



First Nations Health Authority  
Health through wellness

# 2018/2019 Annual Report



**First Nations Health Authority**  
Health through wellness

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ISSN 2369-4734

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# Message from the Board Chair

## Colleen Erickson



### Hadih'

It is my distinct honour to have served for the past year as the Board Chair of the First Nations Health Authority (FNHA). During this time, I have had the privilege to see and participate in different initiatives and partnerships throughout British Columbia that are being developed by and for First Nations people and communities.

This is also a time of self-reflection to look at where we started, how we are doing and what we have been able to do since the transfer of services from Health Canada in 2013. To ensure that the FNHA is focusing its energy and supporting where we are most needed, we continually seek feedback from community members and communities. The following evaluations will inform and guide us into the future:

- The Tripartite Framework Evaluation Agreement will tell the story of our journey and commitments with our provincial, federal and regional partners.
- The FNHA Evaluation documents the story of change resulting from the creation of the FNHA and the progress made by the organization against its mandate and strategic plan.

We have come together with First Nations and our partners to understand the challenges and realities of the opioid crisis and its impact on our people and communities.

- The FNHA-First Nations Health Council (FNHC)-First Nations Health Directors Association (FNHDA) Relationship Agreement evaluation will review the journey and the renewal of the organizations' shared values and commitments to continually improve on their relationship.
- Finally, the FNHA Board Evaluation focused on helping the FNHA Board of Directors understand its current strengths and highlight areas where there may be opportunities to improve the FNHA's governance practices.

One of the major accomplishments for this year was the partnership with Pacific Blue Cross which will lead to the transition in 2019/2020 of benefits currently under the federal Non-Insured Health Benefits Program. The new system will be easier, offer faster turnaround and expand coverage to include many health services not previously covered. Our community members will see an improved health benefits plan for dental, vision and medical supplies and equipment.

The new \$30-million Mental Health and Wellness Fund will support Nations to

plan, design and deliver wholistic mental health and wellness services through the broader lens of social determinants of health. The Fund was activated by the *Memorandum of Understanding: Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness*, and was signed by the Government of Canada, the Province of BC, the First Nations Health Council and witnessed by the FNHA. The Fund will offer flexible funding arrangements that support the alignment of resources with each Nation's mental health and wellness plans and priorities.

We have come together with First Nations and our partners to understand the challenges and realities of the opioid crisis and its impact on our people and communities. We are united as we work to support community members to address this crisis.

The wildfire season of 2018 again brought unease and uncertainty. When there was a need for evacuation, we saw communities, families and community members welcoming evacuees into their territories – offering support, traditional food and including them in their local ceremonies. It was good to witness and have FNHA be

part of this true First Nations generosity.

In the fall of 2018, we hosted Gathering Wisdom for a Shared Journey IX, which had very good attendance from across the province. This gathering provided an important opportunity for Nations to share strategies, ideas and successes on health, healing and Nation rebuilding. Discussions and presentations reinforced the importance of health and wellness for our community members, created a vision for change with our leaders, and shared wholistic best practices with First Nations.

It has been a very full year in which I have witnessed the diversity of our cultures and the strength and values of our teachings that are leading change through dedication, passion and innovation. On behalf of the FNHA Board of Directors, I look forward to celebrating health and wellness with you in the coming year – we have much to look forward to and build upon together.

*Soo Naoodleh' (Do Your Best)*

**M. Colleen Erickson**  
Board Chair, FNHA

# Message from the Chief Executive Officer

## Joe Gallagher



This year marked the five-year anniversary of the transfer of services from Health Canada to the FNHA. Having been part of this journey for more than 10 years, I am mindful of the collective efforts, negotiations, engagement and consensus-building that brought us to where we are today. While there is still much work to do to ensure quality and equitable care are delivered to BC First Nations, I am humbled to reflect on where we are and where we have come from over these first five years.

### **PARTNERS IN WELLNESS**

Supporting mental health and wellness was a key priority for the FNHA this year. Most significantly, we announced that the FNHA would administer \$30 million to support communities to plan, design and deliver wholistic mental health and wellness services, drawing on funds activated through a Memorandum of Understanding signed by the Government of Canada, the Province of BC and the FNHC. In addition to these funds, we supported frontline mental health providers from across the province to take trauma-informed training. This Healing Complex Trauma Training program was the next step in our commitment to training all our frontline staff. The FNHA also published a new Mental Health and Wellness Policy developed with hundreds of recommendations from First Nations communities. The policy will support the FNHA, First Nations and health system partners in their wellness planning.

While there is still much work to do to ensure quality and equitable care are delivered to BC First Nations, I am humbled to reflect on where we are and where we have come from over these first five years.

The FNHA's mandate to support wellness and meet communities where they are at is of great personal importance to me. At Gathering Wisdom for a Shared Journey IX, we launched the "Screen. For Wellness" cancer screening campaign to raise awareness of screening and prevention programs. It was truly inspiring to see the enthusiasm of leaders from across the province sharing photos of themselves in the "I Screen For" T-shirts and encouraging uptake in their home communities.

With the legalization of cannabis last October, the FNHA also invested considerable effort to raise awareness of the effects of cannabis, especially among youth and pregnant women. With our focus on "Indigenous Strengths," we are committed to empower our youth and broader populations to make choices that support wellness.

#### **EMERGENCY RESPONSE**

In 2018/2019, we continued our work to decolonize our approach to substance use and support First Nations to address the ongoing impacts of the overdose crisis. One area of focus was to equip 2,430 community members from 175 First Nations communities with the training and skills to prevent overdose deaths and save lives through Not Just Naloxone Training. The FNHA has now invested \$2.4 million in 55 Indigenous harm reduction projects to support community-driven, Nation-based, innovative and culturally relevant responses to the emergency.

Unfortunately, the overdose emergency was not the only crisis requiring attention this year. The 2018 wildfire season was the worst emergency of its kind on record in BC, and we deployed a number of our regional and central team members to provide support on the ground at evacuation centres. We also provided central support by coordinating with partner organizations to ensure timely communication and service. As these emergencies become more common, our organization is committed to learn from previous years' successes and challenges to ensure smooth crisis response in future.

#### **CULTURAL SAFETY AND HUMILITY**

2018/2019 was an important year in our journey to embed cultural safety and humility in the health system. Over the year, the FNHA signed Declarations of Cultural Safety and Humility with Indigenous Services Canada, Health Canada, the Public Health Agency of Canada, the Ministry of Mental Health and Addictions, and Pacific Blue Cross. Each of these partners, along with the regional health authorities, incorporated cultural safety and humility into their core work plans and strategies.

At the organizational level, we continue to incorporate a cultural safety and humility objective in our FNHA employees' performance partnership plans. As we look to the future, I am encouraged by our partners' commitments to do better in this area and address safety issues within their organizations.

#### **STRIVING FOR ORGANIZATIONAL EXCELLENCE**

At five years old, we continue to strive toward being the best organization we can be. This year we launched a new employee engagement survey, specific to the FNHA's needs and context. Eighty-six per cent of our employees participated in the survey, providing valuable information on satisfaction in the workplace and where we can continue to improve.

Our organizational structure is also evolving to best meet our communities' needs. A priority in this area was the ongoing regionalization of programs and administration. Regionalization aligns with our commitment to bring services closer to home for communities. This year we established Regional Executive Directors in each of the five regions and worked to increase our regional teams' capacity, ensuring resources are available to deliver on their Regional Partnership Accords and Regional Health and Wellness Plans. As always, I am excited by where our organization is headed, and grateful for the ongoing support of First Nations communities in trusting us to do this work.

*In wellness,*

**Joe Gallagher**  
CEO, FNHA





# GOAL 1: ENHANCE FIRST NATIONS HEALTH GOVERNANCE

## **OUTCOME:**

**Sustainable and accountable governance structures leading change**

The FNHA occupies a unique space as a First Nations-led health and wellness institution operating at a province-wide level. The FNHA seeks to improve the health and well-being of British Columbia (BC) First Nations, living both at home and away from home, through effective health system partnership and integration. Success is marked by how well First Nations values, perspectives and principles are “hardwired” into the provincial health system, and how firmly this systems transformation is grounded in the voices and priorities of BC First Nations.

To undertake this work, the FNHA supports engagement and decision-making processes among BC First Nations, collaborates with the FNHC and the FNHDA, and partners with federal and provincial governments to support the broad health system transformation envisioned in the tripartite health plans and agreements.

## Objective 1.1

# Strengthen regional decision-making approaches

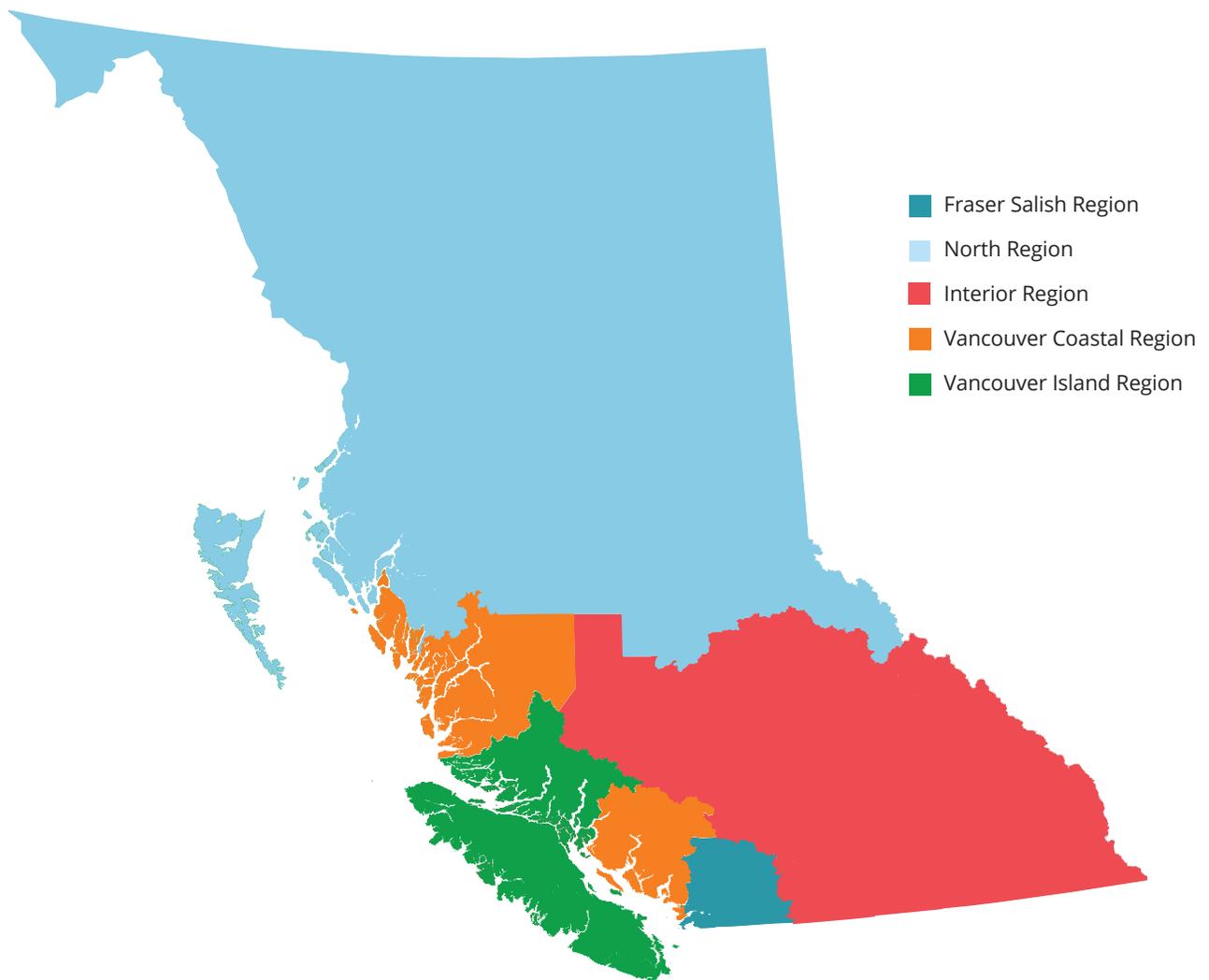
### STRENGTHEN FIRST NATIONS DECISION-MAKING

In the Consensus Paper 2012, BC First Nations leaders set out a vision for the creation of regional teams to ensure that the work of the FNHA is responsive to local context and grounded in regional realities while also maintaining the sustainability, efficiency and strength of a province-wide organization.

In 2018/2019, the FNHA evolved its organizational structure through increased regionalization of programs, services and engagement capacity. Regionalization develops and aligns regionally based supports for closer to home decision-making over the design and delivery of health and wellness services and initiatives, while benefitting from centrally provided data and expertise, services and partnerships. Some of the work to date has focused on enhancing capacity of regional teams in engagement and planning, establishing Regional Executive Director roles and regionalizing certain service lines, such as nursing and environmental public health.

This year, the FNHA also continued to deploy regional envelopes to support First Nations within regions to work together to prioritize and shape investments and initiatives on a regional basis. The regional envelope approach is used primarily for targeted initiative funding, such as the Opioid Emergency Response, Jordan's Principle, Indian Residential School, Joint Project Board, Health Actions and other Primary Health Care and Mental Health and Wellness related activities.

Another important way the FNHA supports First Nations decision-making is through the process of developing and implementing Regional Health and Wellness Plans. All five regions have unique Regional Health and Wellness Plans that provide clear collective regional priorities for action and investment, and inform the FNHA's overarching priorities in the Summary Service Plan. In 2018/2019, Vancouver Island and Interior Regions refreshed their Regional Health And Wellness Plans. Vancouver Island's plan was presented, discussed and approved in principle by First Nations leadership at the Vancouver Island Regional Caucus session on May 8, 2018, and endorsed on November 7, 2018. The Interior Region's plan is to be reviewed by the Nation Health Assemblies and endorsed at the Interior Regional Caucus in 2019/2020.



## COLLABORATING WITH REGIONAL HEALTH AUTHORITIES

Regional Partnership Accords are in place between First Nations in each region and regional health authorities, designed to establish joint processes for shared planning and decision-making. In 2018/2019, evaluations of each of these Regional Partnership Accords were undertaken to assess progress as well as to inform the renewal of these Accords.

Although some of these evaluations are still in progress, common themes indicate that the Accords provide the structure for the partners to develop relationships, and engage with and hear from First Nations within the regions. The Partnership Accords enable respectful conversations regarding shared goals, key issues, priorities, gaps and challenges to care, and collaborative opportunities to improve health services. The Accords have facilitated extensive work to advance cultural safety and humility and to co-develop new primary health care and mental health and wellness services.

Overall opportunities for growth include: reviewing and refreshing the Accord priorities to ensure they are Nation-driven; providing specific information related to the objectives within the Accords, including priorities, implementation plans, resource requirements, timelines and partnership accountabilities; providing detailed language in the Accords regarding roles and responsibilities; committing to ongoing evaluation of activities and clearly identifying baseline data, indicators and performance measures for success and tracking mechanisms; and ensuring there are enough resources (human and financial) across all of the partners to carry out the commitments of the Accords.

At the end of the fiscal year, Regional Partnership Accord evaluation reports were in progress, with the Interior Region Partnership Accord Evaluation report complete.

## Interior Region Partnership Accord Evaluation Findings

The structures created through the Accord strengthened relationships, and partners in this evaluation indicated that they are generally satisfied with the Interior Region structure.

- Evaluation participants reported that the Interior Region structure has the appropriate mechanisms in place for identifying, advancing, and resolving issues and represents a suitable platform for Nations and Interior Health Authority to communicate, share ideas, and work together to find solutions to health care challenges affecting Interior First Nations communities.
- It is acknowledged that implementation of the Partnership Accord is informed by Letter of Understanding tables which are a government-to-government relationship between the Interior Nations and the Provincial government, represented by Interior Health Authority.

The right representatives are at the tables to address policy and system barriers and challenges.

- Nation and Interior Health Authority leadership are involved and interacting with senior staff.
- Interior Health Chief Executive Officer attends meetings and visits communities to understand health care access and issues.
- Nation representatives are able to report directly to Chiefs, Health Directors and Letter of Understanding tables about key decisions affecting their Nation territories.



Significant investments have been made to improve cultural safety and humility and appropriateness of health care programs and services.

- Aboriginal Patient Navigators in hospitals to support patients accessing care.
- Patient Care Quality Process in place to support formal patient complaints.
- Online and in-person training opportunities available to staff.
- Aboriginal Administrative Data Standard put in place to better understand health care usage by individuals who identify as Indigenous.

Some Challenges:

- Shared planning and decision-making occurs at the higher system level but is not consistently applied in community-led work.
- Lack of engagement with Nations at the planning stages of projects limits the potential for coordination and integration of services.
- Some decisions that are outside the control of Interior Health such as Ministry of Health priorities and deadlines.
- Lack of understanding concerning how the Interior Region structure functions as a whole to identify, advance and resolve issues.
- Partners expressed uncertainty regarding the specific role of the FNHA given that the FNHA is not a signatory to the Partnership Accord.
- Some advancements in cultural safety and humility, however further efforts are needed in this area to reach all levels of the Interior Health structure, particularly front-line staff.
- Capacity and resource building on a Nation level are needed to implement changes and variations should be considered in each Nation's capacities.

Interior Health CEO Chris Mazurkewich signing a Declaration of Commitment: Interior Health, First Nations Health Authority, and First Nations leaders to embed a culture of safety and humility starting with hospital and community services in Williams Lake.

## ENGAGEMENT

Nations leadership and health professionals to gather regular input on key priorities and opportunities for health system change. Engagement efforts in 2018/2019 included holding spring and fall Regional Caucuses and Gathering Wisdom for a Shared Journey IX.



FNHC representatives Paul Sam and Willie Charlie speak at Gathering Wisdom IX.

### Engagement Impact

#### *Spring and Fall 2018 Regional Caucuses:*

**83 per cent** of Caucus survey respondents reported overall satisfaction.

**65 per cent** of Caucus survey respondents felt they had the opportunity to contribute and engage.

**51 per cent** felt their voice was heard.

#### *Gathering Wisdom for a Shared Journey IX:*

**78 per cent** of Gathering Wisdom survey respondents felt the day was a productive and good use of time.

**37 per cent** felt there was sufficient opportunity to contribute and engage in discussion.

**27 per cent** felt their voice was heard.

Each of these sessions included participant evaluations. Suggestions for improvement from survey respondents included the need for more time for interaction, discussion, dialogue and shared action planning. Some felt that the scope of the Regional Caucus is too broad, as it covers not only the core health priorities but also other topics related to governance and the social determinants of health. In response to this feedback, separate Regional Governance Caucuses and Regional Health and Wellness Forums will be piloted in 2019/2020. This shift aims to create more space for dialogue, more time dedicated to agenda items, and more focused conversations on both political and operational issues. At the fall 2018 Regional Caucus, 73 per cent of survey respondents felt that this approach is on the right track.

## Objective 1.2

### Collaborate with the FNHC and the FNHDA to achieve our Shared Vision

BC First Nations leadership established a First Nations health governance structure that includes three First Nations entities – the FNHC, FNHDA and FNHA. In 2012, these three entities signed a Relationship Agreement to describe their respective roles and responsibilities and their collective processes of collaboration. This year, an FNHC/ FNHDA/FNHA Relationship Agreement Evaluation was undertaken to describe shared progress and challenges and identify opportunities for improvement and continued evolution of the relationship.

The evaluation found that, overall, the relationship has been growing and improving since the signing of the 2012 Relationship Agreement. Specific recommendations for development and improvement included: ensuring enhanced clarity and discipline around collaboration and joint planning processes; promoting clearer understanding of roles and responsibilities at local, regional and provincial levels; building trust through open communication; undertaking focused work to support First Nations health governance at multiple levels; and improving equitable engagement by refreshing engagement processes and a joint engagement plan. An action plan to advance these findings will be developed in 2019/2020.



## Objective 1.3

# Partner with federal and provincial governments to implement the tripartite health plan and agreements

### PARTNERSHIP WITH FEDERAL AND PROVINCIAL GOVERNMENTS

In 2012, the FNHC and federal and provincial ministers signed a Health Partnership Accord that established a vision for an evolving and deepening tripartite health partnership. To further these aims, a series of agreements are finalized each year between the FNHA and relevant federal and provincial departments to articulate principles, collaboration processes and joint annual priorities. This includes: a Shared Vision & Common Understanding with Indigenous Services Canada-First Nations and Inuit Health Branch; a Joint Executive Agenda with Health Canada; a Memorandum of Understanding with Indigenous Services Canada-BC Region; a Letter of Mutual Accountability with the BC Ministry of Health; and a Letter of Understanding with the BC Ministry of Mental Health and Addictions.

## Declaration of Commitment to Advance Cultural Safety and Humility in Health and Wellness Services and Organizations

APRIL 3, 2019



Canada

Some common themes across these agreements include: proactive identification of resources available to support First Nations health and wellness; commitments to engage with BC First Nations on emerging policy and strategy directions and the implementation of new services; specific initiatives to coordinate and improve services; and accountabilities to advance cultural safety and humility and address incidents of systemic and interpersonal racism. Commitments in these agreements are tracked each quarter to ensure progress, and are reported as performance measures in our annual reports. This approach is “hardwiring” First Nations decision-making at senior levels, ensuring that accountabilities are met and are supporting a deepening and evolution of the partnership.

## TRIPARTITE HEALTH GOVERNANCE STRUCTURES AND PROCESSES

Through the Tripartite Committee on First Nations Health, the FNHA and partners coordinate and align planning, programming and service delivery among the FNHA, regional health authorities, the Provincial Health Services Authority, the BC Ministry of Health and Indigenous Services Canada. This year, the Tripartite Committee focused its efforts on the key priority areas of cultural safety and humility, primary health care, mental health and wellness, the Indigenous Cancer Strategy, maternal-child health services and the reciprocal accountability framework.

The Tripartite Implementation Committee established in 2013 oversees the implementation of the Tripartite Framework Agreement. The primary priority for this Committee in 2018/2019 was to advance the mandatory evaluation required under the Agreement. This evaluation is assessing progress in the implementation of the Tripartite Framework Agreement in three main areas: Governance, Tripartite Relationships and Integration; Health and Wellness System Performance; and Health and Wellness Outcomes. It also encompasses evaluations of the five Regional Partnership Accords and Joint Project Board projects. The evaluation, which will be released in 2019/2020, provides an opportunity for robust engagement and telling the story of the partners' tripartite journey.

**Tripartite Social Determinants on Health signing, summer 2018.**



## URBAN AND AWAY FROM HOME

Support for those living away from home and/or in urban settings has been a cross-cutting priority for Regional Partnership Accord tables, federal and provincial government partnerships and First Nations engagement in 2018/2019. This has involved validating with BC First Nations leadership the need for focused strategies to support those living away from home. This year, the FNHA received over 90 per cent support from the Interior and Northern Caucus for the FNHA to invest in urban and away from home initiatives. Related work includes developing partnerships with service providers and agencies serving away from home populations, and establishing the first Urban Aboriginal Health Strategy in partnership with the Vancouver Coastal Regional Caucus and Vancouver Coastal Health.



# National Indigenous Peoples CELEBRATION



# les Day

## GOAL 2: CHAMPION THE BC FIRST NATIONS PERSPECTIVE ON HEALTH AND WELLNESS

### OUTCOME:

**Culturally safe and supported health and wellness journeys**

The BC First Nations Perspective on Health and Wellness articulates a strengths-based and wholistic approach to achieving health and well-being that is identified by self-determining individuals, families, communities, Nations and organizations. Wellness includes connection and balance within ourselves and with our human and ecological communities, and it is directly influenced by: our cultures, teachings and values; the contexts and settings in which we live our lives; our relationships, families, communities and our Nations; the systems we interact with; and the places and lands around us. Everything is connected.

Throughout 2018/2019, the FNHA has been undertaking a range of proactive efforts to advance this understanding of wellness across the health system. These efforts are in areas that include cultural safety and humility, Indigenous cancer, health and wellness promotion, and health data governance and population health and wellness reporting.

