



First Nations Health Authority
Health through wellness

Annual Report 2022/2023





VISION

Healthy, Self-Determining
and Vibrant BC First Nations Children,
Families and Communities

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First Nations Health Authority
Health through wellness

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The First Nations Health Authority acknowledges the unceded lands and territories of the self-determining First Nations where the work of this report took place in what is now known as British Columbia. We express gratitude to all those whose wisdom, knowledge and contributions are reflected.

Message from the Board Chair **Colleen Erickson**



Hadih’,

It is with honour and humility that we on the FNHA Board continue our work to support and enhance the health and wellness of First Nations in BC. Looking back on 2022/23, we acknowledge the challenges that touched us all, including the toxic drug poisoning crisis and emergencies associated with floods, wildfires and droughts this past year, which impacted not only First Nations people but also the lands and territories that are so important to First Nations health and wellness. We also acknowledge the tremendous resilience of First Nations people and communities throughout these

times. The strength of communities can be seen in the steps they have taken to put in place on the ground and short and long-term initiatives to address wildfires, flooding, and mental health and wellness supports to address the impacts of residential schools, anti-Indigenous racism and ongoing colonization.

As a board, we are proud of how the FNHA managed to remain nimble through these various challenges: supporting communities’ transitions to living with endemic COVID-19, walking alongside them and finding innovative ways to work together in response to their evolving needs. We raise our hands up to our commu-

nities, leaders, staff and partners who were part of this effort. It is uplifting to see teams leaning into culture as medicine to help manage through the difficult times and to witness First Nations healing practices, medicines and ceremonies being restored in primary health care contexts and guiding our approaches. We were grateful to see the return of more in-person gatherings and cultural celebrations in community, at Caucus and with staff.

We were encouraged by the assessment of the FNHA as being a national and international ‘gold standard’ regarding UNDRIP compliance and implementation for the provision of Indigenous healthcare. As the most comprehensive international instrument on the rights of Indigenous Peoples across the world, the UNDRIP Principles represent an ambitious but necessary standard for the FNHA and we can be proud that the organization is frequently referenced as a model for the implementation of UNDRIP in the context of health care.

We are honoured to be working in partnership with several Nations and communities on the development of new healing houses and a new precedent-setting model of care that incorporates the connection to land and land-based healing. We lift our hands to our government partners for their support in this work, in particular the \$12.5 million investment by the Government of Canada for the healing house at Tkemlúps te Secwépemc.

Primary care continues to be a key area of focus for First Nations and for the FNHA. We acknowledge the important progress made in partnership with Regions, communities and the Province of BC to advance work on 15 First Nations-led primary care centres. Not only are these facilities improving access, but they are bringing forward a much needed new approach to both conceptualizing and delivering health care that is culturally-safe and grounded in First Nations ways of knowing and being.

We raise our hands to the Regions and the work being done by the regional teams in bringing decision-making and services closer to home. Innovative collaborations, such as Helicopters without Borders, are enabling us to increase access to dental care and mental health supports

for rural and remote communities. Through new partnerships, such as the Indigenous Sport, Physical Activity and Recreation Council, the Lego Foundation and the Canadian Cancer Society, we are extending our impact and supporting First Nations approaches to wellness for children and in key areas such as food security and commercial tobacco use. We also acknowledge the important ongoing improvements implemented to enhance health benefits for First Nations and expand supports for medical transportation.

As we reflect on the past year and look back at the last of a decade as an organization serving First Nations in BC, we are reminded of the strength and resilience of communities, the commitment of our dedicated teams and leaders, and the importance of our partnerships in working towards our Shared Vision. We can take pride in the progress made together to advance health equity, self-determination and wellness for First Nations. At the same time, we also recognize there is still much work to be done.

We raise our hands to our staff, leadership and partners and all those who are paddling together with us on this journey. We are humbled by your passion and inspired by the depth of the commitment you show to continue advancing First Nations health and wellness.

Sna chalh yah,

M. Colleen Erickson
Board Chair, FNHA

Message from the CEO **Richard Jock**



This year represents one decade since First Nations in BC established the FNHA, and health programming and services began to be transferred into First Nations control. Although the work to create the organization and First Nations governance structure began long before, this ten-year milestone is an important one in our journey with First Nations in BC - and was marked with several key accomplishments.

Highlighted in this report, these achievements included the renewal of the FNHA's 10-year funding agreement with the Government of Canada which secured \$8.2 billion to support the continued transformation and

delivery of health services to better meet the unique needs of First Nations in BC.

The FNHA, in partnership with Health Standards Organization, released the BC Cultural Safety and Humility Standard. The first of its kind in Canada, this standard provides a toolkit for the BC health system and guidance on the organizational structures and processes that are required at the governance, leadership and service levels to address widespread anti-Indigenous racism and support health care that is culturally safe. We are pleased to see that this standard is building momentum across the country and that there is increased interest

in establishing a national standard on cultural safety and humility.

We opened a new First Nations-led primary care centre in Williams Lake, the first in a rural and remote area and the second of 15 planned centres of its kind. Combining primary care, social services and First Nations supports in one team-based care model, the All Nations Healing House improves access to care for First Nations people in Williams Lake and the surrounding communities of the Dakelh Dene, Tsilhqot'in and Secwepemc Nations. Reflective of the transformative, Community-driven and Nation-based approach of this work, the centre also provides wellness services that are culturally safe and based on the practices and ceremonies of the Nations themselves.

Building on work and relationships established in preceding years in the area of mental health and through the Mental Health and Wellness Memorandum of Understanding between the First Nations Health Council and the Province of BC, the FNHA made important progress on the development and renovation of eight treatment centres across the province. These centres will expand access to trauma-informed and culturally safe mental health supports, and address a high priority need we have heard from communities.

In April at Gathering Wisdom XII, the 10-Year Strategy on the Social Determinants of Health: A Framework for the Future was ratified by First Nations Chiefs and Leaders. Developed by the First Nations Health Governance partners through years of engagement with First Nations in BC, the strategy provides direction for a whole-of-government approach to accelerating progress on the underlying social determinants of health and represents a pivotal step towards the shared goal of restoring the wellness that First Nations enjoyed prior to colonialism.

While maintaining focus on our core mandate and priorities related to primary health care and mental health and wellness, we also put considerable focus on our public health emergency response. Over the past year, we provided on-the-ground support to communities' response, adaptation and recovery from the COVID-19 pandemic, several climate-driven emergencies and the uncovering of unmarked graves at Indian Residential School sites across BC and Canada.

This past year also marked the seventh since BC declared the toxic drug crisis a public health emergency. The ongoing over-representation of First Nations people amongst those lost through this crisis has had devastating impacts in communities around the province, including amongst staff at the FNHA. I want to acknowledge all those across the organization who stepped up when the FNHA moved to a Level 2 emergency response this past year to help raise awareness and intensify our actions to help First Nations people be safer and informed when using substances. I also wish to recognize all those who continue to work tirelessly on the front lines in community. The FNHA will continue to support you in ending this crisis.

I am proud that we continue to meet these pressures with perseverance and resilience. Through the use of innovative solutions and partnerships, we have brought much needed health services and diagnostics into rural and remote communities. We have also been able to stand up public health emergency response teams in every region while still maintaining and improving access to culturally safe and culturally grounded programs and services closer to home for First Nations.

I express my gratitude to our provincial, federal and health governance partners, whose collaboration and support have been foundational to the progress made this past year— and throughout the past decade. These successes also reflect the dedication of FNHA staff, and I raise my hands to them for their unwavering dedication to meeting the needs of First Nations communities in BC, both at home and away from home. Finally, I acknowledge First Nations in BC for their strength, inspiration and guiding wisdom in this work. Together, we have strengthened the foundations and relationships necessary to enhance our collective impact going forward. We are honoured to be embarking on a second decade as your partners in health and wellness.

In health and wellness,

Richard Jock
Chief Executive Officer, FNHA

Introduction

The First Nations Health Authority (FNHA) 2022/23 Annual Report highlights our progress on the goals, strategies and operational priorities outlined in our [2022/23 Summary Service Plan: Paddling Together](#). The report also shares ongoing work towards realizing our [Shared Vision](#) and the advancements made with partners to transform the health system and deliver health care services aligned with First Nations ways and perspectives.

We continue to track progress on our goals through performance measurement and this report shares data—both quantitative and story-based—on each of the measures from our Plan. Five guideposts are woven throughout the report, highlighting the wisdom and guiding principles that ground all our work. It also contains updates from each of the five Regions, with accomplishments made towards the Regional Health and Wellness Plans for the Fraser Salish, Northern, Interior, Vancouver Coastal and Vancouver Island Regions.



Our Goals and Strategies

Our goals reflect the strategic-level aspirations of the FNHA for the duration of our Plan. In accordance with our ground-up approach to planning, the goals align with the priorities identified in Regional Health and Wellness Plans. Each goal is coupled with an outcome statement that describes the desired changed state resulting from our course of action. Strategies are also identified for each goal which describe the approaches the FNHA is taking towards achieving our desired outcomes. Lastly, our Plan outlines operational priorities for the 2022/2023 fiscal year. These priorities describe where and how efforts were focused this past year in relation to the goals and strategies.



GOAL 1

GOVERNANCE AND PARTNERSHIPS

Drive transformation through the BC First Nations Health Governance Structure and partnerships by advancing work with health governance partners to take action on First Nations priorities around embedding First Nations health and wellness perspectives throughout the system.



GOAL 2

ACCESS TO QUALITY SERVICES

Enhance access to culturally safe health and wellness and primary care that reflects First Nations perspectives of wellness, while advancing First Nations-led primary health-care projects and nursing services and virtual options to bring services closer to home.



GOAL 3

MENTAL HEALTH AND WELLNESS

Enhance culturally safe mental health and wellness approaches. Healing from root causes of trauma through improved culturally safe mental health, harm reduction, and substance use approaches.



GOAL 4

ANTI-INDIGENOUS RACISM

Advance First Nations approaches to addressing anti-Indigenous racism. Improve culturally safe health care experiences where First Nations in BC feel heard, valued and seen.



GOAL 5

HEALTH AND WELLNESS INNOVATION

Drive community-based and Nation-based health and wellness innovation together with First Nations and other partners. Collaborating with partners to access sustainable funding for innovative program and service delivery models.

Our Guideposts

Our guideposts are topics of focus that flow across all five of our goals. They reflect what we consistently heard throughout our engagements with First Nations in BC when developing our Plan. Our guideposts provide ongoing direction. We strive to weave these focus areas into the work of implementing our Plan's goals and strategies – and this is shown in this report through the inclusion of the guidepost icons throughout the progress updates.



FIRST NATIONS PERSPECTIVE ON HEALTH AND WELLNESS

We uphold a shared understanding of a wholistic view of health and well-being which understands health and wellness journeys as being owned by the individual and influenced by families, communities, environments and other Social Determinants of Health.



QUALITY

We weave cultural safety and humility and Indigenous-specific anti-racism practice into the health and wellness system to improve health outcomes for First Nations in BC. We also strive for excellence and continual improvement by seeking feedback from First Nations and building on wise practices to enhance the quality of programs and services.



CULTURE AND DECOLONIZATION

We work with our partners to address Indigenous-specific racism and transform the health system in ways that reflect the connection to land, language and culture that are foundational to First Nations health and wellness. We embrace wisdom and guidance from communities and Nations to embed First Nations priorities and perspectives in our programs, services, partnerships and operations.



URBAN AND AWAY FROM HOME

We work to address barriers and expand programs and services to support First Nations peoples living in urban areas and away from home who have not always been meaningfully included in service design or delivery.



INNOVATION

We lift up, celebrate and support innovative, community-led approaches to transforming the planning and delivery of health services in ways that will improve health outcomes through for First Nations in BC.

GOAL 1: Governance and Partnerships

Drive transformation through the BC First Nations Health Governance Structure and Partnerships

Outcome:

A transformed health system in BC reflecting First Nations priorities, supported by the First Nations Health Governance Structure.

Strategies:

- Collaborate with the FNHC and the FNHDA to advance our shared vision and strengthen BC First Nations health governance and partnerships.
- Operate through excellence, strengthening regional decision-making and bringing services closer to home.
- Champion health and wellness with partners to advance Social Determinants of Health.

2022/23 Operational Priorities

- 1.1** Progress work with health system partners in implementing recommendations from the Tripartite Evaluation.
- 1.2** Continue work to establish an effective and regionally responsive operating model for FNHA.
- 1.3** Strengthen FNHA policies, programs and services in ways that uphold First Nations perspectives of health and wellness.
- 1.4** Bolster efforts to ensure First Nations perspectives and priorities are reflected in federal and provincial legislation and policies.

Stories of Progress

OPERATIONAL PRIORITY 1.1

PROGRESS WORK WITH HEALTH SYSTEM PARTNERS IN IMPLEMENTING RECOMMENDATIONS FROM THE TRIPARTITE EVALUATION

Advancing First Nations Health Governance for Improved Wellness and Partnership

[The Evaluation of the British Columbia Tripartite Framework Agreement on First Nation Health Governance](#) reflected on the effectiveness of the First Nations Health Governance Structure, and the quality of the partnerships and working relationships between First Nations, Canada and BC in improving health systems and services and health and wellness outcomes. Since publication in 2019, the evaluation findings have informed the FNHA's and partners' strategic planning and continuous quality improvement efforts. In addition, following delays due to the concurrent public health emergencies, between May 2021 and January 2022 the Tripartite partners (FNHA, Province of BC, and the Government of Canada) engaged First Nations in BC to develop recommendations and response actions to respond to the evaluation findings.



The [response plan](#) highlights community voices heard during engagement as well as Tripartite partner reflections and learnings from the comprehensive evaluation. The plan includes 23 actions to advance the following six recommendations:

1.

Cultivate a clear understanding of First Nation’ vision and priorities for health and wellness system transformation through meaningful engagement and enhanced partnerships with BC First Nations.
2.

Continue to prioritize health system transformation and support alignment with the perspectives and priorities of First Nations in BC and the First Nations Perspective on Health and Wellness Response Actions.
3.

Advance and enhance the Tripartite partnership by strengthening relationships, continuing coordinated planning, programming and service delivery and enhancing tracking and reporting processes to measure progress against commitments.
4.

Advance progress on building an equitable and culturally safe relationship around data sharing and data stewardship, and supporting access to First Nations research and data to support planning and decision-making.
5.

Continue coordinated efforts to enhance access to quality, wholistic, culturally safe and sustainable health and wellness services for First Nations in BC.
6.

Continue coordinated efforts to address Indigenous-specific racism and advance cultural safety and humility (CSH) in the BC health system.

Upholding the principle of reciprocal accountability, the Tripartite partners have committed to publish annual reports to report on their progress towards implementing the recommendations and response actions. The first progress report will be published in the Fall 2023, with presentations to Regional Caucuses in Spring 2024. The evaluation findings and engagement results are also being used to inform planning for the next Tripartite evaluation, which will be completed in 2024.

OPERATIONAL PRIORITY 1.2

CONTINUE WORK TO ESTABLISH AN EFFECTIVE AND REGIONALLY RESPONSIVE OPERATING MODEL FOR FNHA



Ongoing Regionalization of Nursing Services

The FNHA continues to work towards bringing culturally safe nursing services closer to home for health centers and nursing stations in communities. This process includes the FNHA and regional teams supporting Nations and communities to decolonize nursing services by making decisions and directing resources that meet the local needs of each Nation. The FNHA is working with health governance partners to remove colonial barriers to the delivery of essential health services in community, and supporting the return of sacred events and ceremonies to community, including the birth of First Nations children.

As part of this journey, in July 2022 the organization successfully transferred nursing operations to the Vancouver Coastal and Northern Regions. Planning is ongoing to transfer operations to the Interior Region operations (with the Office of the Chief Nursing Officer (OCNO) continuing oversight of Interior health centers and nursing stations in the interim). The overarching goal of regionalization has been focusing on continuity of services and the development of partnerships with both the FNHA as well as regional health partners.

OPERATIONAL PRIORITY 1.3

STRENGTHEN FNHA POLICIES, PROGRAMS AND SERVICES IN WAYS THAT UPHOLD FIRST NATIONS PERSPECTIVES OF HEALTH AND WELLNESS

Strengthening Organizational Culture through the HOWL Survey

From February to March 2022, FNHA conducted its third HOWL Employee Engagement Survey which measures employee engagement and whether staff feel they have the tools required to fulfil their roles. With an impressive 81% participation rate, findings provide useful insights into both areas of success and opportunity. Key takeaways from the 2022 Survey were:

- 86% (from 29 questions) agreement (strongly agree/agree) with improvements in the 2022 survey;
- Top 4 areas of improvement included teamwork and collaboration, trust, communication, diversity, and inclusion; and
- Initiatives around wellness are working well,

The employee survey allows FNHA to honor the principles of ‘Listen, Learn, and Act’ and build a work culture grounded in the First Nations Perspectives on Health and Wellness. Since receiving the 2022 results, the FNHA has taken strides in several ‘areas of opportunity,’ including:

- **Increasing opportunities for teamwork and collaboration**
 - FNHA introduced the September Tak’aya Wolf Clan Gatherings, as opportunities to express the organization’s appreciation and provide time for cross-departmental teamwork and collaboration.
 - Year-end gatherings were also held throughout the Regions to acknowledge and celebrate collective successes, reconnect, build new relationships and share a meal.
- **Addressing employee workloads through the review and prioritization of work plans**
 - Departments were encouraged to arrange skeleton staff coverage during December holidays to allow for downtime, while vacation planning was encouraged with all teams.
 - Teams and leaders continue to be nimble with the demands of various health challenges across the province.

OPERATIONAL PRIORITY 1.4
BOLSTER EFFORTS TO ENSURE FIRST NATIONS PERSPECTIVES AND PRIORITIES ARE REFLECTED IN FEDERAL AND PROVINCIAL LEGISLATION AND POLICIES



First Nations
Perspective on
Health and
Wellness
MYHP
Guidepost
Alignment

Advancing Wholistic Integrated Cultural Care across the Lifespan

Over the summer of 2022, the FNHA engaged community health staff across 139 First Nations in all five Regions on how to transform the current long-term care system into a more culturally safe, wholistic continuum of care that reflects the First Nations Perspectives on Health and Wellness. The engagements covered the full range of programs that support the wellness of First Nations at all ages and stages of life.

Among the key themes raised during the engagement, was the need for programs and services to be delivered close to home and rooted in First Nations perspectives. The graphic below depicts the wholistic continuum of integrated cultural care that was shared during engagements. This representation of care was validated by First Nations in BC through Gathering Wisdom XII, the 2023 First Nations Health Summit and the Vancouver Island Regional Caucus.

Continuum of Wholistic Integrated Cultural Care



- The **inner circle** depicts the individual and family on their wellness journey across the lifespan. From womb to spirit, care close to home is a strong value.
- The **second circle** surrounds the individual and family with four guiding objectives to support care close to home, which include: **Community driven**, which recognizes that the path forward is not one solution for all; **Flexible funding**, which supports unique solutions that best meet community health needs; **Pathways**, to access care and resources and transitions in care; and **Benefits**, including for transportation, equipment, and closest provider.
- The **outer ring** are paddles that depict a wraparound model of health partners working collaboratively to provide appropriate and accessible health programs and services. It is through collaboration, connection and relationship that today's system can transform and improve the health outcomes and wellness journey of First Nations people in BC.

The perspectives and wisdom provided by First Nations community health staff formed the basis of the FNHA's engagement report to Indigenous Services Canada (ISC), which is now being used to inform ISC's co-development of policy options and legislation for a distinctions-based long term and continuing care framework.



Quality
MYHP
Guidepost
Alignment

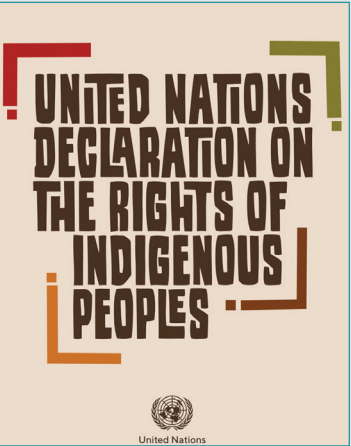
FNHA Represents 'Gold Standard' in Implementation of UNDRIP

In early 2022, the FNHA retained the independent international law firm, Gowling WLG, to assess whether the FNHA's governance structure and health service model were aligned with the principles of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). UNDRIP is an international human rights document that outlines the inherent rights of Indigenous peoples worldwide, including Indigenous peoples rights to develop and administer their own health care services and supports. The [assessment](#) found that by returning the design and delivery of health care to First Nations peoples, the FNHA's governance and health service model 'represents a national and international gold standard regarding UNDRIP compliance and implementation for the provision of Indigenous healthcare.'

