Quarterly Transition Update

A joint First Nations Health Council and First Nations Health Authority update on Framework Agreement Implementation

December 17th, 2012

FIRST NATIONS HEALTH COUNCIL

First Nations Health Authority
Health through wellness

December 17th, 2012- Tripartite Health Partnership Accord signing ceremony. (L-R) Back Row: Warner Adam, (Deputy Chair, FNHC), Glenda Yeates (Deputy Minister of Health, Canada), Graham Whitmarsh (Deputy Minister of Health, BC), Joe Gallagher (CEO, FNHA). Front Row: Grand Chief Doug Kelly (Chair, FNHC), Leona Aglukkaq (Federal Health Minister, Canada), Margaret MacDiarmid (Provincial Health Minister, BC), Lydia Hwitsum (Board Chair, FNHA)

Chief Willie Charlie,
First Nations Health Council
-Gathering Wisdom for a Shared Journey V 2012

"As soon as you think of someone in prayer it touches them immediately, giving them strength for whatever they are going through at that time.

We are all of one heart and we are all of one mind to be strong."

A message from the First Nations Health Council

Greetings

We are pleased to provide you with this second edition of the Transition Update. In the October edition, we provided you with information on the status of various sub-agreements, on the work to strengthen the FNHA's corporate governance, and on our approach to transformation of programs and services.

Since then, Health Canada, the Province of BC, and the FNHC and FNHA have made a significant decision – to adjust the planned date of transfer of FNIHB to the FNHA. This was reported to First Nations through a series of letters in November. In this edition, we will recap this key information. As has been requested by First Nations, this Update includes the tripartite transition plan to achieve the transfer. It also includes, amongst other things a report on the work of the tripartite committees responsible for implementing the Framework Agreement, including a new committee on Non-Insured Health Benefits, and information on ongoing work to strengthen the First Nations health governance structure.

Transfer Date

Last year, we signed the British Columbia Tripartite Framework Agreement on First Nation Health Governance (Framework Agreement). In the Framework Agreement, we gave ourselves the space to consider a phased approach to the transfer. This means that we can consider moving certain portions and responsibilities from Health Canada to the FNHA over an agreed-upon time period.

The Parties have agreed to plan for a phased transfer. This means that some functions will transfer on July 2, 2013. These are likely to include mainly Headquarters functions, management and administrative functions and policy and program leadership roles. Over the following months, we may agree to transfer other functions and activities as deemed appropriate. By October 1, 2013, the plan calls for full completion of the transfer, including all primary care, public health, environmental health and community health programs, along with community funding agreements and Health Canada regional staff.

This new plan for phasing the transfer better supports us to meet success factors for transfer that we have agreed to:

1. Ensuring **no disruption and minimal adjustment** required by individual First Nations people and communities to the continuation of their health services or health benefits.
2. Ensuring **minimal disruption** and **minimal added work burden on First Nations program providers** who deliver community programs.
3. Respecting the **7 Directives** from Gathering Wisdom.
4. Respecting the **Vision and Principles of the Framework Agreement** and create a solid foundation for its continued implementation.

Through this phasing, we continue to meet our commitments in the Framework Agreement, including the commitment to meet the two-year transfer timeline of October 2013. It also allows more time and planning to support a smooth transition of the programs, services and operations from Health Canada to the FNHA – that there will be no disruption to programs, service and cash flow to First Nations, and minimal/managed disruption to Health Canada and FNHA staff. Finally, these recent developments have provided us the opportunity to reflect upon and strengthen the robust partnership between the Parties to make the transfer a success.

The Parties have significant technical and planning work to do, including the development of sub-agreements and the approval processes for those sub-agreements. We are confident the phased process provides adequate time for a smooth transfer and are committed to dedicating the required attention and resources to get the job done as effectively and efficiently as possible. This Transition Update includes the new tripartite transition plan of the Parties which reflects our shared approach to achieving the phased transfer approach.

Implementation Committee-Status Report

The Framework Agreement established four key committees. The FNHC and FNHA participate alongside our partners on the two leadership and strategic-level committees. The FNHA participates directly with Health Canada on the two bilateral technical-level committees. Each of these Committees plays a specific role in the implementation process – together, overseen by the Implementation Committee, these groups work towards the seamless and effective implementation of the Framework Agreement.

Implementation Committee
Purpose: Oversee and lead implementation of the Framework Agreement
Term: Five years (October 2016)
Members: FNHC, FNHA, Health Canada, BC

Sub-Agreement Sub-Committee
Purpose: Develop the Sub-Agreements required by the Framework Agreement
Term: Until Sub-Agreements concluded
Members: FNHC, FNHA, Health Canada, BC

Transition Team
Purpose: Oversee and facilitate a smooth transfer and oversee issue-specific Working Groups
Term: Until transfer
Members: FNHA, Health Canada Headquarters and Region

Interim Management Committee
Purpose: Discuss and attempt to agree on FNIHB management decisions
Term: Until transfer
Members: FNHA CEO, FNIHB Regional Director General

The Health Partnership Accord, Canada Funding Agreement, and a series of sub-agreements are all important aspects of Framework agreement implementation. The Health Partnership Accord was signed on December 17th, 2012– and describes the ongoing governance relationship. The Canada Funding Agreement describes the funding from Health Canada to the FNHA for the design and delivery of First Nations health programs and services. The sub-agreements are focused on describing the logistics and legalities involved in transferring the people, assets, funding, records, and equipment from FNIHB-BC to the FNHA.

The list of sub-agreements is as follows:

- Human Resources
- Health Benefits
- Records Transfer, Information Management and Information Sharing
- Assets and Software
- Accommodation
- Capital Planning / First Nations Health Facilities
- Assignment or Termination of Canada CA's

In August 2012, the Parties initialed the Human Resources, Health Benefits, Health Partnership Accord, and the Canada Funding Agreement. Initialing is not approval. "Initialing" means that the Parties are generally satisfied with the agreement. The Parties are now finalizing the remainder of the sub-agreements. **None of the agreements will be approved and signed until all of the sub-agreements are finalized** and they can all be reviewed at once, side-by-side, to ensure all linkages and dependencies have been considered. We are targeting February 2013 for this comprehensive review of all sub-agreements. The sub-agreements, once finalized, are the detailed roadmap for how the transfer will take place.

