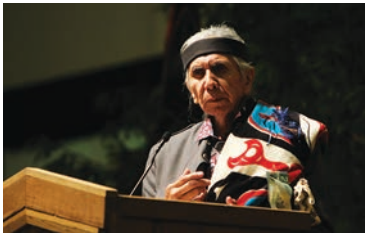




First Nations Health Authority
Health through wellness



Annual Report 2013-2014



Our Vision

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



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Message from the Board Chair

Lydia Hwitsum



“With the completion of Transfer, BC First Nations have reached a historic milestone and set the stage for transformation of their health services.”

First Nations in BC and the First Nations Health Authority (FNHA) had a momentous year marked by the Transfer of Health Canada’s First Nations Inuit Health (FNIH) Branch – Pacific Region into the control of BC First Nations through the First Nations Health Governance Structure, a first in Canada. With the completion of Transfer, BC First Nations have reached a historic milestone and set the stage for transformation of their health services. In the quest for excellence - one of the FNHA’s shared values - we recognize as the FNHA Board of Directors that our collective role is to respect, protect, and direct the organization to ensure its best performance.

As Board members we acknowledge that proactively directing is essential to governance excellence. We practice directing when we are forward-looking and focused on our shared organizational success. A responsibility held by our Board members is to protect the interests of First Nations clients and our shared interests of the FNHA organization as one that is governed by and serves First Nations individuals and communities in BC. This involves monitoring our progress and ensuring that our organization is evolving as planned - that we are complying with our policies and legal obligations while staying true to our shared values. Lastly, it is our

duty as Board of Directors to respect the purpose of the FNHA. By this we mean our Board will remember and respect the whole purpose of our organization and on whose behalf our organization was created - First Nations in BC.

The past fiscal year has been one of great change and success. The FNHA continued to evolve and develop, successfully novated contribution agreements with First Nations, created new systems to prepare for and support transfer, created an Interim Health Plan that was accepted by Health Canada, and most importantly completed transfer, beginning operations as a service provider. The FNHA Board of Directors is proud of the work achieved to date and look forward to continued success in advancing our organization over the 2014-2015 fiscal year, and for many years to come.

Lydia Hwitsum

Chair

First Nations Health Authority Board of Directors

Message from the CEO

Joe Gallagher

The 2013-14 fiscal year was truly a historic one for BC First Nations peoples and the new First Nations Health Governance structure. Working together with the provincial and federal governments as new health partners, BC First Nations - through the collaborative efforts of the First Nations Health Council, the First Nations Health Directors Association and the FNHA - were successful in advancing the work and commitments envisioned in the British Columbia Tripartite Framework Agreement on First Nations Health Governance. For the FNHA specifically, it was a year of transition and transformation, meeting the key milestones and initiatives set out in the 2013-2014 Interim Health Plan: A Year in Transition.

The key priority areas from the Interim Health Plan further covered in this Annual Report are:

- Transition
- Governance and Decision-Making
- Health Services and Improvements
- Partnerships
- Leadership, Organizational Development, and Planning

Transition was at the forefront of the FNHA's work as both Phase 1 (July 2, 2013) and Phase 2 (October 1, 2013) transfer, were successfully completed. The work of transformation continues and has progressed substantively in the priority area of Governance and Decision-Making. Relationships are key to the new Health Partnerships with BC and Canada, supporting better health outcomes for First Nations peoples in BC.

Over the past year, much progress has been made in each of the five regions through the work of the political leadership of Chiefs alongside the technical support of Health Directors. This has resulted in regional Partnership Accords and the development of First Nations Regional Health and Wellness Plans. These regional plans represent the joint strategic direction and priorities set through the decision-making of First Nations within



their respective region. In addition, the FNHA has been successful in working with each of the regions to establish the Regional Director positions. These new positions have created the capacity to facilitate the working relationships among First Nations of the regional caucus and respective regional health authority. Work continues to further define the regional capacity required to leverage the full value of the regional Partnership Accord relationship.

The FNHA looks at the area of Health Services and Improvements from two different perspectives: First Nations access to provincial health services; and improved delivery of the First Nations health programs from Health Canada. Working together with provincial partners such as the Ministry of Health, provincial health authorities, health profession colleges, associations, and other agencies, the FNHA is supporting the successful implementation of Region Health and Wellness Plans that address access to provincial health services and supports that are culturally competent and culturally safe.

The establishment of the Joint Project Board through the Ministry of Health and regional health authorities has created a space where innovation can be explored, and where new models of health care delivery can be

“The work of transformation continues and has progressed substantively in the priority area of Governance and Decision-Making. Relationships are key to the new Health Partnerships with BC and Canada, supporting better health outcomes for First Nations peoples in BC.”

established to support the health and wellness needs of First Nations communities and peoples.

Efforts to improve delivery of First Nations programs transferred from Health Canada to the FNHA will continue. The focus will be on improved customer services, supporting community health needs, direction from Regional Health and Wellness Plans, and opportunities to complement provincial health services. The FNHA has begun a review process for many of these programs, and will work with First Nations directly and through technical advice of First Nations Health Directors to ensure transformation is truly informed by First Nations decisions and advice. In addition, the FNHA will continue to develop its health partnership with Health Canada to ensure a successful migration off the federal systems to a new platform that will support the direction we are heading in.

The FNHA has continued its efforts to reset the traditional relationship that Health Canada has had with BC First Nations to one of being a health and wellness partner to BC First Nations peoples and communities. Working from a First Nations Perspective of Wellness, much good work has been done, including the National Aboriginal Day of Wellness events last June 21, 2013.

We look forward to further growing this initiative this upcoming year. As a result of the successful transfer, the FNHA has gone through an incredible and exciting transformation internally. We have continued to focus on building the best First Nations health organization possible. Our leadership team and staff are committed to do the best they can to be the health and wellness partner that First Nations people can count on to support them on their health and wellness journeys. The evolution of the FNHA will continue into this upcoming fiscal year as we support our First Nations peoples in the province for today and the future generations to come.

Joe Gallagher

Chief Executive Officer
First Nations Health Authority

FIVE PRIORITY AREAS

The following five priority areas are also outlined in the 2013/2014 Interim Health Plan available on the FNHA website. These priorities guided the work of FNHA and its partners through the Transition year and will continue into the future.

Priority 1: Transition

We did it together!

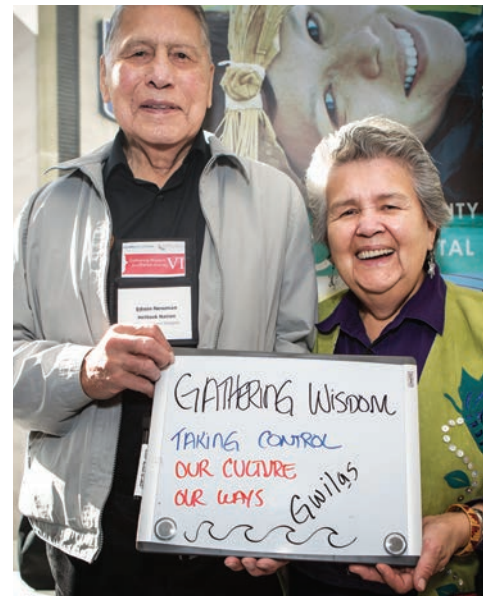
After substantial work and preparation leading up to transfer, the FNHA underwent a major transformation ending the year as a full-fledged Health Authority in BC. The FNHA set and met four success factors for Transfer including:

1. Building solid systems and structures
2. Assuming the assets
3. Taking over programs and services
4. Creating a new shared organizational culture

On July 2, 2013, the resources that supported federal headquarters capacity for BC Region FNHI operations, including the Ottawa-run Non-Insured Health Benefits (NIHB) components, were transferred to the FNHA. This provided the FNHA with resources required to implement its Senior Executive Team to support strategic and senior level capacities, as well as transferred responsibility for the Pharmacy, Dental, Medical Supplies and Equipment components of the NIHB program through a buy-back arrangement to the FNHA Health Benefits area.

On October 1, 2013 the BC region FNHI operations and responsibilities were successfully transferred to the FNHA. With this transfer, the FNHA became responsible for the federal funding arrangements of First Nations health services in First Nations communities; for providing direct services to First Nations communities such as health promotion, health protection, nursing and environmental health; and the implementation of the federal health programs framework currently in place, including the remaining components of the NIHB program.

To support a smooth transfer, nearly 200 former Health Canada staff became part of the FNHA family and a business continuity arrangement was implemented to support operational infrastructure capacity. The overall goal of stabilizing the operations of the FNHA through these transfer activities has been successful. The FNHA proved it was able to meet its funding commitments to First Nations communities, and to ensure minimal disruption in service delivery to First Nations communities and peoples across the province.



Heiltsuk Bella Bella's Edwin and Vera Newman.

KEY 2013-14 TRANSITION DATES

April

Canada Funding Agreement & Novation Sub-Agreement signed.

May

Human Resources, Information Sharing, Records Transfer, Accommodations, Capital Planning, and Assets & Software Sub-Agreements signed.



Dignitaries, members of the First Nations Health Council, First Nations Health Authority Senior Executive Team, and others gathered to sing the Coast Salish anthem at the Gathering Wisdom for a Shared Journey VI Ceremony to Commemorate Transfer event.

Notable successes in the priority area of transition included execution of sub-agreements and service continuity agreements, the inaugural Interim Health Plan, successful novation of Contribution Agreements, and the development of new systems, policies and structures necessary to support transition.

