



First Nations Health Authority  
Health through wellness



# Annual Report 2014 - 2015



First Nations Health Authority  
Health through wellness

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# Our Mission

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

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## Message from the Board Chair

# Lydia Hwitsum

**O**ctober 1st, 2014 marked the one year anniversary of Transfer, an important milestone in the overall transformation of health programs and services for First Nations in BC.

As we conclude the first full year of operations, our focus continues to be on stabilizing the organization, improving client experience and making incremental improvements.



Our organization has always kept at the core of what we do, the Seven Directives given to us by those we are here to partner with and serve - First Nations in British Columbia. As we work together in this transformational work, we actively recommit to our Shared Values of Respect, Discipline, Relationships, Culture, Excellence and Fairness. This is a learning experience for all of us, in a very complex environment. We will continue to keep our eye on our long-term strategic interests and transformation while fulfilling our core business functions. Our work is underway to achieve on-the-ground change quickly, learn from the experiences, and improve and accelerate future wellness and health service initiatives.

Our organization has strengthened its role as a Wellness Partner to BC First Nations individuals, families and communities by supporting events and challenges for First Nations communities, youth and Elders, and providing tools, resources and advice. We have been inspired by leadership and their communities that have role-modelled wellness through events and participation in the annual health leadership challenge led by the First Nations Health Council - Beefy Chiefs 2.0 Step Up. Our Health Directors, who play such an important role in our communities, have taken on a stress-reduction campaign through the First Nations Health Directors Association with some promising results and stories shared.

Just prior to the date of transfer, Tsleil-Waututh Nation leader and First Nations Health Authority Elder Advisor Leonard George welcomed and adopted all staff of the FNHA to become honorary members of his extended family, the Takaya Wolf Clan. As family members we have responsibilities that are fundamental to our success and ability to work with our partners, communities and each other. We invite you to look back upon this past year and take a moment to celebrate each other's successes at the community, regional and provincial levels. A lot has been accomplished this year - we have seen great success, established momentum and assembled a creative, dedicated team in the FNHA family. We look forward to the work ahead in the coming years.

**Lydia Hwitsum**

Chair

First Nations Health Authority Board of Directors

## Message from the CEO

# Joe Gallagher

**B**uilding on the many years of work of First Nations leaders and committed partners, the much anticipated first full year of service delivery for the FNHA was marked by numerous successes and accomplishments.



Our work continues to be guided by the historic documents that paved the way for greater control of health services by and for First Nations peoples in British Columbia. As a young and evolving organization we remember those who came before us to set the foundation for the First Nations Health Governance Structure, the creation of a First Nations Health Authority and successful transfer of health services from Health Canada's First Nations Inuit Health Branch Pacific Region.

There is much to tell of the dynamic work we are engaged in and year one of service delivery was certainly a momentous one. Establishing a presence on-the-ground throughout the province, supporting communities where they are at in their health and wellness journey, and growing and evolving numerous partnerships with organizations who want to be a part of positive change in First Nations health in BC made for an eventful year.

The contents of this report follow the five goals outlined in the 2014-2015 FNHA Summary Service Plan: Transition; Governance and Decision-Making; Health Services and Improvements; Partnerships; and Leadership, Organizational Development and Planning. From technical systems migration, enhancing First Nations Health Benefits and other health services improvements to frontline cultural competency training, career mentorship for First Nations staff, and even changing the FNHA on-hold music, transformation includes the big and small when it comes to creating a health authority that First Nations peoples in BC can see themselves within.

In 2014-2015 the FNHA and our partners successfully ensured a smooth transition and continuity of programs, services and funding while working diligently to enhance First Nations governance and decision-making in health by aligning regional-based supports. The 'Made-in-BC' First Nations Health Governance Structure and the FNHA continue to be mentioned as a best practice locally, regionally, nationally and internationally by media, respected clinicians, educators and governance partners. Sharing our story is an important part of the work for First Nations communities and leadership, other First Nations and Indigenous communities across the country and internationally, our wellness and governance partners, and the general public. We all have a part to play in creating Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities.

*Continued on next page*

This year our leadership team and staff have adopted an FNHA Leadership Statement to guide our work. We see ourselves as part of the ecosystem of health and wellness with First Nations peoples and communities and therefore acknowledge that what happens to community happens to us. We are committed to listen, learn, and take our queue from community to best understand and support local decision-making. This 2014-2015 Annual Report features a portion of the work at hand and we hope it shares an indication of the scope, vision, and mandate of the FNHA. At the end of the day this work is about creating space for First Nations peoples and communities to own their own health and wellness journeys, determine their health outcomes and bring decision-making closer to home.

We encourage you to follow our work as we continue on this path of transformation through our online eBlast newsletter, social media, and news updates all on [www.fnha.ca](http://www.fnha.ca). Breaking trail is often the most difficult task and can be a significant undertaking but well worth the effort of all involved for the outcomes we seek on our collective journey.

**Joe Gallagher**

Chief Executive Officer  
First Nations Health Authority





# 1. Transition

Establishing and preparing FNHA systems and software to accommodate our mandate.

## Concluding the Transfer

In 2014-2015 the FNHA continued to focus on the final stages in transfer of assets from Health Canada's First Nations Inuit Health Branch Pacific Region ensuring no disruption in services for First Nations communities in BC. Establishing, updating, and maintaining FNHA processes for the former Health Canada technology, infrastructure, capital, and staff made for a busy but productive and successful year.



**FNHA Chief Information Officer and Vice President of Innovation and Information Management Services Joseph Mendez with a Health Canada cord, cut and framed to recognize the conclusion of FNHA systems migration from the federal government.**

### Health Canada Systems Migration

Following the successful Phase One and Two Transfer from Health Canada in July and October 2013, FNHA has now migrated, replaced or decommissioned 61 of the original 71 systems that were used pre-Transfer in BC. This project included reconciling the remaining Health Canada systems, in addition to the migration of 321,000 network file shares and replacement of over 165 users' desktop devices. This year marked the end of the service continuity agreement fund ear-marked to complete the technical work of transfer. On March 26, 2015, FNHA officially unplugged from the federal network, marking independence from Health Canada's Information Technology infrastructure with exception to Health Benefits buyback areas.

### Accommodations

In 2013, to enable a more seamless transfer of lease properties, the FNHA renewed a number of former Health Canada leases. These leases represent a significant cost to the organization and are set to expire in 2017. A sustainable accommodations plan has been developed which will include the consolidation of Lower Mainland staff.

The FNHA long-term property investment plan is based on the following principles:

- Mutually beneficial economic arrangements with First Nations
- When possible, FNHA staff are located on First Nations community lands
- Ensure a productive work environment is incorporated into the accommodations management

Discussions are underway with First Nations in the Lower Mainland and a Request for Proposals will be issued Fall 2015 for office space to accommodate the FNHA operations in Metro-Vancouver Region. The Metro-Vancouver project will be located on First Nations land, is intended to serve as anchor property for FNHA operations, and is expected to be complete in the Summer/Fall of 2017.

## 2. Governance and Decision-Making

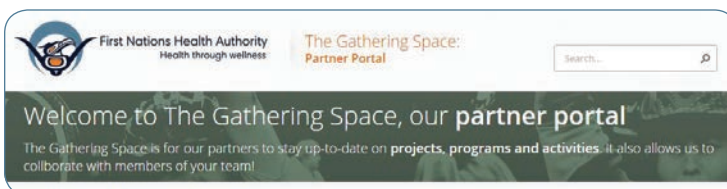


**Fraser-Salish political and health leads celebrate completion of their Fall 2014 Caucus session outside the Squiala Longhouse near Chilliwack.**

### **Secretariat Merger**

This year, the First Nations Health Council (FNHC) and First Nations Health Directors Association (FNHDA) merged their administrative support services through the creation of one central Secretariat. The new central unit is called Secretariat Support Services and provides administrative and coordination services to the 15 member FNHC and the 15 member FNHDA. The new Secretariat Support Services unit will continue to receive central services from the FNHA for Policy, Human Resources, Information Management/ Information Technology, Communications and other centrally held functions. The FNHC and FNHDA Secretariats share the work of supporting Regional Sessions, Board and Council meetings and the joint Transition and Transformation Committee. Merging administrative support for secretariat services is a practical next step in the evolution of our governance structure and consistent with Directive 7: Function at a high operational standard.

### **The Gathering Space – First Nations Health Director and Partner Portal**



On September 17, 2014, the FNHA launched a new collaborative portal for the FNHDA called The Gathering Space. The Gathering Space portal was developed at the request of Health Directors and provides a secure single location for Health Directors to collaborate, network and share templates, resources and information. Unveiled at the FNHDA 2014 Annual General Meeting, the portal was widely lauded as an important means to connect the 135 members of the association who often work in isolation.

## FNHC and FNHDA Strategic Planning

Throughout the summer months the FNHC and FNHDA developed and adopted their respective strategic plans.



First Nations Health Council representatives (missing Gwen Phillips).

## First Nations Health Council Strategic Plan

The FNHC strategic plan is centred on five goals:

- 1. Promote Health Literacy and Model Healthy Leadership:** The FNHC's aim is to support greater self-determination of First Nations individuals, families, and communities by supporting them to stay well longer – and stay out of the health system longer. This includes supporting greater learning and understanding of the health system and the factors that support individual well-being – promoting personal responsibility and the establishment of an environment that makes healthier choices easy.
- 2. Enhance First Nations Governance Structure and Standards**  
The FNHC's role in the First Nations Health Governance Structure is to ensure the ongoing separation of business and politics is upheld – to support, nurture, maintain, and defend the First Nations Health Governance Structure established by BC First Nations and support ongoing governance learning and capacity development at all levels.
- 3. Provide Leadership in Transformation**  
The FNHC's aim is to provide a political and governance leadership perspective to transformation priorities, processes and efforts, and to do so in a manner that respects the roles and responsibilities of the FNHC, FNHDA and FNHA.

#### **4. Advance Learning, Advocacy, Communications and Group Process**

A number of ongoing functions are critical to the FNHC's success across all of its strategic goals. Some of these are core elements of the FNHC's mandate and accountabilities to BC First Nations, including communications, reporting and advocacy. Some of these functions, such as group process and learning, are those that support the FNHC as human beings and as members of a team to be the best equipped they can be in carrying out the work they have been called upon to do by BC First Nations. The FNHC aims to uphold a standard of excellence in carrying out all of these key supporting functions.

#### **5. Achieve Progress on Wellness Determinants**

Health is an outcome influenced by the conditions in which we live, learn, work and play. Recognizing that the implementation of the health plans and agreements in many ways depends upon achieving progress in these social, economic, and environmental influences on wellness more broadly, the Tripartite Partners, through the Framework Agreement, have committed to federal and provincial Deputy Ministers' Tables. The FNHC's aim is to work with partner organizations to advance these wellness determinants politically.

#### **First Nations Health Directors Association Strategic Plan**

The FNHDA Strategic Plan is centred on three goals:

- 1)** Provide professional development, training, networking and support services for Health Directors, supporting their well-being and success in their community roles, and enabling their participation in the improvement of the broader health system.
- 2)** Support Transformation through effective participation of the FNHDA in the First Nations Health Governance Structure and provide quality and timely technical advice.
- 3)** Uphold high operational standards and seek to continuously improve, grow and evolve the FNHDA.



**The FNHDA Board of Directors and Secretariat meeting at Skidegate in Haida Gwaii.**

# Enhancing services in the Regions



Members of the FNHA Northern Region Team in Spring 2015 (Missing Regional Director Nicole Cross).

Establishing strong FNHA regional teams was a focus in 2015. Further, the introduction of regional envelopes provides the opportunity to identify and act upon investment priorities based on Regional Health and Wellness Plans, and to bring life to the Regional Partnership Accords in the five regional boundaries in the province.

### Regional Envelopes

This unique funding approach represents an opportunity to bring decision-making closer to the regions and to better align investments with regional priorities and plans, thereby leading to more effective service planning and delivery for BC First Nations. In summer and fall of 2014, each region held a strategic planning session to develop guiding principles for regional envelope allocation and priorities for expending the regional envelope. Last year \$15.2 million dollars were allocated to regional envelopes.

Regions 2.0 is underway as a cross-departmental, FNHA-wide working group initiative led by the office of the Chief Operating Officer, driven by our Directives and our objective to implement a regional basis to the service-facing work of the organization. This included recruitment of 27 Community Engagement Coordinators and five Mental Wellness workers, in addition to the existing five Regional Directors, six Regional Health Liaisons, and five Regional Administrative Assistants, bringing the total dedicated regional office staff to 48.