## Objective 2.1

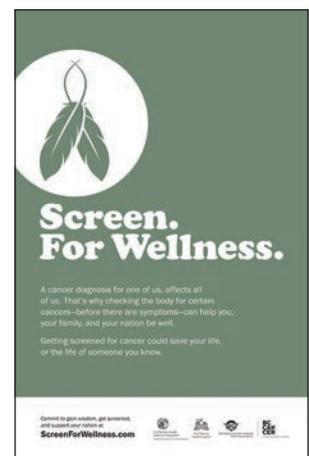
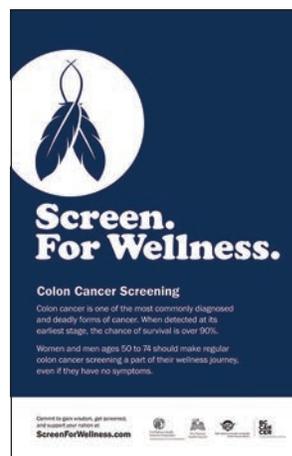
# Work with partners to transform from a sickness system to a wellness system by championing the First Nations Perspective on Health and Wellness

### INDIGENOUS CANCER STRATEGY

In December 2017, the FNHA, BC Cancer, BC Association of Aboriginal Friendship Centres and Métis Nation BC released a joint Indigenous Cancer Strategy. This year a joint implementation plan for the Indigenous Cancer Strategy was developed and numerous activities were undertaken in support of the plan.

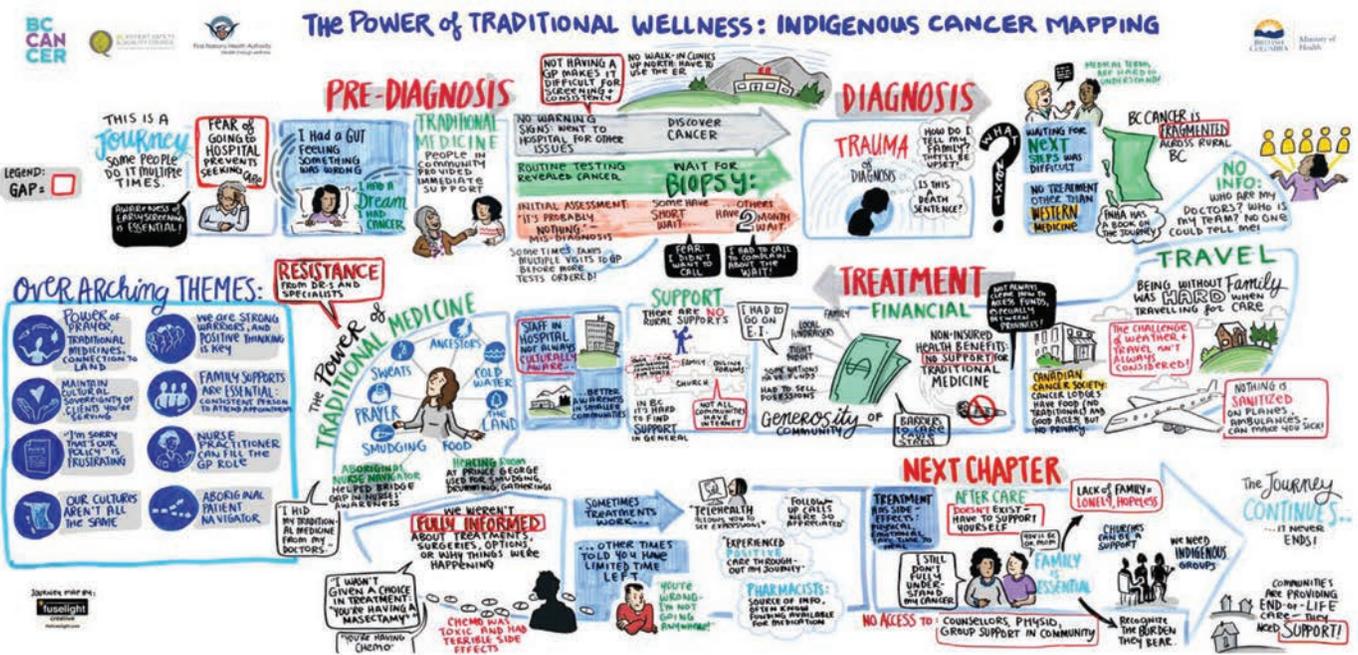
#### Screen. For Wellness.

In 2018/2019, the FNHA, the FNHDA and BC Cancer launched a campaign to promote increased cancer screening and awareness among First Nations. The “Screen. For Wellness.” campaign specifically targets increased awareness of colon, cervical and breast cancer screening programs, and seeks to increase the number of BC First Nations participating in cancer screening programs. This campaign was developed in response to a study published in September 2017 by the FNHA and BC Cancer that found that BC First Nations had higher rates of colorectal and cervical cancer than non-First Nations people and were less likely to survive a cancer diagnosis, even with cancers that were less prevalent among First Nations.



## Incorporating Indigenous Cancer Strategy Perspectives

Through the Indigenous Cancer Strategy, First Nations' perspectives and experiences are informing cancer planning and priority-setting in BC. To better understand First Nations perspectives and experiences, the FNHA partnered with the Ministry of Health, BC Cancer and the BC Patient Safety & Quality Council to bring together First Nations cancer survivors and their families to undertake journey mapping. The 2019 Journey Mapping in Cancer Care report is informing BC Cancer's operational planning, Ministry of Health-led patient-centred measurement planning and Canadian Partnership Against Cancer's strategic planning.



## PROMOTING CULTURAL SAFETY AND HUMILITY

Since 2015, the FNHA has initiated a leading movement to advance cultural safety and humility in health and social systems. This movement continued to generate momentum in 2018/2019 with new Declarations of Commitment to cultural safety and humility signed with Indigenous Services Canada, Health Canada, the Public Health Agency of Canada, the Ministry of Mental Health and Addictions and Pacific Blue Cross.

The FNHA also embedded cultural safety and humility in joint executive agendas, work plans, action plans and implementation plans with Indigenous Services Canada, Health Canada, the Canadian Institute for Health Information, the Ministry of Health, the Ministry of Mental Health and Addictions, the Provincial Health Services Authority and regional health authorities.



Indigenous Services Canada, Health Canada and the Public Health Agency of Canada Declaration of Commitment to cultural safety and humility signing.

### Cultural Safety and Humility Change Leadership Strategy

Embedding cultural safety and humility within the health system in BC requires multi-dimensional and complex change. At the Tripartite Committee on First Nations Health meeting in March 2018, a proposal was supported to develop a Change Leadership Strategy on cultural safety and humility to consolidate, coordinate and systematically embed cultural safety and humility across the health system and enable its further spread and acceleration. The Tripartite Committee on First Nations Health supported a Change Leadership Strategy framework that proposes actions in five key areas:

- Best Practice and Knowledge Exchange
- Education and Development
- People Side of Change
- Structural Side of Change
- Accountability, Reporting and Measurement

Early activities include developing a cultural safety and humility measurement framework and accreditation standard, revisiting the BC Quality Matrix to embed Indigenous worldviews and perspectives, and establishing a dedicated cultural safety and humility team housed at the FNHA.

# Quality Forum 2019

The Quality Forum is an annual conference hosted by the BC Patient Safety & Quality Council. Attended by health care professionals, policy-makers and administrators, the Forum focuses on enhancing the quality of health services in BC and is therefore an important opportunity to influence the health system from a First Nations perspective. The FNHA worked to ensure the availability of First Nations content throughout this year's Forum, held in February 2019 over three days and attended by more than 1,300 participants.

The FNHA and FNHDA were well represented at the event with 16 FNHA, 24 FNHDA and 11 Quality Improvement and Safety Network members in attendance. The FNHA family members also supported BC Patient Safety & Quality Council partners by opening the forum with the Coast Salish Anthem. Chief Coroner Lisa Lapointe shared Makara's story in the opening plenary, which has resulted in an ongoing journey of cultural safety and humility for the BC Coroners Service.

BC Patient Safety & Quality Council and FNHA staff members share cultural opening at Quality Forum 2019.



# Quality Improvement and Safety Network Forum 2019

On February 25 and 26, more than 50 health leaders (including 13 FNHA staff, 25 Quality and Safety Improvement Network members, 10 learning partners and two cultural leaders) gathered on Coast Salish territory for the fourth annual FNHA Quality Improvement and Safety Network Forum. Hosted by the FNHA Community Accreditation and Quality Improvement Program, the Network's approach to quality improvement initiatives continues to be "Indigenous teachings lead Indigenous practices." The annual forum builds upon a province-wide quality network and facilitates ongoing leadership and mentorship of health and wellness services by and for BC First Nations. Led by a diverse team of learning partners, the theme of this year's forum was Empowering Indigenous Health and Healing.

The Forum provided an opportunity for peers to actively connect with fellow colleagues, access new learning opportunities, share leading practices and build supporting resources. It also provided space and time for engagement and knowledge exchange in order to bring new energy, connection and learning back to participants' health services and communities.

Throughout the Forum, Network members were encouraged to share their experiences as well as celebrate their community-led services and successes.

The FNHA facilitated a dialogue session on the next steps for quality, quality improvement and accreditation of First Nations Health Services, which include creating common language for community-based accreditation, embedding culture within improvement processes and meeting the engagement needs of both rural and urban services.

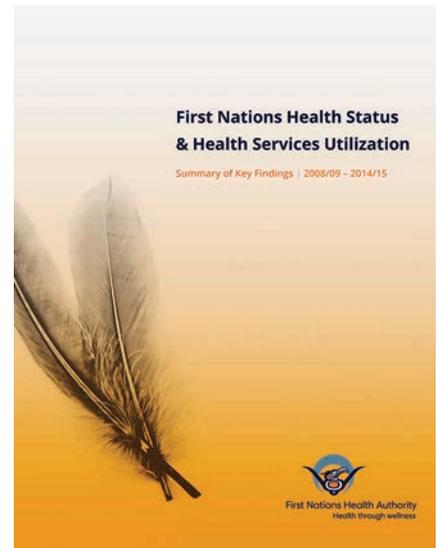
The Network continues to move forward as a champion of quality and safety, committed to and rooted in culture, community strength and First Nations wellness. The FNHA looks forward to its growing relationship with communities as active partners in leading continuous efforts for quality health services and health systems improvement.



## ALIGNING RESEARCH AND DATA WITH THE BC FIRST NATIONS PERSPECTIVE ON HEALTH AND WELLNESS

The FNHA's enhanced capability to generate health and wellness data and information to support decision-making and investment at local, regional and provincial levels has proven to be a central benefit of creating the FNHA as a provincial-level institution. Key activities and progress this year included:

- Publishing a first of its kind provincial analysis on First Nations health status and health service utilization in BC. This data set is a result of a data match between the First Nations Client File and the BC Health Systems Matrix, and it compares First Nations to other provincial residents on per capita use and costs across a number of health conditions and use factors. The release and continued use of this information is supporting a wide range of efforts at provincial, regional and local levels to improve health system performance for BC First Nations and ensure equitable investments for First Nations, including in primary health care, youth treatment resources and Elder care.
- Collaborating with the office of the Provincial Health Officer to identify 15 new health and wellness indicators that seek to decolonize the measurement of health and wellness by using a strength-based approach and the principles of two-eyed seeing. These indicators were released at Gathering Wisdom for a Shared Journey IX, and further engagement with First Nations Knowledge Keepers took place throughout 2018/2019. The first baseline report is anticipated to be released at Gathering Wisdom for a Shared Journey X in 2019/2020, with progress reports every two-and-a-half years thereafter.
- Supporting the Memorandum of Understanding signed in 2017 by collaborating this year to develop a work plan (overarching and annual); a joint First Nations health data governance framework; participation in a national dialogue on Indigenous data governance; and knowledge sharing on a new database tool, the Population Grouper, which was designed by the Canadian Institute for Health Information as a predictive tool based on clinical groupings, and which has been shared with all provincial and territorial ministries of health. The Memorandum of Understanding collaboration has been instrumental in laying the foundation for the Canadian Institute for Health Information to establish an internal approach to governance of Indigenous data.
- Working with the Ministry of Health and the Canadian Institute for Health Information on a Joint Statement on First Nations Health Data Governance. The Joint Statement:
  - Acknowledges First Nations' right to self-determination, including the development of institutions in all areas of First Nations society and governance.
  - Represents a practical application of the OCAP® Principles.
  - Affirms and supports a collaborative vision regarding First Nations' jurisdiction over data and information on their people.
  - Is congruent with the shared reconciliation agenda between First Nations and other Canadians.
  - Builds on a common interest in expanding the collective understanding of health and wellness.
  - Outlines the respectful and appropriate use of First Nations data.



### **The FNHA Survey Collects the Attitudes of BC First Nations on Cannabis, Opioids and Cancer Screening**

In September 2018, the FNHA launched a survey to understand the attitudes of First Nations at home and away from home on the opioid crisis, federal cannabis policy and cancer screening. The survey encouraged participation from youth, especially First Nations age 18 to 25 years old, to participate and provide the FNHA with insight on how best to support them. The survey findings are being used to shape how the FNHA reaches First Nations on these topics in order to improve program, service and public health messaging delivery. The findings are anticipated to be released in fiscal 2019/2020.



### **Tripartite Data Quality and Sharing Agreement Review**

In 2010, an innovative Tripartite Data Quality and Sharing Agreement was established between the FNHA and federal and provincial governments. This Agreement allows for the generation of a First Nations Client File that can then be matched with other data sets to achieve greater insight and evidence by First Nations, for First Nations. Given the breadth of change since 2010, a rapid review of the Tripartite Data Quality and Sharing Agreement was commissioned in 2018/2019.

The review found that although the overall goals of the Agreement are enduring, the environmental context has changed dramatically since 2010 when the Agreement was first developed, and continues to rapidly evolve. The FNHA's requirements for First Nations Client File-linked data are increasing and its maturing internal data capability has prepared it to assume full governance of the First Nations Client File – one of the core aims of the Agreement. Technology has also rapidly evolved, making virtual solutions much more realistic than in 2010.

The Review recommended retiring the current Agreement and replacing it with a renewed data governance agreement that will set out a custodianship agreement between the FNHA and Ministry of Health for the First Nations Client File. First Nations would exercise governance of the Client File through the FNHA.

### **The FNHA and Simon Fraser University Faculty of Health Sciences Awarded Grant to Fund Six Students for a Master's of Science Program in Indigenous Population Health**

The FNHA is partnering with the Faculty of Health Sciences at Simon Fraser University on a four-year research project. Six Indigenous Master's of Science students will be recruited to complete their Master's of Science in the Faculty of Health Sciences and will add secondary analyses to two surveys conducted in BC by the FNHA: the Regional Health Survey and the First Nations Regional Early Childhood, Education and Employment Survey.

Each student will conduct their own research project using causal modelling methods. The FNHA will co-supervise, mentor and train all students.

### **BC First Nations Health Authority Chair in Heart Health and Wellness**

Dr. Jeff Reading holds the BC First Nations Health Authority Chair in Heart Health and Wellness at St. Paul's Hospital and Simon Fraser University in Vancouver, which includes partnerships with the FNHA, the Division of Cardiology within Providence Health Care and the Heart and Stroke Foundation. The Chair is mandated to foster interdisciplinary and community-based research on First Nations heart and vascular health and disseminate research-based knowledge by fostering collaborations.

Activities undertaken address the complex interaction of health determinants from an Indigenous context and include:

#### **Supporting Indigenous Talent and Research Careers**

- Mentorship networks
- Network support for trainees

#### **Engaging Indigenous Knowledge**

- Culturally safe research

#### **Mobilizing Knowledge and Partnerships for Reconciliation**

- FNHA, Providence Health Care

#### **Fostering Mutually Respectful Relationships**

- Reconciliation

I-HEART (Indigenous - Health, Education, Access, Research and Training) is a platform that supports the FNHA's work in improving Indigenous heart health and wellness. One activity undertaken in 2018/2019 was a talk examining why it is important to understand what makes some people healthy and why some are not by integrating social and economic health determinants with life course and age/life stage/gender-sensitive timed interventions to optimize health and well-being.



Dr. Jeff Reading, BC First Nations Health Authority Chair in Heart Health and Wellness at St. Paul's Hospital and Simon Fraser University.

**Improving Heart Health  
and Well Being for  
Indigenous Peoples**

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**MARCH 14TH, 2019**  
**WITH**  
**JEFF READING**

 Centre for Excellence in Indigenous Health  
**UBC LEARNING CIRCLE**  
Embracing Community Solutions

## Objective 2.2

# Partner with First Nations individuals, families and communities in their health and wellness journeys

### WINTER WELLNESS AND DAY OF WELLNESS GRANTS

Individuals and families are the active decision-makers and experts in their own wellness journeys. As their health and wellness partner, the FNHA provides resources, information and programming to respond to and support these journeys.

The FNHA funded 145 Winter Wellness Grants, totalling \$277,800, and 130 Indigenous Peoples Day of Wellness Grants, totalling \$328,200. This year's themes were "Everyone is a Wellness Champion – Time to Live it" and "Celebrating our Cultures through Wellness." The Wellness Grants provide the FNHA with a unique and positive forum for collaborating with partners and communities.

M'akola Housing Society hosted the 2018 Day of Wellness at West Shore Parks and Recreation in Victoria and Winter Wellness activities taking place in the Stswecem'c Xgat'tem First Nation.

The events brought people together in celebrations of wellness and cultural pride with traditional practices being held across the province to honour our cultures through wellness.



Wellness events undertaken in 2018/2019 reflect one or more of the FNHA Wellness Streams:



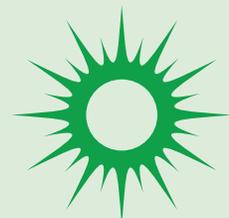
BEING ACTIVE  
208



EATING HEALTHY  
206



RESPECTING TOBACCO  
81

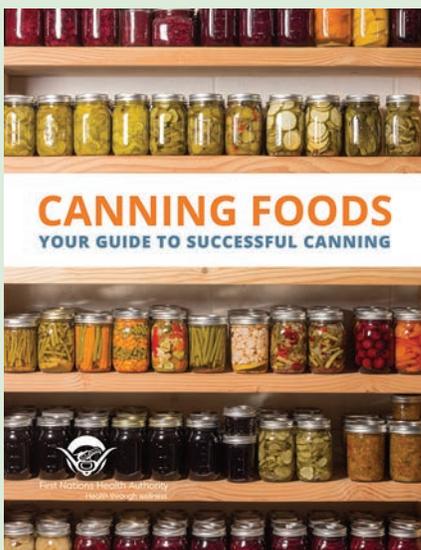
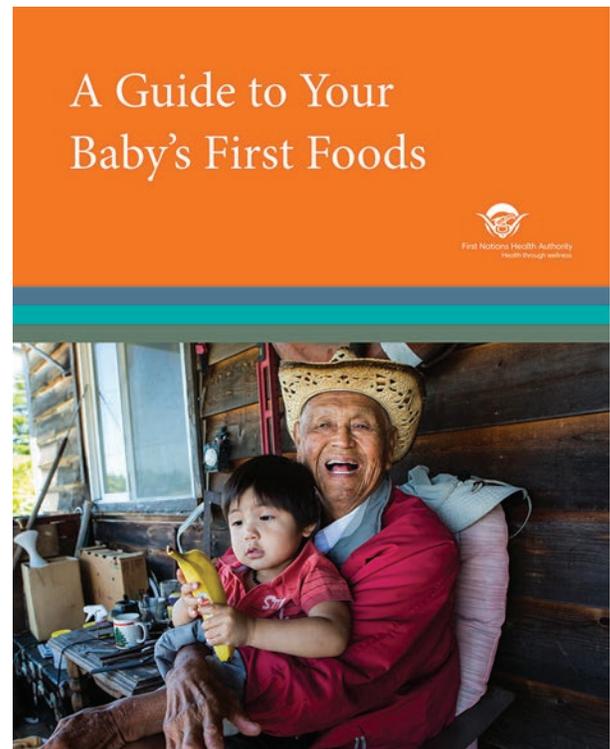


NURTURING SPIRIT  
238

Number of wellness events per wellness stream

## FOOD SECURITY AND HEALTHY EATING

- Seventy-two First Nations participated in the First Nations Food System project and each Nation was granted \$5,000 and one-on-one support for gardens and food work. Participating Nations cultivated plants in gardens and greenhouses, and launched cultural activities and language revitalizing activities which offered an opportunity to provide community members with fresh produce and medicines.
- The Wild Salmon Caravan is an annual FNHA-funded event that brings Indigenous communities together with non-Indigenous allies to protect and advocate for sustainable wild fisheries practices and knowledge systems.
- The Second Annual Dietitians in Indigenous Health Gathering brought together Knowledge Keepers working in food from each region to promote a two-eyed seeing approach in the context of food and nutrition.
- *A Guide to Your Baby's First Foods* was created through the collaboration between the FNHA, Dietitians in Indigenous Health network and provincial partners (Ministry of Health, Provincial Health Services Authority and Northern Health).



The FNHA continues to support First Nations with safe canning and food preservation activities. In partnership with the National Collaborating Centre for Environmental Health, the FNHA worked with 30 community-based canning and food-program champions participating in a train-the-trainer canning program.

In the winter of 2018, the FNHA published a new canning guide to honour the traditions of many First Nations families and offer information on ways to preserve food. The guide includes detailed instructions from "Canning Champions," representatives from First Nations communities around the province who participated and helped shape the new train-the-trainer course introduced last year. The guide supports First Nations access to traditional foods while simultaneously promoting food security and food safety.

## GATHERING OUR VOICES YOUTH CONFERENCE

The Gathering Our Voices youth conference was held on the traditional territories of the Hupačasath and Tseshaht First Nations near Port Alberni from March 19-22, 2019, and was attended by approximately 1,000 youth delegates gathered from across BC and Canada. Hosted by the BC Aboriginal Association of Friendship Centers, the themes this year were culture, opportunity and inspiration.

The FNHA engaged with youth about their health and encouraged them to participate in wellness activities, which included:

- Cannabis 101 workshops.
- “Indigenous Strengths” Photo Shoot - FNHA leveraged its popular cannabis campaign in a themed photo shoot and youth took home posters of themselves.
- Wellness area/information and health careers tables.
- Smoke Eater - youth exchanged cigarettes or vaping products in return for promotional products/tobacco cessation information.

Gathering Our Voices launched its new logo at this year’s event. The logo’s vibrant colours and designs represent the diversity of Indigenous youth across BC.



Gathering Our Voices launched its new logo at this year’s event. The logo’s vibrant colours and designs represent the diversity of Indigenous youth across BC.

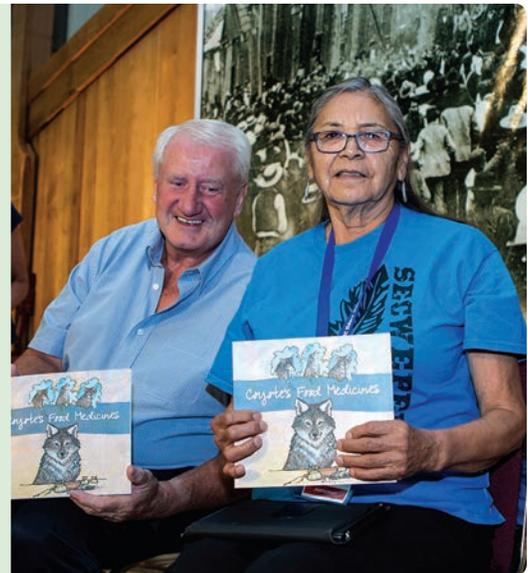
## BC ELDERS GATHERING

More than 2,000 Elders, volunteers, presenters and FNHA family members met on Cowichan Tribes territory from July 10-12, 2018 to attend the 42nd Annual BC Elders Gathering at Island Savings Centre. The event focused on Elder health and wellness, and celebrated culture and resilience with the theme of 'I tst 'o' hwun' I (We are Still Here).

The FNHA and Cowichan Elders collaborated on a number of workshops, including managing pain in arthritis care, forgiveness and healing and healthy cooking. The FNHA provided 136 health screenings, 217 wellness interactions and distributed over 1,000 *Coyote's Food Medicines* books.



