



2014/15

A CHANGE IN FOCUS

THE 2014/2015 FNHA SUMMARY SERVICE PLAN

Our first full year of health service delivery



First Nations Health Authority
Health through wellness

OUR SHARED VALUES

These are the shared values of the FNHC, FNHDA and FNHA. You can count on FNHA staff living these values in all of our interactions.

Do you have feedback for our staff? Email your confidential feedback to: feedback@fnha.ca

RESPECT

We believe that maintaining respectful relationships is fundamental to the achievement of our shared vision. Respectful relationships are built upon the recognition that we all have something to contribute as individuals, and participants in the First Nations health governance structure. Therefore, we commit to treating each other with dignity and generosity, being responsive to one another, and acknowledging that each entity has their own respective processes and practices. We are also committed to respectful interactions with First Nations, tripartite partners, and other collaborators.

DISCIPLINE

We have the historic opportunity to achieve transformative change in First Nations health and wellness, and an obligation to make the most of this opportunity. This will require discipline amongst us, including through: loyalty to one another and our shared vision; upholding and supporting our roles, responsibilities, decisions, and processes; maintaining and nurturing unity and a united front; integrity and reliability in fulfilling our commitments, and accountability to one another for these commitments and contributions; and, solutions-oriented and active participation.

RELATIONSHIPS

We believe that effective working relationships with First Nations, tripartite partners, and with one another are the foundation for achieving our vision and implementing our health plans and agreements. We commit to fostering effective working relationships and camaraderie underpinned by: trust; honesty; understanding; teamwork; and mutual support. We also acknowledge that humour and laughter are both good medicine, and a good way to build relationships.

CULTURE

We are here because of those that came before us, and to work on behalf of First Nations. We draw upon the diverse and unique cultures, ceremonies, customs, and teachings of First Nations for strength, wisdom, and guidance. We uphold traditional and holistic approaches to health and self-care and strive to achieve a balance in our mental, spiritual, emotional, and physical wellness.

EXCELLENCE

We are humbled and honoured to have been asked by First Nations to work on their behalf to improve health and wellness, and have a moral and personal responsibility to strive for excellence. Excellence means that our outcomes are sustainable, that our processes are professional and transparent, and that we commit to learn continuously – through capacity development opportunities, from each other and from new, different and innovative models worldwide.

FAIRNESS

We work to improve the health and wellness of all First Nations in BC. Our decision making reflects the best interests of all First Nations, and leads to just and equitable treatment amongst all First Nations communities, First Nations organizations, and across all regions of British Columbia. We are committed to make room for everyone, and are inclusive in our communications, information-sharing, and discussions.



First Nations Health Authority
Health through wellness

A CHANGE IN FOCUS: THE 2014/2015 FNHA SUMMARY SERVICE PLAN.
Our first full year of health service delivery

©2014 First Nations Health Authority.

Contact the FNHA at:

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

Phone: 604.693.6500 | Email: info@fnha.ca

TABLE OF CONTENTS

MESSAGE FROM THE BOARD CHAIR	1
GOVERNANCE OVERVIEW	5
Governance Structure	7
Guiding Elements.....	8
Organizational Profile	11
PLANNING CONTEXT	15
PRIORITIES, GOALS & STRATEGIES	21
Priority 1: Transition	22
Priority 2: Governance and Decision-Making.....	24
Priority 3: Health Services and Improvements.....	26
Priority 4: Partnerships.....	28
Priority 5: Leadership, Organizational Development and Planning.....	30
FINANCIAL SUMMARY	33
Fiscal 2014-2015 Budget	34
Budget Highlights.....	38



MESSAGE FROM THE BOARD CHAIR

The First Nations Health Authority (FNHA) is the first health authority of its kind in Canada and occupies a very unique place within the health system in British Columbia.

Our overarching focus as an organization will be to establish and uphold the integrity of health services to individuals and communities in all that we do.

On October 1, 2013, the core functions of Health Canada's First Nations Inuit Health Branch (FNIHB) BC Region were transferred to the FNHA. These included: primary care and public health programs, management and protection of personal information, environmental and community health programs, along with funding agreements.

The FNHA set and met four success factors for this transfer: pay communities, minimize service disruption, pay staff, and improve services where possible. This period has also been marked by a growing regional-based approach through the establishment of regional health and wellness plans, regional governance processes, and a keen interest by players in the provincial health system to partner with us to advance First Nations health and wellness.

The FNHA is a growing and evolving organization operating in a complex planning environment. As outlined in this Summary Service Plan, the FNHA has an ambitious plan for the 2014/15 fiscal year, composed of five priorities, 25 goals, and 33 strategies. The FNHA is now responsible for service delivery through both providing direct services to BC First Nations, and by funding communities to provide services.

The budgeting approach this year is in full alignment with our accountabilities and we are pleased to be able to initiate new investments in community contribution agreements and health benefits, and support regions to set investment priorities. This will support our overall goal to reset the former funder/fundee relationship to one of true partnership amongst all of us working towards the shared vision of “healthy, self-determining, and vibrant BC First Nations children, families, and communities.”

It has been nearly a decade since our leadership signed the Transformative Change Accord and set in motion the changes we are privileged to be a part of.

On behalf of the First Nations Health Authority, I take this opportunity to acknowledge their work and vision, and express gratitude for the honour of undertaking this work in partnership with the First Nations Health Council, the First Nations Health Directors Association, and BC First Nations.



Lydia Hwitsum
Chair, Board of Directors





GOVERNANCE OVERVIEW

The First Nations Health Authority (FNHA) is one component of an interdependent First Nations health governance structure that is guided by a shared vision, values, and governance standards established by BC First Nations. It is within this broad context that the FNHA undertakes its organizational development, planning, and priority-setting.