## **Regional Health and Wellness Plans**

Through the establishment of the First Nations health governance structure, First Nations have organized much of their work on a regional basis. Regional Health and Wellness Planning was called for by First Nations leaders in the 2011 and 2012 Consensus Papers. Regional Health and Wellness plans establish a common voice in each region by identifying priorities and approaches to enhancing First Nations health and wellness in the region, including the work with Regional Health Authorities, Regional Caucuses and other regional partners.

Regional Health and Wellness Plans directly inform provincial-level strategic planning of the FNHA, FNHC and FNHDA. Through leadership provided by the Regional Table and Regional Caucuses, paired with the support from FNHA regional and central service teams, the first round of Regional Health and Wellness Plans have been finalized and are being implemented in the regions in partnership with Regional Health Authorities and supported by regional envelope investments.

### **NORTHERN JOINT PROJECT BOARD INVESTMENT PLAN**

The FNHA and Northern Health Authority are working together to plan and implement region-wide primary health care improvements. The Northern Joint Project Board plan consists of three initiatives that will improve access to primary health care. The Nurse Practitioner (NP) project will provide funding for supports and enablers to enhance NP services to First Nations communities. The primary health care teamlet will see the establishment of an interdisciplinary care team, working closely with physician partners, NPs and other health professionals. Mental wellness substance use mobile support teams will be developed across the region to provide a continuum of services including prevention and health promotion, assessment and intervention, cultural support and crisis response.

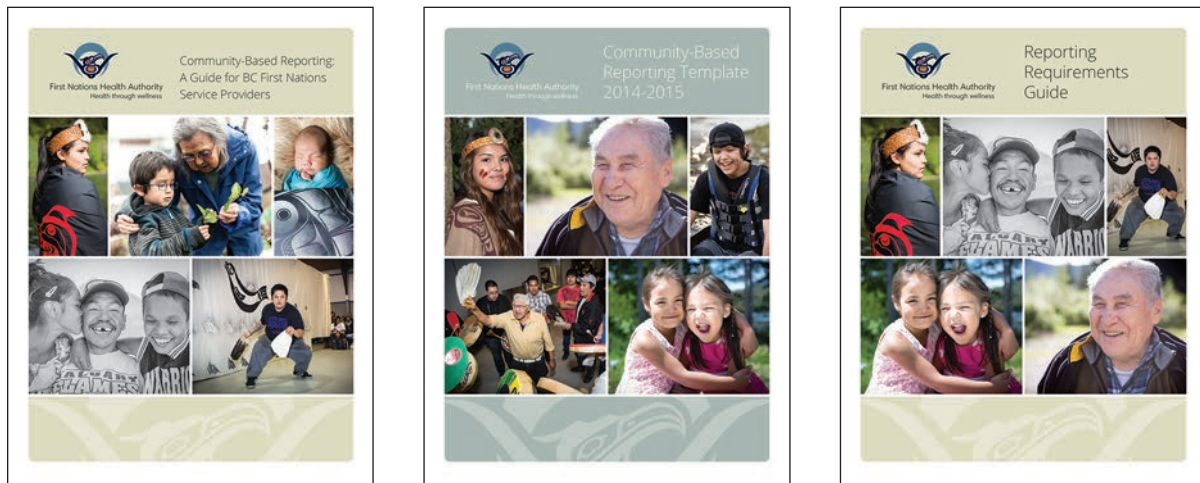
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### **PRIMARY HEALTH CARE AT SEABIRD ISLAND**

Seabird Island's Primary Care Clinic is staffed by First Nations health professionals and situated in a First Nations community. The clinic has been operational for six years and has seen a steady increase in utilization. The delivery of healthcare to First Nations people by First Nations people has been identified as a key strategy towards removing barriers to accessing healthcare. The barrier of transportation is removed through an increase in outreach services to surrounding communities. JPB funding is used to subsidize physician salaries to increase the amount of time they spend with each client, engaging in case management and addressing non-medical determinants of health. This relieves pressure from physicians, allowing them to take the required time to serve their clients.

# 3. Health Services and Improvements

## Protecting and Enhancing Funding Arrangements



Updated reporting template and guide documents, a renewed web presence, and new tutorial content was intended to support FNHA health partners with their funding arrangement reporting.

### Engagement and improvements

In Spring 2014 FNHA Corporate Services team members met with Health Directors from each region to engage on improving contribution agreement/funding arrangement processes, reporting practices and structures, and future health planning processes. The following administrative improvements represent a step forward in our collaborative partnership to transform community contribution agreements:

- Leveraging Funding Adjustment Letter (FAL) as a mechanism for minor amendments, (replaced previous 'NOBA' format)
- Initiating electronic and fax delivery for agreements to speed up the process
- Simplifying the agreement itself through consolidating the number of schedules
- Combining reporting schedules and streamlining reporting requirements on select programs

In 2014/2015, 149 (75%) of contribution agreements were scheduled for renewal and renewed. Five of these agreements represent completed capital projects and the remaining 144 agreements are comprised of 121 Community Based Agreements and 23 Non-Community Based Agreements such as Treatment Centres.

### **A new Approach to the Community-Based Reporting Template (CBRT)**

To ease the reporting burden on Health Directors and health leads working in First Nations communities, the FNHA refreshed the operability and readability of the Community-Based Reporting Templates. A community-based reporting guide supported the 2015-2016 template, and additionally was retrofitted for the 2014-2015 fiscal year based on community demand.

A new central online location for on-demand Funding Arrangements information was established this year. The new site [www.fnha.ca/what-we-do/funding-arrangements](http://www.fnha.ca/what-we-do/funding-arrangements) includes a summary of requirements, an introduction to the funding arrangements advisory team, FAQs, funding model comparisons, and a funding model activity structure map. An audio-visual tutorial was developed to support health managers to easily understand the process and expectations, coupled with an updated FNHA Programs and Services Compendium for front-line community service contacts.

### **Funding Increases for 2015**

A total of \$168 million was transferred directly to First Nations Health Service Organizations this year. In July, First Nations received budget increases through Funding Adjustment Letters (FALs) In addition to the customary increases of 2-3% for certain programs, the FNHA was able to provide additional funding for certain programs to bring the overall increase to 5.5%.

**The 2014 First Nations Health Directors Association Annual General Meeting.**

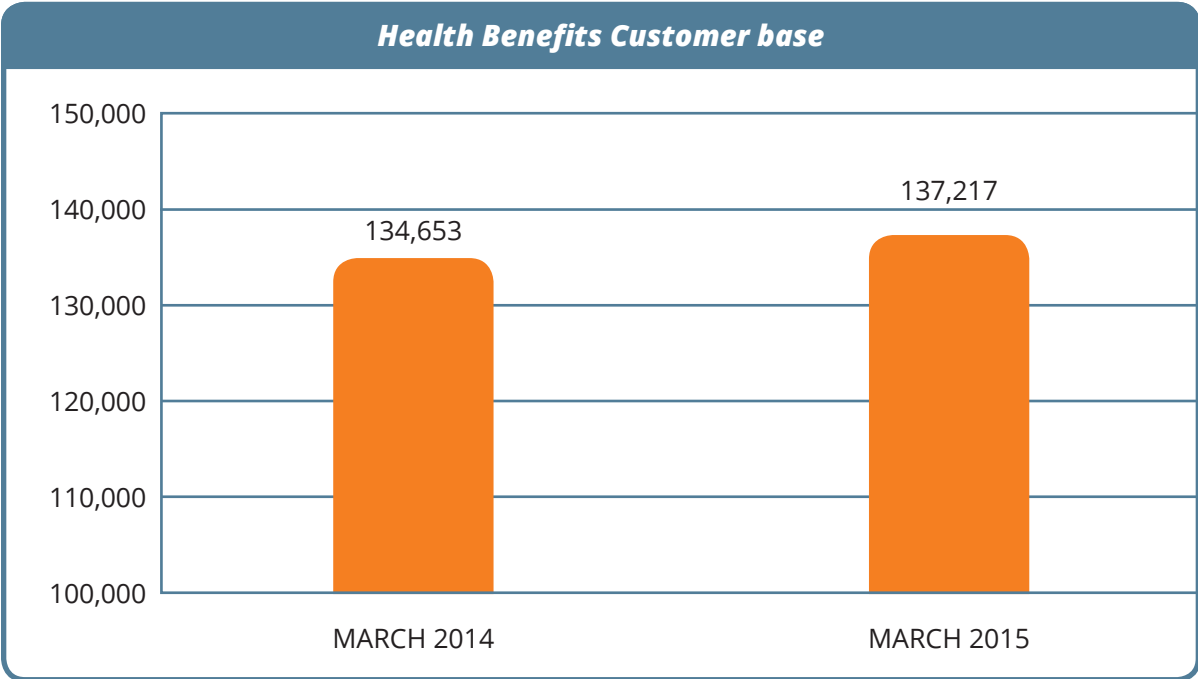




# First Nations Health Benefits

## Increase in access and awareness leads to increase in usage

FNHA Health Benefits saw 137,217 clients as of March 31, 2015 vs. 134,653 clients as of March 31, 2014, which represents an increase of 2,564 clients or 1.9%. Enhanced communication and engagement with First Nations coupled with stronger relationships with health providers are leading to an increase in client base.



*"Thank you to you and your colleagues for providing a significantly improved program and services...Our money flow and the turnaround time for benefit exceptions have improved. Additionally, there appears to be a decrease in complaints which is a valuable and appreciated improvement."*

Prince Rupert Aboriginal Community Service Society

### Customer service, navigation and communication of First Nations Health Benefits

This year First Nations Health Benefits has reduced processing times for prior approval claims in multiple benefit areas.

Prior Approval	FNHA Service Standard	October 2013	April 2014	March 2015
Dental - Basic	20 days	30 days	20 days	13 days
MS&E - General	15 days	25 days	20 days	15 days
Medical Travel - General	5 days	N/A	5 days	5 days
Vision-eyeglasses	5 days	40 days	5 days	5 days



Communication to First Nations Health Benefits clients has been prioritized as an area for improvement based on direction given by First Nations leadership and Health Directors. To this end, a Health Benefits Information Package was developed and launched in August 2014. A reorganization of [www.fnha.ca](http://www.fnha.ca) Health Benefits web pages were also completed last summer, supporting First Nations and providers to access information and forms related to the programs.

Improving how the Health Benefits team interacts with clients is the Operations team's number one priority. In order to improve client experience the FNHA has provided customer service training to all frontline operations staff, and the team will complete stage 2 customer service training this October. In addition, 100% of the Health Benefits operations team has completed Indigenous Cultural Competency Training offered by Provincial Health Services Authority.

The Health Benefits Support Representative whose sole purpose is to help clients to access the program has fielded 551 calls since April 1, 2014. 28% of these calls were regarding Medical Services Plan, 19% were related to Health Benefits policy and eligibility, 11% on Medical Supplies and Equipment and 9% on Dental. 56% of calls came from Clients, 18% from Community health workers, 10% from providers and 5% from Aboriginal Patient Navigators. The majority of issues are resolved on the first call with about 3% of all calls transferred directly to Health Benefits Operations. Health Benefits Operations fielded a total of 39,438 calls last year.