Ceremony to Commemorate Transfer

Gathering Wisdom for a Shared Journey VI was opened on Oct. 22 with the Honouring our Shared Journey: Commemorating the Transfer Ceremony. The ceremony was the largest and only one of its kind to ever take place, marking the historic transfer of health services from Health Canada to the FNHA.

The work began with calling witnesses: Chiefs, Health Directors and dignitaries were called forward to witness the work, and to bring the message home. Corner Posts and Living Markers were designated, blanketed, and established as ambassadors. For the second part of the work, the Elders asked that all attendees, as individuals, ask Creator for direction. Attendees were asked to write down one thing that they wanted to let go and one thing that they wanted to keep - supporting this journey of self-determination in health. Each region shared songs and words of witness to honour the historic transfer of health services. Watch the opening ceremonies on our YouTube channel! www.youtube.com/fnhealthcouncil

"Today marks the beginning of a new era in health care for BC First Nations. The transfer of responsibilities empowers First Nations while promoting a better, more responsive, integrated and innovative model of health service delivery. This Agreement will contribute to the development of healthier and more sustainable BC First Nations communities."

Rona Ambrose,
Federal Minister of Health
(2013-Present)

June

Chief Financial Officer hired; Information Sharing, Health Benefits Sub-Agreements & Health Benefits Service Agreement signed; Provincial MSP Agreement signed.

July 2

Phase 1 Transfer day met – Transfer of federal functions including headquarters Non-Insured Health Benefits Service responsibility.

PRIORITY 1: TRANSITION



Reflecting on Our Achievements: International Recognition

The establishment of the First Nations Health Governance Structure that includes the FNHA, FNHC, and FNHDA, was noted as a model that could be replicated across Canada and in other countries internationally in the area of First Nations Health Governance, and relationship building between Nations. In their 2013 Progress Report: Health Care Renewal in Canada, the Health Council of Canada featured the Tripartite process in BC and the transfer of services as a best practice.



To honour the Ceremony to Commemorate Transfer in traditional Coast Salish protocol, Corner Posts and Living Markers were chosen from each region of the province. Living Markers are some of the youngest FNHA staff, Corner Posts are recognized leaders within their regions.

Novation

Novation refers to the process where First Nations Contribution Agreements were transferred to the FNHA from Health Canada. Contribution Agreements enable First Nation communities to resource, design, and deliver many health services in community independently. Approximately 40% of the FNHA annual health budget is dedicated to these agreements. 99% of the Agreements were successfully novated between May and September of 2013, and the remaining shortly thereafter. Two hundred and ten Contribution Agreements required Novation. These included agreements with:

- First Nations
- First Nations Health Service Providers
- 9 Agreements with other Health Service Agencies

"Our communities had many questions about the novation process. Our hub supported the leadership by coordinating meetings with FNHA and Health Canada staff so that questions could be asked and information could be shared. Following this process of information gathering, all of the Hul'qumi'num' communities signed the novation agreement and Cowichan Tribes held a celebration event to commemorate this important milestone with the entire community."

Brennan MacDonald, Vancouver Island Regional Director

August

Vice-President
- Corporate Services hired;
Service Continuity Agreement signed.

September

Successful Novation of
209 out of 210
contribution agreements.

October 1

Phase 2 Transfer Day met
- Transfer of regional operations,
Vice-President, Health Services starts;
Canada Consolidated Contribution Agreement signed.

Development of New Systems, Policies and Structure Necessary to Support Transfer

Final Sub-Agreements & Service Continuity Agreements Complete

During the past fiscal year the FNHA continued work with our partners, particularly Canada, to prepare for Transfer. This involved finalizing the agreements, sub-agreements and undertaking Service Continuity Agreements.

- Canada Funding Agreement
- Human Resources Sub-Agreement
- Health Benefits Sub-Agreement
- Information Sharing Sub-Agreement
- Records Transfer Sub-Agreement
- Novation Sub-Agreement (Contributions)
- Accommodations Sub-Agreement
- Capital Planning Sub-Agreement
- Assets and Software Sub-Agreement
- Service Continuity Agreement(s)

The agreements outlined the terms for the transfer of responsibilities, staff and assets from Health Canada to the FNHA. In preparation of transfer the FNHA renovated its corporate services, human resources and finance departments to prepare for the new and expanded responsibilities. The FNHA has been successful in developing and establishing innovative systems, policies and structures necessary to support transition. Find out more on these agreements on the FNHA website.

Transfer of Health Canada Staff to the FNHA

The transfer of former FNIH staff to the FNHA marked a crucial milestone in the journey last year. Through the Framework Agreement and Human Resources Sub-Agreement with Canada, the FNHA offered Reasonable Job Offers to all eligible Health Canada staff. In order to maintain high quality services and retain corporate memory, transferring Health Canada staff that understood and ran operations was critical. This process was complex and ultimately resulted in the successful transfer of 134 permanent and 73 term positions.

By the numbers: Transfer

- 42 policies enacted
- 134 permanent and 73 term staff transferred from Health Canada to FNHA
- 15 software systems and applications migrated
- Finance systems renovated to accommodate significant budget increase (\$20-400 million)
- Contracts increased from 80 to over 320
- 209 agreements novated
- 13 leases transferred
- 213 computers
- 79 vehicles

October 22-24

Five Regional Directors hired;
Gathering Wisdom for a Shared Journey VI.

April 2014

Regional Health and Wellness Plans
approved by regional leadership.

FIVE PRIORITY AREAS

Priority 2: Governance and Decision-Making

Over the past year, the FNHA has focused on developing and aligning regional-based supports to continue bringing decision-making closer to home for BC First Nations. In total, more than \$6.1 million was earmarked for governance and regional supports for the year. These funds supported the activities of the FNHC, FNHDA, and regional activities such as caucus meetings. The funds also supported the staff and community engagement capacity in the regions.

FNHC Comings and Goings

The journey to bring First Nations health reform to life in BC has involved many people working hard for a number of organizations. The FNHA and FNHC would like to take the time to welcome new members and thank the retiring members for their hard work in leading this process for First Nations. In 2013/2014 the FNHC said goodbye to Georgina Flammand (Wuikinuxv) and welcomed Maria Martin (Heiltsuk).

The FNHA Board of Directors

The nine-member FNHA Board of Directors is the corporate governance arm of the BC First Nations health governing structure. At Gathering Wisdom for a Shared Journey V, Chiefs in Assembly directed the FNHA to establish board competencies and revise the board structure to include five regionally determined representatives. The FNHC, in their role as members of the FNHA, led a recruitment process to fill the positions on the FNHA Board. The new FNHA Board represents a range of skills and experience that is well positioned to meet the needs of all BC First Nations.

FNHA Board of Directors 2014		
Name	Role	Term
Lydia Hwitsum	Chair	April 1, 2014 – March 31, 2017
Pierre Leduc	Vice-Chair	Renewed – expires March 31, 2016.
Jason Calla	Secretary Treasurer	April 1, 2014 – March 31, 2017
Jim Morrison	Board Member	Renewed – expires March 31, 2016.
Dr. Elizabeth Whynot	Board Member	Renewed – expires March 31, 2016.
Madeleine Dion Stout	Board Member	Renewed – expires March 31, 2016.
Helen Joe	Board Member	April 1, 2014 – March 31, 2017
Nathan Matthew	Board Member	April 1, 2014 – March 31, 2017
Marion Colleen Erickson	Board Member	April 1, 2014 – March 31, 2017

For more information and full bios of the FNHA Board please visit the Governance and Accountability section of www.fnha.ca.



(L-R): Jim Morrison, Pierre Leduc, Dr. Elizabeth Whynot, Helen Joe, Nathan Matthew, Jason Calla, Marion Colleen Erickson, Madeleine Dion Stout, and Lydia Hwitsum - the 2014 nine-member FNHA Board of Directors.

Regional Partnership

Partnership Accords

Regional Partnership Accords have opened new opportunities for regional-level cooperation and collaboration toward the delivery of health services in a manner that respects the diversity, cultures, languages, and contributions of BC First Nations. First Nations in each region have entered into a Partnership Accord with their respective Regional Health Authority, and have provided a basis for developing relationships, coordinating planning and working together.

"Sitting together and working with Northern Health as equals has been exciting. Working together makes the health reform real. After watching agreements signed at the provincial level we are seeing change on the ground now. It is an excellent opportunity to begin the job of improving health outcomes for our people."

Lauren Brown, Health Director for Skidegate and FNHDA Board Member.

PRIORITY 2: GOVERNANCE & DECISION-MAKING

Regional Capacity and Investments: Supporting Local and Regional Decision-Making

Through resolution 2012-01 the FNHA was directed to establish and implement regional capacity. With this direction came the need to explore and assess how community engagement resources could best be used to support the implementation of this regional approach. As a result, this year the FNHA revised the supports we provide in the regions. An important part of the engagement of our Nations, the FNHA has been providing staff and resources in the regions since 2007. In 2014 the FNHA changed the investment model for engagement.

The changes were based on feedback from the regions gathered through a 2013 survey process and through discussion with leadership. As a result of the Hub alignment process, funding will be repatriated from host agencies to the FNHA. In 2014 the FNHA provided direct resources and personnel to support the translation of Partnership Accord priorities into health and wellness plans for each region. Additionally, Contribution Agreements were novated to the FNHA for the period of October 1 2013 - March 31, 2014. In total the following investments were made in each region (in thousands).

