

# 2017

# 2018

## Annual Report

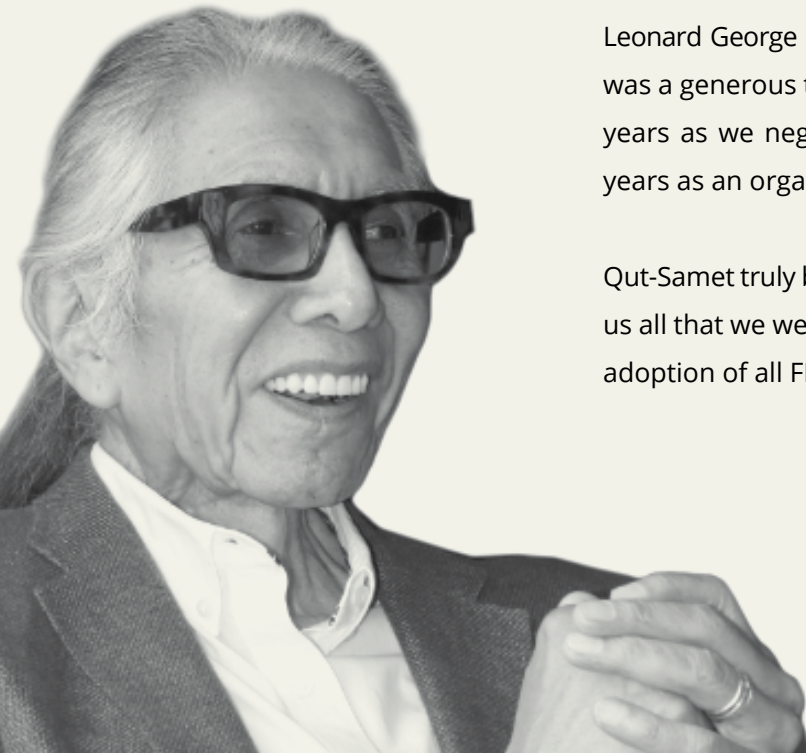


First Nations Health Authority  
Health through wellness

## IN MEMORIAM

*Qut-Samet, Leonard George*

1946 - 2017



It is with heavy hearts that we acknowledge the passing of the First Nations Health Authority's (FNHA) founding Elder Advisor Qut-Samet, Leonard George (Tsleil-Waututh Nation) on December 6, 2017. Qut-Samet was a generous teacher, mentor and advisor to our FNHA family for ten years as we negotiated the health transfer as well as during our first years as an organization.

Qut-Samet truly believed in the historic nature of our work, and reminded us all that we were put here for a reason. His legacy lives on through his adoption of all FNHA staff into the Tak'aya Wolf Clan.

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First Nations Health Authority  
Health through wellness

First Nations Health Authority  
501 - 100 Park Royal South  
Coast Salish Territory  
West Vancouver, BC  
Canada - V7T 1A2  
www.fnha.ca | info@fnha.ca

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## MESSAGE FROM THE BOARD CHAIR

Colleen Erickson



**In April 2018, I was honoured to transition from FNHA Board of Directors Vice-Chair to the role of Chair. As our Board's representative, there is much to report on from our exciting 2017/2018 year.**

First, I want to recognize the six years of service that Lydia Hwitsum served as Board Chair as well as her significant contributions as one of the founding members of the First Nations Health Society in March 2009. Lydia dedicated years of effort and passion to building the FNHA and played a crucial role in the negotiation of the key agreements that led to the transfer of health services from the Government of Canada to First Nations in BC.

This year, the FNHA focused significant energy on advancing our Quality Agenda. I have the honour of chairing the FNHA Board of Directors Quality Improvement,

Safety & Wellness Committee and I am excited to contribute to this relatively new committee. It provides us with the opportunity to be innovative and incorporate quality and Indigenous cultural knowledge into our work. The FNHA believes the root of quality health care for First Nations is cultural safety and humility, a movement and way of working that is continuously affirmed as a priority by First Nations in BC. We continuously work to ensure cultural safety is built into all of the FNHA's work.

The Board is very pleased that on February 21 this year, the FNHA Telehealth Expansion team was honoured with a Staying

# "I AM PROUD THAT AT THE ROOT OF ALL WE DO, WE KEEP CULTURAL TEACHINGS AND KNOWLEDGE AT THE FOREFRONT."

Healthy Award at the 2018 Quality Awards, hosted by the BC Patient Safety & Quality Council (BCPSQC). FNHA CEO Joe Gallagher was also honoured with the Leadership in Quality Award for his outstanding leadership in advancing Cultural Safety and Humility to improve the quality of care for BC First Nations. Being acknowledged with these awards by BCPSQC indicates the good work that the FNHA continues to do.

Another way that the FNHA is improving quality is by championing innovative new health and wellness approaches and solutions. In February 2018, the FNHA successfully hosted the inaugural Mental Health and Wellness Summit. Over two days in Vancouver, 538 participants from across BC came together to learn and engage in authentic dialogue around trauma, sexual abuse, addictions and the opioid crisis. Looking ahead, there is a tremendous opportunity to leverage the learning and feedback gathered at the Summit to inform future programs and services, and much work has already been undertaken. This data has supported efforts related to trauma treatment, increased counselling support, treatment centre transformation, youth mental wellness and life promotion, and many other meaningful initiatives.

The FNHA also continued to respond to the opioid crisis over 2017/2018. As

we know, Indigenous people have been disproportionately impacted by the crisis and work continues to stop overdose in our communities.

2017/2018 also came with other challenges for our communities. The summer of 2017 saw a provincial wildfire state of emergency that affected many of our First Nations communities. I want to acknowledge the resilience of our communities who found strength in their cultures, spiritual practices and each other throughout the crisis. Also, on behalf of the Board of Directors, I want to thank the FNHA staff for their commitment and for going above and beyond the call of duty to serve our communities during this time.

The transition to PharmaCare Plan W is still a work in progress, and continues to evolve with valuable community feedback. In the creation of Plan W, we continue to draw on the lessons learned from clients and health care providers to inform system and provider improvements for our communities. These processes form an important foundation as we look to transform dental, vision and other benefits areas.

I am encouraged by the reciprocal accountability we've seen over the past year, that our people use their right to speak up, on the good and the bad, and

that they see themselves as part of the solution. This shows us a sense of ownership over our own health programs and services, which was not necessarily there prior to 2013.

This accountability is at the heart of our work as an organization. The FNHA and our Board of Directors continue to develop policies to reflect who we are as First Nations people and an Indigenous health organization. I am proud that at the root of all we do, we keep cultural teachings and knowledge at the forefront.

Before closing, I want to acknowledge a huge loss felt by the FNHA family this year. Our Elder Advisor, Qut-Samet, Leonard George passed away on December 6, 2017. Leonard gave so much of himself to our organization and we will continue to keep his rich teachings in our hearts as we continue to do this work in his honour.

As we head into the new fiscal year, and my first year as Board Chair, I truly look forward to the work that lies ahead for us and our communities.

*In Health and Wellness,*

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

## MESSAGE FROM THE CHIEF EXECUTIVE OFFICER

Joe Gallagher



This year we were reminded of how much the FNHA has grown since transfer of services in 2013. Despite the challenges faced—from the overdose emergency to unprecedented wildfires—we saw powerful and meaningful change happening at the community and systemic levels, and it's important to pause and acknowledge how far we have come in this journey.

### TRANSFORMING CARE FOR THE BETTER

The Indigenous Cancer Strategy, an initiative of great personal importance to me, was one area where we made significant progress this year. In June, we published the "Living With Cancer: Everyone Deserves Support" resource with the BC Cancer Agency, Métis Nation BC and the BC Association of Aboriginal Friendship Centres, which shares personal storytelling and information directly from cancer survivors and other Indigenous people with lived experience. We also published a first-of-its-kind paper with BC Cancer

on cancer incidence and survival rates for BC First Nations—a study that is already informing our cancer prevention and awareness programming for 2018/2019.

First Nations in BC also became the first to transition to a provincial pharmacy plan, the unique PharmaCare Plan W, on Oct. 1, 2017, which brings pharmacy services closer to home for our clients and streamlines services for providers. The transition was challenging in many ways, and our Health Benefits team continues to engage with communities to ensure

## "I AM HONOURED, AS ALWAYS, TO WALK THIS JOURNEY ALONGSIDE FIRST NATIONS INDIVIDUALS, FAMILIES AND COMMUNITIES ACROSS BC."

ongoing quality improvement of this crucial program.

In 2017/2018, the cultural safety and humility movement continued to take root with new Declarations on Cultural Safety and Humility signed and committed to by organizations throughout the health system, including Providence Health Care, and existing signatory organizations acting on their commitments through policy initiatives and key programming.

The FNHA also hosted its inaugural two-day Mental Health and Wellness Summit in Vancouver to support discussions on harm reduction, mental health and addictions support. It was a powerful experience to hear from our community leaders and experts in the field on these issues and to discuss wise practices and Nation-based solutions. This Summit marks a new engagement approach with our communities and partners, supporting us to keep pace with a changing environment as well as with the constantly evolving conversation on crisis response in our communities and the health care system.

### EMERGENCY PLANNING AND RESPONSE

This year the FNHA, communities and health system partners responded to unprecedented crises—from the ongoing overdose epidemic to wildfire and flooding emergencies throughout the province. Addressing these emergencies in ways that address the needs and perspectives of communities and clients was a top priority throughout 2017/2018.

We know that ending the overdose crisis requires complete integration with pro-

vincial and regional response planning, while also leveraging the knowledge of our communities and away from home populations. To address both sides of this response, in 2017/2018, we developed a framework for action with our tripartite partners that lays foundational strategies for an integrated overdose response, and we also provided flexible harm reduction grants to support grassroots solutions for the safety of our people while respecting traditional protocols and values.

The wildfire season was another crisis that profoundly impacted communities in 2017, especially throughout the Interior and Northern Regions. Members of our executive team visited those regions personally, and we were moved to see the incredible courage and resilience on the ground, both by community members and staff as they worked tirelessly to support those displaced by the fires. Following this year's devastating season, the FNHA is developing new emergency response protocols to better prepare for future community and environmental crises.

### A YEAR OF TRANSITIONS

This year we lost a pivotal figure in the story of our organization, and a dear friend: Qut-Samet, Leonard George. It was Qut-Samet who adopted FNHA staff into the Tak'aya Wolf Clan, bringing us together as family, and who gifted us the Coast Salish Anthem. To this day, our staff sing the prayer song weekly in our offices, keeping Qut-Samet's spirit alive. His loss is felt greatly by many of us.

Following Qut-Samet's passing, our Board and organization welcomed two FNHA

Knowledge Keepers, Elders Te'ta-in Shane Pointe of Musqueam and Syexwaliya Ann Whonnock of Squamish in March 2017. Both Elders provide guidance to our organization, grounding our work in cultural teachings and supporting us to work together, and with our partners, in a good way. We are excited to have them join our family.

There has been an ongoing evolution of our health governance partnership with increased integration at all levels of the provincial health system. In addition, the transition in how our federal and provincial governance partners are organized is helping to lead to new opportunities with increased value for our populations and provincial investments.

Finally, we want to thank our First Nations Health Council (FNHC) and First Nations Health Directors Association (FNHDA) families, without whom we could not do this work. We also want to acknowledge the diligent work of our Board, and in particular the dedication of Lydia Hwitsum, who served as Board Chair for six years. This was Lydia's last year as Chair, before she moved on to pursue other opportunities. She has truly embodied the spirit of this work and we wish her well.

Throughout these transitions, I am honoured, as always, to walk this journey alongside First Nations individuals, families and communities across BC.

*In wellness,*

Joe Gallagher  
CEO, FNHA



# ENHANCE FIRST NATIONS HEALTH GOVERNANCE

# Outcome:

Sustainable and accountable governance structures leading change

*As part of the unique made-in-BC First Nations health governance structure, the FNHA fosters health systems change through governance partnerships at multiple levels, including with the FNHC and FNHDA, communities and Nations, and federal and provincial governments. Working together in the spirit of reciprocal accountability and “hardwiring” First Nations decision-making into various levels of the health system in BC advances whole-system change in accordance with the needs and priorities of First Nations individuals, families and communities.*

*There has been interest from others to learn about the history and development of the BC First Nations health governance structure this year. The FNHA, along with its governance partners, held sessions with First Nations from other regions throughout 2017/2018 to share information about our health governance journey, the First Nations Perspective on Health and Wellness, and cultural safety and humility. A challenge for the FNHA moving forward will be to find ways to share this information with our relatives across the country in efficient ways that do not draw resources from the core business of the organization.*



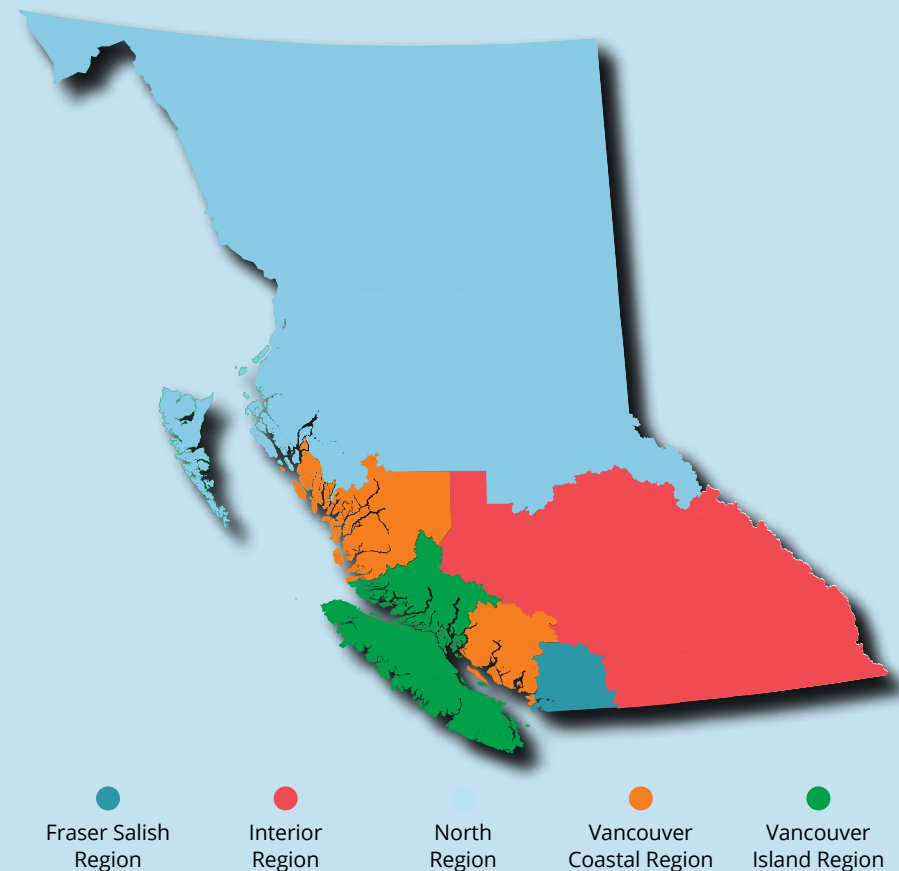
## OBJECTIVE 1.1:

### *Strengthen regional decision-making approaches*

The FNHA continues to enhance regionally based capacity that engages and works closely with First Nations people and communities. This increased capacity supports the identification of regional plans and priorities that drive shared planning and decision-making processes with regional health authorities in accordance with Regional Partnership Accords. These regional priorities, issues and plans also directly support decision-making and planning at a provincial and population-wide level.

The FNHA, FNHC and FNHDA have also continued to partner on various engagement and reporting opportunities with First Nations leadership and health professionals, which provides timely and regular input on key priorities and opportunities for health system change.

Shared decision-making and partnerships between regional health authorities, First Nations within the regions, and the FNHA continue to grow, strengthen and evolve, particularly when supported by emerging data and evidence, and the sharing of successes across regions. The lessons learned to date in these partnerships are being formalized through Regional Partnership Accord evaluations, commenced in 2017/2018 and which are informing renewal of these key shared agreements.



## ANNUAL KEY PRIORITY:

### *Implement an Engagement Plan considering community, sub-regional and regional engagement levels*

The FNHA, FNHC and FNHDA implemented an engagement plan in 2017/2018 to improve engagement events and ensure best use of time of community leaders and Health Directors. Key engagement efforts in 2017/2018 specific to community and health leadership included: FNHC, FNHDA and FNHA engagement at spring and fall Regional Caucus sessions, and the FNHDA Annual General Meeting in September 2017 where the FNHA held sessions on overdose response, preventing First Nations youth and young adult injury deaths, emergency management and the transition to PharmaCare Plan W. The FNHA also supported members of the FNHDA to attend the 2018 BC Quality Forum. Through this process, it became clear that the engagement needs of the FNHC, FNHDA and FNHA are not being fully met through existing processes; therefore, an evaluation will be conducted in 2018/2019 to support a refreshing of the shared and respective engagement processes for the FNHC, FNHDA and FNHA.



## OBJECTIVE 1.2:

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

The FNHC, FNHDA and FNHA share a common Vision and jointly undertake activities in pursuit of this Shared Vision and in a manner that upholds the Shared Values and 7 Directives.

In 2017/2018, the FNHDA and FNHA partnered to deliver regional lateral kindness training sessions to Health Directors, health care providers and political leads in each region. A total of 115 lateral kindness champions are now trained to lead change within their workplaces. Additionally, the FNHC, FNHDA and FNHA Board members collectively took part in a lateral kindness training session. These sessions are supporting the shared commitment to live and promote the concept of lateral kindness as a counter to lateral violence, and they uphold the Lateral Kindness Declaration signed and adopted last year by the FNHC, FNHDA and FNHA.



Throughout the year, the FNHA provided operational support to the FNHC's work on the social determinants of health, which is building off of the Memorandum of Understanding signed by the FNHC and the Minister for Aboriginal Relations and Reconciliation in 2016. As requested by the FNHC, the FNHA provided support to their engagement with communities and with federal and provincial governments.

The FNHA-FNHC-FNHDA relationship is guided by a Relationship Agreement signed in 2012. At a joint session among the three entities in January 2018, a commitment was made to conduct an evaluation of the Relationship Agreement. This evaluation will support the three entities to renew their collaborative working processes and particularly to renew engagement approaches that support the needs of the FNHC, FNHDA and FNHA.

The Lateral Kindness Declaration signed and adopted last year by the FNHC, FNHDA and FNHA.

## OBJECTIVE 1.3:

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

Our federal and provincial partnerships support the broad health system transformation envisioned in the tripartite health plans and agreements. The FNHA continues to prioritize hardwiring First Nations decision-making, perspectives and priorities into the broader health system in BC. Hardwiring means embedding First Nations priorities and perspectives into decision-making across the provincial system, recognizing that it is this system that provides the vast majority of health policy, funding and programs and services accessed by First Nations people in BC, whether they live at home or away from home. The ability to work alongside provincial partners in policy development, planning and service design and delivery is fundamental to improving the health and well-being of all BC First Nations individuals, families and communities.

This past year saw changes with provincial and federal partners. Nationally, Indigenous and Northern Affairs Canada dissolved and was replaced by two new departments: Indigenous Services Canada and Crown-Indigenous Relations and Northern Affairs. At the provincial level, a new ministry—the Ministry of Mental Health and Addictions—was established, distinct from the Ministry of Health.

**“THE ABILITY TO WORK ALONGSIDE PROVINCIAL PARTNERS IN POLICY DEVELOPMENT, PLANNING AND SERVICE DESIGN AND DELIVERY IS FUNDAMENTAL TO IMPROVING THE HEALTH AND WELL-BEING OF ALL BC FIRST NATIONS INDIVIDUALS, FAMILIES AND COMMUNITIES.”**

- Johnna Sparrow, self-described cancer thriver.

## THE FNHA AND INDIGENOUS SERVICES CANADA

Each year, the FNHA establishes a Shared Vision & Common Understanding joint executive agenda with Indigenous Services Canada's First Nations and Inuit Health Branch. The Shared Vision & Common Understanding supports executive leadership and oversight of joint work priorities for the fiscal year ahead. The FNHA and Indigenous Services Canada BC Region also worked through a joint work plan, including strategic priorities focused on emergency management, Jordan's Principle and drinking water.

## THE FNHA AND THE BC MINISTRY OF HEALTH

An Annual Letter of Mutual Accountability describes how the BC Ministry of Health and the FNHA support one another's mandates and sets out a series of collective priorities for the year. A key focus for this relationship is the Ministry of Health's implementation of a new system of primary and community care in BC.

## Partnership with Indigenous Services Canada - 2017/2018 Highlights

### NATIONAL HIGHLIGHTS:

- » New federal funding for mental health and wellness, Jordan's Principle and social infrastructure capital projects provided to the FNHA.
- » Continued best practice and knowledge exchange on program improvements, such as primary care, mental health and wellness, Indian Residential Schools Resolution Health Support Program, Jordan's Principle, overdose public health emergency, cancer and capital projects.
- » Continued monitoring and discussions on the opportunity for First Nations health posed by the evolving federal relationship with Indigenous peoples in Canada.
- » Transition of Health Benefits pharmacy benefits from Non-Insured Health Benefits to PharmaCare Plan W was concluded.
- » Completion of a set of joint policy papers that describe common understandings of ongoing shared processes between the FNHA and First Nations and Inuit Health Branch, such as multi-year health planning, corporate governance requirements and funding relationships.
- » Successful fulfillment of all corporate governance requirements outlined in the *BC Tripartite Framework Agreement on First Nation Health Governance*.