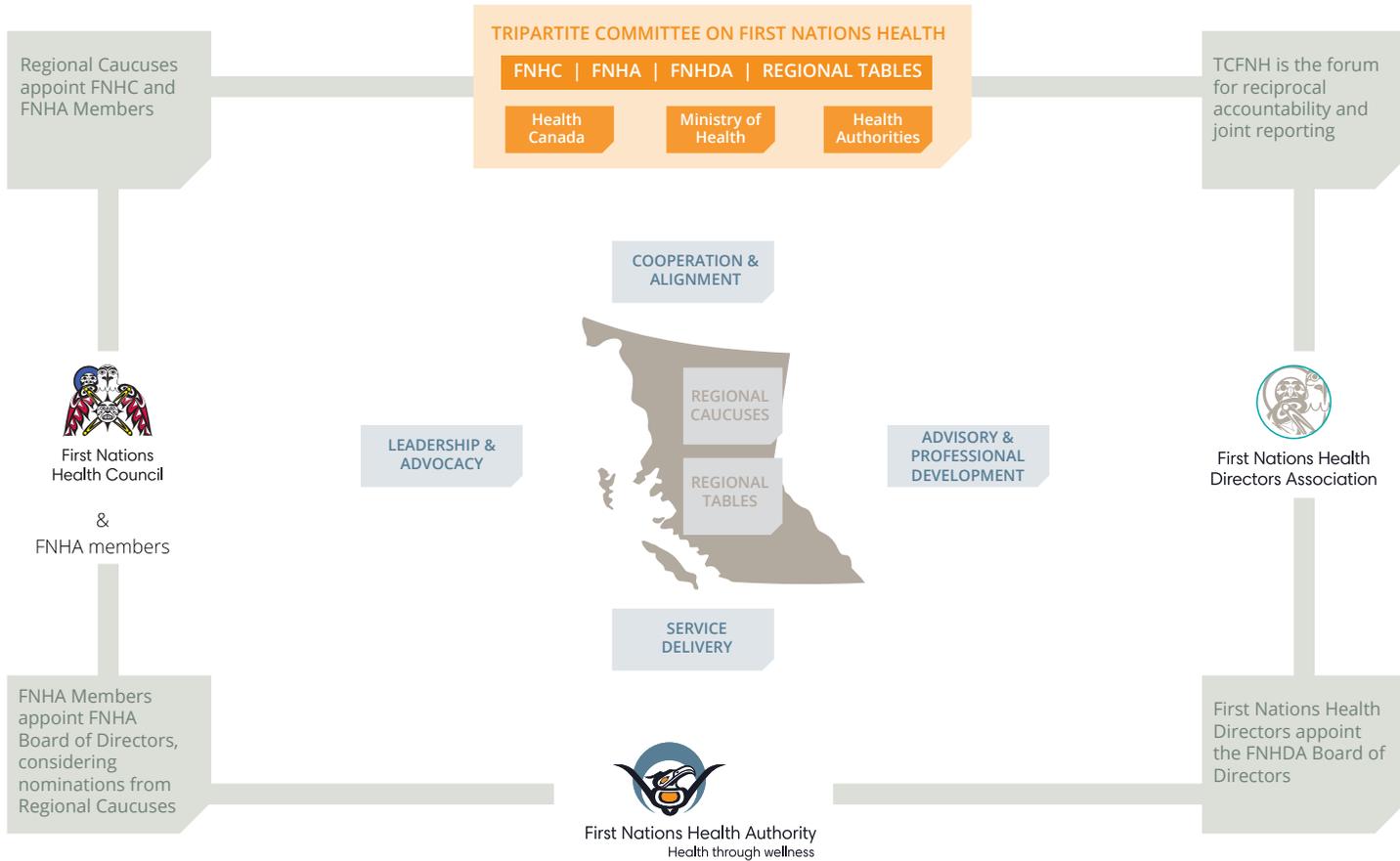


FIGURE 1: BC FIRST NATIONS HEALTH GOVERNANCE STRUCTURE

GOVERNANCE STRUCTURE

In 2006, BC First Nations embarked upon a shared journey of health reform. The foundation for this change was the creation of a new First Nations health governance structure, enabling BC First Nations to participate fully in the design and delivery of health and wellness programs and services. Adopted by a significant degree of consensus by BC First Nations, this new health governance structure was built from the ground-up, and includes four components:

- 1. The First Nations Health Council (FNHC)** provides governance leadership and oversight for the implementation of the health plans, including responsibility to uphold the governance structure established by BC First Nations. This includes the legal role of serving as Members of the First Nations Health Authority non-profit Society.
- 2. The First Nations Health Authority (FNHA)** manages, designs, delivers, and funds health and wellness programs, services, and initiatives in partnership with First Nations. The FNHA also works in partnership with the Ministry of Health and the regional health authorities to coordinate and integrate their respective health programs and services to achieve better health outcomes for BC First Nations.
- 3. The First Nations Health Directors Association (FNHDA)** is composed of Health Directors and managers working in First Nations communities and is the entity through which Health Directors speak with one voice on technical advice, and access support, training, and professional development.
- 4. The Tripartite Committee on First Nations Health (TCFNH)** is the forum for coordinating and aligning programming and planning efforts in support of BC First Nations health and wellness across the entire provincial system. Therefore, members of the TCFNH including the FNHC, FNHA, FNHDA, First Nations Regional tables, Regional and Provincial Health Authorities, the Provincial Health Officer and Deputy Provincial Health Officer, the BC Ministry of Health, and Health Canada.

GUIDING ELEMENTS

Through this First Nations health governance structure, the FNHC, FNHDA, and FNHA work to achieve the vision of *“healthy, self-determining and vibrant BC First Nations children, families and communities”*. Our shared work to achieve this vision is guided by the First Nations Perspective on Wellness, Seven Directives, a set of shared values, and the principle of reciprocal accountability.

Community-Driven, Nation-Based
Increase First Nations Decision-Making and Control
Improve Services
Foster Meaningful Collaboration and Partnership
Develop Human and Economic Capacity
Be Without Prejudice to First Nations Interests
Function at a High Operational Standard