Regional Investments (in thousands):

North	Interior	Vancouver Island	Fraser	Vancouver Coastal	2014 Total
\$34,531	\$20,441	\$21,025	\$6,431	\$10,095	\$92,523

Establishing a team of Regional Directors represents an important step in the leadership work of our regions. Early priorities of the Regional Directors include building their regional teams, and developing interim Regional Health and Wellness Plans. Chiefs and leadership directed the FNHA to create regional capacity as part of the 2012 Gathering Wisdom V forum. With this direction came the requirement to assess how current community engagement resources could best support this implementation. Following this direction extensive dialogue was held with communities and engagement staff around the best path forward. Regional Tables are now finalizing their approaches to community engagement, resourcing and alignment.

A number of principles have guided these discussions:

- Resources will remain in the region
- Opportunity to evolve and align the work
- Maximize the investment

Regional Directors will lead the implementation of any changes, building on all the good work that has brought the Nations to where they are today.

Regional Health and Wellness Planning

In early 2014, five Regional Health and Wellness Plans (RHWPs) were prepared in partnership with leadership and technicians in each region. Endorsed by leadership during spring caucuses, the plans trigger the regional envelopes as a mechanism to pair investment with planning - providing regions with the ability to invest in their key priority areas identified in the RHWPs and Regional Partnership Accords. These plans are evergreen – meaning that they are intended to be continually updated and require ongoing work.

Interior LoU's signed with Interior Health

The Interior Region Nation Executive (seven Nation representatives) have worked with Interior Health to sign four Nation-based Letters of Understanding (LoU) this year, bringing the total to six. The Tsilhqot'in Nation signed their LoU in August 2013, the Secwepemc Health Caucus in September, followed by the Nlaka'pamux in November, and the Northern St'at'imc in March. Each LoU contains a number of initiatives, milestones, and targets that will lead to closer collaboration, joint planning, cultural

competency, a wellness approach to health services and more. Each of the Nation LoU's will be implemented through a joint LoU working group comprised of Nation representatives and Interior Health. Partnership Accord Leadership Table meetings are held quarterly and serve as the senior and influential forum for partnership, collaboration, and joint efforts related to First Nations and Aboriginal health priorities, policy, programs, services, and budgets in the Interior Region.



Interior Nation LoU's signify a new relationship with Interior Health. Four were signed this year including Northern St'at'imc (left) and Secwepemc (below).



PRIORITY 2: GOVERNANCE & DECISION-MAKING

Secretariat Reports



First Nations Health Council members launching the first annual health and wellness leadership challenge: Beefy Chiefs and Champions in April 2013. The challenge was well-received with participants weighing in from First Nations communities across the province.

First Nations Health Council Secretariat Report

Over the past year, the FNHC made significant progress towards completing the Resolution 2012-01 Workplan. The Workplan, informed by regular guidance from BC First Nations Chiefs and leaders at Regional and Sub-Regional Caucuses, achieved a number of important milestones including the implementation of regional board appointments. The FNHC led Beefy Chiefs and Champions challenge was also a success this year. Leadership from all five regions participated in this first annual leadership health challenge culminating in an award ceremony at Gathering Wisdom for a Shared Journey VI in which \$40,000 in community prizes were awarded.

Resolution 2011-01 Milestones	Progress to Date
3 (b) Conclusion of sub-agreements to the Framework Agreement	Complete
3 (c) Finalize Health Partnership Accord	Complete
3 (g) Support Regional Caucuses to develop Regional Tables	Complete
6 Gathering Wisdom for a Shared Journey VI	Complete
Resolution 2012-01 Milestones	Progress to Date
2(b) Transition the iFNHA to the FNHA (regionally-representative model)	Complete
2(i) Prepare Annual Community Engagement Plan & Independent Evaluation of the First Nations Health Governance Structure	Complete
3 Update and Enhance the Resolution 2011-01 Workplan	Complete
Resolution 2011-01 & 2012-01 Milestones	Ongoing
2011-3(d) Implementation Committee composed of Health Canada, BC Ministry of Health, FNHA and FNHC develop Implementation Plan	Ongoing
2011-3(g) Implementation of Regional Caucus & Regional Tables Workplans	Ongoing
2011-5 Accountability and Reporting	Ongoing
2012-s(h) Engagement and Approvals Pathway	Ongoing
2012-4 FNHC Engagement and Accountability	Ongoing

Grand Chief Doug Kelly, FNHC Chair



As we start a new year, we are reminded to reflect on the work undertaken and achieved this past year. Our leadership provided clear direction to the FNHC – work with BC First Nations to establish the structures, stages, and standards to achieve transfer of the First Nations Inuit Health Branch – BC Region of Health Canada to the FNHA. With the successful conclusion of transfer on October 1, 2013, the FNHA now has full responsibility for the planning, design, delivery and funding of First Nations health programs and services in BC.

This marks a significant milestone in our health journey – a reminder of the work accomplished and the transformative work ahead of us. It has now been six months since our FNHA assumed service delivery responsibility – our communities continue to receive funding for their health programs and our community members continue to receive health services. The support of our Chiefs and leadership has been essential to moving forward with this historic decision to transform our health care – the FNHA was built by BC First Nations to take our rightful place, determining our own health outcomes and what wellness means to us.

First Nations Health Directors Association Secretariat Report

During this past year we have concentrated efforts on the mandate of the Association, which is to provide technical advice to our partners and to provide professional development for our membership. In 2013, the FNHDA ran a technical advice and feedback process on the NIHB/First Nation Health Benefits Program. The FNHDA distributed an online survey to Health Directors. One hundred and nineteen Health Directors responded-providing advice, guidance and direction on how to better improve the program. This survey was the first stage of engagement with Health Directors related to NIHB/Health Benefits and was built off previous advice and feedback we had received on this important subject. We are grateful to all Health Directors who took the time to participate in the process and will honour their voices in the summary report to be distributed this summer.

New this year, the FNHDA hosted a number of webinar events related to educational opportunities previously identified by our membership. Our webinars have a high participation rate and often receive positive feedback. Some of the topics include:

- Medical Supplies & Equipment – First Nations Health Benefits
- Feedback towards the Hope, Help & Healing: Suicide Prevention, Intervention, Post-vention Tool-kit
- Community Action Initiative (CAI) – Mental Health & Substance Use Projects - funding opportunities
- Vision Care & Mental Health (Crisis Counselling) – First Nations Health Benefits (held on March 28, 2014)
- Occupational Health and Safety
- Panorama: Surveillance and Management of Communicable Diseases

Over the upcoming year, the FNHDA plans to continue this important work and will outline plans to focus on our priorities in the new FNHDA Strategic Plan. This plan will include details on our continuous goal to improve, grow and evolve the FNHDA.

Jackie Mcpherson, FNHDA President



As community-based Health Directors, we assist with the management of programs and the implementation of health plans that directly benefit our communities on a daily basis. We know the effects that an existing policy or guideline may have on the health needs of members within our community, and we constantly strive to promote First Nations Wellness and Health programing.

As an Association we believe our new tagline “Sharing Experience for Community Wellness” is reflective of our community-based Health Directors who gather regionally to share our experience and strategize solutions together. The FNHDA is very excited about the next phase of our shared journey where our community experience will be incredibly valuable.

FIVE PRIORITY AREAS

Priority 3: Health Services and Improvements



Wei Wai Kum welcome participants of the Kwakwaka'wakw Mental Wellness Substance Use Forum in November.

Over the past year, the FNHA has achieved significant success in health services and improvements with the ultimate goal of achieving high quality health services for BC First Nation individuals, families and communities. The past fiscal year was a year in three parts:

- 1) **Foundational:** the period in which the FNHA was focused on implementing health actions and readying the organization for transfer.
- 2) **Phase I transfer:** assumption of the federal non-insured health benefits program and Health Canada headquarters functions.
- 3) **Phase II transfer:** transfer of regional programs and services, assets and personnel.

FOUNDATIONAL

Mental Wellness and Substance Use: Nation-based and Regional Forums

Mental wellness and substance use (MWSU) has been identified as a top priority by all regions. Three broad goals were identified for the MWSU Nation-based and regional forums, and were validated through five regional video conferences held during April 2013 to:

- Bring partners together to begin discussing current service provision.
- Discuss strategic alignment as well as roles and responsibilities of stakeholders related to improving the system to serve First Nations and Aboriginal communities.
- Plan to implement “A Path Forward” MWSU approach ensuring the sustainability of these initiatives through building community capacity and ongoing support.

Between September 2013 and March 2014 over 1,000 First Nations community health workers, regional health authority staff, Ministry of Child and Family Development representatives and community members took part in 13 forums. The forums served to strengthen local relationships, address silos in the area of mental health and provide local knowledge to support regionally based MWSU approaches.

\$177 million or 77% of the First Nations Health Authority 2014 expenditures are delivered directly to BC First Nations through Contribution Agreements and the First Nations Health Benefits Program.

Truth and Reconciliation Commission - National Event

The Truth and Reconciliation Commission hosted one of its seven national events at the PNE site in Vancouver BC, September 16-22, 2013. The FNHA administered a travel and accommodation subsidy program for survivors, and leveraged relationships with travel vendors for discounted airfare and accommodations. In total, 604 Residential School Survivors were helped through the program which administered \$368,897 of AANDC and non-profit funds.



First Nations communities throughout the Williams Lake area gathered together to Remember, Recover, and Reconcile with a number of events that took place between April and May in 2014, as part of the St. Joseph's Mission Residential School commemoration project, supported in part by the FNHA.