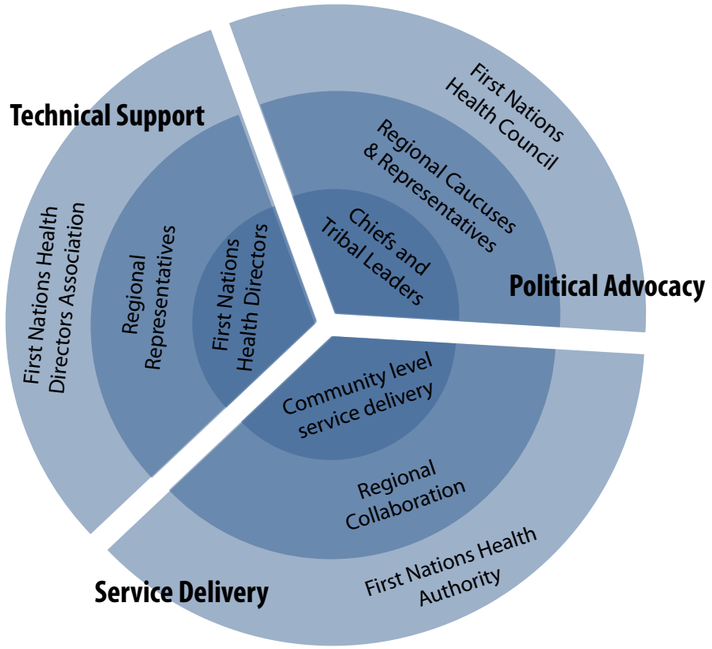
"With this agreement we recognize our differences and agree to jump in the same canoe and paddle the same way. Its our responsibility to do this work collectively, to better the health of our people. We have a good challenge in front of us and we will move forward collectively."

Warner Adam, Deputy Chair, First Nations Health Council

FNHC/FNHDA/FNHA Relationship Agreement signing ceremony, November 6, 2012.

First Nations Health Governance Structure

This is *our* First Nations Health Governance Structure. Through Gathering Wisdom for a Shared Journey forums, First Nations have established the various components of this overall structure, clearly describing roles, responsibilities, structure, and mandate for each. First Nations have also described their expectation for how these components work together for the betterment of the health and wellness of First Nations in BC.



Based on this direction, we have been working on the continued development and strengthening of the First Nations health governance structure.

As reported in the October edition of the Transition Update, the Members of the FNHA have acted on the direction given at Gathering Wisdom for a Shared Journey V and amended the Constitution and bylaws of the FNHA to ensure compliance with the Framework Agreement. The permanent structure of the FNHA is evolving with guidance from BC First Nations. A *holistic* model has currently been adopted for the FNHA – meaning that it will draw upon the best of non-profit, legislative, and corporate models to build a unique First Nations health organization. We will begin to explore the corporate opportunities available to us – examining business opportunities that will generate revenues to re-invest in the health system. Following the transfer, we will work with our partners on the concept of legislation to recognize and solidify the *Authority* of our Authority. As a non-profit entity, the FNHA continues to pursue excellence and high standards, including through appropriate planning and evaluation requirements, an experienced senior management team, and the concept of accreditation.

We are also working on the transition to a regionally-representative Board of Directors for the FNHA. In the *Consensus Paper 2012: Navigating the Currents of Change – Transitioning to a New First Nations Health Governance Structure*, First Nations called for this transition, and mapped out specific timeframes. As per this direction, the FNHC has issued a Regional Nomination Process document to all BC First Nations. Over the next year, First Nations within their Regions will work together to carry out a regional recruitment and nomination process for the FNHA Board of Directors. The new regionally-representative model will be in place as of April 1, 2014. This timing will allow for the current Board of Directors to serve out their full term, and for stability in Board membership through the crucial transfer period.

"Today were reverting to our traditional ways, of really putting our hearts into it, putting our lives into it. It's not just an agreement that is going to be shelved, it's one that we are going to feel in our hearts and we're going to practice it, we're really going to move forward together."

Virginia Peters, First Nations Health Directors Association, FNHC/FNHDA/FNHA Relationship Agreement signing ceremony November 6, 2012

Profile Transforming Non-Insured Health Benefits

We have heard clearly that our communities are anxious to transform the current FNIHB programs and services, particularly the NIHB program. We agree and have heard from you that these are not working. Over the years, you have provided much wisdom and advice on how to improve these programs.

The reality is that the NIHB program in particular will take many years to transform. This program is very complex and very large. It is very "plugged in" to the federal system, and it will take time to disengage it. The Parties have therefore agreed to a careful change management process, including a "buy-back" arrangement. For a minimum of two years following the transfer of NIHB to the FNHA, and for up to four years if the Parties agree, the FNHA will "buy back" the current NIHB Program from Health Canada. There would be a type of co-management arrangement during the buy-back period, where the roles and responsibilities of Health Canada, the FNHA, and both Parties collectively will be clearly defined. The buy-back period allows for the FNHA to conduct better planning, research, and development to ensure it is ready to assume and transform the NIHB Program.

At the same time, it is recognized that there are changes needed now. We have been urging our partners to work with us to make some changes and improvements as we move through transition.

Therefore, as soon as possible, the Parties have committed to establish a Working Group to discuss improvements to service delivery issues with NIHB that need to be made prior to, during, and assisting the FNHA in further changes after the "buy-back" period. Membership on this Working Group includes appointees from Health Canada, a representative from the FNHC (Warner Adam), a representative of the FNHDA (Jacki McPherson), and a representative of the FNHA (John Mah). The mandate of this Working Group is to make practical, realistic improvements to NIHB from now to transfer and through the 2-4 year buy-back period, building upon the wisdom and ideas brought forward by First Nations through the hundreds of health meetings we have supported in the past number of years.

Eventually, we will create a First Nations Benefits Program that will better meet the needs of our people. For now and through the "buy-back" period, the work of the NIHB Improvements Working Group will result in practical improvements to the NIHB Program. At the same time, we will talk with communities to develop strategies about how to transform that program when we take it over fully outside of the Health Canada environment.

"The transfer of the First Nations Health Authority is the starting point for another part of our journey. That is the whole part of our Health Partnership Accord. It serves to guide us as we travel together towards a new shared reality.

The Accord reminds us of the importance of our broad and enduring partnership. The journey will not always be easy, there will be some bumps along the way, together we can overcome them. We have so far and we will continue to do so."
-The Honourable Leona Aglukkaq, Minister of Health

The FNHA is not the only entity that continues to develop. The FNHC and FNHDA also continue to improve their respective policy and governance processes, ensuring that we are upholding the direction we have received from BC First Nations, and are complying with the requirements of the Framework Agreement. We will also be working with Regional Caucuses to support the ongoing strengthening of the role and processes of the regions.

Importantly, we are also working to strengthen the relationship between the components of the First Nations health governance structure. Each of the components has a key role to play and their roles are complementary to one another. We must work together effectively to achieve our shared vision of "Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities." At the FNHDA Annual General Meeting on November 6, 2012, through ceremony, the *FNHC-FNHA-FNHDA Relationship Agreement* was signed. Through this Agreement, we affirm our shared vision, and adopted our shared values – Respect, Discipline, Relationships, Culture, Excellence, and Fairness. We commit to collaboration on specific functions such as planning, community engagement, communications, and evaluation. We will carry out our shared agenda and exercise consensus leadership through specific committees, including the Tripartite Committee on First Nations Health, and a Collaboration Committee. We will draw upon our culture and teachings to guide the development of our relationship, and will uphold the principle of Reciprocal Accountability.