While the assessment praises the FNHA for complying with UNDRIP, it acknowledges that the FNHA still operates within the broader structures of colonization and identified the importance of the FNHA's continued work to return decision making and service delivery to Nations and communities.

*'FNHA's governance and health service model
'represents a national and international gold
standard regarding UNDRIP compliance and
implementation for the provision of Indigenous
healthcare.'*

- Gowling WLG



Measuring Our Performance

Closer to Home

Transfers of programs, services and staff:

Work to facilitate regionalization through the implementation of the Operating Model is ongoing. Efforts are underway to conduct an evaluation for regionalization.

Quality Services delivered in community or Nation:

The FNHA's Quality Care and Safety Office and regional Quality Care Liaison provide culturally safe avenues for First Nations clients and their families to share feedback on health services offered in their communities.

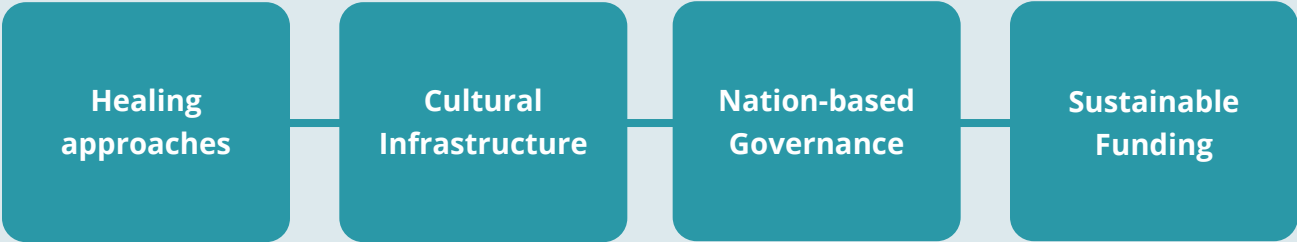
The *Voices of Our Relations* system tracks and manages all compliments and complaints received by First Nations clients and their families.

The Quality Care and Safety Office and regional Quality Care Liaisons connect regularly with regional health authorities to improve health services.

Decolonizing Health Systems & Nation Building

Stories of FNHA partnerships advancing improvements on SDOH

During this past year’s Gathering Wisdom XII, First Nations Chiefs and leaders from across BC voted by a historic margin to ratify the [10-Year Strategy on the Social Determinants of Health: A Framework for the Future \(10-Year Strategy\)](#). The 10-Year Strategy is a broad framework for change to decolonize healthcare and secure new resources to address the most pressing issues facing First Nations in BC. Informed by several years of engagement, the strategy provides guidance for a whole-of-government approach to wholistically address the social determinants of First Nations Peoples’ health. With the collaborative goal of restoring the wellness that First Nations enjoyed prior to colonization, the strategy includes four areas of focus:



The 10-Year Strategy is grounded in the understanding that self-determination, strengthened by culture and language, greater access to health care and culturally based personal health practices are foundational to First Nations health and wellness. To further this shared vision, the FNHA will develop a draft 2-year implementation plan and a strengths based health and wellness reporting framework. Both will be presented to First Nations in BC for feedback during the Fall 2023 Regional Caucuses.



VIDEO Gathering Wisdom XII: Welcome and 10-Year Strategy

Walking Together – We Are One

Tripartite Evaluation Recommendations Addressed:

- Actions are underway on all Tripartite Evaluation Recommendations.
- Progress report targeted for release Winter 2023.

Collaboration with Health System Partners: *Renewal of the Canada Funding Agreement*

In March 2023, the FNHA and FNHC leadership came together with Prime Minister Justin Trudeau and Minister of Indigenous Services Patty Hajdu to announce the signing of a renewed 10-year Canada Funding Agreement. Through the agreement, \$8.2 billion in funding will support the FNHA as it continues to deliver and transform health services to better meet the unique needs of the over 200 First Nations in BC. The funding will allow the FNHA to continue working with communities and partners to develop a culturally safe health care system for First Nations. It will also support the work of advancing health system innovations to address existing health system inequities and support the mental health and wellness needs of First Nations people and their communities.

“Today’s announcement of a new 10-year federal funding agreement speaks to the strong partnerships between the FNHA, the federal and provincial governments, local health authorities and other health care providers. It is a testament to the shared understanding of the many disparities in the current health care system that contribute to gaps in health outcomes for Indigenous Peoples. I lift my hands and acknowledge all those who continue to work toward building a safer and more accessible health care system for First Nations in British Columbia.”

- Colleen Erickson, Board Chair, FNHA



Leaders of the FNHA and FNHC, Prime Minister Justin Trudeau and Patty Hajdu, the Minister of Indigenous Services, announce the signing of a renewed 10-year Canada Funding Agreement.

GOAL 2

Access to Quality Services

Enhance access to quality health and wellness services

Outcome:

Access to culturally safe health and wellness and primary care that reflects First Nations perspective of wellness.

Strategies:

- Advance timely and equitable access to culturally safe, team-based primary care.
- Champion the BC First Nations Perspective on Health and Wellness with First Nations.
- Transform FNHA programs and services in areas such as First Nations Health Benefits, health emergency management, and urban and away-from-home.

2022/23 Operational Priorities

- 2.1** Implement the First Nations Primary Care strategy, including the opening of First Nations-led Primary Health Care Centres.
- 2.2** Improve timely access to culturally safe care through eHealth and partnerships to advance enabling technology initiatives.
- 2.3** Develop an FNHA wellness agenda to educate and strengthen awareness of the First Nations Perspective on Health and Wellness.
- 2.4** Develop a comprehensive public health response team.
- 2.5** Continue work to transform health benefits and make patient travel more accessible to First Nations. Strengthen supports for urban and away-from-home populations.

Stories of Progress

OPERATIONAL PRIORITY 2.1

IMPLEMENTING THE FIRST NATIONS PRIMARY CARE STRATEGY, INCLUDING THE OPENING OF FIRST NATIONS-LED PRIMARY HEALTH CARE CENTRES.



All Nations Healing House Opens in Williams Lake

A new First Nations wellness centre opened in Williams Lake on October 11th, 2022. The 'All Nations Healing House' (ANHH) provides culturally safe primary care to First Nations people living in Williams Lake area and the surrounding communities of the Dākelh Dené, Tšilhqot'in and Secwépemc Nations. It marks the second of 15 First Nations-led primary care centres in BC and the first net new site in a rural and remote location.

The ANHH is situated within the Central Interior Rural (CIR) Primary Care Network. The team-based model of care provides primary care services inclusive of mental health and wellness wrap around supports, embedded within First Nations understanding of health and wellness. The centre's team of providers and staff includes doctors, nurse practitioners, nurses, allied health professionals, Medical Office Assistants, Wellness Navigators, Clinical leadership roles and Traditional Wellness healers and cultural supports. The ANHH is currently operated by the FNHA with the advice and guidance of representatives from the Dākelh Dené, Tšilhqot'in and Secwépemc Nations.

"The First Nations Wellness Centre in Williams Lake marks an important step forward in creating lasting equity in our healthcare system and Reconciliation in our province. The guidance from our Indigenous partners is crucial in our delivery of all social services, especially in health. I look forward to seeing the success of this centre and how it will inform future collaborations."

- Adrian Dix, BC Minister of Health

FNHA and Wellness Centre Staff at All Nations Healing House in Williams Lake, which opened October 11, 2022. A celebratory launch was held on November 4th with the Naming Ceremony held on June 15, 2023.



OPERATIONAL PRIORITY 2.2

IMPROVE TIMELY ACCESS TO CULTURALLY SAFE CARE THROUGH E-HEALTH AND PARTNERSHIPS TO ADVANCE ENABLING TECHNOLOGY INITIATIVES



Enhancing FNHA Virtual Services

FNHA Virtual Health and Wellness Services provide First Nations people in BC who have limited to no access to their own doctors with the option for high quality, culturally safe, team-based virtual care. These services are open to all First Nations peoples and their family members (including those family members who are not First Nations) who live in BC:

- First Nations Virtual Doctor of the Day (FNDOD) - provides phone/Zoom access to Family Practice Physicians, Nurses and other allied health providers. Available 7 days/week, 8:30 a.m. to 4:30 p.m.
- First Nations Virtual Substance Use and Psychiatry Service (FNVSUPS) - provides phone/Zoom access to Physicians, Nurses and other allied health providers and is available five days a week Monday to Friday (Addictions line 9 a.m. to 5 p.m. and Psychiatry line 9:30 a.m. to 3 p.m.) for telephone or Zoom appointments by referral from any health and wellness provider.

In response to rapid increases in demand for virtual services, particularly within the FNVDD and FNVSUP services, a comprehensive expansion plan was implemented this past year to reduce wait times, enhance service quality and bolster the team-based care model. This included the hiring of registered clinical counsellors, wellness liaisons, as well as primary care and mental health nurses. It also included the increase of substance use physician hours and enhancements in service workflows, processes and communication.

Satisfaction rates remain high and feedback from clients surveyed indicate clients feel proud of the quality of care provided by this service and in some cases, have shared that the responsive and quality care they received has changed their life.

First Nations Virtual Doctor of the Day had **11,611 client encounters**

First Nations Virtual Substance Use and Psychiatry Service had **1,972 client encounters**

Improving Real Time Virtual Supports for Rural and Remote First Nations

FNHA continues to be an active partner with the [Real Time Virtual Supports Network](#) working towards the dual goals of:

Increasing access to virtual collegial support for health-care providers serving rural, remote, and Indigenous communities.

Improving patient access to timely and appropriate virtual care, especially for rural, remote, and First Nations people.



Advancing Equitable Access and Culturally Safe Diagnostic Care

The FNHA continues to build pathways to create equitable access to diagnostic and biomedical support services in First Nations communities. This work has resulted in expansions in respiratory testing to include COVID-19, Influenza and Respiratory syncytial virus in communities where GeneXpert (a rapid diagnostic testing device that can be used across a wide range of respiratory, STI and maternal child health indications) are in use. The quality of the Community Based Testing (CBT) program has also been strengthened to help ensure clients are receiving culturally safe, high-performance diagnostic care.

In November 2022, the CBT program introduced limited X-ray procedures into two remote First Nations communities: Kwadacha First Nation and Tsay Keh Dene First Nation. Assessments of these new programs have found them to be improving health outcomes for community members, saving hundreds of thousands of dollars in transportation costs and providing culturally safe care close to home. The FNHA is subsequently looking to expand the program to other rural and remote communities.

Important advances have also been made in building processes to confirm medical devices in place at First Nations nursing stations and health centers are suitably managed across their lifecycle. This maintenance of operational sites is integral to providing clients with the highest possible quality of care in community. Opportunities are emerging to offer these services to First Nation Health Service Organizations outside of the FNHA's operational oversight.



FNHA Quality Specialist Jamie Marshall training Dr. Jeff Beselt to operate the X-ray system.



Dr. Jeff Beselt ensuring safe passage of an X-ray system to its designated community.

Supporting Remote Communities with Emergency Infrastructure

The FNHA conducted a series of studies over the past year to determine the feasibility of building air evacuation infrastructure (such as helicopter landing pads or helipads) in seven remote sites across the province. This project aligns with the FNHA’s central role in supporting BC First Nations, communities and individuals with the ability to respond, evacuate and recover from medical and environmental emergencies.

“That’s one thing we are looking forward to, is having better emergency transport into health services, that will eliminate some of the issues we had in the past where it was difficult getting - especially for our Elders - into emergency services.”

- Don Harris, Chief of Xa’xtsa First Nation



Image via Wikimedia user James Heilman.

OPERATIONAL PRIORITY 2.3
DEVELOP AN FNHA WELLNESS AGENDA TO EDUCATE AND STRENGTHEN AWARENESS OF THE FIRST NATIONS PERSPECTIVE ON HEALTH AND WELLNESS

Enhancing Cancer Screening Awareness and Accessibility through Education

The FNHA, in partnership BC Cancer and the Canadian Partnership Against Cancer, launched a province-wide cancer screening promotion campaign in February 2023. Regular access to screening can help detect cancer earlier and may lead to better health outcomes. As rates of certain types of cancer such as colon and cervical cancer are significantly higher for First Nations people in BC than other residents, the campaign aimed to increase knowledge about BC Cancer’s screening services for breast, cervical, colon and lung cancer, including who is eligible for these screening services and how to access them. The goal was to improve regular access to cancer screening services for First Nations people living in BC and to empower and support individuals to take control of their own wellness journey and to get screened as early as possible.



This campaign is part of a broader ongoing partnership between the FNHA and BC Cancer, as both organizations continue to work towards the goals and objectives of the provincial Indigenous Cancer Strategy: [Improving Indigenous Cancer Journeys in BC: A Road Map](#).

VIDEO Screen for Cancer Regularly



Strengthening Community Awareness and Providing Direct Supports to Eliminate Tuberculosis

The FNHA’s In’ati Is’ick Tuberculosis (TB) services program aims to close the gap between TB incidence rates for First Nations peoples in BC and the rest of the population in the province by 2028. It is also working toward reducing the incidence of TB by 50% and to fewer than 10 cases of TB per million people by 2035.

In’ati is’ick, which means “to paddle across” in the Chinook language, was expanded in 2022 to provide enhanced supports for communities with higher historical or current rates of active and latent TB. The program, which provides consultation and support to First Nations Health Service Organizations and health and wellness workers in community, now also includes:

- A dedicated FNHA Communicable Disease Population Public Health nurse specialist to support the program;
- In-person weekly support to individuals accessing treatment; and
- Added supports for Community Health Nurse and Health Director in running the TB program.

These program enhancements help to raise community awareness about TB while also providing dedicated supportive follow-up with individuals with prior positive TB screens. As reflected in the In’ati is’ick name, it is important that those who experience TB know that they are not alone.

OPERATIONAL PRIORITY 2.4
DEVELOP A COMPREHENSIVE PUBLIC HEALTH RESPONSE TEAM

Broadening the Scope of the Public Health Response Team to Support Climate Change Resilience

With an increase in climate-related events such as wildfires, floods and extreme heat, First Nations communities have highlighted the need for stronger systems and supports around climate adaptation and preparedness. The FNHA Public Health Response Team (PHRT) conducted an after-action review of the FNHA’s experience and response to the multiple climate-related emergencies in 2021 and 2022 and, with funding from the BC Climate Preparedness and Adaptation Strategy, has commenced work on a baseline assessment of the FNHA’s current climate change-related responsibilities.

Findings from the assessment will help to enhance the organization’s capacity to support communities in preparing for and responding to climate emergencies in a culturally safe and equitable way. In addition to informing the FNHA’s climate-health policy and programming going forward, the assessment findings will provide a basis for a second phase of work focused on strengthening health sector collaboration around climate resiliency.



Lheidli T’enneh Nation member Konnor McIntosh investigates a unique stand of cedar trees as part of his climate change internship.

Supporting Communities in Responding and Adapting to Climate Change

This past year, the FNHA's Indigenous Climate Health Action Program (ICHAP) supported 16 new community-led climate action initiatives across the province, addressing a diverse range of climate health priorities. ICHAP projects include integrating land-based activities to support access to territory, such as bringing youth and Elders together for culture camps, and assisting Knowledge Keepers in visiting hard-to-access areas to identify, map and harvest food and medicines that may be changing under new climate conditions.

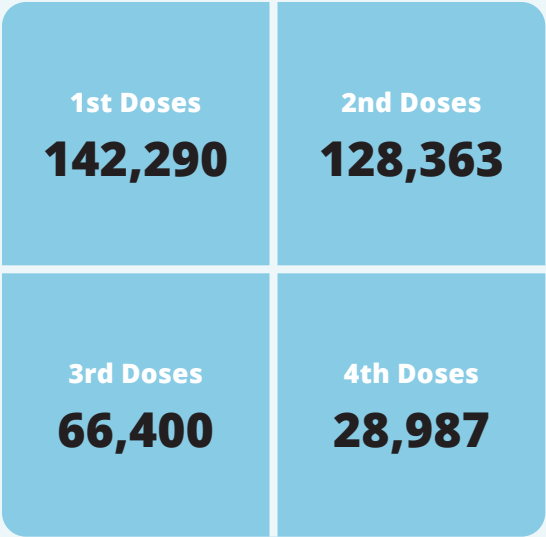
In June 2022, FNHA's Climate Change and Health Adaptation Specialist and Environmental Health Program Officer joined the project team from Tla'amin Nation for a shoreline tour. The project team, led by Tla'amin Nation staff and supported by Dr. Bob Patrick from the University of Saskatchewan, conducted a climate-health assessment to identify priority risks to community health and wellness and develop an adaptation plan to respond to current and future impacts.

Tla'amin youth also participated in climate change workshops and took trips into the territory to conduct tours and set up climate monitoring stations. The coastal shoreline tour with the Tla'amin Guardians, who monitor and protect the land, resources and water across the territory, generated discussions around rising sea levels, coastal erosion and increased potential for wildfires. The group spent a day on the Salish Sea around Harwood Island, looking for signs of coastal erosion and sedimentation and explored changes in vegetation that were identified by Tla'amin knowledge keepers.

Public Health Response Team Assists with Mitigating the Community Impacts of the COVID-19 Pandemic

Working closely with the Office of the Provincial Health Officer and the Regional Health Authorities, the FNHA's PHRT continues to support First Nations in BC as they respond to and recover from the health impacts of COVID-19. Vaccination has been a major line of defense against the virus and even as pandemic restrictions were eased through 2022/23, the FNHA maintained community messaging and culturally safe vaccination activities to protect individuals, families and communities.

The PHRT continues to monitor the activities recommended by the After Action Review following the first wave of the pandemic in 2020. The Evaluation Team conducted engagements with Chiefs, Health Directors and Health Leads in the Winter 2022 and Spring 2023 to hear about their experiences responding to the COVID-19 pandemic. These COVID-19 Community Review Reports are being finalized and will be made available online in Fall 2023.



COVID-19 vaccines administered in First Nations communities:



"To protect myself and my family, especially my grandparents."
- Mathew Crouse, FNHA #VaxChamp

OPERATIONAL PRIORITY 2.5
CONTINUE WORK TO TRANSFORM HEALTH BENEFITS AND MAKE PATIENT TRAVEL MORE ACCESSIBLE TO FIRST NATIONS, STRENGTHENING SUPPORTS FOR URBAN AND AWAY-FROM-HOME POPULATIONS

Improving Medical Transportation

Work continued over the past year to support First Nation clients who are travelling for medical appointments. This included a \$2 million investment in the Medical Transportation (MT) Program to fund improvements such as increased meal and mileage rates to account for rising food and fuel costs. The FNHA transformed policies to be more accessible and culturally safe, based on the feedback received from First Nations across the province. The policy changes included a process for reporting culturally unsafe interactions with medical professionals to enable access to other providers and expanded coverage for escorts for clients in hospital. Policies were also updated to support faster access to Opioid Agonist Therapy and FNHA funded treatment centers.

To facilitate the community-based delivery of the MT benefit, the FNHA developed an MT administration system named Kucén, which translates to "to wander/travel far/abroad" in Secwépemcsin, the language of the Secwépemc people from the Interior Salish language family. Kucén supports communities and MT clerks by providing a user friendly process to book travel, accommodations, reimburse meals and mileage and process payments for clients' medical trips.



Improving Connectivity for Urban and Away-from-Home Populations

In partnership with the Social Planning and Research Council of BC, the FNHA Urban and Away-from-Home (UAH) team provides smartphones to clients to facilitate access to health and wellness services. Phones come with a one month prepaid plan from Speakout (Rogers network) or Koodo (Telus network) (with the option to top up two more months), preloaded with different apps to help clients with local weather alerts and health information. Since its inception in June 2020, this Mobile Device Initiative (MDI) has been in high demand, with over 1,700 phones and 879 tablets distributed to different urban Indigenous organizations, communities and individuals.

This year, following an evaluation of the MDI, the FNHA secured and distributed an additional 1,200 phones. Tweaks to the initiative were also made to enhance flexibility with improved access to plans, network coverage and activations. These modifications have helped enable clients—both UAH and in-community—to use the phones for longer and benefit from being able to connect more easily with health care providers, friends and family.