*"Yesterday I met 2 children with urgent dental needs whose parents were having trouble navigating the NIHB and Aboriginal Affairs system. . . it is so nice to call somewhere for information and have a person answer your call. . . especially a person as friendly, accommodating and knowledgeable as Donny! Great job FNHA!"*

Dental Hygienist

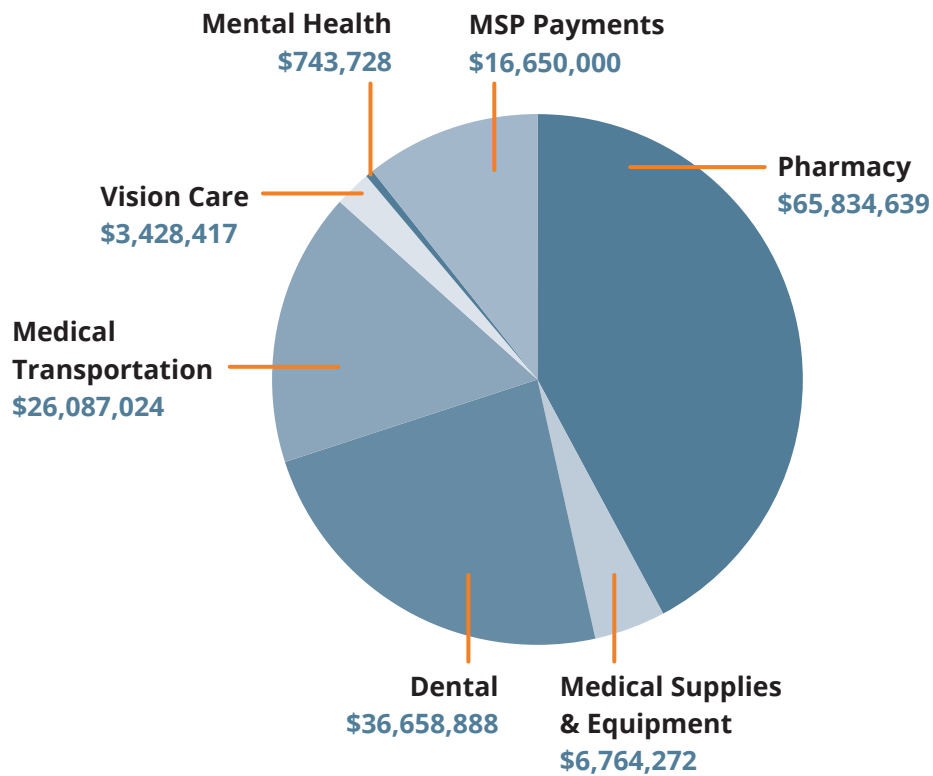
### **Health Benefits Rate Increases**

Adult patient travel meal rates were increased by 54.8% in the 2014-2015 fiscal year. In April, meal rates for adults increased from \$31 per day to \$40 per day, and on October 1, 2014 this rate was further increased to \$48. This latest increase brings the total increase in meal rate expenditures to \$1.1 million per year.

Health Benefits is concluding a review of the Medical Transportation mileage rates. An increase of 15% will be applied for all communities and will raise the current 20 cents per km to 23 cents per km. Communities that experience higher travel costs will receive a 45% increase up to 29 cents per km. This increase in mileage rates results in an additional \$1 million dollar per year investment in the medical transportation program.

In total, the meal and mileage rate increases will result in an additional \$16.8 million dollars over the course of the 10-year Canada Funding Agreement through to 2023. This fiscal year there was also a 1.8% increase on dental fee grids.

**Total Health Benefits Expenditures by Area Including Contribution Agreements:**  
**\$156,166,969**



**Medical Transportation Review - Let's Talk Transformation**

The Let's Talk Transformation Medical Transportation review was initiated in July of 2014 and includes: a review of current funding levels, analysis of trends for the last 5 years, identification of community challenges, and discussion of existing provincial services. The project also includes an opportunity for communities to provide direction on how to transform and develop a sustainable program that fits community needs.

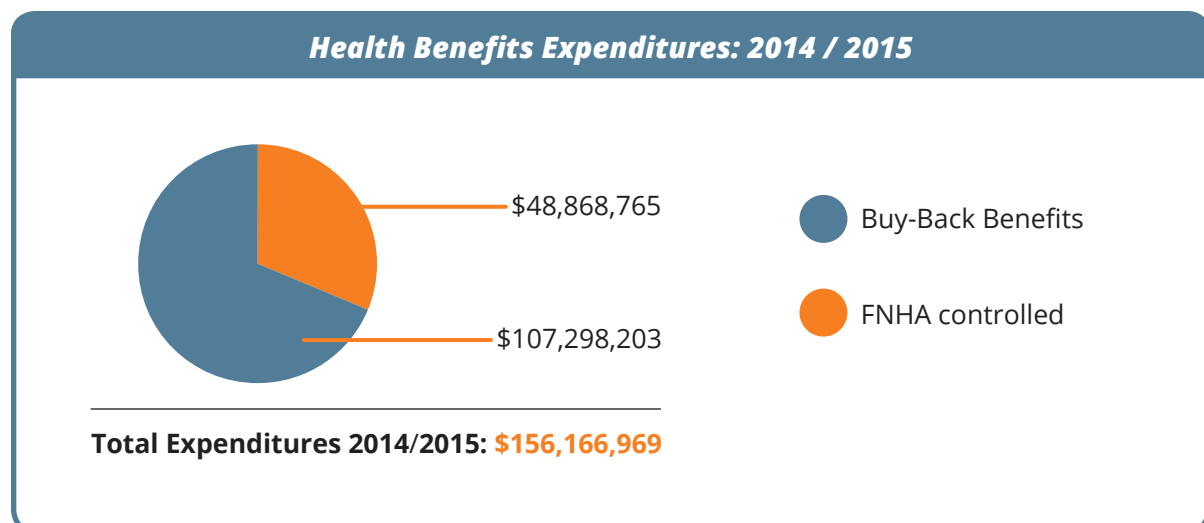
In 2014-2015, 88% of the financial reviews of historical spending patterns were completed. Additionally, 12 communities completed on-site reviews. Feedback gathered through this process and the First Nations Health Directors Association survey indicated that meal and mileage rate increases should be prioritized as areas for improvement.

### **A new approach to Pharmacy, Dental and Medical Supplies and Equipment**

Fulsome transformation of Pharmacy, Dental and Medical Supplies and Equipment is not possible until the FNHA establishes its own claims processing systems and structures. Research and analysis of Health Benefits plan design options has been underway since client data was accessible to the FNHA in July 2013. Community engagement through regional caucuses surveys and focus groups was undertaken last year. Plan design is well underway and will be based on the following principles:

- Increase individual decision-making and control over Health Benefits, including utilizing Health Benefits for prevention and wellness, not just treating injury and illness
- Reduce administrative burden for clients
- Provide additional wrap-around care for those who need it most

*\* Please note, the figures below are FNHA Health Benefits operations data only and do not include funding in these areas provided directly to community to provide Health Benefits through FNHA Funding Arrangements.*



### **FNHA Dental Services**

The FNHA dental team is a part of First Nations Health Benefits and includes the Children's Oral Health Initiative (COHI) and Dental Therapists operating throughout the province.

FNHA Dental Therapists work to reduce and prevent oral disease through prevention, education and health promotion. COHI early childhood tooth decay prevention services include annual screenings, fluoride varnish applications, sealants, and temporary fillings for children aged 0-7.



### **Quick Facts and Figures**

- COHI program reaches thousands of children in communities each year
- 7 Dental Therapists and 2 Dental Hygienists on staff
- 17 FNHA supported Dental Hygienists working with the COHI program
- 3 COHI Aide group training sessions, and several one-on-one COHI Aide training sessions took place this year
- 15 COHI Aides attended training
- Continuing to work with communities and Regional Directors to explore efficient and effective oral health service delivery and opportunities to bring services closer to home
- Building our partnerships with the College of Dental Surgeons of BC, BC Dental Association and the BC Dental Hygienist Association – supporting transformation of FNHA dental services

*Read more about the FNHA Dental Teams on the FNHA website – search: Dental*

## Environmental Public Health Services

This fiscal year the FNHA's Environmental Public Health Services team completed 1,042 inspections of food and community care facilities, housing, recreational, water and waste facilities; delivered Foodsafe training to 724 community individuals; provided support to communities during emergency events, such as flooding, wildfires, and power outages; and established regional training sessions to provide training to 20 new and existing Community Based Water Monitors to support the Drinking Water Safety Program in their respective communities.

Other highlights included working with communities to provide specific support on public health issues, such as the technical working group on Biosolids, and supporting communities to build capacity on environmental contamination research and public health assessments, as well as conducting a Fish Sampling Project to assess the safety of Fraser River salmon for human consumption following the Mount Polley Mine Tailings Breach.

### Quick Facts and Figures:

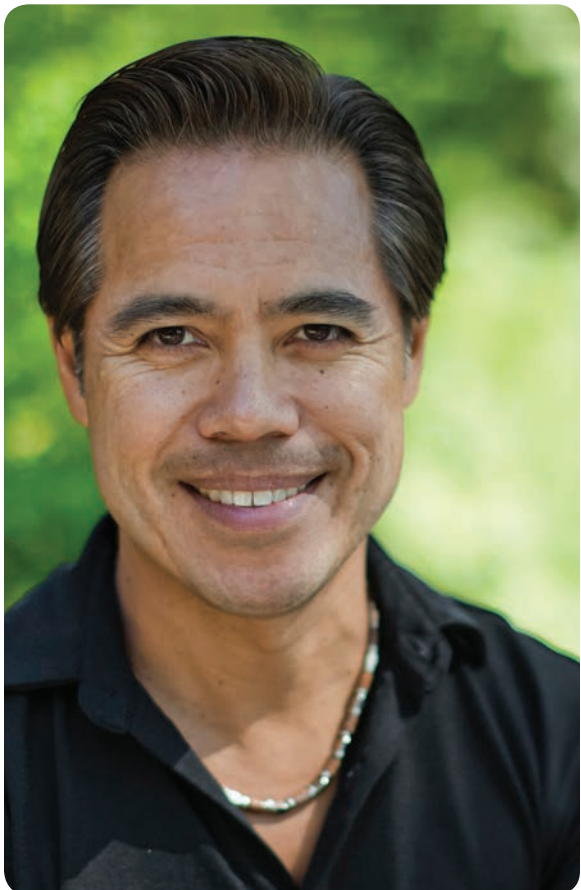
- Recruitment of 3 managers and 4 Environmental Health Officers to fill vacancies that resulted from retirement and transfer from Health Canada
- Supported Community Based Water Monitors to collect over 37,000 bacteriological samples (Colilert and Laboratory)
- Coordinated the 5-year Baseline Chemical and Radiological Sampling of all Community Water Systems and Public Water systems
- Close collaboration with AANDC to address drinking water advisories and urgent situations
- Representation on Provincial and Regional Health Authority committees
- Provided environmental health inspection for large public events held on First Nations community lands: Qatuwas Tribal Journey Festival, Boonstock Music Festival and Pemberton Music Festival.

## Reshaping our Response

### **Aligning Community-Facing Services**

On October 1, 2013, Health Canada programs and services were transferred “as is”, and the FNHA committed to substantive change within the first two years of operation. A key characteristic of transformation is to bring decision-making closer to home and into the hands of First Nations, with particular focus on the regions. Another key feature of transformation is to optimize clinical and professional expertise and make this more accessible to BC First Nations. This year the FNHA underwent a series of organizational changes to enact this vision including: uniting the Policy, Planning and Strategic Services and Health Services departments under the leadership of Chief Operating Officer Richard Jock and the recruitment of Chief Medical Officer Dr. Evan Adams.

### **Chief Medical Officer - Dr. Evan Adams**



*“It has been a lifelong dream to work directly with First Nations and Aboriginal peoples on our wellness and prosperity at this level. I’m grateful to the Office of the Provincial Health Officer for the past seven and a half years. I feel like I’m coming home.”*

Dr. Evan Adams - FNHA Chief Medical Officer



On December 1st the FNHA announced recruitment of Dr. Evan Adams as our Chief Medical Officer. Dr. Adams previously served as the Deputy Provincial Health Officer. As the lead for Clinical Medical Services and Practice, the Chief Medical Officer provides leadership and clinical support to the FNHA's physicians and specialists. Dr. Adams will also provide strategic direction to a management team dedicated to the areas of public and population health; health surveillance, protection, promotion and prevention; environmental health services; and holistic health practices.

The Chief Medical Officer role will be a major contributor to the continued transformation of health care and improvement to access and quality of health care services while responding to the wellness directives provided by First Nations communities.

*"The FNHA has made a great choice in Dr. Adams - he is an exceptional public health practitioner. His years with my office were marked by his dedication to improving the health of Aboriginal people in BC. I learned a tremendous amount from Evan and I wish him every success in this next stage of his path, and I look forward to continuing work with Evan in his new role."*

Dr. Perry Kendall - BC Provincial Health Officer

### **Nursing Progress and Review**

An independent Nursing Review was completed and looked at how nursing services can be delivered holistically including: what/where services are currently being delivered, scope of practice, training, and recruitment and retention. The review considered best/innovative practices that can be implemented in the context of the FNHA and its communities, opportunities for better integration with provincial resources/partners, education and qualifications requirements, and opportunities for ongoing data collection.

Recruitment and retention of nurses for health centres and remote nursing stations supports stabilizing nursing operations overall. FNHA operates seven remote nursing stations and funds three transferred nursing stations. Since transfer, the FNHA has recruited 39 nurses and has retained 80%. Remote nursing retention rates are improving due to flexibility in how nurses are hired (casual, part-time rotation, full-time), educational opportunities, a great team to work with, diversity in travel, and rich experiences in communities across the province.