Transformation

We are all anxious to implement changes and improvements to the current First Nations and Inuit Health Branch (FNIHB) programs and services. As profiled for Non-Insured Health Benefits on the previous page, we are working to initiate some practical administrative changes where possible. However, for the most part, we will need to take a longer-term view of transformation of the current FNIHB programs. We cannot make changes to programs and services without first having control of the programs in October 2013, and also engaging in discussions with First Nations about what changes to those programs will be made.

We cannot forget that transformation is not only about the current FNIHB programs. It also entails transformation of the much larger provincial system that serves BC First Nations. That work is ongoing – the opportunity is now. At a provincial level, work continues to implement health actions – strategic-level transformative changes that create the space and opportunity for more specific transformative changes at the local level. At a regional level, each of the five areas of the province have now completed a Partnership Accord with their Regional Health Authority. These Accords commit to a direct partnership and action items to ensure that the work of the Regional Health Authority meets the needs of First Nations in the region. The transformative potential of these Partnership Accords cannot be underestimated.

"This Accord is significant for a number of reasons. It commits each of the partners to continue to work together in a good way. We won't need to refer to this document when times are easy, only when we are in times of difficulty.

We should always remind ourselves and our partners why we have come together - to make the lives of our people better and to make our world a better place to live. We are showing others how to work well in partnership and to stay focused on why we do our work. This Health Partnership Accord will keep us working together in a good way."

Grand Chief Doug Kelly, Chair, First Nations Health Council

Finally, we have the opportunity for transformation in terms of our own wellness. At Gathering Wisdom for a Shared Journey V, First Nations reviewed and commented on a wellness model. This is your model – your perspective and philosophy of wellness. The FNHC has taken this wellness model to heart – we will be implementing the wellness model as individuals, in our business as the FNHC, and with you as our leaders.

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Thank you for taking the time to review this Transition Update. We have had a momentous 2012. Next year will prove to be yet another filled with historic milestones – including the phased transfer of FNIHB to the FNHA. The complexity of the work ahead is significant, and we are grateful for the wisdom of BC First Nations Chiefs and leaders, who have told us to navigate the currents of change carefully and responsibly. Wishing all of you a happy and healthy holiday season.

Grand Chief Doug Kelly, Chair, FNHC
On behalf of the First Nations Health Council

About the Health Partnership Accord

The creation of the Health Partnership Accord was outlined in the BC Tripartite Agreement on First Nations Health Governance (Framework Agreement) signed in October, 2011, and is a key deliverable of the First Nations Health Council Resolution Workplan. The Framework Agreement and this Accord, along with a number of other important documents and health plans, signify a new era for BC First Nations health governance and a renewed commitment to continue to move forward on the historic work of all partners in elevating health outcomes for BC First Nations. Although not a legal document like the Framework Agreement, the Health Partnership Accord reiterates that the parties will maintain a strong partnership focused on improving health outcomes for First Nations in BC. The Accord builds upon the already-established positive working relationship and seeks to find new and effective ways of coming together to achieve common goals of working together to eliminate disparities and inequalities in the health status between First Nations in BC and other residents. All partners have agreed to overcome challenges in a good way through frank, honest, and respectful dialogue, using reciprocal accountability to guide the work at all levels.

What does the Health Partnership Accord mean to you?

"I have worked in health for over 30 years, as Health Directors we work directly with our people, we work with Health Authorities. This agreement is going to help our people, its going to help our work.

I'm glad to see that this is going to be a living document, that will continuously be worked on. Our needs change, our health changes."

- Jackie McPherson, President FNHDA

(L-r) Janine Lynxleg, Vice-President, First Nations Health Directors Association, the Honourable Leona Aglukkaq, Minister of Health, Health Canada, Jackie McPherson, President, First Nations Health Directors Association

The North sees this partnership as an opportunity to open the doors to federal policy including the development of an action plan that addresses the social determinants of health.

The impacts from industry activity and developments in our territories has struck at our very hearts and souls, bringing devastation to our communities. Only our strong commitment to partnership and only through working together to find solutions will we set an example of how our governments can work together for the betterment of our citizens.

- Tammy Watson, First Nations Health Council

When I think of health, one thing that comes to mind is access to our traditional foods. The signing of this partnership accord today reminds me of going fishing.

I remember when our family would go fishing in one of our old villages, several families would come together under several chiefs and leaders.

We had many tasks to accomplish and much work to be done. As teams set out to work, without cell phones or modern tools and technology, we learned to trust and rely on each other.

The basics of survival like food and safety were put into each of our hands, I did not fear for not having any of these things, I had trust in the commitments we had and understood the spirit of how we supported each other and all worked together.

Many families and leaders from separate houses come together, we share in the effort and responsibility, and we are accountable and supportive of each other. These systems and ways of working together were seamless, developed over generations.

I see this in the accord that was signed today, it will help us work together for years to come regardless of who is sitting at this table. This Accord establishes those systems and ways of working together for our future generations.

- Nick Chowdry, First Nations Health Council

FNHC Fall Regional Caucus Sessions Drive Work Forward

Interior Nations kick off their caucus session with a Seven Nation processsion entrance on Nov. 14, 2012.

The First Nations Health Council (FNHC) recently wrapped up the Fall 2012 Community Engagement Regional Caucus sessions in all five regions of the province. Just like the diversity of First Nations in each region, each Regional Caucus session showcased the original and innovative approaches to the creation of localized plans for healthier communities. Sessions were kicked off on Vancouver Island in Snuneymuxw territory (Nanaimo) Oct. 11-12, followed by the North in Lheidli T'enneh (Prince George) Oct. 17-18, Vancouver Coastal in Musqueam territory (Richmond), in the Fraser on the land of the Squiala First Nation Oct. 24-26, and wrapping up in the Interior in Tk'emlups (Kamloops) Nov. 14-15.

Presentations on the work of the FNHA and FNHC were repeated in each region and consisted of:

- An update on implementation of the Tripartite Framework Agreement on First Nations Health by FNHC Chair Grand Chief Doug Kelly.
- Presentations on the FNHA Annual Report, transition and finances by FNHA Board Chair Lydia Hwitsum, Executive Director of Corporate Services Michael Hilson, and Director of Finance Tally Baines.
- Presentation of the 2012 Resolution Workplan, and specific discussions on the Regional Board nomination processes, Regional Tables, implementation of Partnership Accords, and a discussion on Regional offices.

Maintaining fiscal accountability is a priority and mandate of the FNHA and Baines laid out financial details in easy-to-understand terms. Hilson touched on the conclusion of Sub-Agreements between the FNHA and FNIH, while Hwitsum elaborated on some of the high-level and on-the-ground changes the FNHA has been undertaking, some of which are featured in the FNHA annual report.

