

ANNUAL REPORT 2015 - 2016



First Nations Health Authority
Health through wellness





First Nations Health Authority
Health through wellness

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Measuring Success

Organizational performance measurement is one way we examine progress toward achieving our goals. As a new organization, we are developing data sources and enhancing methodologies for both quantitative and qualitative analysis over time.

Analysis of the four initial organizational performance measures laid out in the 2015-2016 Summary Service Plan provided an opportunity for us to reflect on what scope of activities the FNHA is directly responsible for, understand where we have gaps in data and methodology and shape new performance measures in the Summary Service Plan.

In each goal section of this report, you will find notes on our performance measurement in that area. In the Appendix, you can also view the full list of objectives for each goal from 2015-2016.

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Greetings from the First Nations Health Authority Board of Directors



As we conclude the 2015-2016 fiscal year, we want to acknowledge the spirit of unity and working together displayed by our governing families, BC First Nations and communities. Our focus continues to be on improving client experience, making incremental improvements to programs and services and supporting development of a sustainable organization. An important aspect of our work this year is the development of a Quality and Wellness Strategy to support our organizational development and transformation as a First Nations health and wellness organization.

This year, our board actively recommitted to the 7 Directives given to us by those we are here to partner with and serve: First Nations in British Columbia. In our oversight role, we continue to keep our eyes on our long-term strategic interests and transformation while fulfilling our core business functions and obligations. Doing this work together, and in a good way, means that as we achieve on-the-ground change, we also learn and grow.

As Chair of the Board of Directors, I am committed to this important work, and I am encouraged to see us all finding the ways to work together and move forward while honouring the opportunity we have before us, as the First Nations Health Authority (FNHA), to achieve our collective vision. As we set the high-level strategic goals and direction for the FNHA, we also continue to focus on accountability and transparency.

It is with a deep sense of responsibility that we oversee this organization's financial and operational stability. As a First Nations health organization, we aim for the highest standards of corporate governance. This year, we engaged KPMG LLP, an international third party accounting service, to audit FNHA's financial statements. KPMG reported an unqualified, clean audit and issued an opinion that all statements were prepared and presented fairly.

Together we are part of a movement to improve and advance our vision of healthy, self-determining and vibrant First Nations children, families and communities. Towards this end, our organization continues to strengthen its role as a wellness partner to BC First Nations by supporting events and challenges as well as providing tools, resources and advice for First Nations communities, youth and Elders.

We invite you to look back on this past year and take a moment to celebrate each other's successes at the community, regional and provincial levels. A lot has been accomplished this year - we have seen great success, established momentum and assembled a creative, dedicated team in the FNHA family. We look forward to the work ahead in the coming years.

Hychka,

Lydia Hwitsum
Board Chair
First Nations Health Authority

CEO Message



2015-2016 was another busy and exciting year for the First Nations Health Authority (FNHA). This year we achieved a province-wide Declaration of Cultural Safety and Humility, hosted another successful Gathering Wisdom, ran our first comprehensive employee engagement survey, were nominated for a Premier's Award and participated in the Auditor General of Canada's Study of First Nations services.

In my travels across the province and this country, I continue to sense a genuine excitement about what the future holds for BC First Nations. There is a keen and growing interest to support our work. Health professionals, policy makers and regulators alike are searching for ways to partner with and contribute to our work - work that is being viewed as a movement towards a health and wellness system focused on the people it is intended to serve.

We continue to focus on being a health and wellness partner to BC First Nations peoples and communities to improve health outcomes by nourishing healthy and productive relationships with the many health service agencies and regulators who serve our people.

First Nations people rely on both the provincial health system while away from home (*i.e.* off reserve) and FNHA public health and primary care services in community (*i.e.* on reserve). Along with service improvements in community, our ability to influence the broader provincial health system and ensure it is safe and welcoming for First Nations and Indigenous people will improve health outcomes.

This year we moved closer to meeting this goal. In July, senior health leaders from BC and Canada and the CEOs of all the regional health authorities committed to a Declaration of Commitment to Cultural Safety and Humility in Health Service Delivery for First Nations and Aboriginal Peoples in BC. This declaration is our stake in the sand. It is an acknowledgement that we all must work harder to understand one another and make room for a variety of experiences. It requires us to humbly approach one another without all the answers. It begs us to leave our assumptions at the door.

As a First Nations health organization, we must lead in the area of cultural safety; this includes ensuring that our staff members have awareness, knowledge and skills to work with our First Nations partners. Cultural safety training continues to be a mandatory requirement for all staff and we have been ecstatic to witness the impact of this training on workplace satisfaction. Our employees' connections to the larger goals of the organization are demonstrated daily in their enthusiasm for connecting with community, their openness to incorporating culture into the work, but also through quantitative measurement of their overall engagement. As our Gallup Employment Engagement Survey results showed, a remarkable 88% of our employees felt strongly about the purpose of our work, revealing that our staff are truly committed to the path set by BC First Nations.

We also continue to improve services through the regional health partnership process, which has resulted in new and innovative services that can incorporate an expanded primary care and mental health and wellness approach designed by First Nations for First Nations.

A true measure of our success is our ability to effectively work together as individuals, families and communities and to continue the work of decolonizing our relationships. Our Shared Vision, Values and 7 Directives provide a fertile context for restoring our Nation-to-Nation protocols. Bringing a spirit of lateral kindness to our work and dealings with one another also provides a means of strengthening our relationships among ourselves as First Nations.

We look forward to the year ahead and to fulfilling our role as a partner to First Nations people and communities on their health and wellness journeys. We each have our own reasons why this work is important to us. I thank each of you for caring about the work as much as we do.

Joe Gallagher
Chief Executive Officer
First Nations Health Authority

GOALONE



Enhance First Nations Health Governance

In 2015-2016, FNHA shared another successful year with its First Nations health governance partners, BC First Nations, the Province of BC and Health Canada. Throughout the year, FNHA continued to strengthen its relationships with key governance stakeholders by partnering on initiatives that support First Nations self-determination and decision-making in order to improve health and wellness outcomes.

The utilization of regional funding envelopes continues to enhance regional governance. Transitioning from the historically competitive, proposal-driven funding approach to a collaborative model that pairs planning with investment has not been easy. Developing new ways of working together and making decisions takes time. Regional teams, communities and partners have all been working and learning together to put this new model into practice.

Trust and good processes have been developed and continue to be built. Internally we are developing processes to enhance operational support for these new funding streams and relevant decision-making, so that going forward, we can collectively move from planning to implementation of service delivery improvements more effectively.

Among this year's achievements, FNHA renewed its Shared Vision and Common Understanding document with Health Canada and, in summer of 2015, signed off on the first-ever Cultural Safety and Humility Declaration with BC's health authorities and the Deputy Minister of Health – an “important step toward embedding cultural safety and humility within health services for First Nations and Aboriginal people in British Columbia.” In January 2016, FNHA executives also met with federal Minister of Health Dr. Jane Philpott to discuss the continued commitment to the tripartite relationship.

At the heart of these partnerships is a simple, shared acknowledgement that First Nations need greater say in their health care and that these services must be brought closer to home. Together, along with individuals, communities, Nations and our federal and provincial partners, we continue to pave a historic path forward for strong First Nations health governance.

Left: (L-R) Dr. Evan Adams, FNHA Chief Medical Officer; Paul Glover, Associate Deputy Minister of Health, Health Canada; Grand Chief Doug Kelly, First Nations Health Council Chair; Dr. Jane Philpott, Federal Minister of Health; Joe Gallagher, FNHA CEO; Genevieve Hinse, Chief of Staff, Ministry of Health; and Richard Jock, FNHA Chief Operating Officer.

Enhanced Regional Capacity

Building Regional Teams



Above: The Vancouver Island Regional Team participating in the Times Colonist 10K Run, 2016.

Engagement and relationship-building with First Nations communities are foundations of the First Nations health governance structure. In keeping with this community-based model, over the 2015-2016 year, FNHA significantly invested in increasing and enhancing the capacities of its regional teams. By establishing comprehensive health, wellness and business expertise in each of the regions, we aim to bring supports and services closer to home to align directly with Regional Health and Wellness Plans.

FNHA operates regional offices, staffed by regional teams, in each of BC's five health service regions: Northern, Interior, Vancouver Island, Fraser Salish and Vancouver Coastal.

	North	Interior	Vancouver Island	Fraser Salish	Vancouver Coastal	
Regional positions created and staffed in 2015-2016 (report to Regional Director)	4	8	5	7.5	3.5	
Regional Joint Project Board positions staffed in 2015-2016 (report to Regional Director)	0	0	4	0	0	
Positions created and staffed in 2015-2016 that report centrally	6	6	4	3.5	1.5	
Subtotal - Regional Footprint Additions in 2015-2016	10	14	13	11	5	
Regional Health Survey Staff *	10	9	8	3	3	
Total Regional Footprint	20	23	21	14	8	86

*Regional Health Survey staff are casual staff primarily involved in data collection for the RHS - this number includes the data collectors and coordinators.

Note: a nursing resource team with 10 (.6 FTE) positions was created and serves three regions (North, Interior and Vancouver Coastal) to fill gaps in nursing stations and health centres.

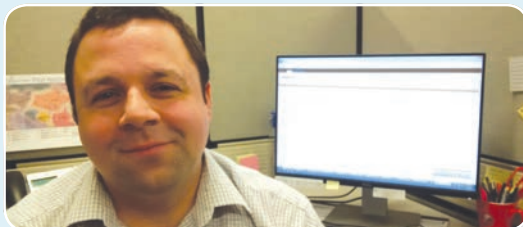
With an increase of 86 new staff members, FNHA's regional teams are being expanded to meet the unique health and wellness needs of communities. This year's hires include innovative new roles like Mental Wellness Advisors and Nurse Navigators. In addition, Senior Medical Officers were recruited to provide public health and clinical services support to each of the five regions.

Further supports are provided to the regions through central service departments, such as planning, communications and corporate services.

Profile

NICHOLAS STEPHENS

Regional Project Developer,
Interior Region



Hired in November 2015, Nicholas “Nick” Stephens joined the Interior Regional Team to support project development work across the region, while also providing quality assurance for regional funding and investments.

“One of our commitments is to move human and financial resources into the region - this is a big priority. My job is to assist the Regional Director in supporting that and working with the Nations on moving that work forward.”

On a daily basis, Nick works with Interior Nations through their Community Engagement Coordinators and Health Directors to facilitate their spending on key health promotion and prevention programs in the region. Most recently, Nick wrapped up work on the successful Hope, Help and Healing Suicide Prevention Workshops and is now working on a trauma and crisis response program with the Joint Project Board, which will provide region-wide mental health support services.

When asked what inspires him about the role, Nick says that the dynamic environment and commitment of his colleagues sets the work apart. “The work is so significant and important. And it’s not standardized - we’re always trying to be innovative.”

Remembering a moment that stuck with him, he shared that at one of his first meetings with community members, the delegates hugged each other - and him - upon arrival. *“That kind of blew me away. At other organizations, it would have been a handshake. For people to be that welcoming and open was a huge difference. You don’t see those kinds of relationships in other organizations.”*

Regional Investments in Health and Wellness

Regional envelopes are funding mechanisms that pair direct regional investment with planning. The envelopes enable regions to spend on priority areas of the Regional Health and Wellness Plans and Regional Partnership Accords.

**In 2015-2016, more than
\$338,000,000
were directly invested in the Regions.**

This regional allocation is split into Flexible and Non-Flexible funds. This year, Flexible Health Actions allocation was increased by 8.4% to support regional decision-making, as shown in the chart below.

NON-FLEXIBLE

Comprise the Majority of funds.
Include contribution agreements and health benefits.

FLEXIBLE

Funds set aside for regional priorities.
Include Community Engagement, Governance, Health Actions,
Health Transformation, Joint Project Board.

Budget Allocation	Fraser Salish	Interior	North	Vancouver Coastal	Vancouver Island	Total
Non-Flexible	\$22,904,364	\$72,606,817	\$110,606,724	\$39,366,388	\$79,256,007	\$324,740,300
Flexible	\$1,498,802	\$5,397,908	\$2,618,046	\$2,293,963	\$2,278,193	\$14,086,912
Total	\$24,403,166	\$78,004,726	\$113,224,770	\$41,660,351	\$81,534,200	\$338,827,212

Regional Engagement

Gathering Wisdom for a Shared Journey VII

In May 2015, 979 delegates came together at the Hyatt Regency Vancouver for the Seventh Annual Gathering Wisdom for a Shared Journey forum.



Left: Northern drummers during the cultural sharing dinner at the Gathering Wisdom for a Shared Journey VII forum.

Below: Grand Chief Doug Kelly presents the Lower Similkameen Indian Band with their Step Up prize.