2,900 Smart Phones for Community



879 Tablets for Community



Building Connections with Urban and Away-from-Home Populations

The FNHA UAH team works throughout the province, attending pow wows, sporting and cultural events and conferences to connect with UAH populations and share information about FNHA programs and services. In 2022/23, the team attended 22 events: 11 in Vancouver Coastal, one in Fraser-Salish, four in both the Interior and on Vancouver Island and two in the Northern Region. Through these activities, the UAH contact list, which is used to share upcoming engagements/ events and communicate relevant information to support health and wellness, grew to over 700 people from 421 in the previous year. Those on the list have shared how they are glad to learn about services they might not have known about such as the [First Nations Virtual Doctor of the Day](#) or learn more about their different [Health Benefits](#).



Join the Urban and Away-From-Home contact list [using our online form](#) or using this QR Code:



FNHA Urban and Away-from-Home team engaging with community members

Measuring Our Performance

Pathways to Access

FNHA initiatives and programs that effectively incorporate First Nations Perspectives on Health and Wellness:

While the FNHA offers a wide range of services, programming and supports to mitigate the impacts of toxic drug poisonings on First Nations individuals and communities, these supports share a holistic approach that integrates First Nations culture and tradition, and actively engages with the four dimensions of wellness: the heart, body, mind and spirit. At the FNHA, there is empathy towards those who struggle with substance use and an understanding that the disproportionate number of toxic drug deaths being experienced within the Indigenous population is, in large part, a consequence of another, long-standing public health crisis – namely racism and its devastating effects on health and wellness. There is also an appreciation that healing is much more than a physical process and an understanding that the mental and emotional aspects of the recovery journey are just as important as the medical one.

“People are at their most vulnerable when starting their healing journey... We need to provide them with safety, culture, ceremony and most importantly, love, patience and understanding.”

– Colleen Salter, FNHA Director of Clinic Mental Health Services

Health Through Wellness

Clients’ satisfaction with transformed FNHA programs and services:

“My Children’s Oral Health Initiative provider is amazing. She really takes the time to teach us orally. This is how our people are taught...I really appreciate her in all that she does for my community. She makes it fun to learn and do our work” – client of FNHA’s Children’s Oral Health Initiative

92%

were overall satisfied with the First Nations Virtual Doctor of the Day

92%

felt the care they received from First Nations Virtual Doctor of the Day was culturally safe

94%

would recommend the service to their family and friends

VDOD Survey conducted: November 2022-March 31, 2023: 449 responses

First Nations Virtual Doctor Of The Day

Family doctors are able to provide culturally safe care seven days a week.

First Nations Virtual Doctor Of The Day

“We feel the most comfortable when when we are able to talk together.”

First Nations Virtual Doctor Of The Day

“One of the things that did stand out to me was the time, compassion, and care...”

First Nations Virtual Doctor Of The Day

“It felt a lot safer than going to the clinics or emergency for that matter.”

First Nations Virtual Doctor Of The Day

“It just felt much safer for me for calling in the comforts.”

First Nations Virtual Doctor Of The Day

“I was truly happy.”



VIDEO

First Nations Virtual Doctor of the Day Client Testimonials

GOAL 3

Mental Health and Wellness

Enhance culturally safe mental health and wellness approaches

Outcome:

Healing from root causes of trauma through improved culturally safe mental health, harm reduction, and substance use approaches.

Strategies:

- Develop and implement a healing-from-trauma approach focused on the root causes of trauma, including residential school legacies.
- Enhance access to a continuum of mental health and wellness approaches, emphasizing cultural healing and prevention.
- Implement harm reduction strategies for substance use and toxic drug crisis.

2022/23 Operational Priorities

- 3.1** Develop and implement a framework to support and sustain region-specific trauma-informed mental health and wellness supports.
- 3.2** Enhance supports for youth that facilitate traditional healing and prevention-based approaches.
- 3.3** Prioritize the implementation of coordinated, comprehensive and evidence-based approaches to reducing the impacts of the toxic drug crisis.
- 3.4** Advance support and the use of harm reduction-based approaches to substance use that consider the distinct needs of the urban and away-from-home populations, different genders, and those released from correctional facilities.

Stories of Progress

OPERATIONAL PRIORITY 3.1

DEVELOP AND IMPLEMENT A FRAMEWORK TO SUPPORT AND SUSTAIN REGION-SPECIFIC TRAUMA-INFORMED MENTAL HEALTH AND WELLNESS SUPPORTS



QUALITY
MYHP
Guidepost
Alignment

Supporting Trauma-Informed Mental Health and Wellness in Tkemlúps te Secwépemc

Since the devastating uncovering of 215 unmarked graves at the former Kamloops Indian Residential School, the FNHA has committed \$2.5 million towards healing initiatives at Tkemlúps te Secwépemc. The FNHA provided an additional \$1.3 million to support work in partnership with the community to plan for and establish a new Healing House – and in March 2023, the federal government contributed \$12.5 million toward the construction of the new building.



Le Estceqey Healing House will provide a safe and supportive environment, offering trauma-informed programs that aim to foster spiritual, mental, emotional and physical healing for individuals and their families. Secwépemc cultural values and teachings will be shared through a lens that is land-based and trauma informed.

Colleen Erickson , Board Chair, FNHA



Funding announcement for the Le Estceqey Healing House Project in Tk'emlúps te Secwépemc

“We acknowledge the leadership of Tk’emlúps te Secwépemc in lifting up this good work in partnership with Indigenous Services Canada and the FNHA. We look forward to the ongoing work in support of this precedent setting healing model”

- Colleen Erickson, Board Chair, FNHA



Tk'emlúps te Secwépemc leadership at news conference announcing \$12.5 million in federal funding for a new healing centre in the community.

“The legacy of residential schools is one that has tried to take our culture, language and identity from us, causing profound damage. The Healing House will provide culturally appropriate supports that will help to address these long standing impacts. It will support healing for our Survivors and those impacted by Kamloops Indian Residential School, leading to healthier futures for our children and those not yet born. We look forward to working with the First Nations Health Authority on the implementation of our Healing House and providing opportunities for our people to thrive with resources that will now be available”

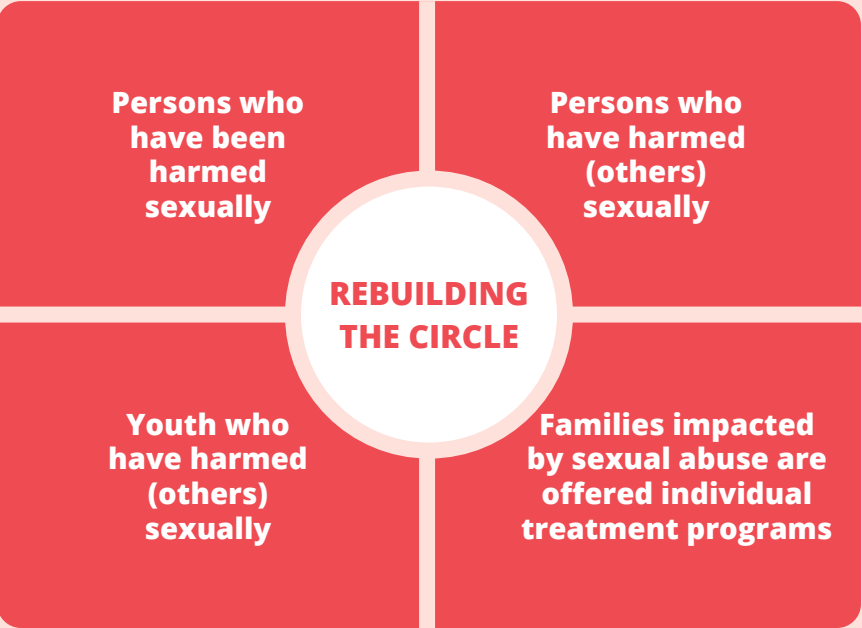
- Kúkpi7 (Chief) Rosanne Casimir from Tk'emlúps te Secwépemc.

Rebuilding the Circle in Partnership with Kackaamin

The FNHA has partnered with the [Kackaamin Family Development Centre](#) and the Nuuchahnulth family to support First Nations in the Vancouver Island Region to heal from sexual abuse and sexual violence. Part of this work is the creation of the *Rebuilding the Circle Program*.

Rebuilding the Circle is a response to the widespread systemic issue of sexual harm in Nuuchahnulth families and communities, rooted in colonization. Kackaamin treatment centre found that almost 100% of their clients were dealing with complex trauma compounded by sexual violence, with many self-medicating with substances.

The program is a direct intervention that is Quuʔas based, trauma-informed and wholistic. *Rebuilding the Circle* is a continuum of comprehensive treatment services, including pre-treatment and after care. Community education and awareness activities are also a crucial strategy of change. The ultimate goal of the program is to heal the impacts of sexual harm in families and communities and prevent further harm. The program seeks to offer education, training and skill development for community helpers on responding to disclosures, as well as treatment options for:



VIDEO Rebuilding the Circle



Building on the Learnings of the Mental Health and Wellness MOU

The Memorandum of Understanding: Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness (MHW MOU) was signed in 2018 by the FNHC (with the FNHA as a supporter), the Province of BC and the Government of Canada. The intention of the MHW MOU is to transform mental health and wellness services and improve outcomes through the development and implementation of Community-driven and Nation-based approaches that address the SDOH. An investment of \$30 million over 2019-2022 provided support to Nations and/or aggregations of First Nations in BC to plan, design and deliver a full continuum of culturally safe and relevant mental health and wellness services. The MHW MOU also included a \$60 million investment in infrastructure to build two new First Nations treatment centres – and renovate six existing ones – to provide First Nations people with culturally safe substance use services and supports.

In June 2019, the FNHA, Canada and BC initiated a formative evaluation of governance, partnership and implementation processes to assess whether the intention of the MHW MOU was being realized and inform decisions around longer term strategy. Released in December 2022, main findings of the [Evaluation Report](#) were:

- The MOU's focus on culture as the foundation of wellness was highly relevant;
- Funded initiatives implemented at the community level are supporting positive outcomes in areas that are meaningful to individuals, families and communities; and
- Funded initiatives are supporting Nation rebuilding by bringing members together to heal, connect with one another and connect with their culture.

The Tripartite Partners are applying findings to support discussions about their ongoing commitment to collaboration and partnership. Recommendations will also inform the development of a 10-year Tripartite strategy that facilitates a whole-of-government approach to addressing the SDOH.

OPERATIONAL PRIORITY 3.2
ENHANCE SUPPORTS FOR YOUTH THAT FACILITATE TRADITIONAL HEALING AND PREVENTION-BASED APPROACHES.



Supporting Community-Driven Land-Based Healing Initiatives

In 2018, the FNHA established a five-year land-based healing funding stream with \$36.5 million to support First Nations-led land-based cultural and healing approaches. Since its creation, communities and Nations have implemented over 147 initiatives to support healing and wellness in a holistic manner aligned with local context, knowledge, traditions and priorities. Many initiatives focus on developing the resiliency and cultural identities of youth through connection to culture, community, land and history.

\$36.5 million
to support
First Nations-led
land-based cultural and
healing approaches

Implemented over
147 initiatives
to support healing
and wellness

Initiatives focus on
developing the resiliency
and cultural identities
of youth

As an illustration, Hailika’as Heiltsuk Health Centre Society led an initiative last year for youth aged 11 to 19 who were struggling at home and in community, particularly with education or peer pressure. The initiative focused on the importance and value of the land and water and engaged the youth in a variety of land-based activities, including clam digging, the gathering of traditional medicinal plants such as old man’s beard and devils club, fishing, cedar bark harvesting, weaving, berry picking and drum making.



Healing through Reconnecting to Culture

[Connecting to Culture](#) is an innovative video series produced in 2022 that supports discussions in First Nations communities about harm reduction, substance use and stigma. Created in partnership with Vancouver Coastal Health (VCH) and the Cree/ Métis filmmaker, Asia Youngman, the series takes a decolonized, [Indigenized approach to harm reduction](#) that goes beyond keeping people safer while using substances and includes undoing the harms of colonialism, which places Indigenous people – First Nations, Métis and Inuit – at higher risk of harmful substance use.

Each video centers on a unique theme and features the perspectives of a First Nations harm reduction champion. Lifting up perspectives of different Elders, peers and youth, the focus is on the healing power of reconnecting to culture.



Milly Price (Kemaxa’las) (she/her) Da’naxda’xw / We-Wai-Kai First Nations, FNHA Community Engagement Coordinator



VIDEO Indigenous Harm Reduction

Supporting Communities in Preventing and Responding to Crisis

Suicide is a tragic and all too common outcome of colonization, racism and intergenerational trauma. The FNHA is taking a proactive stance in preventing such losses by developing a Gatekeeper Suicide Prevention Training Program for community and health leaders. The training includes videos aimed at enhancing the capacity of leaders to recognize and respond to early warning signs of suicide. It includes comprehensive guidance on identifying suicide risk and making appropriate referrals and links to community-based mental health and substance use resources. This program is part of a broader strategy for suicide prevention under development by the FNHA, to be released in the coming year.

The following information may contain sensitive content and could be triggering. For mental health or crisis support, please contact the KUU-US Crisis Line at 1-800-588-8717 or visit the FNHA's website for [additional support services](#).

The FNHA would like to acknowledge every individual that has been impacted by the crisis. While we continue the good work to provide culturally safe programs, it is clearly not enough. We must also create a climate of hope. We build hope by stepping up our efforts and by changing how we think about and treat people who use substances.

OPERATIONAL PRIORITIES 3.3 & 3.4

- **PRIORITIZE THE IMPLEMENTATION OF COORDINATED, COMPREHENSIVE AND EVIDENCE-BASED APPROACHES TO REDUCING THE IMPACTS OF THE TOXIC DRUG CRISIS**
- **ADVANCE SUPPORT AND THE USE OF HARM REDUCTION-BASED APPROACHES TO SUBSTANCE USE THAT CONSIDER THE DISTINCT NEEDS OF THE URBAN AND AWAY-FROM-HOME POPULATIONS, DIFFERENT GENDERS AND THOSE RELEASED FROM CORRECTIONAL FACILITIES.**

Responding to the Toxic Drug Poisoning Crisis

This year marked the sixth year since BC declared the crisis of drug poisonings related to a toxic drug supply a public emergency. Tragically, toxic drugs continue to take the lives of First Nations people in BC at five times the rate of non-First Nations. The impacts of this crisis – on families, communities and Nations – run deep as the pain felt by every person lost to toxic drugs lives on in those left behind. FNHA staff are navigating this sorrow and grief as well and many on the front lines are exhausted and burnt out.

The underlying reasons for the disproportionality between First Nations and non-First Nations people are complex and varied, but share a common thread in the ongoing and intergenerational impacts due to colonialism. Acknowledging this reality, the FNHA's response to the crisis involves helping people develop healthier coping mechanisms while expanding harm reduction and treatment options rooted in First Nations values and culture.

In early 2023, the FNHA moved to a Level 2 emergency response and intensified actions to help First Nations people be safe and informed. The response also shifted to include a focus on stories to address the stigma that surrounds substance use and to acknowledge the healing that can come from sharing feelings associated with the loss of a loved one.



Former National Hockey League star, Jordin Tootoo was a keynote speaker on the last day of the Northern Addictions Engagement and Knowledge Exchange Forum FNHA hosted in Prince George, March 21-23, 2023. Tootoo spoke openly of his trauma and the land-based healing program that has been central to his recovery journey.

This response included:

- Providing \$4.79 million to First Nations communities, organizations and harm reduction champions through harm reduction grants.
- Coordinating and supporting the distribution of nasal and injectable naloxone to First Nations individuals, communities and sites.
- Walking alongside communities to improve opioid agonist therapy (OAT) access, through supportive services such as dispensing in community and increasing prescribers in community. There are 25 First Nations communities with a form of OAT service and prescribing of OAT by nurses has been approved at four sites.
- Holding virtual and in-person harm reduction education through Not Just Naloxone training and community visits.
- Working with partners to establish First Nations-focused and led overdose prevention sites (OPS) and mobile harm reduction services.
- Implementing a series of initiatives (described below) to make space for discussion and the sharing of stories related to the crisis.



Supporting Healing through Courageous Conversations

The Office of the Chief Medical Officer (OCMO) works in partnership with the BC Centre on Substance Use (BCCSU) and in collaboration with First Nations in BC and communities to dismantle structural barriers which prevent people from accessing lifesaving treatments. By educating and normalizing harm reduction in communities, the partnership promotes strategic initiatives as pathways to wellness.

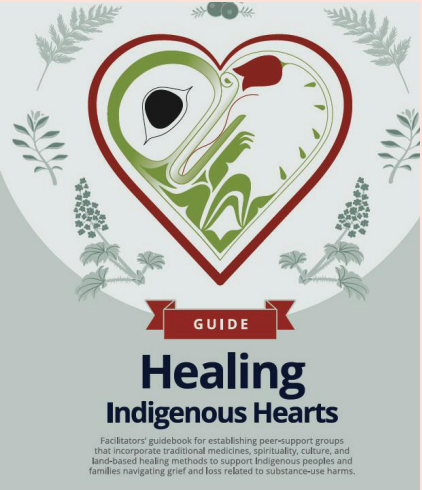
The [Courageous Conversations Tool Kit](#) was developed by the OCMO and the BCCSU, Elders, people with lived experience and their family members to prepare community members for conversations about substance use with their families, friends and communities. It is intended for community health providers and leaders who wish to learn how to hold sacred spaces for dialogue and to lead their communities in Courageous Conversations.

In these conversations, individuals speak honestly about drugs, getting help and acknowledging the fear of dying from drug poisoning requires strength, knowledge and skill. This toolkit was developed to support people and to normalize conversations about drug use so we can respond to the toxic-drug crisis in ways that convey understanding

and work on solutions to save lives. Over the past year, the OCMO held webinars utilizing the Courageous Conversations toolkit, as well as in-person workshops. Discussions revolve around racism, stigma and lateral violence to confront and mitigate colonial harms inflicted on First Nations people.

The OCMO and BCCSU, in partnership with the Moms Stop the Harm Society, also developed a Healing Indigenous Hearts Facilitator Guidebook. The guidebook provides a framework for facilitating a support group specific to loss of life from substance use. These groups can create a safe and culturally appropriate space for individuals and families to share their experiences and find understanding among others who have faced similar challenges.

Healing Indigenous Hearts Facilitator Guidebook – developed in collaboration between the FNHA, OCMO and BCCSU





“The numbers do not tell the full story of the lives lost or the resulting impacts to the families, friends, communities and Nations. While we continue the good work to provide culturally safe programs and services to support those who use substances, it is clearly not enough. We must also create a climate of hope. We build hope by stepping up our efforts, by changing how we think about, how we talk about and how we treat people who use substances. We build hope by having those difficult and courageous conversations with the people around us who use substances – with the people we care about.”

- Dr. Nel Wieman, Acting Chief Medical Officer, FNHA

Honouring Our Loved Ones Lost to Toxic Drugs

For International Overdose Awareness Day (August 31, 2022), the FNHA created a supportive place where people can come together to remember a loved one lost to the toxic drug crisis. [Honouring our Loved Ones](#) is a safe and welcoming digital space where friends and family members can honour someone they have lost with a video, photo, artwork or audio recording. This virtual space is a place to remember, honour and grieve. For each story shared, the FNHA grew a tree of remembrance. These trees were planted in the spring of 2023 in a dedicated area within the health region where the storytellers live.

Supporting Harm Reduction Efforts in Community

In 2022, the FNHA dispensed \$4.8 million to support Community-driven and Nation-based harm reduction efforts. Grants were provided through two streams: project grants for up to \$50,000 to First Nation and Indigenous organizations; and “kickstarter” grants of \$1,200 to \$2,500. Kickstarter grants are provided to community champions who deliver Naloxone, harm reduction and substance use training in their communities.

The Chilliwack Overdose Prevention site utilized their Harm Reduction Grant to coordinate Fourier-Transform Infrared (FTIR) drug checking technician training, as part of a new wrap-around peer support and drug checking project. FTIR machines identify the presence of substances such as opioids (e.g., fentanyl, heroin), stimulants (e.g. cocaine, crystal meth) and MDMA/Ecstasy. The machines are large and require a technician to operate and interpret the results. Funding was also used to purchase supplies to enable the wrap-around peer support and drug checking project supports to be more accessible to people with lived or living experience of substance use, including the implementation of pop up OPS sites in the surrounding community.

The Haisla Harm Reduction Project addresses the unique challenges and barriers faced by at-risk community members in accessing services and supports related to substance use. To help reduce the transmission of blood-borne infections such as Hepatitis C, the project provided a place to drop off used needles while also educating community members on drug overdoses and providing naloxone kits. Social workers and outreach workers made over 1,400 encounters with community members in 2022 through self-help groups. Traditional healing practices, such as cold water cleansing ceremonies and sweats, were provided. Additionally, a vending machine was jointly purchased with Kitimat General Hospital to contain harm reduction supplies.