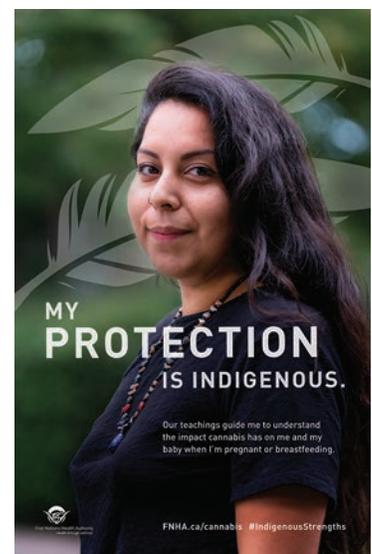
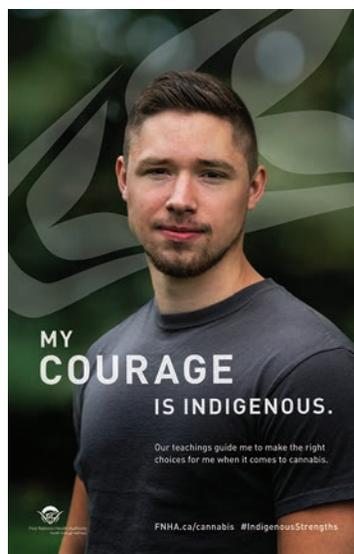
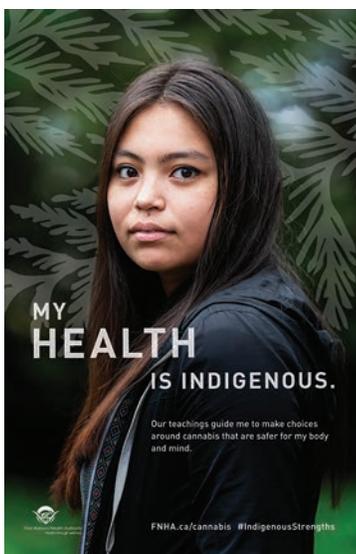
In the summer of 2018, the FNHA in collaboration with Doctors of BC and the provincial Shared Care Committee launched *Coyote's Food Medicines*, an innovative storytelling project and campaign to promote healthy medication use. The story was created after Secwéepemc Elders met in 2016 to share their thoughts and experiences of their community's use of medicine. The resource was initially launched at the BC Elders Gathering to raise awareness and gather support from Elders on the issue of healthy medication use and polypharmacy – a term used to describe when multiple medications are being taken and the benefits no longer outweigh the risks.



## CANNABIS CAMPAIGN

The FNHA supports a public health approach to cannabis access and use that protects and promotes health and safety while reducing the negative health outcomes associated with cannabis use. The FNHA raised public health awareness in 2018/2019 through initiatives that included:

- Launching a culturally appropriate, Indigenous-specific, province-wide public education campaign aimed at reducing cannabis use among Indigenous children and youth by reminding them that their culture and traditional values give them the strength and ability to make the right choices for themselves.
- Developing a community resource guidebook to better help communities develop and plan for health-related changes, including bylaws and guidelines, which is anticipated to be released in 2019/2020.
- Engaging with communities and leaders through panel discussions, workshops and information booths at Regional Caucuses, the Nursing Education Forum and Gathering Our Voices events.
- Delivering informational presentations and answering participant questions at five Regional Caucuses in partnership with the Ministry of Health, BC Cannabis Secretariat and Health Canada.







# GOAL 3: ADVANCE EXCELLENCE IN PROGRAMS AND SERVICES

## **OUTCOME:**

**Advancements in the quality and cultural safety of programs and services available to First Nations individuals, families and communities in BC.**

The FNHA Quality Agenda pursues excellence in programs and services through three perspectives: provincial services, FNHA-delivered services and FNHA-funded services delivered by communities and their mandated health service organizations. This year, the FNHA progressed across these three areas, in the spirit of reciprocal accountability and ensuring a view to sustainability seven generations into the future. Increasingly, the FNHA is also serving as a partner by extending direct service delivery and/or corporate and administrative support to First Nations, First Nations organizations and government partners.

## Objective 3.1

# Enhance integration with and access to quality and culturally safe provincial health care services for BC First Nations

The FNHA works closely with provincial partners to advance cultural safety and humility in health services accessed by BC First Nations. Core concepts that the FNHA promotes in jointly delivered programs and services include acknowledging the impacts of social determinants of health, and integrating two-eyed seeing by bringing together principles of Indigenous and western knowledge and ways of knowing together.

The FNHA focused its efforts in 2018/2019 on enhancing access and quality in primary health care and mental health and wellness, promoting wellness across all programs and services, and addressing the ongoing public health emergency related to the overdose crisis.

### PRIMARY HEALTH CARE

#### First Nations-Led Primary Health Care Initiative

The FNHA continues to work with its partners, including the Ministry of Health, to ensure First Nations interests and perspectives are incorporated into the provincial changes to the primary health care system, including the development and implementation of Primary Care Networks.

Primary Care Networks are clinical networks of local primary care service providers located in a geographical area that will serve the primary health care needs of a local community, inclusive of First Nations communities. The FNHA worked with the Ministry of Health to ensure that the delivery of culturally safe care for BC First Nations is a core priority of every Primary Care Network and is actively working at the provincial and local levels to advance models of care that reflect First Nations needs. The FNHA and Ministry of Health are also exploring innovative concepts to enhance First Nations primary care services that are grounded in a wholistic team-based approach.

#### Opening of Indigenous Primary Health and Wellness Home in Surrey – Fraser Health and FNHA Partnership

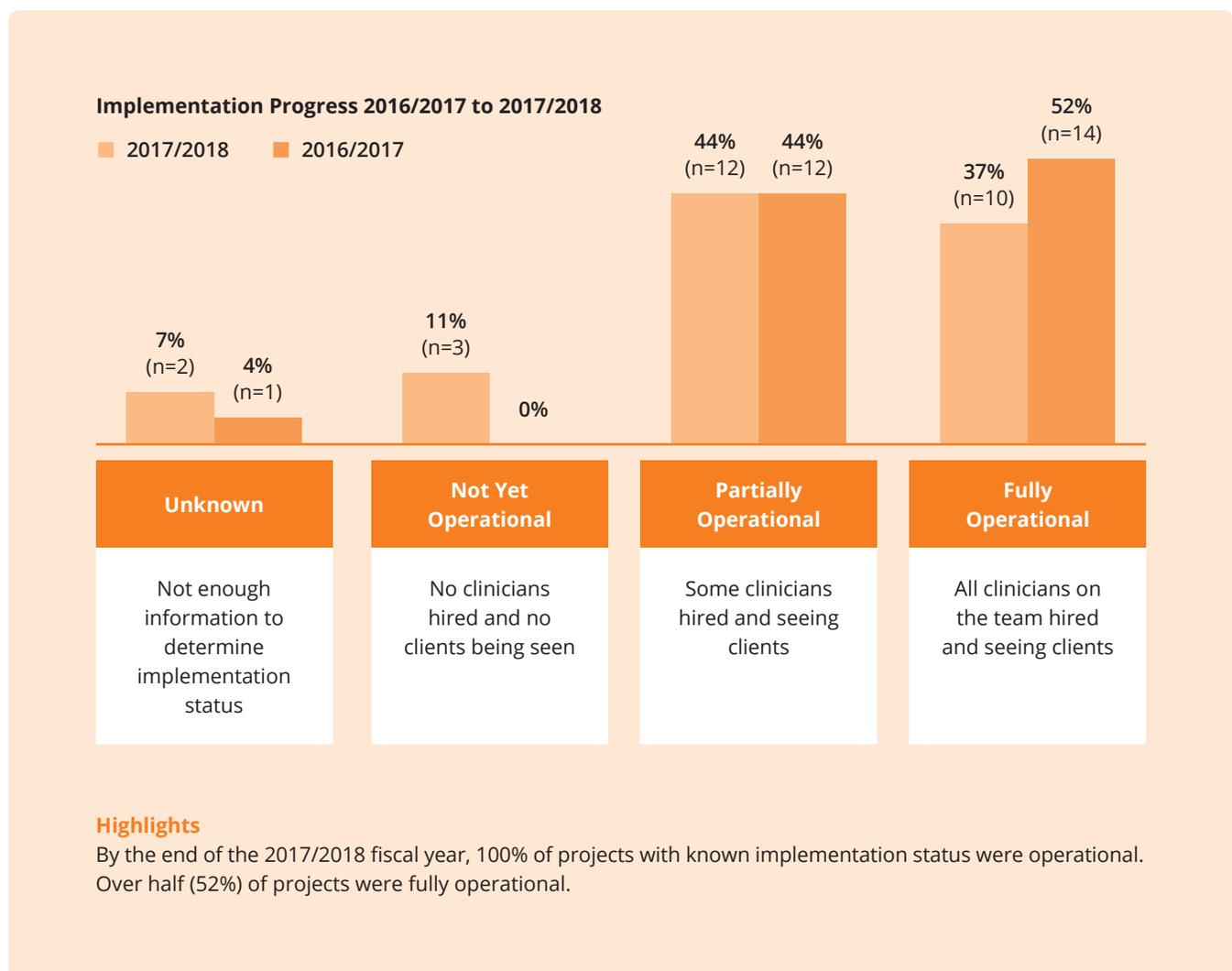
The Indigenous Primary Health and Wellness Home exemplifies a new primary health care model that delivers team-based, culturally safe and wholistic care. In partnership with Fraser Health, the Indigenous Primary Health and Wellness Home was opened in Surrey in December 2018 to provide services for First Nations, Métis and Inuit individuals and families at two urban locations: the Fraser Region Aboriginal Friendship Centre Association clinic in Whalley and the Kla-How-Eya Healing Place at the Guilford Public Health Unit.



### Joint Project Board Project Implementation

The Joint Project Board is a forum between the FNHA and the Ministry of Health that supports new primary health care and mental health and wellness projects jointly developed by First Nations and health authorities. A total of 27 projects with \$15.3 million in funding are supported through this envelope, of which 42 per cent of which are focused on primary health care and 58 per cent focused on mental health and wellness. Twenty-six projects are spread across the five regions, and one project is provincial in scope and is being implemented by the Provincial Health Services Authority.

Eighty-two per cent of the funding is flowing in all approved projects. The number of projects that are operational increased by 11 per cent from the previous fiscal year and the number of projects that are fully operational has increased by 15 per cent.



Although recruitment and retention of health care providers remains a challenge, projects have implemented numerous strategies to address this issue, resulting in an 11 per cent increase in filled Joint Project Board-funded positions from the previous fiscal year.

## Joint Project Board Funded Positions: By Health Care Professional Group

HEALTH CARE PROFESSIONAL	PROPORTION OF JOINT PROJECT BOARD FUNDED POSITIONS FILLED (PROVINCIALY)	% Change 2016/2017	2017/2018
Nurse Practitioner		+16%	83%
RN or LPN		+8%	78%
General Practitioner			100%
Social Worker		+3%	50%
Mental Health and Wellness		+28%	61%
Other Allied Health Care Provider			87%
Administrative Support		+7%	94%
Other		+26%	89%

### Highlights

Overall, the proportion of Joint Project Board funded positions filled have increased or been maintained across every health care professional group from the 2016/2017 fiscal year to the 2017/2018 fiscal year.

**Mental Health and Wellness:** Registered Clinical Counsellor, Mental Health Clinician, Psychologist, Addictions and Mental Health Counsellor. **Other Allied Health Care Provider:** Dietitian, Naturopathic Doctor, Traditional Chinese Medical Practitioner, OT, PT, Podiatrist, Pharmacist. **Other:** Project Lead, Primary Care Coordinator, Wellness System Navigator.

Overall, Joint Project Board projects reported improvements in availability of services, ability to recruit and retain health care workers, flexibility and timeliness of services, and the degree to which services can be easily identified, understood and navigated. Seventy-one per cent of projects reported considerable improvement in overall accessibility of services since project initiation.

### Integrating wellness into delivery of care

- 92 per cent agreed that as a result of the project, wellness is integrated into the delivery of care.
- 96 per cent agreed that as a result of the project, cultural safety and humility of care has improved.

### Social determinants of health approaches

Projects are incorporating social determinants of health into their services by:

- Including social and environmental factors such as housing and food security in their wellness assessments and discussions with clients.
- Introducing roles such as navigators and wellness coordinators who support navigation and coordination of both health and social services and resources.
- Building partnerships with other organizations that provide services beyond the health sector, such as partnerships with non-profit housing societies.



### Wrap around care

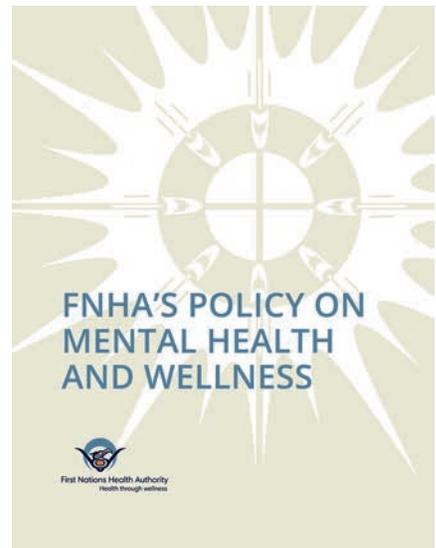
Projects have described a strong emphasis on wrap around care, which is characterized by a wholistic, person-centred and family-centred care approach. This approach is supported by integrated care teams and partnerships and communication with other health providers and organizations to support transitions in care.

### Two-eyed seeing approaches

Projects described the value of adopting two-eyed seeing approaches to wellness that draw on strength, wisdom and value from both traditional and western health and wellness knowledge and practices. Projects described this as an active process of knowledge sharing and exchange. Several projects are working with traditional Knowledge Keepers including Elders and traditional wellness practitioners.

## MENTAL HEALTH AND WELLNESS

The FNHA released a Policy on Mental Health and Wellness that commits the organization to work with partners to ensure BC First Nations access a continuum of mental health and wellness services and supports that are culturally safe and comprehensive. Building upon what the FNHA heard from First Nations, this policy adopts a two-eyed seeing approach and supports the FNHA, First Nations and health system partners to plan for mental health and wellness from First Nations perspectives. It seeks to affirm, facilitate and restore the mental health and wellness of First Nations, and contribute to reconciliation and Nation rebuilding.



### Tripartite Investment in First Nations Mental Health and Wellness

Over the last few years, the FNHC engaged communities on a proposal to transform mental health and wellness services through a flexible approach to address Nation-specific needs. In July 2018, a Memorandum of Understanding between the FNHC and the provincial and federal governments was signed outlining commitments to Nation rebuilding and planning in mental health and wellness as well as to build, repair and renovate FNHA-funded treatment centres. The FNHA, the Province of BC and Canada each contributed \$10 million towards Nation planning, and the FNHA and the Province of BC each contributed \$20 million towards treatment centre revitalization.

### Treatment Centres

There are currently 10 treatment centres funded by the FNHA. Services are offered to all genders, youth and families. Programs vary, but overall include services for individuals with physical disabilities, concurrent disorders, clients on methadone or suboxone and pregnant women. All centres also offer a variety of cultural and clinical interventions in support of First Nations individuals and families. In 2018/2019, five out of the 10 treatment centres submitted their financial reports by the submission deadline of July 29, 2019 and three out of the 10 submitted annual narrative reports. As of August 20, 2019, the number of annual financial reports received increased to eight out of 10 and six out of 10 for annual narrative reports.



### Indigenous Land-Based Healing

First Nations representatives in BC at the inaugural Mental Health and Wellness Summit in March 2018 spoke to the power of connecting to the land as a way of restoring First Nations people's spirits and revitalizing their relationship with themselves, their families and territories. In 2018/2019, the FNHA confirmed a commitment to Indigenous land-based healing by allocating funding across three years. The funding, which was provided by the Province of BC, will begin at \$2.5 million in the first year and increase by \$2.5 million increments up to \$7.5 million in the third year. A plan was developed for the regional allocation of the funding and for each regional team to develop their project approach. Nine land-based healing initiatives were offered, including on-the-land men's groups, a Visiting Ancestors initiative, wellness campouts and community engagement to develop an equine therapy program.



### Healing Complex Trauma Training Program

The FNHA developed and launched the Healing Complex Trauma Training program. Two trauma training programs were available for frontline mental health workers in 2018/2019:

- The three-week intensive Healing Complex Trauma 1 for individuals who work closely with clients, such as community health leads, addictions counsellors, cultural supports and Health Directors. It is also for those who are interested in a more detailed understanding of neurobiology, somatic experiencing and associated techniques.
- The three-to-five-day Brief Trauma Training for those who want to gain a basic understanding of trauma. It has been delivered to a variety of Indian Residential School agreement holders, treatment centres, the FNHDA Board of Directors and to Health Directors on a regional basis.

### Responding to the Overdose/Opioid Public Health Emergency

Since the Public Health Opioid Overdose Emergency declaration in April 2016, BC First Nations have been increasingly and disproportionately overrepresented in the statistics. In 2018, First Nations were 4.2 times more likely to die of an overdose than the rest of the population, compared to 3.0 times in 2015.

The FNHA collaborates continuously with the Ministry of Mental Health and Addictions and other system partners to address BC's overdose emergency. The FNHA takes a leading role in the province's response to the opioid crisis by working closely with BC ministries and health authorities so that their response efforts are more trauma-informed, guided by cultural safety and humility and coordinated to respond to the needs of First Nations communities across the five regions.

Dr. Shannon McDonald, Acting Chief Medical Officer, FNHA, speaking at the Overdose Data Press event.



The FNHA is actively responding to and supporting First Nations communities and Indigenous people as they address the ongoing impacts of the crisis. The FNHA received three-year funding of \$20 million from the federal government, through a funding agreement with the Province of BC, to develop and deliver comprehensive services from 2017/2018 - 2019/2020. Some of the results to date include:

- A **\$2.4 million** investment in **55 Indigenous harm reduction projects** to support community-driven, Nation-based, innovative and culturally relevant responses to the Overdose Opioid Public Health Emergency, for those at home and away from home.
- After only two months of implementation, **82 clients** experienced increased access to opioid agonist therapy (OAT) through assistance with clinic fees.
- The FNHA's Nursing team equipped **all eight of its nursing stations** with the capacity to provide suboxone, a type of OAT, to First Nations community members and is now responding to community requests to provide the same level of training and support to their nursing teams.
- The FNHA hosted Medication Return-It events, where communities were encouraged to dispose of outdated prescription drugs and illicit substances. **Fifty First Nations communities** collected more than **242 pounds of discarded medications** from 314 households.
- **Unlocking the Gates program** has assisted **26** First Nations women and one First Nations man transition safely into their communities with the required social resources after being released from incarceration.
- The FNHA increased investment in **six FNHA-funded treatment centres** to expand access and support to individuals on OAT.
- Intensive case management teams **exceeded** their provincially mandated target by 50 per cent, serving **226** clients in the first year of operation.
- The FNHA's Health Protection team has equipped **2,430 community members** from **175** First Nations communities with the training and skills to prevent overdose deaths and save lives.
- **3,655 naloxone kits** were distributed through First Nations-specific distribution sites.

#### WHAT IS OAT?

Opioid agonist therapy, commonly abbreviated as OAT, is an effective treatment for dependency on different types of opioids such as heroin, oxycodone and fentanyl. The therapy involves taking the medications methadone or suboxone, which can prevent the effects of withdrawal and reduce cravings for opioids.



To view the full graphic, please refer to: <https://www.fnha.ca/about/news-and-events/news/first-nations-opioid-overdose-deaths-rise-in-2018>

### The FNHA Expands Access to Opioid Agonist Treatment Service for BC First Nations

On February 1, 2019, the FNHA began reimbursing OAT clinic fees to private clinics in order to reduce barriers to access for BC First Nations.

### The FNHA Awarded Funding for First Nations-led Harm Reduction Model for Opioid Use

In August 2018, the FNHA was awarded \$2.5 million by the Canadian Institute of Health Research to develop a First Nations-led harm reduction model for opioid use. This is the FNHA's highest funded research project to date. The proposed five-year initiative has two distinct phases. The first phase involves knowledge-gathering based on literature reviews and key informant interviews related to harm reduction. The second phase includes developing five community-based harm reduction research projects, one for each region.

## Objective 3.2

# Achieve measurable improvements to FNHA programs and services

In 2018/2019, the FNHA actively engaged BC First Nations to identify areas for quality improvement in FNHA-delivered programs and services. This involved listening to First Nations clients and providers to understand how the FNHA could advance accessibility to primary health care through nursing services, improve the delivery of health benefits and monitor the environment to support communities with their environmental public health services.

### FIRST NATIONS HEALTH BENEFITS

Health Benefits is a key program that administers health benefits, provides services and delivers the Oral Health Program to First Nations clients in BC. Guided by the direction provided by communities and working in alignment with the FNHA's vision and plans, Health Benefits delivers benefits and services through its partnerships within the FNHA, with federal and provincial governments, service providers, and most importantly, with BC First Nations communities. The FNHA Health Benefits program provides pharmacy, medical supplies and equipment, dental, medical transportation, vision care and mental health benefit coverage.

The FNHA Health Benefits client population continues to grow, with an 8.8 per cent increase since 2013 and an eligible client population of 149,203 as of March 2019. The FNHA Health Benefits team processed over 3.5 million claims for FNHA clients in 2018/2019 with expenditures of \$168.7 million. An additional \$38.2 million was paid through funding arrangements.

#### **Claims Processing System Transition Project**

The Claims Processing System Transition Project is working to transition First Nations Health Benefits from the federal government into new partnerships and a made-in-BC approach.

**Phase 1** transitioned pharmacy benefits from Health Canada's Non-Insured Health Benefit program to a new partnership with BC PharmaCare on October 1, 2017.

**Phase 2** will transition the remaining benefits processed by the Non-Insured Health Benefit program (dental, vision, medical supplies and equipment, and pharmacy items not covered by PharmaCare), into a new service delivery model with Pacific Blue Cross in 2019/2020.

### Claims Processing System Transition Project – Phase 1

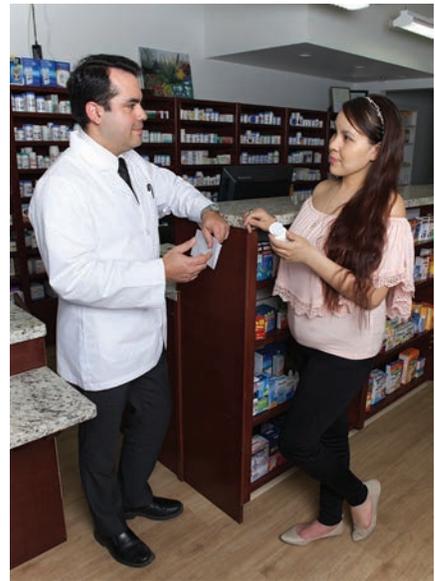
In partnership with BC's Ministry of Health, a new pharmacy plan for FNHA clients, Plan W (Wellness), was introduced in 2017, transitioning the majority of drug benefit administration from the federal Non-Insured Health Benefits program to BC's Ministry of Health. This brought decision-making about health benefits closer to home and into the hands of BC First Nations.

At the request of BC First Nations leadership, an independent evaluation of the pharmacy program was completed in 2019 that assessed the planning and implementation of the transfer to PharmaCare Plan W and identified lessons learned to inform recommendations to support the effective implementation of Phase 2 of the Claims Processing System Transition project. The Evaluation of the FNHA's Health Benefits-Pharmacy Program for BC First Nations found that:

- At the time of transition, the FNHA undertook an extensive communication program designed to inform BC First Nations clients and service providers about upcoming changes, using mail-outs, social media, radio advertisements, webinars and in-person meetings and presentations.
- The transition resulted in greater use of the pharmacy benefits. The number of BC First Nations clients receiving pharmacy benefits through the FNHA has expanded with the transition. There were significant increases in pharmacy benefits delivered to BC First Nations across a range of key metrics in the year following transition. For example, the number of claimants for pharmacy benefits increased by two per cent; number of claims processed increased by seven per cent; the average expenditure per claimant increased by 8.6 per cent; and the amount spent on pharmacy claims increased by \$8.5 million (from \$79.6 million to \$88.1 million).
- The transition has enabled the FNHA to develop a strong partnership with the provincial government that should enable it to influence Plan W formularies in the future as well as better enable First Nations clients in BC to gain access to the same care and supports as other BC residents.
- Challenges occurred related to the FNHA not adequately assessing the potential human impacts of the transition. There was insufficient involvement of the FNHDA and the FNHC, insufficient outreach with clients and providers, and overall communication challenges. This resulted in clients being confused about how to navigate the new system and concerns regarding changes of therapies. It also resulted in some health care providers giving inaccurate information and, for example, incorrectly asking some clients to pay out-of-pocket.

The evaluation confirms that better communication, with both clients and health care providers, could have reduced the stress caused by changes in medication. As a result, the FNHA has improved and increased communication with providers and clients.

Continued implementation of Plan W includes strengthening partnerships with clients and with the Ministry of Health to develop a joint strategic plan to support the implementation and evolution of Plan W. The FNHA will continue to monitor claims and feedback to assess the extent of the program's impact.



### Claims Processing System Transition Project - Phase 2

The FNHA has mobilized a Community Relations team to work closely with First Nations leaders and citizens on collaborative plan design to transform the benefits for dental and vision care and medical supplies and equipment. The FNHA has also created a Provider Relations team that is working closely with the health provider associations and regulatory bodies. The FNHA will transition these benefits into a new service delivery model with Pacific Blue Cross in 2019/2020.