"The First Nations Health Authority recognizes that we all have an important role to play in the success of these events, including honouring those directly impacted by the residential schools system. These events are part of an ongoing effort to educate all Canadians about the legacy of residential schools."

Joe Gallagher, FNHA CEO

PRIORITY 3: HEALTH SERVICES & IMPROVEMENTS

"Instant access to information allows me to do my job better and focus on client care. In the past we would make a phone call to request info from a public health unit, then waiting for client info to be faxed, then maintaining paper records and fax the info back to the public health unit."

Shelly Clements, Tla'Amin Community Health Services Nurse



Cynthia Jamieson, Shelley Clements, and Rose Adams from Tla'Amin Health Services celebrate the first clinical log-in and use of Panorama in Canada by a First Nations Health Service Organization accessing provincial systems for First Nations people.

eHealth

Panorama is an integrated, electronic public health record developed to support management of communicable diseases, outbreaks, immunizations, and inventory. Panorama is now being used by more than 28 Community Health Nurses in seven First Nations Health Organizations that collectively provide services to 38 First Nations communities with a health service population exceeding 16,000 clients. Clinical adoption of Panorama through the seven sites began in Sept 2013 when nurses in First Nations health centres began using Panorama to support public health service delivery.

First Nations Health Service Organizations using Panorama:

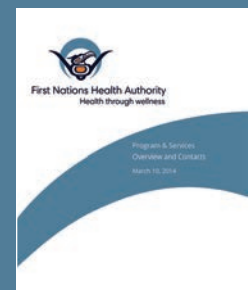
- Tla'Amin Health
- Three Corners Health
- Kwakiutl District Council Health
- Seabird Island Health
- Westbank First Nation
- Saulteau First Nation
- Nuu-chah-nulth Tribal Council

Panorama is being extended to include Communicable Disease Case Management and Outbreak Management. The use of Panorama in BC allows the Ministry of Health, Health Authorities and First Nations Health Service Organizations to more effectively share and manage public health information and support clients' circle of care.

FNHA Program and Services Compendium

In March 2014, the FNHA released a Program and Services Compendium created for First Nations communities, health professionals and leadership to easily navigate FNHA community services. This document contains the functions and key contacts for FNHA Health Services, Health Benefits, Corporate Services, and Regional Teams.

It can be located on the FNHA website in our 'What We Do' section.



TRANSFER PHASE I

This section of the report includes data from July 2nd 2013 to March 31st, 2014.



The First Nations Health Benefits team invited Elder Leonard George into their offices on October 1 for a smudging and brushing ceremony acknowledging transfer day, and to cleanse their work space in a good way.

Non-Insured Health Benefits is now First Nations Health Benefits

Health Canada's Non-Insured Health Benefits (NIHB) BC Region program responsibilities were transferred to the First Nations Health Authority in two phases between July and October 2013. The NIHB program in BC is now the FNHA Health Benefits program. Standard to all improvements is the FNHA commitment to increase efficiency in business processes. FNHA heard clearly from communities that the existing program was not working and they were anxious to see the NIHB program transform. Since transfer, the FNHA Health Benefits team focused on improving client relations and service times. The FNHA is pleased to report service times have improved across all benefit areas.

Dental Predeterminations Have Been Reduced from Ten Weeks to Two

Immediate actions FNHA Health Benefits completed to improve client services:

- Customer service training for all front line staff.
- Ongoing cultural competency training for all Health Benefit staff.
- Recruitment of Health Benefits Support Representative whose role is solely to assist in complex cases or those cases needing more one-to-one customer assistance.

Stoyoma Dental Clinic (Interior)

The opening of the Stoyoma Dental Clinic in Scw'exmx Territory marks a new era of dental services for First Nations in the area. Since inception in May 2013, the Merritt-area clinic has provided dental services to thousands of First Nations people. The clinic offers services with no upfront or back-end billing, enhanced childhood dental services, and fair and quality services in a welcoming environment. Built on a solid business plan, the clinic was identified as a priority by the community. Upfront billing for dental services can be a challenge for some, impossible for others.

"The dental clinic was the dream of Coldwater Indian Band Grand Chief Gordon Antoine," said Jim Adams, Executive Director of Scw'exmx Health. "I think the best way for this model to work is in an urban setting – if you're going to get into it you should know how to run a business, find good people, and establish a culture of excellence."

The addition of Stoyoma to the Merritt area will significantly increase the uptake of dental services for First Nations. The clinic is also offering additional seats to non-First Nations residents when available, another example of BC First Nations communities driving positive change towards a wellness health system.

PRIORITY 3: HEALTH SERVICES & IMPROVEMENTS

Leadership widely expressed that another high priority area for improvement was the medical transportation program. The medical transportation program is largely administered through community Contribution Agreements. In order to reduce the burden on those traveling for medical reasons, **the FNHA implemented a 29% increase in meal rates medical transportation.** The FNHA and Health Canada arranged a 'buy-back' agreement for at least two years on Health Benefits claims processing systems while it establishes the necessary systems and infrastructure to take on these roles within the FNHA. The FNHA is in the process of establishing an operational system to migrate off Express Scripts Canada Claims processing and implement the Health Benefits Client Registry.

"It's a reality that the Health Benefits Program will take many years to transform completely. This program is very complex and very large. It is very 'plugged in' to the federal system, and it will take time to disengage it. The buy-back period allows for the FNHA to conduct better planning, research, and development to ensure it is ready to assume and transform the Health Benefits Program."

John Mah,
Vice-President, FNHA Health Benefits



Staff members of the new Stoyoma dental clinic in Scw'exmx territory celebrate their Grand Opening in May 2013.

Health Benefits – By the Numbers

The First Nation Health Benefits program accounts for a substantial portion of the FNHA budget. Over \$95.6 million (42%) of 2013-2014 expenditures were spent on this needs-based program. The transfer of the program took place in two phases: Pharmacy, Dental and Medical Supplies and Equipment were transferred in July of 2013 while Medical Transportation, Vision and Mental Health were transferred in October of 2013. The numbers in the table below reflect the statistics between the respective transfer dates for each benefit area and March 31, 2014.

Benefit Area	Total Number of clients served
Dental	45,048
Pharmacy	90,935
Medical Supplies & Equipment	7,759
Vision Care	8,684
Mental Health	178

Other Facts and Numbers

In the past fiscal year the NIHB/FNHB program provided:

- Glasses: 7,156
- Filling procedures: 83,583
- Root canal procedures: 2,994
- Prescriptions filled: 1,815,707

** The data used to generate this report was given to the First Nations Health Authority by Non-Insured Health Benefits, Health Canada, and was generated as of May 23rd, 2014. Please note these are not the final year-end statistics. Due to retroactive claim adjustments, the final year-end results have not been finalized. Therefore, final year-end statistics may vary from the results of this report.*

"I am excited and looking forward to the final transfer from Health Canada to FNHA. First Nation leaders in BC are again demonstrating their ability to 'think outside the box'. I know we will succeed and be the model for the rest of Canada."

Chief Bill Cranmer
Namgis Nation

PRIORITY 3: HEALTH SERVICES & IMPROVEMENTS

TRANSFER PHASE II

This section of the report includes data from October 1st 2013 to March 31st, 2014.

Contribution Agreements with the FNHA and Resetting the Relationship

35% or \$82 million dollars of FNHA expenditures were provided through community Contribution Agreements during the reporting period. Community Contribution Agreements support communities to deliver programs and services to members under a variety of arrangements. Ensuring the continuity of these agreements and providing minor improvements where possible were priorities this year. In spring of 2014 the FNHA corporate services team worked with Health Directors in each region to review the structure and processes embedded in the current agreements and begin the dialogue to define a set of standards to renovate these agreements to better meet the needs of BC First Nations.

Health Services

Nursing Services

Nursing is a central activity and function within First Nations Health Services at the community level and within the structure of the FNHA. The FNHA operates seven remote nursing stations and seven health centres. On October 1st the FNHA transferred 77 nursing positions, of which 35 were staffed. An aggressive recruitment strategy has resulted in 19 new nurses joining the FNHA since transfer.

Through the partnership with the Province of BC, the FNHA is supporting the successful integration of Nurse Practitioner services into First Nations communities. Through the NP4BC Initiative, 35 of the 82 (43%) Nurse Practitioner positions are funded by the Province to provide services for First Nations/Aboriginal communities and populations. Eighteen of these positions are currently filled and additional positions are currently being secured through the most recent proposal call. The FNHA has been working closely with the Province of BC and Regional Health Authorities to provide additional supports to ensure the success of these new primary care practitioners for First Nations.

In 2014/2015 the FNHA will undertake a review of the additional contributions nursing can make to the goal of improving, strengthening, diversifying, and transforming services in a manner that supports better access to and more effective supports for nurses in First Nations communities. Looking at a new model and the needed supports is also a means to better attract and retain nurses as part of health teams.



The February **2014 Nursing Education forum** was once again a success, bringing together 230 FNHA and Community nurses working with BC First Nations communities. The annual forum provides professional development and training opportunities for FNHA and Transferred nurses who serve First Nations communities across BC. Highlights from this year's forum included the introduction of Diabetes University and a keynote presentation from Dr. Art Hister.