7 DIRECTIVES

6 SHARED VALUES

6

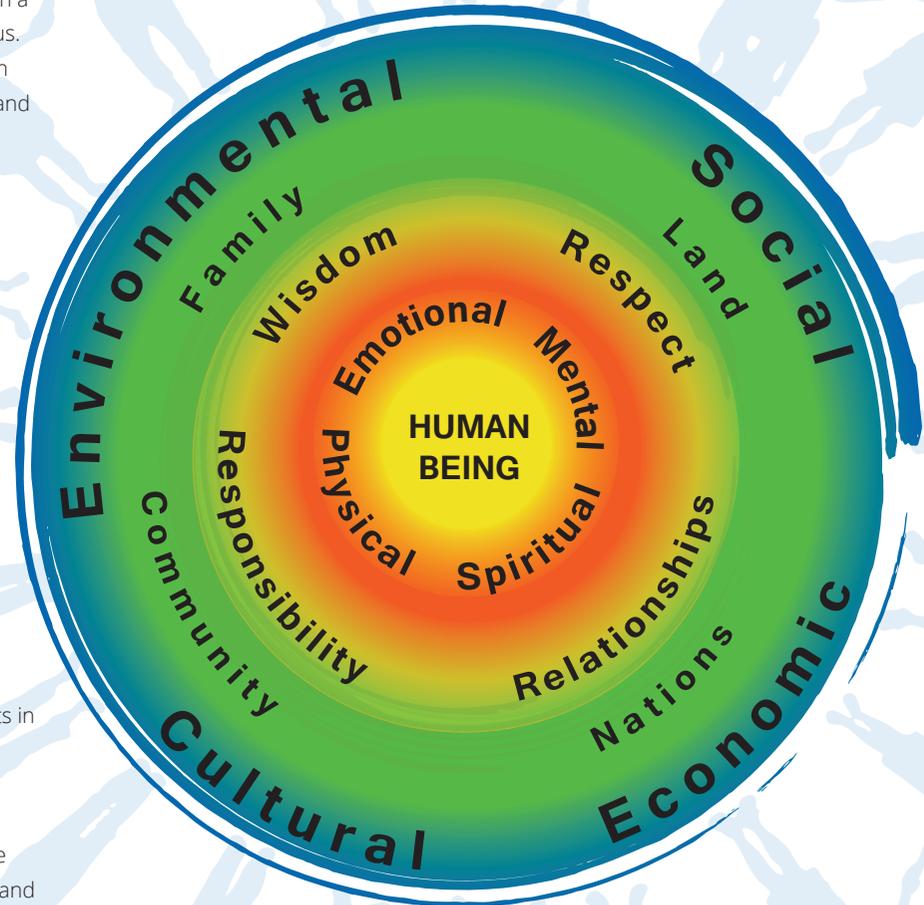
RECIPROCAL ACCOUNTABILITY

Traditional First Nations social systems were founded on reciprocal accountability. This is the idea that each member of the community is accountable for the impact of their decisions and actions, and for their contributions to the community's wellness as a whole. In assuming collective responsibility for our health system, BC First Nations believe that the quality of care provided through our health system depends on what we collectively contribute to that system. We are now all simultaneously owners and customers.

EXCELLENCE
FAIRNESS
RESPECT
DISCIPLINE
RELATIONSHIPS
CULTURE

WELLNESS is our philosophy – it is holistic and includes living well through a balanced lifestyle and a harmonious relationship with all that surrounds us. This Perspective on Wellness is our definition as BC First Nations of health and wellness, and therefore is the foundation of our approach to health and wellness systems, programs, and services.

- **FIRST CIRCLE:** Wellness belongs to every human being – and each person’s reflection of wellness will be unique.
- **SECOND CIRCLE:** Wellness is balanced and nurtured together to create a holistic level of well-being.
- **THIRD CIRCLE:** There are overarching concepts that support and uphold wellness: Respect, Wisdom, Responsibility, and Relationships.
- **FOURTH CIRCLE:** The fourth circle depicts the people that surround us and the place/s where we come from: Nations, Family, Community, and Land, which are critical components of our healthy experience as human beings.
- **FIFTH CIRCLE:** Social, Cultural, Economic and Environmental elements in our lives are determinants of our health and well-being.
- The people drawn on the outer circle represent the vision of strong children, families, Elders, and people in communities. The people are holding hands to demonstrate togetherness, respect, relationships, and “one heart, one mind.”



ORGANIZATIONAL PROFILE

The concept of the FNHA was first described in the *Tripartite First Nations Health Plan* signed by Health Canada, the Province of British Columbia, and the First Nations Leadership Council in 2007. Since that time, the concept has grown, developed, and matured – eventually resulting in the FNHA being formally adopted by BC First Nations in the *Consensus Paper 2012* adopted at Gathering Wisdom for a Shared Journey V.

Last year, through a two-phased process, a key component of the original vision for the FNHA was achieved. On July 2, 2013, the FNHA took over a set of responsibilities from Health Canada headquarters, including funding administration, policy, planning, and program development. This was a momentous milestone in our health journey – a critical step in advancing our philosophy as BC First Nations of bringing decision-making closer to home.

On October 1, 2013, regional functions for First Nations health programs and services were transferred from the First Nations Inuit Health Branch (FNIHB) BC Region to the FNHA. These included: primary care and public health programs, management and protection of personal information, environmental and community health programs, along with funding agreements.

The four success factors established for this transfer were achieved: pay communities, minimize service disruption, pay staff, and improve services where possible. Through the transfer and transition process, the FNHA also welcomed over 130 transferred employees and worked with community health organizations to novate 100% of contribution agreements.

At Gathering Wisdom for a Shared Journey VI, on October 22, 2013, BC First Nations held a commemoration ceremony to celebrate this historic transfer of health services. In keeping with Coast Salish tradition, witnesses were called from the leadership in attendance to witness the work of the day. This work was to select Corner Posts and Living Markers from each region. The Corner Posts are leaders chosen by each region who stand for this work of health. They ground the work and symbolize the strong foundation of health that we need going forward. The Living Markers were youth from each region employed at the FNHA. Their age will mark how long First Nations have had control of their health within BC. Blessing the work through ceremony nurtured our spirits and has given us strength for the work ahead.

The FNHA will approach its work in a manner reflective of the philosophies, traditions, and approaches of BC First Nations – and particularly the holistic view of wellness, as embodied in our tagline: health through wellness.

With the completion of transfer and welcoming of new staff to the FNHA, the FNHA has adopted an organizational structure and approach to support the FNHA's new responsibilities as a health service delivery organization. The organization operates within a matrix environment in recognition of the fact that the regionally-based work of the FNHA will continue to grow and develop. Figure 2 represents the FNHA functional organizational structure as of April 2014.