Acknowledging the overrepresentation of First Nations women in toxic drug poisonings, the FNHA established support for two OPSs for women (cis and trans) in Vancouver’s Downtown Eastside. SisterSpace, which was the world’s first women-only community accessible OPS, and the WISH Drop-In Centre both operate in Vancouver’s Downtown Eastside serving those living in urban areas and away from home. In addition to providing safe, clean and witnessed harm reduction service for women, these programs offer assistance and referrals to clients wishing to connect to addiction, health care and community services.

Working to Strengthen Collective Knowledge and Capacity

A coordinated and sustained collective effort is essential to ending toxic drug poisonings and deaths. This includes working in collaboration with health system partners to provide ongoing information, updates and resources for community to support capacity and reduce the impact of the crisis on First Nations people and communities in BC. Activities over the past year included informational town halls, involvement in provincial discussions related to decriminalization and safer supply and the development of anti-stigma initiatives for First Nations community members and health workers.

Supporting Provider Education on Culturally-Safe Approaches to Substance Use Treatment

In November 2022, the FNHA’s Medical Affairs and Wellness Office (MAWO) launched a first of its kind education initiative for health care providers working directly with individuals seeking help for substance use issues. Implemented with support from the BC Ministry of Mental Health and Addictions, the initiative offered providers within the FNHA’s First Nations Virtual Doctor of the Day and the First Nations Substance Use and Psychiatry Service an opportunity to increase their knowledge, understanding and skills in the areas of safe prescribing, substance use and CSH.

Over the course of four months, the initiative saw 39 total course completions among 20 providers. In addition, 15 providers attended an education event on “Culturally Safe Approaches to Address the Toxic Drug Crisis.” Participants shared positive feedback about the initiative and expressed interest in future educational opportunities. The FNHA is now preparing to hold medical staff contracts, which will enable the MAWO to strengthen existing processes to recruit providers with the appropriate knowledge, skills and certifications to provide quality care to First Nations people and their families.

Measuring Our Performance

Healing Journeys

Stories of healing from trauma approaches from programs, services, organizations and clients:

“Sober Warrior Society is something I started within our community. It is a group of men, women of all ages ranging from youth to Elders. We do everything from AA/NA (Alcoholics Anonymous/Narcotics Anonymous), all traditional harvesting, herbs, mushroom picking, traditional medicine, hunting and fishing. We engage with all the community to stay busy and keep everyone away from drugs and alcohol.

We help Elders and the Elders help us by passing down their knowledge which in turn helps us feel like we belong. November 18, 2022 we hosted an event to celebrate sobriety of all levels. Gitwangaks first annual Sobriety Celebration. We had over 150 community members and surrounding community’s members join. Some sober a few days, weeks, months, years. Eight of which over 30 years sober. One member celebrating 56 years sobriety. One young man, 24 years sober, hasn’t had drugs or alcohol his entire life. We had a dinner, cake for everyone, a talent show, karaoke and a dance.”

–The Sober Warrior Society was funded by the FNHA through the 2022 First Nation Harm Reduction Grant

Two-Eyed Seeing

7 new and expanded mental health and wellness programs:

- 1. Suicide prevention gatekeeper training
- 2. Youth Applied Suicide Intervention Skills Training ASSIST
- 3. Land-based healing activities
- 4. Cultural workshops
- 5. Youth mental health and wellness program
- 6. \$6.1 million for direct funding communities to provide Health and Cultural supports
- 7. \$5.6 million to increase existing organizations that are providing Health and Cultural supports

Satisfaction with mental health and wellness services:

“It was relaxing and connecting to each other and our grief. Eye opening. Mind and body connection. Being able to open up and share our sorrow and grief. Being sober. Not being alone. My heart is feeling lighter. Thank you.”

– Three Corner Health Services Society Returning to Ritual Loss and Grief Retreat

Healing Journeys

Stories of healing and impacts of harm reduction approaches:

Vancouver Island’s Indigenous Harm Reduction Team used their funding from the First Nations Harm Reduction Grant to facilitate the initiative: ‘Increasing Healing and Wellness for Indigenous People Who Use Substances’. The initiative provides a safe space for all people who use substances and focuses on harm reduction through the use of cultural and community building programming. This included harm reduction circles, Indigenous women’s art groups, Indigenous youth art groups and cultural and art programming.

People who came to these programs consistently expressed gratitude for there being an Indigenous only space for people who use substances. Unhoused Indigenous youth who use substances have been coming to all activities and have expressed that they feel safe and good coming to these programs.

% reduction of First Nations toxic drug overdose incidents and deaths in BC:

TOXIC DRUG POISONING DEATHS

Number of poeople who died of toxic drug poisoning

6.3% ↑

Increase in toxic drug poisoning deaths, compared to the same period in 2021.

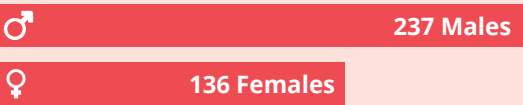
RATE OF TOCIX DRUG POISONING DEATH

5.9x First Nation people died at 5.9 times the rate of other BC residents in 2022. The number was 5.4 in 2021.

11.2x First Nations women died at 11.2 times the rate of other female BC residents in 2022.

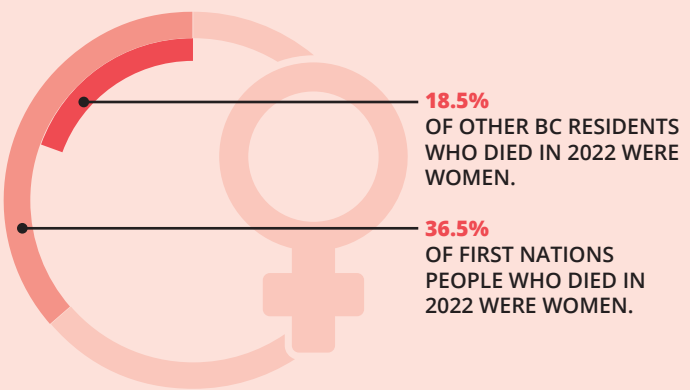
4.7x First Nations men died at 4,7 times the rate of other male BC residents in 2022.

2022 DEATHS OF FIRST NATIONS PEOPLE BY GENDER



Indigenous people who are not recognised as having First Nations status under the Indian Act are not represented in our toxic drug data. Additionally, two-spirit, transgener, non-binary, intersex, and gender diverse people may be identified by the biological sex assigned at birth, and therefore misidentified in the toxic drug data. The FNHA is committed to working with provincila partners towards meaningful, systematic change that will make more inclusive data collection possible. Data are collected as of March 2023 and are change subject

FIRST NATIONS WOMEN EXPERIENCES VERY HIGH RATES OF TOXIC DRUG POISONING DEATH



While it is our goal to see the number of overdose-related deaths decline and ultimately eliminated, it is crucial to acknowledge that the supply of unregulated drugs has become progressively more hazardous and unpredictable. This escalation is adding to the crisis and its severity.

GOAL 4: Addressing Anti-Indigenous Racism

Advance First Nations approaches to addressing anti-Indigenous racism in health

Outcome:

Culturally safe health care experiences where First Nations in BC feel heard, valued and seen.

Strategies:

- Work with partners in BC to support a racism-free health system with embedded cultural safety and humility practices.
- Champion cultural safety and humility in BC through regional innovation, First Nations-led responses and service excellence.
- Advance First Nations approaches to addressing complaints.

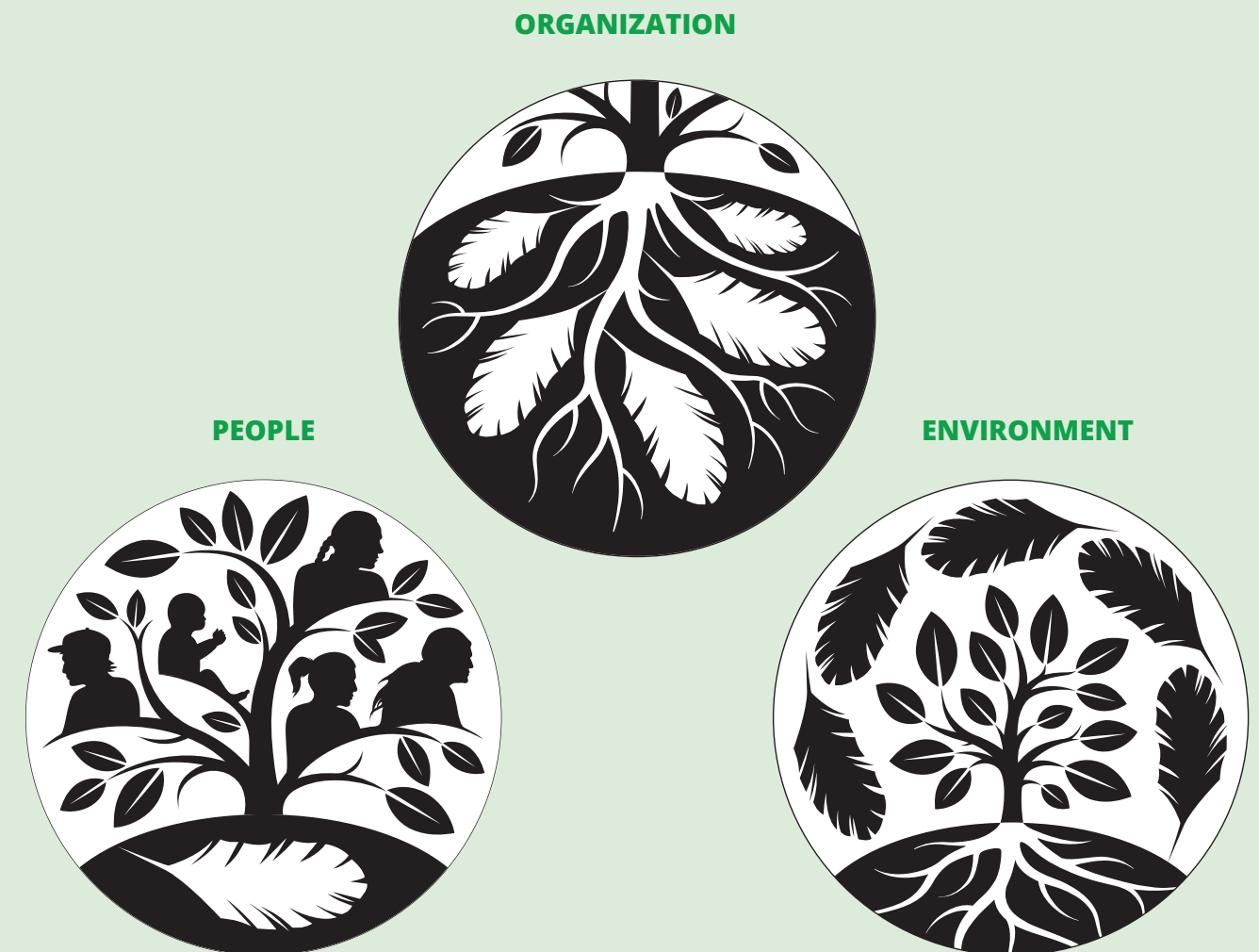
2022/23 Operational Priorities

- 4.1** Continue work with partners to implement the Anti-Racism, Cultural Safety & Humility Framework and Action Plan.
- 4.2** Finalize and implement the CSH Standard.
- 4.3** Support the development and implementation of safe regional pathways to receive and address feedback from First Nations clients.

Stories of Progress

Eliminating Indigenous-Specific Racism in Health Care

The FNHA's work to advance First Nations-centered approaches to eliminating Indigenous-specific racism in healthcare over the past year took place at three levels:





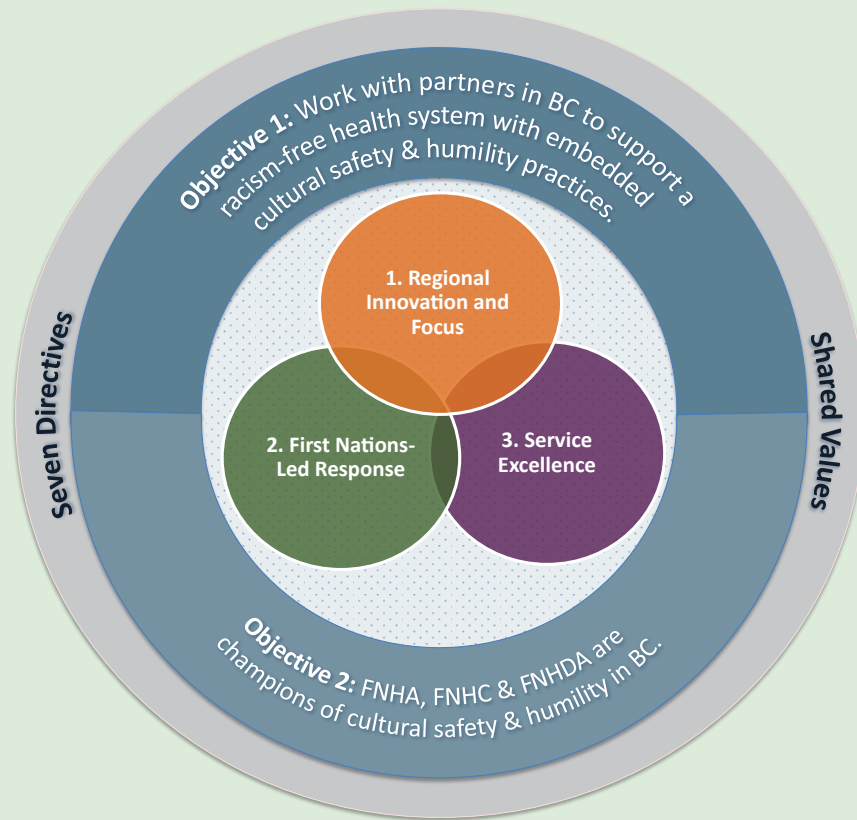
People

The work in the area of 'People' focused on: *growing CSH and Indigenous Specific Anti-Racism (ISAR) resources and training which support wholistic learning, un-learning and development.* This entailed using a First Nations-led approach in creating curriculum, learning objectives and core competencies.

OPERATIONAL PRIORITY 4.1 CONTINUE WORK WITH PARTNERS TO IMPLEMENT THE ANTI-RACISM, CULTURAL SAFETY & HUMILITY FRAMEWORK AND ACTION PLAN

The FNHA advanced work on both of the priority objectives of the [Anti-Racism, Cultural Safety Action Plan](#) over the past year. At the level of 'People', the focus was on objective 2: championing CSH within the FNHA. Work with health system partners is shared below within the realm of the 'System'.

Anti-Racism, Cultural Safety & Humility
Framework Action Plan



**CULTURE AND
DECOLONIZATION**
MYHP
Guidepost
Alignment



Supporting Ongoing Learning, Un-Learning and Development

A series of guidebooks and learning resources are being created to support ongoing learning and development. The first of this series, the [Territory Acknowledgement Booklet](#) (released this past year), was received with gratitude from partners across Canada in the health, education and other public sectors – and was the most downloaded resource on the FNHA website.

Maintaining Strong Indigenous Representation in FNHA Leadership

Steps were taken over the past year for all management positions to source, screen, evaluate and give preference for qualified Indigenous candidates, with consideration made to both lived experience and broad experience. Senior level positions were designed as succession planning opportunities with a preference for qualified First Nations Candidates. In addition, an [Indigenous Student jobs program](#) supported several developmental opportunities at FNHA throughout the year.

FNHA Indigenous Representation

>35% of management
positions

>70% executive
director and
vice president
positions



**Quality
MYHP
Guidepost
Alignment**

FNHA All Staff CSH Community of Practice

In response to input from staff, CSH Community of Practice (CoP) sessions in 2022/23 focused on providing resources to help participants build their practice through trauma and history-informed ways. Elder Dennis Joseph from the Squamish Nation was invited in as a partner to help integrate the sharing of more FNHA history and culture within the CoP space. The CSH Team also brought forward the FNHA's own organizational history to honour the many milestones and transformations achieved in First Nations health governance since the signing of the [Tripartite First Nations Health Plan](#) (2007) and the [BC Tripartite Framework Agreement on First Nation Health Governance](#) (2011).

Host speakers over the course of the year included:

Dr. Jane Simington,
who provided a fresh
perspective on how
trauma impacts
employees.

Pathfinders
from within the BC
Ombudsperson's Office,
who shared about
alternative pathways
in complaint and
resolution processes

**The FNHA
Living Markers,**
who reminded about the
importance of witnessing
and always speaking
one's own truth to
advocate for ongoing
system transformation
that is specific to First
Nations in BC.



Organization

The FNHA's work at the level of the 'Organization' focused on: *weaving CSH and ISAR throughout the organization through policy, process, and reciprocal accountabilities.*

OPERATIONAL PRIORITY 4.2

FINALIZE AND IMPLEMENT THE CSH STANDARD



Quality
MYHP
Guidepost
Alignment

A Significant Milestone in Ending Systemic Racism in British Columbia

On November 30 2022, the FNHA, in partnership with the Health Standards Organization, launched BC's Cultural Safety and Humility Standard (BCCSHS); the first of its kind in Canada. Driven by a First Nations-led technical committee supported by the FNHA, with input from Métis Nation BC and in partnership with HSO, the standard is a precedent-setting tool to enable organizations to address Indigenous-specific racism and build a culturally safe health care environment.

The launch of the BCCSHS marked the two-year anniversary of the *In Plain Sight Report*, which recommended that BC should adopt an accreditation standard for achieving CSH. Its release represents a significant milestone on the path to addressing the long standing and pervasive presence of Indigenous-specific racism in BC's healthcare system.

The FNHA held a ceremony and celebration to close out the work of the Technical Committee and celebrate the historic moment of the launch of the Standard on October 18, 2022.

"I am so proud of our people and the work. I am proud of you all as survivors, recognizing our governance and our ways and seeing our FNHA family working behind the scenes to do everything they can to get this right. We are here to do this work the way we are supposed to do this work. Not some colonial signing of some document, but our way. I am really looking forward to the implementation and the passion of our people to ensure that this new standard aligns with our laws, teachings and protocols and remains grounded in ceremony. This is history in the making right now."

- Janene Erickson, FNHA Manager Partnerships & Projects



Indigenous and health leaders from across BC gathered on Musqueam lands to honour and recognize the First Nations Technical Committee for the creation of the BCCSHS.

VIDEO



Celebration of the Cultural Safety and Humility Standard



Quality
MYHP
Guidepost
Alignment

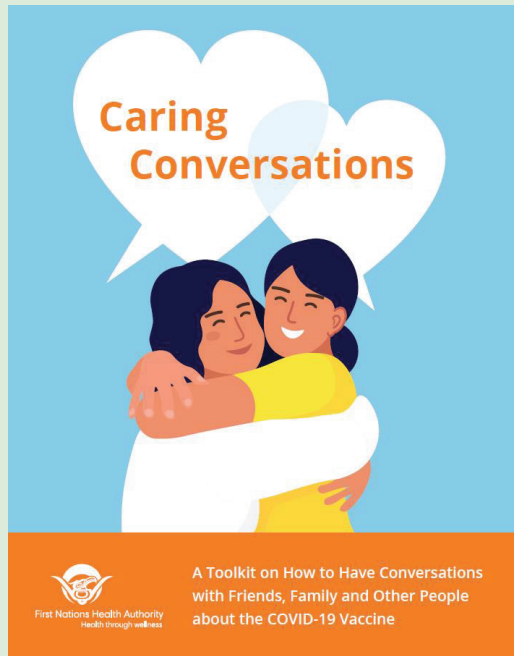
Supporting the 'Cross Pollination' of CSH and ISAR across the FNHA

Following the release of the BCCSHS, a Sisemó:ya (pronounced sea-sa-may-ah) group was brought together with representatives from across FNHA to facilitate the FNHA's internal alignment to the BCCSHS. Meaning "bee" in *Halq'eméylem*, *Sisemó:ya* was a name bestowed upon the group by Elder Wendy Ritchie to symbolize the work of these change champions who are supporting the 'cross pollination' of CSH and ISAR across the organization using the BCCSHS as a tool. The primary roles of these champions are to:

- Promote the importance of BCCSHS alignment within their departments and across the organization;
- Support the creation of self-assessment tools;
- Pilot self-assessment measurement tools and support individuals within their department with the self-assessment process;
- Collect data in regards to the FNHA's current alignment with the BCCSHS;
- Be the thread that connects this important work across the organization; and
- Be a fire keeper whose responsibility is to keep the fire burning and feed the fire for change within the FNHA.