Traditional Wellness Strategic Framework

In March the FNHA released our Traditional Wellness Strategic Framework, representing one of the many milestones needed in supporting the efforts of communities to protect, incorporate, and promote their traditional medicines and practices. The FNHA would like to thank all the traditional healers, community members, health professionals, and others who participated in various engagements on traditional wellness, generously providing their input, feedback, and ideas into the development of this publication. We also raise our hands to all the traditional healers and health professionals who are working in a good way to improve the health of their communities. Find it on the FNHA website under 'Traditional Healing'.



Health Protection Program

The primary focus of the Health Protection (HP) Directorate is to ensure that current practice and new developments in communicable disease control and prevention are delivered with a First Nations focus. The HP team provides daily clinical consultation and support to community health care workers in all areas of communicable disease control prevention, management and education. Between October 1, 2013 and March 31, 2014, HP completed four communicable disease education workshops for 104 Community Health Nurses (CHNs) and Community Health Workers. In addition, a number of communicable disease, immunization, HIV/STBBI and Tuberculosis education sessions, five pandemic preparedness training and information events were provided, reaching 17 communities. Forty-three CHNs completed a culturally appropriate STI treatment and diagnosis course.

Tuberculosis Services for Aboriginal Communities (TBSAC) is collaborative program of the First Nations Health Authority and the British Columbia Centre for Disease Control. The First Nations Health Authority is the complete funder of this program, which provides enhanced TB services, education, and support to First Nations individuals, communities, and health care providers working in First Nations communities. Through Contribution Agreements, HP supports a number of organizations working directly within First Nations communities in the areas of communicable disease and HIV/STBBI including Healing Our Spirit, Red Road, Chee Mamuk, and the Northern BC First Nations HIV/AIDS Coalitions.

Chee Mamuk provides culturally appropriate HIV and STBBI education including "Around the Kitchen Table" (ATKT) train the trainer program that has been available to BC communities for nine years. Healing Our Spirit is working to increase the awareness of HIV and AIDS in urban and rural Aboriginal communities through educational workshops throughout BC on the prevention of HIV and AIDS, supporting individuals living with HIV and AIDS, as well as to families and caregivers and have provided HIV and AIDS educational material and resources to increase acceptance of people living with HIV and AIDS in their communities. Red Road HIV/AIDS Network is a sister organization of the Pacific AIDS Network. By April 1, 2015, Red Road to move from an HIV/AIDS only mandate to a mandate which includes communicable diseases and includes social determinants of health affecting Aboriginal people living in BC. The Northern BC First Nations HIV/AIDS Coalition provides HIV/AIDS training, prevention education and advocacy with a special focus on First Nations Youth and Elders.

RespectED training

Eighty Community Based Workers from Head Start, Maternal Child Health and Fetal Alcohol Spectrum Disorder programming took RedCross RespectED training in February 2014. All women, Resolution Health Support Workers were on hand to provide counselling and cultural support.

Participant Quotes:

"This training addresses emotionally charged issues of fundamental importance. Taking these steps together as a group helps address violence and abuse."

"The kit is wonderful - very user friendly. I have work(ed) with this information for many years as a therapist - but I have not found any prevention program that is so clear and gentle in how material is presented."

PRIORITY 3: HEALTH SERVICES & IMPROVEMENTS

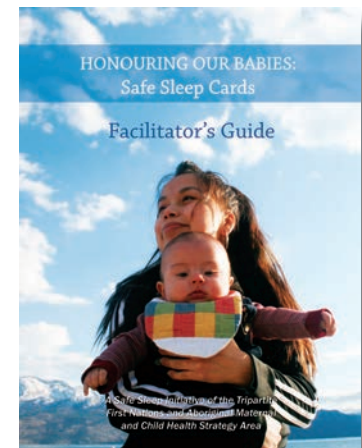
Early Childhood Programming

The FNHA Aboriginal Headstart program serves 2,581 children in 122 First Nations communities. A \$10 million dollar investment in 2013/2014 (\$5 million between October 1, 2013 and March 31, 2014), the program is focused on delivering wellness programs in six areas: Culture and Language, Education, Health Promotion, Nutrition, Parent Involvement, and Social Support.

The FNHA Maternal and Child Health, Fetal Alcohol Spectrum Disorder, and Aboriginal Headstart programs include a combined total investment of \$15.1 million into early childhood programming for 2014 (\$7.55 million between Oct 1, 2013 and March 31, 2014). The FNHA partners with the BC Aboriginal Child Care Society to provide Early Childhood Education training and with the Aboriginal HeadStart Association of BC for formulating training and workshops like Leadership Administration and Management Training and the upcoming Early Childhood Environmental Rating Scale training.



In 2013-2014, the FNHA worked with the National Collaborating Centre for Aboriginal Health and Provincial Health Services Authority on early childhood and family publications including the Healthy Parenting resources and the Honouring Our Babies: Safe Sleep Cards and Guide. All these and more can be found on the FNHA website under 'Children, Youth and Maternal Health'.



Environmental Public Health Services

The Environmental Public Health Services unit is comprised of 35 Environmental Health Officers (EHO's) and central support staff charged with supporting First Nations and their leadership to help manage public health risks associated with the environment. EHO's spend the majority of their time in community supporting health and safety through sampling, inspections, assessments, and education in the areas of drinking water, food safety, healthy housing, facilities, and emergency response. In 2014 the Environmental Public Health Services unit launched the 2014-15 annual call for proposals for Environmental Contaminants Program and funded eight proposals for a total of \$298,816.

Accreditation and Quality Improvement of Community Health and Treatment Services

Health services accreditation is a process that provides community organizations with an opportunity to assess and improve the development and delivery of their health and treatment services. For the FNHA, it is a support service that continues to offer BC First Nations communities a structured process for continuous quality improvement of health programs and services with a focus on client, community and staff safety. It allows community-based organizations to achieve greater health and treatment service excellence by meeting internationally certified standards of practice. In addition, accreditation is a beneficial opportunity that can further reinforce organizational leadership, strength, sustainability and growth. At the FNHA, the program works directly with BC First Nations to support accreditation and quality improvement efforts within a community based and community development approach. The FNHA would like to congratulate the following Health Centres for their first time accreditation in 2013/2014.

Health Centres Accrediting for the first time in 2013/2014

- Sts'ailes Indian Band
- Adams Lake Indian Band
- Scw'xmx Community Health Services Society
- Upper Nicola Band
- Gitksan Health Society
- Lake Babine Nation
- Nak'azdli Indian Band
- Old Masset Village Council
- H'ulh-etun Health Society
- Inter-Tribal Health Authority
- Namgis First Nation

The FNHA would like to congratulate Seabird Island Health for receiving "Accreditation with Commendation".

Seabird Island Health has been involved in the accreditation process since late 2010. For four years Seabird has been working to improve health services to meet national standards for excellence in Health Care for Indigenous communities.

"We had our first complete survey of our Health services in January 2014. Accreditors were on site to check out what we do. They met with clients, staff and reviewed charts, policies and procedures. We achieved 333 out of 337 standards for excellence in health care."

Heather McDonald,
Health Policy and Quality Officer, Seabird Health

The Accreditation process never ends and there is still work to be done for Seabird. Joining accreditation is making a commitment to constantly improve the quality of health services. Seabird's next Accreditation Survey will be in 2018.

FIVE PRIORITY AREAS

Priority 4: Partnerships



The Tripartite Committee on First Nations Health consists of members from the FNHC, FNHA, FNHDA, Provincial and Federal Governments, Regional Health Authority Executives, Physician Advisors and others.



Improving First Nations health outcomes is a responsibility that First Nations share with federal and provincial partners. From Joint Project Board to federal Regional Director General relationships, the FNHA is focused on the necessity of strong partnerships as essential to making the health system effective, safe, and accessible for all of our citizens. This year the FNHA made great gains in strengthening its health partnerships with provincial and federal governments and Regional Health Authorities. A major area of growth this year has been in regional relationships. Each region has completed a Regional Health and Wellness Plan outlining their priorities and the FNHA has redirected internal capacity to support regionally-oriented planning and implementation of health actions.

Tripartite Committee on First Nations Health

The Tripartite Committee on First Nations Health (TCFNH) is composed of senior federal and provincial government representatives, Chief Executive Officers of BC Health Authorities, and representatives of the FNHA, First Nations Health Council and First Nations Health Directors Association. The TCFNH is mandated to coordinate and align planning, programming and service delivery amongst the FNHA, BC Health Authorities and the BC Ministry of Health.

It was a year of transition for the TCFNH, with meetings in April and September of 2013. While much of the work of the Tripartite Partners focused on the logistical and legal details necessary for a smooth and successful transfer in October 2013, meetings of the TCFNH provided an opportunity for the Partners to learn more about transition and early efforts toward transformation at local, regional and provincial levels. At a regional level, planning and priority-setting undertaken between First Nations and Regional Health Authorities demonstrated the utility and opportunity in regional partnerships. At a provincial level, informed by ongoing engagement efforts, further work was undertaken to strengthen strategic approaches for the implementation of health actions. With new opportunities for collaboration at regional and provincial levels, the TCFNH committed to continue shifting its strategic focus to advance health system improvement and innovation, and achieve greater integration in planning and programming.