MISSION OF THE FNHA

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

BC FIRST NATIONS COMMUNITIES

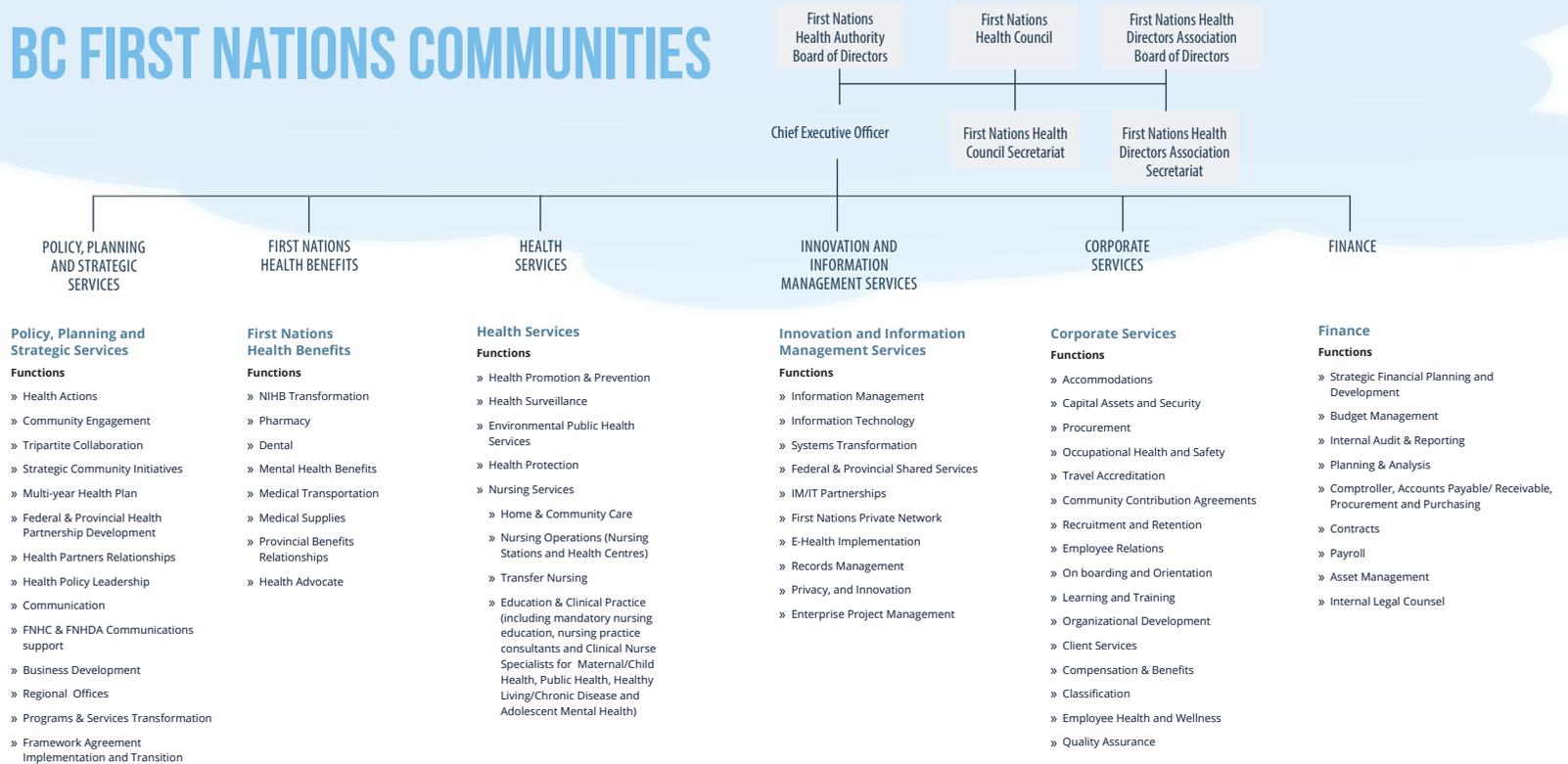


FIGURE 2: FIRST NATIONS HEALTH AUTHORITY FUNCTIONAL ORGANIZATION. APRIL 1, 2014



PLANNING CONTEXT

Like an ecosystem, the health system in BC is a network of organizations, services, and caregivers operating within a shared environment for the benefit of those we serve.



Through this health systems transformation journey, we have developed some core strengths that we continue to draw upon. In this post-transfer environment, the FNHA has many opportunities to further advance First Nations health and wellness interests. However, a number of challenges remain. These aspects are all important considerations for the FNHA in its planning efforts.



STRENGTHS

- Unique place within the health system
- Strong BC First Nations leadership and support
- Solid tripartite partnerships with Canada and BC
- Strong history of and process for community engagement
- Grounded in wisdom and cultures of First Nations as well as the shared values and Seven Directives
- Strong foundation of learning from Indigenous peoples worldwide



OPPORTUNITIES

- Emerging provincial health systems strategy is in alignment with First Nations values and interests
- Ability to explore business development
- Flexibility to transform FNIHB-transferred programs and services
- Opportunity to expand FNHA's role as a Health and Wellness Partner to First Nations individuals and communities
- Keen interest in the new BC First Nations Health Governance Structure leads to partnership opportunities



CHALLENGES

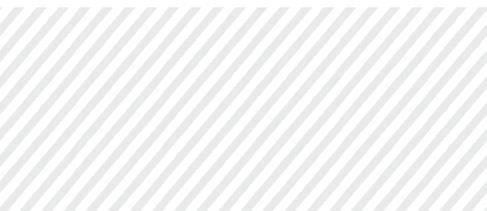
- Current health status of BC First Nations individuals, families, communities below that of the general population
- A significant number of accountability planning and evaluation requirements and expectations
- Need to migrate off of the existing service continuity agreements
- Maintaining political and First Nations support through demonstrating early and ongoing benefits

The strategies and actions of any one part of this network have an impact on the others and the environment we work within. The FNHA is but a small part of this large health ecosystem. We deliver services in community and administer the health benefits program for all First Nations resident in BC. Most of the health services accessed by BC First Nations are delivered by the larger components of this health ecosystem – physicians, hospitals, specialty care, and so on.

