ANNUAL REPORT: 2011–2012

interim First Nations Health Authority

and the First Nations Health Society

interim First Nations Health Authority

OUR VISION

Healthy, self-determining and vibrant BC First Nations children, families and communities

OUR MISSION

Supporting BC First Nations to implement the Tripartite First Nations Health Plan

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MESSAGE FROM THE CHAIR
Pierre Leduc

Increasing First Nations decision-making is key to realizing healthy, self-determining and vibrant BC First Nations children, families and communities. This year was marked with significant and historic First Nations decisions regarding health.

On May 26th in Richmond, BC, First Nations leadership endorsed the 2011 Consensus Paper and Resolution 2011-01. This historic moment set the stage for the First Nations Health Society to sign the BC First Nations Tripartite Agreement on First Nation Health Governance on October 11th, 2011.

Since the signing of the Framework Agreement, the board has been focused on ensuring capacity is in place to address the new responsibilities as set out in the Framework Agreement. On December 20th, 2011 the First Nations Health Society amended its bylaws to create the *interim* First Nations Health Authority. A recruitment process resulted in the appointment of the *i*FNHA board of directors that will see us through the transition process. I would like to welcome back the returning Board members John Scherebnyj, Madeleine Dion Stout, and Lydia Hwitsum and welcome new Board members Jason Calla, Jim Morrison, and Dr. Elizabeth Whynot. On March 31st, 2012 my role as board chair concluded. The Members of the Society appointed new officers to serve from 2012-2015. Lydia Hwitsum will serve as Board Chair, John Scherebnyj will serve as Secretary Treasurer, and I will serve as Vice Chair. I would also like to thank the former Board members Ruth Williams, Carol-Anne Hilton, Marilyn Rook and Matt Pasco for their dedication, care and contributions which helped build the foundation that we stand upon today.

An ambitious agenda has been set for the transfer of all FNIH- BC region resources to the First Nations Health Authority. Sub-Agreement discussions are underway and *i*FNHA and FNIH staff have been working collaboratively and diligently to establish the processes and agreements necessary to transfer the resources, facilities, assets, and people from First Nations and Inuit Health - BC Region to First Nations control.

The building of our own First Nations Health governance and organizational structure will take time. Today we are in the transition stage and there is a great deal of excitement and many unknowns. We are establishing new and stronger relationships with the provincial and federal governments and working with senior officials to make improvements to today's health system. This part of the work will form the foundation for the important work to come.

We are moving towards transforming programs and services to better focus on the needs of First Nations and Aboriginal people. The transformation process will take time and extensive engagement with BC First Nations. The *i*FNHA remains committed to maintaining a community-driven and nation-based process.

I would like to acknowledge all those that are contributing to our historic journey together. We count on the continued support of BC First Nations.

Pierre Leduc
Chair, FNHS/*i*FNHA 2009-2012

MESSAGE FROM THE CHIEF EXECUTIVE OFFICER
Joe Gallagher

The 2011-12 fiscal year has been a momentous one for the *interim* First Nations Health Authority. Gathering Wisdom IV in May 2011 provided the direction to move from the First Nations Health Society to the *interim* First Nations Health Authority through the agreed upon consensus paper. In addition, First Nations Leadership provided the Seven Directives to guide our work in implementing the British Columbia Tripartite Framework Agreement on First Nations Health Governance including the development of the new First Nations Health Authority. The Seven Directives provide an emphasis on community-driven Nation based approach to improve services and develop capacity. The signing of the Framework Agreement in October 2011 set in place the legal basis to transfer the operations of Health Canada's First Nations Inuit Health Branch – BC Region to the new First Nations Health Authority.

Over the year we have worked to gather the best information and develop partnerships to support the development of the best approaches to implement the Framework Agreement. Learning from other Indigenous peoples who have taken the path of self-governance in health care has provided us with important knowledge on the challenges and tremendous opportunities that lie ahead. This undertaking will be well worth the effort to ensure services meet the needs of BC First Nations peoples, regardless of where they live in BC. Those who shared their experiences with us also commented on the tremendous strength we hold, bringing together BC First Nations with a common vision to work together to control our health care.

Important work over the past fiscal year has also included the development of strong collaborative partnerships with other health care providers in BC. Through the commitment to move to a wellness model that reflects our approach to health – incorporating physical, spiritual, emotional and mental wellness – we have engaged a variety of partners in a dialogue on how we can work together to address the full spectrum of health and wellness. Great strides have been made in creating a relationship with the BC Medical Association to begin to address the development of a common strategy for improving access to physicians throughout BC. The BC Cancer Agency has also come on board as a willing partner in cancer prevention. As the work continues to share the First Nations perspective on health and wellness, through presentations to health care providers groups such as the BC Nurses Union, the Health Care Leaders Association of BC, and the BC Patient Safety and Quality Council, the *i*FNHA continues to receive positive feedback from health professionals who see the potential of this exciting new health partnership.

A great deal of our efforts has been focused at the Tripartite Table that led up to the signing of the Tripartite Framework Agreement in October 2011. In this agreement, we have mapped out the plan for transitioning the operations of FNIH BC Region over to the *i*FNHA, and have ensured a variety of commitments from the provincial government to improve health services for First Nations. This included the commitment of the BC Ministry of Health and the Regional Health Authorities to work together with the *i*FNHA and with BC First Nations through the regional processes to ensure successful communication, collaboration and planning to improve coordination of efforts in developing innovative service delivery models at local and regional levels.

A key aspect of health system improvements through tripartite cooperation is taken on by our Health Actions team. Through six strategic areas of work (Primary Care and Public Health, Maternal and Child Health, Mental Health and Substance Youth, Health Human Resources, e-Health, and Research and Surveillance) we are engaging in high level coordination between the *i*FNHA and federal and provincial partners in transformative change in health systems and the delivery of health services in BC. Through these strategic discussions at these tripartite tables we have been ensuring that a First Nations lens and decision making is brought to the transformation and planning of health services.

Advances in this work would not have been possible without the leadership and commitment of the First Nations Health Council, First Nations Health Directors Association, the *interim* First Nations Health Authority Board, and the staff of *i*FNHA. In particular I would like to extend my appreciation to outgoing board members Ruth Williams, Carol Anne Hilton, Marilyn Rook and Matt Pasco whose vision and commitment is reflected in the collective progress that we have made over the past two years.

The journey over the upcoming year will intensify as we establish the governance and organizational structures and capacity to ensure First Nations decision-making over health services and the establishment of the new First Nations Health Authority. This is a historic move for First Nations people in BC, where we are embarking on a shared journey – through emphasizing community-driven, Nation-based solutions – to improve the health and wellness of First Nations people throughout BC. The work in this area will facilitate health systems transformation that reflects First Nations values and improves access and quality of health care for First Nations peoples and possibly other British Columbians as well. The lessons learned can support the ambitions of other First Nations throughout Canada and our Indigenous allies worldwide in their work to govern the health services for their peoples. We are honoured to be taking part in this journey together with BC First Nations.

Joe Gallagher
Chief Executive Officer

FNHC SECRETARIAT REPORT



Note: the FNHC secretariat report encompasses narrative with respect to developments occurring at Gathering Wisdom V May 15-17, 2012. These developments are not attached to costs and are not reported as such.

Last year, BC First Nations established an ambitious agenda for change. Through passing Resolution 2011-01, we agreed to take control over the health programs and services for our people and to enter into a new health partnership with federal and provincial governments. We agreed to do this in accordance with 7 Directives: 1) Community-Driven, Nation-Based; 2) Increase First Nations Decision-Making and Control; 3) Improve Services; 4) Foster Meaningful Collaboration and Partnership; 5) Develop Human and Economic Capacity; 6) Be Without Prejudice to First Nations Interests; 7) Function at a High Operational Standard.

It has been a busy year implementing this agenda, and we are pleased to report that we have achieved significant progress. This has been yet another historic year for First Nations in BC. We have substantially completed all seven Milestones established by BC First Nations in Resolution 2011-01. We congratulate all BC First Nations on this significant accomplishment.

While this significant progress has been achieved, there is a tremendous amount of work to do in implementing the agenda for change established by First Nations in BC. In May 2012, First Nations gathered again for Gathering Wisdom for a Shared Journey V. At this Forum, First Nations provided direction, guidance, and wisdom for navigating this change. First Nations provided us with further work to do by adopting Resolution 2012-01 and the "Consensus Paper 2012: Navigating the Currents of Change – Transitioning to a New First Nations Health Governance Structure." This year's Resolution and Consensus Paper mandates the transition of the *interim* First Nations Health Authority into the permanent First Nations Health Authority and establishes a new Board structure, calls for further research and planning relating to a holistic First Nations Health Governance Structure, and supports the establishment of Regional Offices which will bring planning, engagement, and some service delivery to the region. First Nations have directed that these efforts must take place in accordance with the planning stages of transition and transformation and in accordance with the 7 Directives and competency standards for leadership.

As directed by First Nations, our first order of business is the development of a workplan to implement this year's Resolution and Consensus Paper. This workplan will describe the key action items, roles and responsibilities, indicators and timeframes for the milestones directed by BC First Nations. We will share this workplan with all First Nations, and provide quarterly progress reports on its implementation. This will allow us to take guidance from First Nations throughout the year as we continue our journey of navigating change.

In closing, it has been another historic year. We have made tremendous progress in a very short amount of time, and have a clear workplan for continuing to navigate change over the next year. We raise our hands to First Nations for their ongoing wisdom, guidance, clarity of vision, and most importantly, commitment to the health and well-being of their peoples and communities. We look forward to continuing this important work.

RESOLUTION 2011-01 MILESTONES	PROGRESS TO DATE
A Direct the Board of Directors of the First Nations Health Society to sign the Framework Agreement	COMPLETE – Tripartite Framework Agreement on First Nation Health Governance signed at the Capilano Longhouse on October 13, 2011. This Agreement legally commits federal and provincial governments and BC First Nations to transfer Health Canada First Nations & Inuit Health Branch (BC Region) to First Nations control and to implement new and innovative health partnerships at regional and provincial levels.
B Develop a strategy and approach for the conclusion of sub-agreements to the Framework Agreement	COMPLETE (AND ONGOING) – The *"First Nations Health Council Process to Implement the Tripartite Framework Agreement on First Nations Governance"* was shared with First Nations in October 2011. This document described the roles and responsibilities, preparation, mandates, and reporting processes that will be used to complete the sub-agreements for the transfer of the First Nations Inuit Health Branch-BC to a First Nations Health Authority. The tripartite partners have established plans and processes for the implementation of the Framework Agreement, including the sub-agreements.
C Engage with federal and provincial governments to finalize the Health Partnership Accord	NEAR COMPLETE – Based on the vision and direction established by BC First Nations for a new health partnership, the tripartite partners have engaged in drafting and development of the Health Partnership Accord. The tripartite partners are now reviewing and conducting approval processes for the Health Partnership Accord.
D Engage with federal and provincial governments to prepare the implementation plan and strike the tripartite implementation committee	COMPLETE (AND ONGOING) – the Tripartite Implementation Committee had its first official meeting in January 2012. The implementation plan was adopted in principle in April 2012, and is a constantly evolving document, updated regularly to reflect progress and any emerging issues.
E Develop models and options for a First Nations Health Authority	COMPLETE – In May 2012, First Nations came together at Gathering Wisdom for a Shared Journey V and adopted a new structure for the Board of Directors of the First Nations Health Authority, and a holistic First Nations health governance model.
F Direct the First Nations Health Society to take steps to become the *interim* First Nations Health Authority and begin the early steps in implementing the new health governance arrangement	COMPLETE – In December 2011, the members of the First Nations Health Society passed Constitution and bylaw amendments to transform the Society to the *interim* First Nations Health Authority. Since that time, the *interim* First Nations Health Authority has conducted organizational planning, development, and activities relating to the implementation of the new health governance arrangement and the transfer of federal First Nations health programs to First Nations control.
G Support Regional Caucuses to develop Regional Tables	COMPLETE (AND ONGOING) – Each Regional Caucus has approved its Terms of Reference and commenced discussions with the Regional Health Authority with respect to the Regional Table structure that will support their relationship. The specific structure of the Regional Tables will be different across each Region, to suit regional needs and priorities.

