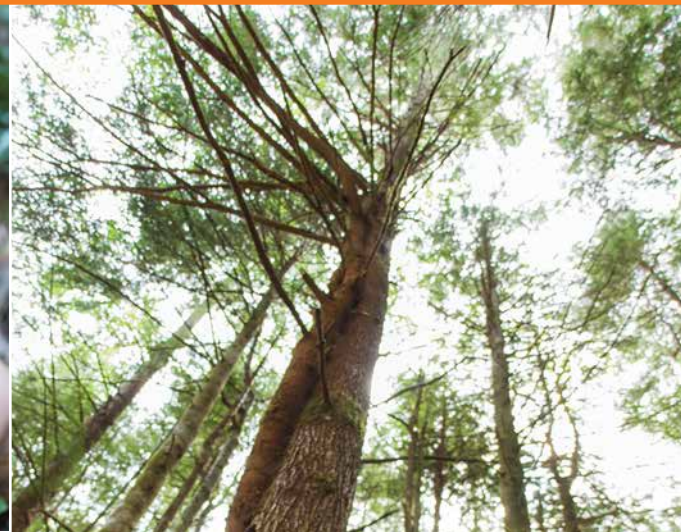




First Nations Health Authority
Health through wellness

ANNUAL REPORT 2016/2017





MEASURING SUCCESS

Organizational performance measurement is one way we examine progress toward achieving our goals. As an evolving organization, we are developing data sources and enhancing methodologies for both quantitative and qualitative analysis over time. Analysis of the organizational performance measures laid out in the 2016/2017 Summary Service Plan provided an opportunity for us to reflect on the scope of activities the First Nations Health Authority (FNHA) is directly responsible for; understand where we have gaps in data and methodology; and shape new performance measures. In each goal section of this report, you will find notes on our performance measurement in that area.



First Nations Health Authority
Health through wellness

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Message from the Board Chair



GREETINGS,

Reflecting on the past year, a central theme in this work has been relationships, and specifically, our unique opportunity and ability to define the quality of our relationships—not only with one another but also with our partners in the broader health-care system, including health practitioners.

By drawing on the solid foundation provided to us by our cultures and teachings, we are actively working to decolonize these relationships both at the individual and collective levels. We are on this journey together; we can all benefit from continued growth and learning, and the FNHA is no different. In that spirit, as a Board of Directors, we are focused on the health of the governance structure itself and all the people that operate within it.

An important step toward achieving this goal came on February 27, 2017, when the FNHA, First Nations Health Council (FNHC) and First Nations Health Directors Association (FNHDA) endorsed the Declaration of Lateral Kindness. The Declaration recognizes the negative impacts of colonization, which continue to surface in our interactions with each other as individuals, as Nations and as organizations. The Declaration reminds us to call on the strengths of our teachings to respond to our history from a place of empathy and kindness.

Extending First Nations teachings to our partners is also foundational to the work of the FNHA. In March 2017, 23 health regulatory bodies in BC declared their commitment to making the health system more culturally safe for First Nations and Aboriginal people by signing the Declaration of Commitment to Cultural Safety and Humility. BC health professionals are the first in Canada to make this pledge.

At the FNHA, we are convinced that increasing the level of cultural safety in the health-care system, through the advancement of cultural humility, health literacy and relationship-based care, will improve the quality of health services for First Nations and Aboriginal people today and into the future.

As the Board of Directors, our role is to respect and protect the opportunity provided to us: supporting the transformation of health care for First Nations in BC. With that vision in mind, we are sharpening our focus on corporate governance. We reviewed the FNHA policy framework, roles, responsibilities and Board processes, and also formalized a code of conduct for the Board members by enacting a Code of Conduct Policy. The new policy ensures the highest standards of conduct from the Board of Directors. We view such behaviour as paramount in developing and maintaining the public's trust and confidence.

This past year the FNHA has also made necessary changes in accordance with the new Societies Act, which came into effect in November 2016. The new Act changes the way a society incorporates and operates, and the FNHA board has ensured that the FNHA will meet or exceed all the statutory requirements of the Societies Act.

Much has been accomplished this year and we have seen successes at the governance, technical and health-care-delivery levels. Together with First Nations communities and health-system partners, we are making meaningful in-roads toward our vision.

In closing, having a voice in the health services that First Nations receive and being visible in our lands and territories are essential parts of the healing journey for First Nations individuals, families and communities. This work of reconciliation is not only for us, but also to provide a clear and better path for our future generations.

We look forward to continuing our journey toward improvement of First Nations health in BC.

Huy tseep Qu,

LYDIA HWITSUM
Board Chair
First Nations Health Authority

"BY DRAWING ON THE SOLID FOUNDATION PROVIDED TO US BY OUR CULTURES AND TEACHINGS, WE ARE ACTIVELY WORKING TO DECOLONIZE THESE RELATIONSHIPS BOTH AT THE INDIVIDUAL AND COLLECTIVE LEVELS."

Message from the Chief Executive Officer



LOOKING BACK ON THE FIRST NATIONS HEALTH AUTHORITY'S 2016/2017 YEAR, WE REMAIN HUMBLLED AND HONOURED TO BE A PART OF THE ONGOING TRANSFORMATION OF HEALTH SERVICES IN BC.

WORKING WITH COMMUNITIES

What does it mean to be a health and wellness partner? This is a question that we continue to explore in partnership with BC First Nations. In the simplest sense, it begins with respecting the decision-making that belongs to each First Nations person, family, community and Nation. This respect is essential because self-determination of health by and with First Nations people matters.

The health governance processes that are at the heart of our work are expressions of both the Truth and Reconciliation Report (TRC) and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). In today's climate of reconciliation, the Government of Canada has committed to implement both the TRC recommendations and UNDRIP. We are aligned with our government partners in this area and excited by the opportunity to demonstrate true transformation built on a foundation of First Nations governance, values and teachings.

In practical terms, this begins with creating more opportunities for First Nations decision-making through strategic investments.

For the third consecutive year, the FNHA was able to apply a 5.5 per cent escalator on all community financial arrangements. This investment, coupled with new capital investments in 42 Aboriginal Head Start sites, is creating a foundation for growth and service innovation close to home and reflective of local decision-making. Other strategic opportunities continue to be made available through the regional table process and the implementation of innovative primary care and mental health service models.

This year we collectively faced a very challenging public health crisis. This overdose crisis is very real, and for many of us, hits close to home. We take the position that sometimes the best way to be a health and wellness partner is to reduce harm. As we strive to support our families and community members, we do so with a deep sense of responsibility and respect.

WORKING WITH OUR PARTNERS

The over 142,000 FNHA clients interact a great deal with the broader acute-care system and our work at the FNHA was never meant to replace that of the provincial health authorities. This reality provides a crucial backdrop for the importance of partnerships in ensuring that no matter where First Nations people go in the health system, culturally safe and responsive care must follow.

Our cultural safety and humility campaign continues to be central to improving quality of care for First Nations. Work with the health authorities in this area provides real opportunities to address culturally unsafe health-service experiences; build momentum for health providers to understand the importance of incorporating cultural humility into their approaches; and confirm with First Nations people that we have a real voice in our expectations for culturally safe services.

A significant milestone was achieved this year; on March 1, all 23 health regulatory bodies in BC signed the Declaration of Cultural Safety and Humility, marking an official commitment to advance cultural safety and humility in their respective organizations and among those they license to provide services in this province. This was an important achievement for our work and we are committed to keeping the momentum going.

Cancer prevention and improvement of cancer care for BC First Nations requires the helping hands of many partners. Our aim is to demystify cancer prevention and care through the development of a growing body of culturally safe and accessible information for our communities. In addition, research and academic partnerships are central to advancing these efforts. A new First Nations Chair in Cancer and Wellness at the University of British Columbia (UBC) will unite and balance traditional and western knowledge for more appropriate interventions for our people. The establishment of the chair also signals a more holistic approach to cancer prevention, acknowledging how colonization, racism, marginalization and poverty have contributed to the current disparity in health outcomes.

WORKING ON OURSELVES

The FNHA—with a first-of-its-kind health mandate—continues to learn and grow as an organization and is working daily to become the best First Nations health organization for First Nations people we can be.

An important step toward this aim is for our staff to be humble and aware of the lived experiences of BC First Nations. To this end, in October we announced mandatory trauma-informed training would be implemented across the FNHA. Pilot training sessions were delivered this spring and our internal curriculum will be introduced next year.

It was encouraging to see the #ItStartsWithMe cultural safety and humility movement gain momentum across the FNHA in 2016/2017. Throughout the year, and as part of performance plans, employees shared their commitments to cultural safety and humility online and in their offices.

We are excited for the future of this work and the promise held within each of these commitments. It is an honour to continue down this path for the health and wellness of First Nations people across BC.

In wellness,

JOE GALLAGHER

CEO

First Nations Health Authority



GOAL ONE



ENHANCE FIRST NATIONS HEALTH GOVERNANCE

Together with communities, provincial and federal partners, the FNHA's health governance structure continues to provide leadership and enable the health system transformation envisioned for the future. As we continue to enhance service delivery in partnership with BC First Nations, our ability to grow and nurture these governance relationships is more important than ever. Growing and learning together, we are committed to healthy partnerships, which will in turn enable the system transformation that BC First Nations deserve.

Partnerships are a critical success factor for achieving the FNHA's goals and objectives—and were at the heart of our work in 2016/2017. Productive collaboration and joint development of work plans and agendas with key system partners provided opportunities to embed First Nations perspectives within the broader health system.

While our federal and provincial partnerships support expanded access to services and service development, it is strong community engagement that will ultimately ensure these services align with community needs. This year the FNHA continued to transition from the historically competitive, proposal-driven funding approach to a collaborative model—a model that regional teams, communities and partners have been working to put into practice. While challenges remain, the regional envelope model supports regional teams to implement priority programming and service areas from their Regional Health and Wellness Plans (RHWP), effectively increasing regional decision-making.

Cultural safety and humility is first enabled throughout the health-care system at the governance level. We are proud to collectively determine this path forward for the health and wellness of First Nations families, communities and individuals, and as an organization, we commit to continue working to facilitate greater efficiency and flexibility across the continuum of care.

Left: FNHA Board Chair Lydia Hwitsum speaks as a witness during the First Nations Health Council and Indigenous and Northern Affairs Canada Memorandum of Understanding on the Social Determinants of Health signing ceremony on Coast Salish territory in Vancouver in March 2017.

Regional Decision-Making

As a health and wellness organization by and for BC First Nations, moving decision-making closer to home is a central part of the FNHA mandate. In 2016/2017, our five regions continued to strengthen local decision-making through successful collaboration with First Nations communities, regional health authorities and other health-system partners. With increased investment through regional envelopes, new projects are being envisioned, planned and implemented by communities and regional teams. Some exciting areas of progress are highlighted below:



- Fraser Salish Region
- Interior Region
- North Region
- Vancouver Coastal Region
- Vancouver Island Region



VANCOUVER ISLAND REGION SIGNS RENEWED PARTNERSHIP ACCORD

On December 13, 2016, Chiefs, Elders and community members from across the island joined representatives from the FNHA, FNHDA and Island Health to celebrate the signing of the renewed Vancouver Island Partnership Accord. The Partnership Accord signifies a renewed commitment to partnerships for better health and wellness services and outcomes for First Nations families, children and communities on Vancouver Island.



INTERIOR REGION NATION SHARED SERVICES MODEL

Following direction from the Interior Region's seven Nations, the FNHA Interior regional team focused on supporting the development of their unique Nation Shared Services delivery model. This model, once fully operational, will bring health planning and service delivery closer to home through multidisciplinary teams, providing seamless access to a continuum of care.

In 2016, teams were created and mental wellness, primary care and traditional wellness action plan priorities emerged through engagement with Interior Nations. Each of the seven Nations is championing different foundational dimensions of the model (e.g., health information systems, needs assessment, etc.). The shared learning derived from year one will enable knowledge exchange among the Nations to evaluate feasibility, time, costs and quality improvement.

Through collaboration with Interior Health, the FNHA and other providers, this model will help to increase community capacity and access to culturally appropriate and holistic health-care services.



VANCOUVER COASTAL REGION REFRESHES REGIONAL HEALTH AND WELLNESS PLAN

In 2016, the Vancouver Coastal regional team refreshed its RHWP, a key goal-setting document that serves as a common voice for the region and plays a central role in informing strategy and action at the provincial level.

The plan was developed in partnership with the 14 Vancouver Coastal Nations. Priorities include health governance; planning, engagement and communication; holistic wellness and health-service delivery; health human resources; operational excellence; and data and research.

Community Engagement and Governance



FIVE YEARS SINCE FIRST NATIONS CONSENSUS ON SELF-GOVERNING HEALTH CARE

On May 26, 2016, the FNHA celebrated the fifth year since BC First Nations Chiefs collectively moved to take control of federally delivered health programs and services for their people. This decision, voted on at Gathering Wisdom IV, set in motion a new era of health partnership with both BC and Canada, including creation of the FNHA.

On the fifth anniversary of this day, the FNHA reflected on the tremendous honour to have been given this mandate by First Nations leadership in BC and expressed its excitement to continue championing this transformative work.

“I WAS PART OF THE TEAM OF STAFF TASKED WITH COUNTING THE VOTES, AND AS WE CARRIED OUT OUR DUTIES, I COULD NOT HELP BUT TO THINK OF HOW IMPORTANT THIS TASK WAS. AS WE HEARD THE RESULTS, I FELT AN OVERWHELMING SENSE OF PRIDE IN KNOWING THAT OUR NATIONS HAVE TAKEN A HUGE STEP FORWARD IN TAKING OVER ADMINISTRATION OF HEALTH FOR OUR PEOPLE. TO THIS DAY, IT STILL FEELS SURREAL KNOWING THAT 50 YEARS FROM NOW I WILL LOOK BACK AND SHARE WITH OUR NEXT GENERATION A SENSE OF PRIDE THAT I WAS PART OF THIS HISTORIC MOMENT.”



– Eunice Joe, Regional Manager, Vancouver Island regional team

GATHERING WISDOM FOR A SHARED JOURNEY VIII

From November 30-December 2, 2016, the FNHA supported the FNHC to host Gathering Wisdom for a Shared Journey VIII in Vancouver, BC, with a focus on the social determinants of health. The forum's theme, "Learning from the past and planning for the future," acknowledged that the social determinants of health are not new concepts; each Nation has stories, teachings and traditions that reflect a holistic concept of health that connects physical, mental, spiritual and emotional well-being.

GATHERING WISDOM VIII HIGHLIGHTS:

- Keynote presentation from Terry Cross, Founder of the National Indian Child Welfare Association
- Keynote address by Chief Charlene Belleau (Esk'etemc), followed by a Commitment Stick adoption ceremony and blanketing of Chiefs
- Cultural sharing and ceremony, including dancers and the honouring of Cliff Atleo Sr.
- "Establishing the FNHA and the First Nations Perspective on Wellness," presentation by Board Chair Lydia Hwitsum and CEO Joe Gallagher
- "Towards a Ten-Year Population Health and Wellness Agenda," presentation by Chief Medical Officer Dr. Evan Adams and Dr. Perry Kendall, Public Health Officer

Significantly, the discussion and feedback gathered from this year's forum have informed the development of respective Ministry Services Plans for the 2017/2018 to 2019/2020 fiscal years.



“TRAUMA ON A DAILY BASIS, WHETHER IT IS IN THE FORM OF LOSS OF LANGUAGE OR LIFE SKILLS, CREATES SYMPTOMS RESULTING IN THE POST-COLONIAL SOCIETY OF TODAY. THE DYNAMICS CREATED BY THE COLONIAL HISTORY STILL REVERBERATE WITH US.”

– Terry Cross, founder of the National Indian Child Welfare Association

OPPORTUNITIES FOR IMPROVEMENT

Evaluations indicated a lack of clarity regarding the ten-year social determinants strategy, including the process for developing the strategy and the separate roles of the FNHC and FNHA.

REGIONAL CAUCUSES – FALL 2016

Regional Caucus sessions are key forums for the FNHA and BC First Nations political and technical leadership to plan and engage with one another on important developments in health. This year's Regional Caucus sessions were held in Prince George (October 18-20, 2016), Williams Lake (October 26-28, 2016), Parksville (October 12-14, 2016), Harrison Hot Springs (October 31–November 2, 2016) and Squamish (September 13-15, 2016).

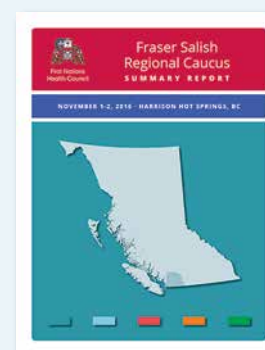
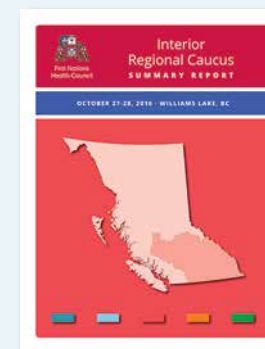
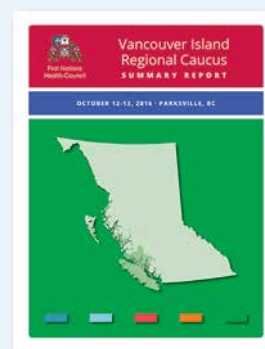
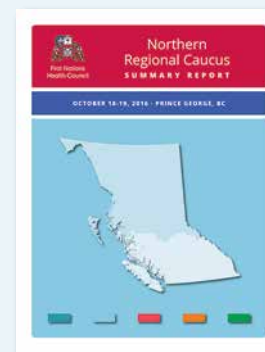
Performance Measure: Regional Caucus Satisfaction

The FNHA, FNHC and FNHDA each host one day of Regional Caucus. Attendee satisfaction with the FNHA day of Caucus was **83%** (satisfied or very satisfied).

A revised performance measure has been developed for 2017/2018, moving away from Regional Caucus as the only engagement source.