**An image from the FNHA Nursing recruitment video here in Lax Kw'alaams. Filming took place in three First Nations communities and can be viewed on the FNHA website and Youtube channel.**

Decreasing reliance on agency nursing is a key contributor to increasing continuity of care, long identified by First Nations as a priority. As such, the FNHA created a nursing recruitment video to attract and retain permanent nurses. The production team would like to raise our hands to the communities of Lax Kw'alaams, Tsal'alh, and Xwisten for supporting the development of this video.

### **Nursing Training**

The FNHA continues to support professional development and continuing education of all nurses through the nursing education forum, online courses, such as diabetes educator, and the foot care program. In 2014/2015 the nursing team offered 26 training sessions impacting 255 nurses. In addition, the popular RE:ACT Prevention of Elder Abuse training hosted 129 participants.

In partnership with the Diabetes Management and Training Center, the FNHA offered six three-day diabetes professional development training courses in the 2014-2015 fiscal year. These courses featured internationally recognized diabetes trainer Kris Swenson. The course was designed to meet the educational needs of healthcare providers and community staff in working with First Nations people living with diabetes. The facilitator challenged the mainstream approach to diabetes care and management by removing the shame and blame around diabetes. A vision was shared to help health professionals and health workers to put the client in charge of his or her own care through discovery learning.



*In 2014/2015 the FNHA Nursing team offered 26 training sessions supporting 255 nurses working with First Nations communities.*

**Nurse training attendees in Terrace.**

## **Service Reviews and Improvements**

### **Regional Mental Wellness Advisors**

Five Regional Mental Wellness Advisors were recruited this year to assist in planning and service coordination efforts within the regions. The Regional Mental Wellness Advisors work in collaboration with First Nations communities, Regional Health Authorities, and other regional and community partners to provide support during crisis response, assist First Nations communities in mental wellness and substance use planning efforts, and promote coordination of program and service delivery across the region.

### **Fraser-Salish Regional Mental Wellness Advisor: Jodie Millward**

"I am honoured to be living and working in the Fraser-Salish Territory. I have been a visitor here since 2001. I am a proud Metis woman with Anishinaabe, French and Ukrainian ancestry. I grew up on the Alberta-Saskatchewan border in Cree territory so I have been blessed with teachings and traditions from across Turtle Island. I continuously work to find balance in my life between work, play and spirit with my ultimate goal of bringing all three together.



I am motivated by change and power equalization. I believe in community and the power of the people. I strive to make the world a better place not just for my fellow two legged but for all my relations (animals, plants, water and air) including our mother earth. I have a Masters in Counseling Psychology and have experience in supporting those living with addictions, brain injuries, those living through violence and those experiencing our Correctional System. Miigwetch!"

### **Indian Residential School Program Review**

The FNHA, in partnership with service providers, recently completed a review of the Indian Residential School Program (IRSP). The goal of the review was to learn what is working well, improve services through collaboration, and ensure the responsible and equitable distribution of services across the regions.

Several immediate and positive changes have been made already as a result of the IRSP review, including:

- Cultural competency training and rate increases for counsellors
- Additional resources allocated to the North
- Recruitment of Mental Wellness Advisors in each region

### **The National Native Alcohol and Drug Abuse Program (NNADAP) Review**

The BC NNADAP Treatment Centre Review process was initiated in 2014 to inform how FNHA and other service providers can improve and better coordinate/ integrate mental health and substance use services throughout the continuum of care and in all regions. Secondly, it examined how the FNHA and Treatment Centres can work together in ensuring that program and service delivery align with the direction and priorities provided by BC First Nations. Phase II of the review will bring together treatment centres, community workers, partners, and related service providers to inform an action plan for enhancing continuity of care and service integration in substance use and mental health.

### ***“Hope, Help, and Healing” Suicide Prevention, Intervention and Postvention Toolkit***



In early Spring of 2015 the FNHA supported the launch of the Hope, Help, and Healing Suicide Prevention, Intervention and Postvention Toolkit for First Nations communities. The toolkit was developed for community health leads, Health Directors, community health workers, and others working in an area that touches on preventing and responding to suicide in their communities. “Hope, Help, and Healing” intends to support planning efforts at the community, tribal council, Nation-based, and sub-regional levels and to support community workers in planning and developing a suicide prevention, intervention and postvention plan that can be used in their communities.

## Crisis Response and the FNHA

A crisis can be defined as an extraordinary circumstance that significantly challenges community capacity to respond. Over the summer of 2014 the FNHA focused on resetting the previous service approach to crisis response to support community needs in an efficient and timely manner.

The FNHA has divided response mechanisms into two categories of frequent occurrence:

**1) Emergency Management** - flooding, forest fire, earthquake, landslide, industrial explosion, hazardous materials, and pandemic and, **2) Mental Wellness Incident** - attempted or completed suicide, accidental death or injury, and violent death.

The guiding principles informing the FNHA approach include:

- Removing administrative burden from communities in crisis
- Increasing our discipline in responding
- Reorienting clinical and program staff to directly support communities

Key activities to improve crisis response processes included recruitment of a Manager of Emergency Management, finalizing a crisis response protocol to assist communities in crisis to work, establishing the Regional Directors as a central support contact for communities, dedicated emergency management capacity, and regional mental wellness advisors.

### *FNHA Manager of Emergency Management: David Reid*

FNHA's Manager of Emergency Management David Reid has over 20 years of experience in the field of Emergency and Disaster Management. David worked as the Emergency Management Coordinator for Vancouver Coastal Health's Coastal Portfolio under Health Emergency Management BC. David obtained a Masters in Emergency and Disaster Management from Royal Roads University in 2010. "Every year we experience floods, fires, winter storms and landslides. We also experience human caused events such as pandemics, industrial spills and structural fires," said Reid. "This position is an essential element to have the ability to respond in a timely and efficient way when a crisis hits community."



## Mount Polley Tailings Pond Breach

On Monday August 4 at 1:10 a.m. a tailings dam at the Mount Polley Mine in the interior region was breached, releasing water tailings and ground rock into Polley Lake, Hazeltine Creek and Quesnel Lake.

The Mount Polley mine is an open-pit gold/copper mine 8 km southwest of Likely and 56 km Northeast of Williams Lake BC. It is located within the northern part of the Secwepemc te Qelmu'cw (NStQ) traditional territory and is within the traditional territories of T'exelc Williams Lake Indian Band and the Xat'sull Soda Creek First Nations.



**A healing ceremony took place days after the Mount Polley Mine Breach.**

The FNHA supported the human health concerns of First Nations affected by the Mount Polley Mine tailings pond spill. Supports included:

- a comprehensive independent water testing program for affected First Nations
- a salmon sampling project
- mental health and spiritual wellness supports
- coordinating the First Nations public health response with the broader health system

Senior leadership of the FNHA and FNHC participated in a healing ceremony at the site of the spill to stand with local communities days after the breach. There were numerous agencies involved in monitoring the situation and sharing information alongside the FNHA, including Interior Health, the BC Ministry of Health, Department of Fisheries and Oceans, and the Cariboo Regional District.

*Read more about the FNHA's response to Mount Polley online at [www.fnha.ca](http://www.fnha.ca).*

## Communicable Disease Control

On October 21, 2014, in response to a worldwide effort related to the Ebola Virus, the FNHA provided surge capacity for training community health care workers to ensure appropriate and long-term use of Personal Protective Equipment for several infectious diseases. Training took place over 4 months in 16 sites. In total, 168 health care workers were trained.

**Personal Protective Equipment Training in Anahim Lake, November 2014. Anahim was one of 16 sites for Ebola Virus Disease training.**



*"I am very happy that this training was provided even when it is a low risk. I feel it is important to be prepared for this type of potentially harmful situation."*

Community Health Care Staff

## eHealth

### Panorama

Panorama is an integrated, electronic, public health record developed to support management of communicable diseases, outbreaks, immunizations and inventory. At the e-Health 2014 conference, FNHA's Panorama Team won the Canadian Health Informatics Award for its exceptional efforts in the innovation in adoption of health informatics at FNHA. The Panorama Team lit up 11 new First Nations Health Services Organizations serving 29 additional First Nations communities and 29 new user nurses in 2014-15. FNHA's partnership with BC Centre for Disease Control continues to progress and has improved the support to First Nations communities and to the nurses using Panorama.

*"The First Nations Panorama Implementation Project (FNPIP) has made it possible for the first time for First Nations clinicians to have access to timely public health information for their clients as well as important surveillance information that allows assessment and protection of the health of First Nations peoples. This unique project is a first of its kind in Canada and the FNPIP was instrumental in its development and implementation in a complex environment."*

Bonnie Henry, MD MPH FRCPC Interim Executive Medical Director - BC Centre for Disease Control

### *First Nations Panorama Implementation Project National Award*



**The First Nations Panorama Implementation Project team at the 2014 eHealth Informatics Award Gala.**

The First Nations Panorama Implementation Project (FNPIP) team in BC won a national eHealth award for their ground-breaking work creating new pathways to technology and access to better health services for First Nations in the province. The Innovation in Adoption of Health Informatics award was given to the FNPIP team at the 2014 COACH eHealth Conference Informatics Awards Gala. In the area of eHealth connectivity, capacity, and data integration for First Nations in BC, FNPIP has advanced partnerships between First Nations Health Service Organizations, provincial health authorities, and provincial and federal governments, eliminating barriers to vital public health and surveillance information.

Panorama now offers an effective mechanism for First Nations to govern their own public health data within the provincial system, while cutting red tape for clients. This truly transformational project has aligned several First Nations, federal, provincial, and health partners, facilitating new relationships and a new paradigm that ultimately has led to better quality care for BC First Nations within these communities, and many more on the way.



**Telehealth Brings Educational Opportunities to Tsay Keh Dene and Kwadacha**

*“Telehealth helped me do my course in my community without leaving ... [Without telehealth] I would not be where I am today – working as a Health Care Aide student in a facility.”*

Elaine McIsaac - Tsay Keh Dene Community Member and College Graduate

**Telehealth**

45 First Nations communities in BC are currently participating in the Telehealth Expansion Project (TEP), an initiative which uses video conferencing technology to improve access to clinical health services and health education in remote communities. Of the 45 communities, 30 have completed readiness and needs assessments, a critical step towards Telehealth implementation.

In 2014-15, TEP implemented 19 Telehealth sites for clinical services and health education. In terms of service providers, FNHA implemented sites for three primary care physicians and one First Nations surgical specialist, Dr. Nadine Caron. The engagement of service providers is growing rapidly. FNHA is working with 60 general and specialist practitioners to deliver Telehealth services across the province. Due to overwhelming interest from other BC First Nations, FNHA is already planning for a second wave of Telehealth expansion in 2016.



Thanks to a satellite link and videoconferencing equipment provided by the First Nations Telehealth Expansion Project – coupled with their dedication – these three young women are now certified Health Care Assistants working in their home communities. Dana McCook, Elaine McIsaac and Farrah Pierre live in the remote northern communities of Kwadacha and Tsay Keh Dene. The three First Nations students attended class remotely at Native Education College in Prince George via telehealth for five months before completing their education with a two week trip to Prince George for clinical training.

## Supporting Community Accreditation and Quality Improvement



**FNHA Honouring BC  
First Nations Champions  
in Accreditation and  
Quality Improvement.**

Accreditation is an effective quality-improvement process and tool that provides a structure for communities to continuously examine, strengthen, and maintain high quality programming with a focus on staff, client and community safety. In turn, First Nations communities have opportunities for increased organizational development, community development, as well as capacity-building on a service and health systems level. The FNHA will continue to support communities who are interested in undertaking their own accreditation journey. To this end, the FNHA is currently developing its first Accreditation and Quality Improvement (CAQI) Program Directive, Procedures and related program promotion, participation and engagement documents. The CAQI Program is open to all First Nation health and addiction recovery treatment service organizations.

To date, 23 health centres and 11 treatment centres are participating in the FNHA Community CAQI Program; they form the FNHA Quality Improvement and Safety (QIS) Network. This FNHA-hosted network provides organizations a platform to provide leadership and capacity building regarding accreditation, as well as mentor one another in their ongoing quality improvement initiatives. FNHA continues to increase awareness and provide support to First Nation communities who are currently participating in quality initiatives, as well as connecting with new organizations who are interested in learning more about accreditation.