FNHDA SECRETARIAT REPORT

"I'm really excited about our working relationship with the [First Nations] Health Authority and this move to take charge of our own health. We need a very strong association that supports the Health Directors of BC during this transition of taking responsibility for our health programs. I have the utmost faith in our Board; we have some amazing people that come from a wide skillset. They are connected to their communities and truly care about who they represent."

Jacki McPherson

"It's a very exciting time for us; we're always learning what works and doesn't work and applying that in our work. The organization is still evolving very much and there's still a lot of work to be done yet. All our Health Directors are working on the ground level within communities and Community Engagement Hubs. There's lots of networking going on within the FNHDA and all First Nations communities."

Judith Gohn

This has certainly been an exciting year for the First Nations Health Directors Association! The FNHDA Board and Secretariat have witnessed many changes as we continue working with our partners to support the transfer, design, management and delivery of First Nations health programs from the federal government to a new First Nations Health Authority.

This year, the work of the Association was guided by our Strategic Plan and from feedback gathered from Association members, including the FNHDA session held at Gathering Wisdom IV. The FNHDA Board of Directors held regular Board meetings and has maintained good collaborative relationships with the Health Actions tables, the Interim First Nations Health Authority, the First Nations Health Council, and attended key meetings providing technical advice and strategic direction. The FNHDA has also linked in with many important initiatives and organizations such as the Nurse Family Partnership program, the Divisions of Family Practice, our national partners at the First Nations Health Managers Association, and is working to improve linkages with the Non-Insured Health Benefits Program.

Over the year, the Association's voice was present at several important decision making tables. As part of their roles as for the Board, our President and Vice President attended a Joint Strategic Planning Session to discuss a shared vision and values, contributed to Collaboration Committee meetings, participated in Tripartite Committee on First Nations Health meetings, and witnessed the signing of the Framework Agreement at Capilano Longhouse. We are in the process of finalizing a Memorandum of Understanding and a Relationship Agreement with the *i*FNHA and the FNHC, which will set out a clear understanding of the roles and responsibilities for each of the groups and uphold the seven directives of the Consensus Paper, Resolution 2011-01.

One of our many highlights for the year was the FNHDA Annual General Meeting held in September 2011. The AGM began with an honouring ceremony led by Chief Willie Charlie and Board member Virginia Peters, and a presentation of a scarf to each Health Director as recognition for all the good work they do for their communities. During the event, Health Directors also heard updates from FNHC Vice-Chair Warner Adam, received professional development training for effective leadership from Dr. Tony Williams from Royal Roads University, and learned more about training opportunities and certification provided by the First Nations Health Managers Association.

FNHDA members came together again at the FNHDA Provincial Training and Networking Session hosted in Osoyoos at NK'MIP Resort in March 2012. As part of the First Nations Health Directors Association mandate, the Provincial Training and Networking Session created space for Health Directors to participate in professional development training in positive communication, to connect with the Health Actions strategy areas, and to experience cultural teachings from the Okanagan territory. Chief Clarence Louie welcomed participants to the

territory via video address and Grand Chief Stewart Phillip spoke after the dinner emphasizing leadership at every level. We are proud to host gatherings that Health Directors say make them feel welcomed, special, and valued for all of the important and sometimes challenging work they do in communities.

When the opportunity to visit the Southcentral Foundation in Anchorage, Alaska arose, Health Directors joined partners for a tour of the facilities and learned about the Nuka model of health care, which is created, managed, and owned by Alaska Native people to achieve physical, mental, emotional and spiritual wellness. The FNHDA continually looks to learn from others and their experiences, and the Southcentral Foundation provides an inspiring example of what is possible for our First Nation communities here in British Columbia.

During the year, the FNHDA had the opportunity to honour and say farewell to some of our key leaders and secretariat staff. We bid farewell to board members Laurette Bloomquist and Judith Gohn, and staff members Deborah Schwartz and Anne Heyes. The FNHDA wishes everyone well on their journeys and thanks everyone, past and present, for their contributions to the evolution of the Association.

With the signing of the British Columbia Tripartite Framework Agreement on First Nation Health Governance in October 2011, more changes are on the horizon as we work to prepare the FNHDA membership for the transfer of health service delivery to First Nations control. The vote at Gathering Wisdom V supports moving forward in this direction, and the First Nations Health Directors Association will continue the work of providing professional development opportunities for Health Directors and technical advice to our governance partners.

Looking ahead to the new year, we are excited about the future as we continue to support the education, knowledge transfer and professional development of our Health Directors and Health Leads. As your Board members, we will continue to ensure the FNHDA is established with good governance, accountability and transparency. One of the ways we plan to achieve this is by bringing Christine Stahler on board as our new Executive Director. Her experience working with the *i*FNHA and the FNHC Secretariat this past year and a half, will assist us greatly as we carry on defining our operating standards and providing professional development opportunities as per our mandate. Along with our incredibly talented Board of Directors and on behalf of all our staff, we are so pleased to be working on your behalf during this transition period.

In closing, we would like to acknowledge and thank our First Nation Health Directors and Health Leads for their significant contributions as we work to establish our Association, as well as the First Nations Health Council and the *interim* First Nations Health Authority for their ongoing support.

ADVANCING THE GOVERNANCE PARTNERSHIP

BC Tripartite Framework Agreement on First Nation Health Governance signing ceremony

"BC First Nations are demonstrating incredible leadership. We will be the first in Canada to take over province wide health service delivery from the federal government and will work closely with the provincial health system to enable it to better meet First Nations health needs and priorities."

Grand Chief Doug Kelly

On Oct. 13, 2011 the First Nations Health Council, First Nations Health Society and Federal and Provincial partners signed the historic BC Tripartite Agreement on First Nation Health Governance. A first for Canada, the Framework Agreement establishes the road map to enable the federal government to transfer the planning, design, management and delivery of First Nations health programs to a new First Nations Health Authority.

The British Columbia Tripartite Framework Agreement on First Nation Health Governance was endorsed by Chiefs at Gathering Wisdom IV and legally endorsed by officials on October 13th, at a signing ceremony at the Capilano Longhouse on Squamish territory.

"BC First Nations are demonstrating incredible leadership. We will be the first in Canada to take over province wide health service delivery from the federal government and will work closely with the provincial health system to enable it to better meet First Nations health needs and priorities," said Grand Chief Doug Kelly, Chair of the First Nations Health Council. "Through this new health governance approach, we will see remarkable improvements in the health and well-being of First Nations people in BC within one generation, and contribute to the health services accessed by all British Columbians."

The partners have agreed that transfer of federal programs, resources and people will take place over the next two years. The signing of the agreement initiated work to complete sub-agreements on details of the transfer, such as human resources and information management systems.

"Today marks an important and historic milestone for the Harper government, BC First Nations and the Province of British Columbia," said Minister Aglukkaq on October 13th. "This will streamline administration, integrate the federally and provincially funded health services and allow health-care decisions to be made closer to home. We're proud to partner with BC First Nations and the Province of British Columbia on this important initiative."

The signing of the BC Tripartite Framework Agreement on First Nation Health Governance was a key milestone in the 2007 Tripartite First Nations Health Plan, to support better health for BC First Nations through a new governance structure and a new relationship among the three parties.

The new governance structure included:

- THE FIRST NATIONS HEALTH AUTHORITY: to take on responsibility for the planning, management, delivery and funding of health programs currently provided for First Nations in BC through Health Canada.
- THE TRIPARTITE COMMITTEE ON FIRST NATIONS HEALTH: to co-ordinate and align planning and service delivery between the First Nations Health Authority, the BC health authorities, and the BC Ministry of Health.
- THE FIRST NATIONS HEALTH DIRECTORS ASSOCIATION: to represent Health Directors and managers working in BC First Nations communities and to be an advisory body in research, policy and program planning.
- THE FIRST NATIONS HEALTH COUNCIL: to support health priorities and objectives of BC First Nations and provide leadership for implementation of tripartite commitments.

The agreement also allows for greater collaboration between regional health authorities and BC First Nations to co-ordinate, plan and deliver an integrated health service that better meets the needs of First Nations. A vital piece for the new First Nations Health Authority is incorporating First Nations cultural knowledge, beliefs, values and models of healing into the design and delivery of health programs to better meet the needs of First Nations communities.

"This agreement is the first of its kind in Canada and advances BC's New Relationship commitments to close the gaps, including health, that separate First Nations people from other British Columbians," said BC Health Minister Michael de Jong. "The relationships we've built between governments, First Nations and communities are the foundation for improving the health of First Nations communities that benefit all British Columbians."

FRASER SALISH NATIONS AND FRASER HEALTH AUTHORITY
Landmark Partnership Accord Signed

"When we work together with mutual respect, guided by a plan that will specify initiatives and milestones, there is no doubt that we can see change in First Nations health outcomes in this region."

Chief Maureen Chapman
Representative
Sto:lo Nation Chiefs Council

Recognizing that First Nations must have more say in their own health, the Fraser Salish Nations and the Fraser Health Authority signed a Partnership Accord aimed at making significant progress in improving the health of First Nations in the region. The Fraser Partnership Accord was the first health agreement of its kind in the province between a regional health authority and one of the regional caucuses formed by the *interim* First Nations Health Authority to work with health partners to improve First Nations health.

First Nations in other regions of the province have now followed the Fraser Salish lead in cooperation, collaboration and collective responsibility that came with the signing of the Fraser Accord in December 2011. The Accord allows for more shared decision-making between both parties and increased First Nations participation in the important health services discussions and policies for First Nations and other Aboriginal people in the Fraser region.

"This agreement signals an important change, and the way ahead for how health services will be delivered to First Nations not only in the Fraser Region, but throughout British Columbia. If health outcomes are to improve for First Nations in our province, then we must work in partnership to make progress," said Grand Chief Doug Kelly of the Sto:lo Tribal Council.

The Accord was signed by Fraser Health and the Fraser Salish Regional Caucus, who provide political and technical leadership to the Fraser Salish Nations. The Caucus has representatives on the First Nation Health Council, a provincial body which is tasked with creating a First Nations Health Authority – the first of its kind in Canada - in collaboration with federal and provincial partners.

"Fraser Health is committed to working collaboratively with the Fraser Salish Regional Caucus to improve Aboriginal health services delivered within the Fraser region. This partnership will assist First Nations communities in governing their own health initiatives to improve the lives and the health of the people in First Nations communities," said Dr. Nigel Murray, president and chief executive officer of Fraser Health.

One of the key commitments in the Partnership Accord is the establishment of an Aboriginal Health Steering Committee, which will serve as a forum for joint efforts on First Nations and Aboriginal health priorities, policies, budgets and services in the Fraser Region. The Accord calls for improvements in service delivery through more collaboration between Fraser Health and First Nations Health Centres in the region, and work with community health leaders to develop more culturally appropriate health strategies.

"When we work together with mutual respect, guided by a plan that will specify initiatives and milestones, there is no doubt that we can see change in First Nations health outcomes in this region," said Chief Maureen Chapman, representative for the Sto:lo Nation Chiefs Council.

There are 32 First Nations communities in the Fraser Salish region of various sizes, including small and isolated communities. The needs of the communities vary significantly, as does the capability of each community to engage with Fraser Health. The Accord specifies that no community should be forced into region-wide health strategies but no community should be left behind.

"Our approach to health and well-being is, more than anything, community-based. First Nations and Aboriginal peoples have a good understanding of their health challenges and goals, and this partnership with Fraser Health will help us reach those goals sooner," said Chief Willie Charlie, representative for the independent Fraser Salish communities.

The Partnership Accord builds on a number of provincial and regional documents, including the Tripartite First Nations Health Plan, signed by First Nations leaders, the Province of British Columbia and Health Canada in June of 2007. In addition to specifying a range of health actions, the Tripartite Plan also called for a new First Nations health governance structure in BC. The latter was achieved this year through the signing of an agreement that will see the design and delivery of health services for BC First Nations transferred from Health Canada to a First Nations Health Authority.