LESSONS LEARNED

Based on 2016 feedback, we have updated the Regional Caucus engagement approach to include more dialogue-based sessions; the distribution of agendas two weeks prior; and the elimination of concurrent sessions.



Health Governance Partnership Activities

FNHA-FNHC-FNHDA COLLABORATION

This year the FNHA provided ongoing support to reinvigorating the Collaboration Committee’s Renewed Relationship Agreement, Terms of Reference and Work Plan, and advanced work with the FNHDA on the development of community planning and traditional wellness toolkits.

A key achievement this year included the parties signing and adopting the Lateral Kindness Declaration on Feb. 27, 2016. This Declaration confirms our shared commitment to living and promoting the concept of lateral kindness as a counter to lateral violence.

Performance Measure: Adoption of the Declaration on Lateral Kindness

100% complete.

The joint Declaration on Lateral Kindness was signed and adopted by the FNHC, FNHDA and FNHA on February 27, 2017.

FNHA AND THE BC MINISTRY OF HEALTH

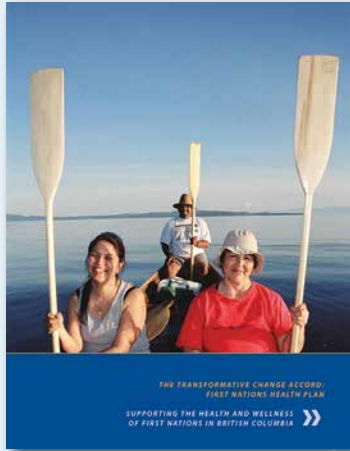
In 2016/2017, the FNHA signed its Annual Letter of Mutual Accountability (LMA) with the BC Ministry of Health (MOH) for the 2016/2017 fiscal year. The LMA is an annual joint letter describing how the FNHA and MOH will work to support one another’s mandates and sets out a series of collective priorities for the year. This year a work plan was developed to align with these agreements.

Another key priority in the Ministry partnership is the Joint Project Board (JPB). The JPB is a table established for the FNHA and MOH to remove policy barriers and align strategies and investments for First Nations health services. Last year, this table ensured strategic alignment and collaboration on health promotion, mental health and wellness, and support of Indigenous students in health career education, among work in many other areas. You can read more about the initiatives supported by our partnership with the BC MOH in Goals 2 and 3.



Lateral Kindness Declaration

TEN YEARS SINCE THE TRANSFORMATIVE CHANGE ACCORD



**Transformative Change Accord:
First Nations Health Plan**

On November 26, 2006, the First Nations Leadership Council and the Government of BC signed the Transformative Change Accord: First Nations Health Plan (TCA: FNHP). This plan established a 29-point agenda to improve health outcomes for First Nations through: Governance, Relationships & Accountability; Health Promotion/Disease and Injury Prevention; Health Services; and Performance Tracking. The plan was groundbreaking in establishing new relationships in health and overcoming jurisdictional barriers through acknowledging the responsibility of the province for providing all aspects of health services to all residents of BC, including First Nations on- and off-reserve.

This plan was the catalyst for the development of the tripartite health partnership and First Nations health governance structure and has resulted in significant accomplishments in areas such as mental health and wellness, primary health care, e-health and maternal child health. Many of the actions and intentions of the TCA: FNHP carry forward through to today, and have been embedded in the BC Tripartite Framework Agreement on First Nation Health Governance, Health Partnership Accord and Regional Partnership Accords. Furthermore, around the 10-year anniversary of the TCA: FNHP, the Chief Medical Officer of the FNHA and the Provincial Health Officer augmented the seven original health indicators of the TCA: FNHP with an additional 15 health and wellness indicators to chart the course for the next 10 years of transformative change in First Nations health.



**Tripartite Framework
Agreement on First Nations
Health Governance, Health
Partnership Accord**

FNHA AND HEALTH CANADA

The FNHA and Health Canada sign an annual agreement called the Shared Vision and Common Understanding. The document establishes the commitment for ongoing collaboration and problem-solving at senior executive levels and outlines joint commitments for the coming year. For 2016/2017, the agreement emphasized ongoing dialogue regarding the Truth and Reconciliation Commission Calls to Action, overseeing the migration off of Health Canada's claims processing system, and holding a joint session on environmental emergencies, among other priorities.

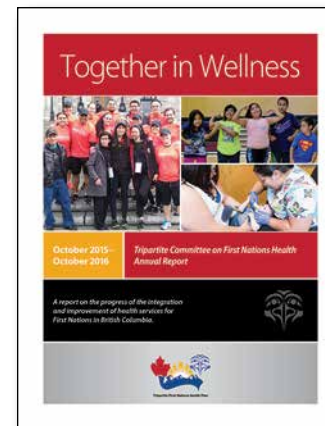
In addition, funding flowing from this partnership supports exciting work across various service areas.

HIGHLIGHTS:

- Commencing in 2016, the FNHA is responsible for Jordan's Principle service coordination in BC. Our current priority is to implement a systems-navigation approach for seamless coordination with partners that focuses on preventing Jordan's Principle cases before they happen.
- The FNHA received \$700,000 for each of the 2015/2016 and 2016/2017 years as part of the Federal Tobacco Control Strategy. This funding currently supports tobacco cessation programming for BC First Nations.
- New Healthy Medication Use funding supports programming to prevent harm from prescription and over-the-counter drugs. This initiative also partners with the UBC Pharmacist Clinic and BC Shared Care Polypharmacy Risk Reduction Initiative. Sixty communities are now participating in the program in various phases of readiness and pharmacist engagement.
- Additional capital projects were initiated through the federal Social Infrastructure Funding—of which the FNHA is the recipient for the BC region—and Canada Funding Agreements. These funds also support Aboriginal Head Start on Reserve (AHSOR) projects in communities across BC.

TRIPARTITE COMMITTEE ON FIRST NATIONS HEALTH

The Tripartite Committee on First Nations Health (TCFNH) is the forum for coordinating and aligning programming and planning efforts between the FNHA, FNHC and FNHDA, BC regional and provincial health authorities, the BC MoH, Office of the Provincial Health Officer and Health Canada. The TCFNH met regularly to coordinate programming and planning efforts, which focused on cultural safety and humility, discussions regarding a mental health and wellness approach, and joint work to combat infant mortality. More information on these areas can be found in the Tripartite Committee on First Nations Health annual report.



Tripartite Committee on First Nations Health annual report

Performance Measure: Planned Partnership Activities Completed

In 2016/2017, 91.4 % of planned partnership activities were completed.



GOAL TWO





CHAMPION THE BC FIRST NATIONS PERSPECTIVE ON HEALTH AND WELLNESS

The FNHA champions a perspective on health and wellness that balances a First Nations holistic view of health with mainstream approaches to health care. We view health and wellness as a lifelong journey to support First Nations individuals and communities.

In 2016/2017, the FNHA continued to support this health and wellness partnership through a blend of community events and strategic partnerships. Advancements were achieved to transform from a sickness system to a wellness system, particularly in the areas of cultural safety and humility and the development of an Indigenous cancer strategy.

Efforts in the area of tobacco control continued over 2016/2017 and the FNHA was proud to partner on and support the Tobacco Timeout contests, youth prevention initiatives and the Inside Out awareness campaign.

We were also proud to continue partnering with youth and Elders across the province on their wellness journeys at the 40th annual Elders Gathering and the 15th annual Gathering Our Voices youth conference. Once again, the FNHA provided health screenings for youth and Elders at these gatherings.

Left: On March 1, 2017, the 23 health regulatory bodies in BC declared their commitment to making the health system more culturally safe for First Nations and Aboriginal people. In signing the Declaration of Commitment to Cultural Safety and Humility, these BC health professionals are the first in Canada to make their systems-wide pledge.

In 2016/2017, through the FNHA's Summer and Winter Wellness Grants, First Nations across BC hosted 135 Winter Wellness events and 107 Aboriginal Day of Wellness events. The FNHA also partnered with families and communities to end violence against women and girls through grants that supported applicants with the adoption of Commitment Sticks, a symbol of living violence-free.

While this year has seen much progress, we continue to learn that embedding the First Nations Perspective on Health and Wellness and cultural safety and humility into an acute care-based system is complex and takes time. Additionally, work in the areas of FNHA's wellness strategy, Tripartite Evaluation Plan and Evaluation Framework continued throughout the year and is ongoing.

We look forward to continued work with BC First Nations communities on their perspective on health and wellness and to share their positive and wellness-based cultural approaches and practices with the broader health system in BC and beyond.

Cultural Safety and Humility



Over the past year, the FNHA continued to work with partners to increase cultural safety and humility in health-service delivery for First Nations and Aboriginal people in BC.

This year the Cultural Safety and Humility Policy Statement was finalized and shared with BC First Nations and system partners. Cultural safety and humility is part of the work plans and discussions of all five regional partnership accord tables and is embedded in Provincial Health Services Authority (PHSA), Providence Health Care, BC Coroners Service and JPB work plans. The FNHA's cultural safety and humility implementation plan was developed with five key areas, including a complaints process, policy statement, campaign, training and partnerships.



2016/2017 FNHA CULTURAL SAFETY AND HUMILITY ACTION SERIES

The FNHA partnered with the BC Patient Safety & Quality Council (BCPSQC) to offer a Cultural Safety and Humility Webinar Action Series. The aim of the series was to raise awareness of cultural safety and humility and to encourage learning, self-reflection and behaviour change among health-care professionals by growing a network of allies.

WEBINAR FEEDBACK

RESPONDENTS WHO INDICATED THAT THEY WILL APPLY WHAT THEY LEARNED TO THEIR WORK

96%

RESPONDENTS WHO BELIEVE THE WEBINAR HELPED THEM UNDERSTAND HOW CULTURAL SAFETY AND HUMILITY CONTRIBUTES TO QUALITY

93%

RESPONDENTS WHO WOULD RECOMMEND THE WEBINAR SERIES TO A COLLEAGUE

94%

Five of 12 webinar events were offered in 2016/2017. The webinars were attended by professionals and leaders within and outside the health sector, academics and researchers, nurses, students and individuals working in quality improvement.

STRONGLY
DISAGREE

DISAGREE

UNDECIDED

AGREE

STRONGLY
AGREE

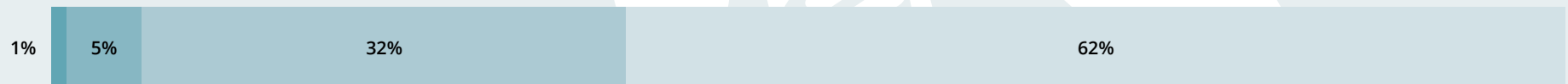
1. I WILL APPLY WHAT I LEARNED TODAY IN MY WORK.



2. THIS SESSION HELPED ME UNDERSTAND HOW CULTURAL SAFETY AND CULTURAL HUMILITY CONTRIBUTES TO QUALITY.



3. I WOULD RECOMMEND THIS WEBINAR SERIES TO A COLLEAGUE.



WEBINAR ATTENDANCE AND VIDEO VIEWS

TOTAL ATTENDANCE
1,848

"CULTURAL SAFETY AND HUMILITY ADVANCE PATIENT-CENTRED CARE FOR FIRST NATIONS PATIENTS BY HELPING THEM FEEL SAFE WHEN RECEIVING CARE. THIS ACTION SERIES WILL BE A RESOURCE FOR CARE PROVIDERS AND OTHERS WHO WANT TO DEVELOP TOOLS AND SKILLS FOR DOING SO."



- Christina Krause,
Executive Director of the BCPSQC

WEBINAR ATTENDANCE AND VIDEO VIEWS

DATE	THEME	PRESENTER	ATTENDEES	VIEWERS
OCTOBER 4 2016	Leading a Framework for Cultural Safety and Humility	Joe Gallagher	328	728
NOVEMBER 2 2016	Reconciliation, Health and Wellness	Shelley Joseph	397	728
DECEMBER 7 2016	Situating Cultural Safety to Your Sphere of Influence	Brad Anderson, Vanessa Mitchell	366	297
JANUARY 4 2017	Intergenerational Trauma and Institutional Avoidance	Dr. Evan Adams	530	298
FEBRUARY 1 2017	Pursuing Cultural Safety - Fraser Health Debrief Circles	Vishal Jain, Carol Peters and Dina Lambright	216	121
TOTAL ATTENDANCE			1,848	

"Attendees" participated in the live webinar event; "Viewers" viewed the recorded webinar online.

OVER 650 PLEDGES AND COMMITMENTS TO CULTURAL SAFETY AND HUMILITY

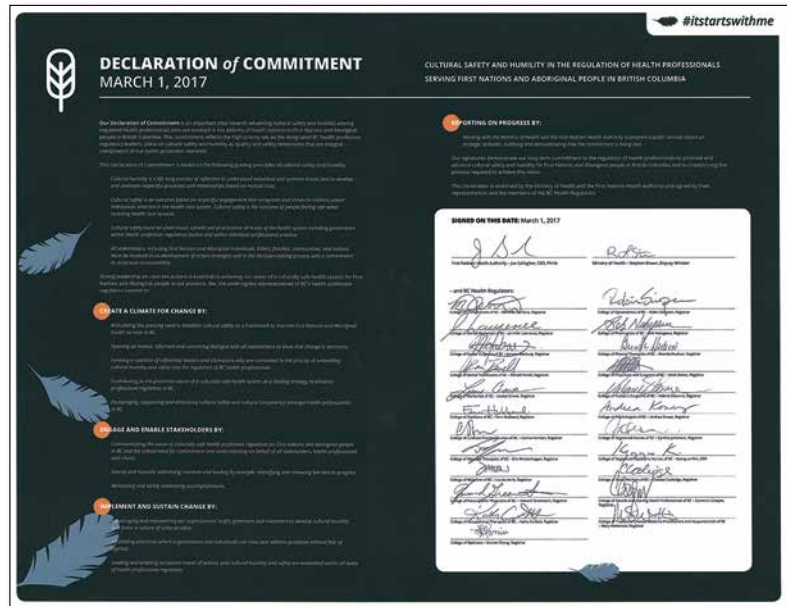
This fiscal year, more than 650 FNHA employees, partners and health leaders pledged their commitments to cultural safety and humility.



PARTNERS IN CULTURAL SAFETY AND HUMILITY

On March 1, 2017, 23 health regulatory bodies in BC signed the Declaration of Commitment to Cultural Safety and Humility, marking their commitment to make the health system more culturally safe for First Nations and Aboriginal people. The Declaration commits the regulatory bodies to report on their progress via annual reports outlining strategic activities that demonstrate how they are meeting their commitment to cultural safety. BC health regulators are the first in Canada to make a formal pledge of this kind.

“AS THE LARGEST GROUP OF REGULATED HEALTH PROFESSIONALS IN BC, NURSES ARE IN A UNIQUE POSITION TO BE ABLE TO EFFECT REAL CHANGE WITHIN THE SYSTEM. THE COLLEGE OF REGISTERED NURSES OF BC IS ENCOURAGING NURSES TO CONSIDER HOW THEIR PRACTICE CAN HELP ACHIEVE POSITIVE HEALTH OUTCOMES FOR ABORIGINAL PEOPLES, AND TO SPEAK UP AND ADVOCATE FOR ABORIGINAL PEOPLES WHEN THEY SEE DISCRIMINATION OR BIAS.”



- Cynthia Johansen,
Registrar/CEO of the College of Registered
Nurses of BC

HOW ARE OUR HEALTH-SYSTEM PARTNERS ACTING ON THEIR COMMITMENT TO CULTURAL SAFETY?

Following the signing of the Declaration by all health authority CEOs in July 2015, a number of exciting cultural safety initiatives have been championed by our health authority partners and other health organizations.

SOME OF THIS WORK INCLUDES:

- Island Health’s partnership between in-hospital and FNHA-employed Nurse Navigators to support seamless transitions of care for Aboriginal clients
- Vancouver Coastal Health’s new cultural protocol guide and cultural safety framework
- Northern Health’s development of cultural safety resources, including local community-driven cultural safety resources, cultural safety webinar and an educational fact sheet, video and poster for health staff
- Fraser Health’s implementation of a joint Cultural Safety Working Group with FNHA staff
- Interior Health’s new Aboriginal Cultural Safety Educator position, now facilitating sessions with 600 employees, including executives and Board of Directors
- PHSA’s development of intervention tools and strategy for responding to culturally unsafe policy and practices in BC



First Nations and Indigenous Cancer Strategy

Over 2016/2017, the FNHA made progress in setting the stage for a new era of partnered work in cancer.

The following was completed last year in partnership with BC Cancer Association (BCCA), BC Association of Aboriginal Friendship Centres (BCAAFC) and Métis Nation BC (MNBC):

- Canadian Partnership Against Cancer grant completed March 31, 2017 (\$950,000 over three years)
- Cancer patient forum held in Prince George (approximately 100 attendees)
- Cancer support booklet developed
- 119 BCCA staff attended sessions to learn about Indigenous cancer issues and the benefit of enrolling in the PHSA San'yas course to improve cultural safety in cancer care

The FNHA continued to work with the BCCA, BCAAFC and MNBC to create an Indigenous cancer strategy. The plan will support communities and individuals in preventing cancer before it starts; detecting cancer before symptoms appear; receiving culturally safe cancer care treatment; and experiencing supportive survivorship and end-of-life journeys.

In March, the FNHA and UBC partnered to create a new \$3 million First Nations Health Authority Chair in Cancer and Wellness. The chair will focus on the impact of cancer on the health and wellness journeys of First Nations people and their families. The chair will take a holistic approach to developing strategies to prevent and address cancer, acknowledging how colonization, racism, marginalization and poverty have led to the current disparity in health outcomes.



In March 2017 the FNHA and UBC created a faculty position dedicated to improving cancer outcomes and overall wellness among First Nations and Indigenous people. Above FNHA CEO Joe Gallagher (left) looks on as UBC President Dr. Santa Ono is blanketed during a Coast Salish ceremony hosted by Musqueam.