*Additional information can be found on the FNHA website – search: Accreditation.*

### **FNHA Funds Red Cross First Responder Training for First Nations**

In partnership with Red Cross, the FNHA held a successful pilot project for First Responder Training in the Summer of 2014, training 22 members from 7 rural and remote First Nations communities. Initial success of this program has led to additional training opportunities slated for 2015 and it is anticipated that over 140 community First Responders will be trained in 40-50 communities during summer and fall 2015. FNHA and Red Cross are building partnerships with other emergency service organizations, such as First Nations Emergency Services, BC Ambulance, RCMP and AANDC, to ensure First Responder services and community infrastructure are integrated and aligned with these provincial health and emergency programs.



**Red Cross instructor Russell Gaudin, second from left, works with Lory and Judy Campbell from Ahousaht, left and centre, Jay Millar of Ucluelet and Kyle Harry from Zeballos on a burn scenario during the First Nations First Responders Program.**

## 4. Partnerships



**First Nations Health Council Chair Grand Chief Doug Kelly, (L-R back row) Maureen Chapman and Leah-George Wilson share a laugh with Minister of Health Rona Ambrose and BC Minister of Health Terry Lake at the BC Tripartite Principles Meeting.**

Improving First Nations health outcomes requires a coordinated effort within the health system as a whole. Strong partnerships are essential to making the health system effective, safe, and accessible for all First Nations citizens.

### **Federal Partnership**

While a partner from a distance, Health Canada has been clear that it does not intend to be a distant partner. To this end, Health Canada and the FNHA took significant steps to strengthen their relationship at executive and operational levels. This year Health Canada and the FNHA signed a Shared Vision and Common Understanding document that describes the overarching approach to the partnership and process by which the partners work together over the duration of the Canada Funding Agreement. This year also marked the first time the FNHA received new federal funding since signing the Canada Funding Agreement. Over the next two years, the FNHA will receive approximately \$2 million to support tobacco cessation and smoke-free spaces programs.

The FNHA has also begun to build relationships with other federal departments, such as Aboriginal Affairs and Northern Development Canada. These early discussions have focused on strengthening working relationships and identifying opportunities for collaboration in key areas of responsibility, including environmental health, emergency management, capital and data sharing.





**FNHA and Interior Health Aboriginal Health staff meeting held April 10, 2015. FNHA and IH staff have committed to establishing a cohesive team that meets regularly to improve communication and understanding.**

Each of the First Nation Regional Caucuses has entered into a Partnership Accord with its respective Regional Health Authority. Regional Partnership Accords have opened new opportunities for regional-level cooperation and collaboration toward the delivery of health services in a manner that respects the diversity, cultures, languages, and contributions of BC First Nations.

The FNHA is a partner to Regional Health Authorities through Regional Tables along with the FNHC and FNHDA. In this function it is able to operationally and at a service level support the priorities of the regional Partnership Accords. Deployment of regional envelopes provides financial support for the implementation of those priorities.

### ***FNHA Partners with the International Journal of Indigenous Health***



INTERNATIONAL JOURNAL of  
**Indigenous Health**

In Spring 2015, the FNHA partnered with the International Journal of Indigenous Health (IJIH) on a collaborative call for papers for a special thematic issue on “Wellness-Based Health Interventions”. Open submissions are set to close in Fall 2015.

In this special call for papers, the IJIH and FNHA requested community-based articles, research articles, and research trainee articles from academic and community-based researchers and practitioners in Indigenous health. Primary topic areas of interest included: managing chronic disease; mental wellness; building resilience at the

community and/or individual level; and using culturally appropriate indicators as a way to measure Indigenous wellness. The FNHA offered an additional level of support for this call through preliminary screening and advising for community-based researchers and practitioners from within First Nations communities in BC.

## Partnership with Provincial Health Services Authority



The FNHA and Provincial Health Services Authority (PHSA) have established a partnership to improve specialized services and programs for First Nations peoples in BC. Initial areas of focus involve BC Cancer Agency, Cardiac Services BC and the BCCDC. PHSA and the FNHA have agreed to a number of Shared Outcomes including:

- Delivering on the given mandates of each authority, agency and/or program
- Ensuring access to the best possible care
- Improving the health status of individuals, families and communities within BC
- Learning from each other about how best to be co-creators of a transformed province-wide approach

## PHSA Perinatal Services Partnership

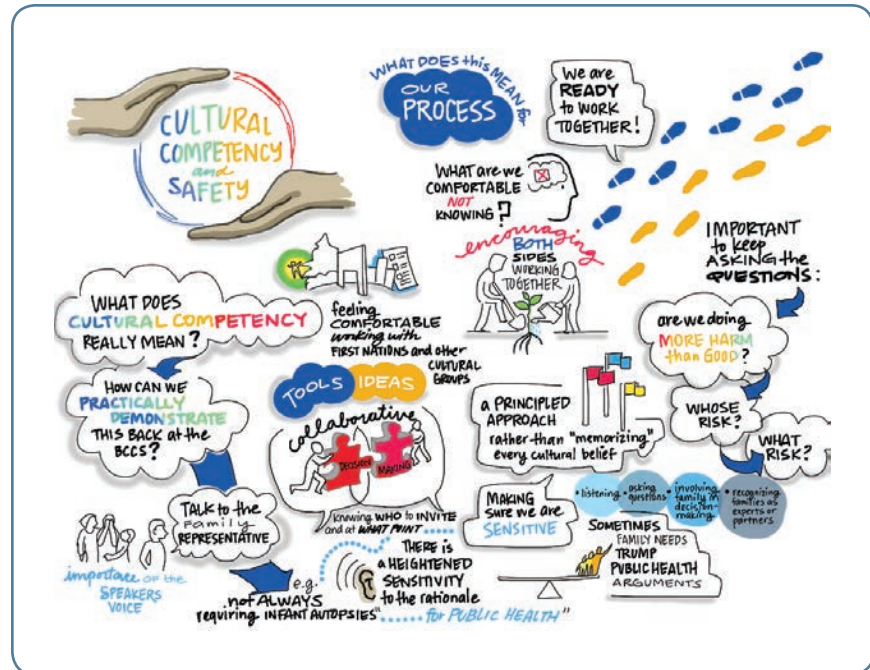
### A New Pregnancy Resource for First Nations and Aboriginal Women

Our Sacred Journey: Aboriginal Pregnancy Passport is a culturally appropriate health promotion resource empowering women and families through their sacred journey of pregnancy, birth, and baby's first few weeks.

The passport provides expectant mothers with health information, resources, traditional teachings, growth charts, checklists, and a place to write down goals, thoughts, ideas, and dreams for their babies.

Perinatal Services BC and FNHA distributed 20,000 hard copies of the passport to health care providers across the province. The electronic version is available from <http://tiny.cc/AboriginalPregPassport>, where additional hard copies can also be ordered by health care providers.

### BC Coroners Service



The FNHA and BC Coroners Service (BCCS) signed a Memorandum of Understanding in May 2014. Through an MoU and joint workplan, the FNHA is working with BCCS to address how the policy and practice of coroners and their coordination with other partners (RCMP, Pathologists, Ministry of Children and Family Development, Representative for Children and Youth) can improve to be more respectful and inclusive of family member decision-making, and death and grieving protocols.





## Other Provincial Health Partners

### FNHA Chair in Heart Health and Wellness at St. Paul's Hospital



**Heart attack survivor Grand Chief Ed John was on hand to speak at the FNHA Chair in Heart Health and Wellness at St. Paul's Hospital announcement.**

In March 2015, the FNHA, Simon Fraser University (SFU), and St. Paul's Hospital Foundation announced the establishment of the FNHA Chair in Heart Health and Wellness at St. Paul's Hospital. The position, the first of its kind in Western Canada, will offer a holistic focus on First Nations and Aboriginal peoples' cardiac health, and put First Nations communities in the driver's seat of heart health research to determine their own path to better health outcomes.

The \$1.9-million chair will lead research and education into critical policy related to heart health and disease prevention and control associated with chronic diseases among First Nations people. The chair will be an active leadership voice locally, provincially and nationally, advancing strategies to develop a program of excellence in First Nations wellness and disease prevention. The chair will also develop preventive disease databases to increase research infrastructure and capacity in First Nations communities. Mentorship at SFU and St. Paul's will help to develop culturally competent and respectful cardiac health research and knowledge translation by and for First Nations communities.

*“The University’s research community is pleased to be invited to this event and to co-facilitate some of the working sessions. Our Strategic Research Plan focuses on ‘Aboriginal Understanding’, ‘Education, Health & Diversity’, and ‘Community & Cultural Engagement’ as key areas of interest; and we see our inclusion on the Interior Region Research Forum as a wonderful opportunity to explore, refine, and develop these areas.”*

Dr. Will Garret-Petts, Associate Vice-President for Research and Graduate Studies - Thompson Rivers University

## Interior Nations Research Forum



**The Interior Nations Research Forum brought together community leadership, researchers, and educators from Interior Nations and others across the province to discuss what meaningful research looks like for First Nations communities in their territories.**

A number of First Nations communities in the Interior attended a one-of-a-kind Indigenous research forum Sept. 12-13, 2014, bringing together Nation leadership, academics, researchers, community members, partners and Indigenous knowledge keepers. Hosted by the Secwepemc Health Caucus, First Nations Health Authority and Thompson Rivers University (TRU), the forum was held on Tk’emlups te Secwepemc territory at TRU in Kamloops.

The forum provided an opportunity for Nations in the Interior to lead the discussion and collaborate with partners on defining what meaningful research means to each Nation and how partners can work best with their communities to serve and involve them in innovative and effective ways. Presentations included First Nations Data Governance, sharing research experiences, respectful engagement and partnership principles, research ethics, community-based and population public health research, capacity building and others.

The host and guest Interior Nations guided and led the development of this forum, building on key partnerships to make the event a reality. Interior Nations shared their songs, stories and wisdom with the goal of creating new pathways to future research initiatives that will build capacity, knowledge-base, and positive outcomes for First Nation communities with their partners.

*Watch the summary video on our Youtube Channel!*

### **First Nations Early Childhood, Education and Employment Survey**

This year the FNHA partnered with the First Nations Information Governance Centre to implement the First Nations Early Childhood, Education and Employment Survey (FNREEES) in BC. It was a national survey providing valuable insight about how First Nations are doing in the areas of early childhood development, education and employment. This was a survey by First Nations for First Nations.

The primary factors that shape our health are not medical treatments or lifestyle choices but rather the living conditions we experience, and have come to be known as the “social determinants of health”. These social determinants of health are an integral component of First Nations health and wellness planning and there are no other sources of consistent regional, provincial or national data on these critical areas, especially in First Nations communities. Health Directors, Early Childhood Educators and Education Coordinators will be able to use the information to advocate for funding or use it for planning at the community level. It can be used by regional and provincial decision-makers to support policy and program development and inform decision-making.

Provincial and regional reports summarizing the results will be shared in 2016. Across BC, 39 communities participated in the project. Data collection took place between June 2014 and May 2015, with the assistance of community-based Data Collectors, Community Navigators and mobile teams. BC reached 83% of its target sample, with 3,107 of the target 3,740 surveys collected.

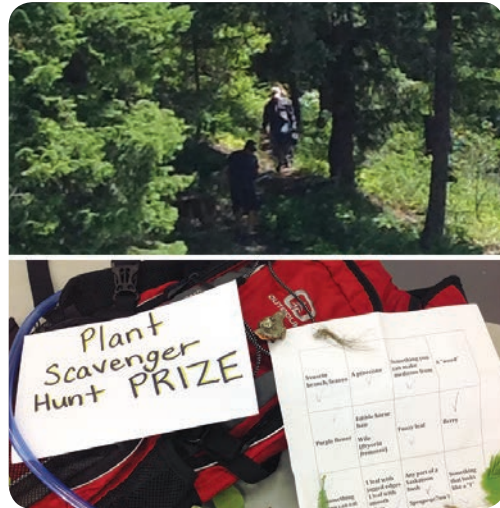
### **Hosting National and International Indigenous Partners**



**Tumu Whakarae Maori Health Services from New Zealand visited the FNHA to share, collaborate and strengthen ties.**

The FNHA is committed to sharing its experience and expertise as a way to support First Nations across Canada to start their own health transformation journey. In September, the FNHA and FNHC hosted a First Nations delegation from Saskatchewan to share stories and lessons learned with the First Nations health governance structure and tripartite health partnership. Other guests have included Tumu Whakarae Maori Health Services from New Zealand, and the Native Nations Institute Tribal Health Program from Arizona.