More reporting on the work of the FNHA during this transformative period included a presentation on Health Actions by Executive Director Michelle DeGroot, as well as a 'Dialogue on Engagement' looking to the Caucus' for input ensuring the Community-Driven, Nation-Based Engagement approach is working to best serve communities. This round of Caucus sessions also marked the launch of the FNHA's new communications tool Spirit magazine, the first ever BC First Nations Health and Wellness magazine that will be used to share the successes, best practices, and tell the stories of BC First Nations on this momentous wellness journey currently taking place.

Regional highlights included the signing of the final Partnership Accord in the Interior between the Interior Nation Executive Table of the FNHC Regional Caucus and Interior Health, a very special honouring ceremony for former Lt. Governor the honourable Steven L. Point at the Squiala Longhouse, an update from the Northern Task Force on HIV/AIDS on their important work, and much more.

"We are currently engaged in a number of policy and organizational development activites at the FNHA, but we are also making changes and investments at the community level in the ways we can before transfer. The really big structural changes will take place after we transfer FNIH resources and they are put in our control. It's really an exciting time within the work we are doing and the lasting positive impact it will have on BC First Nations communities."

FNHA Board Chair Lydia Hwitsum.

"This is a good day for the Nations in the Interior in the signing of this Partnership Accord. In the end these are just words on a piece of paper. We need to bring these words to life for the health of our people," Kukpi7 Wayne Christian at the FNHC Interior Partnership Accord signing ceremony. "We come to BC and Canada as Nations. Through this process and agreements like this we are showing that we are taking control over our future, we are taking control over our health and in the end it will be us who can look back and say we have achieved great things because of our hard work. We are not alone in this change, we have help coming in from many different partners who are with us on this journey."

The microphone was busy at every session as attendees asked a number of very important questions to the FNHA and FNHC representatives. Common questions related to information on the role and future of HUB's in communities, the Regional Board selection process, and regional manpower to support Partnership Accords and Regional Tables. All questions were welcomed and received by staff on hand to field them or follow-up where needed.

Regional Caucuses play an especially important role in the health care reform currently underway for BC First Nations. Community engagement is consistently seen as a vital link in making the entire process a success, with community input and driving the work forward in line with the Seven Directives given by BC First Nations Chiefs. The diversity of regional approaches and initiatives with partner organizations and in collaboration with each Regional Health Authority shows that no cookie-cutter approach to health service delivery will be used by BC First Nations in the creation of their Nation-Based health services. Regional Caucuses continue as an essential vehicle in our province-wide network, facilitating communication to allow First Nations to provide the guidance and feedback needed to steer the work of the FNHC, FNHA and FNHDA.

Is Bureaucracy really a bad word?

Read on to learn more about how administrations have worked for centuries to ensure fairness and equity.

It isn't often that most people think about bureaucracies in a positive way, or what they do for us when working in a good way. The rigid and out of touch bureaucrat is a stereotype seen both in political discussions and comedy. The institution, often called the Civil Service, is a central feature of modern Nation-states.

Bureaucracy is a feature of complex societies that enable the leaders (e.g. Parliament/Chief and Council) to conduct business without the need to directly involve themselves in the day-to-day running of their operations. Bureaucrats are appointed non-elected officials who are responsible for implementing laws, rules and functions of government (also seen in non-governmental organizations).

Bureaucracy arose in various parts of the world as societies became more complex and personal administration by rulers became untenable. Bureaucracies generally undertake work on behalf of government for day-to-day administration following rules set out by government. In the modern sense, well-run bureaucracies tend to be based on merit, rather than family connections, income or class. The merit-based bureaucratic system has its origin in ancient China and has spread widely to the rest of the world in modern times.

While it is clear that in some cases bureaucracies can be rigid, inflexible and ineffective, when run properly they serve a purpose that is often overlooked. Bureaucracy's primary purpose is to oversee governance by applying rules to a given task without requiring personal intervention by government.

A well-run bureaucracy has the benefits of:

1. Allowing more complex work to be undertaken than would otherwise be possible.
2. Providing an equality to service users (reduces political favouritism, conflict of interest and potential for corruption) on a stable and predictable basis.
3. By promoting officials based on merit – competent and professional people can be selected.
4. The system separates politics from day-to-day decision-making.
5. Professionals are employed and can bring specialized expertise to administration that may not be present among rulers. These professionals can be crucial in assisting government to create policy and rules in areas that elected officials do not have competence or expertise.

Removing government officials from day-to-day decision-making allows organizations (Bureaucracy) to manage programs, resources and people by following laws, rules, and guidelines to deliver services and programs. In this form of management the government determines the rules and then delegates to non-elected officials to oversee whatever is being managed.

Bureaucracy's often have negative reputations due numerous examples of government systems that are ineffective and take advantage of their position of power. Despite the negative impressions some have about bureaucracies, they are necessary to administering complex programs. As with many things the 'devil is in the details' and given a responsive set of rules, as opposed to a rigid set, can improve how the people they serve experience them and make the bureacracy an effective system for operational management.

The Chinese Imperial Examination was designed to choose the best Administrative Officials, based on merit, to oversee the running of the Nation. The system existed for some 1,300 years and has been widely influential throughout the world.

Tripartite Transition Plan

KEY MILESTONES & ACTIVITIES FOR PHASED TRANSFER

The purpose of this transition plan is to establish a high-level workplan for the phased transfer of FNIHB-BC region to the FNHA, as per the BC Tripartite Framework Agreement on First Nation Health Governance. This includes, at a strategic level, the targeted milestones and activities requiring oversight and monitoring by the Tripartite Implementation Committee. This is a living document, to be regularly updated to reflect and incorporate changing circumstances and any shifts in the strategy of the tripartite partners.

Annual spending plan for IHP/MYHP developed and submitted to BC

MOH issues annual funding letter

Transfer of Functions and Programs (July 2)
HQ Corporate & Management
FNIHB HQ Policy & Programs
HQ Portion of NIHB
TFNHP funding
MSP funding

Transfer of Functions and Programs (October 1)
Regional and Community Programs
Health Benefits (remainder of Med, Transp, Vision)
Capital and Facilities
Accommodations
Transfer of Regional Staff

Sub-Agreements review and approval of individual agreements

Final approval, suite of Sub-Agreements

Non-Insured Health Benefits improvements committee (Oct.2013) | Finalize payment requisition and reconciliation committee |

Service Continuity Agreement DRAFT

Initialling SCA

SCA final approval

SCA effective date

Implementation Committee develops strategy for provincial and federal DM tables

Canada Funding Agreement approval (CFA)

Tripartite Committee meeting

Effective Date of CFA

Gathering Wisdom VI

November | December | January | February | March | April | May | June | July | August | September | October