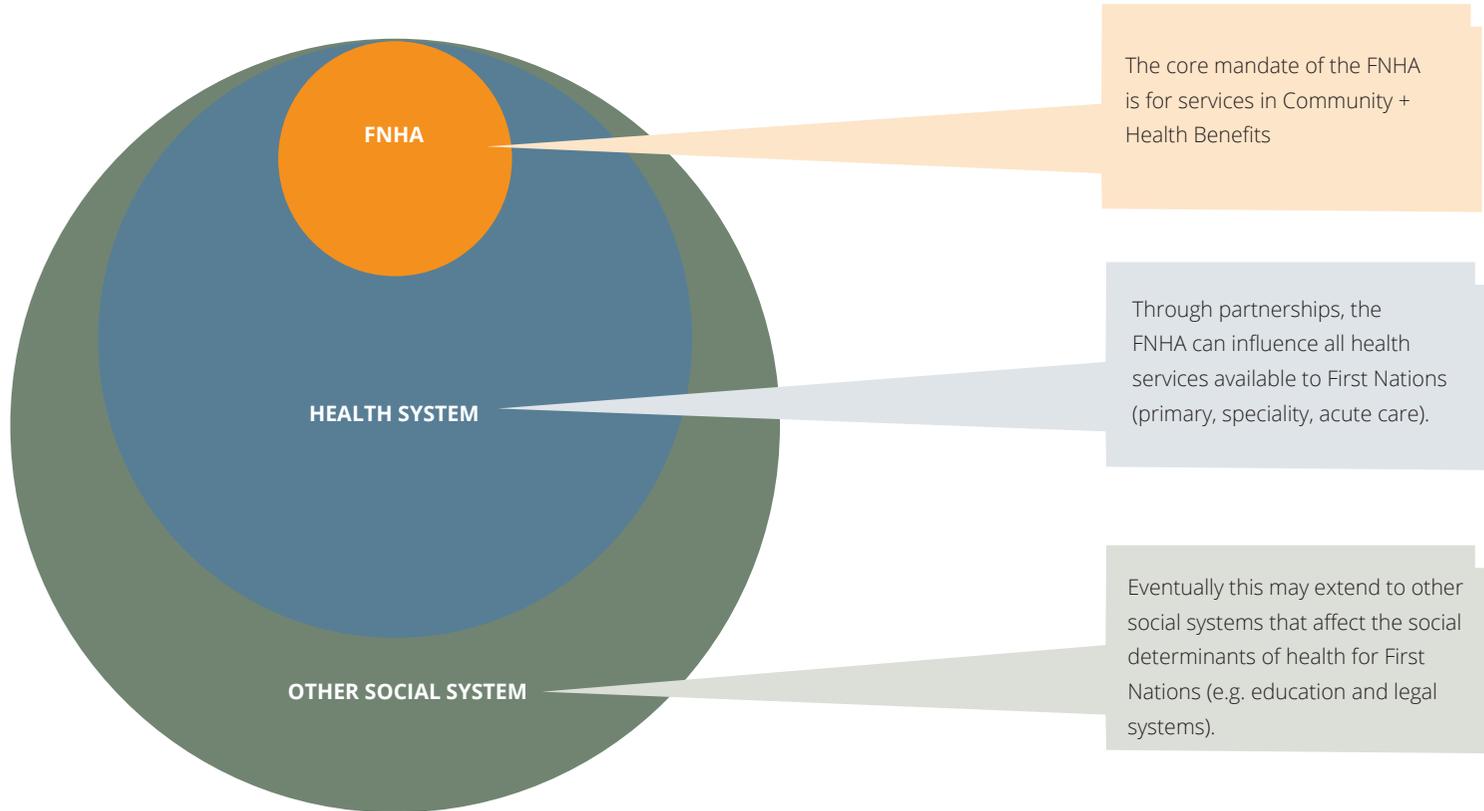
This means that, in undertaking planning, the FNHA needs to be fully aware and in tune with its strengths, opportunities and challenges within the broader health ecosystem, and the FNHA's unique place within this system.

The FNHA occupies a completely unique place within the health system, holding strategic policy functions, service delivery functions, and population health functions at all levels.

- In some ways, the FNHA is like the Ministry of Health, in that the FNHA undertakes strategic policy and planning development for the full First Nations health system.
- In some ways, the FNHA is like the Provincial Health Services Authority, in that the FNHA delivers some services to the entire First Nations population across the province, and provides certain shared services across BC First Nations health centres.
- In some ways, the FNHA is like Regional Health Authorities in that the FNHA undertakes local and regional health services planning and delivery.



This unique position, supported with a strong health partnership, creates a rare opportunity for BC First Nations to advance health and wellness interests across the full spectrum of the provincial health system and help these players in the health system work better together, ensuring that BC First Nations have access to quality health services both outside their community as well as within. Due to this unique position, the FNHA can be the catalyst for a better, more integrated health system for BC First Nations and all British Columbians – and can also effect broader systemic change within the social determinants of health.





PRIORITIES, GOALS & STRATEGIES

The priorities identified in the 2013-2014 Summary Service Plan will continue to guide the work of the FNHA through the next year of continued transition.

TRANSITION	GOVERNANCE AND DECISION-MAKING	HEALTH SERVICES & IMPROVEMENTS	PARTNERSHIPS	LEADERSHIP, ORGANIZATIONAL DEVELOPMENT & PLANNING
<p>In accordance with the Framework Agreement, complete the smooth transition from Health Canada responsibilities to the FNHA, ensuring continuity of programs, services and funding.</p>	<p>Develop and align regional-based supports to ensure effective, efficient and equitable engagement processes that enhance First Nations governance and decision-making in health.</p>	<p>Implement effective mechanisms to integrate planning and delivery of high quality health services to BC First Nation individuals, families and communities with provincial and other partners.</p>	<p>Enhance partnerships and collaborative initiatives with BC First Nations, the Province of BC, Regional Health Authorities, federal government departments, and other health and wellness allies.</p>	<p>Establish the FNHA as a leading First Nations health organization, and as a partner to BC First Nations' community health organizations.</p>



PRIORITY 1: TRANSITION

2014-2015 will be a year of stabilization for the FNHA. To enable transfer to take place on October 1, 2013, service agreements were established with Health Canada to provide for business continuity. For example, Health Canada still runs claims processing for Health Benefits. The work to establish our own systems and structures to enable transition from these Health Canada systems is ongoing. This is a pre-requisite step to achieving many of our other goals, recognizing that program transformation cannot properly be executed where the FNHA does not have appropriate ownership and controls of data, systems, and processes.

P1

PRIORITY

IN ACCORDANCE WITH THE FRAMEWORK AGREEMENT, COMPLETE THE SMOOTH TRANSITION FROM HEALTH CANADA RESPONSIBILITIES TO THE FNHA, ENSURING CONTINUITY OF PROGRAMS, SERVICES AND FUNDING.

GOALS

- Implement Framework Agreement and Sub-Agreement commitments
- Smooth delivery of programs and services.
- Enable migration of service continuity agreements.

STRATEGIES

- Continue to pay communities on time.
- Ensure that communities experience a consistent and quality level of service throughout the transition period.
- Develop a corporate accommodations strategy that will focus on locating FNHA offices in community through business partnerships with First Nations land owners.
- Develop service continuity migration plan.

P2

PRIORITY 2: GOVERNANCE AND DECISION-MAKING

Throughout this health systems transformation journey, BC First Nations have stated that decisions need to be made by the right people at the right level. The FNHA plays a key role in this process by supporting and enabling this decision-making process:

- At the provincial level through supporting the FNHC and FNHDA processes
- At the regional level through supporting Regional Caucus, Regional Table, and Regional Partnership Accord engagement and planning processes
- At the community level through supporting wellness planning

This interest in advancing governance and decision-making, particularly at a regional level, will continue to be supported on a priority basis, recognizing that a solid governance approach and a clear understanding of roles, responsibilities, and accountabilities will be the foundation for sustainable success of the new health governance structure.

PRIORITY

DEVELOP AND ALIGN REGIONAL-BASED SUPPORTS TO ENSURE EFFECTIVE, EFFICIENT AND EQUITABLE ENGAGEMENT PROCESSES THAT ENHANCE FIRST NATIONS GOVERNANCE AND DECISION-MAKING IN HEALTH.