UBC CANCER CHAIR HIGHLIGHTS

10 YEARS

\$3 million commitment between the FNHA and UBC

“FIRST NATIONS AND INDIGENOUS PEOPLE SHOULD HAVE ACCESS TO CULTURALLY SENSITIVE MEDICAL PRACTICES THAT PROMOTE WELL-BEING AND ADDRESS THEIR NEEDS. I AM THRILLED UBC CAN PLAY A PART IN THESE EFFORTS THANKS TO THE FUNDING MADE AVAILABLE THROUGH THIS PARTNERSHIP WITH THE FIRST NATIONS HEALTH AUTHORITY.”

- Dr. Santa Ono, UBC President and Vice-Chancellor



FIRST NATIONS ART INSTALLATIONS AT SIX CANCER CENTRES

The FNHA has partnered with the BCCA, BCAAFC and MNBC to unveil new Indigenous artwork in each of its six cancer centres around the province. Each art installation reflects the traditional territories on which the cancer centres reside and represents an important step toward the creation of culturally safe spaces for cancer care. The process of procuring and installing the art was used to build local and regional relationships between the FNHA, regional BCCA centres and local First Nations communities. The unveiling took place February 28, 2017.

Syexwaliya / Ann Whonnock leads a song at the kick-off event of the FNHA, BCCA, BCAAFC and MNBC Indigenous artwork partnership in late February 2017.



GAIL GUS - INDIGENOUS CANCER PATIENT PROFILE

"For myself, I was trying to find that balance between western and traditional, that was what was going on with me. It was something I was already practising before. I put my faith in both and it all came down to my faith. I didn't rank one against the other. I didn't do that. It was really important for me to put my faith out there. And I had such a huge team without me even asking for it.

It's like when I was in the hospital, somebody sent a traditional healer there for me and he did some work on me. He did some chanting and after it was all done, the nurse who came in and did my vitals says she found that every time there was traditional work, the vitals were really good. She was open to it."

"WE NEED MORE MEDICAL STAFF TO BE OPEN TO OUR TRADITIONAL VALUES."

~ Gail Gus, Tseshaht First Nation

Building Health Capacity

Through partnerships with the First Nations Education Steering Committee (FNESC), First Nations Schools Association (FNSA), UBC Summer Science initiative and the New Relationship Trust (NRT), the FNHA invested more than \$850,000 to promote health and science-related careers, provide scholarships and bursaries, and support health and wellness education for First Nations students.

Thirty-nine communities were funded to assist with building interest and capacity in health and science careers. Activities included health career fairs, field trips to post-secondary institutions, and math and science tutoring clubs.

This year the FNHA invested in the FNESC/FNSA Get Healthy Stay Healthy project, which encourages physical activity and healthy eating through activities in BC First Nations schools. The FNHA also supported the FNESC/FNSA Friends for Life initiative, which is an anxiety prevention and resiliency program taught in the classroom.

Health and Science Career Promotion Program - Partnership with FNESC

FNESC partnered with the Heskwe'en'scutxe Health Society on a project that provided Cook's Ferry community members with the opportunity to meet and hear speakers share experiences from their health and science careers. One of the main project goals was to bring community members together and to get youth to start thinking about education and career planning.

FNHA also contributed to UBC's Summer Science program, which brought together 56 Indigenous high school students from urban and rural communities throughout BC and other parts of Canada.

TOTAL FNHA HEALTH CAPACITY FUNDING
\$850,000+

STUDENTS FUNDED THROUGH SCHOLARSHIPS
AND BURSARIES
77

COMMUNITIES FUNDED FOR
HEALTH CAREER ACTIVITIES
39

SCHOLARSHIPS AND BURSARIES WITH NRT
\$452,650 IN SCHOLARSHIPS

**TOTAL INVESTMENT IN PARTNERSHIPS
WITH FNESC:**

GET HEALTHY STAY HEALTHY PROJECT
\$50,000

FRIENDS FOR LIFE INITIATIVE
\$50,000

SEVENTH GENERATION CLUB
\$50,000

HEALTH AND SCIENCE CAREER
PROMOTION PROGRAM
\$200,000

UBC SUMMER SCIENCE PROGRAM
\$48,770

Health Screening

As a health and wellness partner to BC First Nations, the FNHA continued to provide health screenings and wellness assessment services at various events over the year. The FNHA provided health screenings at the Elders Gathering and All Native Basketball Tournament and offered a “wellness area” at the Gathering Our Voices youth conference.



For some Elders, the FNHA and partners health screening at the BC Elders Gathering may be their only interaction with a health provider for the year.

GATHERING OUR VOICES YOUTH CONFERENCE – WELLNESS ROOM

OVERALL RESPONDENT SATISFACTION WITH THE
FNHA WELLNESS ROOM AT GATHERING OUR VOICES
83%

HEALTH AND WELLNESS AREA AT GATHERING OUR VOICES

- Physical Activity Planning
- Nutrition and Diabetes education
- Lung Assessments (Carbon Monoxide testing)
- Oral Health Care
- Wii Station

ELDERS GATHERING

RESPONDENT SATISFACTION WITH
WELLNESS SCREENINGS
94%

HEALTH SCREENING NUMBERS

QUITNOW CARBON MONOXIDE LUNG ASSESSMENTS
75

FNHA INJURY PREVENTION AND
FALL RISK ASSESSMENTS
37

KIDNEY FOUNDATION OF BC SCREENS
85

ORAL HEALTH SCREENING ASSESSMENTS
80

2016 ALL NATIVE BASKETBALL TOURNAMENT HEALTH CHECKUPS

Health checkups were performed at the 2017 All Native Basketball Tournament with the support of two community health representatives. In partnership with Northern Health, the event was hosted in Prince Rupert, February 13-17. Through wellness checks, 49 per cent of individuals screened learned that at least one of their measures was outside of target. They were directed to a nursing educator, their family doctor or home nurse for follow up.

- Total individuals screened: **138**
- Women screened: **88**
- Men screened: **50**

HEALTH CHECKUPS INCLUDED:

- Blood Pressure
- Hemoglobin
- Triglycerides and Blood Sugars
- Cholesterol Profile



Health screening at the All-Native Basketball Tournament in Prince Rupert was a huge success thanks to many volunteers and our partners at Northern Health. A total of 138 individuals were screened this year in what is now becoming an annual opportunity to access services during the event.

Overdose Crisis - Sharing Tools and Resources

In April 2016, BC's Provincial Health Officer (PHO) declared a public health emergency in response to the rise in drug overdoses and deaths. In addition to work that was already underway to address the crisis, the FNHA focused on a health literacy campaign to reach BC First Nations, including information on harm reduction, treatment centres and education around take-home naloxone. Our harm reduction approach aims to meet people where they are at with open arms, acceptance and compassion—not judgment or shame. Harm reduction recognizes that every life is valuable and that substance use and addiction are complex and challenging. The FNHA also published several blogs related to the overdose crisis, including one from Chief Medical Officer Dr. Evan Adams, "Drug Use is a Health Issue, Not a Moral Issue."

CAMPAIGN EFFORTS INCLUDED:

- Dedicated FNHA overdose portal www.fnha.ca/overdose that includes lifesaving information and community resources
- Enhancement of Treatment Centres section on FNHA website
- Targeted web blogs and a suboxone series shared through FNHA electronic newsletter, social media channels and community newsletters
- Participation in weekly BC Overdose Crisis Communications working group
- Full integration with BC Ministry of Health Social Marketing Campaigns
 - *Out of home poster campaign (direct mailed materials to all BC First Nations)*
 - *Social Media campaign*
- Quarterly FNHA overdose response efforts updates
- Joint reporting with Ministry of Health through public bulletins
- Development of a video testimonial, the Shane Baker story



Right: Screenshots from the video project showcasing Shane Baker's personal story of opioid recovery. Shane credits his recovery to building a meaningful connection with his First Nations culture, speaking openly about his experience and support from his family. Watch it on the FNHA YouTube channel.

COMMITMENT STICK CEREMONIES HELD

INTERIOR REGION

26

NORTH REGION

11

VANCOUVER COASTAL REGION

14

FRASER SALISH REGION

23

VANCOUVER ISLAND REGION

8

COMMITMENT STICKS

This year the FNHA partnered with Esk'etemc First Nation and the five regions to offer grants to support awareness of and end violence against women and girls. Grants of \$1,000 were available to all First Nations communities in BC who wanted to host an event or ceremony focused on this issue.

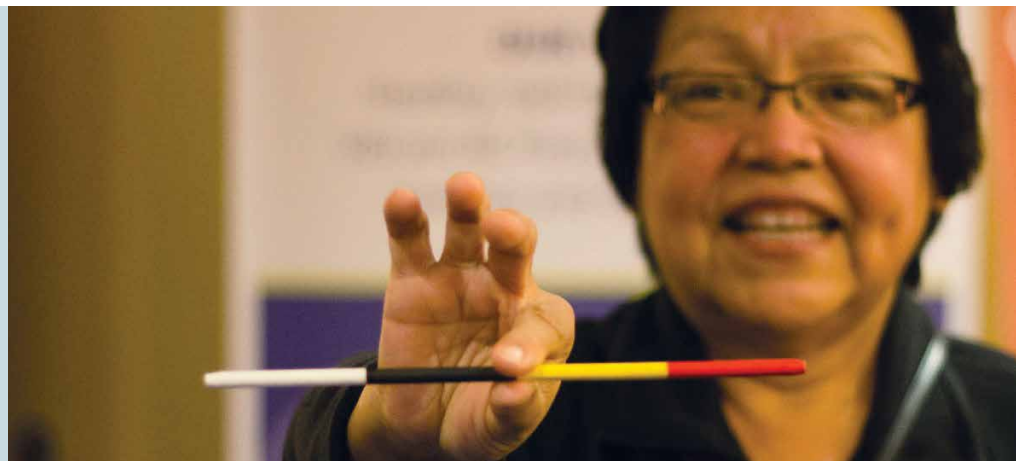
Eighty-two communities hosted various inspiring events and ceremonies across the province.

Commitment Sticks are a gift from the Esk'etemc community. The FNHA was honoured to see Hereditary Chiefs, Chiefs and frontline health-care workers proactively take up this commitment and work together to support families that experience the trauma associated with violence and abuse.

The FNHA supported 82 communities with grants of \$1,000 to hold ceremonies and events in 2016/2017.

Each Esk'etemc Commitment Stick is a symbol of a personal commitment to live a violence-free life and to actively stop others who are committing violence against Indigenous women and girls.

The idea of the Commitment Sticks came from Esk'etemc Elder Fred Johnson Sr., with the support of Chief Charlene Belleau. Commitment Sticks represent working together on issues involving violence against Indigenous women and girls. Elder Fred Johnson and his family prepare each Commitment Stick with prayer.



“THE ESK’ETEMC VISION IS THAT WE STRIVE TO STAND WITH DIGNITY BEFORE OUR ELDERS AND CHILDREN, AND THAT WE WILL NOT ALLOW ANOTHER GENERATION OF OUR WOMEN AND CHILDREN TO FALL VICTIM TO A CYCLE OF ABUSE AND VIOLENCE.”



– Esk’etemc First Nation Chief Charlene Belleau

COMMUNITY PROFILE

Strong Women and Girls Event - Tsleil-Waututh Nation

On March 23, 2017, the Tsleil-Waututh Nation hosted a Commitment Stick event within the Vancouver Coastal Region.

Forty women and girls gathered for a luncheon, where they heard from inspiring female speakers and participated in a community art project, the Unity Blanket. The goal of the event was to promote positivity and unity among Tsleil-Waututh Nation women as well as the messages that supporting each other is crucial and that inspiring the younger generation is a community priority. The event received much positive feedback and the community considered it a great success.



FNHA Vancouver Coastal team members at the Tsleil-Waututh Nation Strong Women and Girls Event.

Respecting Tobacco

First Nations Health Authority
 April 11, 2016 · 🌐

Congrats to June Jimmie for winning the Tobacco Timeout Challenge for April. June has been smoke-free for over 5 weeks now!
 View all the post winners here:
<https://www.quitnow.ca/contest/faq/tobaccotimeout>



Congratulations!

109 Likes 14 Comments

Brandee Felix-Hall, Stephanie Campbell, Mandy Beth and 106 others like this

View 12 more comments

Fran Hanuse Julius Way to go June Jimmie I am just a little over 2 years smoke free.
 April 12, 2016 at 7:05pm - Edited

Luna Jimmie Still smake free!!
 1 April 11 at 4:12pm

TOBACCO TIMEOUT

The FNHA continued to hold a monthly provincial quit contest on the first Tuesday of each month. Contestants signed up to quit commercial tobacco for 24 hours and were entered into a draw to win a cash prize. The Tobacco Timeout challenge is a short-term quit campaign encouraging Aboriginal people in BC (and all smokers in BC) to quit tobacco for 24 hours. Studies show that it usually takes multiple quit attempts before successfully quitting smoking.

577 people signed up to participate
24 Tobacco Timeout winners

Your journey begins here.

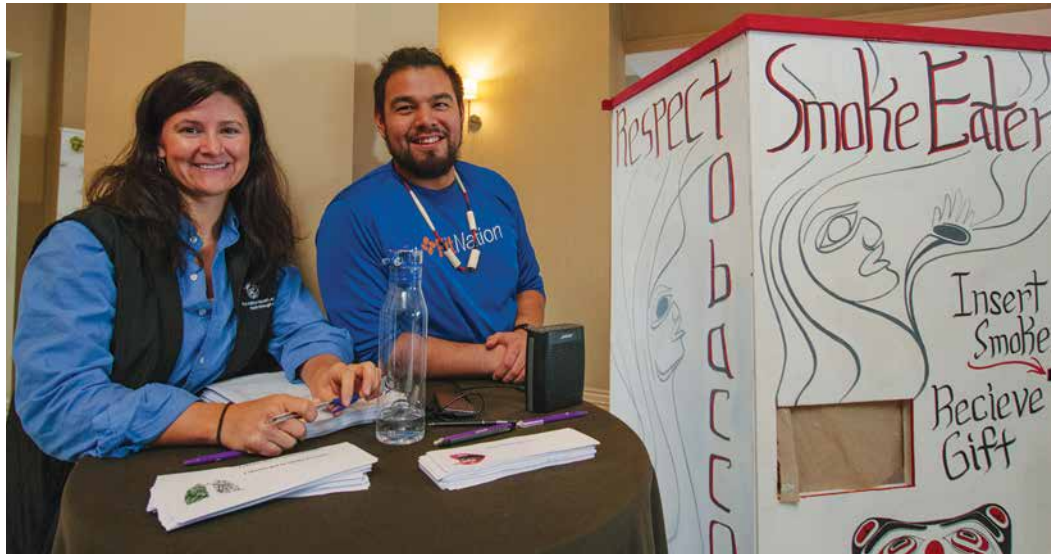
Take the first step to being smoke free with the Tobacco Timeout Challenge. Quit smoking for 24 hrs for a chance to win one of two **\$250 cash prizes.**

Sign up today at
TobaccoTimeout.ca



#TobaccoTimeout

YOUTH GIVE UP CIGARETTES TO “SMOKE EATER”



FNHA and partner staff beside the legendary Smoke Eater at the Gathering Our Voices youth conference.

During the 2017 Gathering Our Voices youth conference, the FNHA and Indigenous Sport, Physical Activity and Recreation Council collected valuable feedback from youth on why they choose to or not to smoke.

The “Smoke Eater,” a machine that “ate” cigarettes, was set up in the main foyer to encourage youth to deposit their cigarettes, provide their feedback and receive a small prize.

In total, the FNHA collected 210 individual responses over the duration of the conference, with 201 youth answering “why I choose not to smoke” and nine answering “why I choose to smoke.”

INSIDE OUT CAMPAIGN

The Inside Out campaign is a partnership between the FNHA and BC Lung Association that aims to build awareness among families about second-hand smoke and how to work toward making the home a smoke-free space. This year, BC Lung Association Health Promoters, with the assistance of the FNHA Community Engagement Coordinators, participated in 24 events, such as community gatherings and career fairs, across the Fraser Salish, Interior and North Regions.

IN TOTAL, MORE THAN 1,000 PEOPLE VISITED THE INSIDE OUT BOOTHS AND 415 FEEDBACK FORMS WERE COLLECTED.

RESPONDENTS WHO SAID THEY LIKED THE INFORMATION AT THE BOOTH

70%

INDICATED THAT SMOKING OUTSIDE WAS IMPORTANT OR VERY IMPORTANT


96%

Elders and Youth Engagement

ELDERS GATHERING

Over 3,000 First Nations and Indigenous Elders from across BC gathered from July 11-14, 2016 on T'exelcenc traditional territory in Williams Lake for the 40th annual BC Elders Gathering. The FNHA was a co-presenting sponsor of the Elders Gathering and viewed the event as a way to connect with Elders, their families and supports, and to ground the FNHA's work within community.

Some highlights included keynote speeches by Dr. Evan Adams, FNHA Chief Medical Officer, and Lydia Hwitsum, FNHA Board of Directors Chair, and a screening of the Elders-Youth Video Project—an intergenerational dialogue video series.



ELDERS GATHERING

ELDERS IN ATTENDANCE
3000+

WELLNESS SCREENING SATISFACTION
94%



ELDERS ENGAGEMENT FAIR

100% RESPONDENT SATISFACTION WITH ELDERS ENGAGEMENT FAIR

The FNHA Engagement Fair featured panel speakers and an opportunity for Elders to share their stories and experiences with FNHA staff to shape our work in the areas of traditional medicines and end-of-life care. Elders were also invited to receive an annual health checkup at the FNHA health and wellness screening station. The FNHA offered carbon monoxide assessments, injury and fall prevention assessments, kidney screenings, oral health screenings and traditional/cultural support.

The FNHA hosted three panel presentations over the course of two days to introduce the organization's work. These presentations laid the foundation to effectively invite and deliver both individual and group interviews. The FNHA created a safe engagement space where Elders felt comfortable and supported in their discussions and interactions with FNHA staff from the moment they entered.