2012 | 2013

Finalize Health Partnership Accord

Health Canada sign off on RJO -RJO issued

RJO decisions from employees due Notice of layoff for those rejecting RJO

MSP Premiums Health Canada termination notice

Bilateral MSP Premium agreement FNHA/BC

Approve Tripartite Evaluation Plan

Finalize / approve Interim Health Plan / Multi-Year Health Plan

Finalize Summary Service Plan

Transfer of MSP to FNHA, implement new arrangement

Regional meetings on Novation

Novation materials to First Nations

Novation agreements executed

Implementation transition plan is consistent with the 7 Directives

Directive #1: Community-Driven, Nation-Based
Directive #2: Increase First Nations Decision-Making and Control
Directive #3: Improve Services (Consistent with the Principle of Comparability)
Directive #4: Foster Meaningful Collaboration and Partnership
Directive #5: Develop Human and Economic Capacity
Directive #6: Be Without Prejudice to First Nations Interests
Directive #7: Function at a High Operational Standard

Tripartite Transition Plan

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	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sept 2013	Oct 2013
Health Partnership Accord												
Preliminary arrangements for signing	X											
Federal approvals process		X										
Signing ceremony		X										
Canada Funding Agreement												
Final FNHC approval of Canada Funding Agreement				X								
Final FNHA approval of Canada Funding Agreement				X								
Final federal approval of Canada Funding Agreement				X								
Signing of Canada Funding Agreement				X								
Effective Date of Canada Funding Agreement									Jul 2			
Sub-Agreements												
FNHC review and approval of any draft Sub-Agreements for initialling		X										
FNHA review and approval of any draft Sub-Agreements for initialling		X										
Initialling of Sub-Agreements				X								
Final FNHC approval of suite of Sub-Agreements				X								
Final FNHA approval of suite of Sub-Agreements				X								
Federal ADM Oversight Committee review of Sub-Agreements				X								
Signing of Sub-Agreements				X								
Service Continuity Agreement												
FNHA review and approval of Service Continuity Agreement for initialling				X								
Initialling of Service Continuity Agreement				X								
Final FNHA approval of Service Continuity Agreement						X						
Final federal approval of Service Continuity Agreement						X						
Update to FNHC on Service Continuity Agreement initialling, approval, signing		X				X						
Signing of Service Continuity Agreement							X					
Testing and verification of Service Continuity									X			
Effective Date of Service Continuity Agreement											X	
Novation												
IC approve novation package and communications materials			X									
Regional Caucus meetings on novation			X	X								
Novation materials to First Nations					X	X	X					
Novation agreements executed							X	X				
Termination notices to First Nations not agreeing to novate								X				
Medical Service Plan Premiums												
Bilateral FNHA-BC agreement				X								
Health Canada termination notice			Jan 1									
Transfer of MSP funds from Health Canada to FNHA									Jul 2			
Implement new MSP arrangement									Jul 2			

Tripartite Transition Plan

KEY MILESTONES & ACTIVITIES FOR PHASED TRANSFER

The purpose of this transition plan is to establish a high-level workplan for the phased transfer of FNIHB-BC region to the FNHA, as per the BC Tripartite Framework Agreement on First Nation Health Governance. This includes, at a strategic level, the targeted milestones and activities requiring oversight and monitoring by the Tripartite Implementation Committee. This is a living document, to be regularly updated to reflect and incorporate changing circumstances and any shifts in the strategy of the tripartite partners.

	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sept 2013	Oct 2013
Human Resources												
HC signs off on RJO					X	X						
RJO issued					X	X						
RJO decisions from employees due							X	X				
Notice of Layoff for those rejecting RJO							X	X				
Health Benefits												
NIHB improvements committee			X	X	X	X	X	X	X	X	X	X
Finalise Payment Requisition and Reconciliation Committee						X						
Transfer of Functions & Programs												
Transfer of: • HQ Corporate & Management • FNIHB HQ Policy & Programs • HQ Portion of NIHB • TFNHP funding • MSP funding									July 2			
Transfer of: • Regional and Community Programs • Health Benefits (remainder of Med, Transp, Vision) • Capital and Facilities • Accommodations • Transfer of Regional Staff												Oct 1
Planning & Evaluation												
Approve Tripartite Evaluation Framework/Plan						X						
Finalize / approve Interim Health Plan / Multi-Year Health Plan						X	X					
Finalize Summary Service Plan						X	X					
FNHA-BC Annual Funding Letter												
Develop annual spending plan for the upcoming fiscal year to support IHP and/or MYHP activities (Schedule 2, (5)(b)			X	X								
Submit annual spending plan to BC MOH					X							
MoH to issue annual funding letter including payment schedule (FA Schedule 2, (6))							X					
Meetings & Engagement												
Tripartite Committee on First Nation's Health						X						
Gathering Wisdom for a Shared Journey VI												X
Implementation Committee development of strategy and approach on federal and provincial Deputy Ministers' tables					X	X	X					

Information and updates from the First Nations Health Authority

First Nations Health Authority

Health through wellness

About our Brand

Transformation

The FNHA brand is grounded in the First Nations Health Authority's vision of transforming healthcare to improve the health and well-being of BC's First Nations people.

The brand is based on the thunderbird, a traditional symbol of transformation and healing. The crescent around the thunderbird represents our environment, families, communities and the context in which our health is determined. The thunderbird's wings reach beyond this crescent, working within our context, but looking to break new ground in First Nations health.

Overall, this brand conveys a hopeful, optimistic spirit. The thunderbird is shown looking up to signify a healthy future.

About the Artist

Andrew (Enpaauk) Dexel

Andrew (Enpaauk) Dexel is from the Nlakapamux Nation and is known for his prints and original paintings. Dexel enjoys using bold, unconventional colours and abstract elements in his compositions. To this end, the artist has created an innovative and contemporary style, fusing graffiti and North West Coast Art. The artist's aim is to create unique, transcultural works and to compose modern day interpretations of traditional forms, stories and teachings to inspire future generations.

Andrew's work has been featured at the Kamloops Art Gallery, Vancouver's Grunt Gallery, the Native Winds Gallery in Honolulu and the UBC Museum of Anthropolgy's WAM! World Art Market. In 2008, the artist painted two 7 1/2-foot fibre-glass sculptures for Vancouver's public art project entitled Eagles in the City — a much beloved public art installation. His work has also has been published in Blood Lines, Redwire, and Brunt Magazine.

"My work relates my spiritual path; my journey. I express the inspiration lovingly given to me through teachings and stories from my elders and mentors. My work embodies the powerful visions that I have been given through these teachings. I am grateful. My work is a modern expression embodying the symbolic abstract inspired by my home: Coast Salish Territory."

As part of the Framework Agreement implementation, the FNHA is ramping up to take on the headquarters functions that currently rest with Health Canada in Ottawa, including policy development and strategic planning and services. With the staged approach to transfer, the FNHA will assume responsibility for headquarters functions on July 2nd, 2013, and programs, services, and staff transfer on October 1, 2013.

Joe Gallagher, Chief Executive Officer
First Nations Health Authority

On December 12, 2012 the FNHA hosted the second joint staff meeting with Health Canada members who have been identified as being eligible for transfer.

The day was themed "Getting to know the FNHA" and focused on engaging and transitioning staff from both organizations in a good way.