**GOALS**

- Create an effective working partnership with the FNHC and the FNHDA.
- Support regional capacity development and alignment.
- Support regional planning.
- Support community wellness planning.
- Engage BC First Nations.

STRATEGIES

- Support the FNHC and FNHDA to advance their respective mandates and coordinate efforts advance our shared vision through providing Secretariat, strategic planning, communications, and policy services.
- Introduce regional envelopes to provide regions with the ability to identify investment priorities based on their Regional Health & Wellness Plans and Regional Partnership Accords.
- Establish strong regional teams.
- Conclude all five Regional Health & Wellness Plans and integrate those priorities into the practice and planning of the FNHA, FNHC, and FNHDA.
- Engage with First Nations to renew the community health and wellness planning process.
- Undertake a comprehensive asset and service mapping project across all regions.

PRIORITY 3: HEALTH SERVICES AND IMPROVEMENTS

The primary mandate of the FNHA is to design, deliver, manage and fund health and wellness programs and services for First Nations. The majority of the FNHA's resources to achieve this mandate are flowed directly to BC First Nations communities through contribution agreements and the First Nations Health Benefits Program. In addition, the FNHA directly delivers a number of other services, and leverages additional health services through partnership.

The main priority of the FNHA this year is to deliver early on the promise of transfer through identifying and implementing immediate improvements to health services and associated staffing supports – resulting in better quality health services to BC First Nation individuals, families and communities.

P3

PRIORITY



IMPLEMENT EFFECTIVE MECHANISMS TO INTEGRATE PLANNING AND DELIVERY OF HIGH QUALITY HEALTH SERVICES TO BC FIRST NATION INDIVIDUALS, FAMILIES AND COMMUNITIES WITH PROVINCIAL AND OTHER PARTNERS.

GOALS



- Implement Joint Project Board initiatives and investments.
- Enhance existing programs and services.
- Improve the First Nations Health Benefits program.
- Ground services improvements and transformation in a First Nations wellness perspective.

STRATEGIES



- Establish a mental wellness and substance use strategy and establish wellness as a basis for programs and investments.
- Support communities to utilize a new Suicide Prevention, Intervention and Postvention Toolkit.
- Implement clear processes and protocols to ensure rapid and coordinated crisis response.
- Develop a Primary Health Care Approach based on the First Nations Perspective on Wellness and Regional Health and Wellness Plans and work with regions to identify and implement new primary health care projects.
- Advance the implementation of Healthy Smiles for Life: BC's First Nations and Aboriginal Oral Health Strategy.
- Evolve and improve the role of nursing services in First Nations communities through recruiting a Chief Nursing Officer, supporting the integration of Nurse Practitioners and undertaking a nursing review.
- Improve the level of direct health service support to First Nations through recruiting a Chief Medical Health Officer, and changing the orientation of health services to be 100% client focused. Health services team members will no longer manage funding agreements and focus solely on program delivery and community relationships.
- Develop strategies focusing on cancer and cardiac health amongst BC First Nations.
- Enhance environmental health services to First Nations communities, including improving coordination of response to emergencies.
- Continue to improve First Nations' access to telehealth and eHealth initiatives. This includes: EMR standardization, the Telehealth Expansion Project, advancing health connectivity, and identity management.
- Develop a strategy to improve reporting while continuing to make process improvements where possible.
- Undertake a series of reviews to highlight needed improvements in the areas of: Capital; Medical Transportation; Training Investments; Resolution Health Support Program; National Native Alcohol and Drug Abuse Program; and Nursing.

PRIORITY 4: PARTNERSHIPS

With the signing *Transformative Change Accord: First Nations Health Plan* in 2006 and the *Tripartite Health Plan* in 2007, there was a strong recognition that improving First Nations health outcomes was not something First Nations could do on our own. It requires the cooperation and accountability of all to make the health system effective, safe, and accessible for all of our citizens.

Since 2006, a key success has been the building of provincial and regional level partnerships and creating a strong sense of shared responsibility for improved First Nations health outcomes across the health system. Provincial and federal governments and Regional Health Authorities are beginning to view First Nations health as a common lens across their planning and investment decisions, and all report against the health actions. With the FNHA now holding service responsibility, and a keen interest in the work of the FNHA in this early post-transfer period, the opportunity is now for these partnerships to lead to direct and early service improvements and innovations for the benefit of First Nations individuals and communities in BC. There is also a need for a new partnership amongst ourselves – by the FNHA acting a wellness partner to First Nations individuals and communities. This is a key way in which the FNHA will do business differently.

P4

PRIORITY

ENHANCE PARTNERSHIPS AND COLLABORATIVE INITIATIVES WITH BC FIRST NATIONS, THE PROVINCE OF BC, REGIONAL HEALTH AUTHORITIES, FEDERAL GOVERNMENT DEPARTMENTS, AND OTHER HEALTH AND WELLNESS ALLIES.

**GOALS**

- Establish partnerships with BC First Nations health providers.
- Implement tripartite and bilateral health plans and agreements.
- Coordinate effectively with the BC Ministry of Health.
- Support the Deputy Ministers' tables on social determinants.
- Strategic external partnership development.
- Implement regional Partnership Accords.

STRATEGIES

- Strengthen the FNHA's role as a Wellness Partner to BC First Nations individuals and communities through supporting events for First Nations communities, youth, and Elders, and providing tools, resources, and clinical advice.
- Establish strong tripartite and bilateral relationships through developing a Tripartite Reciprocal Accountability Framework, and aligning work through forums such as Joint Project Board, Tripartite Committee on First Nations Health, Deputy Ministers' Tables on the Social Determinants of Health, and with Health Canada.
- Participate as an active partner to Regional Health Authorities and in implementation of Regional Partnership Accords.
- Establish clear and complementary roles & responsibilities between the FNHA's Chief Medical Health Officer and physicians with the Provincial Health Officer and Medical Health Officers.
- Develop and formalize partnerships with key players in the health system that will leverage improvements for BC First Nations health, primary health care, specialty services, health human resources, cultural safety, and research. This includes: PHSA; College of Physicians and Surgeons; College of Dental Surgeons; College of Pharmacists; Professional Associations; Doctors of BC; Universities and research institutions.

PRIORITY 5: LEADERSHIP, ORGANIZATIONAL DEVELOPMENT AND PLANNING

First Nations communities deserve a standard of excellence in the services they receive from the FNHA. This means that the FNHA must be a leading First Nations health organization, acting in partnership with BC First Nations community health organizations. Through a high capacity and high quality organization, the FNHA will fulfill its mandate established by BC First Nations. As a young organization, the focus today is on making the FNHA whole and stable. This will form a firm foundation for the FNHA extending similar approaches, supports and strategies to First Nations communities and Regional Health Authority partners.