### REGIONAL HIGHLIGHTS:

- » FNHA support to discussions on wildfire and spills and emergency management at the Indigenous Services Canada BC Region Joint Gathering in January 2018.
- » Continued efforts to coordinate emergency planning and supports for re-entry and recovery for impacted wildfire and flooded communities.
- » Coordination of community supports related to drinking water advisories and effective communication on reasons for advisories, remediation measures and outstanding issues.



## Partnership with Ministry of Health - 2017/2018 Highlights

- » Completed transition of Health Benefits pharmacy benefits from Non-Insured Health Benefits to BC PharmaCare Plan W.
- » Undertook a review to ensure that no privacy barriers will impede inclusion of First Nations in provincial primary health care transformation initiative.
- » 100% of the \$15.33 million available in Joint Project Board funding committed or planned.
- » Panorama transitioned to FNHA operations as of January 1, 2018, with number of sites increasing.
- » Joint policy development to ensure inclusion of cultural safety as an attribute of quality care, and requirement for First Nations engagement in planning for new provincial integrated primary and community care projects.
- » Significant data matches completed, which are directly informing health system planning, investment and decision-making.
- » Joint development of mental health and wellness principles to drive the quality of mental health and wellness services accessed by First Nations.





The FNHA has also entered into a Letter of Understanding with the new Ministry of Mental Health and Addictions, establishing an ongoing collaborative process and an initial set of joint priorities. The FNHA is integrated at all levels of the provincial response to the overdose public health emergency, and has secured \$20 million in funding over three years to support Indigenous-specific responses.

## Partnership with Ministry of Mental Health and Addictions - 2017/2018 Highlights

### PRIORITIES:

- » Partner to facilitate engagement with First Nations clients and communities to ensure that qualitative evidence and lived experience informs policy and strategic operations.
  - » Jointly review Ministry of Mental Health and Addictions' monitoring, evaluation and reporting framework and metrics to ensure appropriate inclusion of First Nations perspectives across the sectors aligning with the OCAP™ and data principles.
  - » As appropriate, and recognizing the unique cross-government mandate of the Ministry of Mental Health and Addictions, support the FNHC, the federal government and across social policy ministries to implement the Memorandum of Understanding on A Regional Engagement Process and Partnership to Develop a Shared Ten-Year Social Determinants Strategy for First Nations Peoples in BC.
- » Oversee response to opioid overdose emergency to ensure broad cross-sectoral response considers and meets the needs of First Nations peoples.
  - » Identify and advance opportunities for First Nations to benefit from new investments and early actions in improving the mental health and addictions system of care to ensure they meet the needs of First Nations peoples.
  - » Sign a Declaration of Commitment for Cultural Safety and Humility, and develop a Ministry of Mental Health and Addictions action plan with biannual reporting to the Tripartite Committee on First Nations Health.
  - » Collaborate on the development of the provincial mental health and addictions strategy, including the plan for a comprehensive child and youth mental health and addictions system, and the development of the engagement process, incorporating where possible A Path Forward, the provincial Aboriginal mental health and wellness approach.
  - » Advance our joint mental health and wellness principles in Ministry of Mental Health and Addictions' plans and strategies and with other Ministries, as appropriate, and including how the health sector is adopting these principles through the redesign of primary care and mental health specialized services. Cultural safety and trauma-informed care are particularly important concepts for service delivery.



### PARTICIPATING IN TRIPARTITE HEALTH GOVERNANCE STRUCTURES AND PROCESSES

Through the Tripartite Committee on First Nations Health, the FNHA and partners coordinate and align planning, programming and service delivery among the FNHA, regional health authorities, the Provincial Health Services Authority, the BC Ministry of Health and Health Canada. Due to the change in the provincial government in spring 2017 and the BC wildfires emergency in summer 2017, the regular meeting schedule was not possible. Instead, the Tripartite Committee on First Nations Health met in November 2017 and March 2018; these meetings explored the shifts in federal and provincial contexts, cultural safety and humility, mental health and wellness, the public health emergency on opioid overdose, primary care and access to physician services, and First Nations data governance.

At the March 2018 meeting, the FNHA presented key provincial and regional findings from the Health System Matrix 2008-09 to 2014-15, supplemented by the FNHA/BC Cancer data linkage. Overall, the findings support the prioritization of primary care and mental wellness services, particularly for those who are frail, living with chronic conditions, or are at the end of life. Regional Partnership Accord Tables, the FNHC, FNHDA, Regional Caucuses, and Gathering Wisdom were identified as key partnership venues for the dissemination of data and knowledge exchange. The Health System Matrix findings will enable health sector planning and investment to respond to the inequities in service access and utilization by First Nations people in BC.



A proposal was supported to develop a change leadership strategy on cultural safety and humility and create a system-wide approach to enhance supports and coordination for the multiple cultural safety initiatives underway. It was recognized that the roll-out of provincial primary care transformation is challenging given the time needed to build relationships with First Nations communities.

The Tripartite Implementation Committee oversees operational implementation of the BC Tripartite Framework Agreement on First Nation Health Governance. The meeting schedule was also impacted by the BC wildfires emergency and only one meeting was held in March 2018. Given that 2018 will mark the five-year anniversary of the transfer of the First Nations Inuit Health Branch to FNHA, the Implementation Committee's primary focus is overseeing the legal requirement in the Framework Agreement to a tripartite evaluation, with the first evaluation report to be completed by October 2019. The evaluation will assess and report on three core areas: governance, tripartite relationships and integration; health and wellness system performance; and health and wellness outcomes. This encompasses an evaluation of the five Regional Partnership Accords and is an opportunity for robust engagement and telling the story of the partners' tripartite journey. Additionally, the Implementation Committee discussed tripartite efforts that can be undertaken to improve emergency response, given the states of emergency in wildfire and overdose response, and the work involving all of the parties in the transition of pharmacy benefits from Non-Insured Health Benefits to BC PharmaCare Plan W.

## ANNUAL KEY PRIORITY:

*Work with regional health authorities and First Nations to identify priorities for those living away from home*

The FNHA is developing policies and strategies to support those living away from home, which includes engaging other government departments, federal and provincial associations and other service providers and agencies in health plan implementation. In 2017/2018, the FNHA forged a number of key partnerships and undertook several province-wide initiatives to address the needs of urban populations and the First Nations population as a whole. Examples include the Doulas for Aboriginal Families Grant Program, activities of the Indigenous Sport, Recreation and Physical Activity Partners Council, the FNHA Indigenous Harm Reduction Grants for urban service providers and the launch of an Indigenous Cancer Strategy. Numerous other regional efforts have occurred throughout the year as well.

In February 2018, the FNHA, BC Ministry of Health's Patients as Partners initiative and the Provincial Health Services Authority co-hosted a workshop to gather information from those living away from home to inform the development of new policies and strategies on health care improvements. There were 38 participants, including clients, family caregivers, health care providers and health care administrative staff. The workshop provided a culturally safe space where Aboriginal peoples living in urban areas could come together with health care staff to discuss what cultural safety and humility means to them and what can be done to improve these key components of health care. The following themes emerged from the day:

- » **Aboriginal engagement:** deliberate, well-planned effort and consideration are required when planning broader engagement of Aboriginal peoples.
- » **Funding and evaluation:** provide resources and do ongoing evaluation to know if cultural safety and humility are being implemented in meaningful ways for Aboriginal peoples in the health sector. Use different measures from an Indigenous paradigm, so that the evaluation is meaningful for Aboriginal people.
- » **Knowledge and communication:** mandate cultural safety and humility training for health care professionals across the health system, including ongoing opportunities to communicate and learn from each other, and especially from Elders. Provide learning opportunities for health care providers and the public about Aboriginal peoples and their history.
- » **Physical spaces:** provide spaces for Aboriginal peoples to come together in health care facilities to practise ceremonies, gather and meet. To reflect the land on which they are located, facilities should have Aboriginal languages, art and recognition in place.
- » **Reconciliation and broader government policy:** the National Inquiry into Missing and Murdered Indigenous Women and Girls, federal apology, and other provincial and national historic wrongs and policies need to be recognized and have the support of the health care system.
- » **Representation of Elders and Aboriginal providers:** include more often and recognize the work of Elders and Aboriginal health providers throughout the health care system.



- » **Social determinants of health:** health cannot be considered alone. We need to understand the full person, including their home territories, access to healthy food, education, and community and social supports.
- » **Traditional medicine and culturally appropriate care:** traditional medicine and culturally appropriate care need to be taught in medical school and recognized in health care delivery.

## ANNUAL KEY PRIORITY:

*Advance the Truth and Reconciliation Commission Calls to Action that are health and wellness related through FNHA initiatives and partnerships*

Although the First Nations health governance structure was created prior to the Truth and Reconciliation Commission's process and report, many of the FNHA's efforts align with the Truth and Reconciliation Commission Calls to Action. Some notable examples from this year include:

### JORDAN'S PRINCIPLE:

The FNHA administers a part of Canada's Jordan's Principle Child-First Initiative in BC, including case co-ordination services through a new Child and Youth Health and Wellness Systems Navigation process. Information on Jordan's Principle is available throughout the province, including through First Nations Health Centres, Band Offices, Friendship Centres, Childcare and Headstart Facilities, First Nations Schools, Regional Health Authority Aboriginal Health Leads, partners and the FNHA offices.



### CULTURALLY APPROPRIATE PARENTING AND EARLY CHILDHOOD EDUCATION PROGRAMS:

The FNHA partners with organizations such as the National Collaborating Centre for Aboriginal Health and the Provincial Health Services Authority to develop interactive, culturally relevant and evidence-informed maternal and child health resources for caregivers. The FNHA supported Aboriginal mothers and families through a partnership with the BC Association of Aboriginal Friendship Centres to offer the Doulas for Aboriginal Families Grant program. The FNHA also completed the second edition of the education toolkit "Honouring our Babies: Safe Sleep Discussion Cards & Guide" in response to direction from the Transformative Change Accord for First Nations Health Plan to address issues arising from the BC Coroner's Office Child Death Review Report.



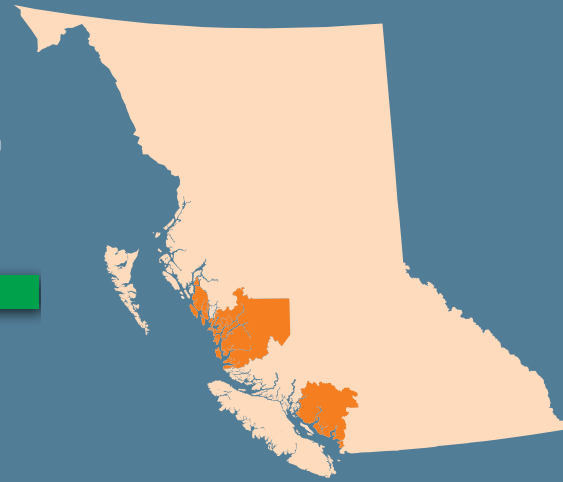
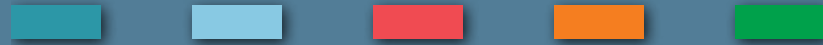
### ALTERNATIVES TO IMPRISONMENT AND CULTURAL SAFETY FOR ABORIGINAL OFFENDERS:

The FNHA is collaborating with the Provincial Health Services Authority to improve the cultural safety of health services in BC's 10 provincially run correctional facilities and ensure continuity of care in the community for individuals upon release. The FNHA work over the year also included:

- » Providing input into the Provincial Health Services Authority's new Clinical Services Plan and Model of Care,
- » Presenting and providing materials on cultural safety and humility to all BC Corrections health staff,
- » Co-hosting a one-day dialogue session with First Nations leaders working in corrections, and
- » Providing renewed funding for "Unlocking the Gates," a peer health mentoring program, to expand mentoring services for men and women upon release from select provincial correctional facilities.

The FNHA is also supporting the Provincial Health Services Authority to improve First Nations access to opioid agonist therapy and other mental health and substance use services upon release.

# VANCOUVER COASTAL REGION



## GOAL 1: ENHANCE FIRST NATIONS HEALTH GOVERNANCE

**Planning:** The FNHA Vancouver Coastal Region formed a Regional Partnership Accord Evaluation Working Group and developed the Vancouver Coastal Partnership Accord Evaluation Plan inclusive of a survey, interviews and focus groups. The Vancouver Coastal Region continued work on the Vancouver Coastal Region Partnership Accord, which is targeted for completion next fiscal year.

The region shared its first annual progress report on the Regional Health and Wellness Plan, developed in collaboration with Vancouver Coastal Health at the spring Caucus session. The region also shared the 2017 and 2018 spring Sub-Regional Caucus report *Looking Back to Shape Our Work Forward*, which highlighted progress on commitments in the Region, including honouring our Sub-Regional voices.

Strategic planning and execution was supported through participation on the following working groups: Urban Aboriginal Health Strategy; Indigenous Cultural Safety; Mental Wellness and Substance Use; Data and eHealth; and Primary Care ongoing strategic planning and execution. Five Regional Table sessions were held to guide regional governance, execution of Regional Health and Wellness Plan priorities, engagement pathways and investment approaches. Four Executive Committee and Aboriginal Health Steering Committee Meetings were held to advance Aboriginal Health Steering Committee Partnership Accord commitments.

**Engagement:** The region collaborated with Musqueam, Tsleil-Waututh and Squamish on the development of a *Squamish, Tsleil-Waututh and Musqueam First Nations' Protocol of Recognition and Cooperation for Urban Health and Social Governance*, which is helping to advance Directive #6. Vancouver Coastal Region continued to provide support to, and participate in, engagement at the Sub-Regional level and in doing so is helping to shape community-driven, Nation-based planning and supports and to bring decision-making closer to home.

A Central Coast Terms of Reference refresh dialogue was held at the Spring 2018 Sub-Regional family gathering, where a commitment was made to follow up with a Central Coast Strategic Visioning Day. Two rounds of Caucuses and Sub-Regional Caucuses were held to engage political and health leadership in all three Sub-Regions.

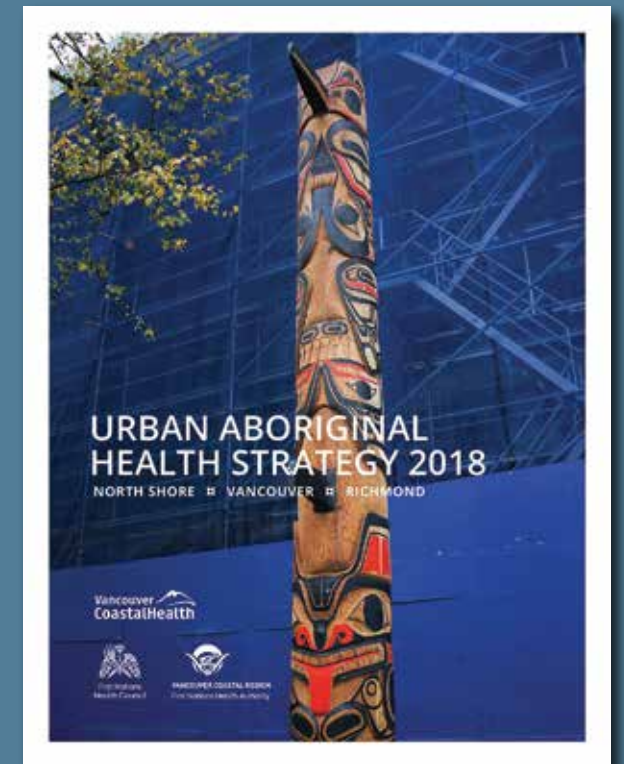


## GOAL 2: CHAMPION THE BC FIRST NATIONS PERSPECTIVE ON HEALTH AND WELLNESS

**Traditional Wellness:** Engagement occurred with 14 First Nations to discuss traditional wellness and its incorporation into current programs, and innovative and transformative ways in which the FNHA can support the inclusion of traditional wellness and traditional knowledge keepers within communities.

**Away from Home:** An Urban Aboriginal Health Strategy inclusive of the BC First Nations Perspective on Health and Wellness was drafted, which was endorsed at Caucus and is anticipated to be approved in the fall of 2018.

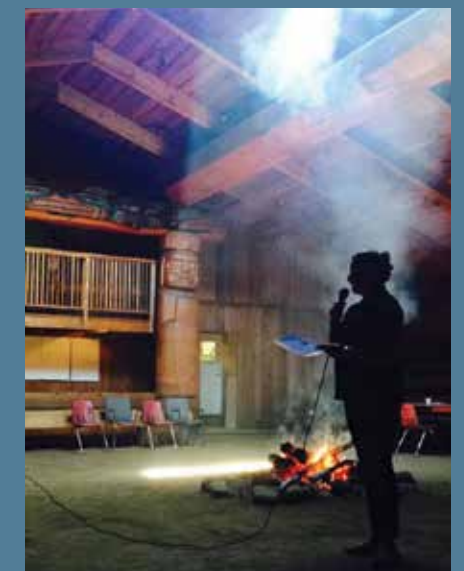
**Crisis Response:** The joint FNHA-Vancouver Coastal Health Crisis Response Protocol Strategy was finalized.



## GOAL 3: ADVANCE EXCELLENCE IN PROGRAMS AND SERVICES

**Community Planning, Program Management and Reporting:** Together with Wuikinuxv, Vancouver Coastal Health, Island Health and the Ministry of Health, the Vancouver Coastal Region participated in discussions to help improve integration and seamless service delivery. The region continued to transform the FNHA relationship with communities by providing program consultation and clinical expertise, and making improvements to contribution agreements, community planning, program management and reporting, including with Wuikinuxv, Lil'wat and Shamaquam.

**Primary Health Care Network:** The region supported engagement between Vancouver Coastal Nations, communities and First Nations and the Ministry of Health on the implementation of Primary Care Network/Collaborative Service Committees. A First Nations and Aboriginal Primary Care Network was established in urban Vancouver inclusive of three host Nations and three urban clinics. This network is helping to promote access; primary care data excellence; expansion of off-reserve opportunities; and a foundation from which to consider expansion to dental, pharmacy and other services.



Support for collaboration and planning related to the Joint Project Board Primary Care projects underway in the region was provided. Collaborative Nation models of care with team-based approaches were designed, with the intent to bring culturally safe and trauma-informed access to quality care closer to home.

**Mental Health and Wellness:** Through the Vancouver Coastal Health Mental Health and Wellness Substance Use Partnership Working Group, the region collaborated with partners to create an Aboriginal Addictions and Substance Use Service Funds Advisory Group, which included representatives from Squamish, Tsleil-Waututh, Musqueam, Metro Vancouver Aboriginal Executive Committee, Urban Native Youth Association, Native Court Worker and Counselling Association of BC, and Vancouver Aboriginal Child & Family Services Society. Through the Advisory Group, the region contributed to the design of a new Service Fund and set criteria for the selection of a service provider through a Request for Proposal Process.

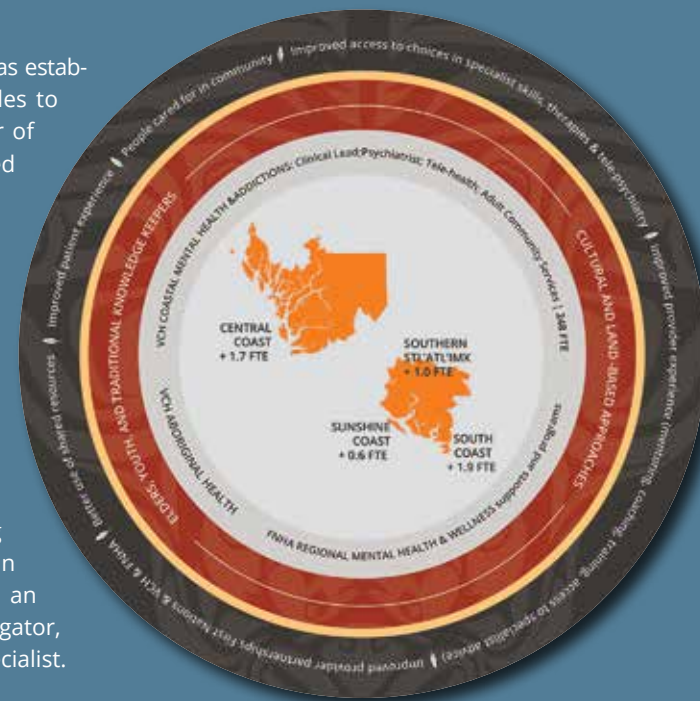


Engagement occurred with 14 First Nations and Vancouver Coastal Health to redesign the mental wellness flagship project to be closer to community and to brand it as the Regional Indigenous Mental Wellness and Substance Use Virtual Team. The region participated in dialogue with the South Coast Sub-Regional leadership on establishing a regional Treatment and Healing Centre. In alignment with the FNHA Opioid Overdose Framework for Action, Community Town Hall meetings were supported to raise awareness, inform and educate others on opioid overdose and naloxone. These meetings were held in Musqueam, Squamish, Tsleil-Waututh, Tla'amin and Sechelt.