### Client Satisfaction

#### Health Benefits Client Satisfaction Survey



In 2018/2019, the overall satisfaction rate for First Nations Health Benefits was 25.6 per cent compared with 28.6 per cent in 2017/2018. This decrease may reflect challenges associated with the implementation of PharmaCare Plan W.

## NURSING

Nursing Services is the FNHA's largest direct patient care portfolio and is an essential contributor to the health and wellness of BC First Nations and to the overall transformation of health services. The FNHA Nursing Services office is based in Vancouver with regional offices in Prince George, Kelowna and Matsqui (Mission) as well as three locations on Vancouver Island. Several organizational design changes resulted from the 2015 Nursing Review, including the regionalization of nursing services. Regional Nurse Managers are based in four regions (Vancouver Coastal and Fraser Salish were combined to form one region). The former Home and Community Nursing Practice Advisors and Transfer Nursing Practice Consultants were reassigned to each region and report to their respective Regional Nurse Manager. This year the FNHA continued to support a regional service delivery model for nursing services including sharing hiring and practice support tools.

In 2018/2019, the FNHA initiated work with the BC College of Nursing Professionals to harmonize practice standards and integrate Accreditation Canada standards into quality initiatives and work plans. The FNHA also hosted the Nursing Education Forum 2018 that brought together more than 250 FNHA nurses and community nurses who serve First Nations communities across BC to access the latest education and to network and learn from each other. The FNHA holds the forum each year in support and recognition of the value and impact of the services nurses contribute in their daily work. The theme of this year's conference was "Together We Care," with forum sessions including a series of lightning rounds on topics ranging from pharmacy updates to nursing resources and sessions on the KUU-US Crisis Line and the recent change in nursing regulation in BC. A new breastfeeding toolkit – *Breastmilk, First Traditional Food* – was also launched at the forum.

**More than 250 community nurses participated in the 2018 Nursing Education Forum.**

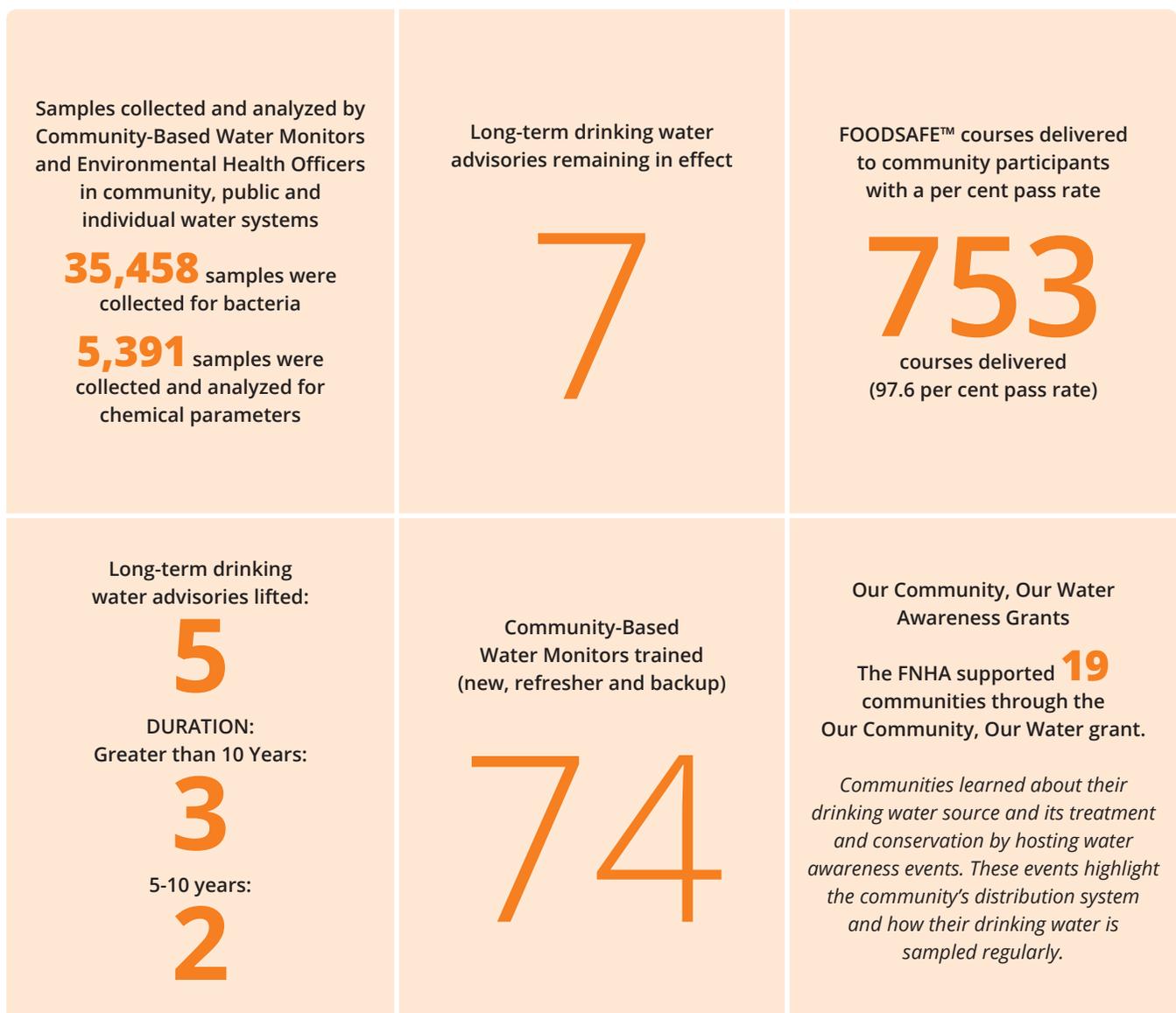


## ENVIRONMENTAL PUBLIC HEALTH SERVICES

The FNHA's Environmental Public Health Services team works in partnership with First Nations communities to identify and prevent environmental public health risks in First Nations communities that could impact the health of community members. In 2018/2019, five long-term drinking water advisories (boil water and do not consume advisories) were rescinded and 74 new Community-Based Water Monitors and water technicians were trained to further develop local capacity. As part of the federal commitment to end long-term drinking water advisories in federal funded community water systems, the FNHA regularly meets with Indigenous Services Canada to maintain progress and focus on long-term drinking water advisories and key drinking water issues.

**The long-term drinking water advisories listed below are for community and public water systems.**

### 2018/2019 STATISTICS



**BC FIRST NATIONS LONG-TERM DRINKING WATER ADVISORIES FOR 2018/2019**



### **\$300,000 Grant to Advance Climate Change Adaptation and Mitigation Strategies in Coastal First Nations Communities**

The FNHA secured \$300,000 in project funding from the Health Canada Climate Change and Innovation Bureau for a three-year project to be carried out in conjunction with the BC Centre for Disease Control and pilot communities. The goals of the project are to better understand the scope of climate change impacts on marine foods, develop community resources and scope potential enhanced surveillance mechanisms that would enable bringing food safety back into the hands of coastal communities that rely on marine foods.

### **SUPPORTING FIRST NATIONS COMMUNITIES DURING THE 2018 WILDFIRES**

For the second consecutive year, communities across the province faced unprecedented wildfires. The 2018 wildfire season was the worst on record in terms of area burned (approximately 13,000 km<sup>2</sup>) and the second-highest cost, nearing 2017's record of \$565 million. A province-wide state of emergency was declared from August 15 to September 7, 2018 as hundreds of fires burned throughout the province.

The FNHA has been assisting First Nations communities with wildfire readiness, response and recovery, including providing extensive support for those communities who had to evacuate. During this time, the FNHA recognized the need to strengthen its internal capacity and organizational knowledge regarding emergency management. This year, the FNHA developed an internal emergency response structure, recruited an emergency response lead and began training staff in emergency response.

The FNHA supported communities directly and through collaborative partnerships with regions and regional health authorities on an array of activities including: development and distribution of public health risks of wildfire smoke, ensuring community awareness of air quality conditions and preparedness measures for both individuals and the community, identifying community cleaner air spaces, distribution of air purifiers to individuals in vulnerable situations, and for communities evacuated, evaluating the drinking water, wastewater and housing infrastructure before individuals returned to their homes.

**FNHA Northern Region team members providing support in Prince George during the wildfire crisis.**



## Objective 3.3

# Partner with BC First Nations to support delivery of high-quality health programs and services

The FNHA is committed to engaging and strengthening partnerships with BC First Nations to increase First Nations decision-making and control in service delivery. This year, as a provincial institution with a significant corporate infrastructure, the FNHA was able to provide service delivery supports to other First Nations organizations, communities and government partners. Improvements and enhancements were made to community planning as a critical process for the FNHA-community partnership, as well as to some infrastructure-related programs. For the first time this year, the FNHA's Annual Report includes an overview of reports provided by communities and health service organizations to exemplify the principle of reciprocal accountability.

### **Partner in the Federal Indigenous Early Learning and Child Care Framework**

As a partner in the federal Indigenous Early Learning and Child Care Framework, the FNHA was instrumental in providing administrative and corporate supports for the distribution of funds for the First Nations Early Learning and Child Care Community-Led Development and Planning Grant. The Indigenous Early Learning and Child Care Framework is a 10-year commitment to Indigenous governance of early learning and child care policy, programs and supports for Indigenous children and families.

The BC Aboriginal Child Care Society is the agency mandated by the First Nations Leadership Council to flow funding to BC communities. In 2017, the society engaged with communities to develop an investment strategy to increase the capacity, quality and access to Indigenous Early Learning and Child Care services.



To date, the BC Aboriginal Child Care Society, through a partnership with FNHA, has flowed funding through three grants:

- Early Learning and Child Care Grant Community-Led Development and Planning Grant for a total amount of \$3 million.
- First Nations Early Childhood Education Wage Enhancement Grant for a total amount of \$1.5 million.
- Elder Involvement in Early Learning and Child Care Grant for a total amount of \$318,000.

## ABORIGINAL HEAD START ON-RESERVE PROGRAM

As part of the implementation of the First Nations Early Learning and Child Care Framework, in 2018/2019 the FNHA received \$10.5 million in funding over three years from the Province of BC to expand the Aboriginal Head Start On-Reserve program in First Nations communities. The program supports activities focused on early childhood learning and wholistic development for First Nations children from birth to age six and their families, and includes six core components: culture and language, education, health promotion, nutrition, social support, and parent and family involvement.

To ensure that no community is left behind in the development phase, the FNHA led information sessions and workshops to support communities in learning about the program and in planning work to envision and develop locally relevant program approaches. Four Aboriginal Head Start Advisor positions were created within regional teams in January 2019 to support the implementation of the program in communities and enable tailored approaches to the communities' unique needs.

Nineteen First Nations communities in BC received Head Start program funding, with 17 communities being new sites for the program and two communities having the opportunity to grow existing programming and add additional seats for children and their caregivers to participate.



### **Jordan's Principle**

Indigenous Services Canada BC Region administers Canada's Jordan's Principle Initiative.

The FNHA continues to provide facilitation and assistance to Jordan's Principle applicants throughout the province.

This arrangement allows for a wholistic approach to funding health, social and education supports and services, complementing the delivery of care by the FNHA.



## **HEALTH INFRASTRUCTURE AND SUPPORT**

The FNHA Community Capital Program provides BC First Nations with support for the feasibility, design, construction and ongoing operations and maintenance of community health facilities. The FNHA is committed to a community-based, wholistic approach to health and wellness to ensure that building standards meet all building code regulations and that spaces reflect each First Nation's interests, beliefs and traditions.

During the fiscal year 2018/2019, the FNHA invested over \$23 million in the development of new health facility projects and committed \$2.2 million investment to cyclical repairs, maintenance, upgrades, renovations and ongoing operations costs. The FNHA continues to explore opportunities for active partnerships and meaningful engagement, adopting best practices and strengthening community relationships and capacity.

### **Lil'wat Nation New Health and Healing Centre**

A ground-breaking ceremony took place in August 2018 for the new 730 square-metre multi-purpose health centre. Strong community engagement has allowed for an increased capacity of 20 per cent to accommodate Lil'wat Nation's growing demand for health and healing programs and services.



### **Tobacco Plains Band New Multi-Purpose Health Station**

The FNHA partnered with community members, leaders and Elders of the Tobacco Plains Indian Band to improve health, safety and social wellness with the opening of a new \$3.3 million multi-purpose health station.

The 297-square-metre health station includes a community health room, health centre area, gymnasium, Elder's room and Band administration office. The new facility allows the Band to provide timely and accessible health and wellness services in areas that include dental care, diabetes, mental health and addictions. Health care providers – including nurse practitioners and a kinesiologist - will also be based at the health station.

The health station supports the Band's current and future health needs while ensuring acceptable standards are met for the Band as well as others of the Ktunaxa Nation. This is a clear demonstration of how the community is committed to their health and wellness goals through strong cultural heritage.

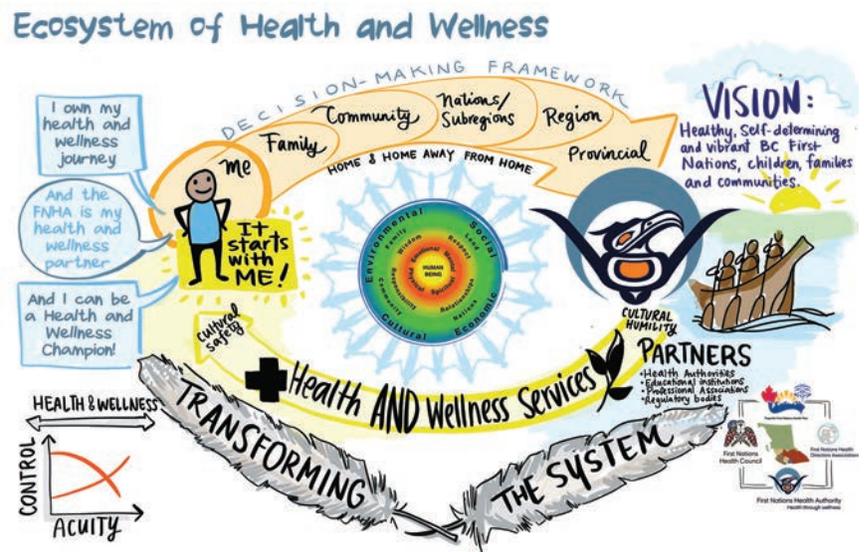


## TRANSFORMATION OF PLANNING, REPORTING AND FUNDING ARRANGEMENTS

### Advancing the Principle of Reciprocal Accountability

By 2013, the FNHA assumed responsibility for programs and services previously provided by Health Canada's First Nations Inuit Health Branch – Pacific Region. This transfer has enabled the FNHA to partner with First Nations communities in the planning, design, management and delivery of health and wellness programs and services. This also marked a shift from a one-way accountability model to one that exercises and maintains the spirit of reciprocal accountability between the FNHA and funding arrangement holders.

Reciprocal accountability is based on the recognition that the FNHA and funding arrangement holders are partners within a shared health and wellness ecosystem and each partner is responsible for meeting their commitments in order to ensure the successful delivery of health programs and services. Funding arrangements enable reciprocal accountability by clearly defining terms and conditions for the use of funding and the related accountabilities for both the FNHA and funding arrangement holders. The FNHA continues to work towards this principle, including clarifying expectations of each other and implementing new processes to meet those expectations. This process could include providing expert advice and providing additional responses to community reporting.



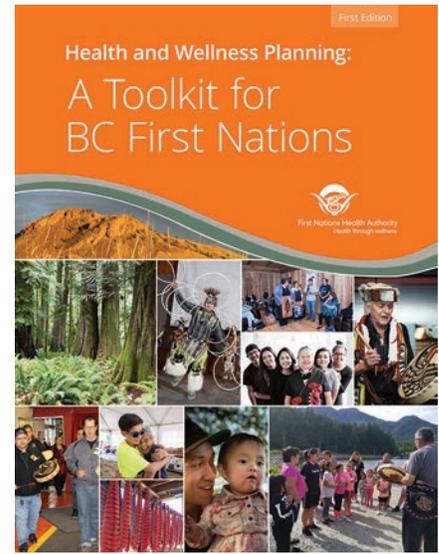
Communities and health service organizations with funding arrangements submit financial, narrative and program reports based on their reporting requirements, which depend on funding models outlined in the FNHA Health Funding Arrangements. The information collected through the financial and program reports submitted by communities and health organizations is used to report back to community health and political leadership as well as provincial and federal partners. It also allows the FNHA to assess the quality and effectiveness of the work underway and supports the strategies collectively used to work for and implement lasting changes in the health system for BC's First Nations.

This year, the FNHA focused its efforts to work with communities and service partners within the Vancouver Island Region to ensure service continuity during a time of transition to new service arrangements and providers. This transition was taken in accordance with our teachings and culture in that the health and well-being of First Nations communities were put first. In 2019/2020, FNHA staff will continue to work with community leadership in the spirit of self-determination to ensure a seamless transition to alternative service provisions and work with communities to put in place the arrangements they are asking for.

## Transformation of Funding Arrangement and Reporting Requirements

Through engagement sessions with communities and health service organizations, the FNHA has heard that reporting requirements for communities are significant and, at times, onerous. In recognition and acknowledgment of significant changes needed in the area of reporting and funding arrangements, the FNHA is committed to implementing necessary and directed changes to allow for a steady and sustainable pace of transformation. In 2018/2019, the FNHA and FNHDA continued work to improve community reporting processes and develop a more suitable community reporting tool. Some of the progress to date have included: supporting communication, collaboration and planning between the FNHA and communities, sub-regions and regions; improving the format of funding arrangements and eliminating unnecessary reporting requirements; and introducing a new health and wellness planning toolkit.

Further efforts are needed to continue to redefine a working partnership and associated processes and tools, reflecting an ecosystem approach, reciprocal accountability and a commitment to quality and sustainability of programs and services. In 2019/2020, the focus will be on renewing the FNHA funding and accountability management framework; launching a new health and planning approach; and implementing an approach with communities, Nations, health service organizations and Health Directors on corporate governance and capacity and services supports.



## Health and Wellness Planning Toolkit

The journey to transform health and wellness planning transitioned into a new phase as the *Health and Wellness Planning Toolkit* was completed in 2018/2019. This journey has been directly guided by the wisdom of BC First Nations.

The new *Health and Wellness Planning Toolkit* introduces a transformed planning approach that supports community/Nation-driven planning, emphasizes a health and wellness focus, and lays the foundation for alignment between planning, reporting and evaluation. The Toolkit also sets out Planning, Reporting and Evaluation Standards tied to the 7 Directives that support coordinated approaches and quality outcomes at the community, Nation, regional and provincial levels. In 2019/2020, the FNHA will continue to partner with the FNHDA to support a phased roll-out of the Toolkit and a transformed planning approach that supports First Nations-driven planning journeys and promotes coordinated planning approaches, helping to ensure no one is left behind.



Annie Merritt, FNHA Senior Specialist, Community Development, facilitates engagement on health and wellness planning.

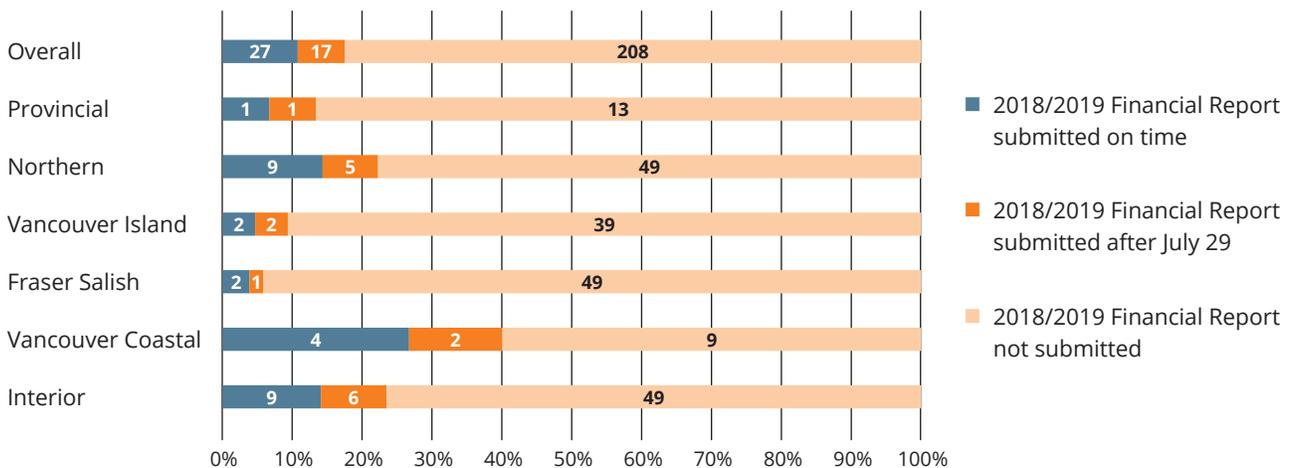
### Honouring the Stories of Funding Arrangement Holders in 2018/2019

Funding provided to First Nations and their mandated health service organizations through funding arrangements totaled \$283.6 million in 2018/2019, which accounts for 50.6 per cent of the total FNHA expenditures. This total includes all contribution agreement expenses, which fund both targeted initiatives, such as Health Actions, Opioid Emergency Response, as well as funding arrangements.

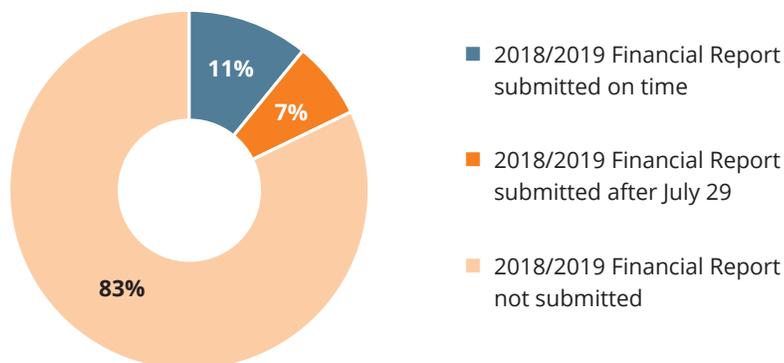
The amount related to funding arrangements equals \$225.9 million and supports the following program areas: Health Promotion and Disease Prevention, Public Health Protection, Primary Health Care, First Nations Health Benefits (which is primarily Medical Transportation), Health Planning management, e-health, and Health Facilities.

Funding arrangement holders provide annual narrative and financial reporting to the FNHA. In 2018/2019, 11 per cent of arrangement holders submitted financial reports and 10 per cent submitted narrative reports by the submission deadline of July 29, 2019. At the time of assessment (August 20, 2019) a total of 18 per cent of 2018/2019 financial reports and 18 per cent of 2018/2019 narrative reports had been submitted.