P5

PRIORITY

ESTABLISH THE FNHA AS A LEADING FIRST NATIONS HEALTH ORGANIZATION, AND AS A PARTNER TO BC FIRST NATIONS' COMMUNITY HEALTH ORGANIZATIONS.

GOALS

- Establish organizational planning process.
- Organizational development, employee engagement and staffing strategies.
- Establish wellness approach as the basis of our organizational culture.
- Implement leading edge FNHA infrastructure.
- Advance accreditation.
- Explore innovative approaches and business opportunities.
- Establish health information systems and wellness indicator frameworks.

STRATEGIES

- Informed by Regional Health and Wellness Plans, conclude and publish an FNHA strategic plan.
- Support each staff member of the FNHA to develop a personal health and wellness plan.
- Increase the proportion of FNHA employees that are First Nations and Aboriginal (currently 27%) and work with Regional Health Authorities on their respective Aboriginal recruitment and retention strategies.
- Begin the Accreditation journey alongside the 33 First Nations health centres and treatment centres who are participating in the accreditation program in BC.

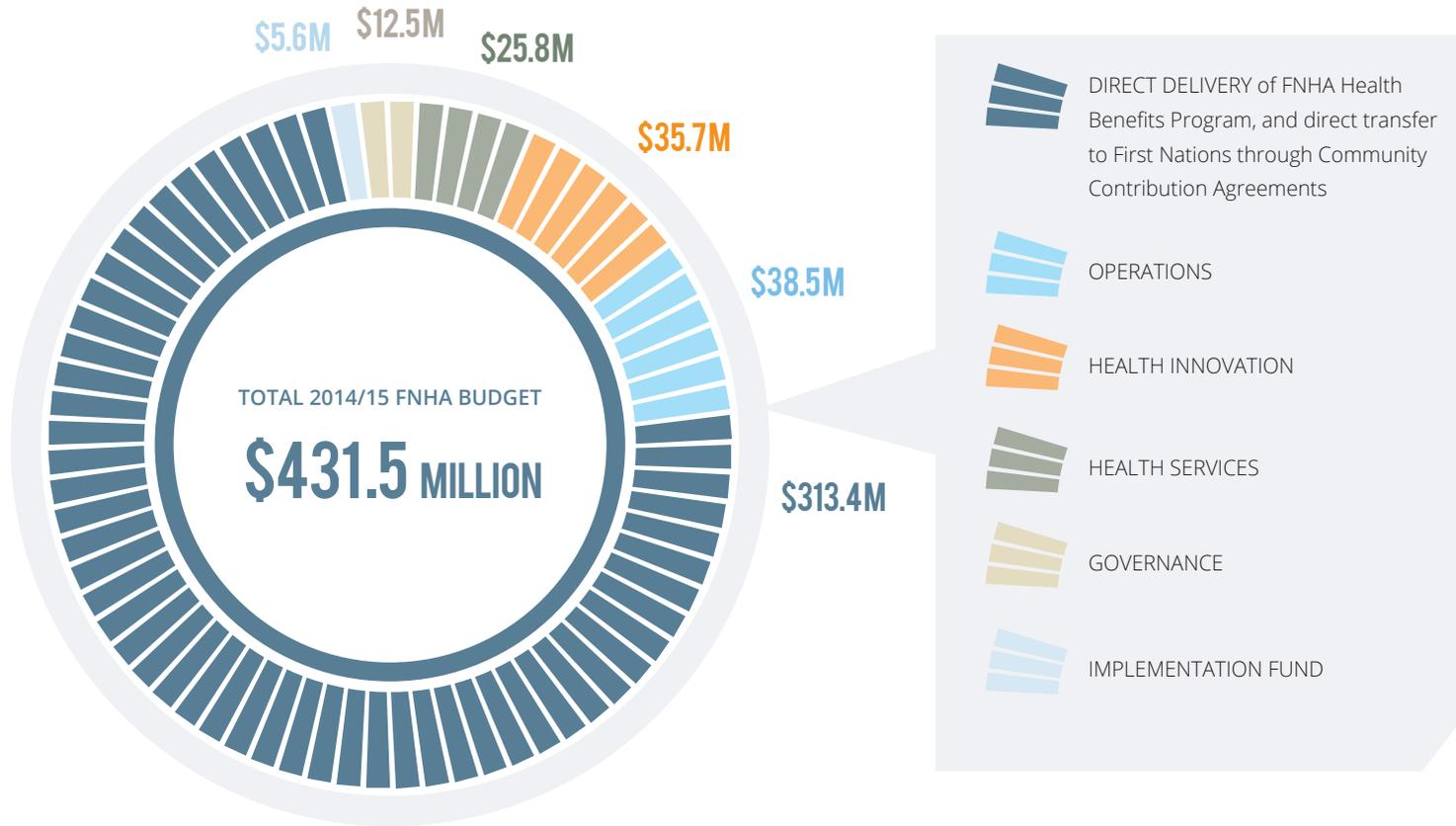


FINANCIAL SUMMARY

The First Nations Health Authority Board of Directors has approved a budget that centres on upholding the integrity of our health services delivered to individuals and communities and reflecting the five priority areas of this plan.

The total FNHA budget for 2014/2015 is \$431.5 million. 73% of this budget supports two areas: 1) direct delivery of the FNHA Health Benefits Program, and 2) direct transfer to First Nations through community contribution agreements.

1. **73% (\$313.4 million)** Direct Delivery of FNHA Health Benefits Program, and direct transfer to First Nations through Community Contribution Agreements.
 - **40% (\$173.4 million)** through First Nations contribution agreements (includes First Nations community contribution agreements, capital, community-administered medical transportation program and First Nations treatment centres)
 - **33% (\$140 million)** for First Nations Health Benefits Program (direct benefits for pharmacy, vision, dental, medical supplies and equipment program operation)
2. **9% (\$38.5 million)** for operations (ie. accommodations, vehicles, FNHA Board of Directors, software and systems, personnel etc.)
3. **8% (\$35.7 million)** for health innovation and transformation (i.e. Joint Project Board investments, Regional envelopes, Wellness investments, Health Actions)
4. **6% (\$25.8 million)** for health services (direct service provision, nursing, environmental health, etc.)
5. **3% (\$12.5 million)** for governance and community engagement (community engagement services in each region, FNHDA/ FNHC secretariats, Regional Caucus meetings)
6. **1% (\$5.6 million)** for implementation fund projects (technology and one-time projects to complete transition and migration from Health Canada Services)



73% OF THE FNHA BUDGET SUPPORTS TWO AREAS: DIRECT DELIVERY OF THE FNHA HEALTH BENEFITS PROGRAM, AND DIRECT TRANSFER TO FIRST NATIONS THROUGH COMMUNITY CONTRIBUTION AGREEMENTS.