A regional Indigenous Overdose Partnership Working group was established, with FNHA participation in local and municipal tables to discuss and help respond to the overdose crisis. A number of workshops led by the FNHA Indigenous Wellness Team related to harm reduction and train-the-trainer sessions were held in the three Sub-Regions. Ten FNHA Harm Reduction Grants were supported, which included six communities and four urban organizations.

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

An engagement framework and approach was developed that ensures operations are done in the spirit of “nothing about us, without us.” New regional positions were put in place to support emerging needs and priorities, including an Addictions Specialist, a Child and Youth Health Systems Navigator, a Traditional Wellness Coordinator, and Regional Liaison Specialist.



**GOAL 1: MEASURING PROGRESS**

*Performance Measure: First Nations health governance effectiveness*

**Progress Summary**

*Engagement initiatives and FNHC/FNHDA/FNHA partnership activities proceeded as planned. The FNHA presented at Regional Caucus sessions, the Elders Gathering, Gathering Our Voices and hosted several PharmaCare Plan W engagement sessions and Cultural Safety and Humility engagement sessions with partners this year.*

**% ENGAGEMENT IMPACT**

The FNHC, FNHDA and FNHA implemented an engagement plan in 2017/2018 to improve engagement efforts and better align engagement with community health outcomes and advice. In 2018/2019, processes will continue to be refreshed to address survey results and ensure engagement with BC First Nations is conducted in a manner that is equitable, efficient and cost-effective.

The FNHA hosted engagement sessions at Sub-Regional and Regional Caucuses, the annual Elders Gathering and the annual Gathering our Voices youth conference. The FNHA also hosted engagements on specific topics such as PharmaCare Plan W, cultural safety and humility, opioid and overdose responses, community-based reporting, Partnership Accord work planning, Jordan's Principle, emergency management, regional partnership activities and regional envelope planning.

**PROFILE: FALL 2017 CAUCUS:**

The FNHA demonstrated a mix of engagement impact results this fiscal year as highlighted by the summary of evaluation survey results from the five fall 2017 Regional Caucuses. Participants shared their feedback in an evaluation survey, and the aggregated results for all fall Caucuses are as follows:

**HIGHLIGHTS OF DAY 1: FEEDBACK**

- » 74% of respondents agreed that day 1 of Regional Caucus was a productive and good use of time.
- » 59% of respondents agreed that there was sufficient time to contribute and engage during the day.
- » 45% of respondents agreed that they felt their voice was heard as a result of participating in the day.

**HIGHLIGHTS OF DAY 1: KNOWLEDGE GAINED FROM THE FNHA PRESENTATIONS**

- » 65% of respondents felt they gained knowledge about the opioid public health emergency supports available to communities.
- » 54% of respondents felt better informed about the transition to BC PharmaCare.
- » 55% reported awareness of the FNHA's Cultural Safety and Humility Campaign.

#### % PLANNED FNHC/FNHDA/FNHA PARTNERSHIP ACTIVITIES ON TARGET

80% of the planned FNHC/FNHDA/FNHA partnership activities proceeded as planned this fiscal year. These activities included the FNHA Board of Director meetings, Collaboration Committee meetings, annual general meetings and joint planning sessions.

#### Improvements Moving Forward

The FNHA will continue to ensure consistent evaluation questions for Regional Caucuses and topic-specific engagement sessions, refine engagement and information-sharing approaches based on feedback received, and improve reporting to communities and clients on how engagement is used to support decision-making.

### PERFORMANCE MEASURE:

*Governance partnership effectiveness*

#### Progress Summary

There continues to be good progress in developing annual bilateral agreements to ensure the FNHA is well integrated into federal and provincial health system decision-making processes. The majority of tripartite and bilateral partnership activities and initiatives proceeded as planned.

#### % PLANNED TRIPARTITE AND BILATERAL PARTNERSHIP ACTIVITIES COMPLETED

87% of tripartite and bilateral partnership activities were completed as planned this year. These included meetings with the BC Ministry of Health, Regional Partnership Accord meetings, First Nations and Inuit Health Branch meetings, Tripartite Committee on First Nations Health meetings and Implementation Committee meetings. Not all planned meetings were held due to scheduling challenges and cancellations resulting from the BC wildfire emergency in the summer of 2017.

#### % PLANNED TRIPARTITE AND BILATERAL PARTNERSHIP INITIATIVES ON TARGET

Due to the changes in the structure of both federal and provincial governments as described earlier, specific percentage progress in tripartite and bilateral partnership initiatives on target was not measured in 2017/2018. However, as described in the text boxes above, the majority of tripartite and bilateral partnership initiatives proceeded as planned, demonstrating the strength and functionality of these governance partnerships.

#### Improvements Moving Forward

Develop and finalize tripartite and bilateral work plans earlier in the fiscal year.

#### FALL 2017 CAUCUS HIGHLIGHTS

**74%** of respondents agreed that day 1 of Regional Caucus was a productive and good use of time.

**59%**

of respondents agreed that there was sufficient time to contribute and engage during the day.

**45%**

of respondents agreed that they felt their voice was heard as a result of participating in the day.

**65%**

of respondents felt they gained knowledge about the opioid public health emergency supports available to communities.

**55%**

reported awareness of the FNHA's Cultural Safety and Humility Campaign.



**54%**

of respondents felt better informed about the transition to BC PharmaCare.

#### % PLANNED FNHC / FNHDA / FNHA PARTNERSHIP ACTIVITIES ON TARGET

**80%**

of the planned FNHC/FNHDA/FNHA partnership activities proceeded as planned this fiscal year.

#### % PLANNED TRIPARTITE AND BILATERAL PARTNERSHIP ACTIVITIES

**87%**

of tripartite and bilateral partnership activities were completed as planned this year.

# CHAMPION THE BC FIRST NATIONS PERSPECTIVE ON HEALTH AND WELLNESS

## Outcome:

### Culturally safe and supported health and wellness journeys

*The First Nations Perspective on Health and Wellness continues to ground the FNHA's work and serves as the touchstone in supporting First Nations individuals, families and communities in their health and wellness journeys. Developed by First Nations, the First Nations Perspective on Health and Wellness speaks to the importance of a holistic approach to health that focuses on all aspects of the human experience, including the physical, emotional, mental and spiritual. The FNHA strives to advance health and wellness using a variety of approaches to support individuals, wherever they are at on their health and wellness journeys. This includes health and wellness tools and resources for individuals, ensuring wellness is embedded in system-wide strategies and improvements and sharing data and research from a wellness perspective.*

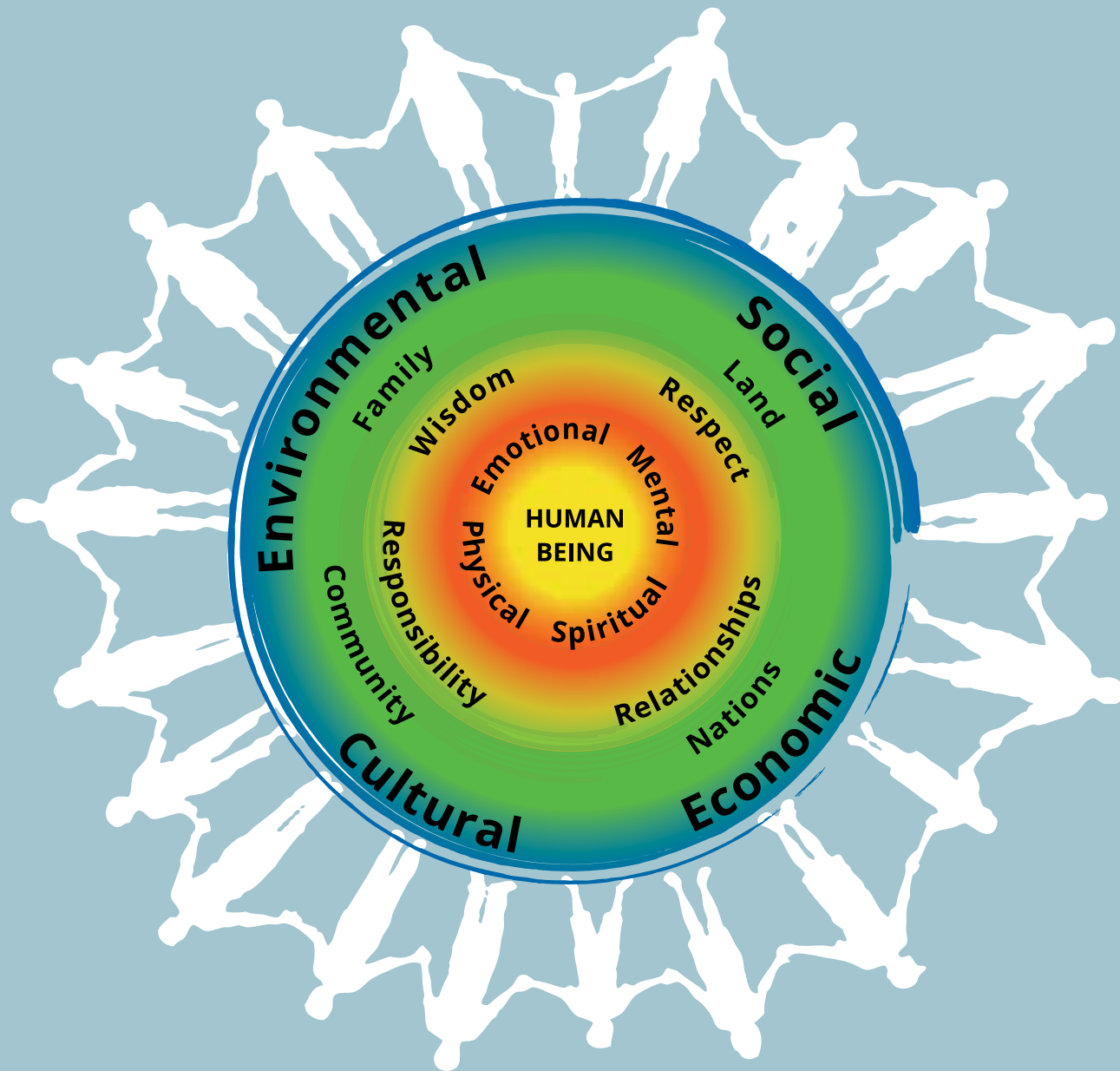
*Though this year has seen continued progress, embedding the First Nations Perspective on Health and Wellness and cultural safety and humility into the larger health system is a complex and long-term endeavour requiring a systematic yet nimble strategy.*

*The high interest to partner with and hear from the FNHA is also challenging to manage, and requires the FNHA to implement a process of prioritization for these external requests.*

## OBJECTIVE 2.1:

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

The FNHA champions the BC First Nations Perspective on Health and Wellness among communities and across the health system as a whole. In 2017/2018, the FNHA worked toward supporting individuals, families and communities to control their own health and wellness journeys, and supporting providers and health care systems to understand how First Nations see their own health and wellness in order to provide better care to First Nations.

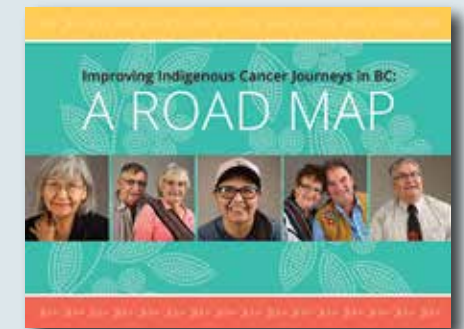


## ANNUAL KEY PRIORITY:

*Develop an Indigenous Cancer Strategy*

In December 2017, the FNHA, in partnership with the BC Cancer Association, Métis Nation British Columbia and the BC Association of Aboriginal Friendship Centres, announced a new strategy to improve cancer care and supports for Indigenous peoples across BC. The strategy addresses all aspects of cancer, from prevention through to survivorship and end-of-life, and it aims to support the enabling factors of partnership and knowledge development.

Entitled "Improving Indigenous Cancer Journeys in BC: A Road Map," the strategy emerged after a multi-year engagement process with Indigenous people who have experienced cancer and their families. It represents contributions from each partner organization, who worked collaboratively to build organizational capacity and identify best practices to support improved Indigenous cancer journeys. This innovative and collaborative approach will help overcome jurisdictional and mandated barriers and gaps in care experienced by cancer patients and their families. The strategy is reflective of BC's unique Indigenous landscape and includes actions to directly improve the cancer experience for all Indigenous peoples, including First Nations, with and without status, living at home or away from home.



**"OUR COMMUNITIES ARE USED TO BEING DISEMPOWERED AND TO LOSING BATTLES. THE INDIGENOUS CANCER STRATEGY HAS THE ABILITY TO TURN THAT AROUND. IT CAN CREATE A CULTURE OF EMPOWERMENT FOR INDIGENOUS PEOPLE TO NOT ONLY SURVIVE CANCER BUT TO THRIVE AGAINST CANCER."**

- Johnna Sparrow, self-described cancer thriver.



In addition to release of the strategy, other key accomplishments in 2017/2018 include:

- » **Developing a resource to support people facing cancer and their families:** The FNHA, Métis Nation BC, BC Association of Aboriginal Friendship Centres and the BC Cancer Agency partnered with First Nations and Métis cancer patients, survivors and their families to create a new resource entitled “Living with Cancer: Everyone Deserves Support.” The booklet shares information through the stories of Indigenous cancer patients and their families who have gone through a cancer journey.
- » **Completing the first study of its kind comparing cancer incidence and survival rates between First Nations and non-First Nations people in BC:** The FNHA partnered with the BC Cancer Agency to look at the incidence and survival rates of 15 cancers in women and 12 cancers in men to identify areas on which to focus quality improvement efforts. The findings were published in the journal *Cancer Causes & Control*. Although the study found an overall lower incidence of cancer for First Nations people, survival rates among First Nations people once diagnosed were lower for most cancers examined.
- » **Developing new First Nations cervical cancer screening materials:** To recognize World Cancer Day on February 4, the FNHA and the BC Cancer Agency released a new set of Indigenous cervical cancer screening materials to promote awareness of cervical cancer screening, including a new video featuring Marion Erickson from the Nak’azdli Whut’en Nation.



“This strategy is among the newest of its kind, and a crucial step in addressing cancer survival disparities among Indigenous people in British Columbia,” said Minister of Health Adrian Dix. “It’s not about us deciding what is best but about us learning what is best, following what is best, implementing what is best with full involvement from First Nations people.”



## ANNUAL KEY PRIORITY:

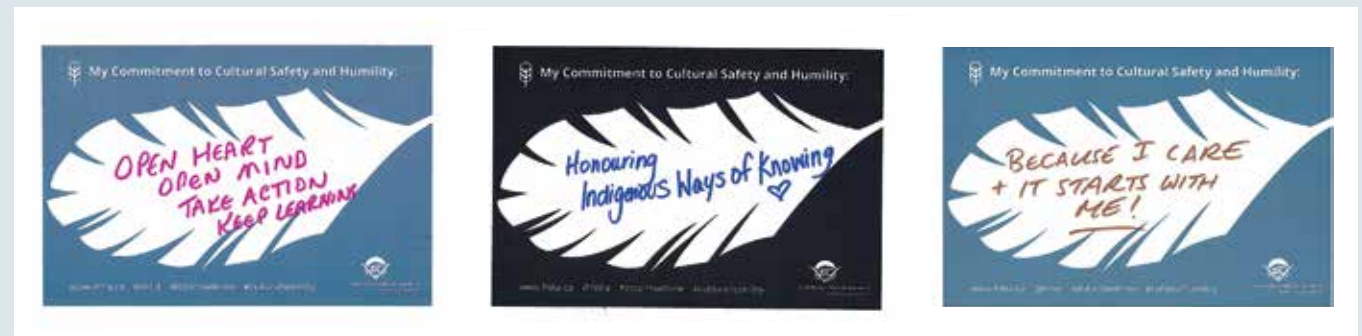
*Implement FNHA Declaration on Cultural Safety and Humility commitments and support culturally safe opportunities for storytelling*

Cultural safety and humility in health services in BC continues to be a key focus of the FNHA. In 2017/2018, the FNHA worked through various partnerships in the health care system to implement the Declaration on Cultural Safety and Humility commitments. Key accomplishments in 2017/2018 include:

### CULTURAL SAFETY AND HUMILITY WEBINAR ACTION SERIES

The FNHA continues to partner with the BC Patient Safety & Quality Council to offer the Cultural Safety and Humility Webinar Action Series. The following six webinars in 2017/2018 encouraged participation, learning, self-reflection and positive change among BC’s health care professionals.

- » Cultural Humility and Nursing in BC
- » Cultural Safety: Respect and Dignity in Relationships - Indigenous Peoples and the Health Care System
- » Racism as a Determinant of Health
- » Cultural Safety Framework and Action Plan from Vancouver Coastal Health
- » Responding to Anti-Indigenous Racism in the Health Care System
- » Leading with Culture in First Nations Community Contexts



### HARDWIRING CULTURAL SAFETY AND HUMILITY THROUGHOUT THE HEALTH SYSTEM

With its partners, the FNHA embedded cultural safety and humility in joint work plans with the BC Coroners Service; the Tripartite Committee on First Nations Health; the Canadian Institute for Health Information; regional health authorities; and Providence Health Care.



## REGULATORY BODIES SUPPORT CULTURAL SAFETY AND HUMILITY DECLARATION

Over the past year, the FNHA continued work to make the health system more culturally safe, building on the March 2017 signing of the Declaration of Commitment to Cultural Safety and Humility by representatives of the 23 regulatory bodies that govern health care professions in BC. These organizations regulate and oversee the practice of 110,000 health professionals across the province, including nurses, doctors, dentists, pharmacists and many others.

In October, over 140 participants—including registrars, board and committee members and senior staff—from the 23 regulatory bodies gathered in Vancouver to engage in a learning and training session about cultural safety and humility as it relates to BC First Nations and Aboriginal people. In May 2017, representatives of 23 regulatory bodies joined the FNHA to participate in a Blanket Ceremony led by the late Elder Leonard George, Qut-Samet (Sáfilwataʔ First Nation).



Joe Gallagher, FNHA CEO, and Dianne Doyle, President and CEO of Providence Health Care, sign a Declaration of Commitment on Cultural Safety and Humility.

## A NEW PARTNERSHIP WITH PROVIDENCE HEALTH CARE

On September 26, 2017, the FNHA, Providence Health Care and the Roman Catholic Archdiocese of Vancouver came together in ceremony to mark the start of a new partnership. Representatives of each organization stood and were covered in a blanket and head wrap, and many attendees shared their experiences as survivors and intergenerational survivors of the residential school system. Others described harms they had experienced and witnessed in the health care system. Joe Gallagher, FNHA CEO, and Dianne Doyle, President and CEO of Providence Health Care, signed a Declaration of Commitment on Cultural Safety and Humility. By signing the Declaration, Providence Health Care joined a movement led by a landmark commitment from BC's Ministry of Health and all six health authorities in the province and followed by all health regulatory bodies and the BC Coroners Service.

## WEAVING CULTURAL SAFETY INTO THE 2018 QUALITY FORUM

Each year the BC Patient Safety & Quality Council hosts the BC Quality Forum to bring together hundreds of people working in the provincial health care system to share and discuss how to improve health care quality and patient safety. The FNHA participated in the steering committee for the 2018 Quality Forum and worked to ensure that cultural safety was a key cross-cutting theme. This year's forum included an opening by Chief Ian Campbell (Squamish Nation) and multiple workshops on cultural safety and Indigenous approaches to quality including "QI and Change Management through an Indigenous lens" and "Mental Health First Aid with First Nations Communities."

A ceremony for the 2018 Quality Award winners was held during the event, and the FNHA was honoured with two awards. The Telehealth Expansion Project received the Quality Award for "Staying Healthy." This project supports 45 rural and remote First Nations communities to use telehealth technology to build capacity and bring culturally relevant care closer to home. CEO Joe Gallagher received the Quality Award for "Leadership in Quality" for his work in advancing cultural safety and humility.



The Telehealth Expansion Project received the Quality Award for "Staying Healthy."

## SHOWCASING THE FNHA WORK AT PACIFIC DENTAL CONFERENCE

The Pacific Dental Conference is one of the largest dental conferences in North America, bringing together over 14,000 oral health professionals from across North America. The FNHA facilitated a 2.5-hour session entitled "Cultural Safety & Humility: Transforming Healthcare for First Nations in BC," of which a highlight was the launch of the video "My Dad's Unbelievable Story, Untold By Him." In this video, Connie Paul, Teltitelwet/Yetta of Tsartlip First Nation, shares the story of the dental experience of her father, Benny Paul, Siuknah-mit, during his time at Kuper Island residential school. The video speaks powerfully to the importance of hardwiring cultural safety and humility within the dental system and the need to educate dental practitioners on how trauma can influence generations of health care clients.