## Our Wellness Partnerships

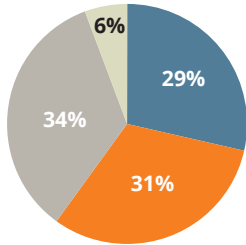


Supported by the FNHA, 99 Day of Wellness events took place across BC on and around June 21, 2014.

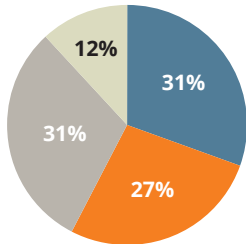
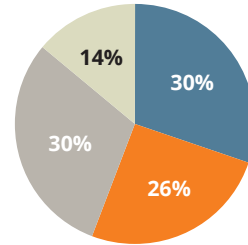
Over the year, the FNHA supported numerous wellness events in partnership with First Nations in each region of the province. A snapshot of some of the larger gatherings include the June 21 Day of Wellness events, the Winter Wellness grant initiative, BC Elders Gathering, Gathering Our Voices Youth Conference, All-Native Basketball Tournament, Hobiye BC Aboriginal Diabetes Conference and others.

**Day of Wellness 2014 Events  
and Wellness Streams  
(Based on stream question)**

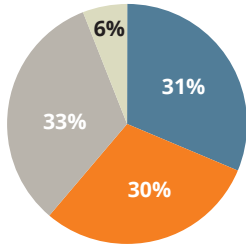
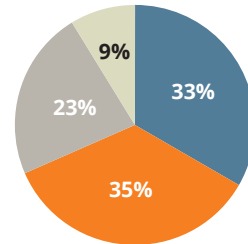
**Winter Wellness Challenge  
2014/2015 Events Streams  
(Based on stream question)**



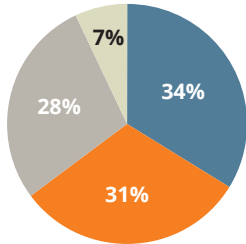
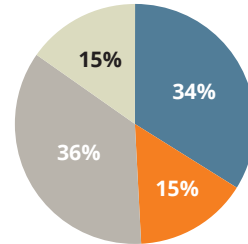
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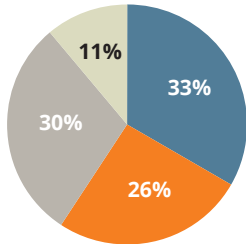
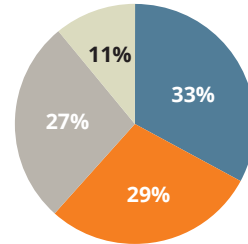
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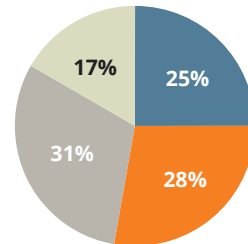
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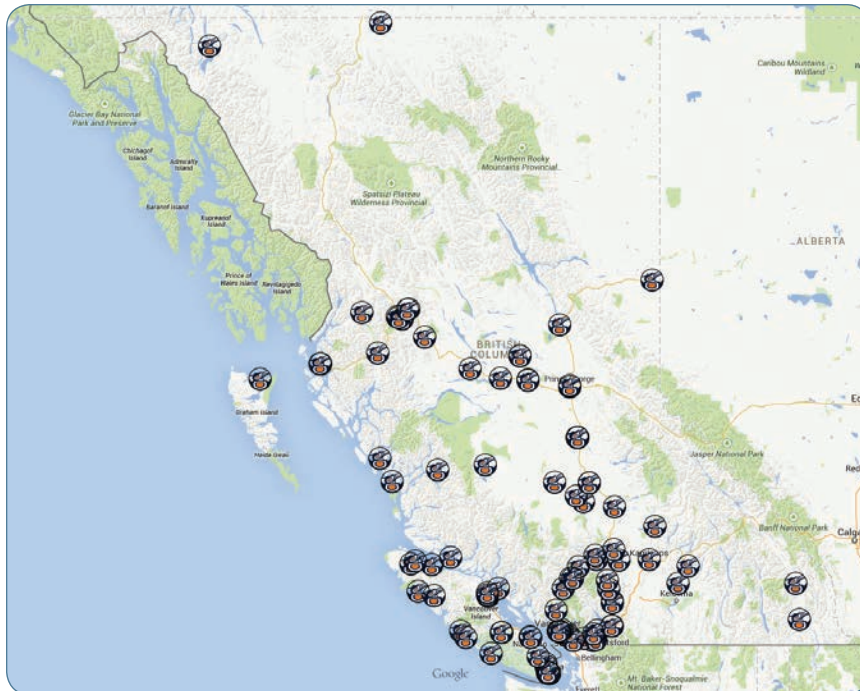
**TOTALS**

Active: 82  
Healthy Eating: 76  
Nurturing Spirit: 80  
Respecting Tobacco: 21  
(Events: 99)

**TOTALS**

Active: 85  
Healthy Eating: 71  
Nurturing Spirit: 78  
Respecting Tobacco: 24  
(Events: 105)

## FNHA June 21 Day of Wellness Events



The 2014 FNHA June 21 Day of Wellness initiative saw a five-fold increase in the number of community-based grants. In total, 99 host communities and an additional 274 First Nations, non-profits and business community partners took part, involving over 20,000 people. A total contribution from FNHA of over \$175,000 leverages another \$158,000 in community and business contributions for a total wellness day investment of over \$333,000!

*“As a health and wellness partner and champion to First Nations people and communities across BC we are very excited to support First Nations in BC as they participate in this year’s National Aboriginal Day taking place during the Summer Solstice on June 21. These events are in support of individual and community health and wellness journeys and the FNHA is thrilled to launch this year’s celebrations with 99 events happening simultaneously across the province.”*

Joe Gallagher - FNHA Chief Executive Officer

## June 21 Day of Wellness Social Media Scavenger Hunt

The June 21 FNHA Day of Wellness online activity was anchored by the social media scavenger hunt, as well as the FNHA Facebook page and Google event map. In 2014, the FNHA committed to making the FNHA Day of Wellness events highly visible and to support First Nation communities throughout BC to practice wellness by encouraging them to share their stories.

Using the hashtag #FNHAWellness, the social media scavenger hunt was a two-day contest designed to promote inclusive community content through highlighting pictures, video, and web content during the Aboriginal Day of Wellness events across the province. Participants were encouraged to use Facebook, Instagram and Twitter to submit pictures. Prizes for the Scavenger Hunt included Fitbits and FNHA wellness items.

### FNHA - Social Media



**Thanks to the support of the First Nations Health Authority . . .** 06/22/14 20:22

Thanks to the support of the **First Nations Health Authority**, Kids Kare Daycare Center in Quesnel was able to host a Salmon Barbecue. We had challenge activities for the adults, activities for the children, dancing and a celebration of unity. We can't wait until next year!



**With the support of the First Nations Health Authority, the . . .** 06/22/14 19:19

With the support of the **First Nations Health Authority**, the Standing Nation Drum was able to host a wonderful community pow wow featuring 6 Drum groups, many dancers, a community meal, and indigenous artists market, a fun dance and Alex Wells hoop dancer! Thank You. It was a great day!



**A special thanks to Mid Island Metis Nation and the Boys . . .** 06/22/14 07:02

A special thanks to Mid Island Metis Nation and the Boys and Girls Club of Central Vancouver Island for partnering with Nanaimo Aboriginal Centre to host National Aboriginal Day 2014 in Nanaimo. . . Our premier sponsor was **First Nations Health Authority** - thank you!!



## Winter Wellness Challenge



In 2014/2015 the first annual Winter Wellness Challenge Grant opportunity funded a series of community-based, culturally grounded health promotion events and campaigns. Winter Wellness Challenges showcased community-driven approaches to wellness in the four streams of Being Active, Healthy Eating, Nurturing Spirit and Respecting Tobacco. The majority of these initiatives were held between November 21 and December 21, 2014, with a small number carrying over into January 2015. A total of 104 grants were issued for a sum of \$193,274. This FNHA investment leveraged another \$208,548 in third party and host contributions for a total winter wellness investment of \$401,822.

***Winter Wellness Grant Summary Including Host and Third Party Contributions***

Region	# of Applicants	Host Contribution	Third Party Funds	Total Amount
Coastal	13	\$10,422.00	\$9,752.00	\$22,758.33
Fraser-Salish	14	\$54,800.00	\$11,775.00	\$26,500.00
Interior	22	\$13,517.00	\$10,170.00	\$35,968.00
Island	28	\$22,860.00	\$7,805.00	\$45,399.00
North	27	\$33,353.00	\$34,094.00	\$62,649.00
<b>TOTAL</b>	<b>104</b>	<b>\$134,952.00</b>	<b>\$73,596.00</b>	<b>\$193,274.33</b>

Winter wellness challenges across the province involved between 14,915 and 20,000 people. From hunting camps to school-based challenges, each host had their own vision of supporting community wellness.

***Salmonberry Trading Co. Society hosts and encourages community to take part in a 14 Day Winter Fitness Challenge***

The Salmonberry Trading Co. Society hosted the 14 Day Keep Fit Challenge from December 1st to 14th. For 14 Days, participants were given a star for every hour of physical activity. For every 5 stars, participants were entered into a draw for prizes. Prizes ranged from gym passes to gift cards and fitness equipment.

Participants were encouraged to sign up to the Keep Fit Challenge Facebook group and self-monitor their progress. They could then report progress through Facebook messages, email, or phoning the administrators. The organizers would then keep all progress on a chart. All together there were 30 participants and over 60 people joined the Facebook event page. The Facebook page was not only a place to record progress but also a great source of motivation for many.



"I hope to see another fitness challenge soon. Glad to be a part of this. On days I wanted to quit I would see someone post and it would literally get me out the door. Thank you everyone for inspiration and congrats to each and every single person that posted their actions on this page." At the conclusion of the challenge, all participants were invited to hike up Mount Hays and to take part in a free swim event. Over 100 people attended the free swim.

## **Best Practices: Winter Wellness for Everyone in Lake Babine Nation**



**Baking cookies and cupcakes as part of the Lake Babine Nations Winter Wellness Challenge.**

In December 2014, FNHA and the Lake Babine Nations (LBN) partnered to support Mental Wellness and Intervention services. These services came as a result of First Nations-led and community-driven solutions to support the mental health of community members over the winter and during holidays.

For what is usually a happy and joyous time for many, the winter season and holidays are also a time when many in community can suffer with depression and also mourn the loss of family and

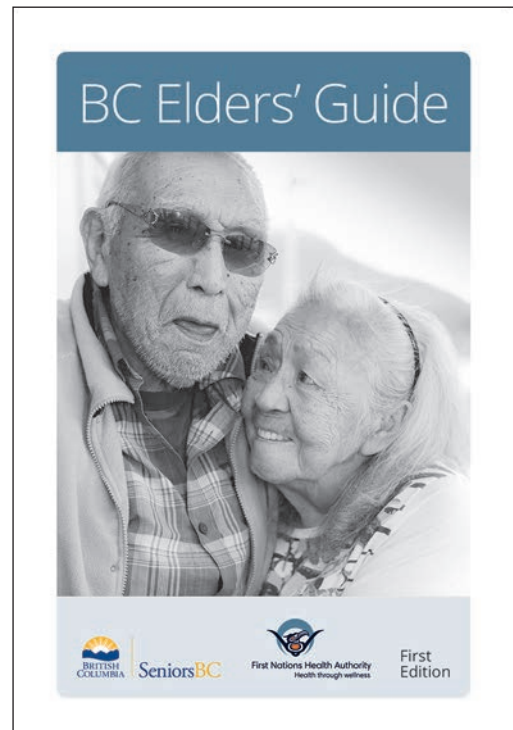
friends. During the holidays, the rate of alcohol and drug use increases coinciding with violence, isolation and suicide attempts. With this as a concern for the communities, LBN Health planned to host family-centered events to keep the members connected with one another and support their wellness by the simple means of having fun and promoting community wellness.

As part of their Winter Wellness approach, LBN Health planned numerous activities within the communities of Fort Babine, Tachet, and Woyenne. Families participated in activities, such as Ice Fishing at Coop Lake and laughter around the fire pit, baking holiday goodies, free movie admission and refreshments, archery and arts and crafts. The Winter Wellness activities concluded with a dry family dance that had family members of all ages hoppin', boppin' and rock-n-rollin'. A calendar showcasing photos from the events and other successful events throughout the year was created to distribute to the communities.