STEP UP

Gathering Wisdom VII saw the culmination of the Step Up Fitbit challenge, a province-wide initiative to promote active living sponsored by the First Nations Health Council (FNHC) and supported by FNHA. Over the course of 10 months, participating community members logged an impressive **1,181,698,715** steps and traveled **764,426 kms!**



GATHERING WISDOM VII BY THE NUMBERS

ATTENDEES

979

VOLUNTEERS

140

POLITICAL REPRESENTATIVES

143

COMMUNITY HEALTH LEADS

133

ATTENDEES SPONSORED
THROUGH SCHOLARSHIP
OPPORTUNITIES

26

BREAKOUT SESSIONS

47

PRESENTERS

110

EXHIBITORS AT THE TRADE SHOW

57

CULTURAL SHARING
DINNER PERFORMERS

100+

Forum Highlights:

- Keynote presentation by Dr. Katherine Gottlieb, President and CEO of Alaska's Southcentral Foundation
- Breakout sessions on First Nations cancer strategies, Elder care, eHealth and telehealth, community-driven addiction services and more
- First-ever lateral kindness workshop to end lateral violence, led by the First Nations Health Directors Association (FNHDA)
- FitNation fitness classes and health screenings
- Cultural sharing dinner showcasing the rich cultures and traditions of First Nations from across BC



of participants counted the Cultural Procession as a highlight of the forum.

"I really enjoyed collaborating and meeting new people and I also like hearing about the transformation of FNHA; it is a big reminder that we as First Nations need to look after our own health. This message needs to be passed down to community: The importance of working with FNHA on developing own programs and services."

- GW VII participant

Regional Caucuses - Fall 2015



Caucus Highlights:

- FNHDA Lateral Kindness training
- FNHA regional program and service updates, including program improvements, capital planning sessions and a BC coroner's presentation
- FNHC updates, including 10-Year Social Determinants Strategy and Data Governance
- Wellness panel presentation and discussion with Waylon Pahona of Healthy Active Natives social media community
- Health and wellness services, including access to traditional and holistic healers and plant herbalists
- Regional Branding reveal
- Cultural Sharing Dinner

Regional Caucuses serve as region-specific engagement forums for the political (i.e. Chiefs) and technical leaders (i.e. Health Directors or Health Leads) of each community to come together to discuss common interests, positions and perspectives on health and wellness. Fall caucuses are held between September and December each year.

Left: FNHA's primary forums for community engagement, the 2015-2016 Regional Caucuses, were held in each of the five regions between October and November.

Goal 1 Performance Measure

First Nations Satisfaction with Regional Caucuses

Measuring First Nations satisfaction at the Regional Caucuses is part of FNHA's performance measurement approach. As a key performance measure, we are pleased to report that overall satisfaction was 94% based on satisfaction surveys performed during the caucuses. For the first time we also included survey questions focused specifically on engagement which, resulted in a 77% satisfaction rate in that area. Both of these measures will serve as the baseline for caucus satisfaction in future years.

"The panels, reps, health directors have all done a very good job. I have seen the ongoing growth since [the] 90s to where we are today. It's fulfilling to see our own people administering our own health." – Caucus attendee

2015 REGIONAL CAUCUS FEEDBACK

OVERALL SATISFACTION

94%

ENGAGEMENT SATISFACTION

77%

WHAT WOULD YOU WOULD LIKE TO SEE MORE OF?

- Men's health*
- Trauma treatment beyond addictions*
- Oral stories/traditions*
- Traditional food*

FNHC-FNHDA-FNHA Collaboration

Collaboration between the FNHC, FNHDA and FNHA has continued to enrich and evolve the governance structure for First Nations health in BC. A new draft of the FNHC/FNHDA/FNHA Relationship Agreement is in development along with a joint work plan that reflects the strategic alignment essential to moving forward together in the health systems transformation journey.

Tripartite Committee on First Nations Health

A defining characteristic of the Tripartite Health Partnership is reciprocal accountability - a partnership model that builds relationships at each level of the health system, from political to service delivery. This is a new way of working together that puts the focus on collaboration and collective action. This partnership model is reflected in the Reciprocal Accountability Framework that was developed as a working document of the Tripartite Committee on First Nations Health (TCFNH). The Framework reflects a shared commitment to advancing common priorities and describes how the partners will support one another to uphold their commitments and be responsive to overcoming challenges together. [Read the TCFNH Annual Report on our website under Governance and Accountability.](#)

Regional Branding

This year regional leadership contributed to the development of regional branding. The regional brand identities represent the traits and resources most valued by the communities of that region, as identified during engagement sessions with leaders from across BC.

Regional Newsletter



Regional Banner

GOALTWO



Promote and Implement BC First Nations Perspective on Health and Wellness

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

In 2015-2016, the FNHA continued to deeply invest itself as a Health and Wellness Champion and partner to First Nations individuals, families and communities. Throughout the year, the FNHA supported numerous health and wellness events for First Nations communities, youth and Elders and also provided a variety of culturally safe tools, resources and advice.

In July 2015, the FNHA forged the first-of-its-kind Declaration on Cultural Safety and Humility with each regional health authority and the Province of BC. This declaration will be an anchor for effort in the years ahead to create a safer and more-effective health system in BC for First Nations and Aboriginal peoples.

Meeting people where they are at means taking health and wellness screening on the road. This year, the FNHA conducted 1,242 health screenings at community events and conferences. The FNHA contributed over \$635,000 in support of winter and summer wellness activities for well over 100 First Nations communities.

The FNHA also supported 4,500 First Nations youth and Elders at two annual events – Gathering Our Voices for youth and the BC Elders Gathering. A total of \$200,000 was contributed by the FNHA to make these two events a success.

Enhancing research and analysis, along with the collection of detailed feedback and data directly from community, is helping to advance better services to fill gaps and provide excellence in health care services for First Nations peoples based on priorities they outline.

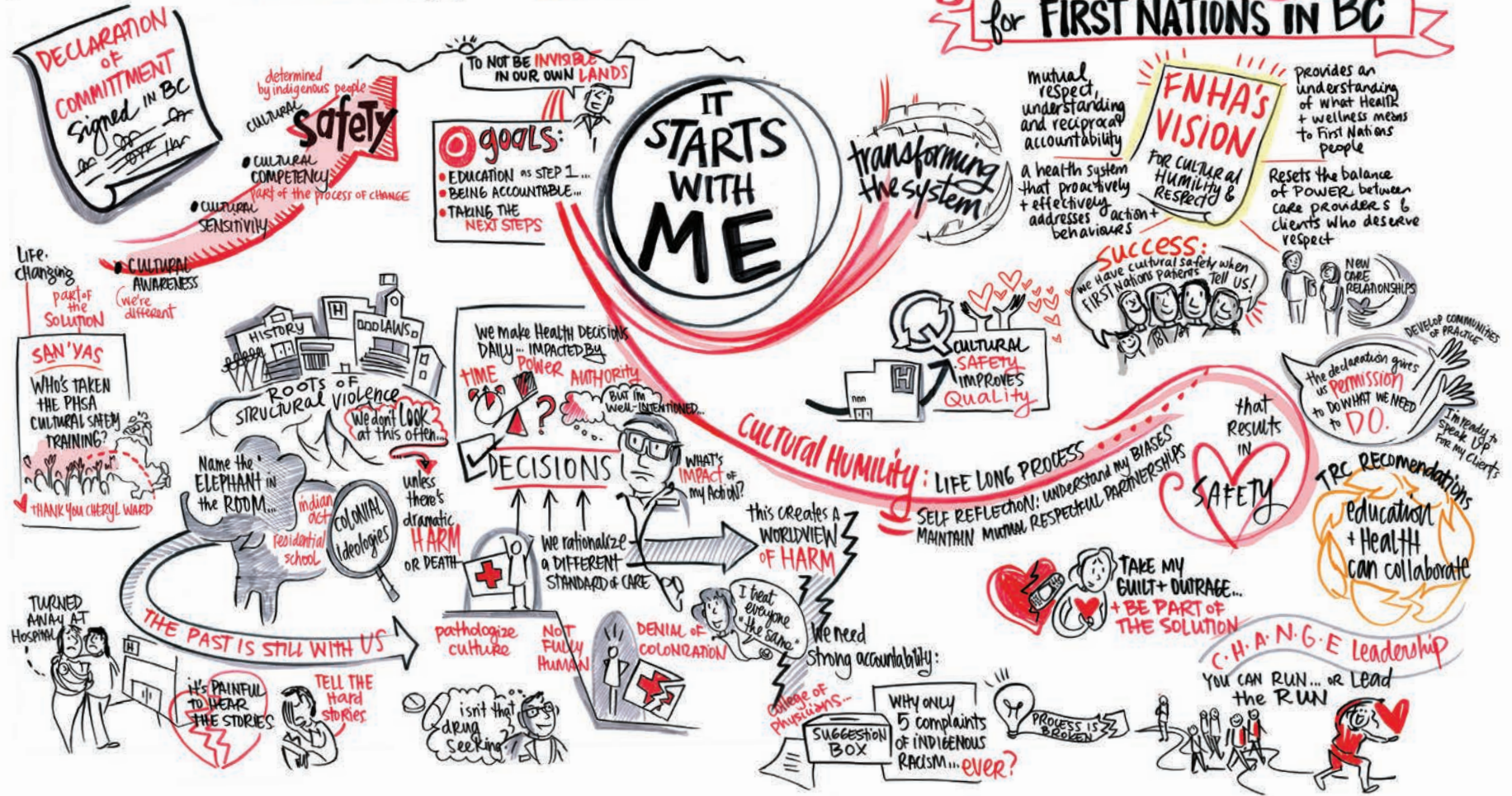
Our efforts to champion a BC First Nations Perspective on Health and Wellness have resulted in significant interest in this perspective and the FNHA as an organization. Over the last year, we have spent significant time on partnership work that has sometimes led to progress delays for our own priorities in some areas, such as research and longer term wellness efforts.

We have learned that embedding a BC First Nations Perspective on Health and Wellness in an acute-based system continues to be challenging. We are encouraged by the interest in our work and remain committed to upstream investments as an important solution for tackling acute-based costs.

Cultural Safety and Cultural Humility - #itstartswithme

LEADING a FRAMEWORK for CULTURAL SAFETY & HUMILITY for FIRST NATIONS IN BC

DR. EVAN ADAMS,
FNHA
LESLEY VARLEY,
PHSA



Declaration of Commitment to Cultural Safety and Humility

In July 2015, FNHA CEO Joe Gallagher, BC's Deputy Minister of Health and the CEOs of the provincial health authorities signed the historic Declaration of Commitment: Cultural Safety and Humility in Health Services for First Nations and Aboriginal People in British Columbia.

"This commitment reflects the high priority we place on cultural safety and humility as essential dimensions of quality and safety within the First Nations and Aboriginal health services for which we are responsible."

In the coming years, each health authority in BC will be bringing the framework to life, guided by the vision of what culturally safe services mean for First Nations and Aboriginal people in the province.



Building Health Capacity

Through our partnerships with the First Nations Education Steering Committee (FNESC) and the New Relationship Trust (NRT), the FNHA invested over \$780,000 to promote health careers, provide scholarships and bursaries and support health and wellness education for First Nations students. The FNHA's goal is to increase recruitment and retention of First Nations and Aboriginal individuals in the health system and in the science fields.

This year the FNHA invested in the Get Healthy Stay Healthy Project, which encourages physical activity and healthy eating through activities in BC First Nations schools. The FNHA also contributed to the Friends for Life Initiative, which is an anxiety-prevention and resiliency program taught in the classroom. A portion of the funds that we contributed to the Seventh Generation Club supported the production of day-timers that encourage students to make healthy choices, participate in sports and promote educational success.

TOTAL FNHA HEALTH CAPACITY FUNDING:
\$780,000+

SCHOLARSHIPS AND BURSARIES WITH NRT

\$404,800

SCHOLARSHIPS AWARDED TO ATTEND
GATHERING WISDOM 2015

\$28,000

GET HEALTHY STAY HEALTHY PROJECT WITH FNESC

\$50,000

FRIENDS FOR LIFE INITIATIVE WITH FNESC

\$50,000

SEVENTH GENERATION CLUB WITH FNESC

\$50,000

HEALTH AND SCIENCE
CAREER PROMOTION PROGRAM WITH FNESC

\$200,000

Profile

ELLIE PARTON

**Building Health Capacity
- Bursaries and Scholarships**



Ellie Parton comes from the Kwakwaka'wakw First Nation on Vancouver Island. In 2009, and at 19 years old, she left her community with her two-year-old daughter at her side to begin her studies at the University of Victoria.