## PANEL REPORT MAKES RECOMMENDATIONS ON PREVENTING FIRST NATIONS YOUTH INJURY AND DEATHS

On November 15, 2017, the FNHA and the BC Coroners Service released a report sharing key findings and recommendations to prevent unintended First Nations youth and young adult injury and deaths in BC. Entitled "BCCS and FNHA Death Review Panel: A Review of First Nation Youth and Young Adult Injury Deaths: 2010-2015," the report summarizes the Panel's review of the circumstances of the unexpected deaths of 95 First Nations youth and young adults aged 15 to 24 who died between January 1, 2010 and December 31, 2015. The panel found that the mortality rate for First Nations youth and young adults is almost double that of their non-First Nations peers.

The panel states that these First Nations unexpected deaths are preventable and that prevention approaches must consider the unique cultural diversity, community strengths and protective factors as well as factors that wear away at resilience. The review considered the historical legacy of colonialism, the impact of the social determinants of health, and the First Nations Perspective on Health and Wellness when analyzing the facts and circumstances of deaths and to identify public safety opportunities, including those specific to First Nations peoples, and to prevent similar deaths in the future.

The FNHA responded to the report with an action plan. The report's recommendations are directed to the Ministry of Children and Family Development, the First Nations Education Steering Committee, the Ministry of Education, the Ministry of Advanced Education, Skills and Training and the FNHA to act to address the following:

- » Promote connectedness to peers, family, community and culture,
- » Reduce barriers and increase access to services,
- » Promote cultural safety and humility and trauma-informed care,
- » Elicit feedback through community engagement.



## OBJECTIVE 2.2:

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

In 2017/2018, the FNHA continued to partner with communities and individuals on their health and wellness journeys, recognizing that individuals and families are the active decision-makers in their own well-being. The FNHA provided support for these journeys through providing expertise, resources and initiatives.

### PROMOTING THE RESPECTFUL USE OF TOBACCO

Respecting Tobacco is one of the FNHA's four wellness streams. This year the FNHA continued supporting its Respecting Tobacco initiatives, including the Tobacco Timeout challenge and the Inside Out initiative. The FNHA created a "Tobacco Nation" podcast series in support of World No Tobacco Day. Each episode in the four-part series features candid and moving stories about tobacco told by First Nations people living in BC. By using personal stories to explore various aspects of tobacco, Tobacco Nation strives to inform, educate and inspire its listeners.

The FNHA also held a Youth Respecting Tobacco video contest that encouraged youth to become active participants in the fight against commercial tobacco. The winning video was created by the team of Casey Sampson, Ida Williams and Wesley Edwards of Stz'uminus First Nation of Vancouver Island—all in grade six at Stz'uminus Community School. Their video provides clear messages about the negative impacts of smoking and highlights a variety of ways to respect tobacco.



### CELEBRATING WELLNESS THROUGH SUMMER AND WINTER EVENTS ORGANIZED BY FIRST NATIONS COMMUNITIES

The FNHA continues to fund annual Days of Wellness grants in both summer and winter months, which have opened the door for communities to lead their own health and wellness events. On June 21, 2017, First Nations and Aboriginal people across BC, their partner organizations and the general public celebrated wellness at National Aboriginal Day of Wellness events. An estimated 20,000 people took part in wellness-focused, community-organized events that included cultural safety workshops, run/walk events, health workshops, community feasts, canoe races, totem raising, sweat lodges, hoop dancing, weaving workshops, storytelling with Elders and traditional medicine gathering.

For the fourth consecutive year, First Nations communities and partners celebrated the best of the winter months. In 2017/2018, the FNHA invested over \$320,000 in community wellness events that enabled First Nations in BC to organize 168 Winter Wellness events in January and February 2018. The FNHA has funded approximately \$1.8 million in community-based summer and winter wellness grants since transfer.

Winter Wellness 2018 at Gudangaay Tlaats'gaa Naay Secondary School in Massett, Haida Gwaii

## Engagement – BC Elders Gathering

Over 3,000 Elders, volunteers, presenters and FNHA family members gathered in Campbell River from July 11-13, 2017 for the 41st Annual Elders Gathering, "Wisdom & Knowledge." Hosted by the B.C. Elders Communication Center Society, the event celebrated the traditions, cultures, protocols and diversity among BC First Nations people.

In addition to supporting the traditional dinner portion of the event and distributing promotional items, the FNHA hosted a screening and information area with a focus on carbon monoxide testing, oral health, fall prevention and blood pressure monitoring. At the event, 212 Elders took part in these health screenings and 47 completed the falls risk assessment, both provided on site and supported by the FNHA.



The FNHA also hosted numerous workshops on health and wellness including opioid response, cancer care, women's health, men's health, families living away from home and traditional parenting.

Feedback gathered from participants indicated that they would like the information on families living away from home to be more accessible to all individuals, young and old. They also requested more information on infant attachment and bonding, parenting skills and pragmatic/holistic approaches to parenting. The health screenings provided by the FNHA at the Elders Gathering were well received, achieving a satisfaction rate of 96% by participants surveyed.

## Engagement - Gathering Our Voices youth conference

The Gathering Our Voices youth conference, hosted by the BC Aboriginal Association of Friendship Centres, took place in Richmond, BC, from March 20-22, 2018 and was attended by almost 1,500 youth delegates from across Canada. The FNHA hosted the following for the youth and chaperone participants:

- » Workshops on wellness, injury prevention, tobacco, substance abuse, fentanyl and naloxone and cannabis,
- » A wellness area,
- » Information on oral health care, the kidney project, carbon monoxide testing, environmental public health initiatives, vision boarding and Foundry BC resources,
- » Wii station and health career booth.

Youth feedback noted that workshops should be tailored to reach youth by moving away from the traditional classroom format and providing a better balance of health literacy and youth engagement.



## ANNUAL KEY PRIORITY:

*Develop Wellness Guiding Framework, implement health literacy campaigns and provide tools and resources to support First Nations individuals, families and communities in their health and wellness journeys*

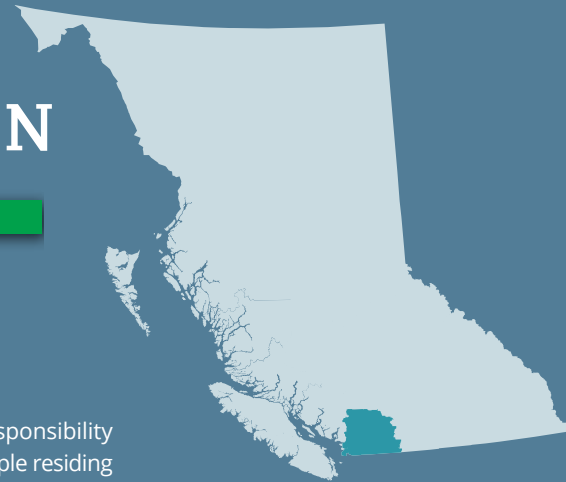
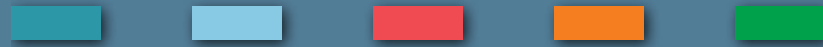
Supporting First Nations individuals, families and communities in their health and wellness journeys continues to be a top priority for the FNHA. Over the past year, the FNHA continued developing a Wellness Guiding Framework and undertook numerous wellness initiatives across the province.

These initiatives included publicly sharing information, stories, tools and resources on cervical cancer, Sudden Infant Death Syndrome, getting the flu shot, heart health, sexual health and trauma, antibiotics and risks of second-hand smoke. The FNHA also shared blog posts, public health articles and social media posts to raise awareness of Mental Health Week, World Suicide Prevention Day, World Diabetes Day, World Chronic Obstructive Pulmonary Disease Day, World AIDS Day, National Colorectal Cancer Awareness Month, National Kidney Health Awareness Month, National Liver Health Awareness Month and Nutrition Awareness Month.



This year, the FNHA recruited three Medical Officers, Dr. Unjali Malhotra, Dr. Kelsey Louie and Dr. Sean Wachtel, and a Senior Medical Officer, Dr. Nel Wieman. The new physician team provided clinical expertise for the FNHA's health literacy campaigns and initiatives.

# FRASER SALISH REGION



## GOAL 1: ENHANCE FIRST NATIONS HEALTH GOVERNANCE

Fraser Health and the Fraser Salish Regional Caucus recognize a shared responsibility for improving the health outcomes for First Nations and other Aboriginal people residing in the Fraser Salish territory. These Partners agreed, upon signing the Fraser Partnership Accord, that they would work collaboratively through an Aboriginal Health Steering Committee to oversee the implementation of the Accord and serve as a senior and influential forum for partnership, collaboration, and joint efforts on First Nations and Aboriginal health priorities, policies, programs and services. The Steering Committee meets quarterly to set direction, review progress and coordinate appropriate responses to complaints and incidents as required.



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

Staff from the Fraser Salish Regional team participate on various joint partnership tables where the First Nations Perspective on Wellness is championed. Most notable is FNHA Regional participation in the Fraser Cascade Advisory Committee that covers the Eastern region, from Chilliwack all the way up the Fraser Canyon to Boothroyd. This table has been proactive in taking steps to address racism in Fraser Health facilities by making the San'yas Cultural Safety Training mandatory to critical services such as emergency department staff. In addition, upon completion of the training, staff participate in a debriefing circle facilitated by a First Nations Elder where further discussions and healing can occur if necessary.

The region has also been actively participating in the Chilliwack Division of Family Practice's Collaborative Services Committee, which covers 21 of 32 Fraser Salish communities. This relationship is expected to facilitate the inclusion and integration of First Nations in the development of the provincially mandated Primary Care Networks.



The Fraser Salish Region also employs two Aboriginal Wellness System Navigators who contribute to innovations in care and new ways of providing health care by facilitating communication with the Fraser Health Authority through referral processes between Aboriginal Health Liaison nurses and social workers, and participating in Integrated Health Team Meetings.

The region has also invested in the hiring of an Elder in Residence for Chilliwack General and Fraser Canyon Hospitals to provide cultural services to staff and patients. An evaluation of the initiative is planned for next fiscal year with hopes of expanding the initiative to cover the entire region.



**GOAL 3:  
ADVANCE EXCELLENCE IN PROGRAMS AND SERVICES.**

Working with the Fraser Cascade Aboriginal Advisory Committee, the Fraser Salish Regional team has supported the drafting of a process for collecting Aboriginal patient experiences with the objective of making local system leadership aware of incidents and complaints directly. The intent is so that they can take immediate action to address the situation with the intention of satisfactorily resolving the issue in an environment where Aboriginal patients may be scared to speak up directly. The process is expected to be rolled out next fiscal year.

A portion of Joint Project Board funding supports an Aboriginal Youth Suicide Prevention, Intervention, Postvention Coordinator position in the region. First Nations in the Fraser Salish region were facing increasingly complex challenges with suicide and suicide ideation and were looking to lead collaboratively and restore community resilience and capacity to care for one another.

The Suicide Prevention, Intervention, Postvention Coordinator is the primary support to advance the “Fraser Region Aboriginal Youth Suicide Prevention Collaborative” and coordinate participating organizations and agencies (which may include RCMP, Ministry for Children and Families, Child and Youth Mental Health, delegated agencies, schools, etc.) as well as the 10-year First Nation Mental Wellness Strategy by: planning, coordinating, implementing, monitoring, and evaluating project plans, practices and policies.



A demonstration of commitment was announced in June 2016 in the form of a \$2 million investment: \$1 million each from Fraser Health and the FNHA that has been committed to help support better health outcomes for First Nations and Aboriginal people in the Fraser Health-Fraser Salish Region. Using the regional engagement pathway, and guided by the Fraser Salish Regional Health and Wellness Plan, the partners conducted extensive engagement with Fraser Salish community Health Directors/Leads, Métis and Indigenous people living in the Fraser Salish Region. Information on current services and assets was collected, and technical advice was obtained from leadership.

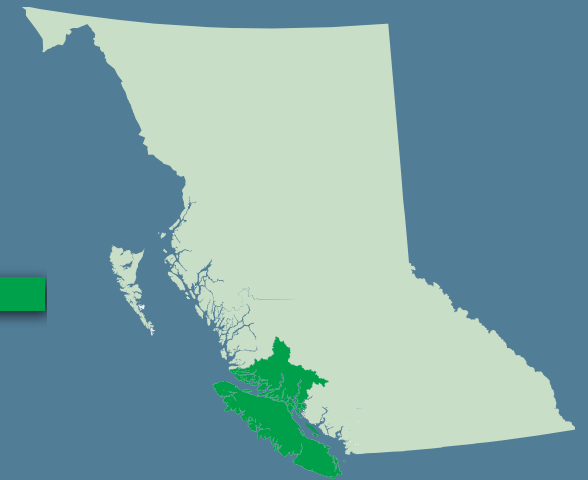
Two priority areas were approved by the Aboriginal Health Steering Committee on October 3, 2017:

1. To establish an Indigenous Primary Health and Wellness Home that provides culturally safe, integrated care for underserved Indigenous People in Fraser South, and
2. To improve determinants of health and chronic health conditions using community development and community engagement to initiate, develop, coordinate and support community health and wellness initiatives.

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

The Fraser Salish team has participated in monthly wellness challenges, some group coaching programs designed to improve team performance and cultural teachings.

# VANCOUVER ISLAND REGION



**GOAL 1:  
ENHANCE FIRST NATIONS HEALTH GOVERNANCE**

The principle of reciprocal accountability is fundamental to the First Nations health governance structure. The Vancouver Island Region strives to ensure that governance relationships focus on strengthening partnerships and offering opportunities for alignment in health planning and implementation.

**Regionalization of the Technical Advice Process for Health Director Tables**

Building from the successful use of the Technical Advice Process in a provincial context, the Vancouver Island Region will use the Technical Advice Process regionally to leverage the tremendous amount of knowledge and best practices that exist around Family-based (Coast Salish, Nuu-chah-nulth, and Kwakwaka'wakw) Health Director Tables.

With outcome-focused Health Director Table agendas, the region can harness existing capacity at quarterly Family Health Director Tables to support, inform and drive work of the Regional Office, Regional Caucus, Regional Table and Partnership Accord Steering Committee. Examples of technical advice opportunities include informing the Regional Health and Wellness Plan, Traditional Wellness Advisory Network and investment planning.



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

Vancouver Island First Nations have emphasized the importance of a wellness approach that is grounded in First Nations knowledge and teachings. By supporting new transformative health initiatives, providing presentations and guidance, and amplifying the voices of communities, the region can incrementally embed this philosophy throughout the health system and support the integration of traditional knowledge and health practice into mainstream health care.

**Collaborative Services Committees through the Divisions of Family Practice**

The Vancouver Island Region has increased involvement with regional Collaborative Service Committees, and has representation at six of the eight regional Committees (South Island, Cowichan Valley, Nanaimo, Oceanside, Comox Valley and Campbell River) and attendance of the Regional Director at the Interdivisional Collaborative Services Committee.

The Regional team is continuing to promote understanding of the FNHA's Primary Health Care ++ approach and First Nations Perspective on Health and Wellness and to build awareness around the importance of trauma-informed care and the inclusion of traditional healing and medicines within primary care. The team is also ensuring that cultural safety is hardwired into Primary Care Network Service Planning.

**GOAL 3:  
ADVANCE EXCELLENCE IN PROGRAMS AND SERVICES**

The Vancouver Island Region strives to always improve the value and efficiency of programs and services in order to maximize resources and provide the best quality possible. The region seeks to develop new strategies and leverage partnerships within the health system in order to better address the health priorities of communities.

**Kwakwaka'wakw Primary Maternal, Child & Family Health Collaborative Team**

The Kwakwaka'wakw Primary Maternal, Child & Family Health Collaborative Team provides high quality, culturally safe, accessible care that is close to home for women and families in the Kwakwaka'wakw territory of North Vancouver Island. Since the launch of the service in October 2017, there have been 45 referrals. The team is currently working with 26 families. To date, feedback has been very positive regarding families' and care providers' experiences with the program, Island Health, Campbell River Hospital and the Campbell River Maternity Clinic.



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

The region strives to demonstrate organizational excellence by reflecting First Nations culture, traditions, teachings and values in all work, in order to provide better services to communities. The Vancouver Island Region seeks to strengthen its policies, procedures and practices to reflect best practices and First Nations ways of doing business.

**Regional Office Consolidation**

The Vancouver Island Region identified areas of opportunity where existing offices within the region could be relocated and moved into the First Nations communities in which FNHA provides services to. The region identified teams/staff for relocation where it was believed that staffing, administrative and budgetary efficiencies could be realized by relocating the teams while also creating an improved environment for community and staff. By locating the region's offices directly within the communities they serve, it is anticipated that communities' access to FNHA staff will improve, and coordination of services and relationship-building between staff and community will be enhanced.



**GOAL 2: MEASURING PROGRESS**

*Performance Measure: Impact as a health and wellness partner*

**Progress Summary**

*Significant impacts and positive results have been reported from the FNHA's continued investment in events, campaigns, and tools to support health and wellness journeys of BC First Nations clients and communities, and to increase the cultural safety and humility literacy of the broader health system.*

**WELLNESS MOVEMENT IMPACT**

- » An estimated 20,000 people took part in Day of Wellness events across BC.
- » The FNHA funded 165 Day of Wellness Grants, totaling over \$238,000, and funded 168 Winter Wellness Grants, totaling \$320,000.
- » 98% of participants at the Elders Gathering indicated that they agreed/strongly agreed that they gained health and wellness knowledge from the Gathering and 87% agreed/strongly agreed that they view the FNHA as their health and wellness partner.
- » The health screenings provided by the FNHA at the Elders Gathering were well received, achieving a satisfaction rate of 96% by participants surveyed.
- » At the Elders Gathering, 212 people took part in carbon monoxide assessments, blood pressure monitoring and oral health screening and 47 people completed the falls risk assessment provided by the FNHA.
- » Approximately 800 people committed to the Tobacco Timeout Challenge and many who quit for the 24 hours of the contest reported that they continued to refrain from smoking for a full week or more thereafter.
- » Over the past year, a majority of those that attended the spring/fall Caucus sessions indicated that they view the FNHA as a health and wellness partner and reported an increase in health literacy as a result of attending the session.
- » The FNHA social media sites saw growth over the past year. Top posts were on wildfires, northern men's gathering, PharmaCare, traditional healing, winter wellness grants, harm reduction grants, treatment centre options and education opportunities.

## CULTURAL SAFETY AND CULTURAL HUMILITY INITIATIVES IMPACT

- » The FNHA created a new online platform for tracking *It Starts with Me* cultural safety and humility campaign pledges, and tracked more than 400 new commitments from across the province.
- » Over 90% of participants in FNHA cultural safety and cultural humility webinars reported they would recommend the webinars to others and over 95% reported they would apply what they learned from the webinar at work. Over 90% stated the sessions helped them understand how cultural safety and humility contributes to quality.
- » 5,784 visits to the FNHA cultural safety and humility webinar page.

## # OF REQUESTS TO USE FNHA MATERIALS IN OTHER AGENCY PLANS/MATERIALS

- » Received requests from 7 agencies to use FNHA materials in their plans/materials. This included requests to use materials related to First Nations Perspective on Health and Wellness, early years development and health care transformation.

### Improvements Moving Forward

The FNHA will continue to advance the wellness movement and cultural safety and humility initiatives to further advocate and ensure quality and cultural safety throughout the health system. Efforts will continue to support ongoing tracking and reporting of cultural safety and humility and wellness qualitative information and initiatives to strengthen ongoing measurement and storytelling in these key, but complex, areas.

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# ADVANCE EXCELLENCE IN PROGRAMS AND SERVICES

## Outcome:

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

*The FNHA's Quality Agenda describes the three perspectives through which the FNHA pursues excellence in programs and services: provincial services; FNHA-delivered services; and FNHA-funded services delivered by communities and their mandated health service organizations. Key themes across all three of these perspectives of quality include primary health care, mental health and wellness, cultural safety and humility, and incorporation of First Nations knowledge, beliefs, values, practices, medicines and models of health and healing.*

*As a result of the partnership and integration with the provincial health system, and new data and information generated by the FNHA, there has been new and increasing investments in First Nations priorities. The availability of this new data leading to new investments from the provincial system is clear evidence of transformation directly resulting from the creation of the First Nations health governance structure.*

*Challenges and pressures in 2017/2018 related to programs and services most notably related to the states of emergency in wildfire and overdose response. Challenges have included the need for: enhanced clarity of roles and responsibilities on the part of various organizations involved in emergency response, including more clearly identifying First Nations' expectations of the FNHA as their health authority; more timely and quality data and information; sustained emotional and cultural supports during and following emergencies; and enhanced cultural safety within all health and emergency response systems. The FNHA is taking steps to improve its internal emergency preparedness and response ability as well as identifying and advancing required improvements within federal and provincial systems. This process has been informed by engagement on the learnings from the 2017 wildfire season and emergency readiness at the FNHDA Annual General Meeting and Regional Caucuses.*



## OBJECTIVE 3.1:

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

The majority of health care accessed by First Nations in BC is delivered by the provincial health system. The health plans and agreements since 2006 have outlined a set of bold priorities to ensure that these services are culturally safe, accessible and reflective of Indigenous perspectives on health and wellness.