BEST OR BETTER PRACTICE PROJECTS
Providing Valuable Advice to Communities

Best or Better Practices refers to innovative health care solutions, grounded in First Nations knowledge and experience that are proven, transferable, and sustainable. The *i*FNHA recently concluded a collaborative evaluation process on Best or Better Practices projects. The following "tips" were shared by the participating communities:

ADVICE TO FIRST NATIONS COMMUNITIES

- Begin small, remain flexible, remind yourselves of the developmental process, communication, build internal capacity and infrastructure to support programming use a continuous improvement approach to evaluation, as it allows for changes and learning without abandoning the services.
- Involve stakeholders within the planning process from the start. The staff and the Youth Advisory Committee worked well in developing a curriculum together through consensus decision-making. This collaboration drove the learning process and made 'Buy-In' possible.
- Request feedback through evaluation forms from the participants who have taken the training. After each training program participant feedback was key in making adjustments to future program delivery.
- Follow-up, post evaluation questionnaire and network with stakeholders. Inform them of new training opportunities, meetings and explore new ideas around program delivery. This provides a barometer of what is needed within the member nation communities.

The total investment in these projects for the 2012 fiscal year was $600,000. Six projects were funded this fiscal year:

MATERNAL AND CHILD HEALTH

- Cowichan Tribes- preventing and managing Iron Deficiency Anemic

MENTAL HEALTH AND ADDICTIONS

- Okanagan Nation Alliance: R'Native Voice and ONA Youth Response Team, addressing Aboriginal youth mental health
- InterTribal Health Authority: Aboriginal Suicide Critical Incident Response Team development
- Xeni Gwet'in First Nation: Mixed model Traditional and western approach to family and individual mental health and healing (see full story on Page 26).

CHRONIC DISEASE PREVENTION AND MANAGEMENT

- Seabird Island: Fully integrated culturally appropriate chronic disease prevention and management program
- Tla'Amin Community Health: Physical fitness and nutritional programming for members of all levels and abilities.

11TH ANNUAL BC ABORIGINAL DIABETES CONFERENCE

Core Issues of Chronic Illness Addressed

The *i*FNHA was pleased to support the 11th annual BC Aboriginal Diabetes Conference held March 20-23 in Penticton, BC. The event brought together over 400 participants from around the province including Chiefs, Elders, community health workers, educators, community members. This year's theme was 'Diabetes: Route to Wellness' and included numerous educational workshops, guest speakers, exercise activities, a trade fair, banquet, entertainment and more.

"This year was amazing as participants looked at emotional and spiritual trauma in relation to diabetes, celebrated life, remembered those lost to diabetes and through spiritual ceremony were able to release and heal," said Conference Organizer and Splatsin Nation member Donna Felix who has been involved in the conference since the first year.

"We are so thankful of all the volunteers, our sponsors and the attendees who make this event a success year after year, it wouldn't happen without your work."

The goals of the conference included increasing awareness and knowledge for health promotion, disease prevention and complications associated with diabetes. It also provided an atmosphere to network and share among health care workers to support healthy lifestyles, and to promote culturally appropriate education for First Nations people with diabetes and Community Health Care Workers.

Diabetes impacts many First Nations communities for a number of reasons connected to the loss of traditional land base and foods, availability of healthy foods, economic factors and reliance upon western diets and medicines. The annual diabetes conference plays an important role in not only spreading awareness and education about the disease, but also in creating an important networking opportunity for diabetics and community health workers.

"It's an important conference because diabetes affects so many people in our Nations. Many of us here have family members with diabetes and we want to find answers so we can be healthier," said Judy Bob, a Tsq'escenemc First Nations from the Canim Lake Band. "Hopefully one day we will see no diabetes in our communities and we will all be healthy like we were before, I know we can do it."

A highlight of this year's conference was the presentation of the province-wide 'Button Blanket Project.' The project aims to raise awareness about diabetes in BC communities by honouring those who have lost loved ones to diabetes. Conference attendees and others gathered buttons to be sewn on the blanket by Elders. Once complete, the blanket will travel to communities around BC. The number of attendees who took the stage to offer buttons showed that diabetes continues to impact many First Nations communities and families and reinforces the need for conferences and gatherings focused on diabetes prevention.

*i*FNHA EXTENDS BC SCHOOL NUTRITION PROGRAM INTO FIRST NATIONS SCHOOLS

It is going marvelously up in Kispiox. We don't often get a variety of veggies or fruit – usually they just have apples. But the grape tomatoes were very well received, as has all the other lovely deliveries. Many thanks!

Reinhold Steinbeisser
Principal
Kispiox Community School

"They love [the program]. It's an absolute mad house. When we get the fresh stuff in, it is gone. They'll eat three apples a day if they can… They're always like "are there any more apples, is there any more this, is there any more that" because they do love it, they just don't have access to it all the time."

Principal
Tsay Keh Dene School

In 2011 the *i*FNHA was pleased to support the extension of the BC School Fruit & Vegetable Nutrition Program into First Nations schools. The *interim* First Nations Health Authority, the First Nations Schools Association (FNSA), and the Province of BC collaborated on the program as a way to give kids nutritional education and a healthy start during classroom hours. Healthy food options can be a challenge for many families and for kids who may attend class without a balanced diet.

The program was created in partnership with the Ministries of Health, Agriculture, and Education and is led by the BC Agriculture in the Classroom Foundation. The objectives of the program are to increase awareness of the health benefits of fruits and vegetables, awareness of fruits and vegetables grown in BC, awareness of the safe handling practices of fresh fruits and vegetables, most importantly to increase the consumption of local fruits and vegetables for youth in school.

In 2011, the *interim* First Nations Health Authority leveraged additional funding to bring the initiative into First Nations schools. Based on the success of the program and feedback received over the past year, the *i*FNHA has committed to renew funding in the coming year.

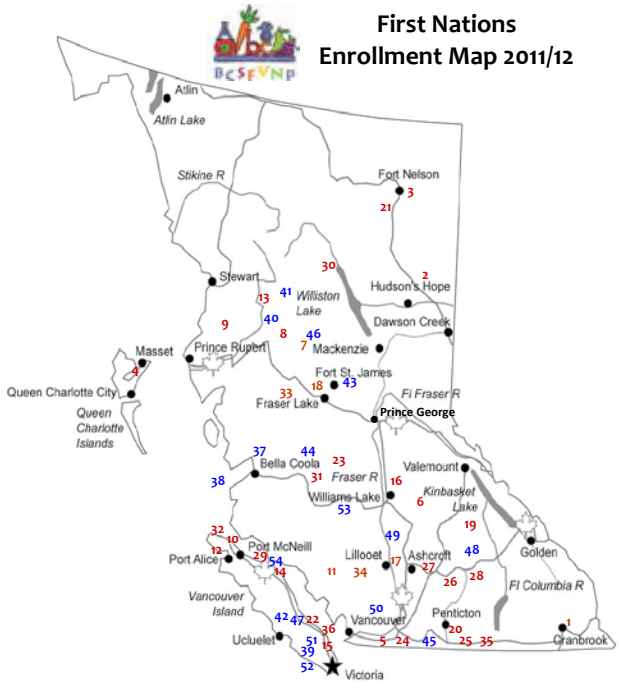
"Simple solutions are achieved through collaboration and partnership. These delivery trucks used to drive by the First Nations schools, we are pleased when we see these imaginary barriers come down and common sense approaches put in place in support of provincial commitments to First Nations health," said Joe Gallagher, CEO of the *interim* First Nations Health Authority. "Through educating our youth on healthy foods, the program will foster health literacy and self-care skills that in the long run result in improved health outcomes for First Nations in BC."

"One of the interesting things we've been able to do is use the excitement and the hype in our own language programming for the language and culture classes. When kids are learning about different food preparations and fruit and vegetable phrases, they don't typically have the actual fruits and vegetables there, so now we are building curriculum around the [BCSFVNP]. And building with our last hulkamalem language speaker, she is helping us develop curriculum that brings it into an everyday useful conversation: what are we eating, how does it taste, this is red, this is full of vitamins." [Special Projects Coordinator, Sts'ailes Community School]

The program began as a pilot project in 2005 with ten schools and has now grown to over 1,000 public schools. Through a network of over 4000 volunteers and partners, BC-grown fresh fruit and vegetable snacks are provided every other week to nearly 380,000 students. The $3 million commitment will expand the program, starting in September 2011, to more than 1,400 public and First Nations schools in BC. During school hours children are especially in need of a healthy diet to be at their best in their studies.

As of March 31st, 2012 - 56 First Nations schools are currently participating in the program.

First Nations Enrollment Map 2011/12



	SCHOOL	JOINED
1	Aqamnik School ~ Cranbrook	FALL 2011
2	Blueberry River First Nations ~ Blueberry River	FALL 2011
3	Chalo Independent School Society ~ Fort Nelson	FALL 2011
4	Chief Matthews School ~ Old Masset	FALL 2011
5	Chilliwack Landing ~ Chilliwack	FALL 2011
6	Eliza Archie Memorial School ~ Canium Lake	FALL 2011
7	Eugene Joseph Elementary School ~ Tachie Village	FALL 2011
8	Gitanyow Independent School ~ Gitayow	FALL 2011
9	Wil Sii Sit'Aatkws ~ Gitwinksihlkw	FALL 2011
10	Gwa'sala'Nakwaxda'xw School ~ Port Hardy	FALL 2011
11	Head of the Lake School ~ Mount Currie	FALL 2011
12	Kak'el'las'i School ~ Coal Harbour	FALL 2011
13	Kispiox Community School ~ Kispiox	FALL 2011
14	Kwanwatsi Primary ~ Campbell River	FALL 2011
15	Lau Wel New \Tribal School ~ Brentwood Bay	FALL 2011
16	Little Chiefs Primary Preschool ~ Williams Lake	FALL 2011
17	Lower Nicola Indian Band School ~ Merritt	FALL 2011
18	Nak albun Elementary ~ Fort St James	FALL 2011
19	Neqweyqwelsten School ~ Barriere	FALL 2011
20	Outma Sqilx'w Cultural School ~ Penticton	FALL 2011
21	Prophet River Dene Tsaa ~ Prophet River	FALL 2011
22	Quw'utsun Smuneem Elementary ~ Duncan	FALL 2011
23	Rosie Seymour Elementary School ~ Canoe Creek	FALL 2011
24	Seabird Island Community School ~ Agassiz	FALL 2011
25	Sen Pok Chin ~ Oliver	FALL 2011
26	Sensisyusten House of Learning ~ Westbank	FALL 2011
27	Skeetchestn Community School ~ Skeetchestn	FALL 2011
28	Snc'c'ama la7 Tn ~ Vernon	FALL 2011
29	Tlisalagi'lakw School ~ Alert Bay	FALL 2011
30	Tsay Keh Dene School ~ Tsay Keh Dene	FALL 2011
31	Tsi Deldel School ~ Chilanko Forks	FALL 2011
32	Wagalus School ~ Fort Rupert	FALL 2011
33	Woyenne Primary School ~ Burns Lake	FALL 2011
34	Xit'olacw Community School ~ Mount Currie	FALL 2011
35	Yaqan Nukiy School ~ Creston	FALL 2011
36	Yu thuy'thut Training Program ~ Duncan	FALL 2011
37	Acwsalcta School ~ Bella Coola	SPRING 2012
38	Bella Bella Community School ~ Bella Bella	SPRING 2012
39	Ditidaht Community School ~ Nitinat	SPRING 2012
40	Gibsan Wet'Suwet'en High School ~ Hazelton	SPRING 2012
41	Gitwangak Education Society ~ Kitwanga	SPRING 2012
42	Haahuupayak School ~ Port Alberni	SPRING 2012
43	Jean Marie Joseph School ~ Portage	SPRING 2012
44	Nagwuntl'oo School ~ Anahim Lake	SPRING 2012
45	Ntamtqen snm'a?m'aya?tn ~ Cawston	SPRING 2012
46	Nus Wadeezuih School ~ Takla Landing	SPRING 2012
47	Qwam Qwum Stowiwuth ~ Nanaimo	SPRING 2012
48	Shihiya School ~ Enderby	SPRING 2012
49	Stein Valley Nlakapumux School ~ Lytton	SPRING 2012
50	Sts'ailes Community School ~ Agassiz	SPRING 2012
51	Stu"ate Lelum (Stz'uminus) ~ Ladysmith	SPRING 2012
52	Sum Sha thut Lellum ~ Sooke	SPRING 2012
53	T'etinqox School ~ Alexis Creek	SPRING 2012
54	Wewaikai Childcare Centre ~ Quadra Island	SPRING 2012

"Because we're so isolated and remote and everything else and we're so busy…. having [the AITC resources] makes it very easy and accessible to the teachers and to everyone working in the program … you can't turn a blind eye. Everybody is learning about all of the fruits and vegetables that we're receiving. It's not just the kids, its community members, it's all of the staff, everybody is learning information they didn't know before and increasing their knowledge."