Ellie is now in her fourth year of Medical School at the University of BC. According to Ellie, not a lot of people from her background go into medicine. And she herself almost did not either. Ellie received financial support for her studies from the New Relationship Trust (NRT) FNHA bursaries and scholarships, and this has made all the difference.

"Because of the funds provided by the FNHA and the NRT, I have been able to focus on my education and have thrived in doing so," explains Ellie. "I owe a great deal of my present-day success to the scholarship funds and generosity I have received. This support helped me to believe in myself."

Ellie was on the Dean's list within the Faculty of Science at UVic and also spent one year volunteering as a young mother mentor with the Tsawout First Nation near Victoria.

What are Ellie's plans once she's an MD? "I will be able to provide primary care in First Nations communities, likely in the Fraser Valley. I will be a direct influence on health – that's my dream. I'll have the skills to do that."

Goal 2 Performance Measure

First Nations' participation in health screening

One of the most visible ways in which the FNHA is an active wellness partner in BC First Nations peoples' health journeys is when providing health screening and wellness assessment services. The FNHA provides these services at flagship events, such as Gathering Wisdom, Gathering Our Voices, BC Elders Gathering and the All Native Basketball Tournament.

The FNHA offers health screenings for cholesterol, blood pressure, diabetes and oral health (teeth and gums) and wellness assessments, including nutrition, diabetes, activity level and cultural and traditional support.

The measures of total screenings, as well as participation in wellness challenges, were intended to serve as baselines to target increases in future years. Given that it is typically our partners that plan the events - including the selection of venues and determination of participant caps - participation will increase or decrease accordingly. In future years we will focus our performance measure for Goal 2 on participant satisfaction with FNHA-sponsored wellness events and initiatives as a marker of whether we are effectively promoting and implementing a BC First Nations Perspective on Health and Wellness in those forums.



The FNHA completed a total of 1,242 health screenings for wellness assessments and cultural and traditional supports in 2015-2016.

HEALTH SCREENING

TOTAL HEALTH SCREENINGS 2015-2016

1,242

GATHERING WISDOM FOR A SHARED JOURNEY VII

153

ELDERS GATHERING

292

HEALTH BEAT / SPORT MED.

167

FALL REGIONAL CAUCUS

117

ALL NATIVE BASKETBALL TOURNAMENT

111

BC ABORIGINAL DIABETES CONFERENCE

52

GATHERING OUR VOICES

350

Data Governance and Research

Chair in Heart Health Research for First Nations People



In January, the FNHA, Simon Fraser University and the St. Paul's Foundation introduced Dr. Jeff Reading, a leading national and international expert in Indigenous health, as the inaugural First Nations Health Authority Chair in Heart Health and Wellness at St. Paul's Hospital. As chair, Reading's responsibilities include leading research to develop protective health promotion strategies that encompass cultural and spiritual considerations, understanding risk factors related to the social determinants of health and producing health knowledge for policies and programs.

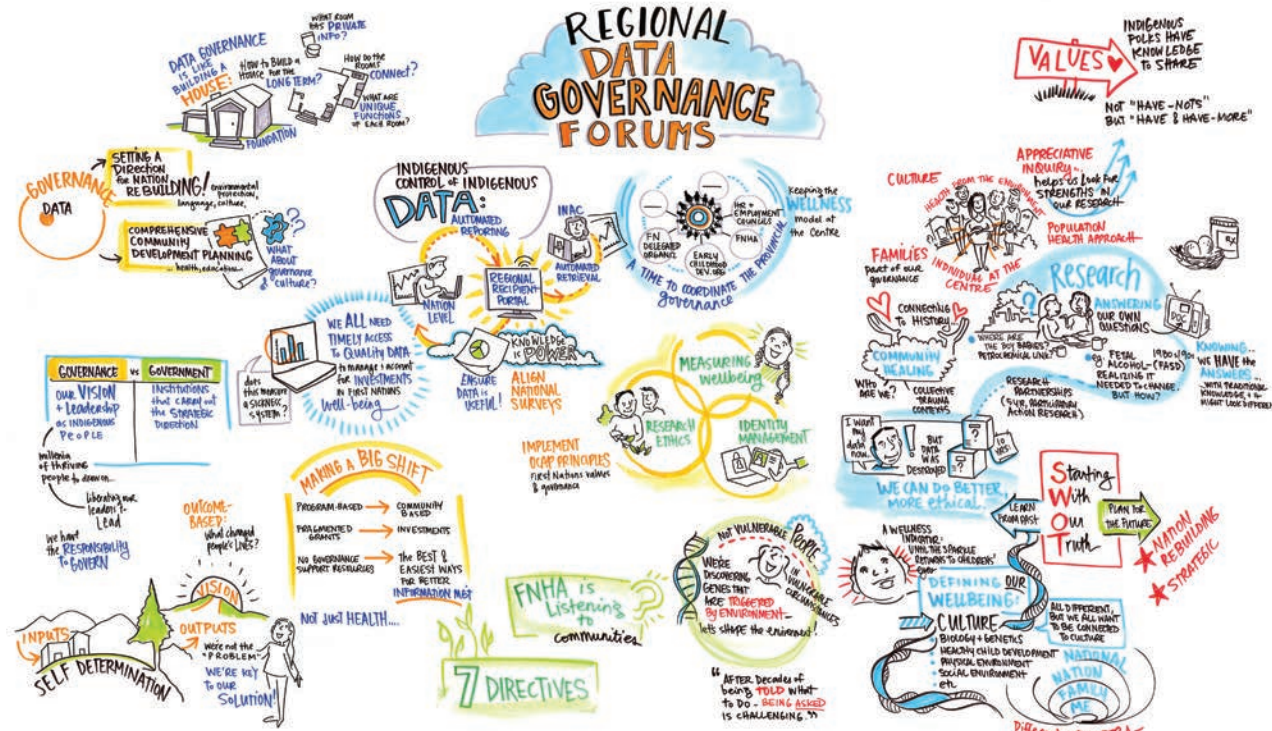
"This chair at St. Paul's Hospital and SFU is a brilliant opportunity to establish timely access to strengths-based, preventative and wellness-focused treatment and care for First Nations communities."

- Dr. Jeff Reading, First Nations Health Authority Chair in Heart Health and Wellness at St. Paul's Hospital and professor, SFU Faculty of Health Sciences.

L-R: FNHA CMO Dr. Evan Adams, SFU VP of Research Dr. Joy Johnson, Guest of Honour Syexwaliya / Ann Whonnock, FNHA Chair in Heart Health and Wellness Dr. Jeff Reading, FNHA CEO Joe Gallagher, St. Paul's Foundation President and CEO Dick Vollet, SFU Dean of the Faculty of Health Science Dr. John O'Neil, Scientific Director of CIHR Institute of Aboriginal Peoples' Health Dr. Malcolm King, and Head of the Division of Cardiology at Providence Health Dr. Andrew Ignasesvki at the Chair in Heart Health Research for First Nations People announcement event.

Data Governance Engagement

Data Governance Engagement sessions took place in all five regions over February and March 2016 for communities to provide feedback on how BC First Nations values can shape health information management functions at the FNHA to enable program and service improvements. Close to 200 leaders, health administrators and others working in community governance and health leadership attended the sessions, which focused on research ethics, wellness indicators and data governance. Through a grant received from the First Nations Information Governance Centre, FNHA was able to provide scholarships to 11 students and recent graduates to attend the sessions.



DATA GOVERNANCE SESSIONS

NUMBER OF ATTENDEES

192

NUMBER OF STUDENT GRANTS TO ATTEND

11

Regional Health Survey (RHS) and First Nations Regional Early Childhood, Education and Employment Survey (FNREEES) Fast Facts

- Both are voluntary surveys by First Nations, for First Nations.
- FNHA is administering both surveys as well as the First Nations Community Survey in partnership with the First Nations Information Governance Centre.
- First Nations all across Canada participate.
- Adheres to the FNHA's 7 Directives, including the principle of OCAP® (Ownership, Control, Access, and Possession).
- In BC we increased our First Nations RHS sample size with 100% sampling in the Interior, Vancouver Coastal and Fraser Salish. Better data will inform decision-making that reflects the needs of First Nations communities.
- Total FNREEES Surveys completed in the field: 3,081 in 39 communities.
- 33 data collectors (casual staff) hired for the RHS and 70 data collectors (contractors) for FNREEES. RHS staff in the regions are casual staff primarily involved in data collection for the survey.



Doulas for Aboriginal Families Grant Program Enables Access for First Nations and Aboriginal Women

In September 2015, the FNHA and BC Association of Friendship Centres (BCAAFC) announced a shared \$375,000 investment to fund doula services for First Nations and Aboriginal families in BC. The grant funding supports families to pay for prenatal, birth and post-partum doula services regardless of their location in the province. FNHA recognizes the sacred time of pregnancy, birth and early parenting, and seeks to ensure First Nations and Aboriginal families have access to the appropriate supports they need to feel comfortable and confident throughout their journey. Over 150 families have been supported by this grant program to date.

Profile

MICHELLE BUCHHOLZ

Special Project Coordinator -
Ministry of Public Safety and
Solicitor General, and FNHA
Data Governance Student Grant
Recipient



"The Data Governance Forum in Prince George provided me with the unique opportunity as a recent graduate and Aboriginal Youth Intern to gain an understanding of community-led research. This forum also allowed me to connect with other Aboriginal students and leaders who are passionate about community health and wellness, which was a very enriching experience. I heard many insights into what is being done in the North in terms of putting control of research back into the hands of Aboriginal communities. This gives me a great deal of hope that the health of our communities will improve in the years to come."

Tobacco

Smokestack Sandra Podcast

In November 2015, the FNHA premiered Smokestack Sandra, a three-part radio documentary following a First Nations community leader through her journey to quit smoking. The candid series tracks Sandra Teegee, Deputy Chief of Takla Lake First Nation, over a series of weeks with personal stories and a number of guest speakers. It provides an inspiring narrative about the multiple factors behind current smoking rates, the role of traditional tobacco and the challenges to quit commercial tobacco. Listen and download online at: www.fnha.ca/respectingtobacco

INCREASE IN TRAFFIC
TO FNHA'S
RESPECTING TOBACCO
WEBPAGE

197%

TIMES SMOKESTACK
SANDRA WAS FEATURED
ON CANADA'S FIRST
NATIONS RADIO

9

LISTENERS VIA FNHA
SOUNDCLOUD

502

"This journey to quit smoking has liberated me and taken me away from all the things that were hindering my potential. I especially want people to know that they're not alone on their journey to quit. I went out of my comfort zone and it opened up other doors and reawakened my dreams. We can all do this!"

– Sandra Teegee.

Join
**Smokestack
Sandra**
on her Journey to
Quit Smoking
in Takla Landing

Listen on
www.fnha.ca
Begins Nov. 24th

First Nations Health Authority
Health through wellness

Teen Tobacco Video

At Gathering Our Voices 2015, the FNHA hosted a youth workshop called “Pitch Us a Commercial and We’ll Make it.” The FNHA chose two winning pitches for commercial-length videos encouraging youth to stop smoking.

A professional production crew led the filming on the teen tobacco project. Nineteen teens from the Ktunaxa and Soowahlie Nations were involved in writing, producing and acting in the videos they helped to create. The experience was both fun and empowering for participating youth.

View the videos on the FNHA Youtube channel!



Tobacco Timeout

The Tobacco Timeout Challenge is a short-term quits campaign encouraging Aboriginal people in BC (and all smokers in BC) to quit tobacco for 24-hours. The contest takes place the first Tuesday of every month and began in September 2015. Each “quitter’s” name is placed in a draw to win one of two \$250 prizes, which are awarded each month. The goal of this campaign is to get smokers to start quitting, as on average, it takes seven tries.

The uptake from BC First Nations on this campaign was incredible. In the first month alone, the First Nations Tobacco Timeout Program received more entries than BC’s mainstream Tobacco Timeout Program. The level of Aboriginal participation was impressive considering the First Nations program serves 230,000 people compared with the 4.6 million people served by the mainstream program.

TOBACCO TIMEOUT

NUMBER OF PARTICIPANTS (“SIGN-UPS”) IN 2015-2016

759

PRIZE MONEY AWARDED BY FNHA

\$3,500

Elders and Youth

Elders Gathering

The 39th annual BC Elders Gathering was held in WSÁNEĆ (Saanich) Territory for four days in July 2015. The gathering was a massive success and brought together Elders, young people from community and health care workers from across the province. The FNHA was the official health and wellness partner to the event and FNHA staff provided workshops, health screenings and resource booths. One highlight was a workshop led by Dr. Evan Adams and Dr. Liz Whynot about a patient’s rights and responsibilities during a doctor’s visit.