In response to the top priorities across all five regions' Regional Health and Wellness Plans and Regional Partnership Accords, throughout 2017/2018, a key focus was placed on improving the quality and integration of provincial primary health care and mental health and wellness services. This has included significant joint policy and implementation work with the Province of BC and health authorities to ensure that First Nations will see benefits from the significant primary health care and specialized services system transformation being advanced by the province. Additionally, operationalizing Joint Project Board projects served to prototype and demonstrate the value of service models that are planned and implemented through community-driven, Nation-based processes in partnership with regional health authorities.

The FNHA has also continued to participate heavily in the ongoing public health emergency in response to the overdose crisis, including participating at all levels of the provincial overdose emergency response and decision-making structure. Increasing cultural safety and humility is a priority across all provincial services.



## JOINT PROJECT BOARD PROJECT IMPLEMENTATION

The Joint Project Board is a joint forum between the FNHA and the Ministry of Health, overseeing \$15.33 million in funding supporting new primary health care and mental health and wellness projects that are jointly developed by First Nations and health authorities. A total of 27 projects are supported through this envelope, 42 per cent of which are focused on primary health care, and 58 per cent focused on mental health and wellness.

Planning, implementation and operations continue to advance through partnerships and building of interdisciplinary and mobile care teams made up of mental health clinicians, traditional healers, physicians, nurse practitioners and other allied health care professionals. Several projects continue to layer in digital health, such as electronic medical records, virtual health and mapping to increase and expand access to primary care services.

Recruitment and retention of health and wellness providers has been a key implementation challenge noted within regions, especially for remote and isolated locations. Specific recruitment and retention strategies are being developed in partnership with the Ministry of Health and health authorities to address these challenges.

The Joint Project Board projects provincial evaluation report showcased the wide variety of innovations and successes the projects have demonstrated but also highlighted some of the key challenges projects are experiencing with recruitment and retention, infrastructure and funding. The projects have increased the number of client visits from 17,635 clients in 2015/2016 to 25,682 clients in 2016/2017. The projects reported strong partnerships with health authorities and other First Nations organizations and reported increased access and culturally safe care. Project staff are using multiple modes of care delivery to increase access, with 90 per cent of professionals delivering in-clinic services, 77 per cent offering home visits, 23 per cent using telehealth and 82 per cent available via text and/or phone. Additionally, many projects report that 40-50 per cent of their staff self-identify as Indigenous.

The evaluation findings indicated that some regions experience longer recruitment times, higher turnover and burn-out of staff than other regions. Among all projects, only 53 per cent of allocated projects' full-time positions were filled. Nursing was the profession with the longest recruitment time, followed by social workers and mental health and wellness clinicians. The Northern Region experienced the longest average recruitment time for positions at 14 months, while Vancouver Coastal had the lowest average recruitment time at 2.1 months.

Some of the top challenges contributing to recruitment include a lack of trained candidates within the region and an inability to attract qualified candidates to the role due to salaries, benefits, union matters and seniority transference. Projects also noted high costs associated with travel time for clinicians and a lack of short-term housing as top challenges.

Additionally, 48 per cent of projects reported challenges with information technology issues such as internet bandwidth and Electronic Medical Record. Another 30 per cent of projects reported lack of physical office and confidential clinical office space as key challenges.



FNHA Community Health Nurses Jessica Hardwicke and Lacey Woloshyn at Lax Kw'alaams Health Centre.



# Joint Project Board Evaluation Findings

## AVERAGE RECRUITMENT TIME BY HEALTH CARE PROFESSION:

**NURSE:** 10 Months

Nurse Practitioner / Licensed Practical Nurse / Registered Nurse



**SOCIAL WORKERS:** 6.5 Months



**MENTAL HEALTH AND WELLNESS:** 5.5 Months

Registered Clinical Counsellor / Mental Health Clinician / Psychologist / Certified Addictions and Mental Health Counsellor



**GENERAL PRACTITIONER:** 4 Months



**ADMINISTRATIVE SUPPORT:** 4 Months



**OTHER ALLIED HEALTH PROFESSIONALS:** 2 Months

Dietician / Naturopathic Doctor / Traditional Chinese Medical Practitioner / Occupational Therapist / Physical Therapist / Speech Therapist / Podiatrist / Pharmacist



## POSITIONS FILLED BY HEALTH CARE PROFESSION:

**GENERAL PRACTITIONER:** 100%



**ADMINISTRATIVE SUPPORT:** 75%



**OTHER ALLIED HEALTH PROFESSIONALS:** 74%

Dietician / Naturopathic Doctor / Traditional Chinese Medical Practitioner / Occupational Therapist / Physical Therapist / Speech Therapist / Podiatrist / Pharmacist



**NURSE:** 51%

Nurse Practitioner / Licensed Practical Nurse / Registered Nurse



**SOCIAL WORKERS:** 47%



**MENTAL HEALTH AND WELLNESS:** 36%

Registered Clinical Counsellor / Mental Health Clinician / Psychologist / Certified Addictions and Mental Health Counsellor



REGION	# CLIENT VISITS 2015/2016		# CLIENT VISITS 2016/2017
All Regions	17,635	X 1.5	25,682
Fraser Salish Region	10,878	X 1.3	14,576
Interior Region	5,755	X 1.5	8,502
Northern	-	-	310
VCA	193	X 2.7	524
VIHA	809	X 2.2	1,770
Provincial Project	-	-	15

## RESPONDING TO THE OVERDOSE/OPIOID PUBLIC HEALTH EMERGENCY

In August 2017, the FNHA and provincial partners released preliminary data that showed overrepresentation of First Nations peoples in the overdose public health emergency in BC. To respond to the opioid public health emergency, the FNHA developed a *Framework for Action: Responding to the Overdose/Opioid Public Health Emergency for First Nations*, which captures system-wide responses to stop people from dying, reduce stigma and harm to those using drugs, and provide clear pathways to support First Nations people on their healing journeys.

In December 2017, the Ministry of Health—in partnership with the Ministry of Mental Health and Addictions—committed \$20 million over three years starting in 2017/2018 to support First Nations communities and Indigenous peoples to address the overdose public health emergency. The FNHA is actively engaging with partners to identify and implement strategies and to allocate funding and resources toward on-the-ground supports. An immediate priority for this funding was Indigenous Harm Reduction grants, which were announced in December 2017.

The FNHA also partnered with the Ministry of Health and the BC Patient Safety Quality Council to hear directly from our people that use substances and are receiving substance use care, and those that provide substance use services. The result was visual journey maps that capture their lived experiences of the current system and uncover gaps and opportunities along the care pathway. Key themes emerging from this dialogue were the ongoing impacts of colonialism and the need for enhanced cultural safety in the system, the complexity of navigating the system and associated social services, and the benefits of integrating traditional healing and Elders into the circle of care.



## NON-MEDICAL CANNABIS

Non-medical cannabis is anticipated to be legalized in Canada in 2018/2019, and this presents both opportunities and considerations for communities, caregivers and leaders. The FNHA recognizes that there is a shared responsibility to work together and ensure that all First Nations in BC have a good understanding of the facts, considerations and risks when it comes to using non-medical cannabis, respecting communities' right to choose how to address this issue.

Efforts undertaken in 2017/2018 included policy analysis, community engagement, and gathering expert advice to support the development of an FNHA policy perspective and submissions to federal and provincial governments on interests and implications in cannabis legalization for First Nations in BC. Harm reduction, mental health and wellness, protecting youth, the health of pregnant and breastfeeding mothers, home safety and impaired driving risks are key areas of consideration when it comes to cannabis use.

The FNHA will continue to listen and learn from communities and work to develop public health campaigns, fact sheets, training tools and engagement workshops that will allow communities to become more prepared on this issue.

## Mental Health and Wellness Summit

In February 2018, the FNHA held a two-day Mental Health and Wellness Summit in Vancouver, which highlighted promising and wise practices to support the mental health and wellness of First Nations communities in BC. In total, 538 people attended from across BC and nationally.

Delegates shared and learned from the knowledge and experience of their peers, partners and leaders in mental health and wellness and discussed shared challenges and solutions. The Summit featured panel discussions around trauma and healing, connection to land, cultural approaches to mental wellness and dialogues on healing.

Participants reflected on the impact of colonialism on mental health and well-being, the resurgence of

ancestral teachings as health interventions and the importance of self-determined healing journeys for individuals, families and communities. Delegates had the opportunity to:

- » Increase their readiness to implement mental health and wellness initiatives in their communities by learning about specific examples of lessons learned and successes achieved in communities in BC and across Canada;
- » Strengthen their professional mental health and wellness network; and
- » Enhance understanding of the value and benefit of a harm reduction approach, in supporting healthy communities.



## ANNUAL KEY PRIORITY:

### *Develop and implement primary health care and mental health and wellness action plans*

The FNHA continues to work with key health system partners on new primary health care transformation initiatives such as the development of patient medical homes and primary care networks. The FNHA has worked with the Ministry of Health and health authorities to ensure that the policy papers describing this transformation reflect Indigenous perspectives, require engagement with First Nations communities and will embody cultural safety and humility. The overall goal is to ensure that this transformation results in value for First Nations people, who are not accessing primary health care to the same degree as the non-First Nations population. Starting in 2017/2018 and continuing over the next several years, this initiative is providing opportunities for First Nations communities to develop partnerships and plans with local primary health care providers to improve access and integration of primary care programs and services. For example, the FNHA has partnered with the Comox Valley Collaborative Services Committee in the planning and implementation of a primary care network, with full partnership of local Nations invited, and informed by community service planning dialogue sessions. The FNHA is also working with the Ministry of Health to ensure that cultural safety is firmly embedded within all new primary health care initiatives by developing baseline requirements in areas such as cultural safety training and resources for providers.

Work to improve mental health and wellness services and to create a comprehensive continuum of mental health and wellness approaches is accelerating. Investments by the FNHA in mental health and wellness continue to steadily expand, with a 25 per cent funding increase in 2017/2018 over 2015/2016 investment levels, resulting in a total \$71.23 million investment this past year. Examples of investments include additional supports for suicide prevention efforts and the creation and expansion of a wide range of mental wellness teams, including

mobile mental health and substance use support teams created through the Joint Project Board. Recognizing trauma-informed approaches as central to quality in all of the services that we provide, the FNHA has been developing a soon-to-be-launched trauma-informed care training initiative, focusing first on all of the FNHA's community-facing staff.

The FNHA continues to work closely with our Ministry of Health partners as well as with the newly created Ministry of Mental Health and Addictions. With Ministry of Health and health authority partners, the FNHA has been working to ensure mental health and wellness services provided through primary care networks as well as those provided through specialized mental health and substance use programs are culturally safe and trauma informed. Along with supporting their signing of a Declaration of Commitment on Cultural Safety and Humility, the FNHA has been developing a strong, collaborative relationship with the Ministry of Mental Health and Addictions, with a particular focus on ensuring the provincial Mental Health and Addictions strategy, which is currently under development, has an Indigenous lens applied throughout with a strong focus on addressing First Nations priority areas for action.

As demonstrated most clearly through the opioid public health emergency, our growing evidence base in mental health and wellness continues to help us sharpen our focus in mental health and wellness program and partnership work. The evidence we draw from includes extensive and ongoing community and client engagement, surveillance data, and other forms of qualitative data such as the client and provider substance use journey mapping conducted this year. In 2017/2018, the rich learning and sharing opportunity provided by the Mental Health and Wellness Summit was a high point in expanding our collective knowledge base in wise and promising practices.



## ANNUAL KEY PRIORITY:

### *Implement FNHA Quality Agenda*

The FNHA's Quality Agenda is a multi-year set of actions to improve the quality in the following three areas: provincial services; FNHA-delivered programs and services; and FNHA-funded programs and services. For the two-year period 2017/2018-2018/2019, the FNHA identified six major Quality Agenda priorities, progress against which is reported below:



### QUALITY PERSPECTIVE 1:

#### PROVINCIAL SERVICES – ENGAGING THE BROADER SYSTEM AND ADVOCATING FOR FIRST NATIONS INTERESTS TO RECEIVE CULTURALLY SAFE SERVICES

**2017/2018-2018/2019 Quality Agenda Priorities: Pursue additional signatory organizations and develop a platform and process for shared reporting and tracking of commitments and progress. 2017/2018 Progress:**

- » Additional signatories or commitment to signatories in 2017/2018 include Ministry of Mental Health and Addictions, Providence Health Care, Cariboo Memorial Hospital and Doctors of BC.
- » Cultural safety and humility was successfully embedded in numerous joint work plans, including those with BC Cancer, the BC Coroners Service, Tripartite Committee on First Nations Health and its member organizations, Canadian Institute for Health Information and Providence Health Care.
- » Development of a cross-system strategy is underway, which will outline processes for cross-system reporting and measurement of progress, and include development of a cultural safety and humility accreditation standard.

**2017/2018-2018/2019 Quality Agenda Priorities: Supported by evidence, leverage partnerships with groups such as the Ministry of Health, regional health authorities and Doctors of BC to fully operationalize Joint Project Board and other service projects, and initiate new projects that will increase access to primary health care for First Nations in BC. 2017/2018 Progress:**

- » Implementation of Joint Project Board projects continued across the province in partnership with the Ministry of Health and health authorities with 100 per cent of approved funding flowing in the Fraser Salish Region, 92 per cent in the Interior Region, 76 per cent in the Northern Region, 58 per cent in the Vancouver Coastal Region and 49 per cent in the Vancouver Island Region.
- » Resources have been identified through working with the Ministry of Health and Doctors of BC committees to support regional planning for physician services, increased eligibility for incentives for BC First Nations communities in rural areas, and are informing policy papers on primary care system transformation.
- » Data made available on cancer and health system utilization is informing service planning and allocation.

## QUALITY PERSPECTIVE 2:

**FNHA SERVICES: ENSURING FIRST NATION CUSTOMER-OWNERS RECEIVE CULTURALLY SAFE AND QUALITY CARE FROM FNHA-DELIVERED SERVICES**

**2017/2018-2018/2019 Quality Agenda Priorities:** Establish an FNHA complaints process which supports the quality of all health services accessed by First Nations in BC. **2017/2018 Progress:**

- » Project initiated to implement an FNHA feedback (including complaints) process, which will provide a safe venue for First Nations to identify issues with the quality of provincial, FNHA and community health services.
- » The FNHA worked with First Nations peoples, communities and health authorities to address a number of incidents and complaints in a culturally safe way, including a ceremonial event with Cariboo Memorial Hospital and Interior Health staff.
- » A total of 16 complaints were supported by the FNHA in 2018/2019.



FNHA Chief Medical Officer Dr. Evan Adams joins Cariboo Memorial Hospital and Interior Health staff for a ceremonial event.

**2017/2018-2018/2019 Quality Agenda Priorities:** Establish FNHA service standards aligned to the First Nations Perspective on Health and Wellness and which outline the quality of services that our clients can expect to receive from the FNHA. This will include service standards for Health Benefits; Nursing; and Community Programs and Services. **2017/2018 Progress:**

- » The majority of effort on service standards to date is related to First Nations Health Benefits. Health Benefits continued to meet or beat the standards that have been put in place for our clients and providers regarding the number of days to process a claim in the different benefit areas including the newly created pharmacy team.
- » Internal FNHA service standards are in place for Core Technology and Finance.
- » The FNHA made progress this year toward establishing service standards for Pharmacy, Nursing, Environmental Public Health, Corporate Services and Human Resources.
- » A project has been launched to develop a BC First Nations accreditation program, which would include a set of standards applicable to the FNHA's programs, services and operations.

## QUALITY PERSPECTIVE 3:

**FNHA-FUNDED COMMUNITY SERVICES: PROMOTING QUALITY AND CULTURAL SAFETY THROUGH FNHA-FUNDED AND -SUPPORTED COMMUNITY SERVICES.**

**2017/2018-2018/2019 Quality Agenda Priorities:** Work with First Nations Health Directors Association to support and enhance the capacity of Health Directors to champion cultural safety and humility and quality. **2017/2018 Progress:**

- » The FNHA supported Health Directors to attend the 2018 Quality Forum in February 2018 in order to share their perspectives on, and influence, quality with the broader provincial health system. A number of Health Directors also presented at workshops during the Quality Forum.
- » The FNHA Quality Improvement and Safety Network, composed of Health Directors, administrators and community accreditation leads, met in March 2018 to undertake learning on various culturally safe approaches to quality improvement priorities.
- » The FNHA supported the FNHDA lateral kindness campaign, including regional training sessions, and also supported the FNHDA Head to Heart campaign at the September 2017 FNHDA Annual General Meeting.
- » The FNHA hosted a workshop with representatives of the FNHDA, and accreditation and health standards experts, on the concept of a BC First Nations accreditation program and the design of a system-wide cultural safety and humility standard.



**2017/2018-2018/2019 Quality Agenda Priorities:** Work with the First Nations Health Directors Association to improve the quality of community planning, reporting and evaluation in alignment with the First Nations Perspective on Health and Wellness. **2017/2018 Progress:**

- » The FNHA continues to transform its approach to supporting community health and wellness planning, reporting and evaluation, informed by feedback received from communities since 2013. Additional dialogue sessions were held in 2017/2018 to inform this work, including at Regional and Sub-Regional Caucuses in spring 2017 and spring 2018. The FNHA has developed a health and wellness planning toolkit, conducted interviews and collected stories from communities to include in the toolkit and plan to launch the toolkit in 2018/2019. The FNHA has continued to work with the FNHDA on this work.
- » The FNHA is also evolving flexibility in approaches to community-based reporting, evaluation and contribution agreements and work will continue next year.

## OBJECTIVE 3.2:

### *Achieve measurable improvements to FNHA programs and services*

In 2017/2018, the FNHA continued to reposition programs and services to better align with First Nations models of health and healing and to maximize available resources for program and services enhancements.

#### FIRST NATIONS HEALTH BENEFITS

FNHA Health Benefits supports access to essential medical care for BC First Nations by covering Medical Service Plan premiums payments for FNHA clients. A key function of First Nations Health Benefits is the administration of the health benefits program for eligible BC First Nations clients. Working in partnership with the Ministry of Health and Indigenous Services Canada, the FNHA provides pharmacy, medical supplies and equipment, dental, medical transportation, vision care and mental health benefit coverage. The FNHA Health Benefits client population continues to grow, with a 7.6 per cent increase since 2013; as of March 2018, the eligible client population was 144,882. The FNHA Health Benefits team processed over 3.2 million claims for FNHA clients in 2017/2018 with expenditures of \$158.8 million. An additional \$32.4 million was paid for health benefits through contribution agreements.



A key priority for FNHA Health Benefits is ensuring quality in the services provided and supporting cultural safety and humility program improvements. Cultural safety and humility training remains a requirement for providers supporting the FNHA benefits program. It has been completed by over 90 per cent of Health Benefits staff, all dental hygienists registered with the FNHA Oral Health program and by 60 per cent of FNHA Mental Health providers. The FNHA continues to work closely with providers to expand the reach of the cultural safety training.



Healthy Medication Use activities were supported throughout the year. With FNHA Health Benefits investments, over 70 communities have undertaken activities aimed at addressing Prescription and Over-The-Counter Drug Safety, with streams of work focusing on prevention, awareness, education and treatment. Communities have been able to support their members by: building processes for their members to have medication reviews to ensure they are on a safe and appropriate drug therapy; coordinating pharmacist-led community education related to drug therapies; and enhancing their pharmacy services by guiding culturally safe practices of their service provider and to secure additional support to manage the transition to Plan W drug coverage.

Over the past year, the FNHA Health Benefits team supported the expanded reach of its Oral Health program. Dental therapy services reached three additional communities in the North and, with the use of portable digital X-ray units and complete mobile practice dental units, more services were provided closer to home.

Dr. Heidi Hansen (Cree) is an FNHA mental health provider and a registered social worker.

### INCREASE IN THE NUMBER OF CLIENTS ACCESSING FNHA HEALTH BENEFITS

HEALTH BENEFIT PROGRAM	CLIENTS SERVED IN 2017/2018	GROWTH OF CLIENTS SERVED SINCE 2016/2017
Pharmacy	101,531	2.55%
Medical Services and Equipment	8,999	-0.77%
Dental	58,115	-0.98%
Medical Transportation*	1,010	16.53%
Vision Care	16,508	-7.14%
Crisis Intervention Counselling	353	9.07%

\*Note: Medical Transportation numbers do not include the number of clients served by contribution agreement funding

**Over 3.2 million claims for FNHA clients processed in 2017/2018 with expenditures of \$158.8 million.**

**An additional \$32.4 million was paid for health benefits through contribution agreements.**

### HEALTH BENEFITS CLIENT SATISFACTION SURVEY

Responses received

# 762

Clients who were not satisfied with coverage of their most recent health benefits claim expressed overall satisfaction

# 4%

Clients who were satisfied with coverage of their most recent health benefits claim expressed overall satisfaction

# 67.8%

### NURSING

FNHA Nursing Services adopts a holistic circle of care approach that is centred on wellness for people, families and communities and is based on culturally safe, trauma-informed practices. This approach is:

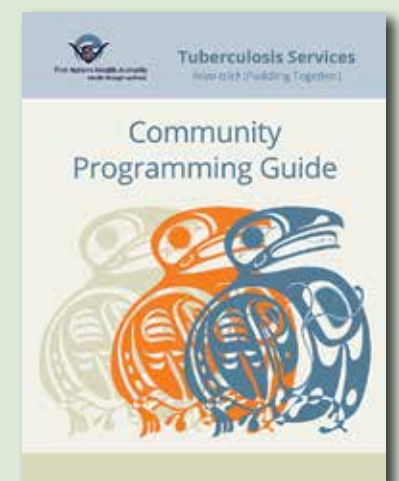
- » Appreciative and strength-based;
- » Supported by inter-professional teams embedded in communities;
- » Offers care plans that are person-centred and connected and integrated with all care providers partnering in the care experience;
- » Seamless, co-ordinated and comprehensive;
- » Embraces traditional approaches to health, healing and wellness; and
- » Integrates alternative levels of care and realigns as needed (specialist/sub specialties).