"Bees have a big job in keeping our environment alive and well. They all work together and think alike and protect their queen and home, making sweet honey for all to enjoy."

- Elder Wendy Ritchie



Encouraging Caring Conversations around Vaccines

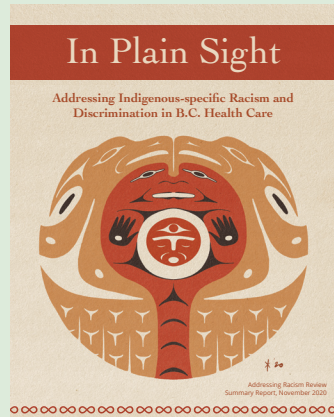
The FNHA developed a toolkit to help encourage “Caring Conversations” about vaccines. Deeply rooted in cultural safety, active listening and meaningful engagement, the [Caring Conversations Toolkit](#) was created to support FNHA staff in speaking to people about sometimes-difficult topics. It was developed from contributions of FNHA staff from across the organization, and their insights are woven throughout.

At the heart of the toolkit is the CARE framework, an acronym that stands for CSH, awareness, relationship and exchange. This framework provides FNHA staff with a guide to approaching vaccine conversations in a culturally safe, harmonious manner, i.e., an exchange wherein each person listens and learns.

Environment

The FNHA works at the level of the ‘Environment’ to: *collaborate and provide leadership internally and with health system partners on CSH and ISAR-wise practices.*

OPERATIONAL PRIORITY 4.3
SUPPORT THE DEVELOPMENT AND IMPLEMENTATION OF SAFE REGIONAL PATHWAYS TO RECEIVE AND ADDRESS FEEDBACK FROM FIRST NATIONS CLIENTS



Advancing Implementation of In Plain Sight Recommendations

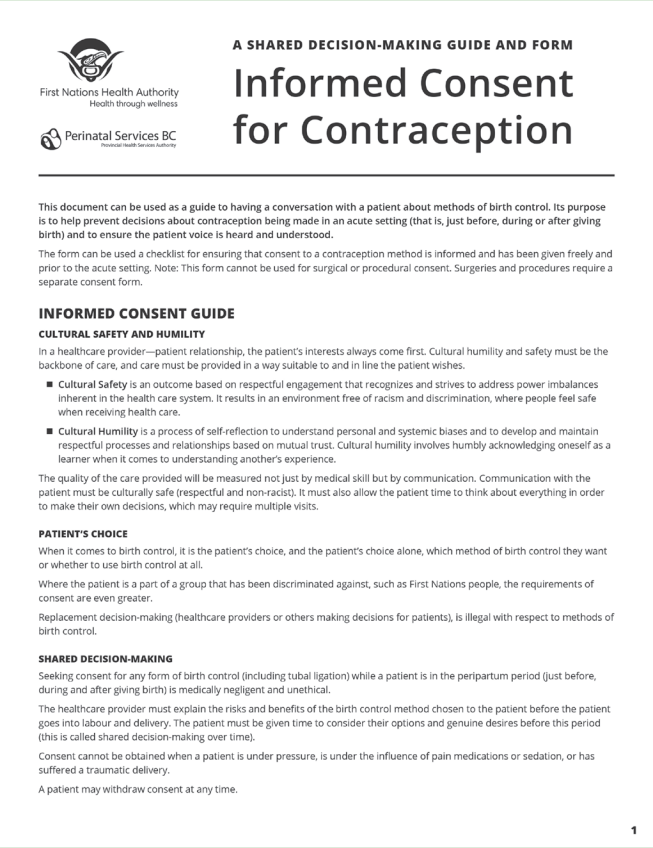
The FNHA continues to provide leadership and support on the Task Team and Working Groups established to oversee the implementation of the 24 recommendations of the [In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care](#). This includes work to incorporate restorative approaches to addressing and resolving complaints within the health system and ensuring the system first establishes mechanisms for accountability and client choice in the desired approach to complaint resolution. The FNHA is also part of the working group to advance CSH and ISAR education and training across the health system through the development of shared learning outcomes for CSH educational programs as a minimal standard.

OPERATIONAL PRIORITY 4.1
CONTINUE WORK WITH PARTNERS TO IMPLEMENT THE ANTI-RACISM, CULTURAL SAFETY & HUMILITY FRAMEWORK AND ACTION PLAN



Standing Up Against Forced and Coerced Sterilization in the Health Care System

In July 2022, the FNHA issued a [joint statement](#) with the College of Physicians and Surgeons of BC on forced and coerced sterilization, asserting a shared commitment to ensuring physicians acknowledge and respect a person’s right to make decisions about their reproductive health in a supportive environment that is culturally safe, without fear of coercion. The statement was issued in the wake of a Canadian Senate report which highlighted that the practice of forced and coerced sterilization continues to occur despite widespread awareness, and that it is both underreported and underestimated, leading to women being deprived of their human right to bear children and impacting the intergenerational passing of culture, language and caretaking.



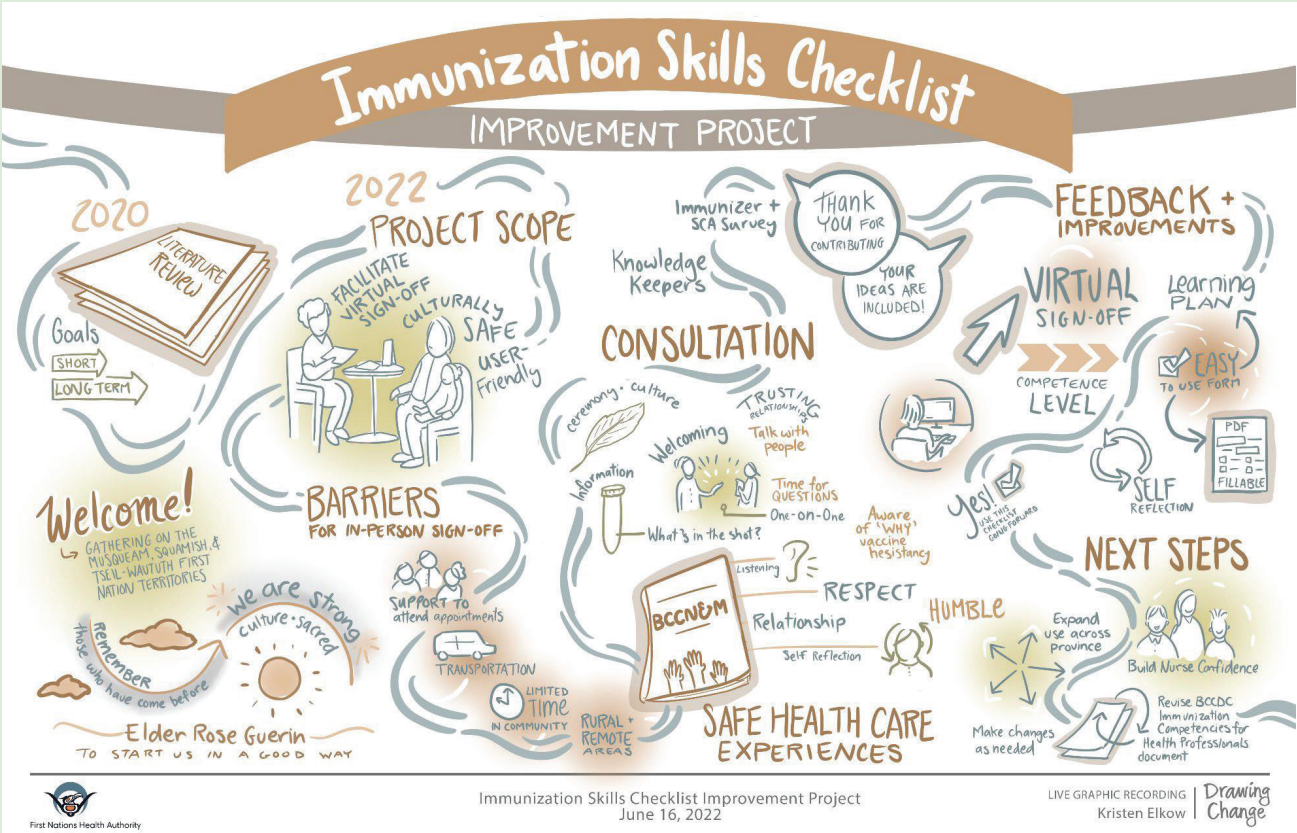
In an attempt to bring greater awareness to the issue, but also eliminate the disturbing practice, Dr. Unjali Malhotra, FNHA’s Medical Director of Women’s Health along with Métis Nation of Ontario member and Canadian Senator Yvonne Boyer and Perinatal Services BC, created a [shared decision-making guide](#) to informed consent for contraception. The new guide changes how people give their consent for contraception to ensure a patient’s rights and wishes are honoured and respected. It provides steps to help ensure patients are adequately informed of the risks and benefits of the birth control method in advance and allows for consent to be provided over time, without stress or pressure.

“Reproductive consent must be culturally safe, free of bias, non-racist, communicative, easily-understood and must involve shared decision-making over time. Birth control decisions, including declining, are the choice of the patient and the patient alone. The requirements of consent are heightened in those who have been discriminated against, like First Nations, Métis and Inuit people.”

- Dr. Unjali Malhotra, FNHA Medical Director, Women’s Health

Supporting Culturally Safe Immunization

The FNHA immunization team initiated a project to improve the BC Centre for Disease Control (BCCDC) Immunization Skills Checklist, by embedding CSH content to encourage wholistic approaches in immunization delivery. The team utilized a two-eyed seeing approach, relying on key insights that Indigenous health care professionals and patient partners shared with British Columbia College of Nurses and Midwives and the BC Patient Safety and Quality Control. The revised checklist—along with insights shared by nurses working in First Nations communities—was shared with the BCCDC and incorporated into the updated Immunization Competency Course for the province, thereby providing immunizers across the province with additional resources to support culturally safe immunization.



Measuring Our Performance

Cultural Safety and Humility

Stories of progress on Indigenous-specific racism and cultural safety:

An initial step towards the FNHA’s alignment with the BCCSHS is to perform a comprehensive self-assessment of where the FNHA is at in terms of its current alignment with the Standard. This work is being led by the FNHA’s Office of the Chief Nursing Office Quality team and guided by a team of Sisemó:ya Change Champions that represent departments from across the organization. This self-assessment will be completed in Fall 2023.



Following the self-assessment results and report, subsequent alignment and improvement activities will be a joint effort between the Quality Team, CSH Team, and individual departments who require support to improve their alignment with the BCCSHS.

Stories of Health Service Organizations adoption of CSH standards:

Many health organizations in BC are interested in aligning with the BCCSHS. Discussions are taking place to support each other through a system-wide community of practice to support integration and alignment.

Progress of regional anti-racism and cultural safety initiatives on target:

All Regions are progressing CSH initiatives, including implementing complaints pathways. The CSH Action Plan (2021) is being reviewed and updated. A refined plan will be created this year with engagement from partners including the FNHA Regional Teams.

Being Heard, Valued, and Seen

Number of new complaints models:

All five Regions are working in collaboration with health system partners to implement First Nations complaints pathways.



GOAL 5: Health and Wellness Innovation

Drive health and wellness innovation together with First Nations and other partners

Outcome:

Innovative community-driven, Nation-based wellness initiatives are supported and amplified throughout the health system.

Strategies:

- Champion BC First Nations initiatives, supporting capacity building and the sharing of innovative practices.
- Advance First Nations data governance principles, health research partnerships and evidence-based data.
- Leverage innovative partnerships to advance creative health and wellness initiatives.

2022/23 Operational Priorities

- 5.1 Support and amplify community-based innovative approaches to advancing health and wellness priorities.
- 5.2 Expand strategic partnerships to advance creative wellness initiatives.
- 5.3 Facilitate the development of First Nations-specific data and research for decision-making.

Stories of Progress

OPERATIONAL PRIORITY 5.1
SUPPORT AND AMPLIFY COMMUNITY-BASED INNOVATIVE APPROACHES TO ADVANCING HEALTH AND WELLNESS PRIORITIES



Partnering with ISPARC to Support Community First Nations Food Sovereignty

The FNHA is now working with the Indigenous Sport, Physical Activity and Recreation Council (ISPARC) to deliver the Food Systems Program (FSP). The FSP distributes grants of up to \$5,000 to fund a wide range of initiatives that support Indigenous food sovereignty, food security and Indigenous food relations.

Some examples include:

Community gardens	Livestock systems	Aquaculture
Aquaponics and hydroponics	Tools and equipment for food work	Education programs related to food
Indigenous food initiatives	Food preservation	Infrastructure projects to support food related work

The program has evolved from the First Nations Food Systems Program that was formerly facilitated by the Heart and Stroke Foundation in collaboration with the FNHA. The FSP expanded in recent years under the Heart and Stroke’s careful stewardship, growing from 17 to over 70 communities. In 2021, ISPARC was identified as an Indigenous organization well aligned to meet the changing needs of communities participating in the program – and on April 1, 2022, ISPARC began delivering the program.



Westbank First Nation Family Program growing together in the community garden.



OPERATIONAL PRIORITY 5.2
EXPAND STRATEGIC PARTNERSHIPS TO ADVANCE CREATIVE WELLNESS INITIATIVES



Reclaiming Indigenous Children’s Futures through Home Visits and Intergenerational Playspaces

The FNHA was proud to join a host of international partners in launching a new project: [“Reclaiming Indigenous Children’s Futures through Home-Visiting and Intergenerational Playspaces”](#) in December, 2022. Funded through the Lego Foundation ‘Build a World of Play Challenge’, the project is part of a global initiative that funds bold, innovative and impactful solutions focused on early childhood. The intent is to build a world of play for Indigenous children ages 0-6, and foster well-being for their families.

Using a collaborative Indigenous approach, the FNHA and its partners at the Johns Hopkins Center for Indigenous Health (JHCIH), Eru Pōmare Māori Health at University of Otago in New Zealand and the Bachelor Institute for Indigenous Tertiary Education in Australia are working with participating First Nations communities in BC to adapt the Family Spirit Home-Visiting Program, created by the JHCIH, to meet their needs. Participating communities also receive support in designing and building nature-based intergenerational play spaces to promote the power of communal play, positive cultural identity for young children and extended family members.

“As our children are our future, it is encouraging to see new investments that will support the health and wellness of our First Nations children, parents and families. By having a strong focus on connection to family, land and play, these projects will bring generations together in our First Nations communities.”

- Colleen Erickson, FNHA Board of Director Chair





Providing Culturally Appropriate Support for Quitting Commercial Tobacco

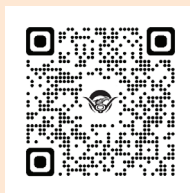
The FNHA, in partnership with the Canadian Cancer Society and Ontario Health's Indigenous Cancer Care Unit, launched the Talk Tobacco program in the Spring of 2022. The Talk Tobacco program was developed with input from First Nation, Inuit, Métis and urban Indigenous partners, community members and service providers. It is designed to provide free, confidential, culturally-appropriate and accessible support to quit or reduce smoking, vaping and other commercial tobacco use.

Support is available by telephone, text message and live chat. The service is free and confidential, open seven days a week and offers interpretation in many Indigenous languages.



VIDEO

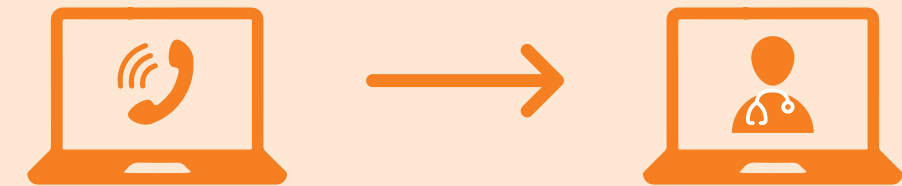
Respecting Tobacco:
Traditional vs. Commercial Use



Improving Connectivity to Enhance Access to Care

The FNHA SD-WAN Project addresses equity issues and enhances First Nations access to virtual care by improving internet connectivity for remote communities. The project works to reduce connection issues (i.e. bandwidth, reliability and latency) for remote health centres, nursing stations and nursing residencies through the implementation of Starlink satellite services. At the Tsay Keh Dene Nursing Station, the project improved the speed of downloads by 10 times and the upload speed by four times. Similarly, at the Kwadacha Nursing Station, the project was able to achieve eight to 10 times faster uploads and downloads.

These improvements enhance the ability to provide virtual care in these rural communities while also providing the opportunity for patients and staff to build meaningful relationships and stay connected with their colleagues and loved ones. By using satellite technology to ensure efficient and reliable connectivity, the project enhances health care outcomes in the communities FNHA serves.



OPERATIONAL PRIORITY 5.3

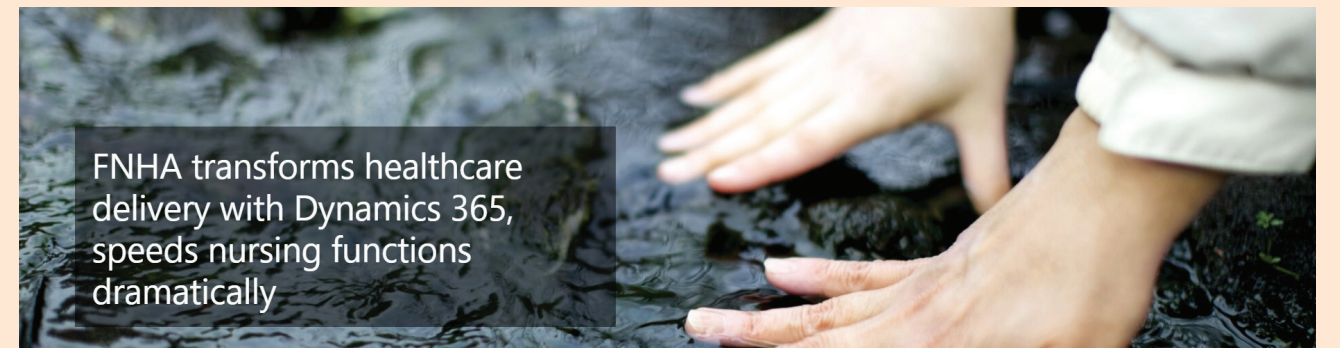
FACILITATE THE DEVELOPMENT OF FIRST NATIONS-SPECIFIC DATA AND RESEARCH FOR DECISION-MAKING



Transforming Health Care Delivery with New Microsoft Software

The FNHA Information Management / Information Technology Department developed and implemented a Microsoft software platform that improves the speed of operations and enhances access to the data necessary to support evidence-based decision making. Named the *Voices of Our Relations* (Voices), the system is now in place to support the exchange of internal and external data in the areas of: compliments and complaints, nurse daily logs, health care navigation, crisis management, safety hazard management, community health plan request management, health benefits operations, oral health tracking and health emergency development, resiliency, and response.

Voices creates efficiencies for health care providers in these program areas through compiling data in easy to use applications, automated workflows, Outlook integration and dashboard reporting. Additionally, there is robust data security built into the system to protect client personal data. This coming year, additional capabilities are being put in place to support UAH clients as well as the FNHA Research and Knowledge Exchange team. In April 2023, Microsoft featured the FNHA on their [MS Customer Stories page](#), emphasizing how the FNHA is reshaping health care delivery.





FIRST NATIONS
PERSPECTIVE
ON HEALTH
AND WELLNESS
MYHP
Guidepost
Alignment

Sponsoring 'Good Medicine'

The FNHA has partnered with Northern Native Broadcasting to sponsor *Good Medicine*, a weekly 30-minute radio program dedicated to First Nations health, wellness, culture, traditional knowledge and spirituality to support ourselves and each other.

The show is hosted by Ashley Pimlott from K'ómoks First Nation. Ashley has full editorial control of the program, with the FNHA providing support by generating story ideas and helping source guests from our many experts in the health care field. The first episode, for example, featured Dr. Nel Wieman, FNHA's Acting Chief Medical Officer as a guest. Dr. Wieman spoke about harm reduction in the context of the toxic drug poisoning crisis. She also shared about what keeps her hopeful and healthy, and how she engages in small transformative choices and accountability.

Good medicine airs on Journey 106.3 Vancouver, Northern Native Broadcasting's first station in the Lower Mainland. The program also repeats on CFNR, which has a wide reach throughout northern BC, including 42 First Nation communities.



Ashley Pimlott, Host of Good Medicine

Measuring Our Performance

Community-Driven, Nation-Based

Stories of First Nations health and wellness initiatives:

New Regional Data Reports - The FNHA Health Surveillance team has produced a series of regional health system data reports. Informed by significant engagement with regional teams, the reports share back data on priorities specific to each Region in areas such as: culture as medicine, mental health and wellness, community connections, sense of belonging, primary care and chronic conditions.