A joint partnership between the WSÁNEĆ First Nations communities of Tseycum, Pauquachin, Tsartlip and Tsawout, the First Nations Health Authority, the Huu-ay-aht First Nations, the Saanich Peninsula Hospital Foundation, Island Health, Western Forest Products, and Peninsula Co-op led to four 15-foot, locally carved cedar totem poles raised at the Saanich Peninsula Hospital. The primary goal of the project was to build partnerships and respectful relationships to support cultural safety efforts in the health care setting that can lead to more effective, culturally safe health services.



#ElderSpeak Video

What would you say to your 20-year-old self? Many Elders braved the camera at the Elders Gathering to answer this question. The project really struck a chord with attendees, providing healing as well as a direct link to the young people at the Gathering. Their moving video testimonials were shared with youth at the Gathering Our Voices conference in March 2016. Watch the video on the FNHA Youtube channel.



Elders shared their wisdom for First Nations youth as part of the #Elderspeak 20-year-old self video project at the 2015 BC Elders Gathering.



BC ELDERS GATHERING

TOTAL ATTENDEES
5,000+

ELDER ATTENDEES (APPROX.)
3,000

FNHA CONTRIBUTION
\$100,000

FNHA-ORGANIZED WORKSHOPS
5

HEALTH & WELLNESS
SCREENINGS PERFORMED
292

KIDNEY HEALTH
SCREENINGS PERFORMED
110

QUICK BLOOD PRESSURE PERFORMED
20

FNHA / FNHA BOARD / FNHC
FAMILY MEMBERS WHO
SUPPORTED THE EVENT
49

GATHERING OUR VOICES

TOTAL ATTENDEES

2,500

YOUTH ATTENDEES

2,000

FNHA'S CONTRIBUTION

\$100,000

FNHA-ORGANIZED
WORKSHOPS

16

HEALTH & WELLNESS SCREENINGS
PERFORMED

350

YOUTH THAT COMMITTED
TO ABSTAINING FROM
COMMERCIAL TOBACCO
FOR THE ENTIRE EVENT

200+

PARTICIPANTS AT LAUNCH OF
NIKE N7 MOVEMENT

1,500

FNHA FAMILY MEMBERS WHO
SUPPORTED THE EVENT

33

Gathering Our Voices

The 14th annual Youth Gathering, Gathering Our Voices, took place in Victoria, BC in March 2015. As the official health and wellness partner to the four day event, the FNHA provided workshops and wellness screenings, gave keynote speeches and inspired youth to pursue careers in health. The FNHA's focus at the gathering was youth and their sexual health.

#MessagetoElders Video

The #Elderspeak video screened at the Gathering Our Voices opening ceremony. The video provoked a strong response from the youth who recorded their own emotional messages back to the Elders for screening at the 2016 Elders Gathering. Check out the #messagetoelders video on the FNHA Youtube channel.



"If you [Elders] are out there and you have a chance to connect with youth – then please [do]. We really need you."

– Emma Joye Frank

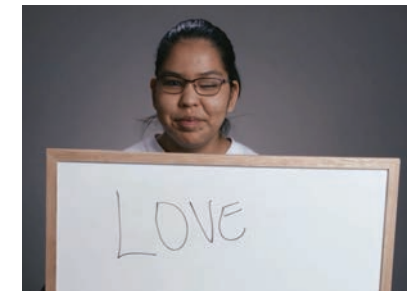
"A lot of Elders have inspired me to live my life, be who I am and not listen to other people who bring me down."

– Julia Underwood



"A lot of people do listen [to Elders] and a lot of people are listening to you ... and what you say and your teachings impact all these young people."

– Shanna Andersen



Summer and Winter Wellness



JUNE 21 DAY OF WELLNESS

COMMUNITIES
THAT PARTICIPATED

114

APPROXIMATE NUMBER
OF PARTICIPANTS

16,000 –
20,000

FNHA CONTRIBUTION

\$208,146

June 21 Day of Wellness

Every year First Nations communities across BC celebrate their health and wellness with events on and around June 21 as part of the FNHA's National Aboriginal Day of Wellness grant initiative.

The June 21 Day of Wellness events are a venue for First Nations peoples to celebrate wellness on National Aboriginal Day. The number and variety of these events demonstrate local partnerships in action and illustrate how BC First Nations own and promote their health and wellness journeys. The FNHA is proud to support them.

Participants at two of over 100 June 21 National Aboriginal Day of Wellness events and activities supported by the FNHA.

"These events are a great way to celebrate National Aboriginal Day as it increases activity and leads to a lot of community members joining running or walking groups, which they would not normally be exposed to."

Kathleen Power
- Kwakiutl District Council Health, Vancouver Island

Winter Wellness

In October 2015 the FNHA launched its second annual Winter Wellness Grants Program. Winter wellness grants support community and culturally-based seasonal wellness activities related to the FNHA's four wellness streams of Being Active, Eating Healthy, Nurturing Spirit and Respecting Tobacco. Each year, the Winter Wellness activities have a theme. In 2015, the theme was New Year's resolutions.

The idea for winter wellness grants first stemmed from Kura Jack's (Penelakut) 'Winter Challenge' to her family and peers. She invited them to get outside, be active and have some fun during the winter months.

"I loved bowling and meeting new youth. FitNation taught us about nutrition and exercise as way to keep fit and eat healthy."

- Brittany Jenson

WINTER WELLNESS

TOTAL COMMUNITIES/
APPLICANTS

126

FNHA AMOUNT FUNDED

\$214,807



2015 Winter Wellness events and activities included ski trips, hiking, ice fishing, and more.

GOAL THREE



Improve Health Services and Programs as a Health and Wellness Partner

In 2015-2016, FNHA's efforts to improve the quality of health services and programs with BC First Nations included innovative integrated care projects, program and service reviews and enhancements.

This year, FNHA saw a number of successful new services come to fruition through partnerships with Regional Health Authorities and the Joint Project Board, such as expansion of the Riverstone Home Mobile Detox Service in the Fraser Salish and the innovative teamlet model of care developed by Ts'ewulhtun Health Centre in the Cowichan Valley.

Significant success this year was found in the area of Environmental Public Health Service. Ten long-term boil-water advisories were rescinded, and a number of new community-based water monitors and water technicians were trained to further develop Nation-based local capacity.

The FNHA continues to take steps forward in improving First Nations Health Benefits (formerly Non-Insured Health Benefits), and this year shared the findings of a November 2015 review of nursing services in BC First Nations communities. Other reviews of Residential School and National Native Alcohol and Drug Abuse Program (NNADAP) services in BC can inform changes to these programs, based on what we heard from First Nations peoples who receive them.

FNHA's agenda to improve health services and programs is long term as our work is transformative and we take a partnership based approach. There is significant interest in working with us and hearing from us on our work. We have aimed to be responsive to others and ambitious in our targets for service improvements.

While we have made much progress, we continue to work on a number of deliverables, such as our cancer and primary care strategies and program and reporting requirements reviews. In the coming year we look forward to giving focus to key service improvement priorities and deliverables in our future work, including developing a quality improvement framework.

FNHA will continue to focus on identifying and implementing immediate improvements to health services and associated supports, while focusing on care innovation, informed by the guidance and vision from First Nations communities.

Joint Project Board Projects



Cowichan's Ts'ewulhtun Health Centre now offers an innovative teamlet model for community-based primary care.

Innovative Primary Care Teamlet

A new community-based primary care teamlet now offers a continuum of care at Cowichan's Ts'ewulhtun Health Centre. The teamlet model uses a holistic approach and allows community members to access most medical service in one location.

Increased Programming for Mobile Treatment

The Nenqayni Wellness Centre Society expanded the health programming for its mobile treatment service. The program serves 15 rural and remote Chilcotin, Carrier and Shuswap communities. Mobile treatment enhances access to culturally sensitive counselling, rehabilitative services, education, food education, day programs and workshops.

Goal 3 Performance Measure

Joint Project Board (JPB) Projects: Increase services delivered to and by First Nations

The Joint Project Board was established in 2012 and is a senior bilateral forum between the FNHA and the BC Ministry of Health. A primary focus of JPB is to enhance primary care services and delivery. Funding of \$15.33 million for regional investment in primary care services was made available through the Agreement in Lieu of MSP between the Ministry of Health and FNHA, and as of March 31, 2016, 30 unique projects have been approved across all regions and the PHSA. To date, funding for 54 health care professionals has been made available to address gaps in primary care.

"The Teamlet has been helping me out quite a bit to understand my health and look after myself."

- Patricia Bagley

"Having someone come to our community made me feel like someone cared."

- Mobile Treatment Client

FNHA Partnership with BC Coroners Service



L-R: Vincent Stancato, Deputy Chief Coroner; Eleanor Cooper, Community Coroner; Pamela Wilson, Community Coroner; Joe Gallagher, FNHA CEO; and Lisa Lapointe, BC Chief Coroner.

FNHA and the BC Coroners Service (BCCS) have nurtured an ongoing collaboration since the signing of a Memorandum of Understanding in May 2014. We continue to discuss how our two organizations can best work together on surveillance and prevention efforts, while collaborating to ensure the Coroners Service, in undertaking its statutory role, works to ensure cultural practices, customs and family perspectives are considered and respected.

Key achievements include:

- Regular FNHA presentations as a part of BCCS community coroner orientation training
- Regional coroner presentations and relationship-building as a part of 2015 Fall Regional Caucus sessions
- BCCS recruitment of two First Nations community coroners
- Partnered Fraser Salish regional engagement sessions hosted to discuss local protocols around death and grief
- Partnered with BCCS and PHSA to identify areas for improving post mortem analysis services

Mental Wellness



The Kwakiutl District Council and FNHA partnered to host a mental health and wellness event to focus on healing through distinct First Nations and Aboriginal health perspectives. Over 400 participants gathered to learn and share their stories. The conference provided an opportunity for clients of the health care system to explore mental health and addictions options with those delivering services in their communities.

Communities across the province in all five regions have noted mental wellness and substance use as priority areas of work within their Regional Health and Wellness Plans. Families, support workers and community members seek historically informed, culturally respectful services with a focus on traditional healing practices.

The FNHA funds a variety of mental wellness services including mental wellness advisors in each region who support an important linkage between community needs and regional services. In addition to the FNHA Mental Wellness Services, regional envelope funding allows for community-driven, local initiatives with healing practices and wellness outcomes defined at the Nation level.

**TOTAL FNHA
MENTAL WELLNESS INVESTMENTS**

\$12,603,945

Profile

KARLA TAIT

FNHA Northern
Mental Wellness Advisor



*“Hadih Dinī ze’, ts’akē ze’, skiy ze’.
I find the Mental Wellness Advisor
role deeply rewarding. Even in
moments when our First Nations
communities are faced with crises,
I get to bear witness to our strengths
and resilience in action. I have
ongoing opportunities to support
cultural interventions and healing
practices in many of our
communities who recognize their
important place in the holistic
wellness of our People.*

*Mental Wellness Advisors also
advocate for inclusion and culturally
safe care in the mainstream health
care systems and specialty services
that we as First Nations continue to
rely on. To be in a position that
actively validates the wisdom we’ve
had all along as First Nations on
a day-to-day basis is fulfilling as a
provider, as is being part of the
movement of shifting mental
wellness care toward culturally
informed practice.”*

Mental Wellness & Substance Use Funds, 2015-2016

Programs & Services	Investments
Programs Inherited	
Brighter Futures	\$10,482,790.00
Building Healthy Communities Mental Health Prevention	\$7,796,589.00
Indian Residential Schools Resolution Health Support Program	\$4,679,697.00
National Native Alcohol & Drug Abuse Program	\$18,902,488.00
National Aboriginal Youth Suicide Prevention Strategy	\$1,010,124.00
Youth Solvent Abuse Program	\$3,181,324.00
Inherited Subtotal	\$46,053,012.00
Programs Established Post-Transfer	
Joint Project Board*	\$8,541,675.00
Health Actions**	\$2,427,177.00
Crisis Response	\$463,467.00
Post-Transfer Subtotal	\$11,432,319.00
Grand Total	\$57,485,331.00

* JPB funds were spent or approved in 2015-2016

**Includes Hope, Health and Healing

Data Source: The National Aboriginal Youth Suicide Prevention Strategy, Improvement Project Findings (2016) for programs established post-transfer; Management Contract and Contribution System (MCCS) extract (May 3, 2016) for programs inherited.

Hope, Help and Healing

In April 2015, the FNHA launched the Hope, Help and Healing Suicide Prevention, Intervention and Postvention Toolkit for First Nations communities. Regional engagements throughout the year were intended to support communities to bring the toolkit to life and establish closer ties between local, regional and provincial service partners.