In 2017/2018, the FNHA continued to support nurses with training and hosted the annual 2017 Nursing Education Forum, built around the theme of “Culture, Collaboration and Curiosity.” The forum brought together nurses working in First Nations communities across the province to share and learn from one another. In addition, the FNHA Nursing Services team has introduced nurse practitioner and midwifery models of care; supported community nurses with training; established an inter-professional medication quality and safety committee in January 2018; and developed practice competencies for all areas of specialty practice.



In 2017/2018, the FNHA launched a new Tuberculosis Services Community Programming Guide, which provides direction on how to create and launch tuberculosis services in community. Training and clinical program guidance is aimed at community health nurses and home community care nurses at the Registered Nurse level.

The FNHA is partnering with regional health authorities to provide: provincial symptom management guidelines; professional consultation nurse-to-nurse; after-hours support for families; basic palliative care education for nurses (Licensing, Education, Advocacy and Practice (LEAP) Program, W'Sanec Indigenous LEAP); LEAP for First Responders; advance care planning/serious illness conversation guide education; and palliative benefit forms.



## ENVIRONMENTAL PUBLIC HEALTH SERVICES

The FNHA Environmental Public Health Services (EPHS) team partnered with the FNHA Wellness Programs Support team and community champions to pilot a train-the-trainer canning curriculum, with a goal to build community champions in their home territories for safe canning processes and support food safety while encouraging food preservation activities. The pilot has generated over 30 community champions who can support their own and other communities in safe canning. A draft canning guide is under development.



In March 2018, the FNHA and Island Health responded to a cluster of illnesses that appeared to be connected to the consumption of raw or lightly cooked herring eggs. The FNHA supported the investigation with other partner agencies through environmental sampling (marine water, herring eggs from the environment and those distributed to communities) and public health risk messaging.

In 2017/2018, seven long-term drinking water advisories (boil water and do not consume advisories) were rescinded and 37 new community-based water monitors and water technicians were trained to further develop Nation-based local capacity.

In an effort to resolve long-standing drinking water advisories and to keep new advisories from becoming long standing, members of the FNHA's Drinking Water Safety Program meet with Indigenous Services Canada on a weekly basis to seek the sustainable resolution of drinking water advisories.

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

### BC FIRST NATIONS LONG-TERM DRINKING WATER ADVISORIES FOR 2017/2018

#### LONG-TERM DRINKING WATER ADVISORIES LIFTED

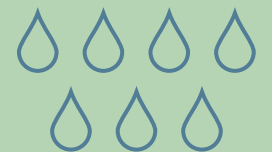
DURATION  
≥ 10 YEARS


2




DURATION  
1-5 YEARS

5



 Long-Term Drinking Water Advisories Lifted

 Long-Term Drinking Water Advisories in Effect

## EPHS 2017/2018 STATISTICS

7

Long-term drinking water advisories lifted

34,224

Microbiological samples collected and analyzed by community-based water monitors and Environmental Health Officers in community, public and individual water systems

Community-based water monitors trained  
*(new, refresher and backup)*

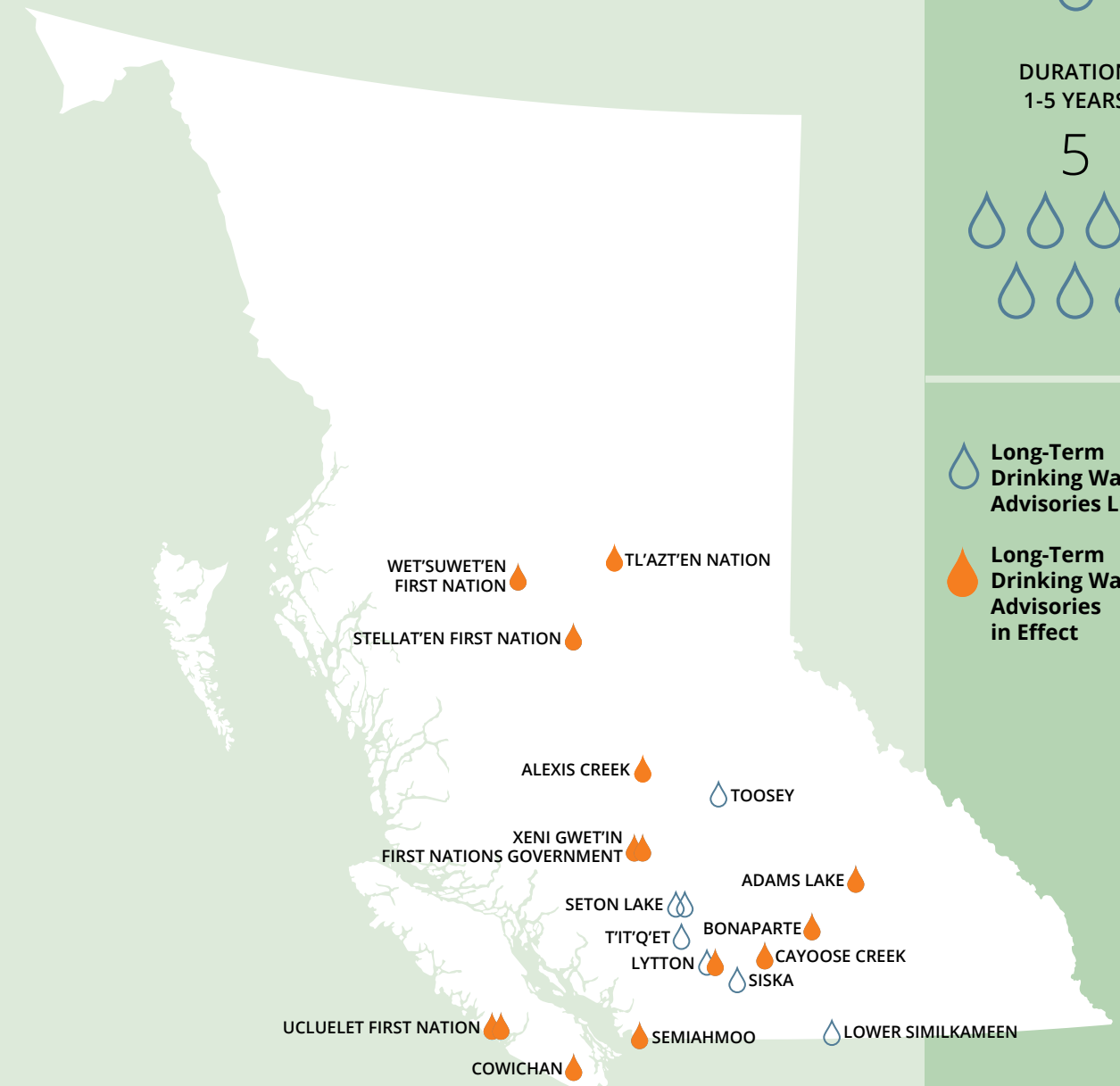
37

21

EPHS Grants (e.g. Our Community, Our Water Awareness Grants)  
*Throughout these events, communities were able to promote drinking water from the taps instead of using bottled water, and the importance of conserving water in the community.*

Food Safe courses delivered to community participants with a 97.4% pass rate

871







## SUPPORTING FIRST NATIONS COMMUNITIES DURING FLOODING AND WILDFIRES

Last year, communities across the province faced unprecedented flooding and wildfires. The FNHA supported communities with drinking water safety information for community and individual wells and septic systems and shared resources about how to clean up flooded homes.

During the provincial state of emergency for wildfires in BC that lasted for 10 weeks, many First Nations individuals and communities in BC were heavily impacted, particularly in the Interior and Northern Regions. Working with partners, regions and regional health authorities, the FNHA developed a series of communiques that included key contact information, funding information, emergency response, air quality and health and nursing supports. The FNHA also provided help at evacuation centres and supported members to receive the help they needed. Traditional and Elders support was also available.



The FNHA Northern Regional team supported families and community members at the Prince George evacuation centre during the 2017 wildfire emergency.

## ANNUAL KEY PRIORITY:

### *Migrate off of Health Canada claims processing systems*

On October 1, 2017, the FNHA, in partnership with BC's Ministry of Health, a new pharmacy plan for FNHA clients, Plan W (Wellness), was introduced, transitioning the majority of drug benefit administration from the federal Non-Insured Health Benefits program to BC's Ministry of Health. The transition to Plan W, a unique plan designed for First Nations, is intended to streamline processes and improve access. This transition to Plan W marks the first step in an overall plan to bring decision-making about health benefits closer to home.

In moving to Plan W, the FNHA created the foundation upon which we can transform. In this first stage of transition, the FNHA has worked closely with federal and provincial partners to put transitional arrangements in place to ensure First Nations clients are getting the pharmacy benefits they need. The changes and improvements made in the future will be rooted in the priorities and direction provided by communities.

To support First Nations clients accessing the pharmacy benefits they need, FNHA Health Benefits put in place a dedicated call centre offering client and provider services during extended hours.

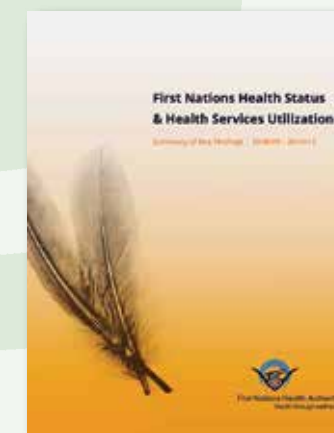


## Influencing Quality through Enhanced Data and Information

Since transfer, a key benefit of the establishment of the First Nations health governance structure is the enhanced capability to generate data and information to support decision-making across the health system. Over the past year, the FNHA followed First Nations data governance processes to generate data matches and develop and release data reports. This is directly leading to targeted strategies and investments for First Nations to address the findings.

### **Key 2017/2018 activities included:**

- » The FNHA and Ministry of Health have been working together to track rates of chronic disease among First Nations populations in order to inform action to reduce the rate of incidence and improve the level of disease management, with emphasis given to those diseases that may be managed through improved diet, exercise, smoking cessation and other modifiable factors (e.g., diabetes).
- » The FNHA partnered with BC Cancer to examine the incidence and survival rates of 15 cancers in women and 12 cancers in men to identify areas to focus quality improvement efforts. The study found an overall lower incidence of cancer for First Nations people, however survival rates among First Nations peoples once diagnosed were lower for most cancers examined, and First Nations have higher rates of cervical and colorectal cancers than the non-First Nations population.
- » In May 2017, the FNHA and the Canadian Institute of Health Information signed a Memorandum of Understanding, which formalized a partnership to improve access to data, analyses and expertise and to develop a framework for First Nations data governance directed to organizations that work with First Nations data.
- » The first province-wide data linkage with the Health System Matrix was received and an extensive look at chronic health conditions and primary care services was undertaken. This work was shared with First Nations and the Tripartite Committee on First Nations Health. It revealed that First Nations, compared to other provincial residents in 2014/2015, had higher rates of most chronic conditions, lower access to physician services and higher use of emergency departments.
- » The FNHA released "Overdose Data and First Nations in BC: Preliminary Findings" in August 2017, sharing with regions and communities first, followed by a media event on August 3, 2017.
- » The FNHA and Office of the Provincial Health Officer are partnering on a number of important initiatives related to data, which include ongoing work on development of a report for the seven core wellness indicators and development of a women's health report expected to be released in 2018/2019.



## OBJECTIVE 3.3:

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

The FNHA is committed to engaging and strengthening partnerships with First Nations in BC to support delivery of high-quality programs and services. The FNHA is invested in a number of initiatives designed to support communities and their mandated health service organizations, including development of tools and processes to facilitate and streamline community planning and reporting, working to enhance eHealth and data capacity, and enhancing direct funding support to communities, organizations and agencies for projects focused on increasing access to primary care, mental health and wellness services.

### INVESTING IN CAPITAL PROJECTS

The FNHA Community Capital Program provides BC First Nations with support for the feasibility, design, construction and ongoing operations and maintenance of community health facilities. During the fiscal year 2017/2018, the FNHA invested \$24 million in community health facilities. This included an investment of \$16.3 million in the development of new health facility projects and an \$8.2 million investment with the cyclical repairs and maintenance, upgrades, renovations and ongoing operations costs.

The first two-year phase of Social Infrastructure Funding provided by the federal government ended on March 31, 2018. A total of \$20.1 million in support of 14 projects was invested in community health facilities during phase one, of which \$12.3 million was expended in 2017/2018.



## TAKING OVER THE MANAGEMENT OF THE PANORAMA PUBLIC HEALTH INFORMATION SYSTEM

In January 2018, the FNHA took over the in-house management of Panorama, a public health information system used by health-care service providers across the province. Panorama enables the FNHA to manage communicable diseases, outbreaks and immunizations in First Nations communities, and it contributes to improved health outcomes for First Nations community members by providing users with access to timely and accurate information.

Since 2013, the FNHA has been working closely with the BC Centre for Disease Control and its First Nations Panorama Implementation Team to bring Panorama to health service providers that support First Nations communities and clients. The FNHA recognizes Panorama as an essential resource for community public health programs, and the FNHA staff worked with the First Nations Panorama Implementation Team to lead this work through a First Nations lens and the FNHA Vision, 7 Directives and Shared Values.

At the end of 2017/2018, the FNHA's contract with BC Centre for Disease Control for the First Nations Panorama Implementation Team came to a close and the FNHA assumed responsibility for management of the system after working alongside the team throughout the second half of 2017. The transition was seamless for users.



Members of the FNHA's in-house Panorama team: Esther Tong, Susan Lefebvre, Cathryn Aune, Cecille Macalino and Steven Raphael.



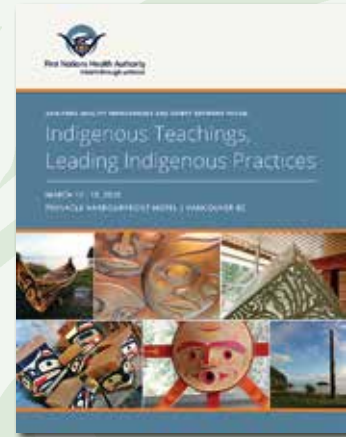
## SUPPORTING HEALTHY CHILD DEVELOPMENT

The FNHA Wellness Program Support team provides professional expertise in Healthy Child Development to serve as a resource for community-based culturally relevant programming, services, initiatives and strategies. The Aboriginal Head Start on Reserve Program supports parents, guardians and extended family members of First Nations children to become their first teachers. In 2017/2018, the FNHA secured \$10.5 million in funding from the province of BC to invest in expanding the community-driven Aboriginal Head Start on Reserve Program. This will support capital and program costs and create new Aboriginal Head Start on Reserve programs.

## 2018 Quality Improvement and Safety Network Forum

More than 45 community health leaders gathered in Vancouver from March 12-15, 2018, for the third annual FNHA Quality Improvement and Safety Network Forum. The Network's approach to quality improvement initiatives continues to be "Indigenous teachings lead Indigenous practices." The forum builds upon a province-wide quality network and facilitates ongoing leadership and mentorship of health and wellness services by and for BC First Nations.

Forum participants engaged in learning opportunities related to quality improvement and change management from an Indigenous lens, mental health first aid, evaluation and telling quality improvement stories. The participants also provided significant advice to the FNHA related to the pros and cons of accreditation processes and how the FNHA, communities and health service organizations can be better partners in the pursuit of quality programs and services.



## SUPPORTING MATERNAL AND INFANT HEALTH AND WELLNESS

The FNHA partnered with the BC Association of Aboriginal Friendship Centres to offer the Doulas for Aboriginal Families Grant Program. The program provides up to \$1,000 for each pregnancy in a family for prenatal, birthing and postpartum doula services for expectant Aboriginal mothers and families living in BC, both on- and off-reserve. In 2017/2018, the FNHA also published the second edition of the educational toolkit, "Honouring our Babies: Safe Sleep discussion Cards & Guide."

Honouring Our Babbies Toolkit: Facilitator's Guide and Safe Sleep Cards, Facilitator's Guide



Honouring Our Babies Toolkit: Safe Sleep Cards - front and back. (17 Cards in total)

## VIRTUAL CARE IN COMMUNITY

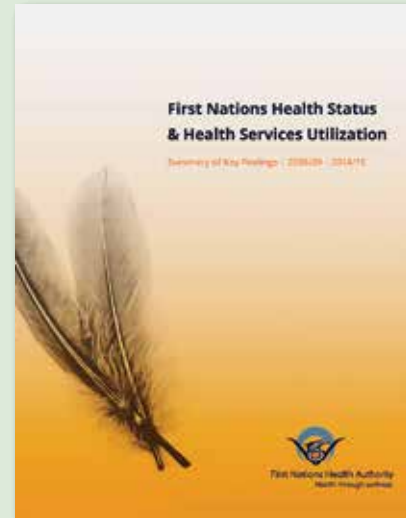
The FNHA provided support for 40 First Nations communities to put into place Virtual Clinical Care with over 3,000 calls completed.

## ANNUAL KEY PRIORITY:

### *Develop regional data reports*

The Health System Matrix data and Regional Health Survey were two areas of focus over the past year. The Health System Matrix linkage with the First Nations Client File resulted in First Nations-specific data on provincially funded physician, hospital, home and community care, and residential care services. In 2017/2018, the FNHA conducted analysis of primary care services at both a provincial and regional level and developed five separate regional reports and a summary of key findings report for release in 2018/2019.

The FNHA also carried out analysis of the Regional Health Survey data, which is expected to be released in 2018/2019. The data reflects information from 121 First Nations communities in BC, with more than 5,000 surveys completed. Three of the five regions in BC participated in a “100 per cent sample,” meaning each and every First Nations community in the Interior, Fraser Salish and Vancouver Coastal Regions were sampled and invited to participate in the survey.



## ANNUAL KEY PRIORITY:

### *Strengthen effectiveness of partnerships, including updating contribution agreements, planning tools and reporting requirements*

The FNHA continues to transform its approach to supporting community health and wellness planning, reporting and evaluation, informed by feedback received from communities since 2013. Additional dialogue sessions were held in 2017/2018 to inform this work, including at Regional and Sub-Regional Caucuses in spring 2017 and spring 2018.

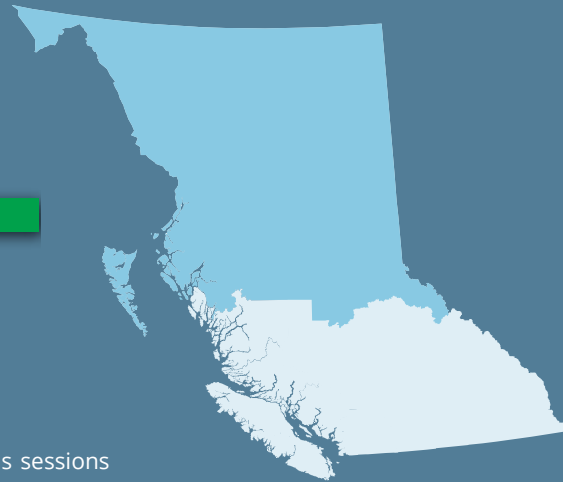
The FNHA has developed a health and wellness planning toolkit, conducted interviews and collected stories from communities to include in the toolkit and plans to launch the toolkit in 2018/2019.



The former Community Based Reporting Template is not required in favour of receiving financial reports as well as annual reports that are from the community to its own people. Our interest is working with communities to report on the outcomes that matter most to them, and that support the FNHA to report province-wide indicators that communities are interested in seeing overall.

The majority of our funding flows out of the FNHA through contribution agreements and the FNHA continues to work with communities to ensure that they utilize their full flexibilities allowable under these agreements and continue to move into increasingly flexible arrangements. Going forward, the FNHA is seeking to further evolve flexibility in funding agreements as communities identify their plans and outcome measures.

# NORTHERN REGION



## GOAL 1: ENHANCE FIRST NATIONS HEALTH GOVERNANCE

**Engagement:** The FNHA Northern Region held Northern Regional Caucus sessions where the region engaged with the FNHC and FNHDA on governance developments and shared strategic plans. The Northern Regional Team and Northern First Nations Health Planning Committee met quarterly.