Jean Marie Joseph School
Principal
Yekooche First Nation

TRANSFORMATIVE HOUSING
Shelter for Urban First Nations Mothers

"(This) initiative opens the doors to women with kids and babies or expecting mothers who without us they would be living on the street or their kids would be taken away."

Catherine Seymour
Executive Director, AMSC

The Aboriginal Mothers Centres Society's (AMSC) Transformational Housing Program has become an integral part to offering safe, culturally appropriate housing and services for mothers and their children at risk of homelessness or child welfare intervention in Vancouver. Mothers play the most important role in creating healthy First Nations families and the *i*FNHA understands that to support mothers to be healthy we are supporting the whole community to be well.

The program and 16 available suites officially opened their doors in November of 2011 and are now operating at capacity with a waitlist, showing the need for increased housing options for mothers lacking support systems and access to safe, affordable housing options in Vancouver.

An overall focus at the Society and in their programming is incorporating holistic programming to address the physical, spiritual, mental, emotional, economic, environmental, social and cultural wellness of participants using intergenerational models of care to help First Nations mothers in need.

Operating out of 2019 Dundas Street just outside of Vancouver's Downtown Eastside, the area is known to be a landing place for many with little or no support systems and no place else to go. For Aboriginal mothers lacking solid family structures and community ties, ending up in the Downtown Eastside can be a one-way street that can lead to losing their children into government care, housing issues, substance abuse, and other high-risk lifestyle habits.

"The Aboriginal Mothers Society Centre and our Transformative Housing Initiative opens the doors to women with kids and babies or expecting mothers who without us they would be living on the street or their kids would be taken away," said Catherine Seymour, the new Executive Director of the AMSC. "We also operate reunification programming to help mothers whose kids are in care to become a family again."

Single Aboriginal mothers face distinct challenges and have been noted as one of the most at-risk and marginalized groups in Canada. When a young mother's child is taken into care, the event can lead into a further sense of helplessness and hopelessness sometimes leading to an increase in engaging in high-risk behaviours. Complicated family situations and a complex set of circumstances can lead single Aboriginal mothers into unhealthy situations and places like the AMSC give an important chance for mothers to rebuild their lives and create healthy families.

There are many success stories coming out of the Transformative Housing Initiative getting mothers back on their feet, giving kids a safe place to grow up and reuniting families divided due to social circumstances. The housing program provides onsite health services bringing in a nurse practitioner once a week for essential medical care for moms and babies as well as a public health worker every other week for immunizations and other needed services. The in-house operation allows mothers to focus on other important needs and cuts out sometimes complex travel arrangements while offering stable, reliable relationships with health practitioners. Daily household tasks and food re-skilling teaches low cost nutritious and traditional food preparation programming to increase health outcomes and prevent diseases for mothers and their children.

Mothers at the centre come from all ages and backgrounds with single or multiple children from babies to teens. Many of the stories at the centre are ones of courage, hope, and endurance, and having all 16 units rented and a waitlist to get in, the need for such a support system for urban First Nations mothers is an important part of the *i*FNHA's mandate to build the health and wellness for all First Nations people.

GATHERING OUR VOICES
Youth Conference Gathers the Leaders of Tomorrow

"The goal is to bring youth together to build leadership skills, interact with each other, foster relationships and provide a positive environment to learn in."

Della Preston
Conference Coordinator

The tenth annual 'Gathering Our Voices' Aboriginal Youth Conference took place on March 20-23, 2012 in Snuneymuxw First Nation territory and brought together First Nations youth together from all corners of the province. Hosted by the BC Association of Aboriginal Friendship Centres (BCAAFC) and sponsored in part by the *i*FNHA, the annual spring break gathering affirms the role of youth in the family unit and community supports the development of the next generation of First Nations leaders.

A record 1600 participants attended the event. The theme this year was 'A Generation on the Move' and as the youngest and fastest growing part of the population in Canada, the power, strength and knowledge of BC First Nations youth are soon to make them the leaders of tomorrow. The conference was filled with workshops, a career and education fair, Elder's wisdom sessions, afternoon and evening cultural events. Youth motivational speakers and guest speakers shared strong messages with delegates over the three plus days in Nanaimo.

"It was a huge success with high numbers and every year it seems to be growing. The impact is larger each year and we hear such a positive response from the host communities on how respectful our youth are," said Della Preston, co-ordinator of the Gathering Our Voices conference. "The goal is to bring youth together to build leadership skills, interact with each other, foster relationships and provide a positive environment to learn in."

Elders teach our youth and youth in turn teach our Elders. This circle of knowledge is an important piece in the wisdom of First Nations and the Conference made this an integral part with a designated Elders room where youth and Elders could connect, share stories and collaborate on activities like blanket making, tobacco ties, and poetry writing. The first evening opened with Justin Rain providing a keynote speech about finding your voice and personal direction to be your truest self. Emcees Kim Harvey and Warren Hooley spoke on taking a stand to End Violence against Aboriginal women and children with each delegate and guest given End Violence shirts. The cause created a united space for youth to take a stand together and the goal was to have youth bring this message back to their communities.

"Next year our focus will be fully on health. Personal, family and community health awareness covering the whole spectrum of health," said Preston, who along with other organizers wanted to thank all the volunteers every year who make the conference a success. "We always evaluate our conference to make sure we are presenting on what the youth want to hear. It's great hearing their stories on how they return to their communities as leaders."

The conference is held in a different part of the province each year to allow youth from surrounding communities to attend and as a carbon neutral conference, the tone is set from the beginning on innovation and striking a new path forward. The 2012 conference was the largest to date and each year the positive impact from what is learned echoes back through Nations when youth return to their community.

The BCAAFC and Ooknakane Friendship Centre announced the 2013 'Gathering Our Voices on Health' will be held in Okanagan territory March 19-22, 2013 at the Penticton Trade and Convention Centre. The annual conference has evolved into an essential tool for BC First Nations youth to learn important life skills that promote healthy living, support personal growth, and elevate their talents to be the leaders of tomorrow.

ABORIGINAL SPORTS, RECREATION & PHYSICAL ACTIVITY PARTNERS COUNCIL

The development of strong partnerships are a critical success factor in building healthier First Nations individuals, families, communities and nations. As the *interim* First Nations Health Authority develops, the organization works to judiciously apply funding where it will have the most impact towards promoting wellness. Developing First Nations sports, recreation and physical activity capacity, and linking this capacity with existing provincial programming and development opportunities is a high priority for the *i*FNHA.

"We are focused on keeping First Nations and Aboriginal people well", says Joe Gallagher, CEO, *i*FNHA." Being active is a life-long journey, and the Partners Council promotes physical activity for all ages and abilities. We know that investing in health promotion today has a far greater dollar for dollar impact than investing in disease prevention later in life."

In 2011-2012, the *interim* First Nations Health Authority continued its partnership arrangement with the Aboriginal Sports, Recreation and Physical Activity Partners Council (Partners Council) through a $150,000 contribution agreement. *i*FNHA funding was used to support much-needed core capacity at the Partners Council. The development of core capacity has enabled the organization to leverage the provincial partnership and secure funding to deliver an ambitious array of program and services.

Programs rolled out by the Partners Council over the past year included: Regional Engagement and Planning, Community Sport Development Projects, Sport & Active Living Leadership for Aboriginal Youth Conference (SALL), Equipment Grant Program, and BC Aboriginal Provincial Championships & Athlete Development Camps.

"2011/12 was a pivotal year for the Partners Council", remarked Rick Brant, Director, Aboriginal Sport, Recreation and Physical Activity Partners Council." Through the support of the *i*FNHA and its commitment to the successful implementation of a new Provincial Strategy for Aboriginal Sport, Recreation and Physical Activity, we have been able to build a new provincial infrastructure that is delivering community based programs that are having a positive impact on the health and well-being of First Nations people across the Province."

PARTNERS COUNCIL ACTIVITIES BY THE NUMBERS *The Partners Council successfully launched:*

12
programs that encompassed…

297
separate events/activities, which involved more than …

10,430
Aboriginal people across British Columbia.

TLA'AMIN COMMUNITY UNITES FOR INTERGENERATIONAL HEALING

In January of 2012, Tla'Amin Community Health Services Society, in partnership with neighbouring nations, hosted four sessions on the intergenerational effects of residential school, spurring dialogue and a focus on healing.

Over 80 community members participated in the four Community Engagement Hub sessions where stories were shared, emotions were felt and a safe environment for healing was provided. Located in the Vancouver Coastal Region in Powell River, the healing sessions are a positive model that can be used by other First Nations while adding a local touch for each community.

"Aboriginal health today is a reflection of our history. The historical disadvantages all First Nation people share are colonialism, racism, disease, loss of land, the residential school experience, forced separation of families, disruption of healthy families, loss of traditional life style and foods, poverty, unemployment and inadequate housing," said Doreen Hopkins, the Tla'Amin Community Engagement Hub Coordinator who helped organize the events. "With that being said, it is no small feat that we have survived. Once we begin to understand what has occurred to us, then we can start to make the changes that we need, working towards wellness in our communities."

The discriminatory effects of residential schools and colonization had significant harmful outcomes for First Nations people including a loss of cultural identity, language, land base and access to traditional medicines, foods, and spiritual places. These historical outcomes have been directly linked to many current issues facing First Nations related to mental health, substance abuse, diabetes, obesity, self-confidence, gambling, lateral violence and others. BC First Nations have stated some of the main negative effects of residential schools included the loss of language, isolation from family, loss of cultural identity, harsh discipline, verbal or emotional abuse, separation from community, physical abuse and others.

"Once we have identified the issues, we can collaborate and plan to work together to make it a reality that our health is the same as other Canadians. The *i*FNHA is projecting that we will make major gains in health status within one generation," said Hopkins. "Prevention will play a key role in the communities, and one area of concern is that residential schools did have a deep impact."

To move forward on healing, the next steps stated were for First Nations to take ownership of what occurred. Many First Nations feel like they shouldn't talk about it, trust, or feel emotions – these three things were shown to affect families and become habits. In order to get past these important issues it was necessary to identify and acknowledge the collective history of residential schools. The healing space created at the sessions promoted togetherness, sharing laughter, and fun, while dealing with a serious topic.

At the end of this session, an Eagle feather was presented to Klahoose and Homalco. The feather represents to the communities the willingness to work together for wellness. The wrongs of the residential school era will never be completely forgotten but positive healing events like the Tla'Amin sessions are leading the way to moving past the darkness of the past and into the light, a natural place for BC First Nations communities.

ABORIGINAL DOULA TRAINING INITIATIVE:
Bringing Birth closer to home and into the hands of Women

"We want to support our women along the way with finding their own culture and traditions and explore those options. Yes, we need doctors and nurses but we also need to reclaim our traditional birthing support practices and cultural teachings. It's important to remember that birthing is a way of life not a medical condition."