Health support workers, FNHA staff and others gathered at Harrison Hot Springs for the Hope, Help and Healing forum.



“Communities asking for help are getting the help they need.”

Dave McCauley, member of the First Nations Emergency Services Society

Hope, Help and Healing session

Health Directors, front line mental health workers, community health leads, NNADAP workers, ASCIRT team members, Indian Residential School (IRS) Health support Workers, FNHA staff and others gathered in the Fraser Salish region at Harrison Hot Springs for a forum dedicated to finding solutions and building community capacity to respond to suicide in First Nations communities in BC.

Effects of ongoing colonization, loss of land base, the multi-generational impact of residential school and other social determinants of health all contribute to suicide in First Nations communities.

Day one ended with a Healing and Honouring Ceremony at the Cheam Longhouse led by the Fraser Salish family including FNHC's Willie Charlie and the FNHDA's Virginia Peters. All health workers in attendance were invited to the floor to be blanketed and thanked by the FNHA family. It was a truly profound and healing ceremony for many in attendance who often work long hours and sometimes without proper recognition.

Healing from the Residential School Legacy

This was a historic year for residential school survivors, their families and all First Nations and Aboriginal peoples throughout Canada. The Truth and Reconciliation Commission released their report including 94 recommendations. The FNHA supported 34 survivors to attend the closing events in Ottawa, including Verna Flanders from Comox Valley, whose inspirational video, “Come, Come, Dance With Me!” created a public sensation on social media with over 250,000 viewers within a few days.

Her story is one of the 6,200 stories that now are recorded and form part of the evidence and archival record of Canada’s “century-long experiment with residential schools.” Her participation in the 2015 closing events supported her to put to rest the anger and hurt she has carried most of her life.

The Indian Residential School Resolution Health Support Program (IRS RHSP) includes cultural support, emotional support, professional counselling and transportation. Cultural supports are provided by local First Nations organizations that coordinate the services of Elders and traditional healers. These supports seek to assist those in need related to the harmful legacy of Indian Residential Schools and the disclosure of abuse. Services are determined by the needs of the individual and include dialogue, ceremonies, prayers and traditional healing. There are currently nine organizations providing IRS RHSP throughout the province.



“To the FNHA, I am very grateful for being able to go to the Truth and Reconciliation Commission (TRC) closing event in Ottawa. Looking back on the event, there were so many people, so many survivors, each of us shared our stories and we all supported each other. It was a hard week, an emotional week of all of us putting our voices out there - finally. In the past, I felt a lot of fear to speak up, but the TRC really brought me out and helped me find my voice. At the closing event, I walked halfway in and when I heard the drumming and singing, I started to dance. I said I would dance and I did. Then I invited all the other survivors to dance with me! The experience was very powerful. It was good. Finally our voices were being heard. It’s really important to me to support other survivors - many of them still need help and support on their journey. To all the other residential school survivors, please take good care, be safe, be strong. I have found my voice at the TRC – you can find your voice too!”

- Gila’kasla, Verna Flanders

Photo: George Littlechild
Regalia by John Powell

First Nations Health Benefits

Transformational Activities

This year, we continued to put the building blocks in place for a new approach to the administration of FNHA Health Benefits by engaging in dialogue with communities, establishing our guiding principles and building a strong team to take on this task.

We also reached several Health Benefits milestones throughout the year. FNHA's Medical Transportation (MT) program has and continues to be a key area of focus. This past year, the Health Benefits team made headway on increasing its support to our Medical Transportation (MT) program. The team invested resources to improve the quality of MT reporting data to create greater awareness and responsibility to community needs. Communities are also receiving better support with resources allocated to increasing the number of training events and support for one-one-one dialogue with community partners.

Health Benefits has also worked to address MT program funding inequities by embarking on a phased approach to rebasing community funding – resulting in a stabilization of funding levels and improvements to administration. Health Benefits is now examining a new approach to MT informed by this community feedback and data – seeking an approach that is sustainable, alleviates cost pressures and considers opportunities to bring services closer to home.

In addition, the groundwork was laid and partnerships built with key provincial bodies for the launch of our upcoming over-the-counter and prescription drug misuse initiatives. As part of these efforts, Health Benefits launched new training for front-line health care workers for Naloxone, an opioid overdose reversal drug that prevents overdose death.

Service Standards

We strive to meet the needs of our clients and be responsive to our providers. Since Transfer, we have put in place benefits claim processing service standards that we continue to meet or beat, ensuring that our clients are receiving timely services and our providers are well supported.

Benefit Area	FNHA Service Standard	October 2013	April 2014	March 2015	March 2016
Dental - Basic	20 days	30 days	20 days	13 days	8 days
MS&E General	15 days	25 days	20 days	15 days	15 days
Medical Travel - General	5 days	N/A	5 days	5 days	5 days
Vision - Eyeglasses	5 days	40 days	5 days	5 days	5 days

Health Benefit 2015-2016 Program Expenditures: FNHA and Community Administered Benefits*

	Pharmacy	Medical Supplies & Equipment	Dental	Medical Transportation	Vision Care	Mental Health	MSP	Total
FNHA Administered Benefits	\$70,600,000	\$6,500,000	\$37,300,000	\$3,300,000	\$3,000,000	\$200,000	\$17,300,000	\$138,200,000
Community Administered Benefits (funding Arrangements)	N/A	\$500,000	\$2,400,000	\$28,600,000	\$500,000	\$600,000	N/A	\$32,600,000
Total	\$70,600,000	\$7,000,000	\$39,700,000	\$31,900,000	\$3,500,000	\$800,000	\$17,300,000	\$170,800,000

*Please note the figures above are approximate, for exact data please refer to the FNHA First Nations Health Benefits 2015-2016 Annual Report.

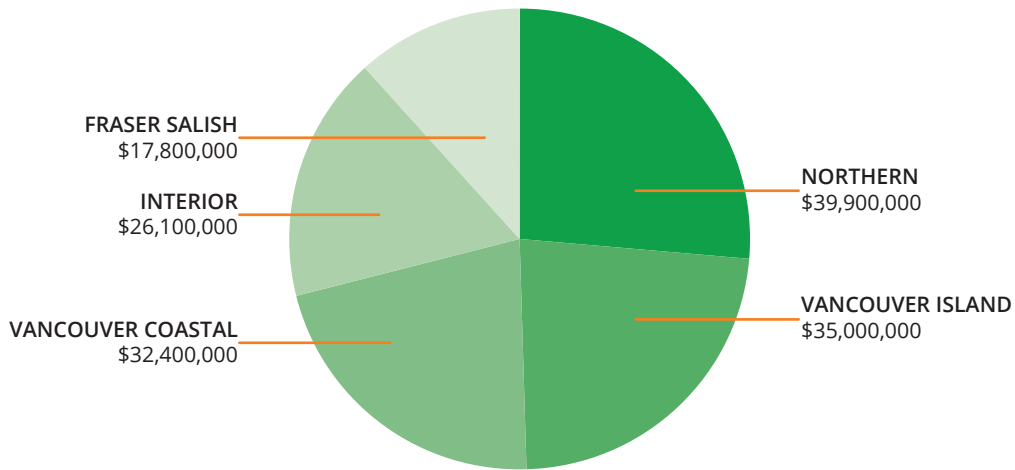
Health Benefits programs are administered both by FNHA Health Benefits and directly by community through funding arrangements. Above, in 2015-2016, community-administered benefits accounted for \$32.6 million of total program expenditures.

**GROWTH OF THE
FIRST NATIONS HEALTH BENEFITS
CLIENT POPULATION**

6.4%

SINCE TRANSFER IN OCTOBER 2013

**Health Benefit Claims and Funding Arrangements:
2015-2016 Expenditures by Region**



** Note these expenditures are based on provider location and do not include MSP, out of province providers and client reimbursements

Profile

LORRAINE MUNDY

Health Benefits Assessor
- Medical Transportation



Meet Lorraine Mundy (Yuułu?if?ath First Nation), a FNHA Health Benefits Assessor with the Medical Transportation team. She's the first person to hold this new position, created to make Medical Transportation services more responsive to the needs of First Nations community members in BC by working in partnership with communities to ensure responsiveness to community needs, successful program delivery and reporting. Strong relationships with community are an important part of the role, and Lorraine was a perfect fit. Before joining the FNHA Medical Transportation team in August 2015, she worked as a Patient Travel Clerk in her home community of Yuułu?if?ath First Nation. Her colleagues say Lorraine's community experience adds a vital hands-on perspective to the Medical Transportation team.

Lorraine and the Medical Transportation team support Patient Travel Clerks working in First Nations communities in BC. The Medical Transportation Team responds to questions and navigate complex cases. Another important part of Lorraine's day-to-day is helping Patient Travel Clerks with reporting. Information in these reports helps provide a better understanding of community needs.

When asked what inspires her about the role, Lorraine speaks about the FNHA Operating Principles:

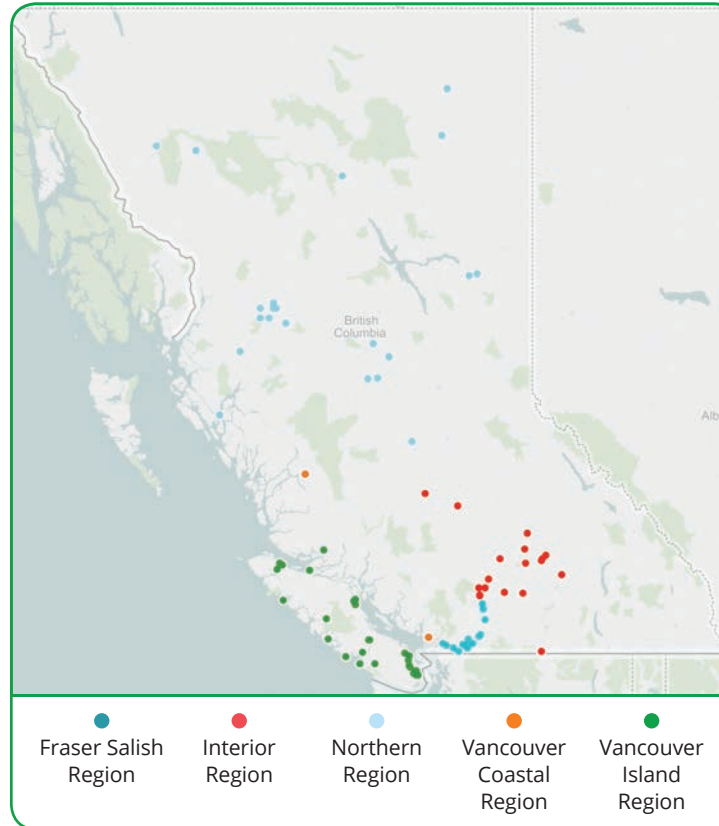
"Especially number one (a wellness philosophy based on First Nations teachings), that everything we're doing is based on First Nations teachings, that's important. It's a positive and supportive operating principle. Listening to people. I think that's what community members want - to be heard. I just try to help people get to where they need to go!"

Oral Health



Health Benefits' Oral Health team aligns its work with FNHA's wellness approach to bring a range of oral health services closer to home. These services include: the Children's Oral Health Initiative (COHI), Dental Therapy and community-based dental programs.

Highlights for 2015-2016



- Over 90 oral health service providers
- Over 26,000 oral health services provided for more than 6,000 FNHA clients in 88 communities across BC
- COHI kits updated and rebranded – over 6,000 kits distributed to our clients

In February and March 2016, FNHA's oral health team partnered with local Elders, regional health authority colleagues and the Centre for Collaboration, Motivation and Innovation to host three Oral Health, Healthy Eating and Brief Action Planning training sessions for front-line providers working with young children and families in First Nations communities. These sessions were hosted in Terrace, Williams Lake and Campbell River and were well attended and received by participants.

Contribution Agreements: Supporting Public Health



FNHA Funding Arrangements team. L-R: Dawn Lee, Diana Clarke, Michael Rupisan, Lana Leon.
Missing: Billie-Jean Metz

2015-2016 Contribution Agreement Highlights:

- Initiated review of all contribution agreement processes
- Increased community contribution agreements by 5.5%
- Renewed upstream investment programs
- Introduced medical transportation top-up funding
- Increased flexibility for contribution agreements

FNHA supported a 5.5% increase in funding to support important health-promotion and disease-prevention services in community, including the National Aboriginal Youth Suicide Prevention Strategy, Aboriginal Diabetes Initiative and Maternal Child Health.

Increased Flexibility

In the coming year, FNHA will introduce new terms enabling communities and service providers with set funding to request approval to carry over funds to the next fiscal year. In addition, communities will be provided the opportunity to carry over First Nations Health Benefits funding for the duration of the funding agreement with the written approval of FNHA. This is an interim step toward improving contribution agreements.