Breakout sessions on the First Nations health governance structure, employee health and wellness and change management were all well-recieved. A positive culture is being created among the current and future employees of the First Nations Health Authority.

"Thank you for putting [on] this session of Better Together. It was a wonderful opportunity to hear more about the journey we're embarking on. I am excited and ready to contribute to the vision of vibrant healthy First Nations children, families and communities. I would love to hear more about how FNIHB employees can help before the transition. Thanks again!"
- Health Canada staff

Greetings from the CEO

Organizational Development and Corporate Services

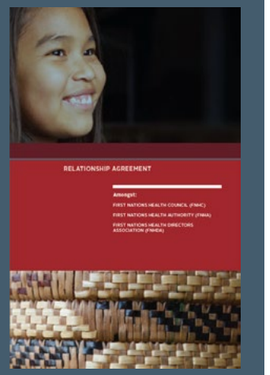
In building the First Nations Health Authority, our work is first and foremost rooted in the Seven Directives and definition of Reciprocal Accountability that were adopted by BC First Nations at Gathering Wisdom for a Shared Journey IV. We also look to the shared vision, values and accountabilities agreed to by the First Nations Health Directors Association, the First Nations Health Council and the First Nations Health Authority. This forms the foundation for our work into the future.

Office Space and Regional Offices

The FNHA is in the process of developing a master space plan. This plan needs to consider a number of interdependencies. For example, before we can finalize leasing arrangements, we need to have a very clear and precise understanding of the number of staff that we will have. The plan also needs to consider all of the space that will be available to the FNHA after the transfer; the FNHA offices are currently housed at 100 Park Royal South, and Health Canada has its main offices in Vancouver, 10 regional offices, a number of nursing stations and many more work-from-home arrangements. The plan also needs to consider all of the functions of the FNHA as an organization – these functions are more than what FNIHB-BC Region currently does today. The master space plan currently under development will consider all of these issues.

Relationship Agreement Strengthens Ties

On November 6, 2012, the FNHC, FNHA and FNHDA signed the FNHC-FNHA-FNHDA Relationship Agreement. The Relationship Agreement builds upon the direction provided by BC First Nations about the mandates of the FNHC, FNHA, and FNHDA. It outlines the roles and mandates of each First Nations Health Governing component and sets out processes to ensure that the FNHC, FNHA, and FNHDA have regular communications and provide mutual support to one another.



The Agreement sets out a set of six shared values of the FNHC, FNHA and FNHDA:

- Respect;
- Culture;
- Relationships;
- Excellence;
- Fairness; and,
- Discipline.

The agreement also includes commitments to reciprocal accountability and consensus leadership.

The master space plan will also consider the direction of BC First Nations at Gathering Wisdom for a Shared Journey V to develop Regional Offices. A Dialogue on Engagement process was launched in each of the Regions this fall in order to get feedback from First Nations on what engagement functions the Regional Offices might house. Currently, we all have a common understanding that the Regional Offices will support community engagement, planning, and service delivery closer to home. The Dialogue on Engagement will provide us with feedback to further understand the functions that will be housed in the Regional Offices and therefore the space and other logistical requirements of those Offices. This will be balanced with Directive #7 and the need to ensure that the Regional Offices are sustainable and cost-effective.

When staff is transferred in October 2013, they need somewhere to work. This is the first priority – maintaining operational integrity is key for Transfer. With this in mind, the FNHA has renewed some of the current Health Canada leases on a short term basis. As we continue to navigate the currents of change, the office space arrangements of the FNHA will evolve over time.

Finance

Finance is another area in which a lot of planning is underway. Taking responsibility for a budget that will grow from the $20 million range to close to $400 million by the time the transfer is complete requires a major renovation of FNHA financial systems, policies and personnel.

Health Canada's current financial system and processes are woven into, and dependent upon, other federal departments including Public Works (purchasing and printing cheques), and Treasury Board (writes all the finance policies and gives the directives related to financial matters). Following transfer, the FNHA will not receive that type of service from Public Works or Treasury Board, and needs to develop the capacity internally to undertake these functions.

The FNHA is rapidly building the financial systems, processes and policies to take on these new responsibilities. The smooth transition of finance is a key success factor in the transfer process; our number one priority is that funds continue to flow to First Nations in an uninterrupted manner.

Human Resources

The Parties have largely reached agreement on the logistics and legalities as described in the Human Resources Sub-Agreement. There is now significant work to be done in implementing these matters prior to transfer. One key issue is that of labour relations. There are currently four federal unions and six collective agreements in place, and discussions are now taking place with respect to how the FNHA will assume responsibility for these obligations. This creates a sense of complexity for the FNHA which, following transfer, will have some staff that belong to the union, and some staff that do not.

On December 12th, Elder Leonard George led an FNHA and Health Canada staff session on change management.

Leonard asked staff from both organizations to identify the best characteristics of their current organization and bring them forward to the First Nations Health Authority.

He also asked staff to release behaviours and characteristics that were not in line with the FNHA vision.

Blankets were used to wrap up and put away those things that we wanted to keep and release.

"I feel the session went very well. Very well organized. I liked the activity on what we bring to the table and what we can let go of to accomplish our shared vision."

-Better Together Participant

The FNHA will issue Reasonable Job Offers (RJOs) to current Health Canada staff that are identified for transfer. RJOs will not be issued until the Parties have finalized all sub-agreements, and have signed the Canada Funding Agreement – to put it simply, we cannot offer jobs until we know we have the funds to pay their salaries, and cover the costs of their office space, technology needs, etc.

The FNHA is working to ensure that Health Canada staff are transitioned in a good way to the FNHA, and that our current staff are also treated well in this process. We respect the depth and experience that our future colleagues bring, know that our current staff do excellent work, and need all hands pulling together. Through sharing the FNHA vision and new accountability structure (amongst First Nations in BC, and not to Ottawa) we are beginning to close off some aspects of the federal culture and maximize the contributions of Health Canada staff through the transition process.

IM/IT

There are pieces of the Health Canada infrastructure that do not make sense for the FNHA to assume responsibility for – particularly those designed to meet the needs of the federal government. The FNHA will operate as an independent operation working in British Columbia, and our interests are to serve and maintain reciprocal accountability with BC First Nations people and communities. However, a lot of the technology tools that Canada has put in place are to reinforce accountability to Ottawa in terms of spending, and not health outcomes for people on the ground.

We have that opportunity for change. A lot of work is underway to build replacement systems for key Health Canada functions. Through the transition period, the FNHA will need to be connected into the federal government network. The current Health Canada network has security and privacy standards that the FNHA will be required to replicate. The network also holds a lot of data. We will need to borrow the network for a while until we can have a standalone system and to migrate the people, programs, resources, and data, off of the federal systems. This is by far one of the most complex tasks associated with the transfer process and implementing these changes in a staged manner will ensure business continuity throughout the process. In the long-term, the vision is to implement IM/IT that supports better health outcomes for BC First Nations communities.