REGIONAL ENVELOPES: IMPROVING REGIONAL HEALTH SERVICES AND ENHANCING GOVERNANCE

In 2014/15, of the \$313.4 million expended on direct service delivery to First Nations in BC, \$301.5 million dollars will flow directly to the regions through Community Contribution Agreements, Health Benefits, Health Actions, Project Board, Governance and Community Engagement. This regional investment is split into two distinct categories: 1) Flexible and 2) Non-Flexible funds.

Non-Flexible funds comprise the majority of funds flowing to the regions and include community contribution agreements and health benefits investments. Flexible funds include community engagement resources, governance, Health Actions and Project Board resources.

Please note that FNHA salaries are not included in the representations.

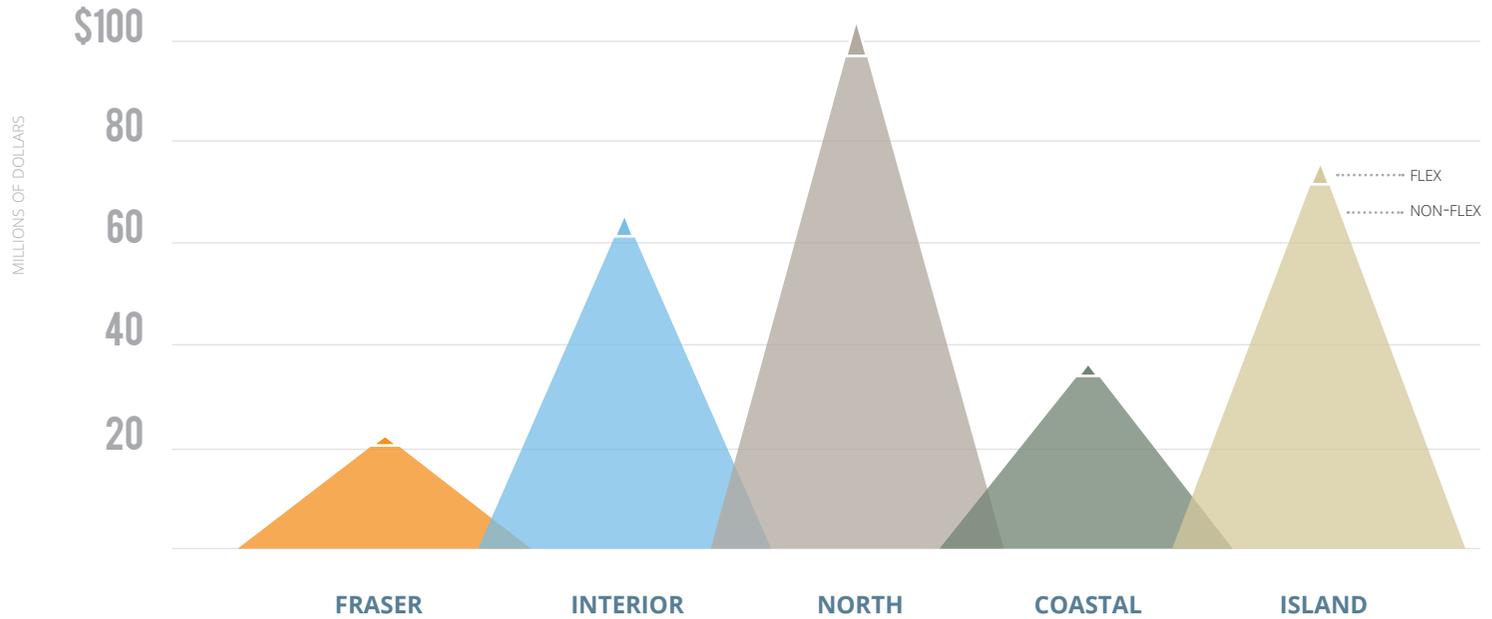
To support and enable decision-making at a regional level, the FNHA will deploy the flexible funding in the form of regional envelopes. Regional envelopes are a mechanism to pair investment with planning; providing regions with the ability to make decisions around the investment in their key priority areas identified in the RHWPs and Regional Partnership Accords. Regional envelopes support our objective of bringing health planning and decision-making closer to home.

The initial overall regional envelope investment is \$15.2 million dollars.

DIRECT REGIONAL INVESTMENT 2014/2015

	FRASER	INTERIOR	NORTH	COASTAL	ISLAND	TOTAL
Non-Flexible	20,046,207	62,100,630	97,139,485	33,739,947	73,277,086	286,303,355
Flexible	1,219,852	3,544,635	5,590,419	1,493,208	3,340,635	15,188,751
Total	\$21,266,059	\$65,645,265	\$102,729,904	\$35,233,155	\$76,617,721	\$301,492,104

TOTAL DIRECT REGIONAL EXPENDITURES: \$301 million dollars will flow directly to the regions through Community Contribution Agreements, Health Benefits, Health Actions, Project Board, Governance and Community Engagement



BUDGET HIGHLIGHTS

- This year the FNHA will Protect and enhance Community Contribution Agreements by honouring the customary 2-3% increase and supporting a 5.5% increase to core community serving (non-demand based) programs (i.e. Aboriginal head start, Suicide Prevention) In total over \$173.4 million (40%) will flow directly through Contribution agreements
- \$301.5 million dollars will flow directly to communities and regions

 **5.5%**

CORE COMMUNITY PROGRAMS

 **29%**

MEDICAL TRAVEL MEAL RATES

 **\$1.7M**

WELLNESS STREAM PROGRAMS

- A permanent 29% increase in medical travel meal rates from \$31 dollars per day to \$40 per day.
- A \$1.7 million dollar investment based on the four wellness streams of Nurturing Spirit, Being Active, Healthy Eating, and Respecting Tobacco to support community, regional and provincial events and campaigns and tools and resources.

\$313.4M

DIRECT SERVICE DELIVERY
TO FIRST NATIONS IN BC

\$15.2M

FLEXIBLE REGIONAL
ENVELOPE FUNDING

\$5.55M

NEW PRIMARY CARE DOLLARS
FOR REGIONAL DECISION-MAKING



First Nations Health Authority
Health through wellness

Contact the FNHA at:

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

Phone: 604.693.6500 | Email: info@fnha.ca

A CHANGE IN FOCUS

THE 2014/2015 FNHA SUMMARY SERVICE PLAN

Our first full year of health service delivery



First Nations Health Authority
Health through wellness