**Planning:** The Northern Region is working on a refresh of the Northern First Nations Health and Wellness Plan. The 7 Directives are integrated in planning, prioritization and investment cycles. The region engaged in collaborative planning to address community priorities, with investments allocated based on partnership rather than a competitive proposal-driven process. Wellness indicators were reviewed and used to develop regional wellness, performance and quality indicators.



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

The Northern Region continued to promote and integrate the First Nations Perspective on Health and Wellness through a focus on the land, communities and partners, and by partnering with Northern Health Authority, University of Northern BC and educational institutions to develop tools and information for communities looking for support and information.



## GOAL 3: ADVANCE EXCELLENCE IN PROGRAMS AND SERVICES

**Traditional Wellness:** The region engaged on traditional wellness at the fall Sub-Regional Caucus sessions. A Traditional Wellness Coordinator was hired in spring 2018 to support regional priorities related to traditional wellness, including improving access to traditional wellness and integrating traditional wellness in programs and services.

Key activities carried out last fiscal included:

- » Invited northern traditional healers to Sub-Regional and Caucus sessions to introduce community leadership to traditional healing, and take care of our leadership;
- » Expanded investments in traditional healing;
- » Developing best practices;
- » Provided opportunities for traditional healing among Northern Health Authority Executive;
- » Worked on the development of a traditional healing network; and
- » Carried out initial planning for a Traditional Healer's Gathering.



**Population Public Health:** The Northern Region hired a new Tobacco Reduction and Cessation Coordinator and a Men's Wellness Coordinator. Four Men's Wellness Train-the-Trainer sessions were held in collaboration with DUDES Club in order to facilitate access to resources and a youth and Elders' gathering was held. The region also participated in a community diabetes initiative together with Northern Health, Carrier Sekani Family Services and communities.

Specific initiatives undertaken in the region include:

- » **HIV/HCV:** Through a regional committee appointed by Caucus, a new plan and approach were developed for implementation in fiscal 2018 to improve HIV/HCV supports in the region. Webinars are in development in HIV/HCV to support education and prevention. A Nutritional Summary Delivery Model was worked on through engagement with community, subject matter experts and guided by a collective committee of partners and communities to revamp nutritional supports.
- » **Nursing:** A Nursing Memorandum of Understanding was signed to improve training relationships and vaccination approval for northern FNHA and community nurses in partnership with Northern Health Authority nurses.
- » **Chronic Disease:** The region increased linkages to chronic disease programming through partnership with the Northern Nurse Manager.

**Maternal and Child Health:** Northern Region is partnering with BC Housing to support pregnant mothers away from home. The region is also partnering with Northern Health Authority to improve the coordination of services for mothers. Other work includes supporting planning and efforts to increase access to varnishing/dental care across the region, improving prenatal support for mothers and addressing gaps in child assessment.

**Primary Health Care:** A Primary Care Manager was hired to support primary care efforts within the region and efforts were supported to increase access to electronic medical records. A partnership with the Northern Medical Program (University of Northern British Columbia) is focused on building relationships between medical students and community.

**Mental Health and Wellness:** The Northern Region partnered with Northern Health to deliver training and provide specialized mental health and wellness services, including practicum placements for the medical services team in mental wellness. Supports were provided to the opioid crisis through piloting an opioid impact plan in Kwadacha and Tsay Keh. Naloxone training sessions were provided across the region and crisis response team training began. An Indian Residential School Gathering was held in Smithers and core addiction and Roots of Trauma training sessions were held.



**Regional Envelopes (Joint Project Board and Health Actions):** Thirty-three community-based projects were supported, which included support for Health Fairs and Commitment Stick initiatives. Funding was used to support projects that included focus on mental health and wellness, primary health care, traditional wellness, emergency medical response, cancer prevention, sport and recreation, pediatric and dental care, Elders with disabilities, language development and family wellness.

**Mobile Support Teams:** Access to services, accommodation and transportation continue to be ongoing challenges within the region. In partnership with Northern Health and First Nations communities, Mobile Support Teams have been established and they reflect local planning within each Sub-Region and First Nations community. Mobile Support Teams provide ongoing support, education and crisis response for First Nations communities. Access to primary health care for some First Nations communities is fragmented. Mobile Support Teams are working to establish more consistent access to primary care services through a multi-disciplinary staffing model and by providing coordinated on-site visits that offer holistic, culturally safe primary care to communities.

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

A Northern Asset mapping process is being implemented as a much-needed source of information. The Northern Partnership Accord evaluation is underway and will be used to inform the refresh of the Northern Partnership Accord and Northern First Nations Health and Wellness Plan update.

## **GOAL 3: MEASURING PROGRESS**

### *Performance Measure: FNHA and First Nations' health organization partnerships*

#### **Progress Summary**

*Progress was made on the FNHA's work to more efficiently track and monitor the two-way funding agreement relationship between the FNHA and communities and their mandated health service organizations.*

#### **% FUNDING AGREEMENT HOLDERS UPHOLDING MANDATORY PROGRAM AND FINANCIAL REQUIREMENTS**

Progress was made to establish more efficient processes to track funding arrangements requirements, including an interim systems solution to be launched in 2018/2019.

#### **% FNHA RESPONSES TO FUNDING AGREEMENT HOLDERS WITHIN TARGETED TIME FRAMES**

Work continues to further develop feedback processes to track the FNHA responses to funding agreement holders.

#### **FNHA PROGRAM INFORMATION ACCESS**

A system to track access to program information for the FNHA's mandatory programs is in place. Top web pages accessed this year include traditional healing, mental wellness and substance use, maternal child and family health, Jordan's Principle and "What We Do."

#### **Improvements Moving Forward**

*The FNHA is working to consolidate funding information and launch a centralized repository to track funding agreements. As communities and their mandated health service organizations assume enhanced flexibilities in their funding agreements, tracking is intended to focus more on outcomes rather than outputs.*

## PERFORMANCE MEASURE:

### Service Quality

#### Progress Summary

Health Benefits is meeting target for the client satisfaction survey and is close to meeting overall target for service standards. Environmental Public Health-related work is measured after fiscal year end, at which point a baseline will be established.

#### HEALTH BENEFITS CLIENT SATISFACTION

The FNHA collects feedback from clients through the Health Benefits Client Satisfaction Survey. The Client Satisfaction Survey is helping the FNHA understand the drivers of overall satisfaction (e.g., extent of coverage, timeliness, availability of information) and monitor changes in satisfaction resulting from changes in the program as it evolves over time. In 2017/2018, overall satisfaction rate was 28.6%, showing an improvement from the baseline of 25% set in 2016/2017.

#### % HEALTH BENEFITS SERVICE STANDARDS ON TARGET

Health Benefits continues to improve its service standards performance for claims related to dental, medical, vision and medical transportation services. It achieved an average of 91% of service standard targets for 2017/2018, representing a 5% increase from the 2016/2017 average of 86%. A breakdown of targets reached for each individual service is provided as follows:

- » Dental Services: 95% claims processed within service standards;
- » Medical Services: 94% claims processed within service standards;
- » Vision: 87% claims processed within service standards; and
- » Medical Transportation: 71% claims processed within service standards.

#### ENVIRONMENTAL PUBLIC HEALTH OFFICER COMMUNITY WORK PLAN OBJECTIVES ACHIEVED ACCORDING TO SERVICE STANDARDS

Reporting is annual and is finalized after fiscal year end upon completion of all data entry. Further system enhancements are needed to improve data analytic support within the environmental health inspection system.

#### Improvements Moving Forward

Work continues to identify the best performance measures to assess the quality of FNHA services, ensure appropriate data collection and analytic support is in place, and that baseline is established for each measure. This progress will then be reported year-over-year in the FNHA's Annual Report.

#### HEALTH BENEFITS CLIENT SATISFACTION

In 2017/2018, overall satisfaction rate was

**28.6%** **»»** **25%** set in 2016/2017.

Improvement from the baseline of

#### % HEALTH BENEFITS SERVICE STANDARDS ON TARGET

Health Benefits achieved an average of:

**91%**

of service standard targets for 2017/2018.

This represents a:

**5%**

increase from the 2016/2017 average of:

**86%**

DENTAL SERVICES:

**95%**

claims processed within service standards.

MEDICAL SERVICES:

**94%**

claims processed within service standards.

VISION:

**87%**

claims processed within service standards.

MEDICAL TRANSPORTATION:

**71%**

claims processed within service standards.



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

## Outcome:

FNHA is an established leading edge First Nations health organization

*First Nations in BC have established the FNHA as their health organization, and the FNHA continuously strives to uphold a standard of excellence in support of clients, families and communities. In 2017/2018, the FNHA continued training and building leadership at all levels of the organization, enhanced the integration of First Nations knowledge in organizational practices, maintained a strong focus on staff safety and prioritized policy excellence as the backbone of effective organizational services. A challenge for the FNHA last year stemmed from pressures to stabilize the human resources function, including a need to strengthen the FNHA performance measurement and evaluation function.*

## OBJECTIVE 4.1:

*Build strong leadership and foster a First Nations organizational culture*

First Nations deserve an organization with strong leadership aligned to First Nations values—an organization that is doing the right work in the right way, that is committed to health and wellness and that is grounded in the diversity of First Nations cultures. The FNHA is continuing to build an organizational culture based on the 7 Directives, the First Nations Perspective on Health and Wellness and the Shared Values of respect, discipline, relationships, culture, excellence and fairness. A unique approach to leadership development is required to support the organization's unique mandate, and ensure that the FNHA continues to shift the health system's paradigm from sickness to wellness.



## FIRST NATIONS HEALTH AUTHORITY WELCOMES NEW KNOWLEDGE KEEPERS

Cultural practices are an important part of the FNHA's commitment to building a First Nations organizational culture and the FNHA actively seeks opportunities to incorporate cultural knowledge into the organization's day-to-day work. This year, the FNHA Board of Directors welcomed male and female Knowledge Keepers Te'ta-in (Shane Pointe) from Musqueam and Syexwaliya (Ann Whonnock) from Squamish Nation.

Both Knowledge Keepers have strong Indigenous worldviews, ancestral knowledge and traditional teachings and are widely respected and acknowledged for the level of service, work and energy they have committed to their communities. As the Knowledge Keepers, Syexwaliya and Te'ta-in will assist the FNHA in incorporating their unique beliefs, practices and protocols into organizational development.

The FNHA welcomes Te'ta-in and Syexwaliya to the FNHA family and is grateful for the wisdom and culture that both bring to the organization and the FNHA's work with health system partners.

Knowledge Keepers Te'ta-in (Shane Pointe) from Musqueam and Syexwaliya (Ann Whonnock) from Squamish.



## BE A WORLDWIDE LEADER IN CULTURAL SAFETY AND HUMILITY IN THE WORKPLACE

The FNHA seeks to be a role model for cultural safety and humility in the workplace. Staff are continually reminded of the importance of cultural safety and humility concepts and are encouraged to share their commitments to cultural safety. Many have pledged their commitment to cultural safety and humility.

» 120 new staff completed San'yas Cultural Safety training in 2017/2018

» 77% of staff overall have completed San'yas training

The FNHA has also partnered with the Justice Institute of BC to develop trauma-informed training, which will incorporate regional practices and approaches.

## FNHA FAMILY WORKFORCE PROFILE

666

Number of FNHA employees

Status First Nations employees

30%

Self-identified Aboriginal employees

34%

Management  
who are women:

62%

Manager and above



61%

Director and above



75%

Executive team

## ANNUAL KEY PRIORITY:

*Develop FNHA leadership development program*

The FNHA supports the development of leaders across the organization and also works with staff at all levels to support their ongoing professional development and growth. This contributes to a positive and vibrant workplace culture that fosters growth and encourages staff retention. Management training began in 2017/2018 with a focus on foundation management development, including labour relations and compensation. This year, progress also included laying further groundwork for a draft leadership development framework and policy statement.

Efforts in 2018/2019 will turn to development of an overall leadership development strategy, an organizational standard for FNHA staff engagement and workforce wellness.

## OBJECTIVE 4.2:

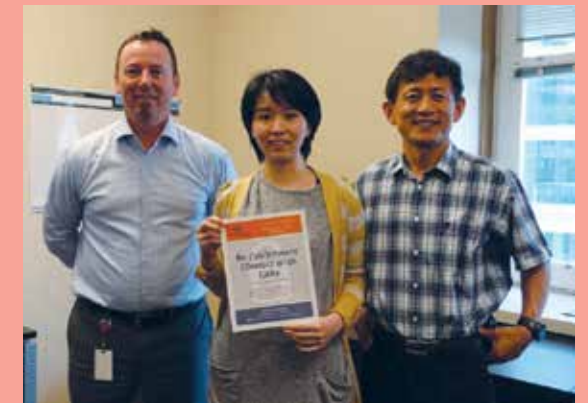
*Foster a healthy and engaging environment that enables personal excellence*

The FNHA invests in the development and care of all FNHA family members, supporting them to work at their personal best on behalf of BC First Nations each day. This includes supports for learning, training and wellness and maintaining a strong focus on staff safety.

### CONTINUOUS LEARNING AND DEVELOPMENT

The FNHA makes continuous learning a way of organizational life in order to improve service to First Nations and be a recognized leader in health system transformation. In 2017/2018, the FNHA shared information, tools and resources with staff on the following topics:

- » Online and personal privacy;
- » Safety in the workplace, including safety data sheets designed to promote safety while working, information about lifting heavy objects, earthquake preparedness and wildfire smoke and health, among others; and
- » Cancer awareness resources.



FNHA Privacy and Security team members raised awareness of cybersecurity for Privacy and Security Awareness Week 2017.

Staff were also invited to lunch and learn sessions on a variety of topics, including sessions on overdose data dissemination, social determinants of health, First Nations community survey and data governance engagement.

The FNHA also offered the following training sessions:

- » In partnership with UBC, the webinar, "Indigenous Perspectives on Harm Reduction with the FNHA Aboriginal Wellness Team";
- » Mandatory training on basic safety, the FNHA privacy, information security training, San'yas Cultural Safety training and Respect in the Workplace training; and
- » Occupational health and safety advanced training, which covered topics including workplace violence prevention, working alone and travel safety, workplace ergonomics and occupational exposures.

At the FNHA, employees and direct supervisors co-create their performance objectives, learning goals and wellness plans for the year ahead. With the goal of supporting all employees to be at their personal best each day, this collaborative process fosters personal growth and reflection, while aligning the work objectives of all employees with the FNHA Summary Service Plan. The FNHA calls this process "Performance Partnerships," as it represents a true, ongoing partnership. Performance Partnerships encompass two related conversations: an annual discussion about achievements and areas of growth from last year and a goal-setting conversation for the year ahead as well as wellness and behavioural goals.



## OCCUPATIONAL HEALTH AND SAFETY

With safety front of mind, the FNHA complies with all occupational health and safety requirements. A Joint Occupational Safety Committee promotes safe work practices, helps create a safe and healthy workplace, recommends actions to improve the effectiveness of the occupational health and safety program and promotes compliance with WorkSafeBC's Occupational Health and Safety Regulation. The FNHA's occupational health clinic offers immunizations and TB screenings for front-line staff.

Recognizing that FNHA staff are at times involved in supporting emergencies and crisis events, the organization has developed tools and resources to prepare staff for emergencies and risks such as wildfire smoke, earthquake preparedness, workplace violence prevention, working alone/travel safety, occupational exposures and online/personal safety.

The FNHA has also established mechanisms to track safety incidents. In 2017/2018, 66 safety incidents were reported at the FNHA, with the most common being vehicle incidents and security incidents. Over the year, 308 safety awareness activities were completed, including office inspections and health centre and nursing station inspections. Eighty-three per cent of FNHA staff completed required safety training, and 43 per cent of managers completed targeted management safety training.

## STAFF DEMONSTRATING WELLNESS

FNHA staff took initiative to actively promote and demonstrate wellness through a number of events such as Pink Shirt Day on February 28, 2018, to end bullying (with a focus in 2018 on stopping cyberbullying), Road Safety at Work Week, the Moose Hide campaign to end violence against Indigenous women and children, National Non-Smoking Week, the annual Christmas giving campaign, and by providing donations to internal staff in need of medical and other supports.



## OBJECTIVE 4.3:

*Achieve excellence in operations*

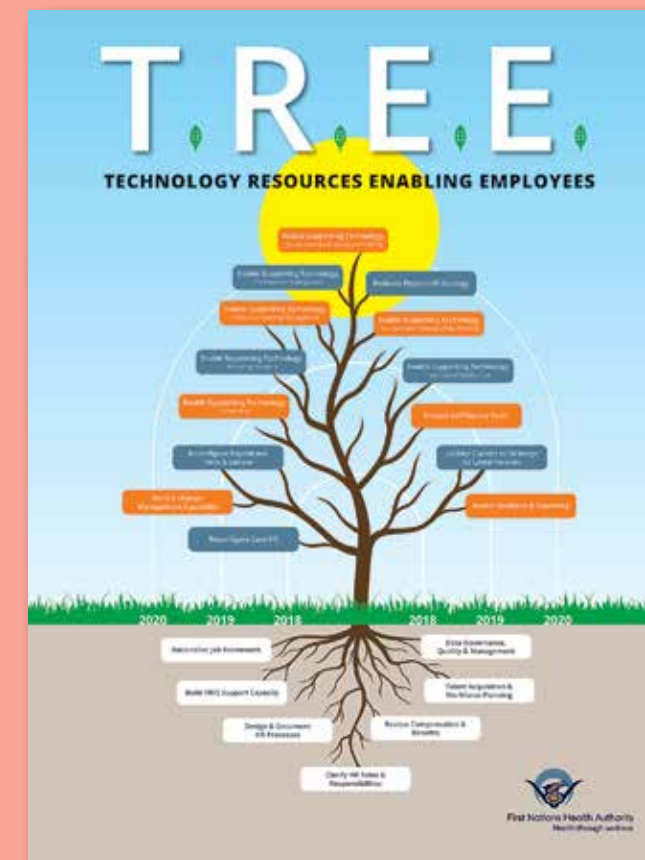
As a large First Nations organization, the FNHA nurtures the efficiency and effectiveness of its corporate functions in support of quality and excellence in program and service delivery. These corporate functions include: human resources; finance; information management and technology; corporate services such as accommodations, fleet, and travel and events; policy; and strategic projects. The FNHA remains committed to creating corporate services that reflect who we are and who we serve, and that are rooted in First Nations cultures, traditions and teachings.

## HUMAN RESOURCES

The FNHA aims to ensure staff have the information, tools and resources they need to do their work effectively and make informed and good decisions. This year, Project T.R.E.E. (Technology and Resources Enabling Employees) was launched, which broadly encompasses the processes and systems needed to create a sustainable and engaged workforce and support leaders in their decision-making. Project T.R.E.E., which includes a combination of 21 business and technology subprojects to support human resources service delivery, enhances the candidate and employee experience, and will provide business insight and inform strategy.

## STRATEGIC PROJECTS GOVERNANCE

In 2017/2018, the FNHA instituted new internal practices to support enhanced oversight of major organizational projects. This strategic projects function will support standardization in prioritizing, overseeing and monitoring major strategic organization-wide deliverables and projects. This is intended to support greater transparency, problem-solving and results associated with strategic initiatives. Future FNHA annual reports will include reporting against major projects overseen through this strategic projects governance function.



## ANNUAL KEY PRIORITY:

*Implement FNHA Policy Framework and align policy development functions*

In 2017/2018, the FNHA finalized an organization-wide Policy Framework that describes the organization's four policy functions (strategic, programs, corporate and clinical) and associated development and approval processes.

To support enhanced alignment of policy development functions, in 2017/2018 the FNHA also united its strategic and corporate policy teams within the same department, established a Policy Committee to oversee and support coordination and cross-organizational engagement across policy areas, and developed a policy dashboard to improve internal tracking and reporting on policy developments.

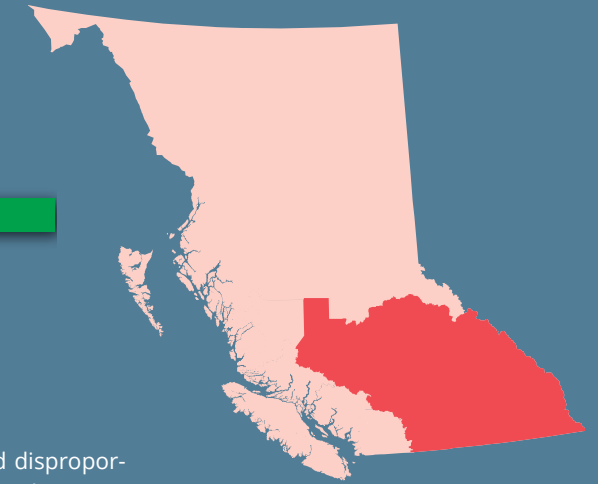
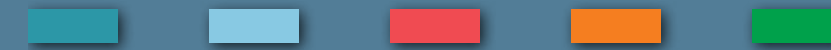
The FNHA also put a priority focus on strengthening corporate policies and the internal corporate policy process. In 2017/2018, a new Corporate Policy Review Calendar was developed and approved by the FNHA Board of Directors. This Calendar was diligently followed throughout the course of the year, resulting in all corporate policy requirements being met, and significant refreshing of the majority of the FNHA's corporate policies achieved.