First Nations Decision-Making and Control

Progress on initiatives generating new First Nations-specific data for decision making:

The Tripartite Data Quality and Sharing Agreement has been extended until April 15, 2024. This agreement represents a commitment by the Tripartite partners to work collaboratively to enhance the ability of First Nations in BC to conduct health research and data stewardship activities. While much progress has been made in this space since the original agreement was signed in 2010, the renewal marks an important milestone in the continuation of this work.

Lifting One Another Up

of new partnership initiatives:

19 partnerships established or enhanced to advance creative wellness initiatives

Stories of innovative partnerships:

Partnering with Helicopters without Borders to Bring Health Services to Remote First Nations in BC

The FNHA, in partnership with Helicopters without Borders (HWB), launched Canada's first flying dental clinic. The inaugural flight transported an integrated oral health team, including a dentist, assistant, hygienist, denturist and nurse to Wuikinuxv, on the Central Coast. Over two days, all but five Wuikinuxv community members were seen by the team and over 54 dental services were provided. The partnership has since begun transporting the flying dental clinic to Xa'xtsa (Douglas), dental therapists into Dzawada'enuxw (Kingcome) and a dentist to Kitasoo once every three months. The HWB program has also transported COVID-19 vaccines and mental health workers.

In bringing dental and other wellness services directly into community, this partnership reduces the emotional and financial burden of medical travel on First Nations and enhances the overall cultural safety of care being provided.








VIDEO

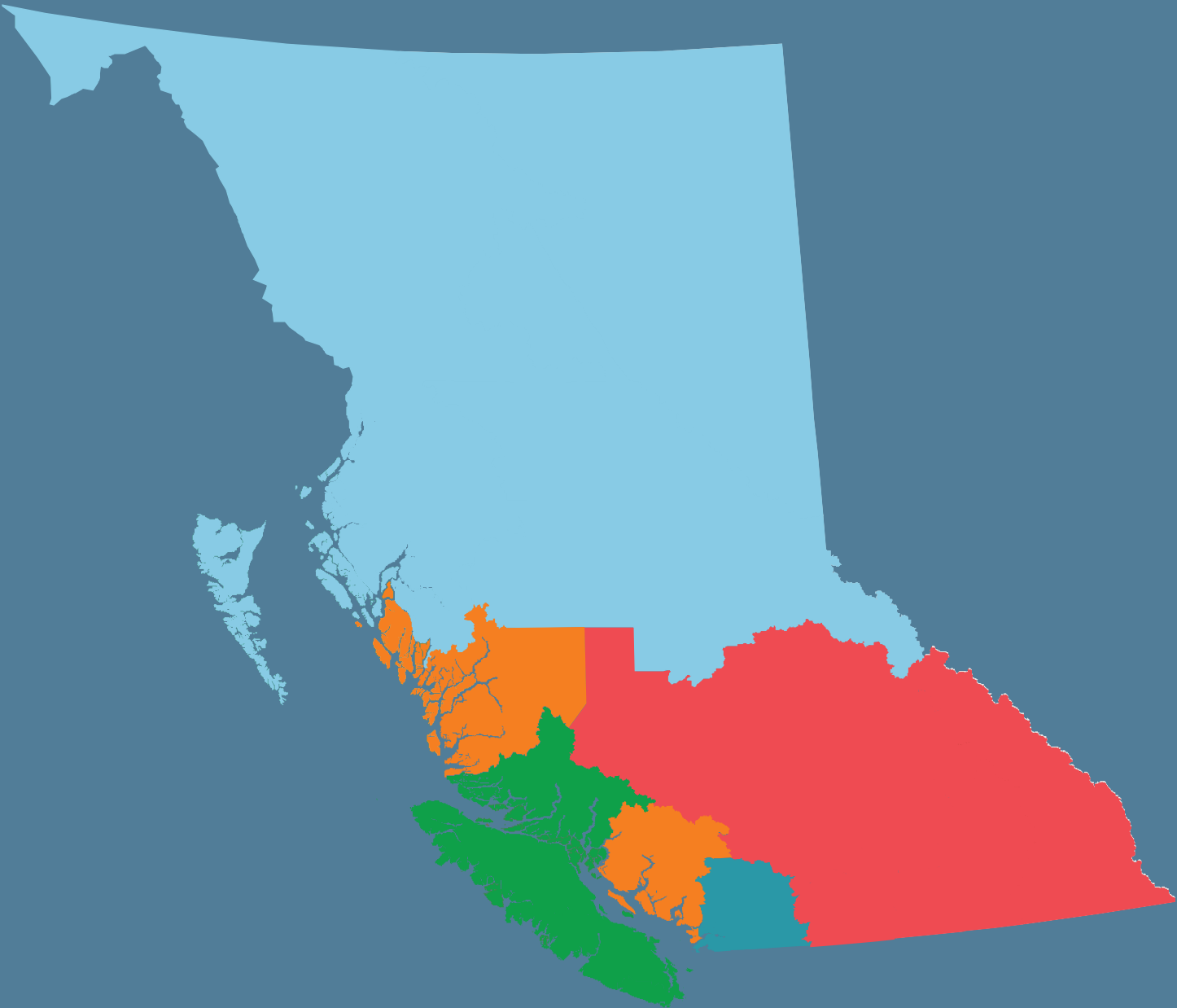
Helicopters without Borders



Regional Updates

There are five FNHA Regions: Vancouver Island; Vancouver Coastal; Interior; Fraser Salish; and Northern. The following sections provide updates from each Region on the past year.

-  **Fraser Salish Region**
-  **Interior Region**
-  **Northern Region**
-  **Vancouver Coastal Region**
-  **Vancouver Island Region**



Fraser Salish Region

The Fraser Salish Region is composed of 32 communities, including the people who live on the “Land facing the sea” – the Tsawwassen people – to the people that live up in the Fraser Canyon. The Region is guided by the Halq’eméylem word Letse’mot, which means “everyone working together.” This concept encompasses the idea that no one is alone and that everything and everyone is joined and connected in a community spirit as strong as our history is long.



VIDEO ▶



Former Vice President of Regional Operations for the Fraser Salish Region, Michelle DeGroot, shares the regional team’s work during fiscal year 2022-23.

“I would like to acknowledge and raise my hands up to our First Nation leadership, communities, elders, and staff. I would also like to raise my hands up to our health care workers who supported us through another challenging year. We acknowledge the challenges that have touched us all this past year, with public health and environmental emergencies. I am proud of our communities who have come together with partners to support each other through these crises.”

– Michelle DeGroot, (former) Vice President of Regional Operations, Fraser Salish Region

Stories of Progress

Supporting Action on the Toxic Drug Crisis

The regional team continued to prioritize various approaches to supporting First Nations communities in responding to and mitigating the impacts of the toxic drug poisoning crisis. Over the past year, this work included urgent and immediate responses in collaboration with community, health service agencies and various sub-regional organizations.

- Team members connect unsheltered Indigenous people to health, traditional wellness and cultural services and provide immediate care as needed, including food and basic provisions that are supplied through partnership with the Stó:lō Services Agency. Resources were also developed by the regional team for real-time drug alerts, ensuring easy access by all.
- Addictions specialists connect with Indigenous people at highest risk for consuming toxic drugs, those who are marginalized, exploited, invisible and/or unsheltered First Nations populations. The team collaborates closely with Fraser Health Authority, Health Service Agencies and partners, thereby providing culturally safe wrap-around support and helping to connect individuals with sustainable support systems, family units and health care and service providers.

Finding Indigenous Solutions to Health is the name for the Region’s innovative initiative that supports and enhances community capacity. Workshops and the Region’s train-the-trainer approaches have been successfully delivered in communities and alongside partner agencies, with traditional wellness woven within de-colonized training approaches and health literacy resources.

New Partnership Creates First Ever Overdose Prevention Site on Indigenous Land in BC

The FNHA is working in partnership with Xwchíyò:m (Cheam First Nation) and Fraser Health Authority to open a new overdose prevention site (OPS) in the Fraser Valley, the first in BC to be within a First Nations community. On April 21, 2022, the partners signed a Memorandum of Understanding, outlining the details of the partnership and the services to be provided at the OPS.

Providing a safe space for people who use drugs, reducing the risk of fatal overdoses and offering medical and emotional support in case of emergencies, the Cheam OPS will prevent deaths and harm using a trauma-informed, wrap-around approach incorporating culture. The site includes an indoor area and an outdoor inhalation space. A mobile OPS van will extend the reach of services for others living in Stó:lō territory.



The OPS and the mobile service will serve Indigenous as well as non-Indigenous people living in Cheam, neighbouring communities and municipalities including Chilliwack. Cheam OPS site will officially open in a good way on National Overdose Awareness Day, August 29, 2023. Prior to opening, services are being provided in community in collaboration with community, Fraser Health Authority and the FNHA to meet the urgent need.

Chief Andrew Victor from Cheam First Nation is joined by Richard Jock, CEO of the FNHA and Dr. Victoria Lee, President and CEO of Fraser Health Authority in signing the Memorandum of Understanding, which outlines the details of the partnership and the services provided at the OPS.

Empowering Health and Wellness through First Nations-Led Primary Health Care

In March 2023, the Ministry of Health and Sts’ailes First Nation jointly announced the funding for the First Nations-led Primary Care Centre (FNPCC) – the Sts’ailes Community Care Campus. The Ground Breaking Ceremony for the site took place in Sts’ailes on March 17, 2023, with representatives from Sts’ailes, the Ministry of Health, the FNHA and Fraser Health Authority.

The campus will combine primary health care, social services and Indigenous health supports within one team that will provide culturally safe, person-first health care for First Nations people and families living in Sts’ailes and other communities north of the Fraser River between Agassiz and Mission, the away-from-home population as well as those of other ancestries. Once built and fully staffed, individuals and families will be served by health care workers including primary care providers, Traditional Healers and allied health practitioners.



Chief Ralph Leon (Saw-ahkw) of Sts’ailes First Nation talks with B.C. Health Minister Adrian Dix during a traditional ceremony for the Sts’ailes First Nations-led Primary Care Centre.

“FNHA celebrates the partnership with the Ministry of Health and with First Nations communities to implement team-based culturally grounded primary care initiatives... these transformational models give full expression to BC First Nations self-determination and support a vision where First Nations people in BC have access to quality, timely and inclusive health and wellness services, which are rooted in culture and are welcoming spaces for the people being served.”

- Richard Jock, CEO for FNHA.

Creating Safe Spaces to Share Concerns

The transformative quality care concern resolution process, in collaboration with Fraser Health Authority creates a safe space for First Nations individuals, families and communities to share their truths and explore options for healing, closure and trust building. The client-centred approach uses a trauma-informed lens and views concerns holistically, connecting people with necessary wrap-around supports, such as traditional healing, mental health and health care navigation. In April, 2022, one year since the renewed approach was implemented, the Region recorded an increased number of complaints, speaking to the pathway’s success and confidence amongst patients that resolution will be achieved through the restorative healing approach.

Enhancing Maternal, Child and Family Wellness

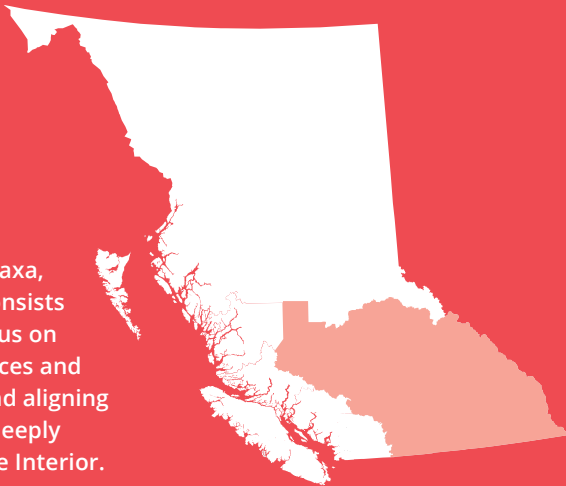
The Fraser Salish 2020 Partnership Accord and the 2020 Regional Health and Wellness Plan outlines the collaborative approach the Fraser Salish Region brings to their work to enhance service delivery across different sectors, including nursing, primary health care, mental health and wellness and environmental public health.

In November 2022, the Region’s commitment to maternal, child and family health was realized with the creation of a new team that has already started to incorporate a maternal, child and family wellness approach to existing and emerging needs and requests to improve program and service development, incorporating traditional wellness throughout. The team collaborates and works alongside the Region’s wellness systems navigation, nursing and wellness initiative teams as part of the Fraser Salish Closer to Home/Chémat approach. As the team and work plans are established, the maternal, child and family health team will enhance family wellness and overall quality care in existing and future community programs and services within the Fraser Salish Region.



Interior Region

The Interior Region is home to the 7 Nations of Dākelh Dené, Ktunaxa, Nlaka’pamux, Secwepemc, St’át’imc, Syilx and T̓silhqot’in, which consists of 54 First Nation communities. The Interior Nations’ priorities focus on improving health programs and services, bringing financial resources and decision-making closer to home and strengthening, maintaining and aligning capacity with communities and Nations through a system that is deeply rooted in the values, principles and cultures of the 7 Nations of the Interior.



VIDEO ▶



Regional Executive Director for the Interior Region, Mary McCullough, shares the regional team’s work during fiscal year 2022-23.

“I want to extend my gratitude to First Nations leadership, communities, and all those who have contributed to our shared vision. I acknowledge this past year has been challenging and one shaped by the public health and climate change emergencies impacting First Nation communities across the Interior region. I raise my hands to everyone who dedicated themselves and their work to the immediate needs of those communities who were impacted, as well as those who supported business continuity and ensuring community programs and services were not interrupted.”

– Lisa Montgomery-Reid, Vice President, Regional Operations, Interior Region

Stories of Progress

First Nations in Williams Lake Receive Improved Access to First Nations-Led Primary Care

The grand opening and Naming Ceremony of the All Nations Healing House (Healing House) in Williams Lake was held on November 4, 2022. The Healing House in the City of Williams Lake is the first of its kind in the Interior Region and the first net new First Nations-Led Primary Care Initiative (FNPCI) for the FNHA. The Healing House represents a culmination of many years of work and strong partnerships between the First Nations Leadership of the Dākelh Dené Nation, Secwépemc Nation, T̓silhqot’in Nation, the FNHA and the Ministry of Health. It offers excellent, culturally safe, integrated primary health care services for Indigenous people and families residing in the Williams Lake area and the surrounding 15 communities of the Secwépemc, T̓silhqot’in and Dākelh Dené Nations.



All Nations Healing House unveiled as name for First Nations Wellness Centre. Monica Lamb-Yorski, Williams Lake Tribune.

“This is an opportunity to do things differently and to provide primary care services with culture, ceremony and practices as a foundation to care. It is a place where First Nations people living in and around Williams Lake will feel welcomed and safe to access health services. It could not have been achieved without the support of the Dākelh Dené, Secwépemc and T̓silhqot’in Nations, and we acknowledge the ongoing support and guidance provided by the leadership in the planning and development of the First Nations Wellness Centre.”

- Lisa Montgomery-Reid, FNHA Vice-President, Regional Operations, Interior Region



All Nations Healing House Grand Opening Celebration and Naming Ceremony (Left to Right).
Monica Lamb-Yorski, Williams Lake Tribune.

The grand opening and Naming Ceremony of the All Nations Healing House (Healing House) in Williams Lake

A Doctor consulting with a client at the new All Nations Healing House in Williams Lake, BC.



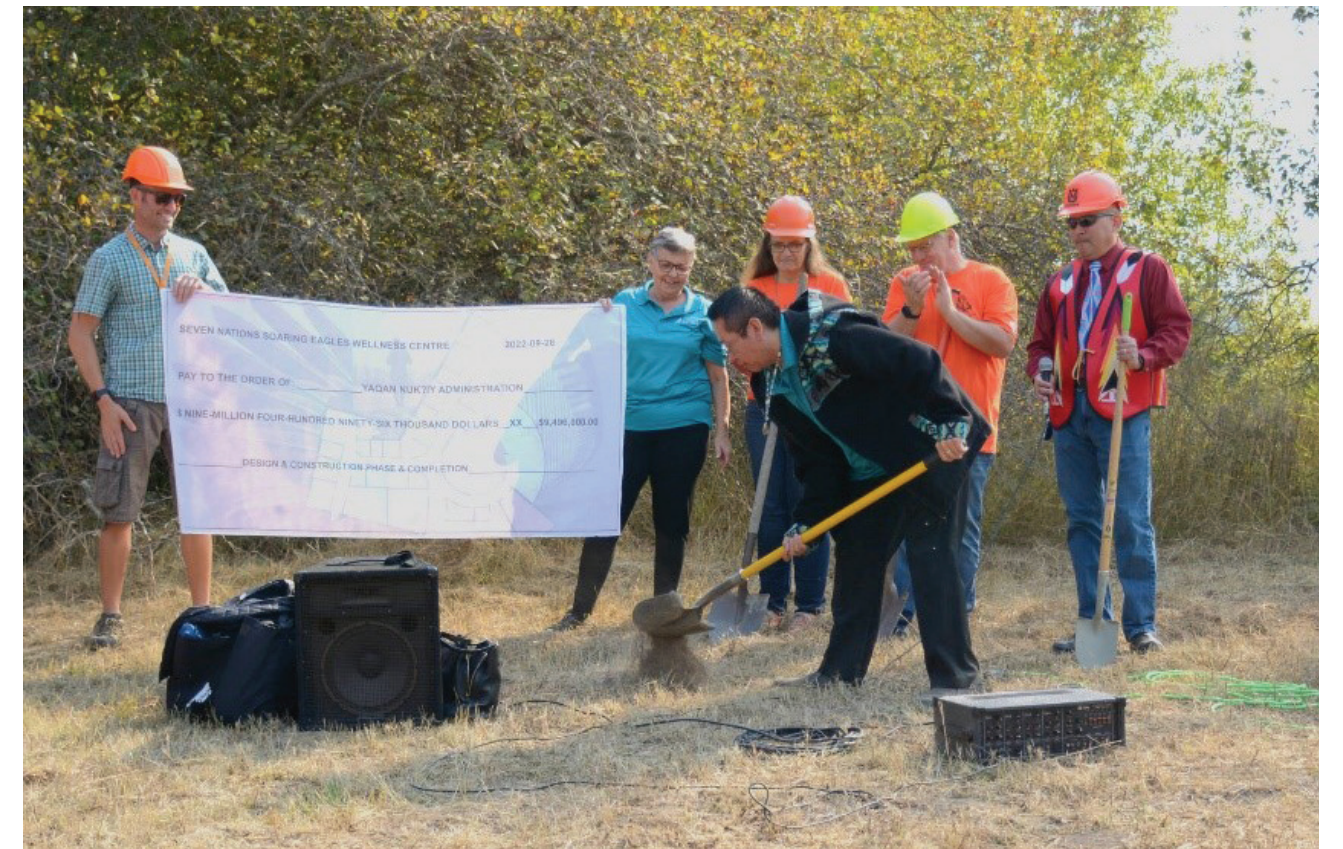
Yaqaan nuykiy (Lower Kootenay Indian Band) Breaks Ground on \$9.5M Treatment Centre

In September 2022, a Ground Breaking Ceremony was held for the Seven Nations Soaring Eagles Wellness Centre, on Yaqaan Nu?kiy/Ktunaxa stewarded land (Lower Kootenay Band). The centre will offer culturally based treatment to support First Nations people on their healing journeys with substance use. It will include a main building as well as four dwellings, a workshop, sweat lodges, outdoor fire pits and a spirit walk through the forest. The program will provide clients with an eight-week comprehensive program that addresses trauma and the roots of dependency. It will support individual transformation by encouraging participants to let go of their wounds and their past to become the person that they're meant to be.



The Seven Nations Soaring Eagle Healing Centre has come to life through a partnership between the FNHA and the 7 Nations in the Interior Region and in collaboration with the provincial and federal governments, with the FNHA contributing mainly to the capital costs and operations of the centre.

Seven Soaring Eagles Wellness Centre Site Map Design



Nasukin (Chief) Jason Louie stands with Facilities and Operations Manager Ken White and Chief Operating Officer Heather Suttie as they accept the funding of \$9.5 million for the Seven Nations Soaring Eagle Healing Centre. (Photo by Kelsey Yates)

Harm Reduction Initiatives and Support for the Interior

The Interior regional team continues to walk alongside and support First Nations communities in mitigating and responding to the devastating impacts of the ongoing toxic drug poisoning crisis.