FNHA Board members participating in the Elders Engagement Fair panel presentations.

FEEDBACK FROM THE ELDERS: END-OF-LIFE DISCUSSION

During the End of Life Engagement, Elders shared valuable feedback on culturally safe end-of-life care, including the need for:

- Physical spaces and care providers that are culturally safe and accommodate cultural practices
- Conversations about advanced care planning in their families and communities, and the leadership and resources to encourage these discussions
- A return to traditional ways for the end of life (though they see challenges in dealing with the health-care system, funeral homes, coroners and related institutional barriers)
- Ways to accommodate people who are at the end of life to die in their communities, or if they are leaving their communities, to provide ways to help them connect with family and home
- Supports to help cope with sudden loss

GATHERING OUR VOICES YOUTH CONFERENCE

The 15th annual youth gathering, Gathering Our Voices, took place in Kelowna, BC in March 2017. Once again, the FNHA was the official health and wellness partner to the four-day event, offering five workshops, a keynote presentation from Dr. Evan Adams on harm reduction, a wellness area to provide youth with tools to monitor their own health and wellness, and various other resources.

74% overall satisfaction with Gathering Our Voices workshops

GATHERING OUR VOICES

- 1,000+ attendees
- Five FNHA workshops offered:
 - *Indigenizing Health and Sexuality*
 - *All My Intimate Relations: Personal Privacy in the Social Media Age*
 - *Resilient Youth: Common Myths of Mental Health*
 - *Crash! Bang! OUCH! New Ways of Thinking About Injury*
 - *Foundry: Help Share a Movement to Improve Youth Wellness*

FNHA WELLNESS AREA

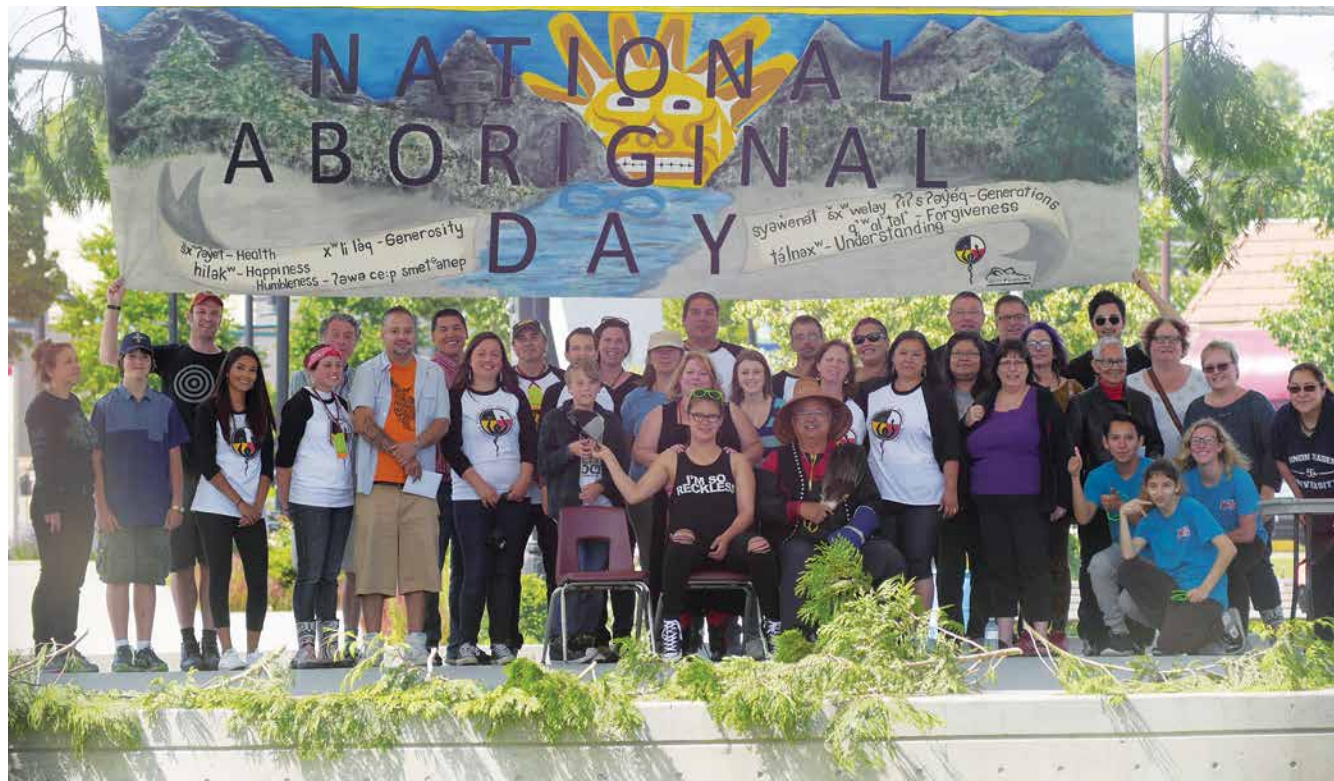
To continue highlighting the FNHA's commitment to Indigenous youth, the wellness area was set up to provide youth the tools to monitor their own health and wellness. In previous years the FNHA has had individual health screening and assessments delivered to youth. However, this year the approach was more open, providing youth the chance to choose what areas of their wellness they would like to learn more about. Each of the stations had their own wellness-specific activities.

83% overall satisfaction with the FNHA Wellness Area at Gathering Our Voices

Dr. Evan Adams, FNHA Chief Medical Officer speaks to a packed room of youth and delegates at the 2017 Gathering Our Voices youth conference.



Summer and Winter Wellness Initiatives



The FNHA supported more than 100 Day of Wellness events in 2016. The Lower Fraser Valley Aboriginal Society (left) event took place on the traditional territory of the Kwantlen, Katzie, Matsqui and Semiahmoo First Nations.

The FNHA continues to partner with communities on their wellness by sponsoring the Summer and Winter Wellness initiatives.

Summer events are held to coincide with National Aboriginal day on June 21. Various communities held summer events that brought communities together to get out onto the land and connect with their traditional territories. Activities this year included guest speakers, traditional drumming, singing and basket making

as well as various community workshops. Some communities also held five to 10 km walks/runs, ending with healthy lunches consisting of traditional foods.

Winter events included activities such as winter sports, snowshoeing, canning and community Christmas feasts. These events allowed community members to come together and celebrate wellness and culture and promote local relationship building.

SUMMER/ABORIGINAL DAY OF WELLNESS

GRANTS AWARDED
107

FNHA CONTRIBUTION
\$202,622.27

ABORIGINAL DAY OF WELLNESS

The FNHA supports National Aboriginal Day as a day to celebrate and promote health and wellness by sponsoring organizations engaged in health or social service delivery with BC First Nations and/or Aboriginal peoples.

In 2013, the FNHA introduced the Annual Aboriginal Day of Wellness grants as a provincial initiative to sponsor community and regional events. For the third year, First Nations communities from across BC held their own wellness events with support from the FNHA Day of Wellness grants. This fiscal year, 107 events were held across the province.



NAK'AZDLI WHUT'EN CELEBRATE THEIR CULTURE AND WELLNESS

The Nak'azdli Whut'en hosted a June 21 Aboriginal Day of Wellness event supported by the FNHA to benefit and enrich the community and the larger district of Fort St. James. It was a large event, the first that the community has had of that magnitude, with more than 700 people in attendance.

Performance Measure: Participant Satisfaction with FNHA-Sponsored Wellness Events and Initiatives

Participant satisfaction with FNHA-sponsored wellness events, screenings and grants was on target for this year.

- 100% overall satisfaction with Winter Wellness Grants
 - 100% respondent satisfaction with Elders engagement fair
 - 94% respondent satisfaction with wellness screenings
 - 83% respondent satisfaction with wellness room at Gathering Our Voices
 - 74% overall respondent satisfaction with Gathering Our Voices workshops
-



Participants at Nak'azdli Whut'en Day of Wellness event.

"THIS EVENT BENEFITED OUR COMMUNITY BECAUSE IT BROUGHT NAK'AZDLI WHUT'EN AND THE COMMUNITY OF FORT ST. JAMES TOGETHER TO CELEBRATE OUR BEAUTIFUL CULTURE AND WE GOT TO SHOW THEM SOME OF THE THINGS THAT WE DO IN OUR CULTURE."

WINTER WELLNESS

In October 2016, the FNHA launched its third annual Winter Wellness Grant program. The theme was community or individual New Year's resolutions. Wellness events and initiatives included a transformational aspect that participants could implement in their lives or communities for the rest of the year, focusing on one or more of the FNHA Wellness Streams.

100% overall satisfaction with Winter Wellness Grants



WINTER WELLNESS

WINTER WELLNESS GRANTS AWARDED
135

FNHA CONTRIBUTION
\$222,496

FEEDBACK FROM COMMUNITIES

"This event has created a sense of pride among our Aboriginal powwow dancers, within the school and the community. It has helped build and strengthen relationships between students, community members, local bands and parents/guardians. This event helps the participants learn about the importance of being physical. It doesn't have to be something hard and not fun.

They learned that by doing something they love, they are improving their health and mental well-being. Our school is now aware of the importance of powwow dancing to our culture and our students. The staff and students are now aware of proper powwow terminology and an understanding of the importance of the dances."

- Salmon Arm Secondary School

"It is important to have community gatherings, because it keeps cultural ways alive. This culture thrives when people come together. It increases the amount of support from partners as well. Other departments within the Nation or other community partners can enhance their programming with small grants."

- 'Namgis First Nation

ESTABLISHING FIRST NATIONS HEALTH AND WELLNESS INDICATORS FOR THE NEXT 10 YEARS

Health and Wellness Indicators were launched at Gathering Wisdom VIII on November 30, 2016, in collaboration with the BC Office of the Provincial Health Officer (PMO). The Health and Wellness Indicators are a set of 15 indicators to help measure and report our progress over the next 10 years. They build off the seven health indicators established in the Transformative Change Accord: First Nations Health Plan (TCA:FNHP), with particular focus on wellness outcomes that reflect the First Nations Perspective on Health and Wellness. The renewed indicators and reports will support and inform policy, initiatives and approaches at various levels (community, Nation, within and across sectors and levels of government).

Dr. Evan Adams, Chief Medical Officer of the FNHA and Dr. Perry Kendall, Provincial Health Officer with the Ministry of Health presented "Towards a Ten-Year Population Health and Wellness Agenda" at Gathering Wisdom for a Shared Journey VIII.



PARTNERING ON RESEARCH THAT HONOURS INDIGENOUS WAYS OF KNOWING



The FNHA was successful in submitting a research proposal to the Canadian Institutes of Health Research, titled, “First Nations Health and Wellness Indicator Development in British Columbia: The Role of Indigenous Knowledge.”

The project will work to integrate holistic wellness indicators to monitor and track the health and wellness of First Nations people. The FNHA and our

partners in this proposal, the Office of the PHO and Simon Fraser University (SFU), will receive a grant of \$150,000 to bring the project to life over the next 10 years.

The research will explore ways to better incorporate Indigenous Knowledge (e.g., storytelling) in the development of health and wellness indicators.



GOAL THREE



ADVANCE EXCELLENCE IN PROGRAMS AND SERVICES

The FNHA is responsible for designing, delivering, managing and funding health and wellness programs and services in partnership with BC First Nations. We are committed to quality improvement in delivering upon this mandate.

This year we introduced the FNHA Quality Agenda to support our families and communities on their health and wellness journeys. The FNHA's Quality Agenda clearly defines our priorities to improve the quality of health and wellness programs and services for First Nations.

In 2016, we implemented a multi-layered harm reduction and anti-stigma approach in response to the opioid crisis. This approach included providing naloxone training and kits to communities, community "town hall" events focused on overdose prevention, and working closely with government partners to encourage shifting to a trauma-informed and culturally safe approach to opioid response.

As a First Nations health organization, we know the importance of trauma-informed care and have begun to build capacity in this area at the community level. We initiated the "Roots of Trauma" training sessions across BC, where 231 frontline service providers have been trained to date. We also supported culturally safe and trauma-informed crisis care through the KUU-US Crisis Line, responding to more than 23,000 calls.

Left: In July 2016, the FNHA announced the recognition of dental hygienists as independent service providers within First Nations Health Benefits. Direct access to dental hygienists, who are primarily focused on oral disease prevention and oral health promotion, is aligned with the FNHA's commitment to transform health programs upstream with a focus on health and wellness.

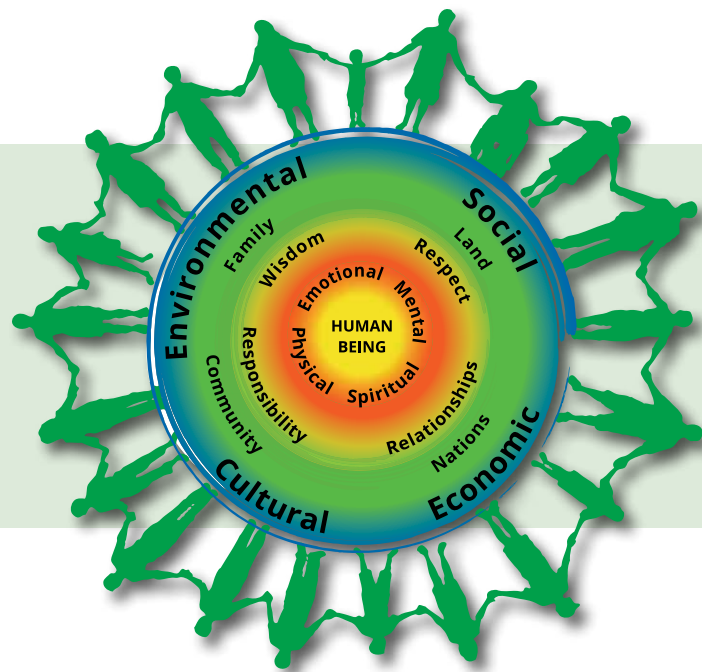
This year the FNHA started to measure client satisfaction with Health Benefits by introducing the Health Benefits Survey. Additionally, we brought oral health services closer to home, enhanced palliative care benefits and processed 3.1 million claims.

While we have made much progress, we continue to work on meeting challenges such as our work on data quality, the complexity of fully operationalizing new service delivery models and the time required to make improvements to agreements, planning and reporting.

In the year ahead we will concentrate on increasing access to First Nations-specific data to inform priority setting, program and services planning, and quality improvement. We will continue our work on the FNHA Traditional Wellness Guidebook and will also continue to actualize short-term improvements to health services while focusing on transforming these services with the support and direction of BC First Nations.

The FNHA Quality Agenda

The FNHA Quality Agenda defines the organization's priorities for quality improvement initiatives and associated measures under three perspectives of quality: FNHA Services, FNHA-Funded Community Services and Provincial Services. These perspectives reflect the FNHA's unique place in the health system and are grounded in the First Nations Perspective on Health and Wellness. Common threads across all three perspectives are lateral kindness and cultural safety and humility.



FNHA SERVICES

Ensuring First Nations people receive culturally safe and quality care from FNHA-delivered services

PROVINCIAL SERVICES

Engaging the broader system and advocating for First Nations interests to receive culturally safe services

FNHA-FUNDED COMMUNITY SERVICES

Promoting quality and cultural safety through FNHA-funded and -supported community services

The FNHA introduced the Quality Agenda to Health Directors and system partners at the Members Dialogue session and Best of Both Worlds session at BC Quality Forum 2017.



QUALITY FORUM PRE-FORUM: MEMBERS DIALOGUE SESSION – FEB. 28, 2017

Prior to the launch of Quality Forum, this half-day discussion with Health Directors focused on improving the quality of FNHA services for communities. Forty-one Health Directors and 20 FNHA employees participated. The intent of this dialogue was to have a conversation about the shared pursuit of quality between the FNHA and Health Directors.



“I LOOK FORWARD TO US MOVING COLLECTIVELY TOGETHER. WE ALL PLAY A ROLE IN OUR SUCCESS ... LET'S COMMIT TO THE BEST SERVICE FOR OUR PEOPLE!”

– Health Director During Members Dialogue

QUALITY FORUM: BEST OF BOTH WORLDS SESSION– MAR. 1, 2017

The Best of Both Worlds was a full day of learning hosted by the FNHA and BC Patient Safety & Quality Council (BCPSQC) during the Quality Forum. It was an opportunity for First Nations and health-system partners to engage in dialogue on health-service quality from a First Nations perspective and featured 12 interactive workshops on a variety of topics related to improving quality across the continuum of care. The Quality Forum was a great opportunity to share and learn new skills and strategies, discuss opportunities and challenges, and network with others interested in improving health care for First Nations.

QUALITY FORUM

DELEGATES
252

HEALTH DIRECTORS
41

WORKSHOPS
12

RESPONDENTS WHO FELT THE DAY SUCCESSFULLY EXPLORED THE CONCEPT OF QUALITY THROUGH AN INDIGENOUS HEALTH AND WELLNESS LENS
93%

RESPONDENTS WHO DEVELOPED AND STRENGTHENED RELATIONSHIPS BETWEEN INDIGENOUS AND NON-INDIGENOUS PROFESSIONALS WORKING IN HEALTH CARE
90%

RESPONDENTS WHO INDICATED THAT THEY WILL APPLY WHAT THEY LEARNED AT WORK
91%

RESPONDENTS WHO INDICATED THAT THIS BUILT CAPABILITIES ON THE FUNDAMENTALS OF QUALITY IMPROVEMENT
76%

COMMUNITY PERSPECTIVES ON QUALITY

The FNHA and FNHDA sponsored six scholarship recipients, three youth and three Elders from First Nations communities to attend the Quality Forum conference in Vancouver.

When asked what “quality in health care” meant to her, Melissa Barney of T’it’q’et (Lillooet) reflected,

“A BIG PART OF IT FOR ME IS PATIENT INCLUSION IN DECISIONS AND CONSULTING THEM AND ALWAYS MAKING SURE THAT THEY’RE IN THE LOOP.”