The Headquarters Function

As part of Framework Agreement implementation, the FNHA is ramping up to take on the headquarters functions that currently rest with Health Canada in Ottawa, including policy development and strategic planning and services. With the staged approach to transfer, the FNHA will assume responsibility for headquarters functions on July 2nd, 2013, and program, service, and staff transfer on October 1st, 2013

Specifically, on July 2nd, 2013, the FNHA will become responsible for the "BC share" of the national-level strategic level responsibilities currently housed through various directorates in Ottawa. From a budget perspective, the "BC share" is roughly 14%-15% of those directorates. No staff will be transferring on July 2nd for these headquarters functions – only the "BC share" of the budget. The FNHA will use these resources to build the strategic level capacity within the FNHA to work with communities directly on improving the programs and services in each of these areas.

In order to prepare for these new responsibilities the FNHA has begun to put in place its executive team (see pages 24-25).

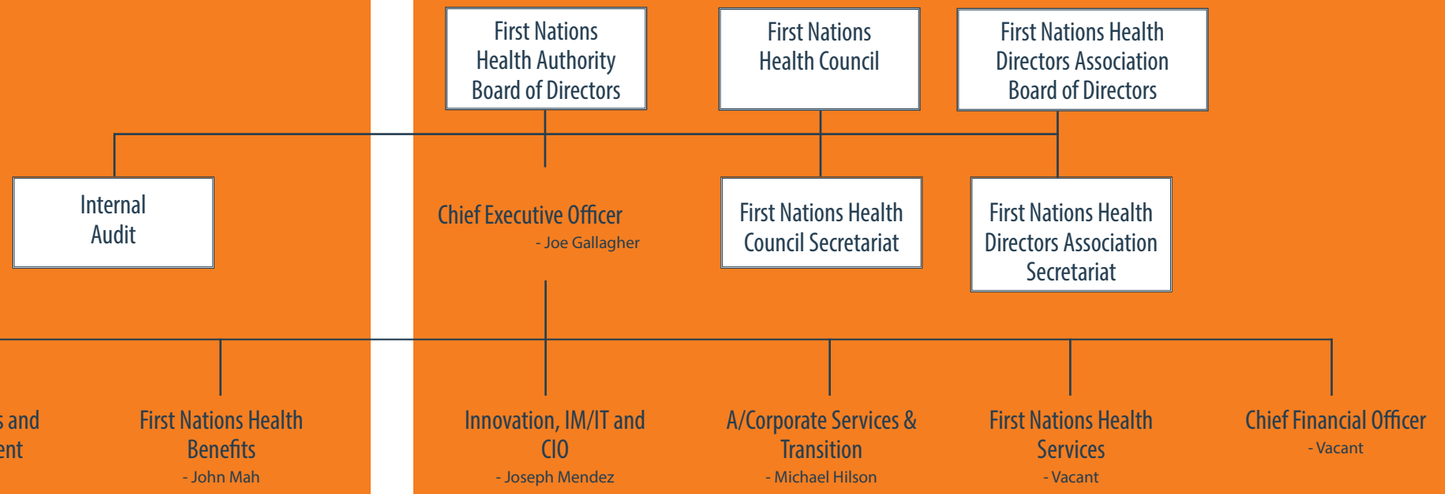
Margaret MacDiarmid, Minister of Health Government of British Columbia and Joe Gallagher Chief Executive Officer, First Nations Health Authority speak at the December 17, 2012 Tripartite Health Partnership Accord signing ceremony.

"How we envisioned our partnership in the early days is a lot different than how we are looking at it today. That is what the Health Partnership Accord is about.

It's about that fact that our partnership is growing and evolving, and its growing the way that it needs to, based on how the three parties recognize where we want to be collectively. It gives us the space to do that."

- Joe Gallagher, First Nations Health Authority Chief Executive Officer

First Nations Health Authority functional organization chart & Executive Team introduction



Richard Jock - Vice President, Policy, Planning and Strategic Services

Richard Jock is the Vice President of Policy, Planning and Strategic Services. He is a member of the Mohawks of Akwesasne and most recently, held the post of Chief Executive Officer of the Assembly of First Nations (AFN). He has worked for the past 25 years for First Nations organizations and the federal government including numerous positions in the health field. Before his return to the AFN, he was Chief Executive Officer of the Norway House Health Services Incorporated, Executive Director of the National Aboriginal Health Organization, Director General for Program Policy, Transfer Secretariat and Planning within Health Canada, Director of Health and Social Services for Mohawk Council of Akwesasne, Ontario Regional Director for Health Canada, Director of the First Nations Health Commission at the AFN, and Director of the National Native Alcohol and Drug Abuse Program at Health Canada.

As VP of Policy, Planning and Strategic Services Richard provides leadership in the areas of Health Actions, Federal and Provincial Partnership Development, Strategic Community Initiatives, Business Development, Health Policy, Communications and Community Engagement and Quality Assurance.

Elaine Wass - Vice President, Human Resources and Organizational Development

Elaine Wass is the Vice President of Human Resources and Organizational Development. Prior to joining the FNHA, Elaine held the position of Regional Director, Human Resources with Health Canada. She has 30 years of experience in Human Resources and for the past several years has provided assistance to the Tripartite partners as work has progressed through various stages of the agreement. Elaine is supported by the love of her life, and has two adorable daughters.

In her role of VP of Human Resources and Organizational Development, Elaine provides HR leadership as the FNHA takes on the responsibilities that are currently being held by Health Canada, including the incorporation of FNIH staff who will transfer to the FNHA. Areas of responsibility include Recruitment and Retention, Employee Relations, On boarding and Orientation, Learning and Training, Organizational Development, Compensation, Benefits, Classification, Payroll and Employee Health and Wellness.

John Mah - Vice President, First Nations Health Benefits

John Mah is the Vice-President of First Nations Health Benefits. A former federal public servant with Health Canada, John has dedicated 16 years of his professional career to the area of First Nations health. He most recently held the position of Director, Non Insured Health Benefits in Alberta Region.

A registered pharmacist, he received his Bachelor of Science in Pharmacy and Pharmaceutical Sciences from the University of Alberta and began his clinical practice in Edmonton. After working a few years in an urban setting, he accepted the challenge of designing, constructing and operating a full service retail pharmacy for Bigstone Cree Nation in Northern Alberta. He is a dedicated husband and father of three children. When not in the office, he enjoys playing hockey, golf and spending time with family and friends.

As VP of Health Benefits, Mr. Mah will lead the transfer of the Non-Insured Health Benefits program to the First Nations Health Authority. Areas of responsibility include: Pharmacy, Dental, Mental Health Benefits, Medical Transportation, Medical Supplies, Provincial Benefits Relationships, and the Health Advocate function. Importantly, John will also oversee the future transformation of NIHB to a First Nations benefit program.