Nadine McGee
Coordinator
Community Action
Program for Children

One of the 29 priorities identified in the Transformative Change Accord First Nations Health Plan (2006) was to bring birth back into the hands of Aboriginal women. The Aboriginal doula Initiative continues to make hands-on changes in the lives of many mothers, families and new additions to the BC First Nations community

The Aboriginal Doula initiative was created in 2005 to increase the number of practicing Aboriginal doulas in the province of BC. Since its inception, the initiative has trained 58 doula's through regionally-based training sessions. In 2011-2012 Aboriginal Doula Training took place in Kamloops and Port Alberni. The *i*FNHA contributed $262,800 to support the project.

The initiative aims to overcome barriers that pregnant mothers may experience such as access to perinatal care. Some challenges include transportation and an absence of culture-based prenatal outreach and support programs.

A recent graduate of the program explains:

"My first mom was 18 years old, she was a very quiet person and when her sister found out I was a doula she tracked me down to get me in touch with her. When the mother went into labour, she went to Lillooet where she was told that she needed to go to Kamloops because her baby may need extra assistance," said Deborah Peters, a Lillooet community member on her first experience following the training.

"I travelled with her to Kamloops hospital, she was very emotional because her family couldn't be there due to a rockslide blocking the road. At the hospital the doctors and nurses used a lot of big words and the mother panicked."

Because the mother was not ready to give birth yet and the maternity ward was full, Peters explained that they returned to Lillooet. A few days later, the mother began experiencing contractions and gave birth in Lillooet Hospital.

"That was my first birth where I was in the labour room, the mother held her boyfriend and my hands and the doctor stood back because we were guiding and helping her."

Lucy Barney, Aboriginal Lead of Perinatal Services said that one of the project's highest priorities is making it sustainable. This includes implementing permanent wages and providing continuous training programs. An evaluation framework has been developed by the Tripartite Doula Initiative Working Group lead by Perinatal Services BC with the ultimate goal of creating a long-term model for Aboriginal Doula Services in BC.

A typical Doula training session is 4.5 days long and incorporates DONA Certification as well as a culturally competent First Nations perspective. doula's have traditionally been involved in First Nations communities as aunties, grandmothers, sisters and supporting family and community members. Combining the traditional knowledge of support that has always been integrated into First Nations families, the DONA Certification elevates the capacity of doulas.

"When you're a doula with a family or couple, it's important to remember it's their birth, their story, their experience. You are there to support them physically and emotionally through the birthing experience. I really learned from the collection of Aboriginal women in that room that we all come from a strong, cultural base," Nadine McGee, Community Action Program for Children (CAPC) coordinator and certified doula.

"We want to support our women along the way with finding their own culture and traditions and explore those options. Yes, we need doctors and nurses but we also need to reclaim our traditional birthing support practices and cultural teachings. It's important to remember that birthing is a way of life not a medical condition."

A doula campaign is now in the works to raise awareness of the important roles that doula's play. Posters, DVD's and other materials are also being developed to promote the campaign. Barney adds that Doula Training is a great stepping stone into other health careers.

"A really good outcome for these doulas would be if they continue into health careers such as nursing, doctors or midwifery. It would be great to do this [doula] training in the other health authorities," says Barney. "We're learning to engage communities and health service providers and all levels of government to participate in this initiative. This training is a great example of a successful Tripartite initiative, we're leaders in showing Health Actions in action."

THE CHILD AND PASSENGER SAFETY EDUCATION AND CHILD SEAT LOANING PROGRAM

Community Child Seat Sharing Drives Safety Home

Nations using child seats varies widely across the province based on demographics of the community, vehicles available to community members, accessibility of education and resources, proximity to programs and services at home and away, availability and accessibility of funding, and other factors.

A Tripartite injury prevention project has shown significant positive results in keeping First Nations children safe while driving in motor vehicles. The Child and Passenger Safety Education and Child Seat Loaning Program was implemented in 33 communities with a total of 372 child seats purchased through health services integrations funding.

The BC First Nations Child Passenger Safety Strategic Framework provides recommendations that incorporate wisdom of First Nations with child passenger safety experts within and outside First Nations communities. The Framework is designed to build on the heritage, culture and experience of First Nations to 'nurture a strong and sustainable culture within and throughout BC's First Nation communities'.

Access to child seats can be a challenge for some First Nations families. Many programs and initiatives for First Nations communities related to motor vehicle safety focus only on driver awareness and seatbelts, leaving out the topic of child seats. The cooperative model of sharing child seats turned out to be a huge success with families taking ownership of the equipment and keeping it in good order as community owned equipment.

It has been stated that to close the gap between First Nations and other British Columbians in injuries and death in motor vehicle collisions, road safety programs must be developed that deal with the social influences underlying unsafe behaviours leading to crashes and injuries.

One of the most important factors brought up was developing strategies that stress full participation of First Nations communities in the design, delivery and evaluation of any and all programming including the four key elements of the Tripartite First Nations Health Plan:

- Respect and Recognition
- Commitment to Action
- Nurturing the Relationship
- Transparency

Insight Driving Solutions was a big part of the process contributing vital information on child seat related studies, reporting, statistics and informing the project processes and direction. In the Insight report, education alone as a single strategy was not considered effective at reducing injuries. Nations using child seats varies widely across the province based on demographics of the community, vehicles available to community members, accessibility of education and resources, proximity to programs and services at home and away, availability and accessibility of funding, and other factors.

The main gaps identified are education, resources, capacity and funding for implementing child seats at a larger level. Current child seat use in communities was varied across the board depending on the size and location of

communities, number of children in the community, vehicles available, education about differences in child seats, and finances required to purchase a booster seat.

The emergence of passionate leaders with a desire to take responsibility for nurturing a culture of safety in their communities was seen to be big success in the child seat initiative. A number of sharing programs were already in operation through the Aboriginal Head Start On-Reserve Program, Friendship Centres, First Nations Health Centres, band offices, and community daycares.

As there was no formal policy for loaning child seats and communities were using sign in sheets, white boards, and waivers. Many communities indicated a child seat loaner manual would be helpful and a Child Seat Share Cooperative Guide was developed to better reflect culture and sharing through the Tripartite Strategy Council for Primary Care and Public Health.

Most community members received their information about child seat safety through prenatal and post-natal programs, parenting groups, newsletters, child seat inspection clinics, children's programming and playgroups, mom and baby luncheons and health fairs.

The child seat sharing program allowed mothers easy access to proper equipment to ensure the safety of children while in the car. The program saw big support at the community level and further steps in the right direction can be taken to increase capacity to First Nations across all of BC.

Recommendations included developing education and resources that are specific to the needs and culture of First Nations, revising and expanding the current Aboriginal Occupant Restraint Toolkit that includes a Child Seat Sharing Cooperative Guide, printed materials, education and training guides, and resources for leaders.

ʔENIYUD HEALTH SERVICES
Mixing Traditional and Western Approaches for Mental Health Results

ʔEniyud Health Services through the Xeni Gwet'in First Nation has been working successfully to build mental wellness for community members through their two year Best of Better (BOB) Practices Mental Health Project with funding and collaborative help from the *i*FNHA.

Many positives have been felt from the project that seeks to improve family relationships generationally and culturally through traditional and established western healing methods. Addressing mental health issues of substance abuse, family breakdowns, self-esteem, depression, and emotional volatility must be handled very delicately and this BOB Project found that a distinct traditional, spiritual and community-driven approach works best.

"The community is doing very well and has seen many positive changes from the project. We believe this project has made a significant difference and hope to be able to continue the progress we are making," said Patrick Lulua, Health Services Director of ʔEniyud Health Services. "Each year we have seen increased support for the project, increased attendance at events, and very positive changes related to addictions and unhealthy behaviours."

Traditional knowledge and practices were incorporated into the whole BOB project and were an important part of attracting community members, helped them to feel comfortable, have fun while doing the work and sustain the healing process through community and traditional connections.

One of the greatest lessons from the events were that traditional and western healing must become one for true results in this First Nations community under these circumstances. Healing was easily accessible in small groups, family groups, and support groups, with laughter and fun always necessary to aid in the journey. The project also included the First Nations communities of Stone, Anaham Lake and other members of the Tsilhqot'in in some events but the remote location limited access to programming for some.

"Each year we have several more people who are healthy, clean, committed and working alongside the team to bring mental health to the others. This community can be saved from the negative decline seen in so many other communities, partly due to their isolation, partly due to their warrior personalities, and partly due to the high number of people willing to find a way to heal," said Lulua.

"This project has made this community primed for success…with every changed individual we are building a healthier community."

A peer related approach to healing worked better than top-down methods seen often in the western mental health system and shown not to be effective in First Nations communities. The 'Friends helping Friends' rehabilitation was very successful in showing a group community approach to mental wellness with individuals helping each other without the need for 'formal' professionals. This helped participants but also staff and community members to bond, learn, grow and heal.

Other best practices included wellness activities that aren't formally termed 'mental health' but have related connections such as fitness, weight loss, healthy eating, cooking, and massage. These create healthy interactions, confidence building, socialization and bringing laughter into the event.

The program also included:

- Traditional medicine camp with healing services
- Traditional spiritual counseling and coaching
- Traditional ceremonies such as full moon and solstice ceremonies
- Traditional skill activities such as drum making, ceremonial clothes making, fire making, horseback riding, camping, fishing, singing, dancing, banner making, story-telling, tool making, tracking, living off the land, games, competitions, etc.
- Traditional gatherings, support groups, and camps
- Traditional rehab program
- Sweat lodges, ceremonial fires, and traditional medicines

Throughout the project there was a call to encourage and support more First Nations to become traditional counselors with basic training, life skills and willingness to work with people doing traditional and cultural activities and being a role model for health and wellness. The project determined that many Xeni Gwet'in people were ready for this role with a strong understanding of their identity, pride in their culture, honesty, and the ability to speak and act on what they say.

In closing Lulua commented that evaluation data does not often accurately capture the community impact of projects like this one. Over time the lessons learned and bonds created grow and strengthen into healthier relationships with healing taking place over time. There was a significant jump in participation over the two year program reflecting a clear positive impact on community members and interest in future projects that place value on peer, community, and traditional healing practices.

LAKE BABINE COMMUNITY ENGAGEMENT HUB
Youth Lead Local Health Initiatives

"We have a weekly Hub youth drumming and singing group and at our youth cultural camp we invited our Elders to come and watch our 35 youth who attended sing and drum the traditional songs. The Elders were in tears of joy because the youth knew the traditional songs better than they did. They felt like they could relax and were no longer scared of losing that knowledge."

Crystal Harwood
Coordinator
Community Engagement Hub

A number of Lake Babine community youth have been leading the way for the entire region in a number of important programs and initiatives through their Community Engagement Hub programming. Driven by the Nation with the *i*FNHA as a wellness partner, the communities have brought in specific local initiatives to address health and wellness concerns.

Youth in the area are striking a new path for the rest of the community by making the changes they want to see and encouraging older age groups to get involved in what's taking place in the community. Culture and tradition has been guiding much of the programming suggested by youth including wellness workshops, youth sexual education, drug and alcohol awareness, diabetes awareness, cultural lessons working group, and the youth cultural camp that has been a 'big bang' success.

"A lot of our community attention and focus has been on our youth, many of the children in the community have been coming to our workshops and events, and after the adults see their involvement they have begun to follow the youth and get more involved," said Crystal Harwood, Community Engagement Hub Coordinator for the Lake Babine Nation.

The Hub program has been 'nothing but a blessing' for communities in providing them with an opportunity to be involved in their health and wellness journey and feeling like their voices are finally being heard in determining their health future. The Hub acts as a centre for information updates, knowledge sharing, and place for people from the surrounding area to see what's happening in communities and adopt best practices.

The development of a local youth centre was 20-plus years in the making and since the Hub activity has been in full action, the project was off the ground in around 3 months. A 'United Nations' gathering took place including communities from Gitsegukla, Nakazdli, Tlazten, Takla, Chestlatta, Wetsuweten, Burns Lake Band, and opened up space for collaboration between Prince George's South Asian community and First Nations in the area. The event promoted strength and unity in diversity through performance and song and spurred interest from Chiefs and youth about increasing drumming, singing and regalia-making skills as well as inter-Nation interaction in their communities.