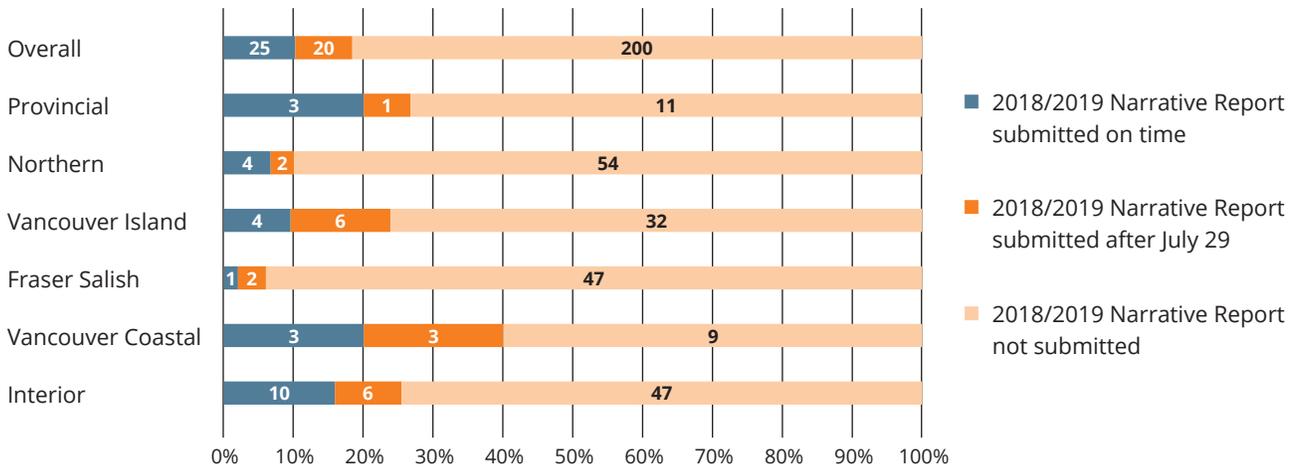
### 2018/2019 Financial Report Received as of August 20, 2019 by Region



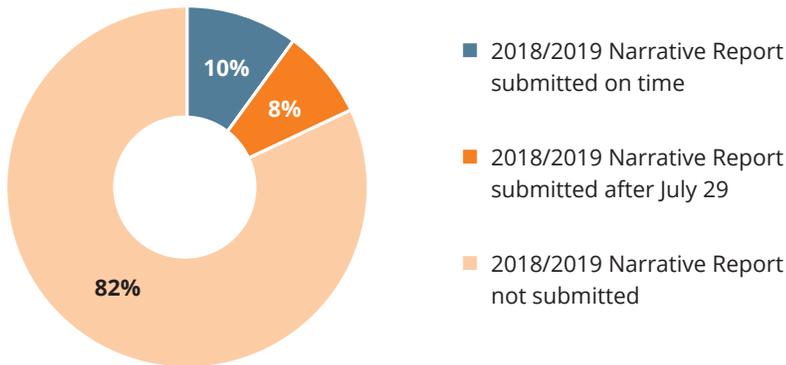
### 2018/2019 Financial Report Received as of August 20, 2019



**2018/2019 Narrative Report Received as of August 20, 2019 by Region**



**2018/2019 Narrative Report Received as of August 20, 2019**



Communities and health service organizations shared reports that illustrated their progress and ongoing commitment to quality. Of the reports submitted thus far, they described changes such as expansion and evolution of programs and services, informed by community input, monitoring and evaluation. Ongoing challenges noted include recruitment and retention of staff, availability of sustainable funding for long-term programming and services, and demand for services exceeding available resources.

The following section includes a snapshot of high-level themes from the annual narrative reports received thus far for 2018/2019.

## Healthy Child Development

Funding arrangement holders described a range of early childhood development programs, including programs providing a head start for children supporting learning and school readiness outcomes in a culturally safe environment. The Aboriginal Head Start On-Reserve program has strengthened support for children's social, emotional, cultural and academic needs. Recruitment of early childhood education workers has been a challenge for some communities, particularly in rural and remote areas.

Funding arrangement holders have implemented and expanded on the Prenatal Nutrition Program to include nutrition education, traditional food gathering, distribution and preparation of meals and community gardens. Nutrition screening, education and corresponding linkages to supports and resources are integrated in many maternal and child health programs. A challenge has been meeting increasing demand for services geared towards young families due to shifting community demographics.

Fetal Alcohol Spectrum Disorder mentorship programs provide support, practical assistance and advocacy for families to reduce the risk of prenatal complications, sexually transmitted diseases, domestic violence and depression. Preventive programs target increased knowledge and awareness of Fetal Alcohol Spectrum Disorder, Autism and Attention Deficit Hyperactivity Disorder. Achievements reported are improved community and social connections and improved linkages to resources and supports for those living with Fetal Alcohol Spectrum Disorder.



## Mental Health and Wellness

Community-based events were the focus of many funding arrangement holders aiming to raise awareness and understanding of mental health, wellness and harm reduction. Communities and health service organizations expressed appreciation and acknowledgment of the important work of their mental health teams and emphasized availability of mental health and wellness staff as critical to their mental health and wellness programming. Mental health and wellness teams are providing much-needed support through individual or specific group sessions, such as women's or youth groups. A promising trend witnessed that received positive feedback was the adoption of art therapy for children, helping children deal with past trauma and any issues they may be facing.

Funding arrangement holders reported addictions supports as major components of their mental health and wellness programming, ranging from education, and treatment and recovery, to healing trauma. Additionally, harm reduction workshops and Naloxone training and distribution have built community capacity to respond to overdoses.

An ongoing concern is the increasing gap between demand and funding for mental health and wellness services. Communities and health service organizations shared an awareness of increasing waitlists in treatment centres and overburdened staff.

### **Healthy Living**

Raising diabetes awareness and increasing screening numbers were priority areas for many communities in response to instances of people experiencing symptoms but not accessing care until significant health issues emerged. Additionally, healthy eating packages and on-going education were implemented to support those living with diabetes and addressing the overall diabetes rate. A novel approach that received positive feedback was the practice of hiring educators living with diabetes, as patients found they were able to relate to their needs and concerns.

### **Primary Health Care and Home and Community Care**

Communities and health service organizations described integrated models of service delivery including community health centre/medical care home models and integrated care teams. Available services ranged from infant and child health, women's health, men's health, health education, health promotion, screening, immunization programs, home and community care and mental health and wellness.

Funding arrangement holders described partnerships and coordination with health and social service agencies as an integral element in providing wrap-around, wholistic and patient-centred care. This was particularly relevant for home and community care, which requires linkages to diverse health and social services and supports. Community health teams play a strong advocacy and service navigation role for clients and community members.

Community-based health teams have expanded the reach of health programs, services and initiatives through integration of health promotion, education and other health programs and services (e.g., immunizations) with community events and activities. Community health teams are also strengthening community connections through organizing Elders luncheons and outings, youth trips and community gardens.



**Children's Oral Health Initiative**

In 2018/2019, the Children's Oral Health Initiative activities included preventative care such as health education and promotion activities (e.g., instructions on proper brushing and flossing) and extending promotion of dental hygiene from schools to the homes to be monitored by parents. School visits for dental screening and fluoride treatment have facilitated priority dental referrals for early treatment with reduced wait times. Accessing funding to secure the services of dental hygienists has been a challenge for some communities.



### **Health Planning and Management**

Funding arrangement holders described participatory planning and strong governance practices enabled by establishment and participation in collaboration, engagement and governance structures and processes. These included both internal and external collaboration structures: supporting quality and responsiveness of both community/health service organization-delivered and broader health system-delivered programs and services. Examples include: sub-regional coordination hubs, collaboration committees and working groups, health advisory committees, Health Boards and Elders and youth advisory councils.

These engagement, collaboration, and governance structures have contributed to the establishment of multi-year strategic-level community and organizational strategic plans. Funding arrangement holders described work across various planning cycle stages from development, implementation, evaluation and review of health plans. Emergency preparedness and management planning was one focus this year, including development of emergency preparedness plans related to wildfires, floods and pandemics.

### **Health Systems Capacity and Transformation**

Funding arrangement holders have been active in securing and supporting ongoing staff training and professional development opportunities such as training related to trauma-informed practice, cultural safety and humility, first responders' mental wellness and preventing burnout, first aid, clinical specialty-related training, Nursing Education Forums, harm reduction and emergency management.

Communities and health service organizations have also been contributing to capacity development and quality improvement within the broader health system. Several communities and health service organizations are training sites for health professionals including medical residency, physiotherapy and occupational therapy programs. Many arrangement holders play an advisory and advocacy role with health partners to improve the quality, cultural safety and humility, and appropriateness of broader health programs and services.

Agreement holders described relationship-building, coordination and collaboration with health and social sector partners as an important element of their work. Agreement holders have been leveraging partnerships to improve coordination of care, integration of programs and services, responsiveness of services to community needs, and to identify and reduce service gaps and access barriers.





# GOAL 4: OPERATE AS AN EFFICIENT, EFFECTIVE AND EXCELLENT FIRST NATIONS HEALTH ORGANIZATION

## **OUTCOME:**

**FNHA is an established leading edge First Nations health organization**

BC First Nations have established the FNHA as their health and wellness organization – reflective of their beliefs and worldviews and meeting the standards of the 7 Directives in its operations. As an organization created by and for First Nations, the FNHA is committed to creating organizational excellence based on First Nations culture, traditions and teachings. This includes supporting staff on their cultural safety and humility journeys, creating an environment in which staff and teams advance wellness, and building resources to develop capacity and leadership within the organization. It also includes establishing a workforce with the skills and abilities to enable the FNHA to meet its multi-faceted mandate as a health system influencer, service provider and funding partner.

# The FNHA Five-Year Anniversary

On October 1, 2018, the FNHA celebrated the five-year anniversary of the transfer of control over decision-making and delivery of health and wellness services from the First Nations and Inuit Health Branch to the FNHA. The foundation of this milestone was laid over many decades by First Nations leaders in BC exercising their inherent rights to self-determination, successfully advocating for recognition of title and rights, and having the vision and leadership to establish the health plans and agreements and First Nations health governance structure.



## Objective 4.1

# Enhance integration with and access to quality and culturally safe provincial health care services for BC First Nations

As a unique, first-of-its-kind BC First Nations health and wellness organization by and for BC First Nations, it is critical for the FNHA to foster a BC First Nations leadership and organizational culture approach. This includes building capacity from within the organization and from First Nations communities, blending the best of both worlds in educational and learning opportunities for FNHA family members, and promoting cultural practice and knowledge in the operations of the organization.

### THE FNHA WORKFORCE 2018/2019



The FNHA continues to be a role model for cultural safety and humility in the workplace.

- 148 new staff completed San'yas Cultural Safety training in 2018/2019
- 83 per cent of staff overall have completed San'yas training

### Staff Demonstrating Wellness

FNHA staff actively promoted and demonstrated wellness through events that included wellness picnics, a guided tour of the Museum of Anthropology, sharing stories, cultural teachings, drum making, canoeing, passing of the drum to support staff who have lost family or community members, and morning prayers. Staff also participated in the Moose Hide campaign to end violence against Indigenous women and children; Orange Shirt Day in recognition of the harming impacts of the residential school system on children's sense of self-esteem and well-being; and a Silent Charity Art Auction with event proceeds donated to the Downtown Eastside Women's Centre.



Each year, Orange Shirt Day is held on September 30 to commemorate the children lost to the residential schools and to honour all residential school survivors and intergenerational survivors. Orange Shirt Day is a day to remember that “every child matters” and that all children deserve a chance to learn, be loved and to thrive within their own communities and cultures.

## Objective 4.2

# Foster a healthy and engaging environment that enables personal excellence

The FNHA invests in the professional development and wellness of all FNHA family members, recognizing that if we are well, we can provide better service to clients and communities. In 2018/2019 the FNHA launched a staff engagement survey to learn what staff members think and feel about the organization, and their thoughts on areas for improvement.

### Results from The HOWL Survey: The FNHA Employee Engagement Survey



The HOWL Survey demonstrated high employee engagement at the FNHA with an 86 per cent participation rate, which is above the Canadian norm of approximately 40 per cent. The survey results show that the FNHA family is highly engaged in their work, have the tools to perform their jobs and feel a sense of pride, satisfaction and motivation to do their personal best.

Although the FNHA's employee engagement scores were strong, it is essential that the FNHA continues to look for opportunities to evolve and grow in order to better serve First Nations communities in BC. Some identified areas for improvement include the need for greater collaboration across departments, cultivating trust and improving communications.

The FNHA is implementing Action Plans to support the findings of the HOWL Survey, including providing more opportunities for FNHA staff to work directly with communities, cross-departmental collaboration and professional growth. The FNHA encourages staff to build relationships with communities and Nations, and undertake experiential learning about the diversity of First Nations cultures and perspectives across BC.

## CONTINUOUS LEARNING AND DEVELOPMENT

### SPEAKERS SERIES

**A Full Circle:** A Speaker Series for FNHA staff continued this fiscal year, inviting speakers to share stories and lessons they have learned from working in Indigenous health innovation and research. The series included presentations on the ethics of gathering and sharing knowledge, ways to decolonize health research and learning about the innovative work taking place in FNHA departments.

**Guest Speakers:** The FNHA has a commitment to bring in external speakers to enhance staff knowledge and encourage shared dialogue and learning. This year, the FNHA invited guest speaker Rupert Ross, former Crown Attorney and author of *Indigenous Healing*, for a cultural safety and humility dialogue with FNHA staff and over 50 leaders from BC's health system. Health leaders in attendance included the CEOs of BC's health authorities, Registrars of BC's regulatory colleges, the BC Chief Coroner, and representatives from the BC Patient Safety & Quality Council, Doctors of BC, and Truth and Reconciliation Canada. The gathering marked the first time the FNHA's health system partners all came together for a cultural safety and humility learning event.

**FNHA Board Chair Colleen Erickson welcomes author Rupert Ross at a cultural safety and humility dialogue with BC health care leaders.**



### Performance Partnership review

The annual Performance Partnership review is an opportunity for staff and supervisors to have a conversation about the prior year, and to highlight successes and opportunities for learning and growth. A communication campaign promoted the value of participating in the annual Performance Partnership review and included emails to all staff and leaders, Inner Spirit articles, a Bighouse countdown clock, a new performance partnership training video, a leadership blog, Human Resources open houses, and a selection of new tools to provide guidance and support for both employees and leaders.

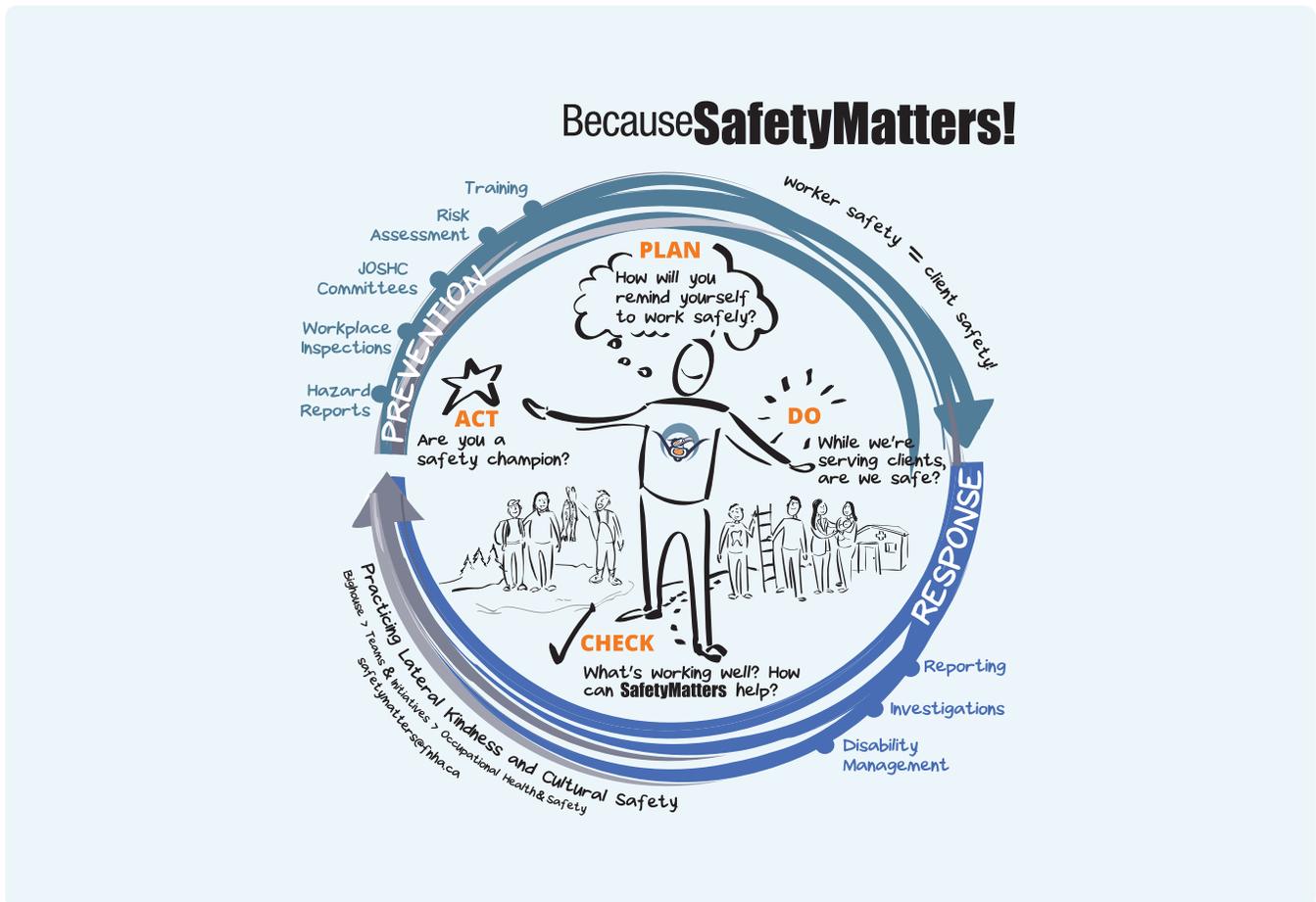
- Sixty-one per cent of FNHA staff completed their Performance Partnerships in 2018/2019. This is similar to 2017/2018 in which 62 per cent of staff completed the Performance Partnership process. The FNHA continues to work on the completion of 2018/2019 and 2019/2020 Performance Partnership plans.

## OCCUPATIONAL HEALTH AND SAFETY

As an organization with a wholistic vision of wellness, the FNHA is committed to supporting employee wellness and workplace safety through health and safety practices that are founded on a set of norms, values and attitudes that respect the physical, spiritual, mental and emotional components of wellness.

The FNHA has established safety, disability management, ergonomics and employee wellness programs that enable organizational compliance with the BC Workers Compensation Act and Occupational Health and Safety Regulations. The FNHA prepares staff for emergencies and risks such as wildfire smoke, earthquakes, workplace violence, working alone/travel safety, occupational exposures and personal safety. In 2018/2019, 41 safety incidents were reported at the FNHA, a drop from 66 safety incidents in 2017/2018. Over the year, 350 safety awareness activities were completed, including inspections of offices, health centres and nursing stations. The FNHA Safety Management System, which is enabled through organizational policy and related documentation, demonstrates the organization's commitment to nurturing a strong safety culture.

Eighty-seven per cent of FNHA staff completed required safety training, and 38 per cent of managers completed targeted management safety training. The development of new manager and advanced safety training modules are underway to support managers in their supervisory duties and responsibilities, and promote further completion of management safety training.



## Objective 4.3

# Foster a healthy and engaging environment that enables personal excellence

The FNHA remains committed to organizational excellence through ongoing strengthening and quality improvement of services, procedures, practices, policies and corporate functions to reflect system-wide best practices and First Nations teachings and ways of doing business.



### STAFFING PROFILE

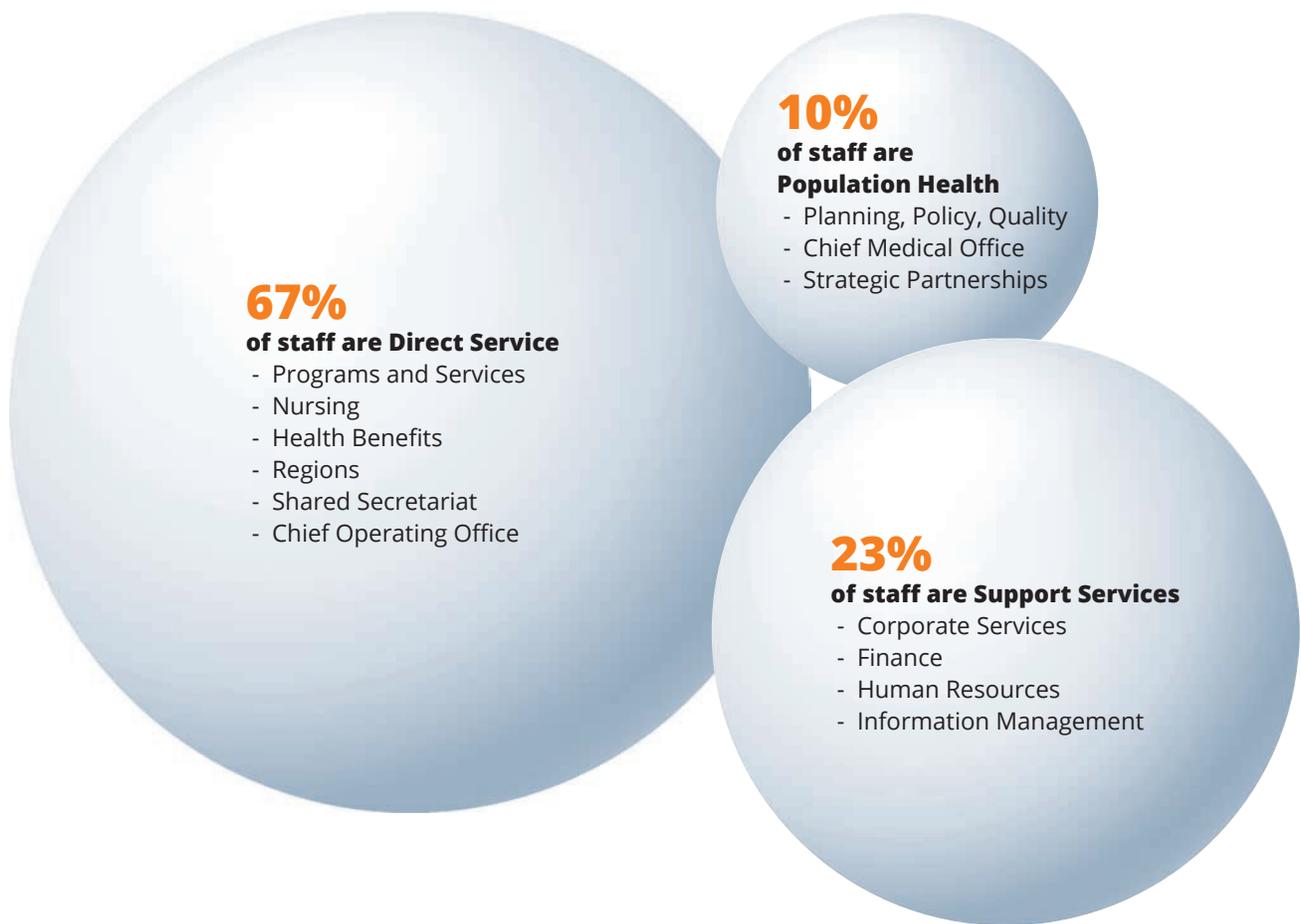
Since transfer, the organization's size and range of functions has continued to evolve and grow. This is due to a range of reasons, including: staffing of previously vacant positions/ functions; converting functions previously contracted out by the First Nations and Inuit Health Branch to FNHA staff; engaging term positions for time-limited transition projects; and reducing reliance on agency service delivery (including in nursing).

BC First Nations established a mandate for the FNHA beyond what was transferred from the First Nations and Inuit Health Branch, and continue to convey service expectations of the FNHA as their health and wellness partner organization. This includes some communities asking the FNHA to be the employer for certain community-based services, with these communities partnering with the FNHA on the oversight and quality of these services rather than directly delivering

those services themselves. First Nations also called for the FNHA to enhance the number of staff working within the five regions to ensure that the work of the FNHA is responsive to local context and grounded in regional realities.

To support this mandate, the FNHA workforce focuses on three major functions, with many staff members holding positions that provide service across more than one of these three functions:

- **Direct Service** (67 per cent of staff). Supporting direct community engagement, direct service delivery, program and service support, and funding arrangement relations with First Nations communities and mandated health services.
- **Population Health** (10 per cent of staff). Supporting partnerships, relationships, policy and evidence for effective population health and wellness strategies and health systems that reflect First Nations perspectives of health and wellness. Uphold accountability to First Nations and provide data and frameworks to support community and regional quality improvement priorities.
- **Support Services** (23 per cent of staff). Supporting enabling functions required for sound financial management, technology enablement, effective human resource management and the logistics and assets needed for the organization to function at a high operational standard.



## SERVICE STANDARDS / QUALITY CONTROL

The FNHA nurtures the efficiency and effectiveness of its corporate functions in support of quality and excellence in program and services. This includes establishing service standards to advance the quality and consistency of programs and services in Health Benefits, Nursing, Health Protection, Environmental Health and Corporate Services.

- **Health Benefits:** Established new internal pharmacy standards, commenced development of a standard operating procedure framework for the oral health program, and implemented processes and metrics for quality monitoring and improvements of new call centres.
- **Nursing, Health Protection and Environmental Health:** Implemented a standardized process for critical incident analysis and reporting in nursing, completed development of Environmental Public Health Services Standards, developed a nursing/clinical practice quality framework, and initiated work with the BC College of Nursing Professionals on harmonization of practice standards.
- **Corporate Services:** Developing three occupational health and safety standard operating procedures, introduced service standards/service level agreements for new information management and technology projects, and established and implemented enterprise architecture standards.

### Complaint, Incidents and Feedback Process

To advance excellence and cultural safety and humility in services accessed by BC First Nations, the FNHA established a standardized internal process for addressing and tracking incoming complaints.