Federal Partnership

BC First Nations have been clear that a strong and ongoing federal partnership is key to our success. Health Canada retains responsibility for health services for the First Nations population in BC. In 2013 the task of transfer demanded a new level of commitment and partnership as the FNHA and federal government worked through transition-related issues and challenges. Through transfer the FNHA was successful in putting forward new measures to strengthen that partnership including the establishment of a Senior Assistant Deputy Minister, FNIH, and FNHA CEO table providing a senior leadership vision of the partnership, and key strategic priorities and areas of work. Also established was a FNIH Director General and FNHA Vice-Presidents forum, collaborating on work plans and targets as a collective group as well as between individual VP-DGs. The FNHA assumes the role for national reporting on the health of First Nations people in Canada for BC as part of transfer. In this role the FNHA can also take on other national initiatives, and access new federal funding as it comes about.

Our Story: The Made-in-BC Tripartite Health Transformation Journey



This publication details the historic development of the First Nations Health Governance Structure in BC and the Tripartite relationship as it has evolved over the last 10-plus years. It is intended to be used as an educational tool for other First Nations, Aboriginal and international groups, our partners, and the general public to learn how the FNHC, FNHA, and FNHDA came to be, the best practices, key relationships and partnerships, guiding agreements, and innovative community engagement techniques, culminating in the historic Transfer of First Nations Inuit Health BC Region to the FNHA in 2013.

Find it on the FNHA website under 'Transition and Transformation'.

PRIORITY 4: PARTNERSHIPS

The joint work of the FNHA federal partnership goes far beyond operationalizing transfer. Although this is a critical part of the process, the work is much broader, focusing on joint policy, research, knowledge management, and planning. The partners recognize that this working relationship and its outcomes can provide benefits and learning across the country. First Nations across Canada and the federal government are interested in learning about and sharing the 'Made in BC' First Nations Tripartite Health Process. Last year the Assembly of First Nations commissioned a book by the FNHA detailing the journey to transfer. *Our Story* is available on the FNHA website.

"What we are doing is building a better, more integrated and responsible health system for First Nations in British Columbia. It will ensure First Nations have equitable access to quality services. It will create a continuum of care without creating separate parallel health systems. Better services will mean better health outcomes and that is the ultimate goal we all share here today."

The Honourable Leona Aglukkaq,
Federal Minister of Health (2008-2013)



The Honourable Leona Aglukkaq addressing the crowd at the Gathering Wisdom for a Shared Journey VI Commemorating the Transfer Ceremony.



(L-R) First Nations Health Council Chair Grand Chief Doug Kelly, Squamish Nation Health Director Kim Brooks, Federal Minister of Health Rona Ambrose, and BC Minister of Health Terry Lake at the Gathering Wisdom for a Shared Journey VI Transfer Press Conference on October 21, 2013.

“We have achieved a historic milestone. We are empowering First Nations all across the province with the goal of improving the health status of all British Columbians. This is a first in Canada and a made-in-BC program of which we can all be proud.”

The Honourable Terry Lake,

BC Minister of Health

Provincial Partnerships

Ministry of Health Partnership

The FNHA's relationship with the BC Ministry of Health has continued to grow and evolve. With the completion of transfer, the FNHA and BC Ministry of Health renewed its focus on working collaboratively to better coordinate the planning, design, management and delivery of services at regional and provincial levels. To further advance this collaborative approach, the FNHA has formed new and stronger relationships with the BC Ministry of Health at Executive and Vice-President levels that includes representation from Deputy and Associate Deputy Ministers, BC Ministry of Health, and FNHA CEO and Vice-Presidents.

These relationships open new opportunities for the FNHA to participate in the planning, development, implementation and improvement of health services accessed by BC First Nations. This year also marked a change in leadership within the BC Ministry of Health as the FNHA welcomed a new Minister of Health, the Honourable Terry Lake and Deputy Minister, Stephen Brown. Through regular engagement and dialogue, both have expressed the same support that fostered provincial participation in the tripartite health partnership and set the stage for the transformative work ahead.

PRIORITY 4: PARTNERSHIPS

Joint Project Board

The Joint BC First Nation and Ministry of Health Project Board (Joint Project Board) is a senior bilateral forum for joint decision-making to advance shared strategic priorities, overcome policy barriers, support priorities and initiatives in the regions, support the integration of services and resolve issues.

The Joint Project Board is a senior bilateral forum with representation from:

- BC Ministry of Health Services
- First Nations Health Authority

In 2014 the FNHA leveraged a \$15 million commitment over three years from BC through an Agreement in lieu of MSP premiums. As per the Agreement, the Joint Project Board has a three-year multi-million dollar fund available to initiate primary care projects across the province that will be sustained in future years. Regional Partnership Accord tables will be the forum for identifying projects and recommending to Joint Project Board which projects to fund in their region.

Developments from the Office of the Provincial Health Officer - Dr. Evan Adams

Effective April 1, 2012, Dr. Evan Adams took on an appointment as Deputy Provincial Health Officer (DPHO) to work alongside Provincial Health Officer (PHO) Dr. Perry Kendall and DPHO Dr. Eric Young, to provide independent direction on First Nations and Aboriginal health issues to the Ministry of Health. The purpose of this overseeing role is also to report to citizens on health issues affecting the general population and setting out a path for the improvement of First Nations and Aboriginal health and wellness.

Several significant developments have come out of the Office of the PHO since the fall 2013 meeting of the Tripartite Committee on First Nations Health. Some key accomplishments include the first draft of a roles and responsibilities document and the addition of an Aboriginal chapter in the

PHO's *Motor Vehicle Crashes: A report on Road Safety in BC* and its pending finalization. The office of the PHO is also working on fulfilling their obligation to update on the seven core health indicators and will have the next update prepared for October 2014 and will then have the report on Aboriginal Health prepared for 2015. Further, work is underway to annually monitor and report on Aboriginal Youth Suicide.

Dr. Adams is scheduled to participate in analysis of Coroner data on Aboriginal-identified youth suicide data from 2008 to 2012. An Interim Update Report will be produced by the PHO in the Fall and the next full PHO Report on Aboriginal Health and Well-being is scheduled to be released in 2015.

Health Authority and FNHA Relationships

While the BC Ministry of Health and FNHA envision the possibilities and opportunities for health systems innovations and improvements at a provincial level, the FNHA continues to strengthen its relationships with BC's Health Authorities to advance service improvements at local and regional levels.

This year, a key focus of the FNHA has been strengthening working relationships with senior leadership within BC's Health Authorities and Aboriginal Health Leads. These working relationships build on the success of Regional Partnership Accords and provide new opportunities to align planning, programming and service delivery at local and regional levels. In particular, the onboarding of five Regional Directors and the continued growth of Regional Teams have created new opportunities to work collaboratively with staff of Regional Health Authorities to identify and implement region-specific priorities and initiatives.

Other Provincial Health Organization Partners *Regulatory Body's and Professional Associations*

The FNHA has continued its work to establish partnerships with key organizations that have a significant role to play in the delivery of health services in the Province of BC and will be instrumental in supporting provincial health system transformation and improved health services. In 2014 the FNHA strengthened partnerships with the College of Physicians and Surgeons, the College of Dental Surgeons of BC (CDSBC), and the College of Pharmacists. The FNHA is also working with Professional Associations such as the Doctors of BC (formerly the BC Medical Association) and Universities across the province.



FNHA and other Doctors of BC line up at the annual Walk With Your Doc provincial launch event in Vancouver. The Doctors of BC is one of many developing partnerships between the FNHA and other provincial health organizations established in 2013-14.

College of Dental Surgeons Assumes Regulatory Oversight for FNHA Dental Services

A new agreement with CDSBC reached in 2013 enabled formerly federally regulated dental therapists to practice in BC. At the time of transfer the position of dental therapist was not listed in the province's regulatory body to practise in BC, the *Health Professions Act* required that dental therapists be regulated by a health college in BC.

CDSBC agreed to provide regulatory oversight for dental therapists at the FNHA. First Nations receiving dental care from dental therapists can rest assured that dental therapists are held to high standards for quality assurance by the FNHA and CDSBC. Dental therapy was the last function to be transferred to the FNHA in January 2014.

PRIORITY 4: PARTNERSHIPS

Wellness Partnerships



“Lower St’atl’imx Tribal Council used their event to unify their member communities. A 5 km Walk/ Run included a passport system, each kilometer mark represented one of the member communities. Participants used this opportunity to learn more about their neighbouring communities while getting active.”

Lower St’atl’imx Tribal Council



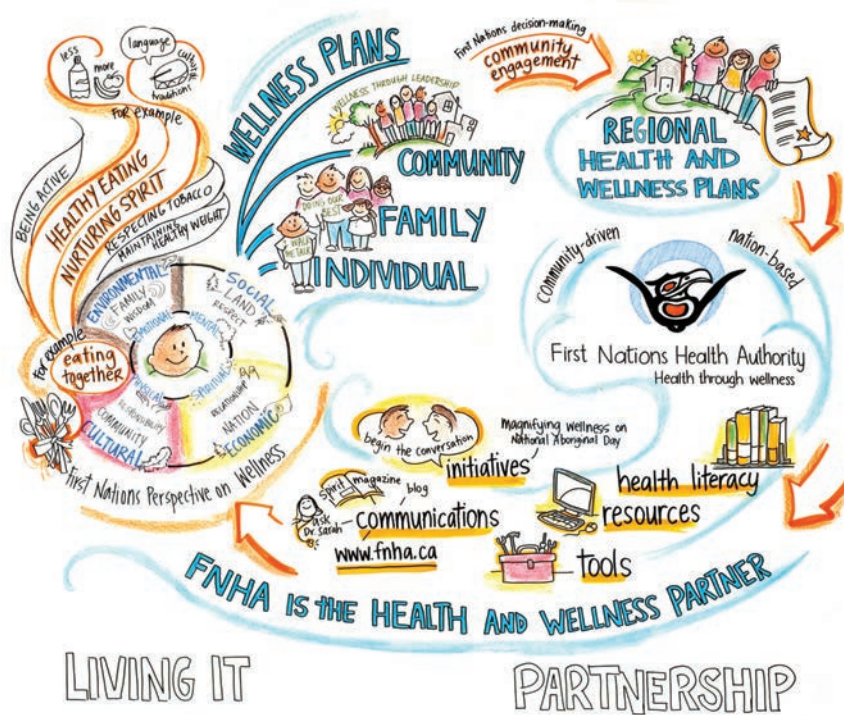
Aboriginal Day of Wellness

In 2013 the FNHA launched the inaugural Aboriginal Day of Wellness initiative and sponsored 20 events in total, including four events in each of the five Health Regions, totaling \$60,000. Events were supported by 70 community and health partners and included activities like run/walk’s, traditional activities, community meals, and much more.