Another initiative that was put into action at the *i*FNHA's Gathering Wisdom V was an important collaborative meeting with Health Canada to get doctors to begin to visit Fort Babine and Tatchet cutting down significant travel costs with solutions-based results at the local level.

The tragic Burns Lake fire in March affected many in the tight-knit community and the support shown since the accident has been a bright light bringing together local First Nations and non-First Nations alike.

"It was hugely devastating and our communities were torn apart but we grieved together and everyone felt like they weren't alone," said Harwood. "It was a challenge at first and an eye-opener but it was also a lesson in showing us to appreciate what we have."

The disaster showed residents that improvements were needed in health facilities to handle such situation as well as non-emergency services such as counseling that began to book up fast after the event. The unity after the event and the drive to increase service capacity at the local level helped push new projects and innovation along – all driven by the community through partnerships.

4TH ANNUAL TRADITIONAL FOODS CONFERENCE
Island Nations focus on Food and Tradition

Elders remarks from the 2011 Traditional Foods conference:

"I remember looking at my grandmother's storage shed; all the rows on top. The first row was for the salmonberries, the second row was for the blueberries… rows of blackberries and apples." They were used throughout the year. The trouble in our communities, even with myself; I have become too commercialized, too easy for the access of food. Eating too much of this or too much of that. But I realized how important it was for me, at least once or twice a week, to have some of our traditional foods."

"We had our own root cellar. We had no backhoes; it had to be dug by hand… There was no electricity, no power saws, everyone had their job to do, without question. Everyone in our village had to work."

"Sometimes the old ways are the best way."

Kwakuitl District Council Health (KDC Health) in Partnership with Aboriginal Health Vancouver Island Health Authority (VIHA), Cape Mudge Band, Campbell River Band, Vancouver Island Indigenous Foods Network and the *interim* First Nations Health Authority hosted the fourth Annual Vancouver Island Traditional Foods Conference in September 2011. The conference was a huge success with more than 400 delegates throughout the Island attending the two day conference filled with panel discussions, workshops, cooking, great feasts and knowledge sharing between youth, Elders and other community members.

Information sharing between island and coastal communities on traditional foods, cooking techniques, and traditional nutrition continues long after the conference has concluded, and the establishment of knowledge keepers' networks is a key outcome to the conference.

Cory Frank of the K'omoks First Nation was on hand to assist with a pit cooking demonstration. Frank learned pit cooking in 2009 at the 2nd annual traditional foods gathering, and has become the local pit cooking expert in the intervening years. Great synergies are being created at the community level with the introduction of community gardens and pit cooking. "Pit food is incredibly healthy and naturally seasoned," notes KDC dietician Kathleen Power. "We now have two pits beside our community garden enabling us to experiment with different flavours and vegetables."

The annual conference is free and open for all to attend. "A great secondary benefit that comes out of the conference is the ability to bridge the gap between Aboriginal and non-Aboriginal people through the sharing of food and culture," shares Mrs. Power. "Food is universal. Creating opportunities to learn about one another through the sharing of food and hands-on demonstrations goes a long way to forging stronger relationships with the local community."

The conference was designed to suit all ages and tastes and one of the most popular events was Traditional Foods Fear Factor. The event pitted blended McDonalds food against some of the more rare and unusual local traditional foods. In the competition, youth could choose to drink a blended Big Mac combo or eat some locally harvested urchin. With the gentle urging of the elders most youth opted for the traditional food and were surprised at how much they loved it.

Conducting a conference of this magnitude takes a great deal of planning and the organizing committee maintained safety as a top priority. Many participants had never tried seafood or shellfish leading to a risk of anaphylaxis. Epi pens in hand, the KDC nursing staff were out in full force should any medical event arise. Never missing the opportunity to perform community outreach, nursing staff also offered blood pressure and blood glucose checks for conference participants. Mrs. Power notes that "We tend to reach more people at events, the fun and relaxed atmosphere is different than the experience of coming to the clinic. Often these checks are the first step to establishing a relationship and having people come to the health centre for follow up."

About the conference: Initiated in 2008, the annual Traditional Foods conference is organized by the host nation and a coordinating committee of volunteers. The Coordinating Committee for this year's conference included: Gary Ardron, Ben Badgero, Marion Atkinson, Fiona Devereaux, lavern Henderson, Mary Henderson, Cindy Inrig, Noreen Messer, Brody Naknakim, Kathleen Power, Kim Roberts, Peter Ross, Erin Roswell, Debbra Thomas, Lynda Unterthiner and Patti Wilson.

YOUTH HEALTH FORUM
Fraser Hubs Collaborate on 2nd Annual Event

In the spirit of collaboration the three Community Engagement HUBS of the Fraser Region: Ye mi sqeqó:tel la xwe lets'emó:t ó Hub, Nlaka'pamux and Sto:lo Nation Hub held the Second Annual Youth Health Forum on August 26th at Seabird Island.

The event was hosted in the Seabird Island Gym and there were 45 youth in attendance and the day was jam packed with activities. We had Mike James teaching the importance of team work and traditional games.

The forum invited presenters, workshop facilitators, a career panel, display booths and entertainment.

Inez Jasper, Aboriginal Recording Star, and Community Health Nurse for Stó:lô Nation talked with the youth about healthy, safe and responsible sexuality.

There was a panel of First Nations and Métis professionals to speak with the youth about careers paths, when they thought of going into their chosen fields and what they loved about their careers. The youth were given an opportunity to ask questions. The Career Panel included: Gail Starr, RCMP; Emerald John, Teacher; Sarah McNeil, Nurse; Karlene Harvey, FNHC, Bill Gowans, FNESS.

The youth had an opportunity to learn how to express themselves through art, hip hop song creation and Theatre games. With the help of entertainers: Rapture Rising; Carrie Lynn Victor, Teresa Point, and a hip hop Dou Dani and Lizzy.

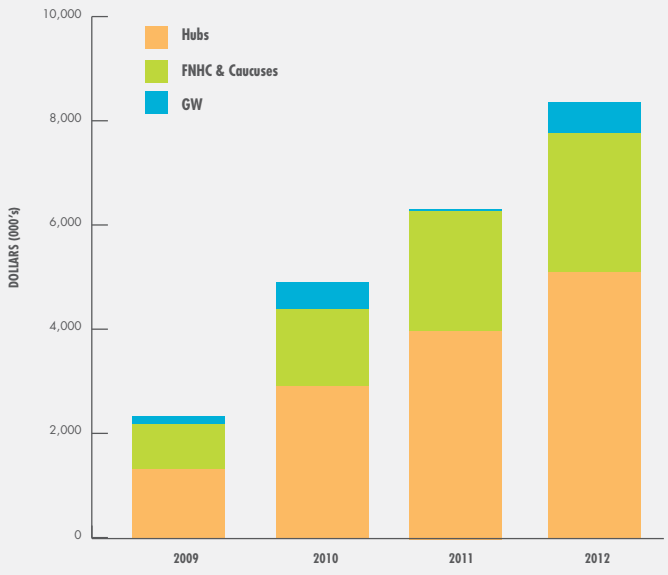
The entertainers ended our day with engaging the youth in sharing their hip hop creations with the audience and shared hip hop creations of their own.

HEALTH GOVERNANCE & COMMUNITY ENGAGEMENT

Developing a meaningful community engagement network that imparts wisdom and guidance from First Nations in a manner that does not overburden communities, and which is cost-effective, has been a top priority over the past 4 years. As the governance structure continues to evolve, so too, does the community engagement structure.

In 2011-2012, community engagement was the largest single budget item for the *i*FNHA. A total of $5,117,267 was invested in community engagement hubs and supports. A significant investment was also made, through the health governance process including the First Nations Health Council and Regional Caucus and Sub-Regional Caucus process. In total, costs associated with engagement and the political processes for 2012 reached $8,379,882 an increase of 32% on the 2011 budget of $6,330,591.

FIGURE 1.0
GROWTH IN ENGAGEMENT & POLITICAL PROCESS BUDGETS 2009-12



Based on Figure 1.0 we know that the current level of growth in engagement spending is unsustainable. The *i*FNHA also recognizes a growing urgency being communicated by BC First Nations for investments in programs and services rather than conversations. At the same time, we know that community engagement is a cornerstone of our success to date, and into the future.

Balancing investments in engagement and programs and services is an ongoing challenge for our evolving and ongoing journey. Clear direction from leadership was provided at Gathering Wisdom with respect to the necessity of bringing current processes of community engagement together under one roof in the form of regional offices. A plan for regional offices is now underway, including engagement with communities on the form and function of engagement processes into the future.

Collectively, BC First Nations have taken the responsibility seriously, community engagement has been led by First Nations for First Nations and some incredible successes have been achieved. A number of the stories outlined in this report are the direct result of collaboration amongst BC First Nations that did not exist prior to the Health Plans. From the Fraser Health Hubs collaboration on a joint youth gathering to Lake Babine's success in cultural revival, these successes would not have been possible without a strong engagement structure.

As the governance structure continues to evolve so will the engagement structure. The nature of this change has yet to be determined, what is known is that communities will have input into the process in 2012-2013.

HEALTH ACTIONS 2011-2012
In Action

The HKI Strategy Council members are strategic leaders from each of the Tripartite parties, including the Deputy Provincial Health Officer, Director of FNIHB Health Surveillance Unit, and iFNHA Executive Director of Health Actions. The HKI Strategy Council provides strategic leadership and direction to the whole of HKI. The HKI Strategy Council collaborates to maximize use of HKI resources and build linkages between HKI and the other Health Actions strategy areas.

HEALTH KNOWLEDGE AND INFORMATION

The work of the Health Knowledge and Information (HKI) strategy area is organized into four major focus areas:

- Data Management,
- Surveillance,
- Health Indicators, and
- Academic Collaboration

A Planning Committee with representatives from each of the Tripartite parties has been formed in each of these areas. The Planning Committees consist of technical experts such as Policy Analysts, Epidemiologists, Managers, Directors, Health Planners, and Health Actions Coordinators who work collaboratively to develop new structures and processes that will ultimately improve the availability, accessibility, and quality of health knowledge and information. In addition, the Tripartite Data and Information Planning (TDIP) Committee is comprised of technical experts that are responsible for the implementation of the Tripartite Data Quality and Sharing Agreement (TDQSA), signed in 2010.

In 2011, the TDQSA made possible the creation of the First Nations Client File (FNCF), a tool that allows the parties to generate and use new First Nations health data. On its own the FNCF is only a list of Status Indians who have resided in BC at some point since 1992. Only in linking the FNCF to other data sources can it tell you information about the health of First Nations. The FNCF can be used to identify First Nations people in administrative health datasets to monitor important health topics, plan programs and track health trends over time.

The FNCF is created by linking three datasets: (1) the Indian Registry administered by Aboriginal Affairs and Northern Development Canada (AANDC – formerly Indian and Northern Affairs Canada (INAC) (2) the British Columbia vital statistics database, (3) the client registry of the public health insurance program of British Columbia. The Tripartite partners agree the FNCF is the best method of access to accurate health information about the identifiable majority of Status First Nations and their entitled children residing in BC at this time.

The FNCF will be refreshed annually with current information from the Indian Registry as of December of each year until the expiration of the TDQSA.

Together, the technical experts of the TDIP Committee are promoting learning and sharing between systems and developing new processes for First Nations governance of health information. All of the work within the HKI strategy area is overseen by the HKI Tripartite Strategy Council.

PRIMARY CARE AND PUBLIC HEALTH

It's exciting to see we are now working with a new draft framework for Primary Care and Public Health. Based on the new framework and for the first time, BC First Nations will be influencing services where it counts the most –with respect to wellness and community services. Why should communities care about a new framework? It is through this framework, that new services and strategies are being developed. Over the coming months, the iFNHA and its Tripartite Partners will be examining various options that communities are proposing and come up with new ways of delivering services. All of this will be based on the community feedback that we have collected over the years. The Primary Care and Public Health Strategy Area has been arranged with the participation of FNIH, BC Region and the Ministry of Health. Four physicians representing First Nations interests are part of this Strategy Council. Under this Strategy Council, planning work has been organized into four categories of Planning Committees:

- **Physicians, Nurses and Allied Health Professionals:** In this area, the Planning Committee will be examining new models for service delivery in communities that will allow community members improved access to health care services. For example, the iFNHA has been supporting the community response to the NP4BC program that will be placing Nurse Practitioners in First Nations communities across the Province.