### **BC Elders Guide - A Journey of Health**

The First Nations Health Authority and BC Ministry of Health developed the BC Elders Guide to help Elders find resources as they age in the community while still acknowledging their strength and wisdom. The Elders Guide provides information on FNHA, provincial, federal programs and local community resources, with sections on health, lifestyle, housing, transportation, finances, benefits, safety and security and other services. In the guide, Elders share their secrets to aging well, including eating traditional foods and staying active through hunting and fishing.

The guide also addresses the importance of nurturing spirit by being engaged in community life and keeping tobacco use ceremonial. The guide was developed to ensure that Elders, their families and caregivers have access to information about the programs, services and resources that are essential to their health and wellness.



*“With the creation of The BC Elders Guide, we are breathing new life into the Partnership Accord. It was really something to see the Elders Guide fly off the shelves when we released it this summer in Penticton. Our people are aging as well, and they came in wheelchairs, with walkers, and with canes, about 3,000 of them. Our partnership with Health Canada, the Province and health authorities presents a tremendous opportunity to work together to help improve the health of our Elders.”*

**Wickaninnish Cliff Atleo Sr. - First Nations Health Council, Vancouver Island Representative**

## 35th Annual BC Elders Gathering



(L-R): Wickaninnish Cliff Atleo Sr. - First Nations Health Council, Okanagan Nation member Grand Chief Stewart Phillip - President of the Union of BC Indian Chiefs, Lydia Hwitsum - Chair of the FNHA Board of Directors, and Isobel Mackenzie - BC Seniors Advocate, celebrate the release of the BC Elders' Guide and the FNHA gifting Grand Chief Stewart Phillip for his work at the 38th Annual BC Elders Gathering in Penticton on July 8, 2014.

Over 3900 people attended the 35th annual Elders Gathering in Penticton, BC July 7-9, 2014. The FNHA was proud co-sponsor of the gathering and pleased to work closely with the BC Seniors Advocate and the BC Seniors Directorate to listen and gather Elders health needs and priorities. Elders at the gathering generously shared their insights on Elders Health and Wellness, Cancer Care, and Residential School health support experiences.

Through a unique partnership with Interior Health and Penticton Indian Band, the FNHA coordinated 175 wellness screening assessments related to cardiovascular health, blood sugar levels, BMI, and goal-setting for Elders.

## #BeyondBannock



Robb Landsdowne from Heiltsuk Health sharing wisdom on traditional food harvesting submitted to the #BeyondBannock social media contest.

As part of the Gathering Our Voices Youth Conference, the FNHA partnered with the BC Association of Aboriginal Friendship Centres to launch the #BeyondBannock Social Media Challenge. The challenge encouraged youth to show their connection to traditional foods by sharing photos, short videos and written stories with their peers through social media to win a number of wellness prizes. Categories included Catching or Harvesting, Your Traditional Meal, and Eating with an Elder.

## Annual Health Leadership Challenge - Beefy Chiefs and Champions 2.0 Step Up



**Kim Roberts (R) of the Kwakiutl District Council Health Centre won for most steps with 8,085,978.**

The annual health leadership challenge - Beefy Chiefs 2.0 Step Up was launched in June 2014, inviting First Nations leadership to compete for most steps, distance and active minutes – all calculated by the Fitbit fitness tracking device. Both Beefy Chiefs 2.0 and its predecessor, the Beefy Chiefs and Champions Health Leadership Challenge of 2013-2014, were a great success in encouraging First Nations Chiefs, Health Directors and Health Leaders to step, walk, run and move their way to better health. Registration in the challenge was steady and eligibility for the challenge was extended to all BC First Nations citizens in September. A capital investment of \$500,000 in the challenge is paying off with participants making their own investment in personal health and wellness with over 5,000 taking part.

From July 2014 to April 2015, participants walked a total of 1,128,561,981 steps, 3,340,035 active minutes, and 680,528 kilometres traveled – collectively walking almost 17 times around the circumference of the earth!

*“Since I registered I have lost a total of 30 lbs and over 14 inches. I won the August 2014 Prize a Fitbit flex and gave that one to my son William Sandy who signed up for the Challenge in October 2014. Since then he has been active every day and has lost approximately 25 lbs. I have given my daughter Anastasia Basil the Fitbit One that I have just recently won, and she signed up for the Challenge today. I can’t wait to see her progress. I think this Challenge is a great inspiration not only for my family and community. But for everyone that participates. Thank you again.”*

Carole Basil - Lower Nicola Indian Band



**Janette Dennis from the Lower Similkameen Indian Band won second place for Active Minutes with 35,445 minutes. The Award was accepted by Eliza Terbasket (L).**

### **FNHA and the All-Native Basketball Tournament**

Over 2,000 people descended on Prince Rupert as part of the All-Native Basketball Tournament in March 2014. The event is a huge draw for BC First Nations, particularly from the Coast, and this year was no exception with 51 teams participating in the tournament. This year the FNHA partnered with Northern Health to put on Health Screening during the Tournament which took place in the relaxed Raven Room.

The FNHA also brought in Damon Bell-Holter, a Haida basketball player who plays professionally in the United States. Damen Bell-Holter grew up in Hydaburg, Alaska where he played basketball up until 8th grade. He is now in his 2nd year of professional basketball where he continues his aspirations of playing in the NBA. Bell-Holter spoke to the audience during the opening



**Damon Bell-Holter, Professional Basketball Player from Hydaburg, Alaska speaking to the crowd during the opening ceremonies**

ceremonies, telling the crowd about how his commitment to pursuing his dream of playing in the NBA has led to many opportunities, including getting a four-year college degree.

## 5. Leadership, Organizational Development and Planning



**FNHA Staff from the first post-transfer FNHA Family Gathering.**

### **Human Resources - Building a First Nations Health Organization**

In line with Directive 5: Develop Human and Economic Capacity, the Transformative Change Accord: First Nations Health Plan and Tripartite First Nations Health Plan, the FNHA is mandated to increase the number of First Nations and Aboriginal employees within the organization. As a result, the FNHA asks that all First Nations and Aboriginal applicants self-identify in the recruitment and staffing processes and preference may be given to qualified First Nations and Aboriginal applicants.

As of March 31, 2015, 29% of FNHA's 456 employees are status First Nations and 33.33% self-identify as First Nations or Aboriginal. In addition to overall participation, the FNHA is interested in understanding the type of work being performed. First Nations participation is distributed as follows: senior executive level 50%, senior/management 29%, intermediate level 33% and junior level 37%.

The organization is currently developing a self-identification program in order to have our team members voluntarily identify as non-Status, Metis or Aboriginal, thus creating a clearer picture of our workforce demographics overall. As the FNHA is shaped into a model First Nations health organization, it is important that all staff understand First Nations peoples. On April 1st, Indigenous Cultural Competency training became a mandatory requirement for FNHA staff.



## *Jessica McIntyre's Story*



**Jessica McIntyre (L) and Patricia Bell.**

Jessica McIntyre's story is illustrative of Directive #5 in action: Develop Human and Economic Capacity. Jessica is part Dzawada'enuxw of Kingcome Inlet but was born in Whitehorse and grew up in Yellowknife. She is an aspiring nurse and has been accepted to the University of British Columbia's Bachelor of Science in Nursing for September 2015. She had applied for the 2014 intake and while she was not accepted at that time, there was a "silver lining" to it. Jessica landed a job with FNHA Nursing Services in June 2014 as an Administrative Assistant with the Home and Community Care team. Her onboarding and keen interest in succeeding in her goal of becoming a nurse was met with numerous mentors within FNHA Nursing Services and her team.

"I believe First Nations need their own people delivering services to them in their home communities," said Jessica who is 28-years-old. Her inspiration to pursue nursing came from spending a summer in Kingcome Inlet and witnessing the needs and challenges around health care in remote communities first hand. "I'm so lucky to have landed with this group. I know it would have been fine to do admin tasks only but they have extended my world view of what nursing looks like. The Home Care team has been very supportive of any learning opportunity I've wanted to do. I feel so ready for nursing school now."

*Continued on next page*

Jessica has taken it upon herself to participate in facilitating Brief Action Planning with community nurses across the province, along with many other skills that will serve her application and future nursing career. As a volunteer at St. John Ambulance she is already experienced with patient care and the initiative she has shown has given her a reputation for personal determination.

"I know Jessica is going to be a nurse. I can't say enough about how thrilled I am for her. I knew how skilled she was when she started with our team. I taught nursing for 10 years and you need the personality and aptitude to succeed," said one of Jessica's mentors Patricia Bell, a Home Care Nursing Advisor with the FNHA. "It depends on the individual and Jessica came in with initiative, she was motivated, and she threw herself into everything she did from day one. When you see that, it's easy to mentor."

Patricia, Home Care Practice Consultant Isobel McDonald, and others in the FNHA nursing team coached and supported Jessica as she prepared her application and went through the intense interview process. Since being accepted, her colleagues have celebrated her achievement and continue to be her cheerleaders as her start date approaches. The FNHA looks forward to following Jessica on her career journey and building upon what Patricia described as seeing "more opportunities since transfer for all people in the FNHA organization to move towards personal and professional development."

### **FNHA's Accreditation Journey**

Over the past year, the FNHA has been completing items on its Accreditation workplan which leads to a site visit by Accreditation surveyors in November of 2016. We have been developing Client Safety and Quality Improvement Plans and Policies, developing Required Operational Practices and High Priority Directives, and have completed a first Employee Engagement Survey which is an Accreditation requirement. FNHA recognizes that when received, "exemplary standing" designation with Accreditation Canada is a major accomplishment, but we also realize that the most important part of Accreditation is the process by which you prepare to be Accredited. The Accreditation journey is as important as the final destination. The journey doesn't stop there either, as the FNHA will then be preparing for the next Accreditation cycle by focusing on a new set of standards in the area of clinical services and population health. Accreditation is one vital component of demonstrating how FNHA will continue to operate at a high operational standard to best serve BC First Nations.

## FNHA On-Hold Music



First Nations drum groups from across BC shared their songs to replace the standard on-hold music at the FNHA. Small grants were offered to support each group. Above is an image used for the campaign featuring the Carrier Drummers at right.

### The FNHA “on-hold” music gets a makeover.

It all started with a message on our website contact form:

**Message:** *“It would be nice to hear something culturally relevant, rather than Dance of the Sugar Plum Faries, while on hold.”*

It’s a small thing, but sometimes it’s those small things that make all the difference. Instead of sugar plum faries, why not showcase some of the great traditional First Nations music in these territories? FNHA sought out music from BC First Nations artists and drum groups in the eBlast newsletter with the message, “Please Hold...Onto our Songs!” and received a number of submissions.

We were happy to support those who shared their songs with small grants to support preservation and promotion of each drumming group. Now if you need to get in touch with someone at the FNHA and are waiting in a queue, you’ll hear something a bit different on the phone.

Thanks for listening.

**Artists:** Alkali Lake Hand Drummers / Cheechlem Chichiya Canoe Family St’at’imc Nation Singers / Stqeeeye S-uli-tun Drum Group



## Web and Social Media Communications

A robust web presence is an important tool for communicating to First Nations people in urban and rural settings, as well as the general public. The FNHA Communications team has been acknowledged for a progressive, innovative, and responsive approach to social media. The FNHA now has more twitter followers than any other health authority in BC and is also now on Instagram. Be social and friend or follow us! @FNHA #FNHAWellness

### Facebook Statistics:

**April 1, 2014:** 6,043 likes

**March 31, 2015:** 6,847 likes

804 new likes

### Twitter Statistics:

**April 1, 2014 - March 31, 2015:** 1,143 New Followers

### Web Statistics: FNHA.ca

**Page Views:** 744,317

**Unique Page Views:** 533,147.



### FNHC.ca

The updated website of the First Nations Health Council was launched February 13th, 2015 and has had 16,923 page views since inception. Previously www.fnhc.ca served as the main website prior to transfer and was launched in 2008. Key information includes the mandate, accountabilities and regional structure of the First Nations Health Council.