In 2013/2014 the FNHA invested \$71,399 in direct grants to support community-based wellness initiatives based on the five wellness streams of Nurturing Spirit, Being Active, Healthy Eating, Maintaining a Healthy Weight and Respecting Tobacco. The FNHA will continue to support wellness events aimed at youth and Elders.

"I am happy to say that the event for First Nations House of Healing and ITHA was a huge success. We as well look forward to partnering with you (FNHA) again in the future."

Inter Tribal Health Authority



Physical Activity Partners Council

In 2014 the FNHA partnered with the physical activity partners council and contributed a total of \$375,000 in support of their activities. The Partners Council delivered 384 community-based Youth Sport Camps, Coaching Courses, Officials Clinics and other sport and recreation events within each region. These events involved 14,043 participants from communities throughout the province. The Equipment Grant Program provided 116 First Nations, Métis Chartered Communities and Aboriginal Friendships Centres with grants ranging from \$500 to \$2500 for a total investment of \$158,000.

Beefy Chiefs and Champions

In April 2013, the First Nations Health Council launched the first annual FNHC Leadership Wellness Challenge, "Beefy Chiefs and Champions." The challenge focused on weight loss and included two categories: most inches lost and most weight lost.

In total 211 people participated in the challenge. To acknowledge the hard work and commitment of the winners, the FNHA hosted an award ceremony at Gathering Wisdom for a Shared Journey VI. The winners in attendance accepted their award and also spoke about their challenges, ongoing commitment to their health and what their community planned on doing with the prize.

FIVE PRIORITY AREAS

Priority 5: Leadership, Organizational Development, and Planning



FNHA takes the Winter Challenge!

The 2013-14 'Winter Challenge' initiated by siblings Kura and Cordell Jack from Penelakut First Nation went viral in February, encouraging First Nations and Aboriginal people to take part in traditional activities like winter bathing and have fun on their wellness journey. Dozens of FNHA Staff participated in the Winter Challenge. FNHA CEO, Joe Gallagher took the Winter Challenge after being nominated by FNHA Elder Leonard George and Kukpi7 Wayne Christian. Joe responded by nominating the entire FNHA staff and Executive Team with many of them taking the plunge. The FNHA Executive met the challenge and nominated colleagues within Health Canada, the BC Ministry of Health, and others. Congratulations to all who participated in the Winter Challenge this year and we will see you in the water next year!

The FNHA has made great strides over the year to establish itself as a leading First Nations health organization and partner to BC First Nations' community health organizations to better meet regional priorities, promote Community-Driven and Nation-Based development, and to enable health service improvements.

Building Human Capacity in advance of Transfer

Preparing for transfer included a complete re-design of the organizational structure and Human Resource policies. In March 2013 the FNHA had 94 staff members. By the end of March 2014, that number grew to 360 employees. In advance of transfer the FNHA recruited an Executive Team to support a heavy volume of ongoing work, and necessary developments in policy, software and technology. Capacity for previous Health Canada headquarters functions including policy, planning and strategic services were staffed through the recruitment of the FNHA Senior Executive Team in fiscal 2013-2014. Read more about the FNHA Senior Executive Team on the FNHA website under 'Governance and Accountability'.

Organizational Culture and Wellness

The FNHA is focused on building a new organizational culture together - one that is First Nations-driven and focused on transforming the health of First Nations in BC. As an employer, the FNHA is committed to respecting diversity within its workforce and to increasing the number of First Nations and Aboriginal employees within its organization. The organization promotes cultural competency of each employee, and has made the Indigenous Cultural Competency training mandatory for all staff. The FNHA welcomes and recognizes each and every diverse culture and asks each and every employee to lead with their culture at the workplace.

FNHA on road to Accreditation

The FNHA is pursuing accreditation for Aboriginal Leadership and Governance and has enrolled in Accreditation Canada's Qmentum program - the leading Healthcare accreditation program in Canada. To support this journey the FNHA has established a Service Excellence committee, comprised of management from each department to coordinate and lead the project. The first on-site assessment of the FNHA is scheduled for June of 2015. This accreditation program is recognized and subscribed to worldwide, and is simply an outside verification that FNHA has strong internal quality improvement, and client and employee safety systems in place. The process will also assess the FNHA Board of Directors in several key governance functions.

FNHA Staff Health and Wellness Holiday Draw

The 2nd annual FNHA health and wellness holiday draw was a great success in celebrating staff wellness. The premise of the draw is to collect donations from the executive/management team to create a pool of funds for staff wellness bursaries. This year 16 bursaries were awarded from over 70 applications for a total of \$3,000. Winners reported back on their wellness investments that included supporting traditional, physical, mental, emotional, and spiritual wellness.

Planning

The FNHA is involved in planning at the community, regional, and provincial levels in cooperation with government partners. In addition to the Interim Health Plan, the FNHA supported completion of five Regional Health and Wellness Plans this year. Taken together these plans guide the work of the organization and the FNHA's regional approach to services on-the-ground.

Interim Health Plan

As established in the Framework Agreement, the FNHA is required to produce an annual Interim Health Plan (IHP) as part of the transfer process. The IHP sets out the FNHA operational start-up plans, goals, priorities, program plans, services, evaluation processes and use of funding provided by Canada and BC. The inaugural IHP was informed by BC First Nations through forums such as Gathering Wisdom for a Shared Journey, leadership of the First Nations Health Governance Structure regionally and provincially, and through technological engagements like the UBC Learning Circle. The fiscal 2013-14 IHP and accompanying operational plan was adopted by the FNHA Board of Directors and accepted by the Tripartite partners, triggering funding as laid out in the Framework Agreement. The 2013-14 IHP is available on the FNHA website.

Web-launch: www.fnha.ca

A significant project this year for the FNHA Communications team was the development of our new website www.fnha.ca. It was a significant undertaking to review and repurpose previous www.fnhc.ca web content, as well as Health Canada program area content to the FNHA web sections. The goal was to have an easily navigable website that would be useful for many audiences, specifically wellness and program services for First Nations communities, as well as health professionals and the general public. Take a look at our What We Do, Wellness, Health Benefits, About Us, and other pages. The FNHC and FNHDA websites are also updated often: www.fnhc.ca, www.fnhda.ca. Be social and like us on Facebook, follow us on Twitter and Instagram, and check out our Youtube channel!

FNHA.ca Web and Social Media Stats

FNHA.ca Traffic - August 2013 (Launch)- March, 31 2014

Total Pageviews
310,524

Unique Websites Visits
99, 634

FNHC.ca Traffic - April 1, 2013-March 31 2014

Total Pageviews
300,328

Unique Website Visits
116,915

FNHDA.ca Traffic - April 1, 2013-March 31 2014

Total Pageviews
12,268

Unique Website Visits
3,470

Social Media stats as of March 31, 2013

Facebook: [facebook.com/firstnationshealthauthority](https://www.facebook.com/firstnationshealthauthority)
6031 Likes

Twitter: @fnha
3528 Followers

Instagram: @fnha
277 Followers



Health Careers Guidebook

A highlight this year has been the release of the well-received FNHA Health Careers Guidebook. Available on the FNHA website and in locations throughout the province, the guidebook provides advice on health careers, education required and where it is offered, and salary range to expect for the various positions in health.

Find the Guidebook as well as a *Scholarships and Bursaries for First Nations list* on the FNHA website under 'Health Human Resources'.