- **Injury Prevention, Control and Response:** An environmental scan of injury prevention practices and programs across the Province has been completed. The Committee looks forward to benefiting from the experience of the Three Corners Health Society in Williams Lake, as the Committee works in developing a FNHA injury prevention model that will be available to all communities.

- **Healthy Lifestyles and Wellness Promotion:** ActNow funding was provided by the Provincial government and in collaboration with the National Collaborating Centre for Aboriginal Health (NCCAH), to 17 different community initiatives focused on health promotion in First Nations communities. An evaluation was completed of these initiatives with feedback from over 1,215 community participants including children, youth, adults and Elders. The results of this evaluation are being used to develop a new First Nations Health promotion strategy.

- **Communicable Disease Prevention (including HIV/AIDS Prevention and Treatment):** A new First Nations communicable disease policy will soon be developed that builds on the lessons

HEALTH ACTIONS – IN ACTION

learned from the H1N1 pandemic response. In addition, an HIV/AIDS Prevention and Treatment Action Plan will soon be completed.

There is still so much work to do, but progress is under way in determining what methods and tools are needed to bridge gaps in services being delivered to communities across the Province in all of these areas. For example, there is a definite need to supplement and increase community access to primary care services (e.g. physician, nursing and nurse practitioner services). By identifying gaps such as these, decisions can be made about what new Primary Care and Public Health Services will be needed in the new FNHA. Communities have already told us where a number of gaps exist and some have developed plans to bridge these gaps through health initiatives. The Community Health Initiatives funding that is being made available will assist the iFNHA in identifying other ways of bridging health gaps. This exercise will build on previous First Nations community partnerships so that all First Nations in BC will be able to benefit from their experience.

HEALTH HUMAN RESOURCES

The Health Human Resource Tripartite Strategy Council has brought varied partners to the table to discuss the vast area of human resources such as K-12 and post-secondary education supports, cultural competency and many other areas. The strategy for this area is in draft and will be released in the Fall. To help guide the collaboration amongst partners, a wellness circle was developed that encompasses a traditional First Nation perspective with what services/components are required to support the development of First Nation Health Human Resources.

The HHR team is currently working on four priority areas. The four priority areas will be supporting planning committees who are in the process of development and expect to begin meetings in Fall of 2012. These priority areas include:

1. Health Career Promotion
2. Training and Professional Development
3. Planning and Forecasting
4. Recruitment and Retention

The 4 priority areas were generated with guidance from the following key documents and target audiences:

1. 6 Health Actions outlined in the Transformative Change Accord: First Nations Health Plan related to Health Human Resources

2. First Nations Health Blueprint for British Columbia, BC Aboriginal Health Human Resources Initiative Environmental Scans (2007-09), Gathering Wisdom for a Shared Journey (2007, 2008, 2009), Health Director's Forum (2008) and BC First Nations Health Regionals Caucuses (2008 to 2010), Issues for First Nations Communities in Health Human Resources (2010);

3. First Nations Health Directors Association

4. Input from Tripartite partners and other stakeholders who contribute perspective from the systems they work within and enable insights, linkages and alignments to occur where appropriate.

The FNHHR Strategy area has initiated discussions with stakeholder groups including:

– Health Human Resource Council (made up of Human Resource people from each of the Health Authorities)

– BC Association of Universities and Institutes

– BC Aboriginal Post-secondary Education and Training Partners Group

The FNHHR Strategy Area has also initiated the work to populate the planning committees and sent out letters of invitation to representatives of the stakeholder groups. It is expected that the planning committees will meet at the end of September.

TRIPARTITE FIRST NATIONS AND ABORIGINAL MATERNAL AND CHILD HEALTH

The strategic goal of the Maternal and Child Health 'cluster' is to improve geographic and equitable access to all relevant services (including those delivered by Government, mainstream agencies and First Nations communities); work to ensure services are culturally responsive and safe for First Nations consumers and to focus on prevention and public health while improving 'front line' early intervention; treatment, referral and follow up services.

STRATEGY COUNCIL MEMBERS: Representatives from each of the Tripartite parties include - Health Directors; Executive Directors; Directors; (5) Regional Health Authorities; Health Planner; Health Actions Coordinator

PLANNING COMMITTEE MEMBERS: Representatives from each of the Tripartite parties include Directors; Leads; Supervisor; Manager; Policy Analyst, Health Planner; Health Actions Coordinator

IMPLEMENTATION WORKING GROUPS: Initiative Leads, technical experts

MCH IMPLEMENTATION INITIATIVES (April 2011- March 2012)

Doula (led by Perinatal Services BC)

- Doula training occurred in: Interior Health Authority (12 trained - December 2011) and Vancouver Island Health Authority (18 trained - March 2012). Many of the trained Doulas have had the opportunity to support pregnant Aboriginal women

- Two half-time Doula liaisons hired – Port Alberni and Kamloops

- Evaluation framework developed to look at sustainability

Screening

- *Oral Health*: (led by MoH) Environmental scan of Oral Health Services in BC for First Nations and Aboriginal Children aged 0-7 years released and First Nations/Aboriginal Childhood Oral Health Strategy development planned to follow.

- *Hearing*: (led by BC Early Hearing) DVD to be produced by Penelakut Tribe in partnership with Kwassen Productions

- *Vision*: (led by FNIH) communities are requesting screening equipment; training of 10 more vision screeners held in March

HEALTH ACTIONS – IN ACTION

Safe Sleep
(led by Perinatal Services BC, formerly held by BC Coroner's Office)

- UBC Learning Circle session took place February 21st
- Resources/activities under development

Complex Health Care Needs - Discharge Planning
(led by Child Health BC)

- Committee continues to meet to further revise model/plan
- Community forum for review of model/plan held in Duncan, BC on April 3 2012

Healthy Start

- MoH has scanned perinatal public health services and developed essential service statements for both "universal" and "enhanced" services (including the Nurse Family Partnership project) which would benefit from Tripartite input
- Development of a working group for this initiative
- Nurse Family Partnership to be included in HSIF proposal

MENTAL HEALTH AND SUBSTANCE MISUSE

The Transformative Change Accord: First Nations Health Plan (TCA:FNHP) has three actions related to mental health, addictions and suicide prevention, including Action Item #8, which states: "Adult mental health, substance abuse as well as young adult suicide will be addressed through an Aboriginal Mental Health and Addictions Plan."

The Tripartite partnership has representation that includes the interim First Nations Health Authority; Ministry of Health; Ministry of Children and Family Development; Provincial Health Services Authority; Northern Heath Authority; and Health Canada. As a result of the scope that includes Aboriginal people, a broadened span in participation includes the BC Association of Aboriginal Friendship Centres (BCAAFC) and the Métis Nation British Columbia (MNBC) as partners in the Strategy Council's efforts to address First Nations and Aboriginal mental wellness and substance use issues.

In accordance with the Health Actions Implementation Approach, a Tripartite First Nations and Aboriginal Mental Wellness and Substance Use Strategy Council (2011) and two Planning Committees (2012) have been formed to coordinate the development of a process to contribute expertise to the development of strategic and policy direction on these health actions. A Suicide Prevention, Intervention and Postvention Working Group (2012) was also established to gather and share information, resources and tools with First Nations and Aboriginal communities to effectively address suicide in a holistic, comprehensive and effective manner.

The Tripartite nature of Health Actions work is about changing systems and "creating space" for First Nations and Aboriginal people to design services that will meet their needs. In order for this to happen, a high level plan needed to be developed that articulates how systems need to change but that also identifies how the values, principles and vision that communities uphold will be incorporated in the new health system.

To further ensure input into the development of the *First Nations and Aboriginal Mental Wellness and Substance Use 10-Year Plan* (the Plan) Tripartite partners collectively initiated an on-line survey and a Priority Setting Tool, to gather feedback from a cross-sector of individuals including First Nations people about the development of the Plan.

HEALTH ACTIONS – IN ACTION

eHEALTH UPDATE

Telehealth

The delivery of clinical telehealth services in B.C. is starting to grow. For the past few years, Bella Bella and Bella Coola have been receiving telepsychiatry services from North Vancouver-based psychiatrist Dr. Charles Brasfield and clients in the northern communities of Takla and Yekooche have been receiving primary healthcare services via telehealth from Dr. John Pawlovich (a General Practitioner living in the Fraser Valley). Expanding on this momentum, the First Nations Telehealth Expansion Project will be commencing this fall once the FNHA Board approves the project. Once the FNHA Board approves this important initiative, the project initiation and preliminary community engagement is estimated to kick off in late October.

Electronic Medical Record (EMR)

Earlier this summer, Carrier Sekani Family Services, Cowichan Tribes and Northern Health Authority (NHA) kicked-off a major initiative that will enable the fast and secure electronic exchange of patient information between NHA physicians using their Electronic Medical Records (EMR) and community-based providers using the Mustimuhw Community Electronic Medical Record (cEMR). This will improve the continuity of care for CSFS members, and ultimately for the rest of B.C. First Nations as this work will be replicable in other regions once completed.

Panorama (Public Health Information Systems)

In preparation for the implementation of Panorama (Canada's public health information system), the FN PIP team has been working closely with the 28 early-adopter First Nations Health Service Delivery Organizations to ensure they will be ready for the Panorama roll-out to First Nations communities, which will be occurring in 2013.

First Nations Health Grade Connectivity

In support of Telehealth, EMR/cEMR, Panorama and other eHealth initiatives, the FNHA has continued to work with the All Nations Trust Company (ANTCO) and provincial partners to provide secure, industrial-grade network connectivity to First Nations communities across B.C. Part of this work includes ensuring all existing and future corporate FNHA sites will be on the same First Nations Health Network following the FNIH transition in 2013.

FINANCIAL STATEMENTS OF

interim First Nations Health Authority

(formerly First Nations Health Society)

year ended March 31, 2012

interim First Nations Health Authority

(formerly First Nations Health Society)

Statement of operations

year ended March 31, 2012

	2012	2011
	$	$
Revenues		
Health Canada	**4,929,304**	11,556,174
Province of British Columbia	**4,000,000**	-
University of Northern British Columbia	**369,572**	1,186,277
Interest and investment income	**188,199**	95,728
Provincial Health Services Authority	**100,182**	-
First Nations Information Governance Centre	**66,079**	147,760
	9,653,336	12,985,939
Expenses		
Operations		
General and administration	**2,385,537**	1,366,405
Communications	**345,583**	255,394
	2,731,120	1,621,799
Health Actions		
Core Operations	**1,272,626**	1,430,168
E-Health	**868,236**	962,454
Stakeholder Engagement	**627,533**	118,953
Maternal and Child Health	**442,220**	235,482
Mental Wellness and Substance Use	**361,287**	431,434
ActNow	**298,273**	1,186,277
Research and Surveillance	**224,370**	254,826
Primary Care and Public Health	**218,174**	211,138
Health Services Integration	**157,569**	-
Health Promotion Initiatives	**70,182**	51,417
Regional Health Survey	**66,079**	172,755
Health Human Resources	**6,222**	(6,378)
	4,612,771	5,048,526
Governance and Community Engagement		
First Nations Health Council	**1,844,079**	1,609,931
First Nations Health Directors Association	**789,318**	220,136
Interim Health Governance Committee	**-**	26,731
Community Engagement	**5,117,267**	4,003,618
Governance		
- North	**293,448**	225,797
- Interior	**149,675**	142,732
- Vancouver Island	**162,798**	139,967
- Fraser	**114,573**	82,544
- Vancouver Coastal	**114,569**	72,463
	8,585,727	6,523,919
Other		
Gathering Wisdom	**583,473**	26,808
Health Careers	**39,501**	490,000
Unrealized loss on short-term investments	**41,365**	-
	664,339	516,808
Implementation		
Partnerships and Transition	**301,655**	59,838
Transition Funding	**90,234**	-
	391,889	59,838
	16,985,846	13,770,890
Deficiency of revenues over expenses for the year	**(7,332,510)**	(784,951)