IN 2015-2016,
FNHA ENTERED INTO
172 CONTRIBUTION
AGREEMENTS

CONTRIBUTION
AGREEMENTS
SNAPSHOT:

AGREEMENT
RENEWALS

141

NEW AGREEMENTS

30

AGREEMENT
AMENDMENTS

227



"The completion of the contribution agreement review, in my opinion, has resulted in a smoother process for my community to receive its monthly allocations. The process now ensures there is no gap in the receipt of funds. I have witnessed that every month on the first day of the month, the funds are in our Nation's bank account. In my capacity as health director, I appreciate the steps the FNHA has taken to implement a smoother process for our communities."

- Keith Marshall, Health Director of Heiltsuk Health Centre

Environmental Public Health Services

Highlights This Year

FNHA Environmental Public Health Services (EPHS) helps First Nations communities prevent, identify and manage environmental health risks that could impact the health of community residents.



10

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



34,872

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

4

Environmental Health Technicians hired:

Kristen Davis

(Gitxsan and Nisga'a First Nations)

Vancouver Coastal - Fraser Salish Region

Neil Kane

(Bonaparte Indian Band)

Interior Region

Cori Johnson

(Gitxsan Nation)

Northern Region

Tyrone Elliott

(Snuneymuxw First Nation and Quw'utsun')

Vancouver Island Region



90

Community Based
Water Monitors Trained



1,027

Food Safe™ Courses delivered to
1,027 community participants,
with a 98% pass rate



Profile

TYRONE ELLIOTT

Environmental Health Technician



"I am a member of Snuneymuxw First Nation through my mother, and my father is a member of Quw'utsun'. I am a continuing student; my major is in Geoscience, with plans to specialize in Hydrogeology with potentially a minor in Biology. I grew up off-reserve, but was still raised with the cultural teachings of Snuneymuxw and Quw'utsun'. I feel very privileged to have the role I do, as I get to shadow my incredibly knowledgeable coworkers, build new relationships within the communities, and I get to see so much more of the island I call home than I ever thought I would. I hope that through my experiences, past and future, that I can contribute and be an asset to my wonderful team."



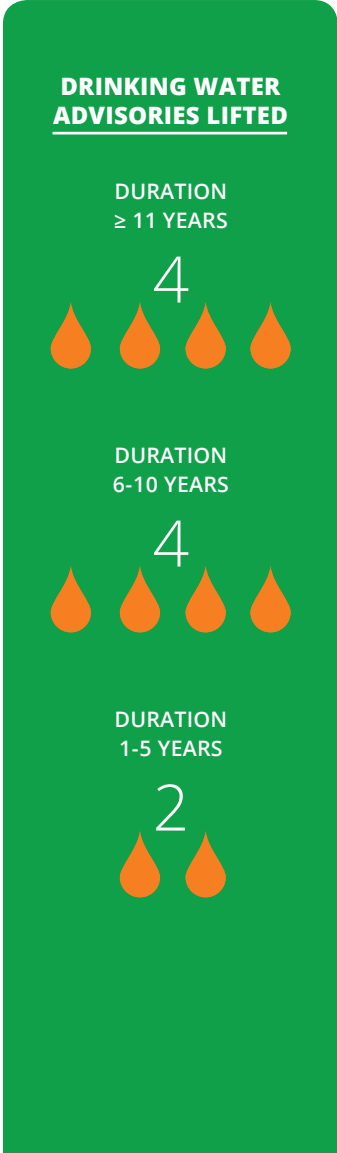
Marilyn Belleau and youth from Esk'etmc take a drink of water from their new water facility that removed one of ten long-term drinking water advisories this year. Four advisories removed had been in place for over eleven years.

The FNHA EPHS Drinking Water Safety Program (DWSP) works in partnership with First Nations communities to support access to safe and reliable drinking water from their community water systems. To assess water quality, Federal Drinking Water Guidelines are used. The Guidelines for Canadian Drinking Water Quality indicate maximum acceptable concentration (MAC) levels, which are established on the basis of the known health effects associated with each contaminant, exposure levels and the availability of treatment and analytical technologies.

Water quality is tested regularly for microbiological indicators using both in-community labs and provincially certified laboratories to ensure water quality standards are being met. Water quality is also tested for chemical parameters based on source water and treatment.

All community water systems are tested for a full suite of chemical, physical and radiological parameters every five years for all parameters with a maximum acceptable concentration listed within the Guidelines for Canadian Drinking Water Quality. This year, the Baseline Chemical and Radiological Sampling event was completed for all 283 Community Water Systems.

Drinking Water Advisories



Community Based Drinking Water Monitors

Community Based Drinking Water Monitors (CBWM) play a key role in the Drinking Water Safety Program as the designated person responsible for sampling, testing, recording and communicating the microbiological quality of drinking water within the community.

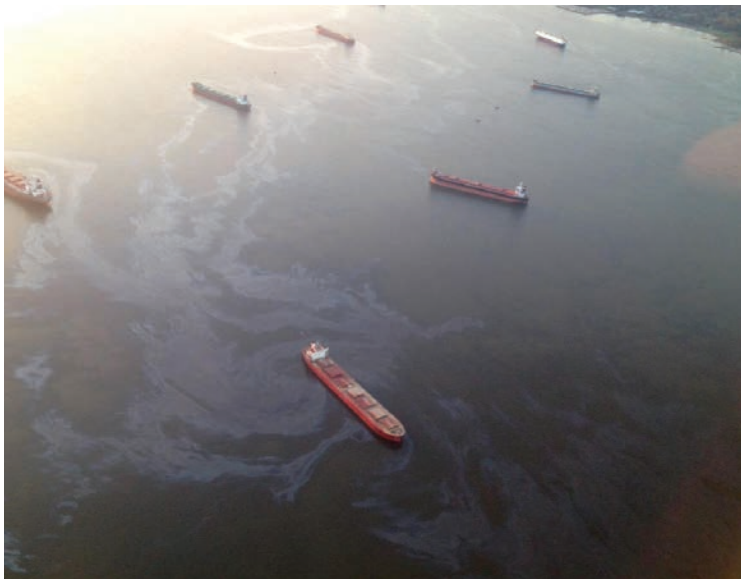
The Community Based Drinking Water Quality Monitoring Program supports local capacity to monitor water quality in order to enhance local awareness, involvement and ownership of water systems.

There are currently 177 communities receiving funding for the Drinking Water Safety Program with approximately 177 primary CBWM. During FY15/16, **90** CBWMs received training or refresher training for community-based water monitoring and data entry into WaterTrax™. Training was provided by Environmental Public Health Services' Environmental Health Officers (EHOs) through contracted training or in person and remotely, both in groups and individually.



Training of community-based water monitors in Prince Rupert.

Emergency Response



Oil spill in English Bay, Vancouver, April 2015.

Environmental public health support is provided to communities during emergencies to assess potential impacts to human health through water, food, air and to ensure that impacted communities are directly involved in spill response and assessment. EPHS works collaboratively with other health authorities and Ministries to ensure that First Nations' interests and exposures are adequately addressed. We continue to participate in planning and preparedness activities with communities and local, regional and provincial partners.

- Motor-vehicle accident resulting in biosolids material spilling into Big Bar Creek
- 2 sewage spills into waterways (Apex Mountain & OK Falls)
- Three mine spills into waterways (Copper Mountain, Highland Valley Copper)
- Two fuel spills into waterways (Eastgate Manning Park, Mount Robson, English Bay)
- Two glue/resin spills into waterways (Larson Hill, Shuswap Lake)
- Wildfires, BC-wide – support at Emergency Social Service Centre, air quality information
- Drought response – impacts to drinking water supplies
- Others: Squamish terminal fire, flooding and mud slides

First Nations Health Authority
Environmental Contaminants Program

GUIDELINES FOR PROPOSALS



Environmental Contaminants Program Project Grants

The FNHA EPHS Environmental Contaminants Program supports First Nations projects that explore the link between human health and environmental contaminants. Projects funded this year include:

First Nation	Title of Project
Toosey <i>(collaboration with Anaham)</i>	Healthy Territories for Future Generations: A community-based preliminary study to examine health and wellness in relation to environmental contaminants within the Toosey and Anaham First Nation caretaker areas in northern interior BC.
Lhtako Dene	Assessment of Water and Traditional Harvests in Dragon Watershed: Lhtako Dene Nation is partnering with multiple organizations to analyze and communicate the impacts of agriculture and residential contaminants on water quality, trout, mint, cattails and willow that are harvested by our people.
Nuu-chah-nulth	Safeguarding our Seafood: Testing for radioactive isotopes in traditional seafoods on the west coast of Vancouver Island, phase two.
Interior, Fraser Salish, and Northern Regions	Mount Polley Mine Tailings Breach Health Impact Assessment Screening and Scoping Phase.

HOME AND COMMUNITY CARE

NUMBER OF ACTIVE CLIENTS
(ACCORDING TO eSDRT)

15,861

NUMBER OF HOME VISITS

150,500

TOTAL HOURS OF SERVICE PROVIDED

191,177

TOTAL HOURS OF ASSISTED LIVING

111,227

TOTAL HOURS OF PERSONAL CARE

44,128

TOTAL HOURS OF CASE MANAGEMENT

16,102

TOTAL HOURS OF NURSING SERVICES

15,511

TOTAL HOURS OF IN-HOME RESPITE

3,564

TOTAL HOURS OF PROFESSIONAL THERAPIES

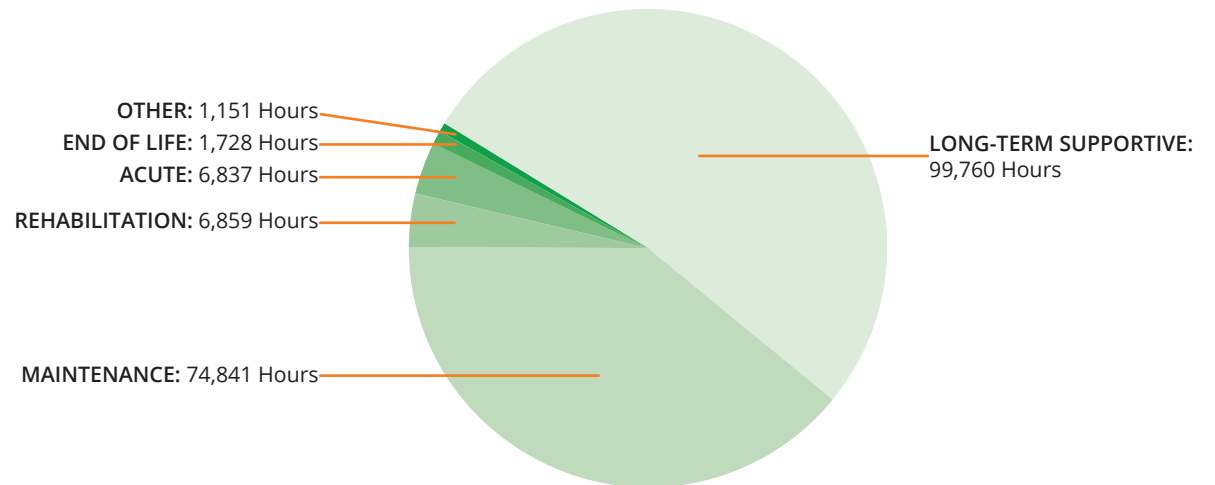
646

**Data Current July 2016*

Home and Community Care

The FNHA Home and Community Care (HCC) team provides consultation and support to the First Nations community-managed Home and Community Care Programs. The eSDRT (electronic Service Delivery Reporting Tool) data indicates that 7,191 clients received services this year. The majority of HCC clients are in care for long-term support or maintenance. Other HCC client types include Acute, Rehabilitation and End of life.

Home Care Client Type





In November 2015 the FNHA completed a comprehensive third party review of nursing services in First Nations communities in BC. The underlying goal of the review was to identify opportunities for enhancing nursing services provided to First Nations people.

NEW NURSING HIRES THIS YEAR

COMMUNITY HEALTH NURSES

10

NEW NURSE NAVIGATOR POSITIONS

5

CLINICAL NURSE SPECIALISTS

3

CHIEF NURSING OFFICER

1

HOME CARE NURSE ADVISOR

1

NURSE MANAGER, NURSING
STATION AND HEALTH CENTRE

1

Profile

DR. BECKY PALMER

Nursing Services

Chief Nursing Officer



In November, the FNHA created a Chief Nursing Officer position to assume leadership of FNHA's largest direct-care portfolio, Nursing Services, and to oversee operations and transformation of nursing programs with an emphasis on quality. Dr. Palmer came to the FNHA from the BC Children's Hospital & BC Women's Hospital and Health Centre and brings 25 years of experience in nursing practice, education and research, as well as 10 years in senior leadership positions.