Sixty-two complaints were reported and tracked this fiscal year with the most complaints, 47 per cent, relating to issues of cultural safety and lack of cultural humility on the part of care provider(s), and an additional 32 per cent relating to direct service/service process issues occurring in health care relationship settings.

## HUMAN RESOURCES

The FNHA aims to ensure staff have the information, tools and resources they need to do their work effectively and make informed and good decisions. This year the FNHA undertook the following activities to advance employee and organizational excellence:

- Launched “AskHR” to provide employees with a one-stop-shop employee inquiry mechanism. AskHR completed over 2,300 transactions in the fourth quarter of 2018/2019.
- Implemented a Job Framework and Compensation and Benefits Policy and Program, including a non-union job evaluation structure and a system of human resource metrics for recruitment.
- Successfully bargained and implemented collective agreements with the Professional Institute of the Public Service of Canada and Public Service Alliance of Canada.
- Successfully recruited 326 positions, including 67 nursing positions.
- Expanded the Disability Management program resulting in more stay-at-work opportunities for employees to recover in the workplace.
- Launched Project T.R.E.E. (Technology and Resources Enabling Employees) in 2017/2018, which broadly encompasses the processes and systems needed to create a sustainable and engaged workforce and support leaders in their decision-making. The first year of Project T.R.E.E. implementation included undertaking strategies and activities to enhance human resource analytics and records management practices.



Project T.R.E.E. logo



## EVALUATION

Evaluation plays an important role in supporting and strengthening the FNHA capacity as an accountable and learning organization, and as a health governance structure. Evaluations that were undertaken in 2018/2019, and which will be completed in 2019/2020, respond to mandatory requirements and meet information needs.

- Tripartite Framework Agreement Evaluation**, which is legally required under the Tripartite Framework Agreement and includes a range of evaluations and case studies including those of Regional Partnership Accords and Joint Project Board projects. *(Findings from the Regional Partnership Accord evaluations discussed in Section 1.1; findings from the Joint Project Board projects discussed in Section 3.1; and overall description of the Tripartite Framework Agreement Evaluation found in Section 1.3.)*
- FNHA Evaluation**, which also addresses legal requirements of the Tripartite Framework Agreement, assesses the FNHA plans and programs, organizational structure and organizational effectiveness, and management of First Nations health provider relationships and health benefit provider relationships while examining more broadly the health system transformation in BC due to the creation of the FNHA.
- FNHC/FNHDA/FNHA Relationship Agreement Evaluation**, which was required as part of the Relationship Agreement. *(Findings from the Relationship Agreement Evaluation discussed in Section 1.2.)*
- Evaluation of the FNHA's Health Benefits - Pharmacy Program for BC First Nations**, which was conducted at the request of BC First Nations leadership to assess the planning and implementation of the transfer to PharmaCare Plan W and to identify and synthesize lessons learned to inform recommendations to support the effective implementation of Phase 2 of the Claims Processing System Transformation project. *(Findings from the Health Benefits evaluation discussed in Section 3.2.)*

<p style="text-align: center;"><b>Tripartite Framework Agreement Evaluation</b></p> 	<p style="text-align: center;"><b>FNHC-FNHDA-FNHA Relationship Agreement Evaluation</b></p> 	<p style="text-align: center;"><b>First Nations Health Authority Evaluation</b></p>  <p style="text-align: center;">First Nations Health Authority Health through wellness</p>
<p style="text-align: center;"><b>Joint Project Board Evaluations</b></p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px auto; width: 80%;"> <p><b>Collaborative Action in First Nations Health</b></p> </div> <div style="display: flex; justify-content: space-around; align-items: center;">   </div> <p style="text-align: center; font-size: small;">First Nations Health Authority Health through wellness</p>	<p style="text-align: center;"><b>Regional Partnership Accord Evaluations</b></p> 	<p style="text-align: center;"><b>FNHA Health Benefits – Pharmacy Evaluation</b></p> 

# Goal 1: Measuring Progress

## ANNUAL KEY PRIORITIES

### Work with the FNHC and FNHDA to refresh relationship and engagement processes

Determined revised engagement approach in collaboration with the Shared Secretariat, FNHC and FNHDA. Scheduled Governance Caucuses with support from Shared Secretariat and Regional Health and Wellness Forums with support from regions. Revised engagement approach to be piloted in 2019/2020, including Governance Caucuses, and Regional Health and Wellness Forum.

A FNHC/FNHDA/FNHA Relationship Agreement Evaluation was undertaken to reflect on the relationship journey, including shared progress and challenges, renew shared values and commitments, and identify opportunities for improvement and continued evolution of the relationship. Further work is required in 2019/2020 to finalize the Action Plan to implement the evaluation findings.

*Good Progress*

### Complete Regional Partnership Accord evaluations

Regional Partnership Accord evaluation reports in progress, with Interior Region report complete. The other four evaluations are in the final stages of review and approval by Regional Partnership Accord Tables.

*Good Progress*

### Work with partners, including the FNHC, FNHDA, First Nations and service providers to initiate away from home action plan(s)

Draft Urban and Away From Home Framework being updated in partnership with regional teams to ensure it reflects regional priorities. Clear mandate from communities, with over 90% support for the FNHA investments in Urban and Away From Home programs and services from polling questions at Interior and Northern Caucuses. Partnered with Vancouver Coastal Health to conclude and now implement the Urban Aboriginal Health Strategy.

*Good Progress*

## PERFORMANCE MEASURES

### FIRST NATIONS HEALTH GOVERNANCE EFFECTIVENESS

#### % Engagement impact

Spring and fall 2018 Regional Caucuses:

- 83% of Caucus survey respondents reported overall satisfaction.
- 65% of Caucus survey respondents felt they had the opportunity to contribute and engage.
- 51% felt their voice was heard.

Gathering Wisdom for a Shared Journey IX:

- 78% of Gathering Wisdom survey respondents felt the day was a productive and good use of time.
- 37% felt there was sufficient opportunity to contribute and engage in discussion.
- 27% felt their voice was heard.

#### *Mixed Progress*

#### % planned FNHC/FNHDA/FNHA partnership activities on target

The FNHC, FNHDA and FNHA leadership held two multi-day Joint Planning sessions in 2018/2019.

#### *Good Progress*

### GOVERNANCE PARTNERSHIP EFFECTIVENESS

#### % tripartite and bilateral partnership activities completed

Trilateral and bilateral partnership meeting commitments were met.

#### *Good Progress*

#### % planned tripartite and bilateral partnership initiatives on target

Met commitments in both FNHA-Ministry of Health Letter of Mutual Accountability and FNHA-Indigenous Services Canada Shared Vision and Common Understanding. Refreshed FNHA-Indigenous Services Canada BC Region Joint Priorities Plan and advancing action plan.

#### *Good Progress*

## Goal 2: Measuring Progress

### ANNUAL KEY PRIORITIES

#### **Implement Indigenous Cancer Strategy year 1 activities with partners**

Major initiatives under the Indigenous Cancer Strategy are underway with external resources secured from the Canadian Partnership Against Cancer. Ongoing implementation of Indigenous Cancer Strategy year 1 activities in 2018/2019 with partners included: developed Indigenous Cancer Strategy implementation plan; launched “Screen. For Wellness” campaign promoting cancer screening with First Nations leadership at Gathering Wisdom for a Shared Journey; undertook a recruitment process for the FNHA Chair in Cancer and Wellness at the University of British Columbia; and completed journey mapping session with Indigenous cancer survivors and their families. In 2019/2020, the FNHA will continue to implement the Indigenous Cancer Strategy, formalize partnerships and pursue additional external resources.

*Good Progress*

#### **Develop capacity and tools to support Cultural Safety and Humility Declaration signatories to plan, implement and report publicly on their commitments**

Finalized a set of planning and accountability tools for partners to use in implementing their Declarations of Commitment. Annual report prepared by the BC Health Regulators (23 regulatory colleges). Measurement framework, including indicators, in progress with health authorities and Ministry of Health to be finalized in 2019/2020.

*Good Progress*

#### **Uphold First Nations data governance when releasing reports and data, including releasing to communities first, presenting findings from a wellness perspective and honouring stories**

Followed data governance protocols in all public data and report releases. Currently formalizing written workflows and procedures to apply organization-wide and to support data work with partners.

*Good Progress*

## PERFORMANCE MEASURES

### HEALTH AND WELLNESS PARTNER

#### Wellness movement impact

Distributed 130 Indigenous Peoples Day of Wellness Grants and 145 Winter Wellness Grants. The number of Wellness Grants funded was 14% fewer than last fiscal year with 8% less funding.

449 Tobacco Time Out participants – down from 800 last fiscal year.

Across all governance engagement events held this year, 72% of survey respondents view the FNHA as their health and wellness partner, a 7% decrease from the previous year.

#### *Mixed Progress*

#### Cultural Safety and Cultural Humility initiatives impact

Twenty-one Cultural Safety and Humility “It Starts with Me” campaign pledges were made in 2018/2019, down from 36 in 2017/2018 and 400 in 2016/2017 when the campaign was launched.

The number of visits to the FNHA wellness and cultural safety and humility portal were 14,207 in 2018/2019, down slightly from the previous year’s portal visits of 15,204.

#### *Mixed Progress*

#### # of requests to use FNHA materials in other agency plans/materials

Number of requests to use FNHA materials increased over the fiscal year and more than doubled from 79 requests in Q3 to 200 requests in Q4. Over one-third of Q4 requests were specific to *Coyote’s Food Medicines* materials.

#### *Good Progress*

# Goal 3: Measuring Progress

## ANNUAL KEY PRIORITIES

### Develop a traditional healing and traditional healers framework

Developed a draft traditional healing and traditional healers framework, with reviews underway through regional traditional healers gatherings and meetings with the FNHC and FNHDA.

*Good Progress*

### Enhance regionally based and innovative service delivery through fully implementing all Joint Project Board funded initiatives; establishing new mental health and wellness service and support capacity; ensuring regions are supported by a regional nursing team and nurses have access to clinical education/training to support best practice in communities

In 2017/2018, Joint Project Board projects reported improvements across all dimensions of service accessibility and availability, with greatest improvements in service navigation for mental health and wellness and primary health care projects. New investments in mental health and wellness, including for the opioid overdose response across all regions. A regional nurse management model was implemented in 2018/2019 with access to centralized professional practice supports and both regional and provincial nursing education forums.

*Good Progress*

### Continue to transform health benefits, with a focus on determining alternate provider for benefits not administered by BC PharmaCare, including vision, dental and medical supplies and equipment.

Finalized agreement with Pacific Blue Cross to support Claims Processing Systems Transition Phase 2, with a launch targeted for fall 2019/2020. Finalized evaluation of Phase 1 transition of pharmacy benefits with implementation of recommendations underway.

*Good Progress*

### Enhance innovation and partnership with community service organizations through updating planning, reporting, funding arrangements and allocations in support of transformation.

Launched a new Health and Wellness Planning Toolkit and associated community development team supports. Developing renewed funding and accountability policy framework and renewed approach to reporting with communities and health service organizations.

*Mixed Progress*

## PERFORMANCE MEASURES

### FNHA AND FIRST NATIONS' HEALTH ORGANIZATION PARTNERSHIPS

#### % funding agreement holders upholding mandatory program and financial requirements

Funding arrangement holders provide annual narrative and financial reporting. In 2018/2019, 11% of arrangement holders submitted financial reports and 10% submitted narrative reports by the submission deadline of July 29, 2019. The FNHA continues to work together with the FNHA's funding recipients, supporting Health Directors and financial staff in reporting submissions and developing related training.

*Problematic Progress*

#### % FNHA responses to funding agreement holders within targeted time frames

Tracking of reporting requirements as required by funding arrangements is ongoing, including responses within targeted time frames. In 2018/2019, tracking of reporting conducted included mandatory reports (Financial, Narrative, MT log, e-SDRT, Immunization and Drinking Water).

*Mixed Progress*

#### FNHA program information access

Top FNHA program webpages accessed: traditional healing, mental wellness and substance use (treatment centres), and maternal child and family health (Jordan's Principle). Increase in access to FNHA webpages on the campaign related to legalization of non-medical cannabis.

*Good Progress*

### SERVICE QUALITY

#### Health Benefits client satisfaction

In 2018/2019 the overall satisfaction rate was 25.6%. This is a decrease from the 2017/2018 satisfaction rate of 28.6%.

*Mixed Progress*

#### % Health Benefits service standards on target

Health Benefits achieved an average of 80% of service standards targets for 2018/2019. This represents a decline from 2018/2019 average of 91%.

Comparing to service standards in FY2017/18:

- Dental decreased from 99% to 92%
- Medical supplies and equipment decreased from 94% to 73%
- Vision decreased from 82% to 52%
- Medical transportation increased from 77% to 95%
- Pharmacy: 100%

*Mixed Progress*

#### % of clients who received at least one FNHA benefit per year

77.6% of clients received at least one FNHA benefit in 2018/2019.

*Good Progress*

#### Environmental Public Health Officer Community Work Plans objectives achieved according to service standards

Reported annually via community reports provided in June and not available at time of reporting.

*Not Measured*

#### Changes to FNHA programs and services

Data points and associated collection for this measure have not been defined, resulting in a lack of measurement.

*Not Measured*

# Goal 4: Measuring Progress

## ANNUAL KEY PRIORITIES

### Establish an organizational standard for FNHA family (staff) engagement and workforce wellness, supporting all to work at their personal best on behalf of BC First Nations

Completed an organization-wide employee engagement survey (HOWL Survey) and action planning process including accountability mechanisms to support workforce wellness. The FNHA also has tools and resources available to prepare staff for emergencies and risks such as wildfire smoke, earthquake preparedness, workplace violence prevention, working alone/travel safety, occupational exposures and online/personal safety.

*Good Progress*

### Implement the first phase of an FNHA feedback process regarding the health services our people receive in BC, providing a safe venue for input, complaints, concerns and successes

Developed standardized guidelines and workflow for responding to incoming complaints and established a governance structure for a more robust initiative, including participation from the FNHC and FNHDA. Future work includes establishing working protocols with other health service organizations to address complaints from First Nations in a culturally safe and appropriate way.

*Good Progress*

### Establish FNHA emergency response policies and plans connected with community and partner agency emergency response plans and capacity

Established internal emergency response policies and plans, including emergency response training. Wildfire 2018 lessons learned report will be complete in 2019/2020, along with refreshed operational protocols and agreements with emergency management partners.

*Good Progress*

## PERFORMANCE MEASURES

### OPERATIONAL EXCELLENCE

#### % planned organization-wide cultural initiatives on target

Held a variety of cultural activities in 2018/2019, including wellness meetings, a wellness picnic, a guided tour of the Museum of Anthropology, sharing stories, cultural teachings, drum making, canoeing and morning prayers.

*Good Progress*

#### Self-identified Indigenous staff

In 2018/2019 35% of the overall FNHA workforce self-identified as Indigenous (compared to 34% in 2017/2018).

*Mixed Progress*

#### Participation rate in organizational cultural workforce survey

Received a response rate of 86% in the HOWL Survey (540/625 employees completed).

Activities on target as per a project plan aligned to the annual implementation calendar.

*Good Progress*

### OPERATIONAL EXCELLENCE

#### Annual Board of Director review of corporate policies on target

Policy calendar requirements were met for this fiscal year and 16 policies were approved.

*Good Progress*

#### % compliance with inclusion of Directives and Operating Principles in decision-making processes

Sixty decision documents were signed in 2018/2019. 85% (51 of 60 total submitted decision sheets) included rationalization of the decision in the context of the 7 Directives and Operating Principles. Work is in progress to ensure a single validated template is available to all staff.

*Mixed Progress*

#### % staff performance partnership agreements completed including staff wellness plan

In 2018/2019, 61% of staff completed Performance Partnerships agreements. This is similar to last fiscal year in which 62% of staff completed the Performance Partnership process.

*Mixed Progress*





# 2018/2019 REGIONAL UPDATES



# Interior Region



The Interior Region team is dedicated to supporting community-driven, Nation-based approaches that set the groundwork for providing a closer-to-home approach in support of Nation rebuilding. The team promotes a “wrap-around model” to health service design and delivery and partners with Nations and communities as they decide how their health services are determined. The Interior Region Nation Executive, the Nation Coordinators and technical tables are essential to the success of the Interior Region’s work as well.

Key achievements from 2018/2019 include: successfully advocating for additional support from the Canadian Red Cross for wildfire-impacted communities; evaluating Nation Shared Services; accessing new funds for the Primary Care Network; and renewing and refreshing agreements and work plans.

## Goal 1

### ENHANCE FIRST NATIONS HEALTH GOVERNANCE

#### Regional Health and Wellness Plan Refresh

The Interior Region refreshed the Regional Health and Wellness Plan, which provides strategic direction as identified by the Nations to monitor regional work. The interim Regional Health and Wellness Plan was developed in 2014 through review and engagement with Interior Nations. The renewed plan includes strategic priorities for programs and service delivery, the organizational function of the FNHA, and the activities of governance and partnerships within the Interior Region.

#### Regional Partnership Accord Renewal

The Interior Region prepared the Interior Region Partnership Accord for approval at the spring Interior Region Caucus. The first Interior Region Partnership Accord was signed in 2012 by the seven Interior Region Nations and Interior Health Authority, and was witnessed by the FNHA. At the Interior Region Caucus Session in November 2018, additional revisions were proposed and the Interior Nations and Interior Health Authority will then sign the new Partnership Accord, with a ceremony planned for the fall 2019 Interior Region Caucus Session.

#### Voice of the People at the Table in Primary Care Network Planning

The Interior Region continues to support the presence of Interior Region Nations and communities at Primary Care Network tables and other partnered projects with the Ministry of Health. Five active Primary Care Networks have now been established in the Interior Region. Since the Primary Care Network process began, one Interior First Nations community has completed the Primary Care Network planning process with the local Collaborative Steering Committee and has received funding for a sustainable full-time Nurse Practitioner position.



"Taking IT Back" Girls Day in Merritt, Nlaka'pamux Nation Territory.

## Goal 2

### CHAMPION THE BC FIRST NATIONS PERSPECTIVE ON HEALTH AND WELLNESS

#### Enhancing Resources for Nation Rebuilding

The region supports Nations and communities in determining their own health and wellness systems. Over the past three years, Interior Nations have worked with the region to develop and implement a Nation Shared Services model, which has seen great success in delivering, administering and governing wellness services closer to home as defined by the Nations.



Interior Region Caucus Session, Spring 2019, Penticton, Syilx Territory.

Over the 2018/2019 year, Nation Shared Services partnerships have been strengthened as work continues to complete a Nation Shared Services review that will include a gap analysis for each Nation. One of the future outcomes of the project will be a Regional Investment Plan, which will provide a clear path forward for enhancing current services for communities.

The acquisition and distribution of funding to support health and wellness capacity and infrastructure facilitate the continued success of Nation Shared Services. Investments at the Nation level continue to grow and diversify, bringing together one-time opportunities with consistent funding streams. The 2018/2019 fiscal year has seen the continuation of funding from Health Actions, Community Engagement and Joint Project Board as well as one-time investments supporting Harm Reduction Grants and Missing and Murdered Indigenous Women and Girls and Ending Violence.

### Goal 3

#### ADVANCE EXCELLENCE IN PROGRAMS AND SERVICES

##### Mental Health and Wellness Forum

The Interior Region hosted a Mental Wellness Forum in Kamloops from April 15-17, 2019 for community service providers across the seven Nations within the region. One hundred and seventeen participants registered for the forum, which was attended by health administration staff, counsellors, drug and alcohol workers, family support workers, social development workers, youth workers, Health Directors and leaders. This three-day event enhanced participants' knowledge of current promising, culturally safe and trauma-informed mental wellness practices.

##### Mental Health and Wellness Memorandum of Understanding

On July 26, 2018, the Government of Canada, the Province of BC and the FNHC signed a Tripartite Agreement to improve mental health and wellness services by envisioning a more flexible approach for funding mental wellness services. During the final quarter of 2018/2019, the Interior Region and seven Nations planned for investments to use funding from this agreement (along with funding from Indigenous Treatment and Land-Based Healing) to support six projects.

##### Land and Culturally Based Treatment and Healing Services

Beginning in 2018/2019, the seven Interior Nations will use a three-year funding contribution to enhance and expand culturally based, culturally safe and trauma-informed healing and treatment care for Indigenous people living on- and off-reserve. This Nation-based approach to engagement, development and implementation of Nation services and programming will take a wholistic approach to individual and family healing. A focus on treatment, healing and cultural supports across the care continuum will be provided to clients within their own traditional territories and communities.

##### Missing and Murdered Indigenous Women and Girls: Supports for Survivors, Family Members and Those Affected

The Interior Region supported two main activities related to increasing supports for those affected by the issue of Missing and Murdered Indigenous Women and Girls, including survivors and family members. Support was provided to the Ktunaxa Nation, who hosted the Grandmothers' Gathering in March 2019. The gathering brought together grandmothers from all seven Nations to follow up on the important work from the Grandmothers Declaration, which states that "the safety, well-being and identity of children and families is a priority."

The regional team began developing the foundational supports for a regional approach to supporting survivors and family members. The goal of this work is to ensure that survivors, family members and those affected have safe access to an appropriate level of mental wellness support services.



Interior Mental Wellness Forum, Kamloops, Secwepemc Territory.

Water Ceremony at the Interior Region Caucus Session, Penticton, Syilx Territory.



### Emergency Management and Crisis Response

Addressing the root issues of a wide range of crises that the Nations face is critical in order to make a wholistic transition from trauma to wellness. A regional crisis approach for the Nations continues to include supports for wildfire, flooding and emergency response, the opioid crisis and other crisis response.

### Wildfire, Flooding and Emergency Response

The Interior Region has strengthened First Nations' participation and visibility in the emergency management landscape by facilitating essential relationships and advocating for First Nations interests and participation. The Interior Region report on wildfires, "With Us, Not for Us," examines the impacts of environmental emergencies such as floods and wildfires on the Interior Nations and communities and informs how the FNHA and external partners can better respond to the challenges of climate-related disasters and Indigenous health and wellness.

Progress from this report includes:

- In response to community concerns regarding the current wildfire funding allocation approach, an Indigenous working group was established to develop a wildfire recovery framework.
- A full-day session on emergency management and strategic planning with Nation Chiefs is planned for June 2019 to enhance community leadership roles and collaboration.
- Ministry of Health emergency management support for impacted communities has been leveraged to build capacity and support at the Nation level.
- In response to partners providing long-term sustainable emergency management, mental wellness and traditional wellness supports, the Canadian Red Cross is providing funding for 28 communities impacted by wildfires.

### Opioid Response

The Interior Region is coordinating a dynamic, multi-level opioid crisis response. The regional team provided ongoing support and engagement with Nations to implement intensive case management and peer support funding. The team also created plans to allocate funds, and supported evaluation processes. Funding for opioid response was allocated through the Nation Shared Services Model and supported innovative peer support and intensive case management.

### Environmental Public Health Services

The Interior Region is dedicated to ensuring that regionalized capacity building within the Nations is at the centre of the work we do. Grounding this work, the Environmental Health Officers and Nursing teams are aligned with the Nation Shared Services Approach. Each Nation has at least one Environmental Health Officer assigned to provide support at a community level and work collaboratively with community leadership and staff to ensure service delivery responds to needs. Recognizing the important role that community capacity plays in ensuring safe drinking water, the FNHA continues to support Community-Based Water Monitors in their sampling activities.

In October, a 19-year-long advisory was lifted from a Tsilhqot'in community on a small community water supply system that did not previously receive Indigenous Services Canada funding support. The Environmental Health Officer worked closely with the community to ensure the advisory was lifted in a way that was sustainable and would provide long-term safe drinking water.

## Goal 4

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

The Interior Region is committed to finding better ways and practices to support and co-develop the health and wellness needs that exist in communities and throughout Nations. This includes remaining grounded in the core principles, tenets and mandates articulated in the Unity Declaration and the 7 Directives and following along with unique Indigenous ways. We are also committed to being innovative in our practices to ensure that we are effective, efficient and meaningful to all of the communities and Nations we serve.



Honouring Grand Chief Stewart Phillip and Wife Joan Phillip at the Interior Region Caucus Session, Spring 2019, Penticton, Syilx Territory.