Over the past year, the regional team has provided support through:

- Assistance with the development of Harm Reduction Work Plans for four Nations: Nlaka’pamux, Syilx, Secwépemc, and Ktunaxa.
- Registration and establishment of the West Kelowna and Kamloops FNHA offices as harm reduction supplies distribution sites.
- Focused efforts to coordinate rapid access to treatment services and detox beds.
- Virtual presentations with Nations, delivered in collaboration with Interior Health (IH), that provide referral and application pathways for BC treatment centres.
- A Youth Suicide Applied Intervention training for frontline youth workers.



Members of the Interior Region Mental Health and Wellness Team at the Ktunaxa Wellness Fair

Enhancing Indigenous Wellness through Nations Shared Services

The Interior Region supports the Nation Shared Services (NSS) funding model that implements a diversity of health and wellness initiatives and facilitates services that are equitable, close to home and where no one is left behind.

In December 2022, the FNHA and representatives from the 7 Nations co-developed a roadmap with strategic priorities and actions for the NSS. Serving as an operational arm for the Interior region, the FNHA also created an internal accountability tracker to monitor and report on the progress of NSS related activities and requests that fall outside of NSS and primary care.



Nlaka’pamux Health Services Society, Merrit, BC

Partnership Approaches and Data Governance

In June 2022, the Partnership Accord Leadership Table (PALT) came together to review and confirm their approach to implementation of the Partnership Accord (2019-2024). A 2022-2023 PALT Action Plan was created to summarize discussions and describe key activities for PALT to undertake in the year ahead. The Plan focused on five key priority areas:

1. Terms of Reference and Accountability
2. Decision-Making and Engagement Pathways
3. Communication and Escalation Pathways
4. Incorporating the Seven Directives
5. Logistics and Monitoring.



June 2022 Meeting of the Partnership Accord Leadership Team in Xení Gwet’in. The Xení Gwet’in First Nations Government is one of the six communities that form the Tsílhqot’in Nation located in Traditional Tsílhqot’in territory.

Strengthening Health Emergency Health Governance in the Region

In 2018, Chiefs in the Interior Region came together and declared a State of Emergency in light of the compounding impacts of environmental emergency events, inclusive of floods and fires. The Region has continued to see a disproportionate frequency of these climate-related emergencies prompting work this past year to further solidify First Nation communities in the Interior Region as true partners in emergency management.

The Interior Region Nation Executive (IRNE) have been focusing their efforts on supporting each of the 7 Nations to develop their own Government to Government Collaborative Emergency Management Agreements. These agreements will support improvements and capacity building across all four pillars of emergency management and will take into account the experience and local and traditional knowledge of First Nations in the Interior Region. It will allow the Nations to come together in response during emergencies, and include evacuee supports and resource sharing in emergency events, all while ensuring these efforts align with the Unity Declaration principles to support a Community-Driven and Nation-Based process. An important next step will be IRNE's advocacy for sustainable resources to support Nation based emergency management and response.

Establishing new Pathways for Health Emergency Management

Internal to the FNHA Interior Region, a Health Emergency Management (HEM) team has been established to support communities and Nations during emergency events. In response to community needs, the FNHA has developed a structure to be able to activate an Emergency Operations Centre (EOC) at multiple levels, depending on the needs. This EOC response structure allows the FNHA team to establish an effective system to coordinate and mobilize supports for the 54 First Nations and communities in the Interior Region.

The HEM and EOC teams will also offer supports to communities through all four phases of emergency planning, including mitigation, preparedness, response and recovery. In addition to the FNHA supports, a recently new Indigenous HEM Liaison position was created within the IH HEM team. This position's responsibilities are to focus on improving preparation around coordination and collaboration between the FNHA, IH and Nations in health emergencies.



PALT Team Members meet in June 2022

Building Strong Together with Interior Health

During the COVID-19 pandemic, the FNHA and IH worked in collaboration to support the First Nations communities in the Interior Region in a variety of areas, including access to care, isolation supports and transportation. Building off of this success, FNHA and IH have continued to work together and have designed a structure to implement a coordinated response to support communities during times of need. This includes jointly standing up coordination calls and responses focused on meeting the needs of the First Nations communities, eliminating gaps in services, and providing a ‘no door is the wrong door’ approach.

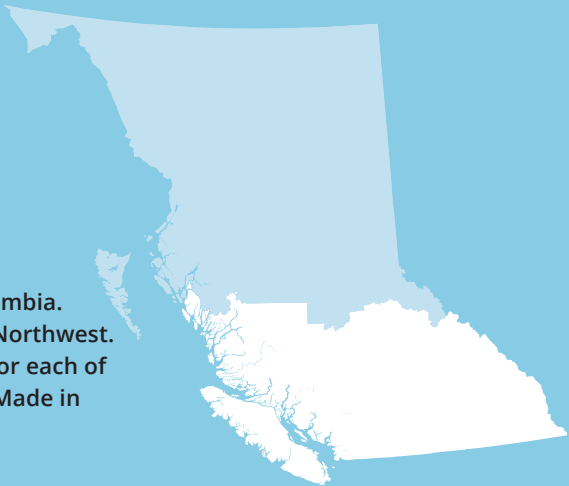
Monthly Emergency Management Committee meetings with the HEM Preparedness leads from each Nation are held to share resources, information and wise practices. In addition, the IH Aboriginal Partnerships portfolio works with the FNHA and IH HEM teams to more efficiently respond to community health and wellness needs.



Rescue and supply drop for those impacted by the Cawston mudslide in the Lower Similkameen Indian Band.

Northern Region

The Northern Region is the largest territorial region in British Columbia. It is divided into three sub-regions: North Central, Northeast and Northwest. The Region is working hard to build infrastructure and pathways for each of its Nations and communities that are guided and reflective of its 'Made in the North' approach.



VIDEO ▶



Vice President of Regional Operations for Northern Region, Julie Morrison, shares the regional team's work during fiscal year 2022-23.

"I want to offer my appreciation to the leadership and health teams of all communities for the collective efforts to advance our interests in health and wellness over the last year. Our work is always guided by the First Nations we serve."

– Julie Morrison, Vice President of Regional Operations, Northern Region

Stories of Progress

Progress on the Northern Regionalization Plan and Collaborative Initiatives

The Northern Region, together with the FNHA Office of the OCNO and provincial partners, made important headway over the past year implementing the Northern Regionalization Plan. The primary objective of the plan is to facilitate the seamless transition of nursing operational services from the OCNO to the Region. This includes the transfer of six nursing stations and eight health care centres to enhance access to care, working closely with communities and nursing staff to integrate the new structure with no disruptions to care. As part of bringing services closer to communities, nursing administration offices in both Lheidli T'enneh and New Hazelton are expected to open in late fall of 2023.

Combatting the Toxic Drug Crisis and Addictions Together

Addressing the toxic drug crisis and the impacts of addictions were the most urgent priorities for the Region this past year. Working with partners, such as Northern Health, PG POUNDS (Preventing Overdose and UNDOing Stigma), the Quesnel Shelter and Support Society and the Coalition of Substance Users in the North, the regional team extended the impacts of their work with initiatives such as the launch of a system of Toxic Drug Alerts which issued 10 lifesaving alerts in the Region to quickly inform communities and people who use substances when particularly toxic drugs are being sold.

The regional harm reduction team spread out to communities throughout the Region, delivering Naloxone training and harm reduction supplies to those who need them most. The team supported PG POUNDS with on-the-ground practical help such as providing food and overdose responses. They also distributed naloxone kits and training to Moccasin Flats and Prince George's tent city, which houses friends and loved ones from all over the North.

Addictions Engagement and Knowledge Exchange Forum

The Region held an Addictions Engagement and Knowledge Exchange Forum held in March 2023 which saw 210 dedicated leaders and individuals from 50 Northern First Nations come together to share stories and discuss priorities for action. A booklet containing over 1,000 concerns and recommendations raised by participants was developed and shared with community at Spring Caucus. The forum included a focus on stories and hosted former national hockey league star, Jordin Tootoo, as a keynote speaker. Tootoo spoke openly of his trauma and the land-based healing program that has been central to his recovery journey.

Engagement topics at the forum highlighted gaps in services for First Nations communities, challenges, stigma, land-based healing approaches, treatment options and promising practices.



The peer panel at the Addictions Engagement and Knowledge Exchange Forum, March, 2023.

Anti-Stigma Billboard Campaign

FNHA North rolled out a mass billboard campaign to fight substance use stigma, which hampers efforts to provide harm reduction services. The seven billboards were placed in high traffic locations throughout the city of Prince George as well as beside highways throughout the Region.



One of the Northern Region’s Anti-Stigma Billboards.

Connecting Communities through Phones for Peers Program

In collaboration with the Social Planning and Research Council of BC (SPARC BC), the regional team distributed cell phones to community members through the Phones for Peers Program. From January to March 2023, the program distributed 59 phones to community members that are loaded with health and wellness apps such as the BC COVID-19 App, Lifeguard and Zoom. These phones serve as a lifeline for people whose access to health care was impacted by COVID-19 restrictions and for those needing supports for the toxic drug crisis.

Advancing First Nations Primary Care in the North

Significant progress has been made by the Northern Primary Care Team in advancing the [Primary Health Care Strategy](#). This has included work to establish three selected First Nations Primary Care Initiative sites in Fort St. James, Hazelton and Chetwynd. All three teams have engaged with communities to understand their diverse and unique needs. The Fort St. James and Hazelton sites received Service Plan and Budget approval; and the Chetwynd site Service Plan and Budget are entering the review and approval stage.

Expanding Access to Stable Supported Housing

Northern Health implemented a new Complex Care Housing program in Prince George, Terrace and Fort St. John which provides 10 people in each community with stable housing and access to mental health and substance use programming. The Northern FNHA team has supported these initiatives by providing leadership and advice, as well as assistance with strategic planning.

Addressing Food Security through the Rural, Remote and Indigenous Food Action Grant

The FNHA collaborated with Northern Health to establish a [Rural, Remote and Indigenous Food Action Grant Program](#). In line with a broader provincial and health authority commitment to advance food security in BC, this program is intended to support community food action across northern BC with the goal of improving food security within the Region. In the last year, nine projects were funded in northern communities.

The Northern Response to the COVID-19 Pandemic

The FNHA Northern team released a [Northern Response](#) documentary on December 8, 2022 about the Northern Region’s response to the COVID-19 pandemic in Indigenous communities, highlighting the resilience of First Nations communities. It weaves together stories from the early days of the pandemic and documents how Indigenous communities throughout northern BC responded to the crisis, detailing everything from logistics to personal impacts on people, communities and culture.

BC Provincial Health Officer Dr. Bonnie Henry, who was in attendance at the premiere in November 2022, spoke to how the film is a reminder of all the important connections that were made during a challenging time. She also shared that she holds tremendous respect for the First Nation leaders for how they cared for their communities.

“We are in a place of forgetting a lot of those things that happened – the fear, the uncertainty, the unknowing, the anxiety and ‘how do we deal with this? And those moments of joy – I am so, so appreciative that they did this film, and it will remind us that we are a strong and resilient and that we can get through this if we are together.”

- Dr. Bonnie Henry, BC Provincial Health Officer



Vancouver Coastal Region



The Vancouver Coastal Region is home to 14 First Nations and comprised of three sub-regions: the Central Coast, Southern Stl’at’imx and South Coast. Each of these Nations are unique in their culture, traditions and geography. Each sub-regional family faces health and service delivery constraints that require different approaches and supports.

VIDEO 



Vice President of Regional Operations for Vancouver Coastal Region, Kim Brooks, shares the regional team’s work during fiscal 2022-23.

“I offer my sincere gratitude to every person who has contributed to this important work. We look forward to our continued partnership for the journey that still lies ahead.”

– Kim Brooks, Vice President of Regional Operations, Vancouver Coastal Region

Stories of Progress

Laying the Groundwork for a New Regional Treatment and Wellness Centre

The FNHA Vancouver Coastal regional team is working in partnership with the shíshálh Nation and the 13 Vancouver Coastal First Nations communities to create a new regional treatment and wellness centre in Sechelt.

This past year, a comprehensive feasibility study was launched to engage on the specific service delivery needs of the communities it will serve. Vancouver Coastal regional community health leaders continue to be engaged and provide guidance for this work, contributing to a shared decision-making process for the centre’s service design and delivery. Working together, the centre is being designed to provide a transformative treatment, healing and wellness experience that empowers individuals, preserves cultural heritage and contributes to the overall well-being of the community.

Advancing Transformation and Implementing the First Nation-Led Primary Care Initiatives in the Region

Planning for primary care transformation in the Vancouver Coastal Region continues through a collaboration between the FNHA provincial team, the FNHA Vancouver Coastal regional team, BC Ministry of Health, Doctors of BC, Vancouver Coastal Health Authority (VCHA), urban Indigenous health service organizations and Vancouver Coastal First Nations communities. This joint partnership is focused on understanding how to effectively navigate the complexities of service planning and resourcing First Nations Primary Care Centres, and the Primary Care Network throughout the Region.

A significant focus of this work has been on the accessibility of culturally safe primary care for all First Nations peoples living in the Vancouver Coastal Region. This has been done through:

- Planning and implementation of 3 First Nations-led Primary Care Centres: Lu’ma Medical Centre, located in Vancouver, has been providing high quality, culturally safe primary care services to First Nations populations and their families for 3 years and the Vancouver Coastal team is supporting the service plan development for future Primary Care Centres in the Southern Stl’at’imx Region and in Nuxalk Nation territory.
- Supporting active participation of First Nations representatives in Collaborative Services Committees and Primary Care Networks.

This integrated approach is working to streamline and improve healthcare services for First Nations communities.

Regionalization and Bringing Nursing Closer to Home

Several regional milestones were achieved over the past year towards the regionalization of FNHA nursing stations. The FNHA Vancouver Coastal Region has now taken over full operation of both the Kitasoo Xai’xais nursing station and Nuxalk Health Centre. A regional nurse manager was hired to oversee operations. Two community health nurse practice consultants have been hired to support all nurses working in the 14 First Nations communities in BC. Additionally, a full-time position has been established for a nurse practice consultant for harm reduction and substance use.

Toxic Drug Emergency Response: Strengthening the Circle by Implementing Regional Indigenous Harm Reduction Initiatives

The regional team continues to prioritize meeting First Nations communities where they are at in relation to the toxic drug crisis. Over the past year, this work has included increasing awareness and access to supports through activities such as education workshops, sharing information at community events and Caucus gatherings as well as streamlining pathways for naloxone sites throughout the Region. With input from the BC Centre for Disease Control, the FNHA 4Directions Team and VCHA, an Indigenous Harm Reduction Education Program was developed to support training and build capacity in the area of culturally safe harm reduction. The team continues to work in partnership with Nations and urban Indigenous service organizations to support community-led responses to the crisis.

Goals of the [Framework for Action: Responding to the toxic drug crisis for First Nations](#)



Prevent people from dying
Harm Reduction sites and services are open, safe and expanding to more locations in BC.



Keep people safer when using
Using drugs alone is dangerous. Using with someone else is safer, even during COVID-19.



Create a range of treatment options
Ask your healthcare provider or support network about safer alternatives to toxic drugs.



Support people on their healing journeys
Support is available now. Ask your support network or healthcare provider about your options.

A larger than expected number of applicants stepped forward for FNHA Harm Reduction Grants in the Vancouver Coastal Region. The funding advanced a variety of response activities, including many centered around First Nations culture

Land-Based Harm Reduction Programming in Victoria and Vancouver

PHS Community Services Society, which provides housing, healthcare, harm reduction and health promotion for some of the most vulnerable and underserved people in Vancouver’s Downtown Eastside and Victoria, received funding to support a diversity of cultural and land-based harm reduction programming. This included workshops and traditional activities such as rattle and drum making workshops, drumming and singing, healing circles, sweat lodges and Yuqipi ceremony, smudging and healing medicines. Participants were provided the opportunity to visit St’at’imc Nation where they stayed in a large teepee, engaged with Elders and community members and took part in supportive activities.

PHS Community Services Society
Weekend trip to St’at’imc Nation.



Organized event to mourn and release loved ones who had passed as victims of the toxic drug crisis. Mourners wrote the names of loved ones on a cedar feather and hung them on a memorial wall.

ʔajumet (Ahh-juu-meh) Harm Reduction Circle

ʔajumet (a beautiful, safe place to go) Harm Reduction Circle is a community-based program that provides harm reduction and substance use supports in Tishosem, Tla’amin Nation. The program supports people with lived and living experience with substance use, working as peer leaders in the program and building relationships and support networks within Skoo-Kum Hi-Yu’ko-pet’, the larger peer network within the Vancouver Coastal Region.

With funding from an FNHA harm reduction grant, ʔajumet hosted community education sessions, a weekly hot lunch drop in program and a full week of workshops and activities during National Addictions Awareness Week in November 2022. They facilitated a partnership with Jeh Jeh Media to work with peers to design and include language and culture in their program space. The funding also supported training for staff and community members in overdose response, naloxone training, grief and loss.

Advancing CSH, Indigenous-Led Feedback Systems and Health Emergency Response Pathways

Upholding the BCCSHS, the Truth and Reconciliation Calls to Action and the *In Plain Sight* report recommendations, the FNHA Vancouver Coastal Region embeds CSH across regional programs and services. In addition, throughout the year, the Region collaborated with provincial and regional system partners including the Ministry of Health, health authorities and hospitals to advance CSH collaboratively at a strategic level system wide.

Promoting learning and skill building, the team launched and distributed educational resources in CSH and cultural knowledge. A cultural safety library was created to support new and experienced healthcare professionals working for FNHA staff and system partners for building knowledge and awareness over time. This initiative also helped support Indigenous communities with materials to provide for healthcare professionals who work with Indigenous people.

The team worked with regional health system partners to develop Indigenous-led pathways for addressing health-care concerns and provided case management and system navigation for Indigenous community members experiencing healthcare harms. The Region also worked with local community organizations to support safe pathways and built an inventory of traditional medicines for community members to access.

Vancouver Island Region



Vancouver Island is home to 50 First Nations communities that make up three distinct families on the Island: Coast Salish, Nuu-chah-nulth and Kwakwaka'wakw. Vancouver Island's First Nations are diverse, with distinct culture and traditions, cultural knowledge and practice, and languages across the Region.

VIDEO ▶



Vice President of Regional Operations for Vancouver Island Region, Brennan MacDonald, shares the regional team's work during fiscal year 2022-23.

"I want to offer my appreciation to the leadership and health teams of all communities for the collective efforts to advance our interests in health and wellness over the last year. Our work is always guided by the First Nations we serve."

– Brennan MacDonald, Vice President of Regional Operations, Vancouver Island Region

Stories of Progress

Vancouver Island Partnership Accord Renews Commitment for First Nation's Health Outcomes

A signing ceremony was held in Nanaimo on April 28, 2022 signifying the renewal of the Vancouver Island Partnership Accord (the Accord). The Accord is a relationship document, first signed in 2012 to strengthen the partnership between the Vancouver Island Regional Caucus, the FNHC and the Vancouver Island Health Authority (Island Health) and facilitate shared decision-making between parties towards a shared goal of improving the health outcomes of First Nations on Vancouver Island (VI).

The 2022 update reflects the ongoing growth, evolution and strengthening of the partnerships and directs the development of joint work plans to support implementation of their shared priorities. The updated Accord included the addition of the FNHDA regional representatives, in acknowledgment of the critical role health directors carry in this partnered work.

"This latest refresh of the Accord allows us to get clarity on what really matters, address concerns for care and look at innovative, creative and supportive ways to better serve our First Nations population" said Kathy MacNeil, CEO of Island Health.

Each of the organizations signing the 2022 Accord will be accountable for contributing to a joint work plan, providing appropriate levels of support for its implementation as well as monitoring and reporting on progress. The ceremony was witnessed by Chiefs, Elders and community members from Nations across the Island.



April 2022 signing of the updated Vancouver Island Partnership Accord.
(L-R: Brennan MacDonald, Vice President Regional Operations; Richard Jock, Chief Executive Officer; Colleen Erikson, Board Chair).

Responding to the Toxic Drug Crisis

The VI Regional team has expanded its mental health team to better support community requests related to harm reduction, substance use, treatment and wellness centre navigation and developing community-based initiatives. The mental health team now offers an even wider reaching diversity of wraparound supports, including:

Partnering to Increase Access to Treatment Beds

As part of the Partnership Accord Mental Health and Wellness Workstream, priority work this year included efforts to improve access to existing treatment beds across the Region. The regional team celebrated Island Health entering in to new agreements with FNHA funded treatment centres to add 10 new beds to Kaackamin in Port Alberni, and five new beds to Tsow Tun LeLum in their new Cowichan Valley location.