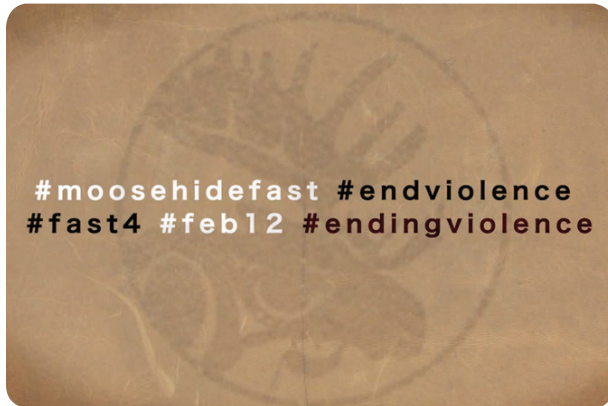
**Page Views:** 91,504 | **Unique Page Views:** 69,728

### FNHDA.ca

The website of the First Nations Health Directors Association was launched in 2012. The site includes a private members portal used for information and template sharing for the Association's 135 members. Site highlights include eligibility and enrollment process, Board of Directors profiles, and education and training opportunities.

**Page Views:** 11,005 | **Unique Page Views:** 8,494

## **Fasters Raise Awareness about Violence against Women and Children**



The Moose Hide Campaign is a grassroots movement of First Nations and non-First Nations men who are standing up against violence towards women and children. The FNHA partnered with the Moose Hide campaign to develop a series of videos showcasing First Nations leaders speaking about why participating in the campaign and working towards ending violence against women and girls is important.

All men at the FNHA were invited by CEO Joe Gallagher to participate in the Moose Hide Fast. Staff proudly wore a small square of moose hide pinned to their clothing and participated in a one-day fast alongside First Nations Health Council counterparts. Wearing the moose hide signifies a commitment to honour, respect, and protect the women and children in their lives and to work together with other men to end violence against women and children. To find out more or to start a Moose Hide Campaign in your organization, community, or family, please check out: [www.moosehidecampaign.ca](http://www.moosehidecampaign.ca)



**Grand Chief Stewart Phillip, President of the Union of BC Indian Chiefs during his Moosehide Campaign video.**

Watch the videos on the FNHA youtube channel to learn more about the campaign. Men reading this are hereby challenged to fast each February as part of the campaign!

@Moosehide\_BC #Moosehidefast

## **FNHA team members recognize Survivors of Residential Schools**

Orange Shirt Day - September 30th



**FNHA staff members wearing Orange in support of survivors of Residential Schools.**

The FNHA staff at several of our office locations wore orange on September 30, as part of the 2nd annual Orange Shirt Day. The day commemorates the survivors of Indian Residential Schools and supports ongoing reconciliation.

Some FNHA staff attended the IRSSS event at their beautiful new office on Nanaimo Street in Vancouver. Several Residential School Survivors and their families reflected on the importance of the day and acknowledging the past as a way of healing. "Practicing our culture heals us, singing our songs and speaking our languages, connecting to the land – it all gives us strengths, heals us and makes our ancestors happy," shared one attendee. Staff at the FNHA hold our hands up to our mothers, fathers, siblings and ancestors who attended residential school - despite the many hard experiences, our people have survived, are gaining strength again and returning to our rightful place.

# 2014 - 2015 Financial Report

Financial Report of the First Nations Health Authority Year ended March 31, 2015

## **MANAGEMENT DISCUSSION AND ANALYSIS**

This discussion and analysis of the financial results from operations and financial position for the year ended March 31, 2015 should be read in conjunction with the audited financial statements and accompanying notes and schedules.

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

The audited financial statements provide financial results for Fiscal 2015 with a comparison to the prior fiscal year. Fiscal 2015 represents the first full year where the First Nations Health Authority (FNHA) was responsible for the design and delivery of the First Nations health programs and services. The transfer of these services from the federal government to FNHA occurred in two phases in Fiscal 2014 (the First Nations Health Benefits program - formerly Non-Insured Health Benefits Program - was transferred on July 2, 2013 and on October 1, 2013, FNHA assumed responsibility for all regionally operated programs and services, assets and personnel).

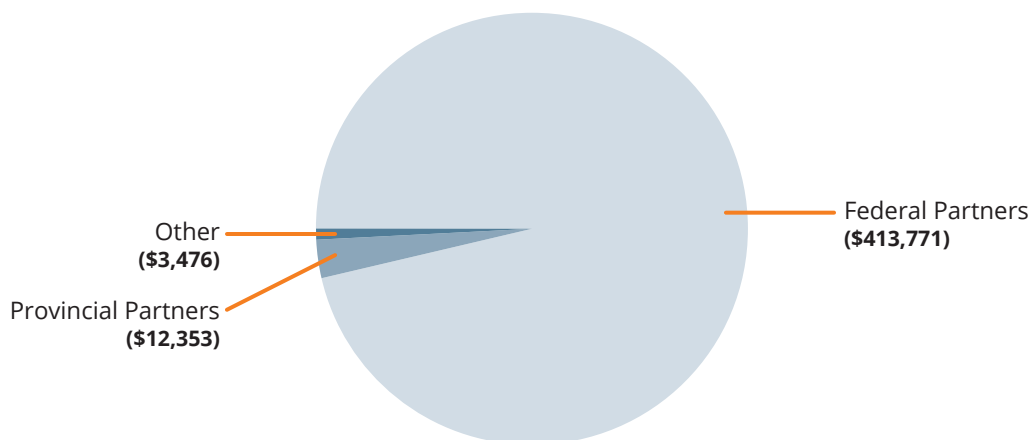
The Statement of Operations shown in the table at right includes a comparison of the actual results to the budget and the associated variances on each line item. As per requirements set out in the Canada Funding Agreement, the FNHA is required to submit an annual budget for each fiscal year by January 31; thus, the budget development process for Fiscal 2015 commenced shortly after the October 1, 2013 transfer date when there was still a very limited knowledge of operations and associated costs within FNHA staff. The financial results and the variances to budget for the year represent an organization that was learning and developing capacity to manage a larger operation.

The key areas of focus for the FNHA during Fiscal 2015 were the completion of transition activities, developing an understanding of the programs and services, identifying opportunities for improvements, and commencing the analysis of programs to start discussions on transformation. This resulted in an operating surplus of \$34.7 million on total expenditures of \$394.9 million (8.8%).

	<b>2015</b>			2014	Fiscal 2015 Actuals as % of expenses
	Actuals	<b>Budget</b>	Valance fav (unfav)		
	\$	\$	\$	\$	
<b>Revenues</b>					
Health Canada	413,771	<b>414,826</b>	(1,055)	248,781	
Province of British Columbia	12,353	<b>11,191</b>	1,162	8,545	
Interest and Miscellaneous Income	2,325	<b>1,019</b>	1,306	1,606	
Health Authorities of British Columbia	660	-	660	458	
First Nations Information Governance Centre ("FNIGC")	491	-	491	6	
University of Northern British Columbia	-	-	-	13	
	429,600	<b>427,036</b>	2,564	259,409	
<b>Expenses</b>					
<b>Operations</b>					
Corporate Operations	31,378	<b>35,090</b>	3,712	21,834	7.9%
	31,378	<b>35,090</b>	3,712	21,834	7.9%
<b>Governance and First Nations Engagement</b>					
First Nations Health Council	1,333	<b>1,625</b>	292	1,206	0.3%
First Nations Health Directors Association	919	<b>932</b>	13	989	0.2%
First Nations Engagement	1,057	<b>1,201</b>	144	1,568	0.3%
Regional Operations	2,440	<b>3,206</b>	766	838	0.6%
	5,749	<b>6,964</b>	1,215	4,601	1.5%
<b>Program Services</b>					
Health Benefits	137,699	<b>140,838</b>	3,139	96,298	34.9%
Direct community services funding	168,481	<b>172,876</b>	4,395	80,772	42.7%
Health services and programs	51,620	<b>75,718</b>	24,098	26,039	13.1%
	357,800	<b>389,432</b>	31,632	203,109	90.6%
	394,927	<b>431,486</b>	36,559	229,544	100.0%
<b>Excess (deficiency) of revenues over expenses</b>	34,673	<b>(4,450)</b>	39,123	29,865	



## 2015 REVENUE TOTAL (figures in thousands): \$429,600



### Revenue

The largest component of funding (\$413.7 million) for FNHA comes from our federal partner through the Canada Funding Agreement and the Canada Consolidated Funding Agreement. The Province funding largely represents commitments in the Tripartite First Nations Health Plan (\$10 million) and funding to support the Telehealth expansion project. The variance for the Health Canada and Province funding represents restricted funding components where actual revenue recognized is equal to expenses incurred.

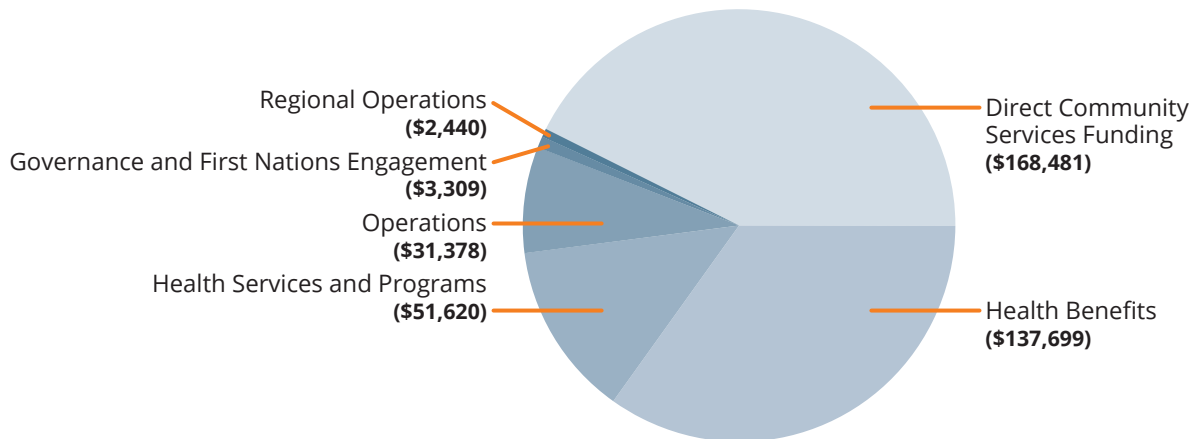
### Expenses

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

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

Under Governance and First Nations Engagement, First Nations Health Council and First Nations Health Directors Association costs include operational costs of the secretariat functions and remuneration and travel costs of the Councillors. First Nations engagement includes costs of regional caucus sessions and regional tables. A large focus during the fiscal year was establishing a regional presence by the creation of teams in each region; these costs are captured under the Regional operations line item. The conversion of community hub agreements to staffing positions was completed during the year, with only a few areas retaining community engagement hub contribution agreements. The total expenses for Governance and First Nations Engagement were \$5.8 million, which is 1.5% of total expenses for FNHA.

**2015 EXPENDITURES TOTAL (figures in thousands): \$394,927**



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

Health Benefits includes the operations of the Health Benefits department, Health Benefit expenditures such as vision, dental, prescription drugs, MSP premiums and dental therapy costs. The total expenses for First Nations Health Benefits were \$137.7 million, which represents 34.9% of the total expenses. Service improvements have been a large focus since transfer, which has resulted in more First Nation individuals accessing benefits with a corresponding increase in costs. Other factors that have caused an increase in costs are availability of new drugs (Hepatitis C), impacts on dispensing fees, and an increase in meal and private mileage rates as a first step in the review of the medical transportation program.

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

Health services and programs includes operational costs of the Chief Operating Officer portfolio including nursing services, environmental services, and policy and planning plus costs of the Chief Medical Officer portfolio. Expenses also include costs of the Telehealth project, contribution agreements to non-community recipients and treatment centres plus direct payments for community operation and maintenance costs. Total expenses were \$51.6 million, which represented 13.1% of total FNHA expenses. The realignment of Health Services under the Chief Operating Officer portfolio enabled the commencement of reviews of programs and services. This included the review of nursing services, the National Native Alcohol and Drug Abuse Program (NNADAP) and services provided under contribution agreements.

## **Net Assets**

The final net asset balance at March 31, 2015 as shown on the statement of financial position and the statement of changes in net assets is \$73.5 million, which is a result of an opening balance of \$38.8 million plus the current fiscal year excess of revenues over expenses of \$34.7 million. The net asset balance is comprised of \$5.3 million invested in capital assets, \$48.4 million in internal restrictions and \$20 million in unrestricted equity. The internal restrictions represent funding received from the Province and funding from the federal government for tobacco control strategy and prescription drug abuse. It also includes funds set aside for the transformation work that the organization will be undertaking plus funds for construction of an FNHA building.



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