# Vancouver Island Region



## Goal 1

### ENHANCE FIRST NATIONS HEALTH GOVERNANCE

#### Engagement

Guided by community and Nation input and insights, the Vancouver Island Region has developed an engagement plan that aligns resources to support three main engagement streams: governance, service and flagship events/key initiatives. In 2018/2019, governance engagements included Regional Caucus, Gathering Wisdom, the Regional Health and Wellness Forum, and Health Director Tables. Service engagement topics and forums included family-based rural and remote care, traditional wellness, the regional rural and remote forum, and cultural safety committees. This year, the region hosted the 39th BC Elders Gathering in partnership with Cowichan Tribes and the Gathering Our Voices event in partnership with Tseshaht and Hupacasath.

Terra Haugen, Senior Administrative Coordinator.



#### Provincial and Regional Partnerships

The region works with partners to improve access, quality and cultural safety and humility of care and embed the interests of Vancouver Island First Nations in the broader health system. Collaboration and advocacy with provincial partners has secured Ministry of Health funding for Indigenous Supports for the Comox Primary Care Network, Saanich Peninsula Primary Care Network and Western Communities Primary Care Network. In 2018/2019, the region also collaborated with the Island Health Authority on a Social Sciences and Humanities Research Council of Canada (SSHRC) Indigenous Research Capacity and Reconciliation Connection Grant application.

Over the year, the Vancouver Island Region was a member of a working group with the Island Health Planning Department and Joint Steering Committee for the Vancouver Island Partnership Accord Evaluation. For the latter initiative, the team successfully advocated for including cultural safety and humility as a focus area within the evaluation. The evaluation draws on input from community and Nation political and health leadership, FNHA staff, Island Health staff and governance table members. Data collection and analysis are complete, and draft evaluation findings are expected to be released in 2019/2020.

Elder Ann Bob from Snaw-naw-as First Nation at a signing ceremony with Brennan MacDonald, Executive Director for Vancouver Island.



## Goal 2

### CHAMPION THE BC FIRST NATIONS PERSPECTIVE ON HEALTH AND WELLNESS

The region promotes cultural safety and humility with partners that include Island Health, Divisions of Family Practice and the Primary Care Network partners. Partners' recognition of and motivation to address cultural safety and humility in the broader health system continue to grow. An ongoing challenge is the limited capacity of the regional team to respond to partner requests to support understanding of cultural safety and humility.

#### Cultural Safety Committees

The region continues to lead Cultural Safety Committees with Island Health's acute care facilities. These committees have initiated and supported hospital site cleansing ceremonies at Tofino General Hospital, Cowichan District Hospital and Saanich Peninsula Hospital. Other emerging work from these committees includes:

- Planning a community follow-up event to the Trauma Informed and Culturally Safe Emergency Care workshop for Nuuchahnulth Elders.
- Securing commitment from Island Health to meet with communities annually to hear first-hand from community members about primary care gaps, challenges and experiences.
- Engaging with Island Health acute care facility representatives in collaborative action planning with local area Elders, the Nuuchahnulth Tribal Council and the FNHA.



#### Elder-in-Residence Initiative

Elder-in-Residence roles support the inclusion of Indigenous perspectives, knowledge and approaches to wellness within acute care settings. Under the guidance of First Nations Health Directors, the region partnered with Island Health to implement a pilot program for introducing Elders into acute care settings. Planning for broader implementation of the Elder-in-Residence initiative is underway with the aim to improve patient experiences and health outcomes, and to support hospital staff across the region.

### Traditional Wellness

Guided by engagement with Health Directors and informed by discussions at the Regional Table, the region has developed a Regional Knowledge Keepers engagement process. Support for community-driven capacity building for traditional wellness is exemplified by the following initiatives:

- Nuu-chah-nulth developed an eight-day training for Traditional Healers as part of a land-based healing program.
- Working with Tsow-Tun Le Lum to bring cultural supports to communities, typically related to support mental health requests.
- Exploring opportunities to introduce traditional wellness supports into community health centres and within Primary Care Network integrated care teams.
- Engaging with Tsow-Tun Le Lum and Nuu-chah-nulth communities to discuss opportunities for involving Elders and integrating traditional healing in mental health and wellness initiatives and services.

## Goal 3

### ADVANCE EXCELLENCE IN PROGRAMS AND SERVICES

#### Substance Use and Treatment

The region identified a need to address gaps in services in the continuum of care for addictions services. Nation members face barriers accessing treatment at National Native Alcohol and Drug Abuse Program (NNADAP) centres on Vancouver Island. Current, Family-based responses to this issue include an arts-based mapping project focused on priority areas and in alignment with current Indigenous services in the Kwak-waka'wakw Family; adding clinical services and out-patient sessions for family programming in the NNADAP centre located within the Nuu-chah-nulth Family; and the collaboration between the Coast Salish NNADAP centre and the Quu'asa

mental health program and the FNHA to enhance a continuum of care through outreach and crisis response, cultural supports in community, and strengthening the network of supports around those accessing care.

The FNHA, Family groups, NNADAP centres and Island Health collaborated throughout the year on strategies to improve accessibility and reduce service gaps. One recent outcome is a partnership with the Divisions of Family Practice in Nanaimo, and at Island Health and the FNHA to map community access to opioid agonist treatment.



### **Opioid Response**

The region has implemented year one of the opioid response, and Opioid Overdose Response Plan funds were distributed to the three cultural Families. An ongoing challenge is the limited human resource capacity to adequately meet mental health and wellness response needs.

Providing appropriate and coordinated responses to crisis incidents in community and empowering communities to advocate for high-quality programs and services that meet their needs are key objectives for the Vancouver Island Region. The regional team has worked closely with other service providers such as the Tsow-Tun Le Lum and Nuuchahnulth Tribal Council to provide complementary and seamless services at the time of crisis. The region has implemented an electronic crisis incident reporting tool and completed an intake form to track data on the crisis in the region. In addition to developing internal response tracking mechanisms, the region also coordinates aspects of the FNHA response and ensures that capacity-building approaches are addressing the crises in community.



### **First Responders Training**

Over the year, the region worked with communities to deliver a First Responders Training program; supported First Responders process improvements; and created an equipment purchase program to ensure each Nation with trained responders is properly equipped.

### **Children and Youth**

The Vancouver Island Region collaborated with leadership from the Ministry of Children and Family Development, Island Health and school districts to explore how best to take a systems approach to wellness for children and youth. This leadership table has created a sub-group to launch a pilot project that will support youth with complex needs who are transitioning out of the hospital.

### **New Service Model Transfers**

The Vancouver Island Region worked closely with communities, Nations and Island Health to support changes in service provision during new service model transitions.

### **Environmental Public Health Services**

The region collaborated with Island Health, the BC Centre for Disease Control, and impacted communities to respond to a vibrio cholera outbreak associated with herring eggs harvested through spawn on kelp and provide recommendations to reduce risks to harvesting and protect traditional foods. The team partnered with communities in an outbreak investigation and on a technical review, which incorporated traditional knowledge into the cultural and practical application of food safety.

### **Nuuchahnulth Oral Health Initiative**

With the successful completion of phase one, the Nuuchahnulth Oral Health initiative has transitioned into phase two, which includes engaging with dentists in the region to understand the feasibility of community-delivered dental services.

### Primary Care Networks

The FNHA is represented on primary care network planning tables across the Vancouver Island Region and has supported the development of several expressions of interest. Highlights include the Comox Valley Primary Care Network signing a Letter of Intent with the Ministry of Health and the Nanaimo Collaborative Service Committee announcing the opening of their Urgent Primary Care Centre.

### Other Primary Care and Nursing Progress

Other primary care and nursing progress over 2018/2019 included:

- Implementing the Ditidaht Primary Care Team.
- Deploying telehealth in several communities: Ditidaht, Toquaht, Penelakut, and T'Sou-ke.
- Developing new nursing education initiatives in Home and Community Care and Foot Care.



## Goal 4

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

The Vancouver Island Region strives to support quality of services and operations by developing regional service standards for mental health and wellness, nursing, administration and engagement. Prioritizing staff wellness and demonstrating the “living it” principle, the Vancouver Island Region emphasizes support for staff wellness. This year, for example, the regional team implemented the National Standard for Psychological Health and Safety in the Workplace.



# Fraser Salish Region



## Goal 1

### ENHANCE FIRST NATIONS HEALTH GOVERNANCE

The Fraser Salish Region continues to build on strong relationships between the FNHC, Fraser Health Authority and the FNHA. The region receives strong commitment from Fraser Health Authority senior leadership, including the CEO, several board members and senior executives on the Aboriginal Health Steering Committee, which meets quarterly. In August 2018, the Steering Committee hosted a special planning session that created an opportunity for partners to deepen their understanding of each other's health systems and partnership perspectives and to discuss how to strengthen relationships and effectively organize work in agreed upon areas. Partners agreed to renew the Fraser Partnership Accord to reflect positive growth and a shift in health priorities in the region. Along with other regions and health authorities, the Fraser Salish Region has evaluated its Partnership Accord with the Fraser Health Authority, which will be reported on in 2019/2020.



Chief Grace Cunningham, Katzie First Nation, Kelowa Edel, Health Director, Sto:lo Nation Health Services, and Michael Sadler, BC Housing, Aboriginal Relations Advisor present on a housing panel at Fraser Salish Caucus 2019.

The Fraser Salish Region is committed to a community-driven, Nation-based approach and undertook numerous engagement sessions throughout the year with community members, health leads, elected leadership and health partners to seek direction on several key issues. Mental Health and Wellness Memorandum of Understanding Funding engagement sessions in the fall led to a decision at December Caucus to prioritize the work within the Engagement and Transformation Regional working group. Working group sessions were held monthly and led to initial development of a draft Five-Year Mental Health and Wellness Plan, which will include planned investments for the Mental Health and Wellness Memorandum of Understanding funding. Another priority coming out of the fall Regional Caucus session was the development of a Regional Memorandum of Understanding with the RCMP as part of the work in social determinants of health. This work was carried forward within the Collaboration and Partnerships Regional Working Group, which also focused on housing and the resurgence of matriarchs in supporting families.

## Goal 2

### CHAMPION THE BC FIRST NATIONS PERSPECTIVE ON HEALTH AND WELLNESS

As part of a Fraser Health and FNHA Fraser Salish Region joint commitment to address gaps in the health care system and improve health outcomes for Aboriginal people, a dedicated Aboriginal Health Cultural Safety Coordinator was funded by the FNHA and hired by Fraser Health. This position will provide support and guidance to Fraser Health teams and departments in developing culturally safe practices through education and training sessions, resource development, policy review and program planning.

The region continues to advocate for and support First Nations engagement with the provincially mandated primary care network planning process and currently has six primary care networks within the region in various stages of service planning. With the hiring of a Primary Care Lead position in the fall, the regional team has increased planning and collaboration with Fraser Health for regional primary care projects. Work is moving forward for increased participation in provincial primary care network planning as well as development of a five-year Regional Primary Care Service Plan that will align with Ministry of Health processes and new investments in community health centres.



## GOAL 3

### ADVANCE EXCELLENCE IN PROGRAMS AND SERVICES

This year, the Indigenous Primary Health and Wellness Home located in Surrey was officially launched as the first clinic of its kind to offer culturally safe and holistic care to Indigenous people in the region. Through a partnership between Fraser Health and the FNHA, the Indigenous Primary Health and Wellness Home provides a range of services to address physical, mental and social needs, as well as spiritual wellness, using a wellness “circle of care” approach. People with multiple health concerns are supported by a circle of care coordinator who ensures all their needs are addressed in a connected way. In addition, the Wellness Home assists people to access other needed services such as housing, financial and legal supports.

Using a team-based approach, Wellness Home staff will include a physician, nurse practitioners, a circle of care coordinator, primary care nurses, a registered psychiatric nurse, a mental health clinician, licensed practical nurses, a social worker and medical office assistants. Not all positions were filled in 2018/2019, but work is underway to fill the complement of supports. In addition, traditional wellness staff provide guidance to patients and their families throughout their care

journey. The Indigenous Primary Health and Wellness Home provides services for First Nations, Métis and Inuit individuals and families at two urban locations: the Fraser Region Aboriginal Friendship Centre Association clinic in Whalley, and the Kla-How-Eya Healing Place at the Guilford Public Health Unit.



Open House at the Indigenous Health and Wellness Clinic housed in the Fraser Region Aboriginal Friendship Centre.

The FNHA Fraser Salish Mental Health and Wellness Team has partnered with the Fraser-River Indigenous Resilience Support Team (F.I.R.S.T.) to provide services directly in community for the first time, serving eight Fraser Salish communities (Boothroyd, Spuzzum, Boston Bar, Union Bar, Peters, Chawathil, Shxw'owhamel and Yale). The team includes a Trauma Counsellor, Wellness Navigator and Peer Outreach Worker. Since the fall of 2018, the team has established relationships in the communities and has full caseloads. Team members have been supporting families and individuals to develop wellness plans, help navigate the medical system by attending medical appointments and reduce barriers such as transportation.

As communities build their harm reduction programs and see more harm reduction supplies coming into community, it has become apparent that disposal of supplies has become an issue. The region is working with communities to develop safe, secure and flexible solutions to dispose of supplies for when offices are closed or nursing staff are unavailable to pick up used supplies in person.

This winter, the Regional Addictions Specialist and one of the Community Engagement Coordinators developed an eight-week program called "Let's talk about Cannabis." The program discusses cannabis use and explores values, culture, consequences and alternatives. The program was piloted in the Katzie First Nation with plans to run in other communities and will be supplemented with a training manual and a "train the trainer" program for communities interested in delivering the program on their own.



Fresh produce ready to be delivered for Yale First Nation's community food program.

## Goal 4

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

The Fraser Salish Regional team significantly increased capacity to enable more effective engagement, collaboration and planning for implementing programs and services in communities and throughout the region. Although this has resulted in some growth challenges in terms of office space, the team is well positioned to keep up with the growing needs of both the in-community and away from home population in the region.

New positions include an Aboriginal Head Start Advisor (shared), Regional Planner, Project Developer, Addictions Specialist, Tobacco Cessation Coordinator, Traditional Wellness Specialist, Child & Youth Systems Navigator, Manager of Projects, Director of Engagement and Primary Care Lead.



# Vancouver Coastal Region



## Goal 1

### ENHANCE FIRST NATIONS HEALTH GOVERNANCE

#### Regional Partnership Accord

The Aboriginal Health Steering Committee identifies strategic priorities, oversees the implementation of strategic initiatives and supports implementation and operational decision-making for the Vancouver Coastal Regional Health and Wellness Plan and Vancouver Coastal Partnership Accord deliverables.

In 2018/2019, the committee endorsed the Urban Aboriginal Health Strategy, discussed regional mental health and wellness opportunities, committed to participate in a Partnership Accord Visioning session, and dialogued on primary health

care alignment and the importance of Primary Health Care ++ approaches for both home and away from home/urban populations. The results of the Vancouver Coastal Region Health System Matrix Data findings and regional report will underpin new service model planning efforts.

Data collection and engagement informing the Vancouver Coastal Partnership Accord Evaluation is complete. The Partnership Accord Evaluation Report will guide the Partnership Accord Refresh Visioning Session to be held in 2019/2020.

#### Regional Health and Wellness Planning

The Vancouver Coastal Regional Health and Wellness Plan defines the strategic priorities, goals and objectives for the region over the five-year period from 2016-2021 and each year the region develops annual work plans that align with the Health and Wellness Plan's objectives and goals. In 2018/2019, the Vancouver Coastal and Fraser Salish regions co-hosted the inaugural Health and Wellness Conference at Harrison Hot Springs and brought together First Nations communities, leadership and partners. The conference was an opportunity to explore service transformation by exchanging knowledge on promising and wise practices in primary health care, including mental health and traditional wellness, specifically focusing on culturally safe and wholistic models of care.



#### Urban and Away from Home

The Urban Aboriginal Health Strategy is a deliverable in the Partnership Accord that outlines the commitments made by the FNHC, the FNHA and Vancouver Coastal Health to provide more coordinated, integrated and culturally safe health care services for the urban and away from home First Nations and Aboriginal community who reside in the unceded Coast Salish territories of Musqueam, Tsleil Waututh and Squamish First Nations. The strategy was endorsed on January 4, 2019, by the senior leadership of the Aboriginal Health Steering Committee. The strategy builds on 20 years of health research and engagement with the urban First Nations and Aboriginal community of Vancouver and aims to:

- Strengthen relationships in the urban community.
- Improve access to culturally appropriate primary health care.
- Strengthen access to culturally appropriate mental wellness and substance use services.
- Promote wellness and prevention of illness, and promotes information about and access to services.
- Improve data and information on Aboriginal health outcomes.

The Truth and Reconciliation Calls to Action, United Nations Declaration on the Rights of Indigenous Peoples, and principles of cultural safety and humility are central to strategy implementation.

## Engagement

The region participated in numerous community engagement events, activities and ceremonies, including: the Saa-ust Squawlin Winter Feast & Necemat Honoring Ceremony; Squamish Nation canoe awakening ceremony; Skatin Nation new health station cleansing ceremony; Lil'wat Nation drum-making event to commemorate Addictions Awareness Week with Xet'olacw Community School; the Tla'amin Nation Culture Saves Communities event; and the Vancouver Coastal Regional Traditional Foods, Traditional Medicines and Food Security Gathering in Lil'wat.

Engagement with communities and Nations continues to guide the region's work and enables programs and services to be community-driven and Nation-based, reflecting community needs and priorities. The regional team facilitated engagement on topic areas that included the FNHA Trauma Informed Care Training, tobacco reduction and cessation, health system overdose response, mental health and wellness Memorandum of Understanding, health benefits, health promotion, and other discussions to inform service planning.

The regional team also collaborated with partners on initiatives and events including the Women Deliver 2019 Global Conference, the BC Patient Safety & Quality Council Forum, the Vision BC Conference and BC SUPPORT Unit.



## Goal 2

### CHAMPION THE BC FIRST NATIONS PERSPECTIVE ON HEALTH AND WELLNESS

#### Traditional Wellness

Regional program and service delivery, and planning is enriched by the expertise and knowledge of community leaders, healers, Elders and youth. To support and elevate incorporation of this knowledge and expertise, the Regional Traditional Wellness Coordinator is building relationships to establish a traditional Knowledge Keepers and Healers' network and advisory group. Planning for the Regional Health and Wellness Conference included a gathering of regional Traditional Knowledge Keepers and Healers with a dedicated

space to share dialogue and strengthen the network. The Vancouver Coastal Regional Traditional Wellness Coordinator is also developing a Land-Based Traditional Wellness Gathering in collaboration with the Office of Chief Medical Officer.

The Vancouver Coastal Region supports Nations and communities in the Traditional Wellness Grant process. In 2018/2019, 11 traditional wellness grant submissions were funded.

## Cultural Safety and Humility

By strengthening relationships with regional, sub-regional and community-level partners, the regional team works to address quality-of-care complaints and improve access to culturally safe services through transformational system-wide changes. In 2018/2019, this included:

- Completing a joint Provincial Health Services Authority-FNHA Regional Patient Journey Mapping initiative.
- Promoting and supporting cultural days and community-driven actions in partnership with communities and Nations.
- Participating in BC SUPPORT Unit-led workshops to learn and provide input on priorities for advancing the science of culturally safe patient-centred measurement methods.
- Implementing culturally appropriate and relevant tobacco reduction and cessation resources and initiatives shared at the community level.
- Supporting Traditional Medicines and Food Security Gathering in community.



## Regional Community Relations Representative

The Vancouver Coastal Region established a new Regional Community Relations Representative role to ensure that community members are supported in accessing quality and culturally safe care. The representative facilitates dialogue between First Nations Health Benefits and Vancouver Coastal Health leaders and community members.

The Vancouver Coastal Region's new Regional Community Relations Representative, Jennifer Smith.

## Goal 3

### ADVANCE EXCELLENCE IN PROGRAMS AND SERVICES

#### Primary Care Planning

The region works with partners to identify opportunities to improve primary care access and quality. For example, to address identified gaps in emergency medical transportation and discharge supports, the regional team is working with partners and the First Nations Health Benefits team to improve referral patterns, discharge planning and availability of medical transportation.

Working alongside communities, the regional team is supporting primary care network service planning and participates in Primary Care Network Steering Committees, Working Group Tables and Collaboration Service Committees. This year, the team welcomed a new Regional Manager of Primary Care who provides leadership and expertise in all areas of health service data analysis, planning, design, partnership and implementation. The regional team is exploring opportunities to support Primary Care Network expressions of interest and service planning for the remaining communities within the Vancouver Coastal Region.

#### Health Benefits

With the support of the FNHA Vancouver Coastal team and Pacific Blue Cross, the FNHA Community Relations Representative takes a hands-on approach to engaging Vancouver Coastal First Nations, providers, prescribers and pharmacists about Phase I PharmaCare transition updates, the Phase II transition and the transformation of medical supplies and equipment, dental and vision and all First Nations Health Benefits. In 2018/2019, these engagement activities included 43 community touch points, seven focus groups and 12 Phase II information sessions. At the request of communities and Nations, the Community Relations Representative made in-community visits to enhance the relationship and quality of programs and services.

## Nursing

Committed to community-driven and Nation-based service delivery, the Vancouver Coastal Region partnered with communities and Nations to support the recruitment and retention of nurses, ensure the availability of navigators for discharge planning, plan and deliver community health events and gatherings, and implement Nation-delivered home care programs.

To support ongoing professional development, the regional team sent 12 nurses to attend a regional nursing education forum with presenters that included Health Canada and Vancouver Coastal Health.



## Mental Health and Wellness

In 2018/2019, the region worked with local, regional and provincial partners to improve access to culturally safe mental health and wellness supports and services. Activities included:

- Conducting mental wellness service mapping to identify gaps and inform service planning and decision-making.
- Supporting the design, development and implementation of a South Coast Sub-Regional Peer Coordinator pilot project with Tsleil-Waututh Nation and the Canadian Mental Health Association.
- Supporting the development of the Mental Wellness Substance Use Virtual Team, including recruiting the Indigenous Clinical Lead, reporting to the community and evaluating the program.
- Service mapping and allocation of Land-Based Healing funds for 2018/2019 and 2019/2020 and future funding.
- Designing and developing the Mental Wellness Memorandum of Understanding funding, with a focus on collaborative efforts across the region.
- Participating in the development of a referral package with the NNADAP Treatment Centre.
- Advocating to reduce stigma around harm reduction interventions in urban and rural settings.

Cassandra Puckett is the Regional Mental Wellness Advisor.

## Opioid Response

Collaborating with provincial and regional partners to mobilize, improve, deliver and monitor the regional opioid response, the Vancouver Coastal Region supports and participates in regional and community-level response committees, task forces and response teams. These groups include the Metro Vancouver Aboriginal Executive Council Urban Indigenous Opioid Task Force, Overdose Emergency Response Centre's Regional Response Team and Vancouver Coastal Health's Overdose Community of Practice. The regional team also partners with Vancouver Coastal Health to support rural/remote access to opioid agonist treatment. The regional team developed a regional opioid response tracking tool to improve monitoring and coordination of the regional response.

Engagement and input from communities and Nations informed the development of the FNHA's Opioid Response Framework and the Vancouver Coastal Region Opioid Action Plan. The Regional Opioid Action Plan outlines proposed service design, delivery, implementation and evaluation. The region is committed to tailoring its response to fit the FNHA's opioid data release.

### **Crisis Response**

Partnership and collaboration with community-based networks – including community leaders, Health Directors and traditional Knowledge Keepers – has been critical to providing appropriate and coordinated responses to crisis incidents in the community. The Vancouver Coastal Region supports communities and individuals in navigating Vancouver Coastal Health crisis supports and other health services.

The region has collaborated with other FNHA regions and teams to mobilize and coordinate responses to crises across the province. This approach included mobilizing additional crisis support to the Northern Region during the 2018 wildfires, collaborating with the Vancouver Island Region and Island Health on crisis responses spanning regional boundaries, and working with the First Nations Health Benefits team to enhance mental health and wellness services in communities and provide on-the-ground supports.

### **Aboriginal Head Start On-Reserve Program**

The Vancouver Coastal Region provided support, resources and linkages to the communities that received funding through the Aboriginal Head Start On-Reserve Program Expansion. The regional team led, implemented and distributed the advisory working group process for standardizing resources for newly funded communities.

The team also supported the various stages of program development and operations with the newly funded communities; collaborated, provided linkages and support for existing program needs in areas such as culturally safe and relevant program development and identifying opportunities to enhance services; and supported ongoing enhancement by gathering information, planning, recommending, implementing and monitoring policies, processes guidelines and standards.



## **Goal 4**

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

Prioritizing workforce wellness, the Vancouver Coastal Region integrates First Nations approaches and traditional healing practices across its work, including team activities and events such as training days and staff meetings. Biweekly team smudging and prayers are held to honour and demonstrate a commitment to traditional wellness.