Toxic Drug Crisis Forum

On November 9, 2022, the FNHA and Island Health hosted a toxic drug crisis forum to gather insights and recommendations from First Nation leadership to alleviate the public health crisis. These recommendations were presented directly to BC Minister of Health and Addictions, Sheila Malcomson at the VI Regional Caucus on November 10, 2022.

Creating Connections through Lunch and Learn Initiative

The Region launched a ‘lunch and learn’ series as an informal space for discussion and knowledge sharing on topics of interest to communities and with health system partners. Initial sessions focused on substance use and harm reduction topics, and later expanded across the continuum of mental health services.

Nurturing CSH in New Practitioners

UBC Strathcona Family Medicine Residency program celebrated their five-year anniversary of learning from the local Ligwilda’xw Nations. The Nations help residents learn not only about the land that they are practicing on, but the traditional medicines used in the area, the history of the Indian Hospitals and Residential schools, First Nations Health Benefits and their role as physicians in that and how trauma impacts the brain and body. Having Nations step into the teaching role has provided these residents with a better understanding of how to do their work in a good way. Residents have had the opportunity to sit with Elders and take the time to root themselves in the local territory. Workshops are held through regional Primary Care and Quality teams.



UBC resident physicians pledge commitment to CSH through It Starts With Me campaign as part of regional quality initiative.

Celebrating Youth Across the Region

VI Regional Caucus called for the increased presence of youth and the uplifting of youth voices in regional health planning and implementation. In response, this past year, the regional team renewed energy in youth inclusion and work is underway to develop a youth council moving forward.

From the direction of the VI Regional Chiefs, youth were invited to GWXII and VI Regional Spring Caucus. A youth representative from each cultural family was also invited to attend VI Spring Caucus, and they encouraged more youth participation in future Caucus meetings.

“I am so tired of surviving. I want to just live and wake up knowing that my peers are not going through hard times. Addictions must be taken seriously by providing adequate resources. We must reach out to youth and let them know we are here to help. It is not enough to just talk about funding; we must act and improve. Let us work together to make a difference.”

- Jessica Wadhams, Kwakwaka’wakw Youth Leader

Caring for our Regional Team

The FNHA VI family gathered on Sept. 29 at Transfer Beach in Ladysmith in recognition of the 2022 National Day for Truth and Reconciliation. It was an opportunity for the team to reflect on what can be done as individuals and as an organization to advance Reconciliation together. Elders Bill Cramner and Cliff Atleo spent the entire day with the team, grounding spirits by bringing forward some of their wisdom to guide and connect the team in heart and mind. Humbled by the messages within their stories, we were reminded of our ongoing commitment to learning and deepening our understanding of our shared history for continued healing.

Supporting Island Health’s Indigenous Self-Identification Initiative

The FNHA has partnered with Island Health to support an engagement and dialogue process with VI First Nations. In Fall 2022 Island Health extended an invitation for VI First Nations representatives to participate in a working group to inform training and implementation of the Indigenous Patient Identifier Initiative. This initiative will provide patients the option to voluntarily self-identify as Indigenous in order to better support patient experience and further develop Indigenous health programs within Island Health and across the Island Region.

Together with Island Health, the VI Region also began dialogue on data governance. Discussions on the topic were held at both family and Regional Caucus sessions this past year and a VI Data Governance Framework is anticipated to be complete by December 2023.

Conclusion

The FNHA achieved significant progress in 2022/23 on all 19 of our annual operational priorities and in all five goal areas of our *Paddling Together* Plan:

- 1. Drive transformation through the BC First Nations Health Governance Structure and partnerships;
- 2. Enhance access to quality health and wellness services;
- 3. Enhance culturally safe mental health and wellness approaches;
- 4. Advance First Nations approaches to addressing anti-Indigenous racism in health; and
- 5. Drive health and wellness innovation together with First Nations and other partners.

We supported First Nations in BC through public health emergencies including the toxic drug crisis and various extreme climate change-related events. We also continued work with partners to address ongoing anti-Indigenous racism and inequities in the healthcare system. We have worked to be flexible and adaptable in this context, while maintaining our ongoing commitment to pursue excellence in programs, services and operations, remaining grounded in the 7 Directives and guided by the direction provided to us by First Nations in BC.

Looking ahead, the FNHA will continue our work to implement our *Paddling Together* Plan and advance our [Shared Vision](#) with First Nations and other partners to see all First Nations children, families and communities in BC thriving, healthy and self-determining.



2022/2023 Financial Report

This financial report incorporates analysis of the financial results and financial position for the year ended March 31, 2023. It is prepared as a supplementary resource to the audited financial statements and accompanying notes and schedules (the Independent Auditors’ Report).

The audit firm KPMG LLP was appointed by Members of the Society to audit the financial statements of the FNHA. For the tenth 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.

The audited financial statements are prepared in accordance with Canadian accounting standards for not-for-profit organizations, which require financial results to be reflected for the year alongside prior year comparative figures.

At the FNHA, strategic planning, the utilization of funding and the realization of expenses are aligned with the 7 Directives and Shared Values as well as the Operating Principles. The utilization of resources is consistent with the following:

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

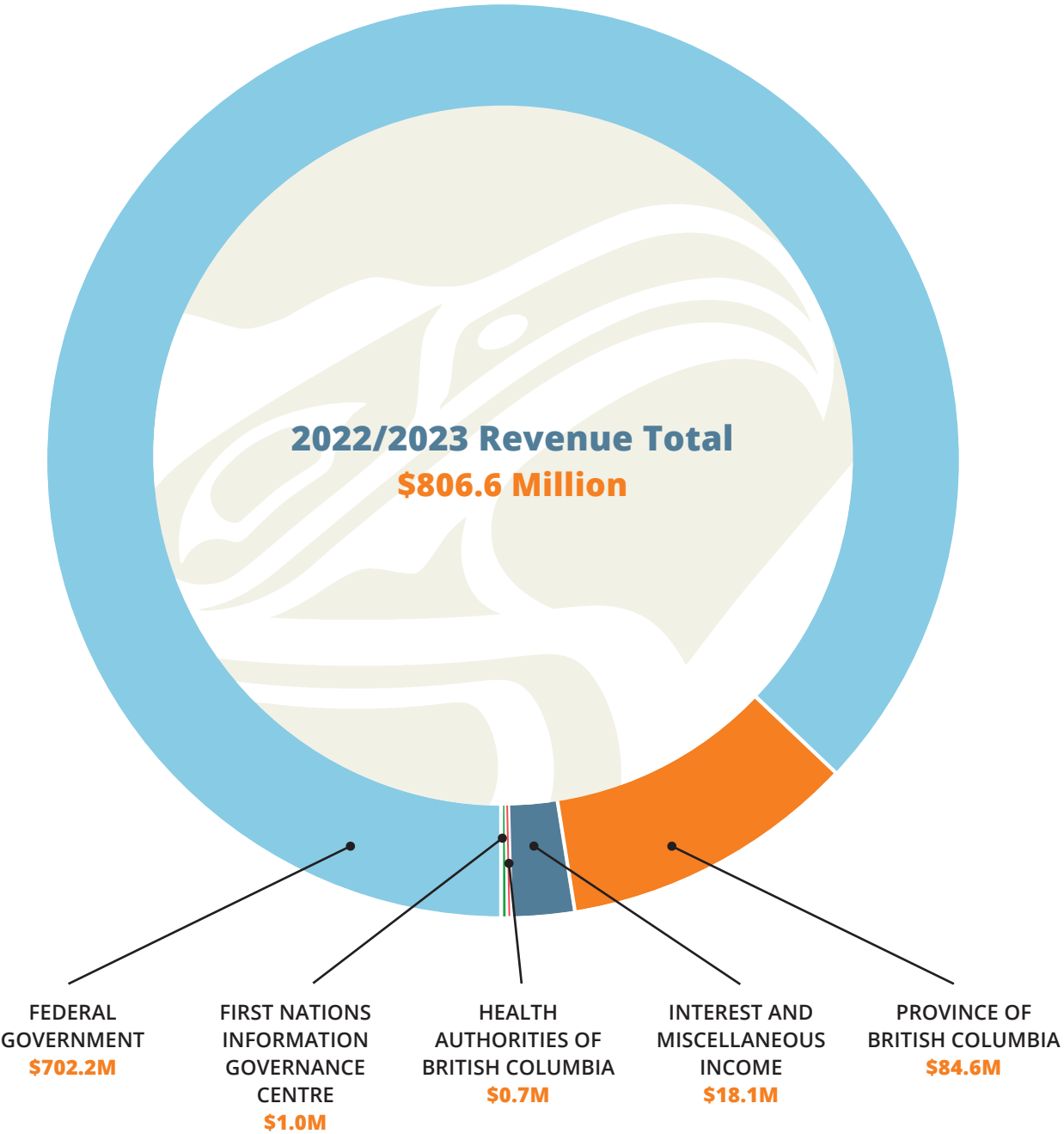
In addition, the organization continues to focus on prudent financial management, fiscal responsibility and financial sustainability. The financial results reflect this approach as well as consideration of priorities and value for money. For the year ended March 31, 2023, an operating surplus of \$15.4 million on total expenditures of \$791.2 million is reported. This surplus equates to 1.9 per cent of total expenses and 1.9 per cent of total revenues for the fiscal year. The surplus is associated with unrestricted revenue received or receivable within the current fiscal year but which is unspent.

Statement of Operations

Year ended March 31, 2023, with comparative information for 2022 | Expressed in millions of dollars.

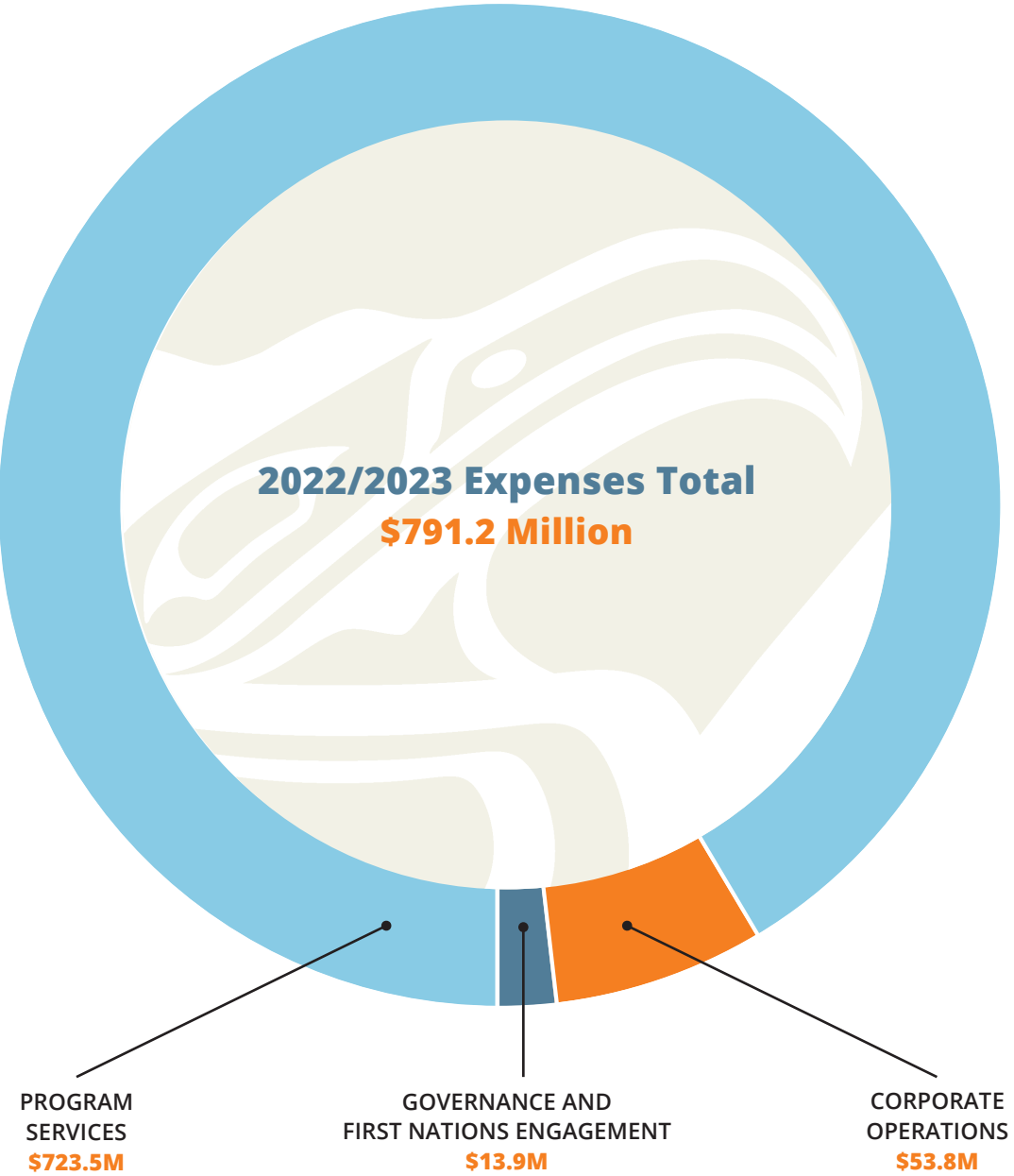
	Actuals		Actuals as a % of Revenue or Expenses	
	F2023	F2022	F2023	F2022
REVENUE				
Federal Government	702.2	658.9	87.1%	89.5%
Province of British Columbia	84.6	69.6	10.5%	9.5%
First Nations Information Governance Centre	1.0	1.0	0.1%	0.1%
Health Authorities of British Columbia	0.7	0.9	0.1%	0.1%
Interest and Miscellaneous Income	18.1	6.1	2.2%	0.8%
	806.6	736.5	100.0%	100.0%
EXPENSES				
Corporate Operations	53.8	47.5	6.8%	6.6%
GOVERNANCE AND FIRST NATIONS ENGAGEMENT				
First Nations Health Council	2.6	2.0	0.3%	0.3%
First Nations Health Directors Association	2.3	1.7	0.3%	0.2%
First Nations Engagement	9.0	4.9	1.1%	0.7%
	13.9	8.6	1.8%	1.2%
PROGRAM SERVICES				
Health Benefits	248.1	237.1	31.4%	32.8%
Direct Community Services Funding	300.0	291.5	37.9%	40.3%
Health Services and Programs	165.1	130.0	20.9%	18.0%
Regional Operations	10.3	7.8	1.3%	1.1%
	723.5	666.4	91.4%	92.2%
TOTAL EXPENSES	791.2	722.5	100.0%	100.0%
Excess of Revenues over Expenses	15.4	14.0	1.9%	1.9%

Revenue



The largest component of funding (\$702.2 million) for the FNHA comes from our federal partner through the Canada Funding Agreement and the Canada Consolidated Contribution Agreement. Provincial funding (\$84.6 million) represents commitments to: the BC Tripartite First Nations Health Plan (\$11.0 million); Joint Project Board ongoing initiatives (\$13.8 million); COVID-19 Response Initiatives (\$9.8 million); Opioid, Mental Health and Addictions (\$12.7 million); Aboriginal Head Start Initiatives (\$13.7 million); Indigenous Treatment and Land-Based Healing (\$11.2 million); Virtual Substance Use, Psychiatry, and Doctor of the Day (\$2.4 million); First Nations Led Primary Health Care Clinics (\$4.3 million); Electronic Medical Records (\$2.7 million) and various other initiatives (\$3.1 million).

Expenses



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, CEO office, Legal, Communications, Finance & Corporate Services, Human Resources, and Information Management/Information Technology, plus the amortization of capital assets. Total expenses for Corporate Operations were \$53.8 million, representing 6.8 percent of total expenses for the 2022-23 fiscal year (in fiscal 2021-22: \$47.5 million and 6.6 percent of total expenses). This increase is primarily due to an increase in compensation costs per collective agreements and FNHA board-approved compensation strategy, along with increases for IT hardware and software services, employee and community travel, office leases, minor office and equipment expenses, and amortization expense as a result of inflationary and resumed post pandemic activity levels.

Costs related to **Governance and First Nations Engagement** include remuneration and travel costs of the councilors/directors of the First Nations Health Council and First Nations Health Directors Association, as well as the operational costs of the secretariat functions. Costs related to First Nations Engagement include Regional Caucus sessions, regional tables, Gathering Wisdom for a Shared Journey and community engagement activities. Total expenses for Governance and First Nations Engagement were \$13.9 million, which represents 1.8 percent of total expenses for the 2022-23 fiscal year (in fiscal 2021-22: \$8.6 million and 1.2 percent of total expenses). The year-over-year change is primarily due to timing of Gathering Wisdom event and increased activity levels as COVID-19 pandemic restrictions were eased.

Program Services includes health benefits, direct community funding, health services and programs, and regional operations. Financial results in each area are described separately in the next sections.

Health Benefits includes the operations of the Health Benefits department, Health Benefits expenditures (such as medical transportation, vision, dental and prescription drugs), and dental therapy costs. The total expenses for the Health Benefits program were \$248.1 million, which represents 31.4 percent of the total expenses for the fiscal 2022-23 year (in fiscal 2021-22: \$237.1 million and 32.8 percent of total expenses). Year-over-year increases in expenses is attributed to changes in access, utilization of benefits and an increase in claims primarily in dental services, patient travel, medical supplies, and prescription drugs.

Direct Community Services Funding represents the portion of FNHA funding that flows directly to communities through contribution agreements. This includes funding to communities to support health and wellness services and programs, Health Actions, Joint Project Board and other targeted initiatives. In 2022-23, \$300.0 million has been incurred, which represents 37.9 percent of the total expenses for the FNHA (fiscal 2021-22: \$291.5 million and 40.3 percent of total expenses). Main drivers for the increases are medical transportation costs to support post pandemic activity, community capital facility construction costs, Indigenous treatment & Land-based Healing, Health Actions, Trauma informed Health Supports. These are offset by a reduction in COVID-Response direct community funding and climate change funding.

Health Services and Programs includes program and services delivery as well as operational costs for nursing services, environmental services, public health response, policy and planning, as well as the costs of the Chief Medical Officer portfolio. Expenses also include costs of contribution agreements to non-community recipients and treatment centres, plus direct payments for community operation and maintenance costs. Total expenses were \$165.1 million, which represents 20.9 percent of total FNHA expense for 2022-23 (fiscal 2021-22: \$130.0 million and 18.0 percent of total expenses). The year-over-year change is mainly due to annual compensation increase as per the Collective Agreements, non-union increases as per the FNHA Board-approved compensation strategy, Post pandemic activity increases in travel and events, increased activities for initiatives including Papal Visit support costs, Supportive Care, Trauma-Informed Health Supports, Electronic Medical Records, First Nations Primary Care Clinics, Health Actions, Virtual Doctor of the Day/substance use Psychiatry, Mental Health and Addictions programs, and increased counseling expenses for IRS, MMIWG, and Indian Day School Programs. FNHA reserves also realized increased utilization for the First Nations Treatment Centres, MHW MOU, and community capital facilities.

Regional Operations includes cost associated with regions to support operations, programs and projects. Total expenses were \$10.3 million, which represents 1.4 percent of total FNHA expense in fiscal 2022-23 (fiscal 2021-22: \$7.8 million and 1.1 percent of total expenses). Year-over-year changes are influenced by annual compensation increase as per the Collective Agreements, non-union increases as per the FNHA Board-approved compensation strategy and additional compensation costs in association with regionalization, along with increased post pandemic employee and community related travel expenditures.

Net Assets

The final net asset balance at March 31, 2023, as shown on the Statement of Financial Position and the Statement of Changes in Net Assets, is \$236.5 million, which is the result of an opening balance of \$221.2 million plus the current fiscal year excess of revenue over expenses of \$15.4 million. The net asset balance includes \$13.1 million Invested in Capital Assets, \$172.7 million in Internally Restricted reserves and \$50.8 million in unrestricted equity.

The Internally Restricted reserves represents balances derived from funding from the Province (\$10.3 million). Also included in the Internally Restricted funds are amounts from the Federal Government (\$28.3 million). In addition, Internally Restricted funding includes FNHA Reserves created from unrestricted net assets as well as contributions from federal and provincial partners (First Nations Treatment Reserve and Mental Health and Wellness Reserve) to fund identified priorities and targeted initiatives. This results in a balance of \$172.7 million at March 31, 2023. Note 13 in the audited financial statements provides a detail listing of respective fund balances.





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