receive laboratory, pathology and diagnostic services.
- Almost 20% of admitted First Nations Elders 75+ years entered the hospital through the emergency department in 2013/14. After their acute care needs were met, a higher percentage of this population group waited in a hospital for placement in 2013/14 (22.5%) compared to 2008/09 (10.5%).