For Kendra Page of Cowichan Tribe and Tsawout First Nation, quality related directly to the FNHA’s cultural humility campaign.

“THE BREAK-OUT SESSIONS I ATTENDED WERE ALL FOCUSED ON HOW TO DEAL WITH CULTURAL HUMILITY AND SITUATIONS THAT NEED TO BE DEALT WITH, THINGS LIKE RACISM, TRADITIONAL BELIEFS, HOW IMPORTANT IT IS TO BE SUPPORTIVE TO OUR COMMUNITY. OUR COMMUNITIES NEED SUPPORTIVE HEALTH WORKERS THAT GIVE YOU CHOICES THAT RESPECT YOUR DECISIONS AND CULTURAL BELIEFS.”



Scholarship recipient Kendra Page (R) and mother Anna Page, pledge their vision of cultural humility in health services at Quality Forum.

Mental Health and Wellness

At the FNHA, our vision for mental health and wellness services is a culturally safe, culturally based, comprehensive and coordinated continuum of care—one that supports the mental health and wellness of BC First Nations while contributing to reconciliation and Nation-building.

The FNHA takes a holistic approach to what has typically been referred to as “mental health and substance use.” That is, our perspective on mental health and wellness involves moving away from a reactive, sickness-based approach toward a perspective that proactively fosters health through wellness.

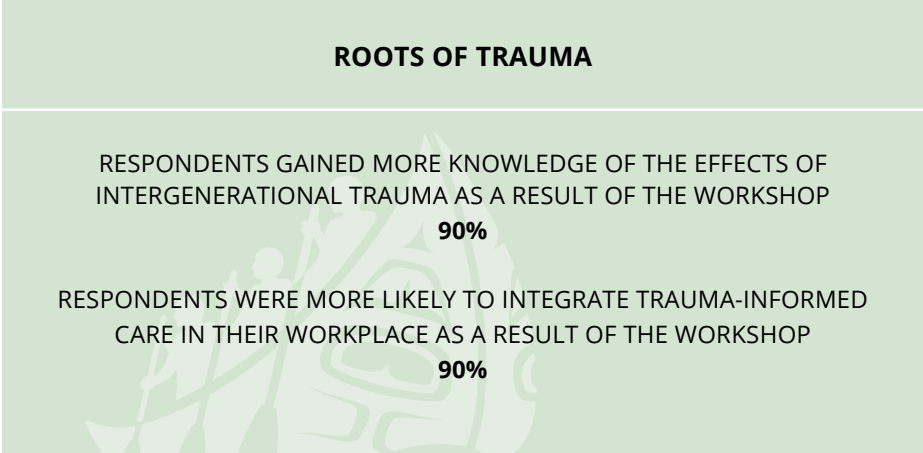
The FNHA recognizes the need for balance in mental, emotional, physical and spiritual health and also recognizes that substance use is often a symptom of underlying mental health and wellness concerns—including trauma and intergenerational trauma. With this perspective on mental wellness, we believe that all care must be provided in a trauma-informed and culturally safe way.

ROOTS OF TRAUMA TRAINING

The FNHA focused on building capacity for trauma-informed care with community-based frontline health service providers by initiating the “Roots of Trauma” training sessions across BC. A total of 231 frontline providers participated in three-day training sessions.

ROOTS OF TRAUMA TRAINING TOPICS:

- Addictions as related to intergenerational trauma and violence
- Psycho-biology of trauma
- Integration of cultural values
- Attachment, abandonment and trauma



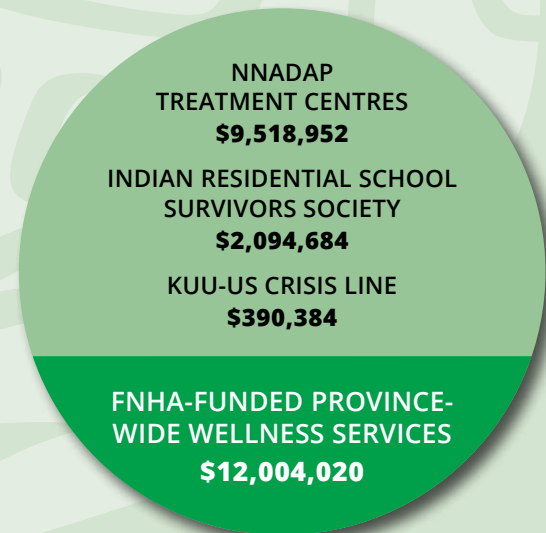
L-R: Yale First Nation Community Wellness Worker Patrick Blackhorse, FNHA Mental Wellness Advisor Jodie Millward and Dr. Gabor Mate take a moment out of the FNHA Roots of Trauma training that took place this year.

**FNHA SUPPORTED
BC FIRST NATIONS TREATMENT CENTRES**



FNHA TOTAL INVESTMENT IN MENTAL WELLNESS

\$53,035,831



MEET OUR MENTAL WELLNESS ADVISORS



Emmy Manson (Vancouver Island) is from the Saleatunut Snuneymuxw First Nation. She feels that in her role she is part of a healing legacy, holding space for crisis response and moving forward to address trauma. *"I am part of all mental health issues and support for my region with this work. I provide advice and my teachings guide my work to my 50 First Nations and also 'away-from-home' people and Island Health. As a [First Nations person] I feel responsible to deal with my personal healing and, doing so, I break the cycle for my children and am passionate about lateral love and kindness and 'it starts with me.'"*



Jodie Millward (Fraser Salish) is Métis with Anishinaabe and French ancestry from Bonnyville, Alberta. She says, *"My favourite part of this position is that I get to be witness to the growth and bravery of the communities and their people. It has been an honour to walk beside the Fraser Salish communities as they work toward mental, emotional, physical and spiritual wellness one step at a time."*



Shawna Nevdoff (Interior) is from the Secwepemc Nation and a member of Adams Lake Band. *"This role delves deep into my being and requires me to utilize the holistic skills I have learned from my culture, my teaching, my grandmother and mother, while also balancing academia and organizational systems in both the Western sense and traditional structures and processes."*



Karla Tait (North) is Wet'suwet'en, a member of Moricetown Band. *"In this role I am reminded daily of the wellness journey we are all on as individuals, as an organization, as communities and as Nations. I'm honoured to take this journey with our communities: that I'm in a position to offer teachings from my formal training tempered by my own cultural lens, and that I can learn from the vast cultural wisdom among the communities I serve. I take heart in the moments of growth."*



Cassandra Puckett (Vancouver Coastal) is from the Tahltan Nation in northern BC. She says, *"This role grants me the privilege of working with our Vancouver Coastal First Nations communities. I am humbled daily by the perseverance and fortitude of our communities as they work tirelessly toward health and wellness. It is a true blessing to be able to bring the cultural teachings I have been gifted and support communities during times of crisis, but just as importantly, to celebrate the successes with them as partners in wellness."*

CRISIS RESPONSE

As a health and wellness partner to communities, the FNHA prioritizes being responsive to community needs and direction when a crisis strikes in order to best support and coordinate crisis response activities with community leadership.

We now have more FNHA staff in the field through our regional teams; the organization also has more capacity to respond to crises than in the past. We have also focused on building necessary surge capacity for traumatic events, which means that the organization can be more responsive and support First Nations communities on an “as-needed” basis.

**The FNHA’s province-wide investment in crisis response:
\$1,021,415**

KUU-US CRISIS LINE

In May of 2016, the FNHA partnered with an established, culturally safe crisis response hotline to support First Nations and Aboriginal people across the province with immediate 24-hour, seven-days-a-week support services regardless of where individuals reside in the province.

KUU-US services are provided to First Nations and by First Nations. All crisis response personnel are certified and trained in Indigenous cultural safety and therefore bring an understanding of First Nations history and intergenerational trauma to their roles.

“KUU-US HAS DEVELOPED AN EXCELLENT CULTURALLY SAFE APPROACH FOR WORKING WITH OUR PEOPLE—BEFORE, DURING AND AFTER CRISIS. THE FNHA IS EXCITED TO HAVE PARTNERED WITH KUU-US TO MAKE THIS SERVICE WIDELY AVAILABLE, ESPECIALLY FOR THOSE LIVING IN SMALL AND REMOTE COMMUNITIES.”

– Joe Gallagher, Chief Executive Officer, FNHA

KUU-US CRISIS LINE

KUU-US FUNDING

\$390,384

CLIENT CALLS TO 1-800 NUMBER

23,033

FOLLOW-UP CALLS TO PEOPLE WHO ARE LOW TO MEDIUM RISK

1,975

SAFETY MONITORING CALLS TO PEOPLE WHO ARE HIGH RISK

3,453

INTERVENTIONS

1,783

(calls from KUU-US personnel to first responders who then physically check on high-risk clients who have missed pre-arranged phone appointments)

KUU-US
CRISIS RESPONSE SERVICES
1-800-KUU-US17 | 1-800-588-8717
CHILD/YOUTH: 250.723.2040 ADULT/ELDER: 250.723.4050

CULTURALLY SAFE
HELP AVAILABLE

24 HOURS A DAY
7 DAYS A WEEK

FIRST NATIONS AND
ABORIGINAL PEOPLES
HELPING FIRST NATIONS
AND ABORIGINAL PEOPLES

First Nations Health Authority
Health through wellness

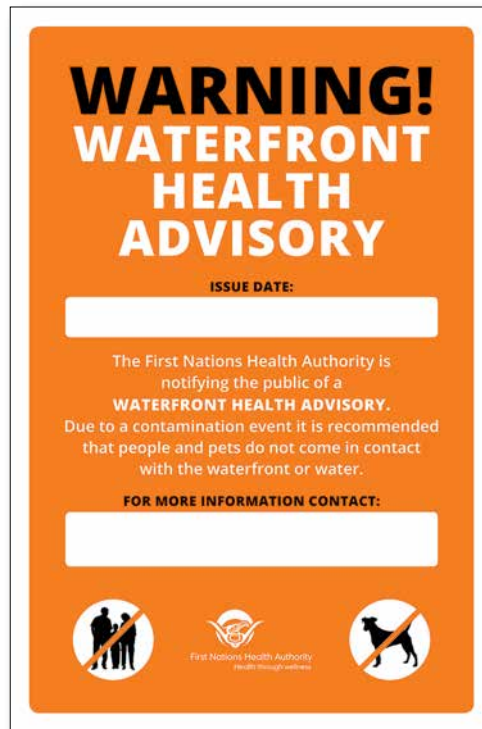
KUU-US Crisis Line Society

EMERGENCY RESPONSE

As a partner, the FNHA's crisis response protocol works to create a timely response with fewer barriers to access when called on by communities. In most cases this means support can be provided immediately during traumatic events.

EMERGENCY EVENTS THIS YEAR INCLUDED:

- Environmental: industrial accidents, natural disasters
- Social: violent events, suicide clusters



OVERDOSE AND HARM REDUCTION

In 2016, the province of BC declared a public health emergency in response to the opioid crisis. The FNHA has been actively engaged in local, regional, provincial and national initiatives related to the response to this crisis. We are using a multi-layered harm reduction and anti-stigma approach to support BC First Nations during this crisis and to prevent overdose deaths.



FNHA's response to the overdose crisis this year included among other things, hosting seven hands-on town hall events in partnership with First Nations communities.

NALOXONE KITS AND TRAINING

Naloxone is an injectable medication that can save lives by reversing the effects of an overdose from opioid drugs.

- The FNHA delivered naloxone training to more than 110 First Nations communities—more than half of the First Nations communities in BC.
- Over 70 First Nations health centres are registered to provide naloxone kits at no cost to First Nations individuals.



Gitxsan Nation member Shane Baker holds a naloxone kit. Removing barriers to naloxone access among First Nations communities, and training health professionals, allies and community members on how to use kits, was a significant focus this year.

SEXQELTQIN (ADAMS LAKE) HEALTH STAFF DISTRIBUTE NALOXONE KITS DOOR-TO-DOOR

Staff from Sexqeltqin (Adams Lake Band) decided to champion a local, community-based response to the overdose crisis with great results. NNADAP worker Jeromy Biron initiated the idea with Community Health Nurse Shauna Buchannon.

Jeromy and Shauna spearheaded a door-to-door walk of the community, talking about overdoses and distributing Take Home Naloxone kits. When all was said and done, they were able to get over 50 kits into community members' hands, along with the important training to go with them.

“OUR HEALTH CENTRE HAS HAD NALOXONE KITS SINCE LAST SUMMER BUT FOUND THAT THEY HADN'T REALLY BEEN ACCESSED. DESPITE REGULAR COMMUNICATION IN NEWSLETTERS AND NOTICES, PEOPLE WERE LARGELY UNAWARE THAT WE HAD THESE KITS,”

said Shauna.

Since the initial door-to-door push, the community has organized several educational town hall meetings. Also, health centre staff, along with many people at the Security and Fire Department, have been trained on how to use naloxone.

COMPASSION, INCLUSION & ENGAGEMENT

Compassion, Inclusion & Engagement (CIE) is a provincial partnership between the FNHA and the BC Centre for Disease Control (BCCDC) that collaborates with the regional health authorities. CIE's goal is to foster innovations in regional harm reduction services to make services culturally safe, inclusive and to decrease stigma.

CIE dialogue sessions are underway across the province and have been successfully completed in the Fraser Salish Region, northwestern BC and in the Interior (Kelowna and Kamloops). Dialogue sessions are being planned for other parts of the province in 2017/2018.

WORKING WITH GOVERNMENT PARTNERS

The FNHA is fully integrated with the provincial response to BC's opioid crisis. We are active on the Provincial Health Steering Committee led by Dr. Perry Kendall, BC PHO, and on all provincial task groups in direct partnerships with regional health authorities and the BCCDC.

The FNHA is working with our health-system partners to move to a sustainable opioid response with a trauma-informed and culturally safe approach. We are also closely monitoring the federal work that is underway with the Assembly of First Nations and other partners around the creation of a First Nations-specific opioid strategy.



At the FNHA-supported overdose town hall meetings, community members learn more about the nature of the overdose crisis, potential roots of substance use, and how they can hold space for non-stigmatizing community and family conversations around drug use. They also include hands-on training for responding to a person who is having an overdose such as the S.A.V.E. M.E. steps and administering naloxone.

“SUPPORTING COMMUNITIES DURING THE OPIOID OVERDOSE CRISIS HAS BEEN AN URGENT PRIORITY. WE PROVIDE INFORMATION ABOUT SUPPORTS AND TOOLS TO ALLOW COMMUNITIES TO RESPOND AS WELL AS POSSIBLE—ALWAYS KEEPING IN MIND THAT THE GOAL IS TO ENHANCE THEIR POWER TO BE SELF-DETERMINING, AND TO BE IN CONTROL OF THEIR INTERACTIONS WITH HEALTH SYSTEMS TO THE FULLEST EXTENT POSSIBLE.”



Dr. Shannon McDonald, FNHA Deputy Chief Medical Officer, is a member of Manitoba’s Métis Nation, with deep roots in the Anishinaabe Nation and the Red River Valley of Manitoba. Dr. McDonald is trained as physician and has post-graduate medical training in Community Medicine and Psychiatry.

PROFILE **INDIGENOUS WELLNESS TEAM**



Andrea Medley and Len Pierre are members of the FNHA’s Indigenous Wellness Team. Andrea is from the Haida Nation of Old Massett, Haida Gwaii and is the FNHA’s Indigenous Wellness Educator. Len Pierre, Indigenous Cultural Wellness Designer, is Coast Salish from the Katzie First Nation on Barnston Island. Together Andrea and Len visit communities to facilitate conversations about healthy sexuality, harm reduction and substance use through an Indigenous lens.

“Harm reduction and healthy sexuality are essential to overall well-being, but they are topics that many people struggle to discuss. I have the privilege of hosting these difficult conversations and I do so with humility and respect, taking care to ensure the conversations are culturally relevant and inclusive,” says Andrea.

“Our work involves decolonizing and de-stigmatizing behaviours associated with drug use and sexuality so that we restore cultural values of compassion, inclusivity and respect for the care of everyone in community,” says Len.

First Nations Health Benefits

The FNHA has made significant progress on some of the key goals for its Health Benefits program. Notably, the FNHA made strides to advance transformation of the organization's claims payment system with the signing of a Memorandum of Understanding (MoU) with the BC Ministry of Health (MoH) regarding access of FNHA clients to PharmaCare on February 14, 2017.

In order to give effect to this MoU, the BC MoH amended its regulations, providing FNHA clients with access to the full scope of the BC PharmaCare programs in a manner comparable to that which all other British Columbians access.

This milestone, and the collaborative manner in which it was achieved, is a tribute to the strong partnership the FNHA and BC's MoH have built. It demonstrates how our collaborative efforts are enabling us to re-design how BC First Nations access Health Benefits and services in an integrated manner with province-wide health benefits and services—one of our commitments set out in the Tripartite Framework Agreement.

Our progress was also marked with increased efforts to better serve Health Benefits clients and to improve the cultural safety and humility of Health Benefits providers. In addition to introducing the Health Benefits Client Satisfaction Survey, the FNHA also hosted our first-ever Health Benefits Open House to increase visibility into what we do. Our Health Benefits team set up stations to introduce Health Directors to the staff and the different areas of work they do.

The Health Benefits team opened the doors of its downtown Vancouver office and welcomed Health Directors and the FNHDA for the first-ever Health Benefits Open House tour. Visitors circulated to stations showcasing information about Health Benefits services and programs.

The FNHA partnered with the College of Dental Hygienists of BC (CDHBC) and the British Columbia Dental Hygienists Association to welcome independent dental hygienists as providers to the First Nations Health Benefits program, allowing them to be reimbursed for services provided to FNHA clients. The program requires dental hygienists, who are in good standing with the CDHBC, to undergo cultural safety training in order to qualify as providers. This new change opens up access to our FNHA clients to preventative and therapeutic services of an independent dental hygienist, with cultural safety training, closer to home.

The FNHA also enhanced our appeals processes this year. The organization has increased access to orthodontic benefits and to the provision of escorts when clients need to travel for health services.