2013 - 2014 Financial Report

Financial Report of the First Nations Health Authority

Year ended March 31, 2013

MANAGEMENT DISCUSSION AND ANALYSIS

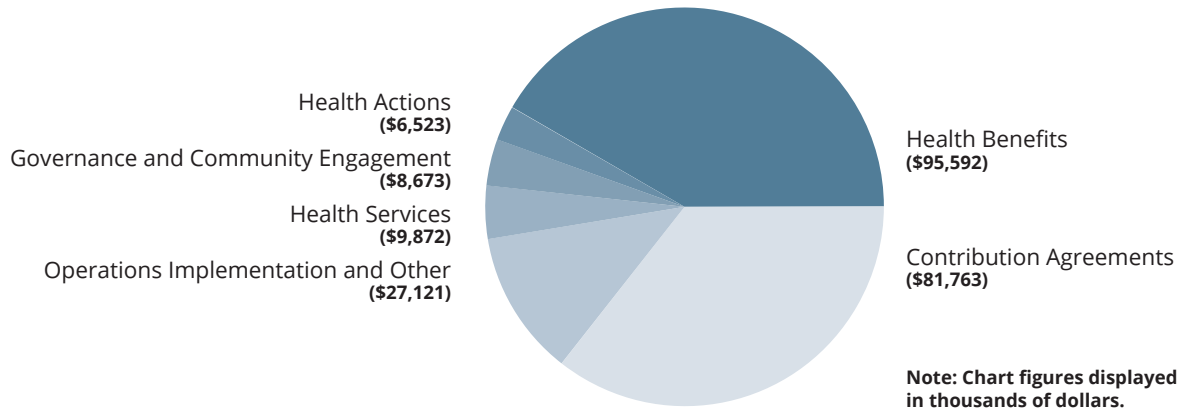
This discussion and analysis of the financial results from operations and financial position for the year ended March 31, 2014 should be read in conjunction with the audited financial statements and accompanying notes and schedules. The audit firm KPMG LLP was appointed by the Members of the Society to audit the financial statements of the FNHA. The audit scope included auditing the statements, notes and accompanying schedules. The auditors have issued an unqualified or clean audit opinion that the financial statements prepared by management are presented fairly in all material respects.

During Fiscal 2013-2014, the First Nations Health Authority assumed responsibility from the federal government for the design and delivery of First Nations health programs and services in two phases. The First Nations Health Benefits program (formerly Non-Insured Health Benefits Program) was transferred on July 2, 2013 and on October 1, 2013, FNHA assumed responsibility for all regionally operated programs and services, assets and personnel. This first year of operations was focused on the transfer from Health Canada of programs and services as run by Health Canada and commencing the analysis of these programs to begin transformation. This resulted in an operating surplus of \$29.9 million on total expenditures of \$229.5 million. The table below presents the actual and budgeted revenues and expenditures and variances on each line item.

	Fiscal 2013 - 2014		
	Actual	Budget	Variance fav (unfav)
	\$		
Revenues			
Health Canada - Canada Funding Agreement	248,781	251,513	(2,732)
Province of British Columbia	8,545	8,256	289
Interest and Miscellaneous Income	2,083	488	1,595
	259,409	260,257	(848)
Expenses			
Health Benefits	95,592	104,877	9,285
Contribution Agreements	81,763	81,790	27
Operations Implementation and Other	27,121	30,507	3,386
Health Services	9,838	10,137	299
Governance and Community Engagement	8,673	9,540	867
Health Actions	6,523	7,333	810
Transformation and Contingency	-	18,331	18,331
Medical Services Plan Project Board	34	4,000	3,966
	229,544	266,515	36,971
Unrestricted Net Asset Balance		6,258	(6,258)
Excess of revenues over expenses for the year	29,865	-	29,865

Note: Financials displayed in thousands of dollars.

2014 EXPENDITURES TOTAL: \$229,544 (thousands)



Revenue

Revenue from Health Canada consisted of funding under the Canada Funding Agreement \$228 million, \$11 million for the Canada Consolidated Funding Agreement (CCFA), recognition of deferred contributions for the Implementation fund \$5.6 million (of which \$2.5 million was capitalized) and a regional FNHIB agreement \$3.4 million plus funding for transfer of severance obligation of \$.5 million. The variance represents an increase in revenue for funding adjustments received during the year which is reduced by recognition of deferred contributions for the Implementation fund related expenditures. These expenditures were less than the original budget as a revised plan was developed after the October 1 transfer to only use the Implementation fund to support information technology initiatives; other originally planned expenditures were charged against operations.

Expenses

Health Benefits expenditures include direct benefits for pharmacy, vision, dental, medical supplies and equipment and program operations. Health Benefits programs and operations was transferred in two phases; July 2, 2013 transfer of pharmacy and dental benefits through a buy-back arrangement with Canada and October 1st, 2013 transfer of the remaining Health Benefit programs and operational staff. There was also an unplanned delay in the transfer of the dental therapist staff which occurred in January 21, 2014. This phased in transfer resulted in expenditures of \$95.6 million which was \$9.3 million under budget. This program will undergo transformational change to better meet the needs of First Nation individuals.

The Contribution Agreements line on the financial statements represents the Health Canada novated agreement transferred to FNHA on October 1, 2013. This includes First Nations community Contribution Agreements (excludes agreements for health action initiatives and community engagement hubs), capital, community-administered medical transportation program and First Nations treatment centres. Expenditures of \$81.8 million is reported on the financial statements which represent FNHA's six month portion of the Contribution Agreements.

Operations, Implementation and Other represent accommodation, vehicle, Board of Directors, software and systems, personnel costs, amortization of capital assets and implementation fund project costs related to technology and one-time projects related to completing the transition and migration from Health Canada services. Expenditures of \$27.1 million occurred in the fiscal year which is \$3.4 million less than budgeted. The variance is comprised of a change in plan for the use of the Implementation fund \$8.7 million favourable which is offset by additional expenditures of \$4.3 million related to new funding agreements received, expenditures that were charged to operations that were originally budgeted to come from the Implementation fund, and expenditures related to transfer of liability obligations from Health Canada and insurance costs.

Governance and Community Engagement costs include community engagement services in each region, FNHDA and FNHC secretariats, regional caucus meetings and the Gathering Wisdom conference costs. Expenditures of \$8.7 million were incurred which is \$.9 million less than budgeted. Health Actions represent costs of community Health Action Contribution Agreements plus program costs. Expenditures of \$6.5 million were incurred which is \$.8 million less than budgeted. The provincial component of Health Actions was underspent by \$2.3 million; this amount has been internally restricted and will be used in Fiscal 2014-2015 to support Health Action initiatives.

FINANCIAL REPORT

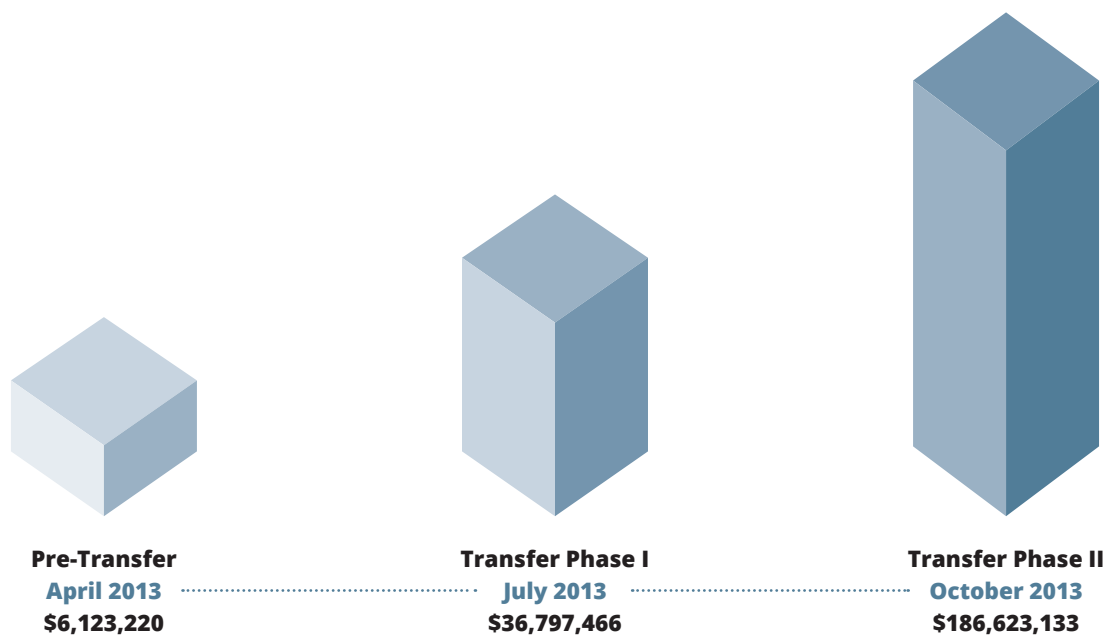
The Transformation and Contingency budgeted line item of \$18.3 million was included to ensure the organization could draw on funds to support any unexpected expenditures. The actual use of this was minimal and was charged against the various line items. Medical Services Plan Project Board \$4 million budget represents an arrangement with the Province to fund Project Board initiatives. Delays occurred during the fiscal year which resulted in only one small initiative being approved. The unspent balance has been internally restricted.

Net Assets

The final net asset balance at March 31, 2014 as shown on the statement of financial position and the statement of changes in net assets is \$38.8 million which is a result of an opening balance of \$7.6 million plus transfer of assets from Canada of \$1.3 million and the current fiscal year excess of revenues over expenses of \$29.9 million. The net asset balance is comprised of \$4.3 million in invested in capital assets, \$15.6 million in internal restrictions for Health Transformation, MSP Project Board and Health Action Initiatives and \$18.9 million in unrestricted equity.

Future Outlook

The 2014 Annual Financial report for FNHA provides a look at the financial performance over the past year. The first half of the year was focused on preparing for full transfer. After October 1st, the focus shifted to carrying out the former Health Canada functions and beginning the plans for transformation. The key areas of focus for the FNHA will be the completion of transition activities and the review of programs and services to commence transformation.



First Nations Health Authority 2014 Transfer Phase Program Expenditure Totals

Our Mission

The First Nations Health Authority supports BC First Nations individuals, families and communities to achieve and enjoy the highest level of health and wellness by: working with them on their health and wellness journeys; honouring traditions and cultures; and championing First Nations health and wellness within the First Nations Health Authority organization and with all of our partners.





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