



First Nations Health Directors Association

Sharing experience for community wellness

Transitioning FNHDA to the
New Societies Act
Member Dialogue
Fall 2017

Presentation Overview



- Our Story and Current Situation
- Transitioning to New Societies Act
 - New Ad-Hoc Committee
- Opportunities to Evolve FNHDA
 - Mission
 - Membership
 - External Partnerships
- Next Steps

Our Story



- In the works for over a decade, the FNHDA was created by Health Directors, for Health Directors.
- In 2010, the FNHDA was formally incorporated as a BC non-profit organization
- Since that time, the FNHDA continues to evolve and strengthen its role in shaping and improving the quality of health and wellness to achieve our shared vision of *“Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities”*

Current Situation



- At the 2015 AGM, the FNHDA notified Members of the need to update our Bylaws as the *Society Act* is replaced by a new *Societies Act* in 2018
- In September 2017, the FNHDA filed a “transition application” with the BC government
- At the 2017 AGM, the FNHDA Members began discussing a draft plan to transition the FNHDA to the new Act
 - Key changes include director qualifications and conflict of interest
 - Other issues considered include electronic voting and a special resolution threshold

Transitioning to new Societies Act



- As a next step, the FNHDA will begin work to amend the Bylaws and policies to align with the new *Act*
- The FNHDA Board will create a new ad-hoc committee (FNHDA board + other health directors) to oversee drafting of proposed amendments to the Bylaws
 - FNHDA will put out a call for committee members in November
- Proposed Bylaws to be shared with FNHDA Members at regional sessions and/or other FNHDA meetings
- FNHDA Board to advise if additional amendments are required, based on input from Members
- Proposed amendments to be presented for final review and approval at the 2018 AGM

Opportunity to Evolve FNHDA



- Since our inception in 2010, Health Directors have experienced two milestones in health services:
 - the historical health transfer from Health Canada to FNHA in 2013, and more recently the transfer of First Nations Health Benefits to BC Pharmacare
- As we work to transition the FNHDA to the new *Societies Act*, this presents an opportunity for the FNHDA to reflect on ways to evolve and strengthen our organization to better align with our current context
- Let's start a discussion on our mission, membership and partnerships to guide the future work of our new ad-hoc committee

Our Mission



Per the FNHDA Strategic Plan (2015-2018), the FNHDA mission is to:

- Promote culturally strong, experienced, professionally trained First Nations Health Directors (**Professional Development**)
- Provide **technical advice** on research, policy, program planning and design
- Support the implementation of **community Health Plans**

Evolving our Mission?



Discussion Question:

1. Does the current FNHDA mission reflect the Association's core purpose?
 - A. Yes - this is accurate
 - B. No – we would recommend the following change(s)
 - C. Not sure



current FNHDA mission reflect the Association
purpose?



A) Yes

B) No

C) Not
sure



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Membership



- An individual who is a First Nations Health Director may apply to become a member, per Part 2.4 of the FNHDA *Bylaws* (2017)
- Per Part 1.1(f) of the FNHDA Bylaws, a First Nations Health Director is defined as:
 - The most senior technical employee or contractor employed as a health director, health manager or health lead by a First Nations entity; and
 - Responsible for the day-to-day management, administration and delivery of health programs and services for a First Nation Entity

Membership - What We Heard




- Members have told us that they would like to have an additional community health staff benefit from FNHDA membership services to better ensure a seamless transition to carry out the work in communities
 - there is a need to orient potential health leads to the work of our unique health governance arrangement as health directors move on to different roles or retire

Evolving Membership?




Discussion Question:

2. Do you think the FNHDA should create an additional member category to support health director succession planning in communities?
 - A. Yes – let's discuss this more
 - B. No – absolutely not
 - C. Not sure



Think the FNHDA should create a new member
to support health directors succession planning in
communities



A) Yes, let's
discuss more

B) No,
absolutely not

C) Not sure



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Building Community Capacity



As health governance partners, the FNHDA is guided by the 7 Directives, that includes Directive 3: Improves Services, and Directive 5: Develop Human and Economic Capacity

- What can FNHDA do to support health directors to develop human capacity to improve health and wellness service delivery in communities?

What we heard:


- As community health managers, health directors want to support ongoing learning, skills and knowledge development of health and wellness staff so together as a team, they can provide the best possible care in communities
- At times, health directors have an interest in having other staff attend FNHDA training sessions when there is a better alignment with their staffs' roles and responsibilities, that may include community addiction counsellors, nursing staff, social development workers, community wellness coordinators.
- Health Directors often collaborate with service providers that work with communities which can include treatment centres. Communities and service providers may have a shared interest in offering training such as cultural competency, lateral kindness, and trauma informed practices with the ultimate goal to improve programs and services in communities.

FNHDA Role in Supporting Capacity Building in Community?




Discussion Question:

3. What can FNHDA do to support health directors shared interest in improving mental health and addictions programs and services in communities?
 - A. Extend FNHDA training to your staff that supports mental health and addictions programs/services?
 - B. Extend FNHDA training to service providers that work with your communities on mental health and addictions programs/services, including treatment centres, others?
 - C. All of the above
 - D. None of the above




FNHDA do to support health directors shared improving mental health and addictions programs and services in communities?



- A) Extend FNHDA training to your staff that supports mental health and addictions programs/services?
- B) Extend FNHDA training to service providers that work with your communities on mental health and addictions programs/services, including treatment centres, others?
- C) All of the above
- D) None of the above

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Next Steps



- **2017 AGM:** Start discussion of transitioning FNHDA to the new *Societies Act*
- **2017 Fall Regional Caucuses:** Continue the discussion of transitioning to new Societies Act
- **November 2017:** FNHDA creates new ad-hoc Committee, and issues call for committee members
- **2018 Spring FNHDA Engagement:** FNHDA reports back to Members and seeks further input
- FNHDA Board seeks further amendments based on input from Members leading up to the AGM
- **2018 AGM:** Members review and approve final proposed amendments to the Bylaws





Thank you!

fnhda@fnha.ca | p: 604-693-6500 |

f: 604.913.2081 | fnhda.ca

501–100 Park Royal South, West Vancouver, BC V7T 1A2

Any questions, please contact:

Christine Stahler, Executive Director at christine.stahler@fnha.ca