Providing Health Benefits is a core part of FNHA business, and in 2016/2017, the FNHA continued its focus on service standards by meeting or beating the standards put in place to serve clients and providers.



INDIGENOUS CULTURAL SAFETY TRAINING FOR MENTAL HEALTH PROVIDERS

Two-hundred and seven of the 349 mental health providers serving FNHA clients have completed the San'yas Indigenous Cultural Safety training provided through Provincial Health Services Authority (PHSA). All new and existing mental health providers who offer services to FNHA clients are required to take the training within a one-year time period as part of our commitment to quality care for BC First Nations.



PALLIATIVE CARE IMPROVEMENTS

First Nations clients accessing palliative care benefits who wanted to die at home or in hospice previously faced delays and inequities in coverage. The FNHA worked with BC's provincial drug plan, PharmaCare, and Health Canada's Non-Insured Health Benefits representatives to create a streamlined and coordinated process to minimize coverage delays when a client is transitioning from hospital to community. Now PharmaCare no longer requires written confirmation from the FNHA that a drug is not covered before coverage kicks in.

HEALTH BENEFITS CLIENT POPULATION

FNHA'S ELIGIBLE CLIENT POPULATION

142,817 (as of March 2017)

GROWTH OF FIRST NATIONS HEALTH BENEFITS CLIENT POPULATION IN 2016/2017

1.1%

"OUR PALLIATIVE CLIENTS SHOULD BE ABLE TO FOCUS ON THE IMPORTANT THINGS, LIKE BEING WITH FAMILY. THE COMPLEXITIES OF COVERAGE AND WHO PAYS FOR WHAT SHOULD BE INVISIBLE—NOT A BURDEN ON THE CLIENT. THAT'S WHY IT WAS SO IMPORTANT FOR US TO FIX THIS."



- John Mah, VP Health Benefits

INCREASE IN THE NUMBER OF CLIENTS ACCESSING FNHA HEALTH BENEFITS

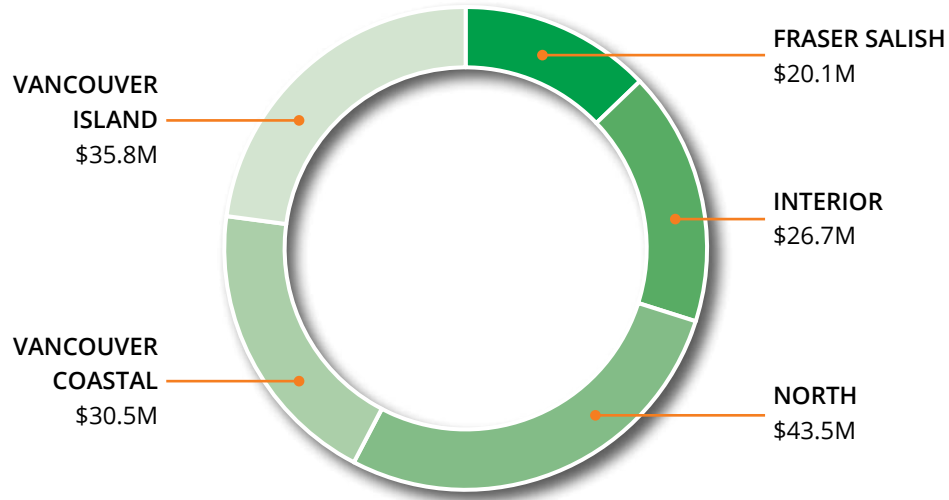
HEALTH BENEFIT PROGRAM	CLIENTS SERVED IN 2016/2017	GROWTH OF CLIENTS SERVED SINCE 2015/2016
Pharmacy	99,004	0.1%
Medical Services and Equipment	9,068	5.7%
Dental	58,685	0.5%
Medical Transportation*	843	1.6%
Vision Care	17,686	3.5%
Crisis Intervention Counselling	321	19.8%

*Note: Medical Transportation numbers do not include the number of clients served by contribution agreement funding

3.1 million claims processed in 2016/2017—an increase of 2.1%, or an additional 166 claims processed per business day

\$177 million expenditure on Health Benefits claims—an increase of 3.7%

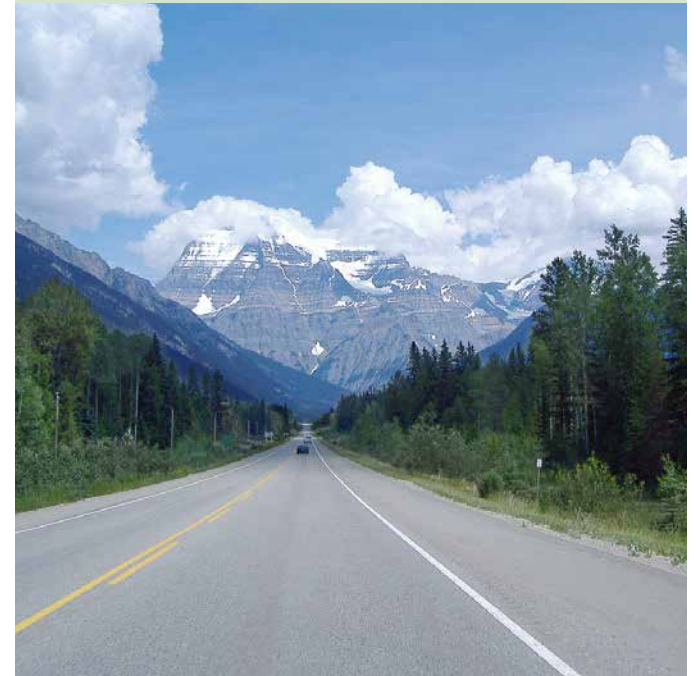
**HEALTH BENEFIT CLAIMS AND FUNDING ARRANGEMENTS:
EXPENDITURES BY REGION**



*Expenditures by region are based on provider location and do not include MSP, out-of-province providers and client reimbursements.

**SAFER TRANSPORTATION ALONG
HIGHWAY 16**

Together with our partners at the Ministry of Transportation, the FNHA is focused on working with northern First Nations to address transportation challenges along the Highway 16 corridor. Transportation solutions are focused on increasing safety for First Nations and Aboriginal girls and women and also on creating efficiencies for medical transportation programs. We are working toward finding practical, affordable and sustainable transportation solutions to address both medical and non-medical travel and to support healthy communities.



ORAL HEALTH SERVICES BROUGHT CLOSER TO HOME

Health Benefit's Oral Health team continues to support wellness-focused services through its Children's Oral Health Initiative (COHI). It has also made efforts to bring services closer to home through a variety of service models, including its Dental Therapy program.

In 2016/2017, the Oral Health program expanded the reach of its dental therapy services to eight more communities. The FNHA enhanced its capability to provide professional dental services in additional communities with the investment of portable, digital X-ray units and portable dental units. This state-of-the-art portable equipment allows dental therapists to set up and operate a full-service dental clinic; all that is needed is electricity, access to water and a private space for clients to visit.



FNHA Dental Therapist Kim Trottier works with new portable, digital X-ray and dental units.



**PROFILE
MELANIE
BRAKER**

Dental Therapist Melanie Braker is from the Nuu-chah-nulth Nation in Port Alberni, BC. Melanie provides oral health care to First Nations communities on Vancouver Island, often travelling to remote areas by boat, float plane or logging roads.

"I bring along my state-of-the-art portable equipment, including my digital X-ray unit, to deliver a wide range of services. I love it when children run up to me and say, 'Look at my teeth!' It feels great seeing all the beautiful smiles that I helped create in these communities and knowing that I am making a difference by providing education, dental checkups and treatment," says Melanie.



**PROFILE
DEVI
GOBERDHAN**

Devi Goberdhan, Director of Operations for First Nations Health Benefits, is from the Sapotoweyak Cree Nation in Manitoba. Devi and her team ensure benefit claims are assessed and adjudicated within service standards while focusing on excellence in service and quality.

"Ensuring our community members receive the support they need to access the benefits they are entitled to is of utmost importance to us. We want to do our best to ensure that we put our clients first," says Devi.

Performance Measure:
Health Benefits Client Satisfaction Survey

Health Benefits launched the Client Satisfaction Survey online in November 2016 with a paper version made available in March 2017. The client satisfaction survey provides the FNHA with the opportunity to get feedback on how we are doing and which areas we can focus on to better meet the needs of our clients. As of 2016/2017, the organization will have a baseline indicator that we will measure ourselves against year after year. The survey is ongoing.

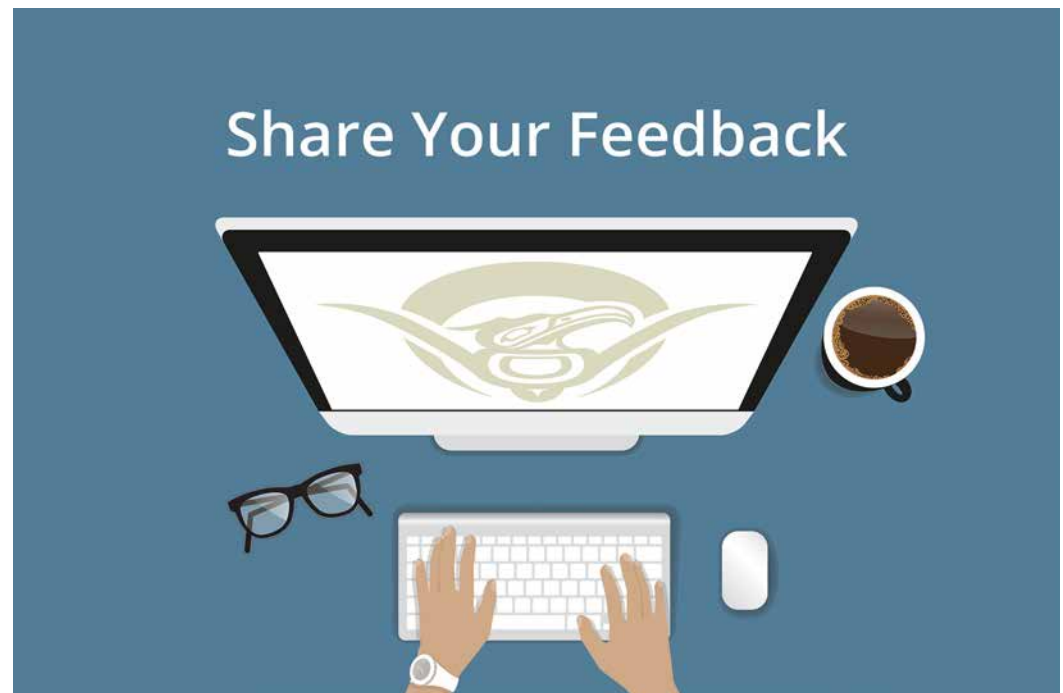
**HEALTH BENEFITS
CLIENT SATISFACTION SURVEY**

RESPONSES RECEIVED
457

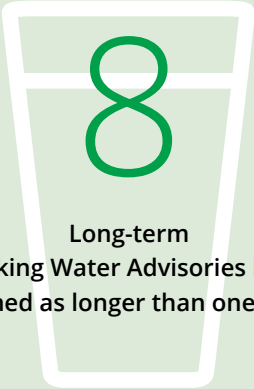
RESPONDENTS EXPRESSED
OVERALL SATISFACTION
25%

CLIENTS WHO WERE SATISFIED WITH COVERAGE
OF THEIR MOST RECENT HEALTH BENEFITS CLAIM
EXPRESSED OVERALL SATISFACTION
71%

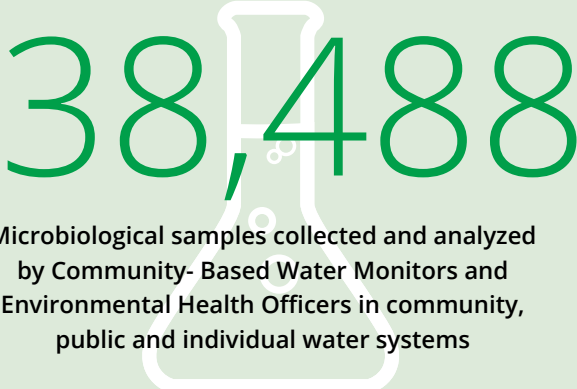
CLIENTS WHO WERE NOT SATISFIED WITH
COVERAGE OF THEIR MOST RECENT HEALTH
BENEFITS CLAIM EXPRESSED OVERALL
SATISFACTION
6%



Environmental Public Health Services



Long-term
Drinking Water Advisories lifted
(defined as longer than one year)



Microbiological samples collected and analyzed
by Community- Based Water Monitors and
Environmental Health Officers in community,
public and individual water systems



"Our Community, Our Water"
Water Awareness Grants given in
funding to support of community-led
events to help protect and celebrate
the importance of water, particularly
drinking water, in communities



Community-Based
Water Monitors Trained





Food Safe™ courses delivered
to community participants,
with a 96.9% pass rate



BC FIRST NATIONS DRINKING WATER ADVISORIES FOR 2016/2017



 Long-Term Drinking Water Advisories Lifted


 Drinking Water Advisories in Effect

LONG-TERM DRINKING WATER ADVISORIES LIFTED

DURATION ≥ 11 YEARS

1 

DURATION 1-5 YEARS

7 

A total of eight long-term drinking water advisories (DWAs), which are advisories lasting longer than one year, were revoked in First Nations communities in 2016/2017. These eight DWAs consisted of seven boil water advisories (BWAs) and one do not consume (DNC) advisory.



Above: FNHA Environmental Health Technician Neil Kane demonstrating the importance of protecting drinking water from source to tap at Nicomen First Nation.

FOODSAFE TRAINING

PARTICIPANTS
810

PASS RATE
96.9%

In all, 38,488 microbiological samples were collected and analyzed by Community-Based Water Monitors (CBWMs) and Environmental Health Officers (EHOs) in community, public and individual water systems. A number of new CBWMs and Water Technicians were trained this year to further develop Nation-based capacity.

TRANSFORMATIVE WORK

As follow-up to a number of environmental emergencies and emerging issues that occurred in 2016, the FNHA has been actively exploring how its role in environmental public health intersects with the roles of federal and provincial departments and agencies, with the goal of enabling the parties to respond to the health impacts to communities more holistically and proactively.

HIGHLIGHTS INCLUDE:

- An intergovernmental, cross-departmental workshop held in November 2016 with key federal and provincial departments to build an understanding of roles, responsibilities, accountabilities and expectations in environmental emergency preparedness, response and recovery.
- FNHA submission to the expert panel tasked with reviewing federal environmental assessment processes associated with the *Canadian Environmental Assessment Act, 2012* (CEAA 2012) in December 2016 to highlight the need for assessment of health impacts from a holistic and Indigenous perspective.

“Our Community, Our Water”
total investment:
\$85,455

OUR COMMUNITY, OUR WATER – WATER AWARENESS GRANTS



Above: Toosey First Nation Safe Water Day event.

In August 2016, the FNHA launched the “Our Community, Our Water” grant opportunity to support community awareness and preservation of drinking water sources and to highlight the work of CBWMs and Water Treatment Plant Operators in providing safe drinking water. This year, 24 communities representing all regions participated.

The FNHA’s EHOs and Environmental Health Technicians were on hand at many events to deliver presentations on community water systems, source water protection, treatment of drinking water and the role of an EHO in communities as it relates to drinking water. This grant opportunity was re-launched in spring 2017.

COMMUNITY-BASED WATER MONITORS



FNHA Environmental Health Officer Neil Nabata pictured (fifth from right) with the participants of a CBWM training session held in Terrace in the North Region.

CBWMs play a key role in the Drinking Water Safety Program. The CBWM is the designated person responsible for sampling, testing, recording and communicating the microbiological quality of drinking water within the community. The Community-Based Drinking Water Quality Monitoring Program supports local capacity to monitor water quality in order to enhance local awareness, involvement and ownership of water systems.

There are currently 179 communities receiving funding for the Drinking Water Safety Program with approximately 206 trained CBWMs. During 2016/2017, 71 CBWMs received training or refresher training for community-based water monitoring and data entry into WaterTrax™. Training was provided by the FNHA's EHOs or through FNHA-contracted training services. Training was provided to both groups and individuals throughout the province.

The FNHA has worked with partner agencies on notable initiatives in 2016/2017 to address a variety of health and wellness needs stemming from environmental health and protection concerns.

ENVIRONMENTAL PUBLIC HEALTH SERVICES PARTNERSHIP HIGHLIGHTS

MARINE BIOTOXIN WORKSHOP

As a result of high levels of food poisoning (domoic acid, a neurologic toxin) detected in shellfish during the summer of 2015, FNHA Environmental Public Health Services (EPHS), in partnership with the BC Centre for Disease Control, organized and participated in a marine biotoxin workshop. The workshop brought together approximately 75 representatives from First Nations, public health, environmental monitoring, researchers and regulators to discuss the effects of climate change and harmful algal blooms (HABs) and the implications of marine biotoxins in shellfish, an important food resource for coastal First Nations communities and wildlife. Challenges and emerging issues were discussed in the context of impacts on food security. Ten key recommendations were made by participants, some of which included: improvements in risk communications, updated research on health impacts and developing a comprehensive monitoring plan.

INCREASING INDIGENOUS CHILDREN'S ACCESS TO TRADITIONAL FOODS IN EARLY CHILDHOOD PROGRAMS

The FNHA participated as a key informant in the PHSA and BC Aboriginal Child Care Society study, "Increasing Indigenous Children's Access to Traditional Foods in Early Childhood Programs." Recognizing the important role of traditional Indigenous foods in physical, cultural and spiritual health, the report identified issues that positively and negatively impact the use of traditional foods in early childhood programs for children from birth to age six. EPHS staff provided knowledge and insight to help identify ways that access to traditional foods could be increased for children in early childhood programs.

LOCAL ENVIRONMENTAL OBSERVER NETWORK

The FNHA officially launched the Local Environmental Observer (LEO) Network in BC in November 2016. The LEO Network was designed by the Alaska Native Tribal Health Consortium to communicate environmental changes detected by local communities. The purpose of the network is to increase understanding of environmental change and to help identify healthy and effective ways to adapt to those changes.