"I am honoured and excited to join the team at FNHA in such meaningful and transformational work. I look forward to the journey ahead, the opportunity to learn from and alongside new colleagues, forge new partnerships and collaborate with First Nations communities across BC and beyond to achieve health through wellness,"

- Dr. Becky Palmer

Health Protection

Harm Reduction and Take Home Naloxone in First Nations Communities

ERIN GIBSON
JANINE
STEVENS

TAKE HOME NALOXONE

RECOGNIZING & RESPONDING TO OPIOID OVERDOSE



TAKE HOME
NALOXONE SITES
ESTABLISHED IN
FIRST NATIONS
COMMUNITIES
THIS YEAR

26+

Substance use overdoses posed a significant challenge for the entire province this year. Naloxone is an opioid overdose reversal drug that prevents overdose death. The FNHA Health Protection team supported communities and their nurses to establish Take-Home Naloxone sites.

FNHA supported a sustainable “train-the-trainer” approach to Naloxone usage for opioid overdose training in over 26 First Nations community health centres, which are distributing Naloxone to an even greater number of communities. Many collaborative partnerships developed between First Nations communities and both BCCDC Harm Reduction Strategies and Services and regional health authorities, supported by the FNHA.

GOALFOUR



Strengthen the FNHA as a Sustainable and Effective First Nations Health Organization

In 2015-2016, FNHA continued to strengthen the organization as a sustainable and effective First Nations health organization that First Nations communities deserve and can be proud of. We are committed to co-creating an organization that is culturally safe for our employees and guided by our 7 Directives, where we can thrive in our positions and treat each other with lateral kindness.

This year, there was significant focus on corporate policy and policy framework implementation and improvement as part of FNHA's commitment to continuous improvement. Other notable accomplishments included the Chief Executive Office and Chief Medical Office's continued development of FNHA's Quality Improvement Framework, the addition of a Chief Administration Office, improvements to hiring practices and celebration of the successful ratification of Collective Agreements.

We continued to work towards best industry standards in many areas in this past year, including leadership and governance. In October 2014, members of the FNHA, First Nations Health Council and First Nations Health Directors Association were invited to participate in an Office of the Auditor General study to inform Parliament about the efforts undertaken by BC First Nations, Health Canada and the Province of BC to establish the FNHA.

The First Nations Health Governance Structure in BC welcomed the study and viewed it as both a useful third party assessment and an opportunity to share our experience with First Nations from across Canada considering similar changes to their health care services. The report confirmed the FNHA has met all Health Canada accountability requirements in a timely and diligent manner. Our operations, as analyzed by the Auditor General, reflect those of an evolving, first-of-its-kind organization. Like all organizations, we have areas to improve upon; this work is well underway.

At the core of FNHA's efforts to strengthen the organization is the belief that what happens to communities happens to us - and we believe they deserve the best that we have to offer. We are a learning organization and will continue our work to build a First Nations Health Authority that meets the needs and expectations of First Nations communities and our partners that have entrusted us with this important work.

Employee Engagement

Gallup Q12 survey results reveal FNHA employees are three times more engaged than global average



FNHA utilized the Gallup Q12 Survey to carry out an external assessment of employee engagement in April 2015. The organization saw an impressive **83%** participation rate. The results showed that FNHA's percentage of engaged employees is twice as high as the Canadian average and three times higher than the global average.

The survey showed that FNHA scored highly in the following areas:

- **Mission Purpose** - The mission or purpose of my organization makes me feel my job is important.
- **Cares About Me** - My supervisor or someone at work seems to care about me as a person.
- **Committed to Quality** - My fellow employees are committed to doing quality work.

FNHA FAMILY WORKFORCE PROFILE

NUMBER OF FNHA EMPLOYEES

583

FRONTLINE/EXTERNAL-FACING
EMPLOYEES

70%

MANAGEMENT WHO ARE WOMEN

66%

COMPLETED SAN'YAS
CULTURAL SAFETY TRAINING

74%

COMPLETED RESPECT IN THE
WORKPLACE TRAINING

73%

COMPLETED BASIC SAFETY TRAINING

57%

COMPLETED ADVANCED
SAFETY TRAINING

17%

SELF-IDENTIFIED/ABORIGINAL
EMPLOYEES

39%

FNHA Orientation - Transforming a Workforce

Bringing People into the FNHA Family in a Good Way



"It was such a nice experience, what a great way to start a new job. It truly set the tone for the work that we aspire to do. I think it is in line with transformation. Wonderful work and thank you again."

– FNHA Family Member

FNHA Family Members attending a "Super Orientation."

FNHA designed a tailor-made, one-day orientation program to welcome FNHA family members into the organization in a good way. Established staff members with the organization are also encouraged to attend an orientation day. The orientation offers a mix of experiential learning, interaction with FNHA CEO and leadership, our Values, 7 Directives, Operating Principles and our story and evolution. The curriculum also includes "Foundations," a presentation on the history of First Nations in BC. The orientation was designed and delivered by FNHA employees, including self-identified First Nations and Aboriginal employees, and leadership.

Recruitment and Retention

In 2016, we invested time and resources into reviewing and adapting our recruitment policies, which include an emphasis on recruiting and retaining First Nations talent. It is expected that these policies will be reviewed and adopted by the Board in Summer 2016. We have also created a development pool, which is intended to build and actively strengthen First Nations representation in the organization by building a stream of skilled workers for both FNHA and community.

FNHA FAMILY MEMBERS THAT
HAVE TAKEN FNHA'S
ORIENTATION PROGRAM

255

What Happens to Community Happens to Us - FNHA Leadership Statement

As a First Nations organization working to create a unified organizational culture, FNHA orients staff to its Vision, Mission, Values and 7 Directives. These, taken together, form a foundation for “how” we are to work with BC First Nations. This year, the FNHA CEO challenged the FNHA executive team to co-create a Leadership Statement that sets out how FNHA family members can lead with our Values and model wellness as we execute our work with community.

FNHA senior executive team and management adopted and signed the Leadership Statement earlier this year and challenged teams to adopt it in a way that was meaningful to them. Various teams adopted it through ceremony, production of a video or signing a large copy to display in their offices as a reminder.



Pamela Finn

Dr. Evan Adams

Dr. Shannon McDonald

“Our purpose is to execute the vision of our leadership in the First Nations health governing structure. We work together, not apart, to lead transformation. We actively seek partners both internally and externally because we truly are better together. We listen before we speak to best understand and support local decision-making. We do with and not for because we are true partners in health and wellness. What happens to communities happens to us – we care for those we serve and believe they deserve the best we have to offer, and therefore we are guided by a sense of responsibility and strive for excellence. We are guided by our past and our future; we respect knowledge in many forms, are open to new ideas and opportunities and center cultural teachings and practice at the core of our work.”

– FNHA Leadership Statement

Goal 4 Performance Measure

FNHA investments leverage or generate additional resources in support for First Nations health and wellness

Our effectiveness as an organization is bolstered by our ability to leverage additional funding toward the achievement of our goals and objectives. These resources contribute to our overall efficiency and sustainability. Some examples include:

- We leveraged our \$600,000 contribution with an additional \$1.3 million from Simon Fraser University and St. Paul's Hospital Foundation to fund the \$1.9 million FNHA Chair in Heart Health and Wellness at St. Paul's Hospital, the first of its kind in Western Canada.
- Our \$187,500 investment was matched by the BC Aboriginal Association of Friendship Centres to deliver the Doulas for Aboriginal Families Grant Program.
- The Ministry of Health, FNHA and the BC Aboriginal Association of Friendship Centres each contributed funding to deliver a range of programs and activities delivered by the Aboriginal Sports, Recreation and Physical Activity Partners Council in alignment with the FNHA's wellness approach and Being Active wellness stream.

Historic Ratification of Collective Agreements Reached



Representatives from the FNHA, Professional Institute of the Public Service of Canada and Public Service Alliance of Canada gathered at the Musqueam Cultural Centre to celebrate the ratification of their collective agreements.

In the summer of 2015, representatives from the FNHA, Professional Institute of the Public Service of Canada (PIPSC) and Public Service Alliance of Canada (PSAC) celebrated the ratification of their collective agreements after two years of negotiations. These agreements mark a historic milestone for the three parties as the first collective agreements of their kind in Canada. They incorporated First Nations philosophies and culture into the collective bargaining process, negotiations and terms.

Corporate Policy Redevelopment

In 2015-2016, the FNHA initiated a corporate policy review to determine if our existing policies best supported our changing needs. As a result of the review, several of the Health Canada corporate policies that we adopted at transfer were redeveloped to better reflect our current operations, corporate culture and industry best practices.

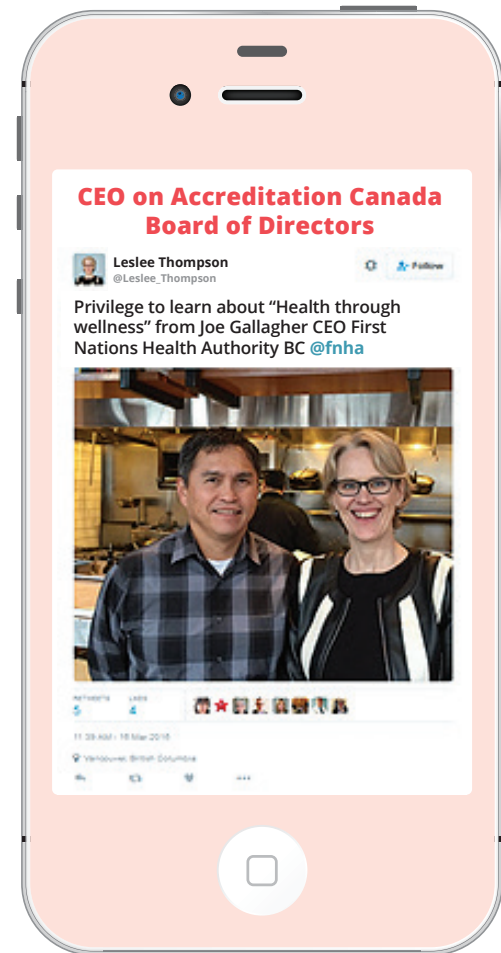
Because of FNHA's unique governance foundation, cultural orientation, size and service scope, the redevelopment of policies takes into consideration the best of government and other public sector organizations, international Indigenous health service organizations and private companies.

Accreditation Canada Initiative

The FNHA is pursuing accreditation through Accreditation Canada's Qmentum program, a leading health care accreditation program in Canada. Qmentum is designed to focus on the quality and safety of all aspects of the FNHA's operations. In addition, the accreditation process provides us with outside verification that the organization has strong internal quality improvement and safety systems in place.

After closely evaluating the Accreditation Canada standards, we found that many of the standards were not appropriate or suitable for the uniqueness of the FNHA and our mandate. As a result, we are working with Accreditation Canada to adopt an appropriate accreditation standard for the FNHA. This work will continue with targeted discussions in 2016-2017.

FNHA CEO Joe Gallagher sits on the Board of Directors for Accreditation Canada. Over the year, the opportunity has arisen to revisit the standards for accreditation of Aboriginal organizations. This work will transform the process to include elements such as Cultural Safety in the standards to attain accreditation.



FNHA leads BC Health Authorities with 87% employee flu policy compliance.



FNHA Executive Director of Community Health and Wellness Services, Sonia Isaac-Mann receiving her influenza vaccination. FNHA led all health authorities in compliance this year.

For two years in a row, FNHA has led the BC health authorities with the highest employee influenza policy compliance rate. This year, 87% of our frontline employees were vaccinated - a three per cent increase from last year. An additional 8% of frontline employees declined vaccination but agreed to wear a mask while in patient-care areas between November 1, 2015 and March 31, 2016.

FNHA views this level of compliance as commitment from our frontline employees to protect our BC First Nations children, families and communities.

Health and Safety Management Framework

A health and safety framework was developed for the FNHA, built on the foundation of industry best practice and regulatory compliance. Training for executives, managers and employees has commenced and continues to be rolled out across the organization. Client and staff safety are reported on at each quarterly Board meeting.

TOTAL DIRECT/FRONTLINE
CARE PROVIDERS VACCINATED

282

PERCENTAGE DIRECT/FRONTLINE
CARE PROVIDERS VACCINATED

87%

PERCENTAGE DIRECT/FRONTLINE
STAFF AGREE TO WEAR MASK

8%

87 FNHA family members pledge for Change Day BC

Over October 2015, FNHA took part in Change Day BC, a global movement initiated by the National Health Service (NHS) in England. Anyone involved in health and social care across the province was invited to commit to an act of change that would improve care for patients or the system they work in. The content and action of the pledge was entirely up to the individual. FNHA employees and leadership joined the movement with enthusiasm, made some powerful pledges and had the most “liked” pledges on the Change Day BC website.