Joseph Mendez - Vice President, Innovation and IM/IT, CIO

Joseph Mendez is the Vice-President of Information Management/Information Technology, Chief Information Officer. Over the past 21 years Mr. Mendez has held a number of public and private senior executive health-related roles. Joseph served as the Vice President / CIO for IM/IT services with Northern Health. After having successfully established Northern Health IM/IT services and implementing one of Northern Health largest most complex organization-wide projects – Health Link North, Joseph was seconded to the Provincial Health Services Authority to serve as the IM/IT Executive Lead. In this role, Joseph led the creation of the Health Shared Services BC – Information Technology Services. As well, Joseph has had the honour of helping lead a number of eHealth and shared services initiatives in four provinces.

Mr. Mendez is married with two children. He has a great passion for classic French cuisine cooking, traveling and golfing. Joseph has Bachelor in Computer Science and a Masters of Health Administration.

As VP, Joseph will lead the areas of Information Management, Information Technology, Systems Transformation, Federal & Provincial Shared Services, IM/IT Partnerships, First Nations Private Network, E-Health Implementation, Records Management, Privacy, and Innovation. Mr. Mendez will drive the innovation, adoption and transformation of eHealth, technology and information systems for the FNHA, including the development and procurement of new systems designed to meet the needs of BC First Nations.

Michael Hilson - Acting Vice President, Corporate Services and Transition

Michael Hilson is the Acting Vice-President of Corporate Services and Transition and joined the FNHA in early 2012. Prior to joining the FNHA Michael was Director, Health Transfer and Tripartite Management with Health Canada, First Nations and Inuit Health Branch. At Health Canada, Michael was responsible for providing leadership to the Health Transfer and Transfer Development programs and for the negotiation and implementation of community-based health service agreements. Michael has had over 15 years experience working with BC First Nations in senior positions at Consulting and Audit Canada. He has managed or completed over 100 audits, evaluations and consulting assignments related to Health Canada contribution agreements and health programs. Michael has been extensively involved in the Tripartite First Nations Health Plan developments over the last four years.

Michael's professional qualifications include a Masters of Public Administration (Finance and Administration) and an Honours Bachelor of Arts degree. Michael lives in Vancouver with his wife and two young teenagers.

As Acting VP of Corporate Services and Transition, Michael is responsible for Accommodations, Capital Assets and Security, Procurement, Occupational Health and Safety, Travel and Events, and Community Contribution Agreements. Michael also manages Framework Agreement Implementation and Transition.

Vacant: Vice President, First Nations Health Services

The Vice-President First Nations Health Services is responsible for Community Funding Agreements, Health Promotion & Prevention Programs, Surveillance & Program Evaluation, Population Health, Environmental Health Services, Nursing Programs & Services, Dental Programs & Services, Health Protection, IRS Programs, Capital Programs, and Programs & Services Transformation.

Vacant: Chief Financial Officer

The Chief Financial Officer provides leadership in the following areas: Budget Management, Reporting & Audit, Planning & Analysis, Comptroller, Accounts Payable/ Receivable, Procurement, and Contracts.

What is Novation?

Novation is basically the substitution of a new contract for an old one.

In our case it is a simple change of name of your community Contribution Agreement from Health Canada to the First Nations Health Authority.

Novation of Contribution Agreements is a requirement under the Tripartite Framework Agreement on First Nation Health Governance Schedule 5, page 57.

Steps for novation:

3 May-June: Novation agreements executed

2 March-May: Information packages to First Nations

1 January - February 2013- Regional information sessions on the Transfer of Community Contribution Agreements

Better Together participant:

"Enjoyed opportunity to meet Health Canada staff and listen to their perspective on what is happening and trying to answer their questions about FNHA, etc. Also enjoyed Doug Kelly's storytelling and humour when conveying his messages."

-Current FNHA staff

Accreditation

The FNHA will become an accredited health organization. By October of next year, the FNHA will have approximately 300 staff, and be responsible for effectively operating across the province in support of all First Nations community health organizations on the ground. In order to be effective, we will require standards in place to guide us, and targets to aspire to for continuous improvement.

Novation

The FNHA is working jointly with Health Canada to enable the seamless transfer (novation) of Community Contribution Agreements from Health Canada to the FNHA. The FNHA and Health Canada have acknowledged that Health Canada is responsible for carrying out the majority of this work, as current contribution agreements are between Health Canada and First Nations communities directly. Health Canada will continue to manage these agreements in a "business as usual" fashion until transfer.

Based on direction from BC First Nations as expressed through Directive #6, Contribution Agreements will be transferred to the FNHA "as is." BC First Nations have clearly expressed through the 2011 Consensus Paper that any changes to their agreements must be made in partnership with BC First Nations.

Early in the New Year, Health Canada will be organizing a series of regional meetings to explain the process of transferring (novating) Community Contribution Agreements.

Outstanding Sub-Agreements and Funding-Agreements

To date, the Parties have largely concluded discussions on the following: Canada Funding Agreement; Health Benefits Sub-Agreement; Human Resources Sub-Agreement. Work continues to finalize a number of other Sub-Agreements: Assets and Software; Accommodations; Contribution Agreements; Pre/Post Transfer Information Sharing; Records Transfer; and Capital. These Sub-Agreements will describe how the transfer of those responsibilities and issues will take place.

Steps to conclude sub-agreements

1. Complete the key agreements
2. Endorse the individual agreements (FNHC and FNHA)
3. Federal approvals on the individual agreements
4. Review the package of agreements as a whole, cross-reference and use due-diligence
5. Once we feel comfortable with the entire package provide approval to sign the agreements

In addition to those Sub-Agreements, the FNHA has other funding agreements to negotiate with respect to funding that is not captured the Canada Funding Agreement (Annex A- Schedule 1 Framework Agreement). The Indian Residential School program is one example of a program funded outside the CFA. Health Canada has put this program in place as part of their legal obligation for the Indian Residential Schools system, and we need to ensure that this legal responsibility is in no way being transferred to the FNHA, as that would directly contravene Directive 6.

Once all of the various Sub-Agreements and funding agreements are largely concluded, they will all be reviewed as a total package by the FNHA Board of Directors and the FNHC. Once the FNHA and FNHC are satisfied that all of these Agreements work together, the goal is to sign the package of agreements before the end of the fiscal year to ensure that we could carry out the first phase of the transfer on July 2nd, and conclude transfer on October 1st.

In Closing

On behalf of the Board of Directors and our entire staff team, thank you for taking the time to read this update on transition and transfer activities. The responsibility to carry out this work on behalf of BC First Nations is not taken lightly, and our staff continues to be humbled each and every step in this historic change process. In closing, we would like to wish all BC First Nations a healthy, safe and happy holiday season!

First Nations Health Authority
Health through wellness

Visit: www.fnhc.ca

Become a friend or fan on Facebook: **http://www.facebook.com/firstnationshealthcouncil**
Follow us on Twitter: **http://twitter.com/FNHC**

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