FNHA Environmental Public Health Services, in partnership with the BC Centre for Disease Control, organized a marine biotoxin workshop that brought together approximately 75 representatives from First Nations, public health, environmental monitoring, researchers and regulators to discuss the implications of marine biotoxins in shellfish.

REGIONAL HEALTH SURVEY

Creating and communicating an accurate picture of community health and wellness is an important part of building responsive health and wellness plans.

The Regional Health Survey (RHS) addresses a comprehensive range of health status, wellness and health determinant measures for First Nations communities on-reserve. RHS provides much-needed data on health indicators for First Nations. The data collected by this survey can support policy and program development and inform decision-making that reflects the specific health needs of First Nations communities.

COLLECTING DATA FROM ACROSS BC

This year the FNHA gathered RHS Data in 121 First Nations communities in BC, with more than 5,000 surveys completed. Three of our five regions participated in a “100 per cent sample,” meaning each and every First Nations community in the Interior, Fraser Salish and Vancouver Coastal Regions were sampled and invited to participate in the RHS.

The RHS team travelled to all corners of the province to conduct surveys in person. Some challenges included cancellations of flights and poor road conditions due to a long winter and unpredictable weather.

Data collection was performed largely in 2016/2017. Data analysis and reporting will take place in 2017/2018.



The FNHA and Community Partner Regional Health Survey team. The team logged many kilometres and hours to gather data for the project.

DATA COLLECTION

SURVEYS COMPLETED
5,735

COMMUNITIES PARTICIPATED
121



PROFILE
**GERALDINE
MANOSSA**

Geraldine is a member of the Bigstone Cree Nation located in northern Alberta. She completed her M.A. focusing on traditional knowledge, how it informs personal identity and helps keep people balanced and well.

Geraldine is a Senior Data Coordinator for the RHS. She worked with the Central RHS team and the Interior regional team to roll out the RHS to First Nations in the Interior Region.

Geraldine has also worked with First Nations representatives in the Interior, helping to identify health and wellness indicators as part of RHS analysis and reporting.

The best part of Geraldine’s job is the people she works with. Geraldine enjoys working with the Interior First Nations representatives and her FNHA colleagues.

“I am committed to building capacity in community and supporting First Nations in health and wellness. Never losing sight of this vision—and the FNHA’s role as a First Nations health organization—is what keeps me inspired, grounded, motivated and excited to work for the FNHA in the Interior Region,” says Geraldine.

Nursing

The FNHA is in the early stages of regionalizing nursing services. Within the Nursing team, we are shifting philosophies to allow First Nations communities greater influence and control over the design and delivery of nursing services. We are moving away from a provider-centred focus and toward a community-centred focus.

Nursing recruitment and retention are big and ongoing challenges, especially in remote areas. Nurses are a scarce resource, so it can be challenging to attract and retain quality nursing practitioners and leaders.

“WE ARE SHIFTING TO A MODEL OF ‘BEING WITH’ INSTEAD OF ‘DOING FOR.’ THIS IS A MASSIVE CHANGE. IT’S THE TRANSFORMATIVE PIECE AND BRINGS DECISION-MAKING CLOSER TO HOME FOR BC FIRST NATIONS.”

- Becky Palmer, Chief Nursing Officer



NURSING FORUM

The annual FNHA Nursing Forum is an excellent educational and networking opportunity for nurses working with First Nations clients. The three-day forum, held twice over two consecutive weeks, brought nurses together to learn about best practices in nursing and to share and learn what is working in First Nations communities across the province.



Participants from First Nations communities across the province attended the FNHA Nursing Forum this year. The events were captured in video available on the FNHA YouTube channel.

NURSING FORUM

TOTAL PARTICIPANTS
233

SPEAKERS EACH WEEK
19

NURSES COMMITTED TO CULTURAL SAFETY AND HUMILITY
80+

RESPONDENTS FELT THE SESSIONS AND PRESENTATIONS WERE VERY GOOD
94%

PROFILE
**ERIN
WILTSE**



Erin Wiltse, a Nursing Services Practice Consultant, is from the Cook's Ferry First Nation in Spences Bridge, which belongs to the Nlaka'pamux Nation in the Interior of BC. Erin provides practice support to nurses working in First Nations communities across BC. She is also responsible for the orientation and training of newly hired FNHA nurses.

Erin will certainly never forget one dramatic day on the job. In May 2016, she was travelling into the community of Kitkatla via float plane to train a newly hired nurse when the plane crashed into the ocean and began sinking. She and two other passengers pulled three injured passengers from the plane to safety. For this, they were awarded the Silver Medal of Bravery from the BC and Yukon Lifesaving Society in March 2017.

"I appreciate working for an organization that listens to the needs of First Nations people and works alongside communities to implement change for better health care," says Erin. "The FNHA is truly Nation-based, which is unique and inspiring. I am happy to be contributing to this transformative and innovative work."

HEALTH PROTECTION

Community Health Nurses (CHNs) play an integral role in the prevention of communicable disease in First Nations communities. Seventy CHNs attended an education-packed Communicable Disease workshop in Vancouver in February 2017. The three-day workshop was hosted by the FNHA's Health Protection team and provided up-to-date knowledge and resources on communicable diseases to nurses working with First Nations in BC.

80% of nurses felt that the presentations at the CD workshop increased their knowledge about communicable disease prevention.



Seventy CHNs attended an education-packed Communicable Disease workshop in Vancouver in February 2017.

SUPPORTING COMMUNITY CAPITAL PROJECTS

In 2016/2017, the FNHA collaborated with community partners to support community capital and infrastructure projects, such as health centres and other health-related facilities, to ensure health initiatives and programs are more accessible to First Nations individuals and families across the province.

The FNHA's Community Capital Program made progress this year in the development of tools to improve project planning, identification of alternative methods of project financing and to assist with project ranking. The program team closely tracks progress over the life of these multi-year capital projects, from feasibility study to completion, on an ongoing basis.

THIS YEAR A TOTAL OF 42 COMMUNITY CAPITAL PROJECTS, AT VARIOUS PROJECT PHASES, WERE ACTIVE.

- These 42 projects represent \$20.2 million in project costs.
- Nine of these 42 projects were funded by the Social Infrastructure Fund, representing \$8.4 million.
- Seven of these 42 projects were completed during the fiscal year with a total project value of \$8.1 million.

In addition to the Community Capital projects, 42 projects supporting Aboriginal Head Start on Reserve (AHSOR) program facilities were also completed this year. The AHSOR projects are funded by a separate \$1.3 million in Social Infrastructure Funding.

“WE HAVE GAINED A BETTER UNDERSTANDING OF THE HEALTH FACILITY INFRASTRUCTURE NEEDS OF BC FIRST NATIONS COMMUNITIES, BASED ON HOW THEY DEFINE HEALTH AND WELLNESS. THROUGH COMMUNITY ENGAGEMENT, THE FNHA HAS BEEN ABLE TO IDENTIFY FUNDING OPPORTUNITIES TO SUPPORT PROJECTS NOT ELIGIBLE OR SUPPORTED BY THE PREVIOUS HEALTH CANADA FUNDING MODEL.”



- Dustin Hall, Manager of Health Facilities

COMMUNITY CAPITAL PROGRAM HIGHLIGHTS

Some of the 2016/2017 projects include:

- Esk'etemc First Nation – long-term treatment facility for pre- and post-care
- Six-Bed Treatment Program Centre - culturally safe extended care incorporating life skills development
- The FNHA funded an additional classroom within a community-funded school project for the AHSOR program, which supports the health and developmental needs of First Nations children
- Tl'etinqox-t'in First Nation – facility for AHSOR
- Ktunaxa Nation – 7 Nations Soaring Eagles Healing Centre
- Six-Bed Youth Treatment Centre in the East Kootenays - a land-based treatment model to facilitate healing for Aboriginal youth and their families
- North Wind Healing Centre Society (Pouce Coupe) – treatment and recovery facility



Leq'á:mel First Nation Health Centre grand opening celebration.

COMMUNITY PLANNING AND REPORTING: SUPPORTING IMPROVEMENTS

The FNHA continues to transform its relationship with First Nations communities by making improvements to the corporate tools that support our relationships.

For 2016/2017, the FNHA did not require submission of the community-based Reporting Template used for reporting on contribution agreements and is working in partnership with the FNHDA over 2017/2018 to develop a more suitable community-reporting tool to replace it. In the interim, communities are asked to submit an annual narrative report outlining the programs, services and activities undertaken during the fiscal year.

The FNHA participated in ongoing discussions with the FNHDA on planning and reporting to develop revised planning and reporting tools. The FNHA also held an FNHDA Members Dialogue session with Health Directors about funding arrangements and community planning on February 28, 2017.

Both planning and reporting remain under review and related tools and resources will evolve in 2017/2018.

Performance Measure:

Partnership Satisfaction Between the FNHA and First Nations Health Organizations

A new performance measure has been developed for 2017/2018 to effectively track satisfaction with partnership processes by First Nations communities and health organizations and will be a priority for next year.

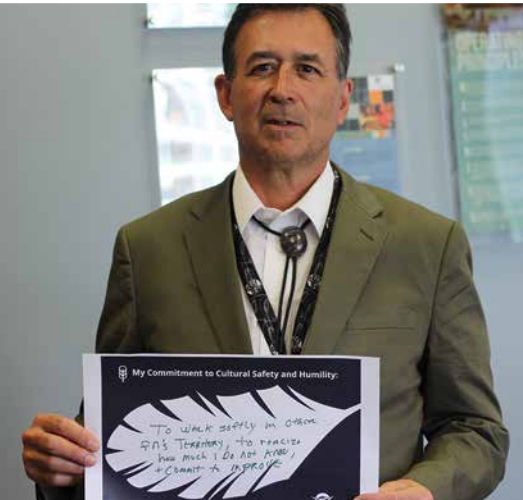
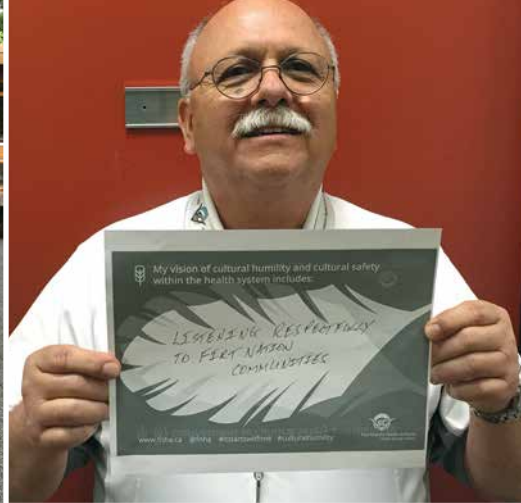
The three new sub-measures are:

- Percentage of funding agreement holders upholding mandatory program and financial requirements
 - Percentage of FNHA responses to funding agreement holders within targeted time frames
 - FNHA program information access
-



In June 2016, the FNHA partnered with the International Journal of Indigenous Health on the collaborative publication of a Special Thematic Issue of the Journal: Wellness-Based Health Research and Promising Practices.

The special edition focuses on Indigenous wellness-based health research and promising practices in First Nations and other Indigenous communities. It features 15 innovative articles from academic and community-based researchers and practitioners in Indigenous health.



GOAL FOUR



OPERATE AS AN EFFICIENT, EFFECTIVE AND EXCELLENT FIRST NATIONS HEALTH ORGANIZATION

The FNHA is focused on developing an organizational culture based on First Nations values and on empowering its employees to live the foundational teachings given to us by First Nations.

As an organization, we aim to actively contribute to this culture by committing to hire employees who live our values and who are of diverse backgrounds. In 2016/2017, the FNHA also announced that all FNHA staff who work in client-facing roles will receive trauma-informed training as an important acknowledgment of the unique skills required to effectively work with trauma survivors. The direction and curriculum for this training are currently in development.

Many of our FNHA employees have embraced the cultural safety and humility movement. Staff from across the organization and across the province continue to share their commitments to cultural safety by posting pledges online and by hanging pledge cards in their offices. Employees have also participated in and presented at cultural safety-related events, like the Best of Both Worlds session at Quality Forum. Goal 4 is where cultural safety and humility is lived by us as an organization—and our teams take this to heart.

The FNHA continued to strengthen our policies, procedures and practices to reflect both health-care best practices and First Nations ways of doing business; our Board of Directors undertook similar improvement processes throughout the year. This included a review of the FNHA policy framework, roles and responsibilities and the Board processes and formalizing a code of conduct for the Board by enacting a Code of Conduct policy to ensure the highest standards of conduct from its Board of Directors.

At a broader organizational level, the FNHA initiated a number of improvements to our corporate and internal functions. In January 2017, we completed a strategic assessment of our HR functions and established a work plan to implement the assessment's key recommendations. A comprehensive approach to human resources is ongoing, including the recruitment of a new Vice President of Human Resources, which concluded in December 2016. We also continue to ensure that our approach to employees' performance partnerships aligns with FNHA values and goals.

As the FNHA continues to transform, we aim to strengthen the balance between enhancing our corporate operations and ensuring timely support for community-facing work—a challenge, of course, for all health-care organizations. However, as we look forward together, we are proud of the journey that has led to this point and honoured to continue working for the health and wellness of our communities.

Left: FNHA employees from across the organization participated in the #ItStartsWithMe Cultural Safety and Humility campaign, sharing pledges online and in their offices. View these and all partner pledges online at www.fnha.ca/culturalhumility

Fostering a First Nations Organizational Culture

FNHA FAMILY WORKFORCE PROFILE

NUMBER OF FNHA EMPLOYEES
622

MANAGEMENT WHO ARE WOMEN
62%

STATUS FIRST NATIONS EMPLOYEES
35%

SELF-IDENTIFIED ABORIGINAL EMPLOYEES
38%

COMPLETED SANYAS CULTURAL SAFETY TRAINING IN 2016/2017
128

COMPLETED RESPECT IN THE WORKPLACE TRAINING IN 2016/2017
160

COMPLETED BASIC SAFETY TRAINING IN 2016/2017
183

COMPLETED AIRCRAFT DITCHING AND UNDERWATER EGRESS TRAINING
36

COMPLETED WINTER DRIVING TRAINING
24

FNHA EMPLOYEES COMPLETE AIRCRAFT DITCHING AND UNDERWATER EGRESS TRAINING

This year the FNHA Occupational Health and Safety (OHS) team carried out Job Hazard Analyses with most of the FNHA teams who travel and/or work in the field. Among risks identified by the team were the float planes employees use to travel into remote communities—and the best way to prepare for a float plane crash is to take special training in an underwater simulator.

In cooperation with FNHA People Development, OHS offers Aircraft Ditching and Underwater Egress training for FNHA employees who travel frequently by float plane. Training is conducted in a day-long session with the morning spent in a classroom and the afternoon spent in the pool in an underwater egress trainer, a simulated aircraft that, when placed in a pool, is able to simulate a plane rolling inverted upon ditching into the water.

“THE INSTRUCTORS APPLIED REAL-LIFE SCENARIOS AND CREATED A COMFORTABLE ENVIRONMENT FOR INDIVIDUALS OF ALL LEVELS. THE COURSE WAS BOTH INFORMATIVE AND FUN AND PROVIDED US WITH KEY LIFESAVING SURVIVAL ADVICE SHOULD WE FIND OURSELVES IN SUCH A CRASH SITUATION.”



– Joseph Simard, FNHA Facilities Project Manager, on participating in the Egress training



Representatives from the FNHA People Development team.

PROFILE
**DINA
BROWN**



Meet Dina Brown, Interior Region Intern for the summer of 2016. Dina's position involved collaborating on team projects, organizing and planning an Indigenous youth camp and helping to facilitate sessions at the Elders Gathering.

What was Dina's most memorable experience while working at the FNHA?
"I truly enjoyed organizing, facilitating and chaperoning during the week-long IndigenEYEZ youth camp in Ashnola. It was fun to work with Indigenous youth from all across BC."

Dina recently completed her Bachelor of Kinesiology degree from UBC. She hopes to incorporate her passion for health, physical activity and Syilx teachings into her future endeavours as an occupational therapist.

As an occupational therapist, Dina plans on working with Elders, children and individuals with disabilities. *"I have not heard of any Indigenous occupational therapists in BC and, given my perspective and background, I think that I could help improve the health, wellness, mobility and independence of many individuals in our Indigenous communities."*

THE FNHA COMMITS TO TRAUMA-INFORMED TRAINING

On Orange Shirt Day 2016, more than 500 FNHA employees wore orange to honour survivors and intergenerational survivors of the residential school system. Employees were also invited to a memorial ceremony held at our central home-office that included words from Elder survivors, a moment of silence and singing of the Coast Salish anthem.

At the ceremony, CEO Joe Gallagher announced that all FNHA frontline employees would receive trauma-informed training as an important next step in honouring our clients' lived experiences. The FNHA is currently exploring training methods through consultation with our Mental Wellness department and other thought leaders and clinicians in the area of intergenerational trauma. Additionally, the "Roots of Trauma" trauma-informed training sessions held across the province for community health-centre staff are supporting the development of an internal curriculum.



FNHA staff participating in Orange Shirt Day to honour survivors and intergenerational survivors of the residential school system.

PROFILE KIM HUMPHREYS



Kim Humphreys, the FNHA's new Vice President of Human Resources, provides strategic direction on human resources, organizational effectiveness and corporate culture.

Kim says she was drawn to her job at the FNHA because of "the important work and mission of the organization as well as the opportunity to personally grow and learn."

Kim is passionate about creating a strong workplace culture that attracts and retains staff, and has a proven track record of championing a culture of accountability while simultaneously accelerating organizational performance.

Prior to joining the FNHA, Kim had 15 years' experience providing such direction to numerous organizations across diverse industries including health care, natural resources, utilities, clean technology and mining.