Please see IFNHA website for complete set of audited financial statements

interim First Nations Health Authority

Schedule 1

(formerly First Nations Health Society)
Statement of fund balances
year ended March 31, 2012
(Unaudited)

	2012			2011		
	Unrestricted and invested in property and equipment	**Restricted**	**Total**	Unrestricted and invested in property and equipment	Restricted	Total
	$	$	$	$	$	$
Revenues						
Health Canada	**4,000,000**	**929,304**	**4,929,304**	10,106,174	1,450,000	11,556,174
Province of British Columbia	**4,000,000**	**-**	**4,000,000**	-		-
University of Northern British Columbia	**34,499**	**335,073**	**369,572**	-	1,186,277	1,186,277
Interest and investment income	**188,199**	**-**	**188,199**	95,728	-	95,728
Provincial Health Services Authority	**-**	**100,182**	**100,182**	-	-	-
First Nations Information Governance Centre	**-**	**66,079**	**66,079**	-	147,760	147,760
	8,222,698	**1,430,638**	**9,653,336**	10,201,902	2,784,037	12,985,939
Expenses						
Operations						
General and administration	**2,385,537**	**-**	**2,385,537**	1,366,405	-	1,366,405
Communications	**320,583**	**25,000**	**345,583**	255,394	-	255,394
	2,706,120	**25,000**	**2,731,120**	1,621,799	-	1,621,799
Health Actions						
Core Operations	**1,272,626**	**-**	**1,272,626**	1,430,168	-	1,430,168
E-Health	**226,236**	**642,000**	**868,236**	2,454	960,000	962,454
Stakeholder Engagement	**627,533**	**-**	**627,533**	118,953	-	118,953
Maternal and Child Health	**412,220**	**30,000**	**442,220**	235,482	-	235,482
Mental Wellness and Substance Use	**361,287**	**-**	**361,287**	431,434	-	431,434
ActNow	**-**	**298,273**	**298,273**	-	1,186,277	1,186,277
Research and Surveillance	**224,370**	**-**	**224,370**	254,826	-	254,826
Primary Care and Public Health	**206,374**	**11,800**	**218,174**	211,138	-	211,138
Health Services Integration	**-**	**157,569**	**157,569**	-	-	-
Health Promotion Initiatives	**-**	**70,182**	**70,182**	51,417	-	51,417
Regional Health Survey	**-**	**66,079**	**66,079**	24,995	147,760	172,755
Health Human Resources	**6,222**	**-**	**6,222**	(6,378)	-	(6,378)
	3,336,868	**1,275,903**	**4,612,771**	2,754,489	2,294,037	5,048,526
Governance and Community Engagement						
First Nations Health Council	**1,844,079**	**-**	**1,844,079**	1,609,931	-	1,609,931
First Nations Health Directors Association	**789,318**	**-**	**789,318**	220,136	-	220,136
Interim Health Governance Committee	**-**	**-**	**-**	26,731	-	26,731
Community Engagement	**5,117,267**	**-**	**5,117,267**	4,003,618	-	4,003,618
Governance						
- North	**293,448**	**-**	**293,448**	225,797	-	225,797
- Interior	**149,675**	**-**	**149,675**	142,732	-	142,732
- Vancouver Island	**162,798**	**-**	**162,798**	139,967	-	139,967
- Fraser	**114,573**	**-**	**114,573**	82,544	-	82,544
- Vancouver Coastal	**114,569**	**-**	**114,569**	72,463	-	72,463
	8,585,727	**-**	**8,585,727**	6,523,919	-	6,523,919
Other						
Gathering Wisdom	**583,473**	**-**	**583,473**	26,808	-	26,808
Health Careers	**-**	**39,501**	**39,501**	-	490,000	490,000
Unrealized loss on short-term investments	**41,365**	**-**	**41,365**	-	-	-
	624,838	**39,501**	**664,339**	26,808	490,000	516,808
Implementation						
Partnerships and Transition	**301,655**	**-**	**301,655**	59,838	-	59,838
Transition	**-**	**90,234**	**90,234**	-	-	-
	301,655	**90,234**	**391,889**	59,838	-	59,838
	15,555,208	**1,430,638**	**16,985,846**	10,986,853	2,784,037	13,770,890
Deficiency of revenues over expenses	**(7,332,510)**	**-**	**(7,332,510)**	(784,951)	-	(784,951)

Please see IFNHA website for complete set of audited financial statements

interim First Nations Health Authority

Schedule 2

(formerly First Nations Health Society)

Schedule of restricted funds

year ended March 31, 2012

(Unaudited)

	Health Canada Set Agreement	Health Canada Transition Funding	UNBC Act Now	UNBC Other	PHSA	FNIGC Regional Health Survey	2012 Total	2011 Total
	$	$	$	$	$	$	$	$
Revenues	**839,070**	**90,234**	**298,273**	**36,800**	**100,182**	**66,079**	**1,430,638**	2,784,037
Expenses								
Operations								
Communications	-	-	-	**25,000**	-	-	**25,000**	-
Health Actions								
E-Health	**642,000**	-	-	-	-	-	**642,000**	960,000
Maternal and Child Health	-	-	-	-	**30,000**	-	**30,000**	-
ActNow	-	-	**298,273**	-	-	-	**298,273**	1,186,277
Primary Care and Public Health	-	-	-	**11,800**	-	-	**11,800**	-
Health Services Integration	**157,569**	-	-	-	-	-	**157,569**	-
Health Promotion Initiatives	-	-	-	-	**70,182**	-	**70,182**	-
Regional Health Survey	-	-	-	-	-	**66,079**	**66,079**	147,760
	799,569	-	**298,273**	**11,800**	**100,182**	**66,079**	**1,275,903**	2,294,037
Other								
Health Careers	**39,501**	-	-	-	-	-	**39,501**	490,000
Implementation								
Transition	-	**90,234**	-	-	-	-	**90,234**	-
Total expenditures	**839,070**	**90,234**	**298,273**	**36,800**	**100,182**	**66,079**	**1,430,638**	2,784,037
Revenues over expenses	-	-	-	-	-	-	-	-

Please see IFNHA website for complete set of audited financial statements

interim First Nations Health Authority

Schedule 3

(formerly First Nations Health Society)

Schedule of expenses by program

year ended March 31, 2012

(Unaudited)

	2012							2011						
	Community projects, meetings and travel	Salaries and benefits	General administrative	Professional fees	Travel and meetings	Honoraria	**Total**	Community projects, meetings and travel	Salaries and benefits	General administrative	Professional fees	Travel and meetings	Honoraria	Total
	$	$	$	$	$	$	**$**	$	$	$	$	$	$	$
Expenses														
Operations														
General and administration	13,503	1,308,407	556,903	160,222	209,872	136,630	**2,385,537**	2,174	971,881	(254,832)	270,818	271,467	104,897	1,366,405
Communications	279	160,589	127,906	46,577	10,232	-	**345,583**	3,336	166,147	53,240	23,220	9,451	-	255,394
	13,782	1,468,996	684,809	206,799	220,104	136,630	**2,731,120**	5,510	1,138,028	(201,592)	294,038	280,918	104,897	1,621,799
Health Actions														
Core Operations	173,625	838,939	41,492	138,146	80,424	-	**1,272,626**	6,191	751,212	372,197	216,000	84,568	-	1,430,168
E-Health	27,856	316,365	130,232	324,977	68,806	-	**868,236**	149,000	133,236	46,483	617,162	16,573	-	962,454
Stakeholder Engagement	528,442	-	9,575	82,397	1,344	5,775	**627,533**	-	-	2,974	108,547	7,432	-	118,953
Maternal and Child Health	438,548	-	676	-	2,696	300	**442,220**	229,405	-	613	3,218	2,246	-	235,482
Mental Wellness and Substance Use	345,839	-	1,232	13,806	410	-	**361,287**	431,151	-	283	-	-	-	431,434
ActNow	251,075	84	46,811	303	-	-	**298,273**	711,495	1,078	332,491	132,701	8,512	-	1,186,277
Research and Surveillance	2,465	-	2,527	208,979	10,399	-	**224,370**	-	-	293	238,995	15,538	-	254,826
Primary Care and Public Health	159,236	11,800	-	43,622	3,516	-	**218,174**	211,138	-	-	-	-	-	211,138
Health Services Integration	-	3,000	-	154,569	-	-	**157,569**	-	-	-	-	-	-	-
Health Promotion Initiatives	35,022	32,385	-	-	1,725	1,050	**70,182**	48,137	(1,957)	2,085	(13,320)	16,472	-	51,417
Regional Health Survey	2,196	49,543	8,843	(2,000)	7,497	-	**66,079**	7,651	70,422	33,180	37,425	23,577	500	172,755
Health Human Resources	9,686	-	-	(5,000)	1,536	-	**6,222**	(5,000)	(4,038)	2,660	-	-	-	(6,378)
	1,973,990	1,252,116	241,388	959,799	178,353	7,125	**4,612,771**	1,789,168	949,953	793,259	1,340,728	174,918	500	5,048,526
Governance and Community Engagement														
First Nations Health Council	13,212	213,948	291,732	218,067	407,666	699,454	**1,844,079**	8,179	276,567	231,267	398,967	283,649	411,302	1,609,931
First Nations Health Directors Association	143,027	210,074	59,475	32,315	161,804	182,623	**789,318**	51,765	26,901	550	4,077	51,043	85,800	220,136
Interim Health Governance Committee	-	-	-	-	-	-	**-**	6,201	-	-	765	19,765	-	26,731
Community Engagement	4,159,290	287,970	577,935	-	91,802	270	**5,117,267**	3,171,827	257,861	408,044	59,910	105,976	-	4,003,618
Governance														
- North	248,509	33,110	1,757	-	9,272	800	**293,448**	136,312	52,711	10,670	4,256	21,548	300	225,797
- Interior	107,330	28,844	1,304	-	8,447	3,750	**149,675**	68,158	48,870	553	4,303	17,248	3,600	142,732
- Vancouver Island	100,743	29,505	2,995	-	29,555	-	**162,798**	53,101	47,805	1,431	8,850	27,580	1,200	139,967
- Fraser	40,723	61,147	810	-	11,893	-	**114,573**	25,013	53,661	83	-	3,787	-	82,544
- Vancouver Coastal	46,639	58,590	461	-	7,979	900	**114,569**	27,316	29,354	138	-	3,655	12,000	72,463
	4,859,473	923,188	936,469	250,382	728,418	887,797	**8,585,727**	3,547,872	793,730	652,736	481,128	534,251	514,202	6,523,919
Other														
Gathering Wisdom	486,007	-	67,325	26,595	3,546	-	**583,473**	10,000	-	8,789	8,019	-	-	26,808
Health Careers	-	-	41,501	(2,000)	-	-	**39,501**	-	-	-	-	-	-	-
Unrealized loss on short-term investments	-	-	41,365	-	-	-	**41,365**	251,666	343	61,585	163,541	12,865	-	490,000
	486,007	-	150,191	24,595	3,546	-	**664,339**	261,666	343	70,374	171,560	12,865	-	516,808
Implementation														
Partnerships and Transition	-	273,869	277	16,110	11,399	-	**301,655**	-	59,423	159	-	256	-	59,838
Transition	-	31,452	-	3,495	18,250	37,037	**90,234**	-	-	-	-	-	-	-
	-	305,321	277	19,605	29,649	37,037	**391,889**	-	59,423	159	-	256	-	59,838
Total expenses	7,333,252	3,949,621	2,013,134	1,461,180	1,160,070	1,068,589	**16,985,846**	5,604,216	2,941,477	1,314,936	2,287,454	1,003,208	619,599	13,770,890

Please see IFNHA website for complete set of audited financial statements

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