Organizational Redesign

This year, the FNHA's operational focus shifted from stabilization to strengthening its corporate governance framework in support of broader organizational transformation. As part of this effort, the FNHA conducted a post-transfer organizational review. The review assessed our current operational structure, reviewed our goals and objectives against the current design and recommended a structure that would enable us to best meet our goals. Significant transformative change resulting from the review included:

- Creation of the Chief Medical Office (CMO) and regional Senior Medical Officer roles;
- Creation of a Chief Administration Office (CAO) that serves to consolidate FNHA's corporate services including all business, financial and technology programs; and
- Consolidation of all program, service and policy functions under the leadership of a Chief Operating Officer.



As part of Change Day BC, dozens of FNHA staff pledged their commitment to positive change within the BC Health System.



Learning from Alaska's Southcentral Foundation

As a learning organization, FNHA continues to reflect on its work and other health organizations and looks to best practices in Indigenous health. In early November 2015, numerous members of the FNHA family came together to learn from our partners from the Southcentral Foundation of Alaska to continue learning from their success. Southcentral Foundation shared with FNHA their practices in human resources including performance management, policy and procedures, student hiring and partnerships.

Financial Report

Management Discussion and Analysis

This discussion and analysis of the financial results from operations and financial position for the year ended March 31, 2016 should be read in conjunction with the audited financial statements and accompanying notes and schedules.

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

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

The Fiscal 2016 budget reflects an organization that continues to develop capacity, stabilize as well as transform. Throughout this process, the organization is leading and managing change and thus it is prudent for the organization to ensure fiscal accountability and responsibility during this growth and transformation phase. Therefore, a conservative spending approach is utilized to ensure that the organization has resources available to meet financial obligations and can respond to requirements and demand during the fiscal year and ensure financial stability in the future. The financial results and the variances to budget reflect the fiscal responsibility and conservative approach that yielded an excess of revenue over expenses and a favourable variance compared to budget.

The key areas of focus for the FNHA during Fiscal 2016 were to operationalize the transfer, stabilize the organization, improve customer experience, make incremental changes where possible and embark on broader transformational initiatives enabled by strategic partnerships.

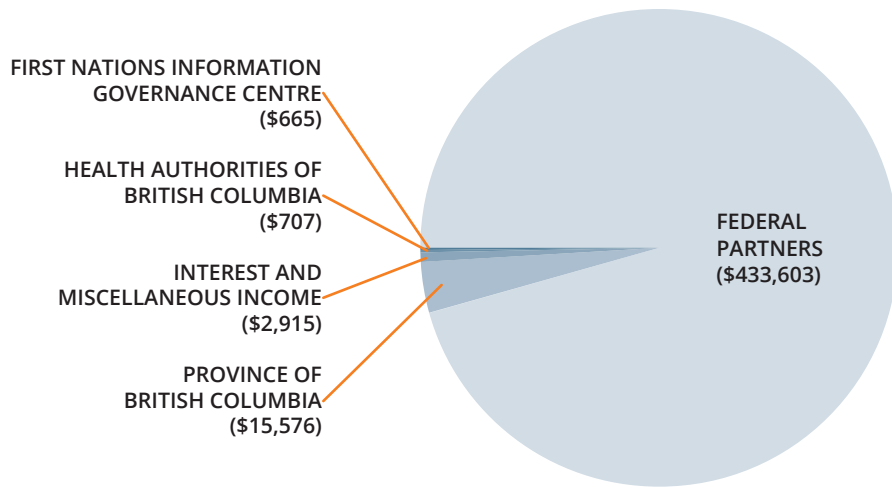
FNHA worked within the governance structures with key partners to implement new and innovative services for First Nations, such as the projects funded through the Joint Project Board. FNHA commenced work to improve access and innovation and transform health programs and services in a manner that incorporates First Nations inputs and maximizes partnership opportunities. FNHA implemented robust planning and evaluation frameworks and continued to develop and evolve our regional investment and implementation approach. These significant activities were managed with probity and due diligence and resulted in an operating surplus of \$16.39 million on total expenditures of \$437.07 million (3.75%).

Statement of Operations

For the 12 months ended March 31, 2016

	2016			Actuals as % of Expenses		
	YTD Actuals	Annual Budget	Variance Actuals vs Budget fav (unfav)	2015	2016	2015
	\$	\$	\$	\$		
Revenues						
Health Canada	433,603	435,727	(2,124)	413,771		
Province of British Columbia	15,576	14,541	1,035	12,353		
Interest and Miscellaneous Income	2,915	2,961	(46)	2,325		
Health Authorities of British Columbia	707	658	49	660		
First Nations Information Governance Centre	665	1,000	(335)	491		
	453,466	454,886	(1,421)	429,600		
Expenses						
Operations						
Corporate Operations	34,569	42,609	8,040	31,378	7.9%	7.9%
	34,569	42,609	8,040	31,378	7.9%	7.9%
Governance and First Nations Engagement						
First Nations Health Council	1,457	1,464	7	1,333	0.3%	0.3%
First Nations Health Directors Association	954	1,231	277	919	0.2%	0.2%
First Nations Engagement	2,440	2,789	349	1,057	0.6%	0.3%
Regional Operations	4,563	6,246	1,683	2,440	1.0%	0.6%
	9,414	11,729	2,316	5,749	2.2%	1.5%
Program Services						
Health Benefits	148,612	157,775	9,163	137,699	34.0%	34.9%
Direct Community Services Funding	183,606	179,379	(4,227)	168,481	42.0%	42.7%
Health Services and Programs	60,871	71,487	10,616	51,620	13.9%	13.1%
	393,089	408,642	15,552	357,800	89.9%	90.6%
	437,072	462,979	25,908	394,927	100.0%	100.0%
Excess (deficiency) of revenues over expenses	16,394	(8,093)	24,487	34,673		

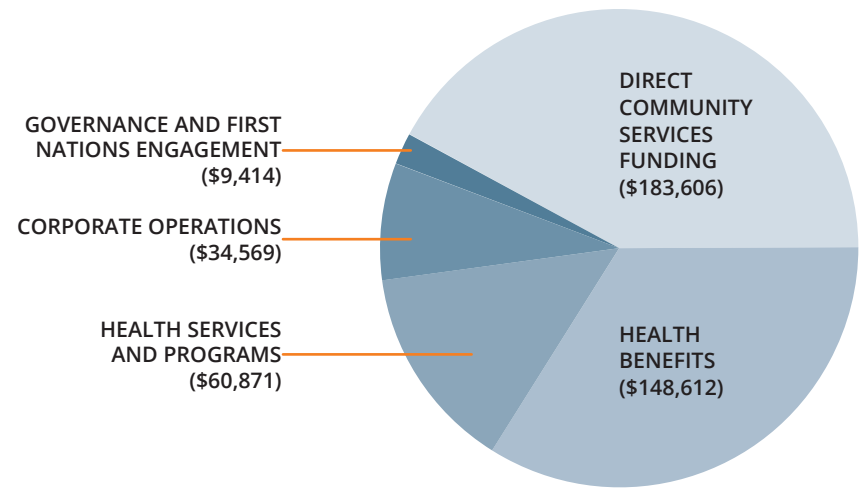
2016 Revenue Total (figures in thousands): \$453,466



Revenue

The largest component of funding (\$433.6 million) for FNHA comes from our federal partner through the Canada Funding Agreement and the Canada Consolidated Funding Agreement. The Province funding largely represents commitments in the Tripartite First Nations Health Plan (\$11 million), funding to support the Telehealth expansion project (\$2.4 million) and Joint Project Board ongoing initiatives (\$2.0 million). The variance for the Health Canada and Province funding represents restricted funding components where actual revenue recognized is equal to expenses incurred and additional revenue received during the year. The net asset balance includes internal restrictions of \$4.8 million (Province Health Action \$3.2 million and Canada \$1.6 million) of revenue received during the year targeted for specific initiatives.

2016 Expenditures Total (figures in thousands): \$437,072



Expenses

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

Corporate Operations represents costs associated with the administration of the FNHA and includes FNHA Board expenses, Finance, Human Resources and Information Management/Technology operations plus amortization of capital assets. Total expenses for Corporate Operations were \$34.6 million, which is 7.9% of total expenses for FNHA (Fiscal 2015 \$31.4 million; 7.9% of total expenses).

Under Governance and First Nations Engagement, FNHC and FNHDA costs include operational costs of the secretariat functions and remuneration and travel costs of the counsellors/directors. First Nations engagement includes costs

Continued on next page

of regional caucus sessions and regional tables. A large focus during the fiscal year was strengthening the regional presence; these costs are captured under the Regional operations line item. The total expenses for Governance and First Nations Engagement was \$9.4 million, which is 2.2% of total expenses for FNHA (Fiscal 2015 \$5.8 million; 1.5% of total expenses).

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

Health Benefits includes the operations of the health benefits department, health benefit expenditures such as vision, dental, prescription drugs, MSP premiums and dental therapy costs. The total expenses for health benefits programs were \$148.6 million, which represents 34.0% of the total expenses. Service improvements continued this year, resulting in more First Nation individuals accessing benefits, which resulted in an increase in costs. Other factors that have caused an increase in costs are availability of new drugs (Hepatitis C), impacts on dispensing fees and an increase in meal and private mileage rates (Fiscal 2015 \$137.7 million; 34.9% of total expenses).

Direct community services funding represents the portion of FNHA funding that flows directly to communities through contribution agreements. This includes funding to communities to support health services and programs, Health Action and Joint Project Board initiatives. The flow-through funding was \$183.6 million, which represents 42.0% of the total expenses for FNHA (Fiscal 2015 \$168.5 million; 42.7% of total expenses).

Health Services and Programs includes operational costs of the Chief Operating Officer portfolio including nursing services, environmental services and policy planning plus costs of the Chief Medical Officer portfolio. Expenses also include costs of the Telehealth project, contribution agreements to non-community recipients and treatment centres plus direct payments for community operation and maintenance costs. Total expenses were \$60.9 million, which represented 13.9% of total FNHA expenses (Fiscal 2015 \$51.6 million; 13.1% of total expenses).

Net Assets

The final net asset balance at March 31, 2016, as shown on the statement of financial position and the statement of changes in net assets, is \$89.9 million, which is a result of an opening balance of \$73.5 million plus the current fiscal year excess of revenues over expenses of \$16.39 million. The net asset balance is comprised of \$4.4 million invested in capital assets, \$57.7 million in internal restrictions and \$27.8 million in unrestricted equity. The internal restrictions represent funding received from the Province (\$13.5 million) for MSP Joint Project Board and Health Action initiatives and funding from the federal government (\$1.6 million) for tobacco control strategy, prescription drug abuse, Victims of Family Violence and Brighter Futures. It also includes funds set aside for the transformation work (\$27.8 million) that the organization will be undertaking plus funds for construction of an FNHA building (\$14.7 million).

Appendix

GOALS

1. Enhance First Nations Health Governance

2. Promote and Implement the BC First Nations Perspective on Wellness as a Health and Wellness Champion

3. Improve Health Services and Programs as a Health and Wellness Partner

4. Strengthen the FNHA as a Sustainable and Effective First Nations Health Organization

OBJECTIVES

- 1.1. Develop and align regional-based supports for relevant decision-making over the design and delivery of health and wellness services and initiatives.
- 1.2. Collaborate with the FNHC and FNHDA to implement the joint commitments in the health plans/ agreements to achieve our shared vision.
- 1.3. Build and evolve relationships and leverage opportunities with federal and provincial health partners to achieve the tripartite shared vision statement.

- 2.1. Engage First Nations individuals and families in their wellness journeys.
- 2.2. Support communities in their wellness journeys.
- 2.3. Facilitate a two-way conversation on health and wellness between First Nations and mainstream health service providers and provincial partners to support the First Nations Perspective on Wellness.

- 3.1. Improve access to, innovation of and integration with the provincial health system and other mainstream health care providers to achieve high quality, culturally safe and patient-centred care for BC First Nations.
- 3.2. Transform FNHA Health Programs and Services in a manner that incorporates First Nations input and maximizes partnership opportunities.
- 3.3. Partner with BC First Nations to support their delivery of high-quality health programs and services.

- 4.1. Foster strong leadership and First Nations organizational culture throughout the FNHA.
- 4.2. Create an environment to support staff in developing a safe, healthy and productive workplace.
- 4.3. Strive for excellence and client-centredness in serving First Nations people and communities through good organizational governance, redesign and operations.



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Health through wellness

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