Kim is a Chartered Professional in Human Resources and an active member of the Human Resources Management Association. She has a Bachelor of Commerce from the University of Saskatchewan, Master of Arts in Education from New Mexico State University, and an Evidence-Based Coaching Certificate from Fielding Graduate University.



FNHA staff at the DTES Aboriginal Women's Village of Wellness event held in October 2016.

FNHA VOLUNTEER DAY

FNHA staff volunteered to create and strengthen partnerships while giving back to the communities and the causes they are most passionate about. Just two of the beneficiaries of FNHA volunteerism in 2016 were the Ronald McDonald House, which supports sick children and their families, and the Vancouver Downtown Eastside (DTES) Aboriginal Women's Village of Wellness, an event that supported Aboriginal women in that area.

At the Ronald McDonald House event held in July 2016, several FNHA staff, including members of FNHA leadership, served 70 families a delicious meal of Indian tacos, drinks, fruit salad and cupcakes. They also left a donation of \$550 on behalf of the FNHA. The experience was so enjoyable that they plan to do it again in the fall.

At the DTES Aboriginal Women's Village of Wellness event, which was held in October 2016, FNHA employees, including Deputy Chief Medical Officer Dr. Shannon McDonald and other team members, came out and spoke to women about improving health and wellness services for them. Clothing was available for interested participants thanks to a clothing drive held beforehand by the FNHA and our partners in this event: Vancouver Coastal Health Aboriginal Health Services, Provincial Health Services Authority Aboriginal Health, the City of Vancouver and others. The FNHA and our partners also provided access to free health services and brought gifts for the participants. Everyone involved was glad to get out and give back.

DEVELOPING OUR LEADERS

This year, the FNHA partnered with the regional health authorities for ongoing leadership development, and in particular, to support FNHA employees to participate in leadership training opportunities offered by other health-service organizations.

“I COMMITTED MYSELF TO A CHALLENGING AND LIBERATING JOURNEY TO DEEPER SELF-AWARENESS: WHO I AM AS A LEADER, HOW I CAN LEAD OTHERS AND MYSELF THROUGH CHANGE, AND HOW TO TURN CONFLICT INTO COLLABORATION. WE LEARNED TO IDENTIFY OUR GIFTS, OUR PERSONAL VALUES, AND WHERE WE CAN UP THE BAR! AT THE END, WE SHARED WITH EACH OTHER OUR COMMITMENTS TO SELF, TO EACH OTHER, TO OUR LEADERS, AND MOST IMPORTANTLY TO THE PEOPLE WE SERVE. I SEE THIS PROGRAM AS A FOUNDATIONAL STEP TOWARD QUALITY HEALTH SERVICES.”



– Trish Osterberg, FNHA Fraser Salish Regional Director, on completing Fraser Health Authority's leadership program, “THRIVE: Transforming Healthcare through Relationships, Innovation, Values and Energy.”

Performance Measure: Employee Engagement Survey

Due to the unique nature of our organization and culture, it was decided to take the necessary time to develop a new organizational culture workforce survey of greater relevance to the FNHA.

2017/2018 will be used to build this new survey; we will begin tracking in 2018/2019.

Functioning at a High Operational Standard

POLICY DEVELOPMENT

As a first-of-its-kind organization, we continue to evolve and strengthen our corporate policy suite to ensure that all FNHA policies, procedures and directives reflect our unique mandate and values.

Twenty-one new and refreshed corporate policies were finalized or updated this year, including a Conflict of Interest Policy, a Respectful Workplace Policy and a set of refreshed Health Benefits policies.

KEEPING OUR EMPLOYEES HEALTHY FOR THE SAFETY OF COMMUNITIES

With community safety front of mind, we opened the doors to our new Occupational Health Clinic for FNHA employees who work directly with First Nations clients.

The clinic's planning team included Elders and an FNHA cultural advisor in central roles to provide guidance on creating a clinical space that is welcoming, safe and connected to communities and land. The clinic was opened in the summer of 2016 with a blessing ceremony by Elder Eugene Harry.

The clinic now provides community-facing employees with TB screenings and immunizations, including influenza, hepatitis A and B, measles/mumps/rubella and tetanus/diphtheria.



Members of the FNHA Occupational Health and Safety team.

OCCUPATIONAL HEALTH AND SAFETY

In 2016/2017, 62 safety incidents occurred at the FNHA. The most common incidents from a risk management point of view were security incidents and vehicle incidents. The most common employee incidents were time loss incidents followed by minor injuries and near misses (i.e., no injury but had the potential for injury).

As per Occupational Health and Safety legislation, all time loss incidents and near misses were investigated by the employees' managers with assistance from FNHA OHS. Corrective actions were implemented to prevent similar incidents from occurring.

OHS continues with Job Hazard Analyses, site risk assessments and creation of safety plans, working with managers and staff to conduct these processes for high-risk teams (those who work directly with clients or travel for work) so critical tasks can be identified and safety plans implemented.

PRIVACY AND IT SECURITY

Protecting the personal privacy of clients and employees is of utmost importance to the FNHA. With an updated Privacy Policy, Directive and Procedures, the FNHA is not only in compliance with provincial and federal privacy laws but has also had the opportunity to assist multiple First Nations communities in raising awareness of privacy among their health-care and administrative staff. A number of new executive directives were also developed to support the Information Security Policy.

During the 2016/2017 fiscal year, the FNHA developed and implemented online privacy training and information security training modules. FNHA employees are required to complete these courses annually in order to protect personnel, manage potential privacy breaches and ensure the security of our network. The FNHA also integrated the Privacy Impact Assessment (PIA) process and Security Threat Risk Assessment (STRA) process into its project management life cycle to ensure that any new project or initiative involving personal information has proper measures and protections in place.

Our Innovation and Information Management Services (IIMS) team also advanced work on a number of security initiatives to ensure secure Information Technology computing environments. This year, the FNHA greatly improved its ability to detect and react to potential security incidents by implementing technical solutions that identify vulnerabilities in our network and abnormal network activity in near real time.

Additionally, we contracted Deloitte to conduct a security assessment of our PeopleSoft Human Capital Management (HCM) and our Financial and Supply Chain Management systems (FSCM). This security assessment helped the FNHA to identify security vulnerabilities and to develop a remediation strategy that will improve and maintain the security of this critical system going forward.



Members of the the FNHA Privacy and Security Team.

BUSINESS DEVELOPMENT

Business Development this year focused on establishing an appropriate internal governance structure and aligning this work to a recent project with CUSO International, a non-profit international development organization. Our partnership with CUSO explored health business opportunities and resulted in a report outlining various business models, analysis and a framework for guidelines and principles for all new ventures.

Performance Measure:

FNHA Operating Principles in Decision-Making

The FNHA Operating Principles are referenced in all of the organization's decision sheets and business cases. Because we embarked on an employee-driven update of the Operating Principles and Leadership Statement this year, the use of our tracking measures for decision-making is on hold until revisions are finalized.



BOARD OF DIRECTORS ENHANCE CORPORATE GOVERNANCE

The FNHA Board of Directors continues to enhance their governance processes to support decision-making and organizational oversight for the benefit of all First Nations in BC. This year included two engagement opportunities for our Board members: an opportunity to support palliative care discussions at the 2016 Elders Gathering in Williams Lake and a visit to Ktunaxa territory in the Interior Region.

HIGHLIGHTS THIS YEAR:

- Approved the FNHA's Board Code of Conduct and Quality Agenda
- Refreshed Board of Directors and committee Terms of References, Board Conflict of Interest, and the Reciprocal Accountability Framework between the FNHA Members and Board
- Approved 21 corporate policies and five Board policies

2016/2017 Financial Report

FINANCIAL REPORT OF THE FIRST NATIONS HEALTH AUTHORITY | YEAR ENDED MARCH 31, 2017

MANAGEMENT DISCUSSION AND ANALYSIS

This discussion and analysis of the financial results from operations and financial position for the year ended March 31, 2017 should be read in conjunction with the audited financial statements and accompanying notes and schedules.

The audit firm KPMG LLP was appointed by the Members of the Society to audit the financial statements of the FNHA. The audit scope included auditing the statements, notes and accompanying schedules. The auditors have issued an unqualified or clean audit opinion that the financial statements prepared by management are presented fairly in all material respects.

The audited financial statements are prepared in accordance with Canadian standards for not-for-profit organizations, which require financial results to be shown for the year with prior year comparative figures. As per reporting requirements of the Canada Funding Agreement, the Statement of Operations shown in the table below includes a comparison of the actual results to the budget and the associated variances on each line item.

The Fiscal 2017 Budget reflects an organization that continues to ensure that operations and activities are consistent with our shared commitments and in alignment with Directives, Values and Operating Principles. The organization continues to be focused on prudent financial management and fiscal responsibility to ensure that resources are available to meet financial obligations in the short and longer term. The financial results and the variance to budget reflect the prudent approach and consideration of priorities and value for money.

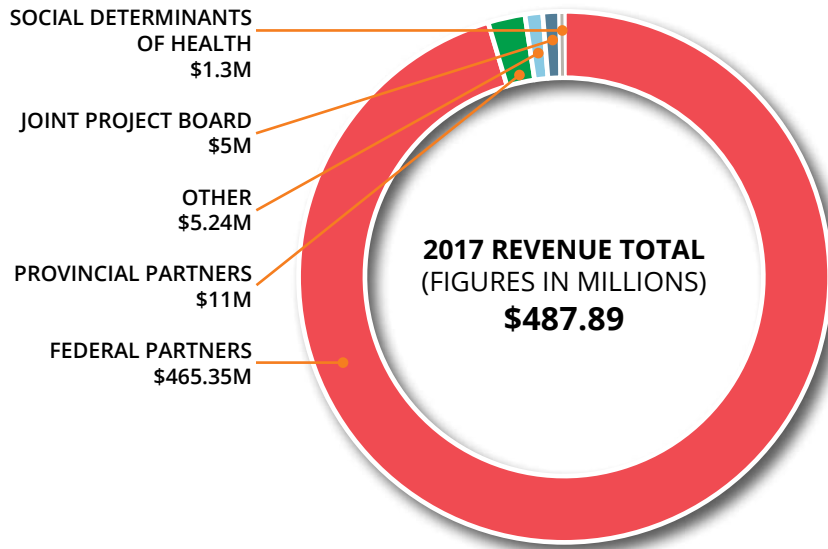
The key areas of focus for the FNHA during Fiscal 2017 included improving quality of health services through cultural safety and humility, facilitating proactive investment in regional priorities, responding to the overdose crisis and nurturing and growing strategic partnerships.

These significant activities were managed with probity and due diligence and resulted in an operating surplus of \$26.26 million on total expenditures of \$461.63 million. This surplus equates to 5.7 per cent of total expenses and 5.4 per cent of total revenues for the fiscal year.

Statement of Operations

For the 12 months ended March 31, 2017 • Figures in thousands

	2017			2016		Actuals as a % of Revenue or Expenses	
	YTD Actuals	Annual Budget	Actuals vs Budget fav (unfav)	YTD Actuals	2017	2016	
	\$	\$	\$	\$	%	%	
REVENUES							
Health Canada	465,354	457,179	8,176	433,603	95.4	95.6	
Province of British Columbia	17,669	18,404	(735)	15,576	3.6	3.4	
First Nations Information Governance Centre	812	520	291	665	0.2	0.1	
Health Authorities of British Columbia	795	658	137	707	0.2	0.2	
Interest and Miscellaneous Income	3,263	1,828	1,435	2,915	0.7	0.6	
	487,893	478,589	9,304	453,466	100.0	100.0	
EXPENSES							
OPERATIONS							
Corporate Operations	34,350	38,046	3,696	34,569	7.4%	7.9%	
	34,350	38,046	3,696	34,569	7.4%	7.9%	
GOVERNANCE AND FIRST NATIONS ENGAGEMENT							
First Nations Health Council	1,753	1,756	3	1,457	0.4%	0.3%	
First Nations Health Directors Association	1,452	1,514	61	954	0.3%	0.2%	
First Nations Engagement	2,187	3,653	1,465	2,440	0.5%	0.6%	
Regional Operations	3,288	2,584	(704)	1,792	0.7%	0.4%	
	8,680	9,506	825	6,643	1.9%	1.5%	
PROGRAM SERVICES							
Health Benefits	153,853	161,518	7,665	148,612	33.3%	34.0%	
Direct Community Services Funding	201,083	202,078	995	183,606	43.6%	42.0%	
Health Services and Programs	63,665	68,003	4,338	63,642	13.8%	14.6%	
	418,601	431,598	12,997	395,860	90.7%	90.6%	
	461,631	479,150	17,518	437,072	100.0%	100.0%	
Excess (Deficiency) of Revenues over Expenses, Current Period	26,262	(561)	26,823	16,394	5.4%	3.6%	

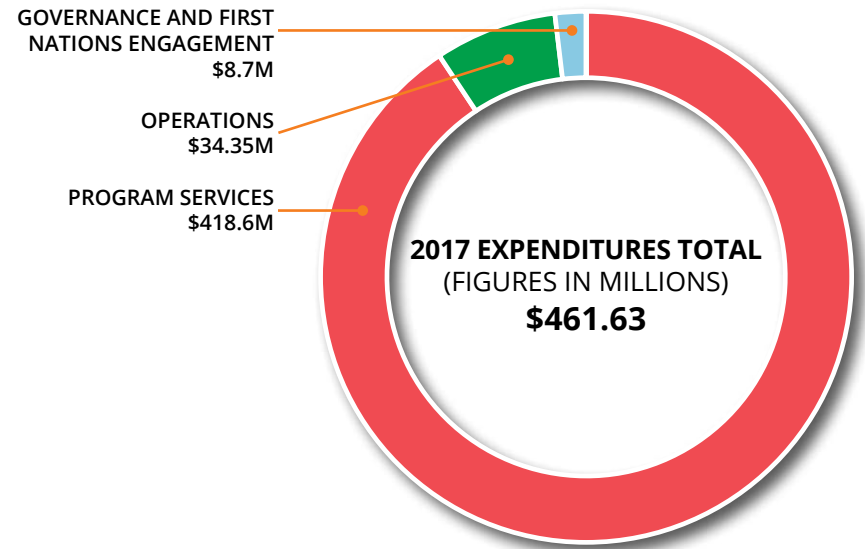


REVENUE

The largest component of funding (\$465.35 million) for the FNHA comes from our federal partner through the Canada Funding Agreement and the Canada Consolidated Funding Agreement. The Province funding largely represents commitments in the Tripartite First Nations Health Plan (\$11 million), Joint Project Board ongoing initiatives (\$5.0 million) and Social Determinants of Health (\$1.3 million).

The variance for the Health Canada and Province funding represents restricted funding components that were received during the year but were not budgeted, and budgeted amounts where revenue recognized is equal to expenses incurred.

Other revenue includes interest and miscellaneous income, First Nations Information Governance Centre, and Health Authorities of British Columbia.



EXPENSES

The expenses are grouped into three major categories: Operations, Governance and First Nations Engagement, and Program Services.

Corporate Operations represents costs associated with the administration of the FNHA and includes FNHA Board expenses, Finance, Human Resources and Information Management/Technology operations plus amortization of capital assets. Total expenses for Corporate Operations were \$34.35 million, which is 7.4 per cent of total expenses for the FNHA (Fiscal 2016 - \$34.5 million; 7.9 per cent of total expenses).

Governance and First Nations Engagement, First Nations Health Council and First Nations Health Directors Association costs include operational costs of the secretariat functions and remuneration and travel costs of the councillors/directors. First Nations engagement includes costs of Regional Caucus sessions and regional tables. The total expenses for Governance and First Nations

Engagement was \$8.7 million, which is 1.9 per cent of total expenses for FNHA (Fiscal 2016 - \$6.6 million; 1.5 per cent of total expenses).

Program Services includes Health Benefits, Direct Community Funding, and Health Services and Programs.

Health Benefits includes the operations of the Health Benefits department, Health Benefit expenditures such as vision, dental, prescription drugs, MSP premiums and dental therapy costs. The total expenses for the Health Benefits program were \$153.8 million, which represents 33.3 per cent of the total expenses for the FNHA (Fiscal 2016 - \$148.6 million; 34.0 per cent of total expenses).

Direct community services funding represents the portion of FNHA funding that flows directly to communities through contribution agreements. This includes funding to communities to support health services and programs, Health Action and Joint Project Board initiatives. The flow-through funding was \$201.0 million, which represents 43.6 per cent of the total expenses for the FNHA (Fiscal 2016 - \$183.6 million; 42.0 per cent of total expenses).

Health Services and Programs includes operational costs of the Chief Operating Officer portfolio including nursing services, environmental services, and policy and planning, plus costs of the Chief Medical Officer portfolio. Expenses also include costs of the Telehealth project, contribution agreements to non-community recipients and treatment centres, plus direct payments for community operation and maintenance costs. Total expenses were \$63.7 million, which represented 13.8 per cent of total FNHA expenses (Fiscal 2016 - \$63.6 million; 14.6 per cent of total expenses).

NET ASSETS

The final net asset balance at March 31, 2017 as shown on the statement of financial position and the statement of changes in net assets is \$116.1 million, which is a result of an opening balance of \$89.9 million plus the current fiscal year excess of revenues over expenses of \$26.3 million. The net asset balance is comprised of \$4.4 million invested in capital assets, \$51.8 million in internal restrictions and \$59.9 million in unrestricted equity.

The internal restrictions represent funding received from the Province (\$11.32 million) for MSP Joint Project Board and Health Action initiatives and funding from the federal government (\$1.90 million) for tobacco control strategy, prescription drug abuse, Victims of Family Violence and Brighter Futures. It also includes funds set aside for the transformation work (\$24.0 million) that the organization will be undertaking plus funds for construction of an FNHA building (\$14.5 million).

Furthermore, subsequent to year end, the FNHA Board has approved utilization of the unrestricted equity balance to create new internal restrictions: \$10.0 million for Health Benefits Claims Reserve, \$5.95 million for End to End Joint Project Board Initiatives Integration and \$300.0 thousand for Mental Wellness Interim Measures.



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