In 2018/2019, the region expanded to include new capacities and roles, including a Regional Executive Director, Primary Care Regional Manager, Regional Traditional Wellness Coordinator, Regional Addictions Specialist, Tobacco Reduction and Cessation Coordinator, Jordan's Principle Child and Youth System Navigator and a Senior Administrative Coordinator. The Primary Care Regional Manager supports provincial primary care service planning as the province continues to advance primary care transformation. The Regional Traditional Wellness Coordinator works collaboratively with Nations, Vancouver Coastal Health and health service partners to ensure traditional wellness is a foundation in all regional and partnership work. The regional team has also developed an Aboriginal human resource strategy and established culturally safe pilot sites.

# Northern Region



## Goal 1

### ENHANCE FIRST NATIONS HEALTH GOVERNANCE

#### Engagement

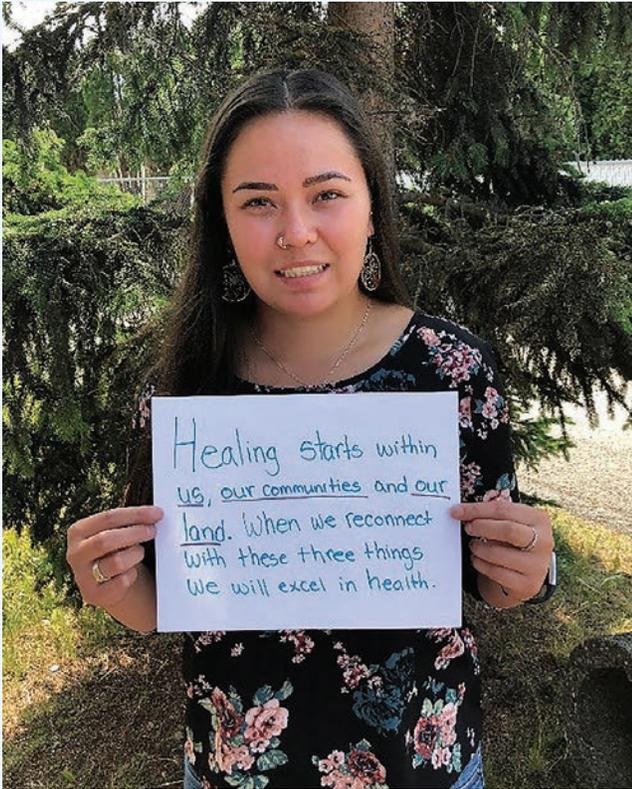
Communities have the ongoing opportunity to provide input on the Northern Region's work through sub-regional and regional gatherings, engagement events and special projects. In the spirit of accountability, the regional team then reports back on measurable indicators of success.

The FNHA's Northern Region Priority Health and Wellness Pathways and Annual Operational Plan is founded on the feedback and decisions made by working groups, Sub-Regional Health and Wellness Gatherings and the Regional Caucus. This living document is revised as needed based on input from Nations, communities and families on whose ancestral territories the FNHA Northern Region has the honour to engage in health and wellness work.

To inform planning and priority-setting, the region facilitated engagement on topics and initiatives in 2018/2019 that included land-based healing, wildfire emergency response planning, traditional wellness, men's wellness, urban and away-from-home care, chronic disease, heart health, tobacco, regional engagement review and the regional envelope.

The Northern Region has worked at improving support for governance pillars (FNHC and FNHDA representatives) in the region. In the summer of 2018, the Northern Regional Table had a strategic planning session to map out the goals of the FNHC, FNHDA and community-elected representatives. These goals included improved communication and collaboration among pillars, community and partners. Bi-weekly meetings are being supported by the Regional Program Liaison to move work forward.





### **2018 Arise and Shine Youth and Elders Health Career Gathering**

The 2018 Arise and Shine Health Career Gathering successfully brought together a wide range of youth and Elder representatives from across the North, including those from more remote communities such as Kwadacha First Nation and Daylu Dena. Approximately 200 people (youth, Elders, chaperones, health authority staff and representatives from the local colleges and universities) attended the two-day event to participate in or witness presentations/activities, traditional dance performances, youth and Elder panels, and career/academic information tables. The importance of community health, wellness, self-care, skill development and goal setting was woven throughout the sessions and participant feedback about the event as a whole was very positive.

### **Northern Partnership Development and Strategies Workshop**

In July 2018, over 70 participants representing the Northern Health Authority, the FNHA, Divisions of Family Practice, Ministry of Health, clients/community and academia/research convened in Smithers for a workshop on partnered approaches to primary care planning in the North. The gathering focused on the significance of taking the time to be patient in developing strong relationships, the value of being humble and recognizing the importance that both western and First Nations knowledge systems have to contribute to the goals being set. This unique event explored strategies for increasing the quality of partnership and planning processes, and may provide a format useful for similar discussions across BC.

### **Northern Partnership Accord Evaluation and Renewal**

The FNHA and Northern Health Authority planned and implemented evaluation activities to guide the renewal of the Northern Regional Partnership Accord. Evaluation activities included information gathering through interviews and focus groups, with updates shared at sub-regional and regional gatherings. The evaluation will be completed in 2019/2020.

### **Tour of All Nations Healing Hospital**

The Northern Region initiated planning for a two-day tour of the All Nations Healing Hospital in Fort Qu'Appelle, Saskatchewan to be attended by representatives from the Gitksan and Wet'suwet'en area, FNHA leadership and other partners. The purpose of the tour is to understand how the All Nations Healing Hospital, which is governed by local First Nations, can benefit from the increased decision-making and control of the hospital and support services.



## Goal 2

### CHAMPION THE BC FIRST NATIONS PERSPECTIVE ON HEALTH AND WELLNESS

#### Mobile Support Teams

The implementation and expansion of Mobile Support Teams throughout the region continued during the 2018/2019 fiscal year in partnership with Northern Health Authority and First Nations communities. Mobile Support Teams are working to establish more consistent access to primary care services through a multidisciplinary staffing model and by providing coordinated on-site visits that offer wholistic and culturally safe primary care to communities. Based on community direction, each of the seven active Mobile Support Teams has traditional wellness integrated into the service model and provides ongoing support, education and crisis response for First Nations communities.



#### Northern Biobank Initiative

The Northern Biobank Initiative involves the development of a biobank, a facility where clinical data and biological samples donated from people in northern BC can be systematically stored and databased in Prince George. Currently, a gap in health exists between First Nations and non-First Nations people, and between residents of northern and southern BC. Too often, health research is conducted in the south and the results are expected to represent the health status and needs of people in the North.



Participants at the gathering visited the site of the Golden Spruce for outings.

Genomic research is making great strides in revolutionizing health care and research, and this needs to be supported by a biobank – similar to the way that university research needs a library. Genomic research can change health care delivery from reacting to disease in a population, to personalized, predictive, preventive and participatory approaches. However, most biobanks in Canada and BC operate in metropolitan cities. No biobank exists to serve the northern BC population. Furthermore, there is no known Indigenous biobank in existence in Canada. This leaves northern, remote and First Nations populations under-represented and under-served.

The Initiative involves the creation of a population-based biobank with the potential to have a First Nations sub-biobank housed within the overarching biobank, a concept non-existent in Canada today. Presentations and focus groups on the Northern Biobank Initiative were held in three communities to guide construction of the Northern Biobank.

## Men's Wellness

The Northern Region and DUDES Club facilitated Men's Wellness Sub-Regional Train-the-Trainer sessions. Twenty pilot sites across the North have community-based men's wellness groups and another seven communities are interested in establishing similar groups. These groups provide support and guidance in the development of a Regional Men's Wellness Strategy.



## Goal 3

### ADVANCE EXCELLENCE IN PROGRAMS AND SERVICES

Population Public Health, Chronic Disease Care and Nursing Collaborative work to improve quality and coordination of care in the Northern Region continues. The FNHA Nursing team organized and hosted the First Northern Nursing Conference, which was held in April 2018. The FNHA Northern Nursing team is driving improvements to quality of services in areas that include geriatric outreach, palliative care, maternal and child health, remote pharmacy delivery and HPV self-screening.

The region has leveraged partnerships and advocated to embed regional priorities to advance population health and chronic disease care and health promotion. Initiatives completed over the year include:

- Completing community engagement to inform the development of a framework for community chronic disease service delivery that will be implemented in partnership with the Northern Health Authority.
- Advocating for the availability of a two-year rehabilitation therapy assistant diploma in the North and engaging with Capilano College to bring community-based rehab training to fill service gaps in the interim.
- Initiating development of a foot care strategy to guide provincial and regional service delivery.
- Engaging with YMCA and the University of Northern British Columbia to increase the availability and diversity of physical activity, health promotion and disease prevention programs in rural and remote communities.
- Contributing to dialogues on the development of a provincial diabetes strategy.

The FNHA Northern Region Nursing team has partnered with the Northern Health Palliative Care Consultation team to expand palliative care consultation services to rural and remote First Nations communities. This partnership is supported by the FNHA Clinical Nurse Specialist for Healthy Living, Chronic Disease and End of Life, the FNHA Home and Community Care Manager and an FNHA Community Engagement Coordinator for the Northern Region.

The Northern Region Nursing Team is also working in collaboration with Dr. Sheona Mitchell-Foster, Assistant Professor and Obstetrician Gynecologist with the Northern Medical Program at the University of BC to deliver an HPV self-screening pilot project to three communities in the Northeast sub-region (West Moberly First Nation, Fort Nelson First Nation and Saulneau First Nation). The aim of the project is to make HPV self-screening available to Indigenous women aged 30-65 who are currently under-screened for cervical cancer due to various challenges and barriers they face in accessing culturally safe gynecological health care so that cervical cancer can be detected and treated early.



The first FNHA Northern Nurses Conference.

#### **Midwifery Partnerships Maternal and Child Health Initiative**

The FNHA and Northern Health Authority continue to work with communities and northern midwives on improving access to midwifery in First Nations communities. They have funded the Haida Gwaii model in a catchment area of 4,800 people and are exploring support for a remote midwifery program with Hazelton-area communities.

#### **Emergency and Crisis Response**

The region is developing a Northern Emergency Response Plan that outlines roles, responsibilities and processes for emergency response in the region. The plan includes emergency response training for frontline staff, including First Responder and Emergency Medical Responder training programs offered in partnership with the Justice Institute of BC.



Cultural supports were provided onsite in Prince George.

### 2018 Northern BC Wildfire Response

Wildfires that devastated the Chilcotin in 2017 returned in 2018 across the North. Northern communities shone during both of these crises. During the 2018 wildfires, the Northern Region and nursing teams partnered and collaborated with other First Nations organizations, local communities and provincial and regional partners to ensure that displaced families and community members received supports and services in a timely manner.

The FNHA provided a full team of supports for First Nations evacuees that ranged from mental health, traditional healers, nursing and evacuation navigation at evacuation sites. The local community health leadership and local health partners worked together to help meet immediate and long-term support needs at each evacuation site.

Members of the FNHA Nursing team provided clinical and mental health support. Many FNHA Nursing team members assisted the communities they work with throughout the transition from evacuation alert to full evacuation, providing coordination and primary care services.

### Mental Health and Wellness

The FNHA and Northern Health Authority are working collaboratively to implement the Northern Opioid Strategy. Implementation includes establishing additional trainers, clinicians and peer support roles in priority areas and delivering community-based Aboriginal Focused Orientation Training to support community response.

Training is a central component of the Northern response to the opioid crisis, and the regional team has been training, supporting and equipping mental health and wellness workers in the region. Activities include implementing a trauma-specific and culturally safe trauma treatment training program for the Northern Crisis Response Team, establishing a community of practice for community Addictions Workers and Mental Health Mobile Support Team Clinicians, and developing a baseline competency training plan for Northern Addictions Workers.

## Goal 4

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

The Northern Region's work is founded on a commitment to ensuring effective partnership and collaboration with communities. In 2018/2019, the team reviewed engagement processes to identify areas to improve their quality and effectiveness. In collaboration with the Community Development Institute, the Northern Region also developed a Community Engagement Coordinator training curriculum and initiated training in February 2019. In keeping with the goal of operating as an efficient, effective and excellent First Nations health organization, the Northern Region validates its operational plan by providing delegates with the opportunity to directly review and provide input on the plan at Sub-Regional and Caucus events.



# 2018/2019 FINANCIAL REPORT

This discussion and analysis of the financial results from operations and financial position for the year ended March 31, 2019 should be read in conjunction with the audited financial statements and accompanying notes and schedules. 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.

The audit firm KPMG LLP was appointed by Members of the Society to audit the financial statements of the FNHA. For the sixth consecutive fiscal year, the auditors have issued an unqualified or clean audit opinion that the financial statements prepared by management are presented fairly in all material respects.

Strategic planning, the utilization of funding, and the realization of expenses are aligned with the 7 Directives and Shared Values and consistent with the following:

- Strategy, initiatives and activities are developed in alignment with the health and wellness philosophy based on First Nations teachings;
- Health initiatives, programs and services support First Nations living in BC;
- The FNHA examines clients' needs to continuously improve services and approaches and remove barriers;
- Service delivery and transformation is driven by First Nations decision-making through engagement;
- Sustainability is an essential component of the business approach;
- Integrity, efficiency and innovation are essential to ensure the organization functions at a high operational standard.

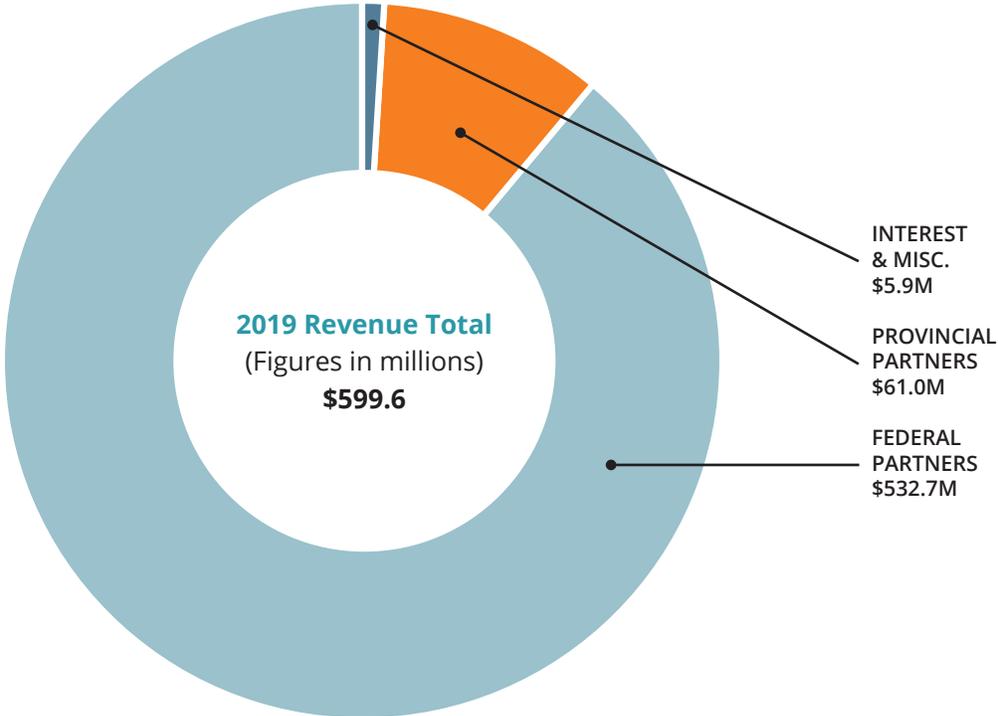
In addition, the organization continues to be focused on prudent financial management, fiscal responsibility, and financial sustainability. The financial results reflect this approach as well as consideration of priorities and value for money. Unexpended revenue of \$39.5 million on total expenditures of \$560.1 million was realized, and equates to 7.1 per cent of total expenses and 6.6 per cent of total revenues for the fiscal year. The majority of this unexpended revenue is associated with revenue received at year-end for specific purposes or due the timing (e.g., multi-year) expenditures allocated to specific initiatives such as First Nations-led primary health care. This unexpended revenue from the fiscal year is preserved for future one-time initiatives that will continue to enhance and transform health services in communities and with our partners.

# Statement of Operations

YEAR ENDED MARCH 31, 2019 WITH COMPARATIVE INFORMATION FOR 2018 • FIGURES IN THOUSANDS

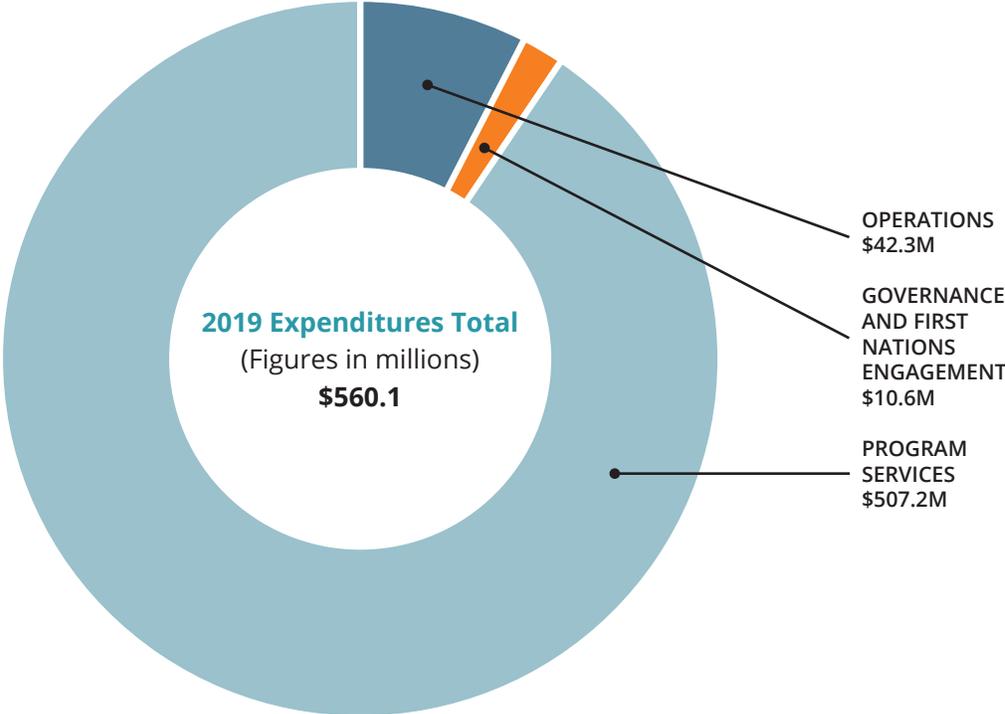
	Actuals		Actuals as a % of Revenue or Expenses	
	2018/2019	2017/2018	2018/2019	2017/2018
<b>REVENUES</b>				
Health Canada	532,737	498,655	88.8%	94.1%
Province of British Columbia	60,351	25,256	10.1%	4.8%
Interest and Miscellaneous Income	5,868	5,178	1.0%	1.0%
Health Authorities of British Columbia	661	812	0.1%	0.2%
First Nations Information Governance Centre ("FNIGC")	-	178	0.0%	0.0%
	<u>599,617</u>	<u>530,079</u>	<u>100%</u>	<u>100%</u>
<b>EXPENSES</b>				
Corporate Operations	42,295	37,069	7.6%	7.5%
<b>GOVERNANCE AND FIRST NATIONS ENGAGEMENT</b>				
First Nations Health Council	2,142	2,009	0.4%	0.4%
First Nations Health Directors Association	1,697	1,580	0.3%	0.3%
First Nations Engagement	6,734	2,890	1.2%	0.6%
	<u>10,573</u>	<u>6,479</u>	<u>1.9%</u>	<u>1.3%</u>
<b>PROGRAM SERVICES</b>				
Health Benefits	168,723	158,836	30.1%	32.3%
Direct Community Services Funding	243,247	210,727	43.4%	42.8%
Health Services and Programs	91,289	75,598	16.3%	15.4%
Regional Operations	4,004	3,334	0.7%	0.7%
	<u>507,263</u>	<u>448,495</u>	<u>90.6%</u>	<u>91.1%</u>
	<u>560,131</u>	<u>492,043</u>	<u>100.0%</u>	<u>100.0%</u>
Excess of revenues over expenses	39,486	38,036	6.6%	7.2%

# Revenue



The largest component of funding (\$532.7 million) for the FNHA comes from our federal partner through the Canada Funding Agreement and the Canada Consolidated Contribution Agreement. Provincial Partners revenue include revenues from Province of British Columbia (\$60.4 million) and health authorities of British Columbia (\$661). The Province funding (\$60.4 million) represents commitments to the Tripartite First Nations Health Plan (\$11.0 million), Joint Project Board ongoing initiatives (\$10.2 million), Opioid Emergency Response (\$8.0 million), AHS-Early Learning and Child Care (\$1.8 million), and Indigenous Treatment and Land-Based Healing (\$2.5 million). Significant one-time funding was received for the Tripartite Partnership-Mental Health and Wellness (\$5.0 million), Partnership for the Renovation/Replacement/Addition of First Nation Treatment Centres (\$20.0 million) and the Legalization of Non-Medicinal Cannabis (\$1.0 million).

# Expenses



The expenses are grouped into three major categories: Corporate 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/Information Technology operations plus amortization of capital assets. Total expenses for Corporate Operations were \$42.3 million, which is 7.6 per cent of total expenses for the FNHA (Fiscal 2017/2018; \$37.1 and 7.5 per cent of total expenses). The major reason for the year-over-year increase is due to successful recruitment of previously vacant positions and one-time technology enabling projects.

Governance and First Nations Engagement include the FNHC, and FNHDA remuneration and travel costs of the councillors/directors as well as the operational costs of the secretariat functions. First Nations engagement includes costs of Regional Caucus sessions, regional tables, Gathering Wisdom for a Shared Journey as well as Community Engagement activities. The total expenses for Governance and First Nations Engagement was \$10.6 million, which is 1.9 per cent of total expenses for the FNHA (Fiscal 2017/2018; \$6.5 million and 1.3 per cent of total expenses).

Program Services includes First Nations Health Benefits, Direct Community Funding, Health Services and Programs, and Regional Operations.

- Health Benefits includes the operations of the Health Benefits department, Health Benefits expenditures such as vision, dental, prescription drugs, MSP Premiums, and dental therapy costs. The total expenses for the Health Benefits Program were \$168.7 million, which represents 30.1 per cent of the total expenses for the FNHA (Fiscal 2017/2018; \$158.8 million and 32.3 per cent of total expenses). Year-over-year increases are the result of changes in utilization.
- Direct Community Services Funding represents the portion of the FNHA funding that flows directly to communities through funding arrangements. This includes funding to communities to support health services and programs, Health Actions, and Joint Project Board initiatives. The funding was \$243.2 million, which represents 43.4 per cent of the total expenses for the FNHA (Fiscal 2017/2018; \$210.7 million and 42.8 per cent of total expenses). Increases are due to new provincial funding for opioid and land based treatment, medical transportation costs and Jordan's Principle costs.
- 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, funding arrangements to non-community recipients and treatment centres, plus direct payments for community operation and maintenance costs. Total expenses were \$91.3 million, which represent 16.3 per cent of total FNHA expense (Fiscal 2017/2018; \$75.6 million and 15.4 per cent of total expenses).
- Regional Operations includes cost associated with the regions to support operations, programs, and projects. The total expenses were \$4.0 million, which represent 0.7 per cent of total FNHA expense (Fiscal 2017/18; \$3.3 million and 0.7 per cent of total expenses).

## NET ASSETS

The final net asset balance at March 31, 2019, as shown on the Statement of Financial Position and the Statement of Changes in Net Assets, is \$193.6 million, which is the result of an opening balance of \$154.2 million plus the current fiscal year excess of revenue over expenses of \$39.5 million. The net asset balance is comprised of \$2.9 million invested in property and equipment, \$94.3 million in Internally Restricted reserves, and \$96.4 million in unrestricted equity.

The Internally Restricted reserves represent funding received from the Province (\$6.8 million) for MSP Joint Project Board. Also included in the Internally Restricted funds are amounts from Health Canada (\$3.5 million) for the Tobacco Control Strategy, Prescription Drug Abuse, Victims of Family Violence, Mental Wellness Interim Measures, and Social Determinants of Health. In addition, Internally Restricted funding includes funds set aside to fund established priorities and initiatives that will incur costs in future years (\$84.0 million), which include transformation work (\$25.1 million), funds for the construction of the FNHA building (\$13.9 million), Health Benefit Claims Reserve (\$10.0 million), and Mental Health and Wellness Partnerships (\$35.0 million).





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