## ANNUAL KEY PRIORITY:

*Develop FNHA Business Roadmap and initiate in-depth development of priority opportunities*

Initial discussions were held on business development planning, however there has been limited substantive progress this year. This annual key priority requires revisiting in 2018/2019 to confirm next steps and timing.

## INTERIOR REGION



### GOAL 1:

#### ENHANCE FIRST NATIONS HEALTH GOVERNANCE

**Emergency Response:** The 2017 wildfire and flood season severely and disproportionately impacted First Nations territory and communities. In response, the FNHA Interior Region worked together with First Nations communities, regional health authorities, the province and non-government agencies to resolve barriers and ensure that culturally appropriate supports were available. A regional report, *Nothing for Us Without Us*, was developed highlighting key recommendations on how partners could work together in a better way should an emergency reoccur, which helped to inform the provincial Independent Wildfire and Flood Review. In addition, funding was secured for recovery mental wellness support.

**“SUPPORT DURING EMERGENCIES NEEDS TO BE COMPREHENSIVE, HOLISTIC AND INCORPORATE A FIRST NATIONS PERSPECTIVE. OUR FOCUS IS NOW ON LESSONS LEARNED, RECOVERY, HEALING AND REBUILDING”**

– Charlene Belleau

**Partnership Accord Evaluation:** The Partnership Accord was first signed in 2012 by Interior Nations and Interior Health to strengthen partnership and shared decision-making to improve health outcomes for First Nations. The Accord had a term of five years but was automatically renewed in November 2017. The partners took the opportunity to evaluate the Accord to highlight how the process could be strengthened. This evaluation is intended to help inform a renewed agreement to improve health governance in the Interior.



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

Nation Shared Services: Interior Nations continue to develop their Nation Shared Services model with considerable success. The Nation Shared Services model is unique to the Interior Region where benefits for communities are maximized through shared delivery via client- and family-centred multi-disciplinary teams providing Nation-wide culturally appropriate and holistic health care services. The model is a mechanism for Interior communities to increase capacity and access health professionals through internal collaboration and partnerships with Interior Health Authority, the FNHA and other providers. In the coming year, the Interior Region will work with Nations to identify the key service enablers required to ensure the sustainability of the model and help to facilitate planning and resource allocation in the future.



**“EACH COMMUNITY’S PRIORITIES MIGHT BE DIFFERENT, BUT WE NEED TO HAVE A COMMON LANGUAGE. NATIONS WORKING TOGETHER IN UNITY IS CRITICAL TO THIS WORK.”**

– Chief Patrick Michell, Kanaka Bar Indian Band



**GOAL 3:**  
**ADVANCE EXCELLENCE IN PROGRAMS AND SERVICES**

**Traditional Wellness:** The Traditional Wellness Envelope supports Nations in engaging Knowledge Keepers, Elders and traditional wellness practitioners to assist in the development of traditional healing resources within communities. With this investment, Interior First Nations are developing their own approaches to ensure traditional knowledge is supported and integrated into health care services.

**Opioid Response:** During the Fall Nation Health Assemblies, Nations helped to inform the Interior Region Overdose Crisis Response Framework and identified the following priorities:

- » Aboriginal peer engagement
- » Increase access to opioid agonist therapy
- » Ability to inform Interior Health planning and service delivery
- » Increase engagement with and resources to urban Aboriginal organizations
- » Availability of naloxone in community
- » Increase and diversify detox and recovery treatment programming: valuing tradition and culture



In light of these priorities, the FNHA provided Interior Health with funding for a one-year Project Manager position to enhance access to culturally appropriate opioid agonist therapy. In addition, the Aboriginal Overdose Response Working Group, a sub-committee of the Interior Health Overdose Steering Committee, was developed to ensure the voices of Aboriginal partners are considered in planning and action. The FNHA is also a member of the Overdose Steering Committee of Interior Health.

**Recovery Treatment Beds:** In collaboration with the FNHA and Interior Health, 15 supportive recovery beds were earmarked specifically for Interior First Nations community members. These include four beds at the Mary Basil House in Cranbrook, six beds in Armstrong with Round Lake Treatment Program and five beds in Alkali Lake with Esk'etemc First Nation.

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

Elders Nursing Enhancement: In early 2017, Interior Health made a funding announcement at the Partnership Accord Leadership Table that the equivalent of 30 residential care beds would be earmarked annually specifically to support First Nations Elders beginning in 2019/2020. Through extensive engagement with Interior Nations on how to best target this funding, the Nations agreed that a direct award to the Nations following the Joint Project Board formula for a nursing enhancement to improve Elder care and those living with chronic conditions would best meet the immediate need for increased access to primary and home care in community.



On October 16, 2017, the \$2 million nursing enhancement was approved by Interior Health. The FNHA contributed \$1 million in one-time funds to support communities in preparing for implementation of Interior Health's investment. The joint planning for this initiative was the first of its kind for Interior Health and Nations, as considerable flexibility was provided to the Nations on how to design the funding to best meet the needs of communities. Many Nation and Interior Health leaders have seen this initiative as a best practice on how to plan together going forward.

Jordan's Principle: The Interior Region has led the way in submitting Jordan's Principle group requests, as Nations and communities seek to address and identify solutions to systemic gaps in essential services to children and youth in a way that builds community capacity. Group requests have focused primarily on specialized mental health services and early intervention supports, while individual requests continue to be supported as well.

CEO-to-CEO Protocol: The FNHA and Interior Health Chief Executive Officers signed a Protocol in April 2017 to set out a shared approach and agenda between the respective organizations that will support executive and operational leadership and partnership in the implementation of the Interior Partnership Accord and Tripartite First Nations Health Plan.

## GOAL 4: MEASURING PROGRESS

### *Performance Measure: Organizational Excellence*

#### **Progress Summary**

*Progress continued on tracking departmental cultural activities and cultural openings. The FNHA is close to meeting its target for self-identified Aboriginal staff.*

#### **% PLANNED ORGANIZATION-WIDE CULTURAL INITIATIVES ON TARGET**

Organization-wide cultural initiatives took place throughout the year at the FNHA and included wellness events with cultural elements, practising lateral kindness, cultural knowledge and perspective activities and leadership activities. Monday morning cultural openings took place at most FNHA locations with the majority of the FNHA committee meetings opened with a prayer.

#### **% SELF-IDENTIFIED ABORIGINAL STAFF**

At the end of 2017/2018, 34% of FNHA staff self-identified as Aboriginal, close to meeting the target of 35%, but down from 2016/2017, which was 38%.

#### **PARTICIPATION RATE IN ORGANIZATIONAL CULTURAL WORKFORCE SURVEY**

In 2017/2018, the FNHA worked to develop an organizational culture workforce survey that is relevant to the unique nature of the organization. The FNHA Employee Engagement Survey will be launched in 2018/2019.

#### **Improvements Moving Forward**

*The FNHA will continue efforts to build and report on organization-wide cultural initiatives and will establish new measures informed by organizational culture workforce survey in 2018/2019.*

## HEALTH PERFORMANCE STANDARDS:

### Organizational Excellence

#### Progress Summary

The FNHA is fully upholding the standard for Annual Board of Director review of corporate policies and nearing full compliance with inclusion of 7 Directives and Operating Principles in decision-making processes. A majority of FNHA employees concluded performance partnership agreements.

#### ANNUAL BOARD OF DIRECTOR REVIEW OF CORPORATE POLICIES ON TARGET

In 2017/2018, all requirements of the annual corporate policy review calendar established by the FNHA Board of Directors were met, with a total of 41 policies going to the Board in 2017/2018.

#### % COMPLIANCE WITH INCLUSION OF DIRECTIVES AND OPERATING PRINCIPLES IN DECISION-MAKING PROCESSES

In 2017/2018, the FNHA worked to improve transparency and compliance with including 7 Directives and Operating Principles within decision-making throughout the FNHA. The vast majority (89%) of submitted decision sheets included reference to the 7 Directives and Operating Principles. In addition, most of the FNHA committees included reference to the 7 Directives and Operating Principles in records of decisions for meetings.

#### % STAFF PERFORMANCE PARTNERSHIP AGREEMENTS COMPLETED, INCLUDING STAFF WELLNESS PLANS

The FNHA provides extensive communication and training at the beginning of a fiscal year for the performance partnership review process. 62% of FNHA employees participated in the performance partnership process in 2017/2018. 60% of employees fully completed their performance partnerships by June 2017.

#### Improvements Moving Forward

Further efforts are needed to ensure that performance partnership agreements are concluded with all active FNHA family members, as a mandatory standard.

#### % SELF-IDENTIFIED ABORIGINAL STAFF

At the end of 2017/2018,

**34%** of FNHA staff self-identified as Aboriginal, close to meeting the target of 35%, but down from 2016/2017, which was 38%.

#### ANNUAL BOARD OF DIRECTOR REVIEW OF CORPORATE POLICIES ON TARGET

In 2017/2018, all requirements of the annual corporate policy review calendar established by the FNHA Board of Directors were met, with a total of

**41**

policies going to the Board in 2017/2018.

#### % COMPLIANCE WITH INCLUSION OF DIRECTIVES AND OPERATING PRINCIPLES IN DECISION-MAKING PROCESSES

The vast majority **(89%)** of submitted decision sheets included reference to the 7 Directives and Operating Principles.

#### % STAFF PERFORMANCE PARTNERSHIP AGREEMENTS COMPLETED, INCLUDING STAFF WELLNESS PLANS

The FNHA provides extensive communication and training at the beginning of a fiscal year for the performance partnership review process.

**62%**

of FNHA employees participated in the performance partnership process in 2017/2018.

**60%**

of employees fully completed their performance partnerships by June 2017.



# 2017/2018 FINANCIAL REPORT

FINANCIAL REPORT OF THE FIRST NATIONS HEALTH AUTHORITY – YEAR ENDED MARCH 31, 2018

This discussion and analysis of the financial results from operations and financial position for the year ended March 31, 2018 should be read in conjunction with the audited financial statements and accompanying notes and schedules.

The audit firm KPMG LLP was appointed by Members of the Society to audit the financial statements of the FNHA. 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 2017/2018 Budget reflects an organization that utilizes the Shared Directives and Shared Values as well as the Operating Principles as the foundation for strategic planning and the corresponding alignment and utilization of resources. This includes the alignment of resources consistent with the following:

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

In addition, the organization continues to be focused on prudent financial management, fiscal responsibility, and financial sustainability. The financial results and the variance to budget reflect the prudent approach and consideration of priorities and value for money.

The key areas of focus for the FNHA during Fiscal 2017/2018 included supporting First Nations individuals, families

and communities in their health and wellness journeys, hardwiring First Nations perspectives and priorities into the broader health system in BC by working with partners within the provincial system to embed cultural safety and humility and improve access to, and integration of, primary health care, mental health and wellness and other services, responding to the environmental emergencies that emerged related to flooding and wildfires

as well as the ongoing overdose crisis.

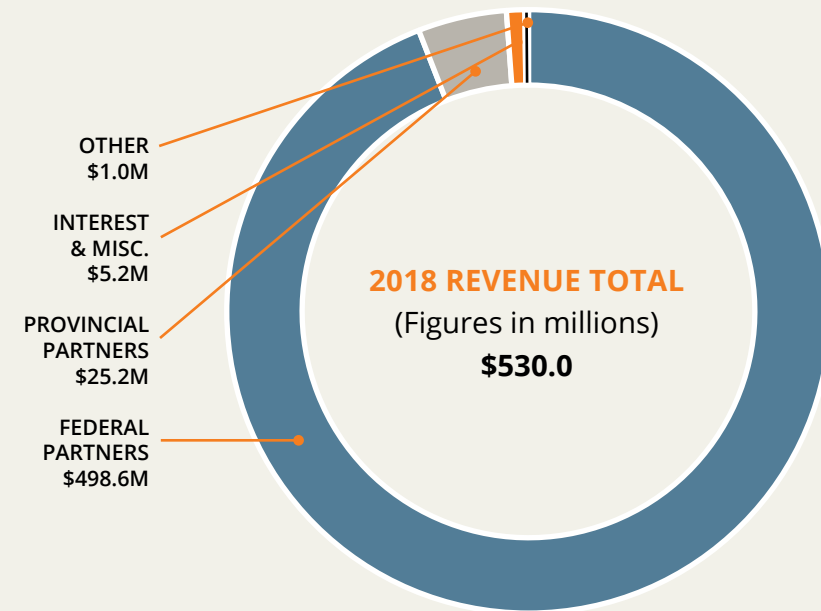
The activities related to these areas listed were managed with fiscal responsibility and resulted in an operating surplus of \$38.0 million on total expenditures of \$492.0 million. This surplus equates to 7.7% of total expenses and 7.2% of total revenues for the fiscal year.

# STATEMENT OF OPERATIONS

FOR THE YEAR ENDED MARCH 31, 2018 • FIGURES IN THOUSANDS

	2017/2018			2016/2017		Actuals as a % of Revenue or Expenses	
	Actuals	Annual Budget	Variance Actuals vs Budget fav (unfav)	Actuals	2017/2018	2016/2017	
	\$	\$	\$	\$	%	%	
<b>REVENUES</b>							
Health Canada	498,655	490,795	7,860	465,354	94.1	95.4	
Province of British Columbia	25,256	21,697	3,559	17,669	4.8	3.6	
First Nations Information Governance Centre	178	-	178	812	0.0	0.2	
Health Authorities of British Columbia	812	699	113	795	0.2	0.2	
Interest and Miscellaneous Income	5,178	2,721	2,457	3,263	1.0	0.7	
	<b>530,079</b>	515,912	14,167	487,893	100.0	100.0	
<b>EXPENSES</b>							
<b>OPERATIONS</b>							
Corporate Operations	37,069	40,833	3,764	34,350	7.5%	7.4%	
	<b>37,069</b>	40,833	3,764	34,350	7.5%	7.4%	
<b>GOVERNANCE AND FIRST NATIONS ENGAGEMENT</b>							
First Nations Health Council	2,009	5,371	3,362	1,753	0.4%	0.4%	
First Nations Health Directors Association	1,580	1,222	(358)	1,452	0.3%	0.3%	
First Nations Engagement	1,888	3,517	1,629	2,187	0.4%	0.5%	
Regional Operations	3,334	3,828	494	3,288	0.7%	0.7%	
	<b>8,811</b>	13,938	5,127	8,680	1.8%	1.9%	
<b>PROGRAM SERVICES</b>							
Health Benefits	158,836	178,048	19,212	153,853	32.3%	33.3%	
Direct Community Services Funding	211,729	225,500	13,771	201,083	43.0%	43.6%	
Health Services and Programs	75,598	64,789	(10,809)	63,665	15.4%	13.8%	
	<b>446,163</b>	468,337	22,174	418,601	90.7%	90.7%	
	<b>492,043</b>	523,108	31,065	461,631	100.0%	100.0%	
<b>Excess (Deficiency) of Revenues over Expenses, Current Period</b>	<b>38,036</b>	(7,196)	45,232	26,262	7.2%	5.4%	

## REVENUE

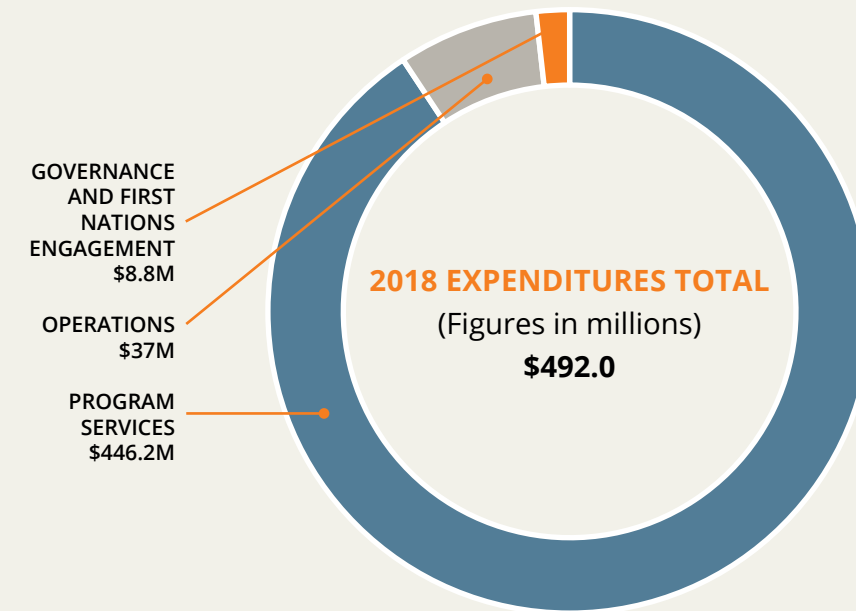


The largest component of funding (\$498.6 million) for the FNHA comes from our federal partner through the Canada Funding Agreement and the Canada Consolidated Contribution Agreement. The Province funding (\$25.2 million) largely represents commitments to the Tripartite First Nations Health Plan (\$11.0 million), Joint Project Board ongoing initiatives (\$7.9 million), Social Determinants of Health (\$600k), Wildfire Support (\$1.0 million), and Opioid Emergency Response (\$4.0 million).

The variance for the Health Canada funding is primarily related to funding received through the Canada Consolidated Contribution Agreement during the year but was unknown when the budget for the fiscal year was approved by the Board in February 2017. For this reason, actual revenue exceeded the budget amount with respect to numerous initiatives including: Overdose Response Strategy, Mental Wellness Interim Measures, Indian Residential School, Social Infrastructure-AHS, Jordan's Principle, Climate Change and Health, Social Determinants of Health, Home and Community Palliative Care.

Provincial revenue exceeded the budgeted amount as well. This was primarily due to revenue variance for Joint Project Board, Joint Standing Committee, Wildfire Support Funding, Aboriginal Land Based Substance Use, and Opioid Emergency Response.

## 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/Information Technology operations plus amortization of capital assets. Total expenses for Corporate Operations were \$37.0 million, which is 7.5% of total expenses for the FNHA (Fiscal 2016/2017; \$34.4 and 7.4% of total expenses).

Governance and First Nations Engagement, the First Nations Health Council, and First Nations Health Directors Association costs include operational costs of the secretariat functions and remuneration and travel costs of the councillors/directors. First Nations Engagement includes costs of Regional Caucus sessions

and regional tables. The total expenses for Governance and First Nations Engagement was \$8.8 million, which is 1.8% of total expenses for the FNHA (Fiscal 2016/2017; \$8.7 million and 1.9% 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 Benefits expenditures such as vision, dental, prescription drugs, MSP Premiums, and dental therapy costs. The total expenses for the Health Benefits Program were \$158.8 million, which represents 32.3% of the total expenses for the FNHA (Fiscal 2016/2017; \$153.9 million and 33.3% of total expenses).

Direct Community Services Funding represents the portion of the FNHA funding that flows directly to communities

through contribution agreements. This includes funding to communities to support health services and programs, Health Actions, and Joint Project Board initiatives. The funding was \$211.7 million which represents 43.0% of the total expenses for the FNHA (Fiscal 2016/2017; \$201.1 million and 43.6% of total expenses).

Health Services and Programs includes operational costs of the Chief Operating Officer portfolio including nursing services, environmental services, and policy and planning, plus costs of the Chief Medical Officer portfolio. Expenses also include costs of the Telehealth project, contribution agreements to non-community recipients and treatment centres, plus direct payments for community operation and maintenance costs. Total expenses were \$75.6 million, which represents 15.4% of total FNHA expense (Fiscal 2016/2017; \$63.7 million and 13.8% of total expenses).

## NET ASSETS

The final net asset balance at March 31, 2018 as shown on the Statement of Financial Position and the Statement of Changes in Net Assets is \$154.2 million, which is the result of an opening balance of \$116.1 million plus the current fiscal year excess of revenue over expenses of \$38.0 million. The net asset balance is comprised of \$3.95 million invested in property and equipment, \$56.9 million in Internally Restricted reserves, and \$93.4 million in unrestricted equity.

The Internally Restricted reserves represent funding received from the Province (\$13.2 million) for MSP Project Board, Joint Project Board, and Health Action Initiatives. Also included in the Internally Restricted funds are amounts from

Health Canada (\$1.2million) for Tobacco Control Strategy, Prescription Drug Abuse, Victims of Family Violence, and Mental Wellness Interim Measures. In addition, Internally Restricted funding includes funds set aside to fund identified priorities and initiatives (\$42.5 million), which include transformation work (\$18.2 million), funds for the construction of the FNHA building (\$14.3 million), and Health Benefit Claims Reserve (\$10.0 million).

Furthermore, subsequent to year end, the FNHA Board has approved utilization of the unrestricted equity balance to create new FNHA reserves: \$10.0 million for Mental Health and Wellness and \$14.0 million for FNHA IMIT & Business Projects.



First Nations Health Authority  
Health through wellness

501-100 Park Royal South  
Coast Salish Territory  
West Vancouver, BC  
Canada V7T 1A2

TELEPHONE  
**604.693.6500**

TOLL-FREE  
**1.866.913.0033**

FAX  
**604.913.2081**

WEBSITE  
**[www.fnha.ca](http://www.fnha.ca)**