



First Nations Health Authority
Health through wellness



Annual Report | 2021/2022



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





Introduction

The First Nations Health Authority (FNHA) 2021/22 Annual Report highlights progress on the goals, objectives and annual key priorities outlined in our 2021/2022 Summary Service Plan. The report showcases recent work towards our Shared Vision of “Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities.” It also shares advancements made with partners to transform the health system and deliver health care services aligned with First Nations ways and perspectives.

We continue to track progress on our goals through performance measurement and this report shares data on the Summary Service Plan measures. Our five FNHA Regions also highlight work and accomplishments made towards their Regional Health and Wellness Plans for the Fraser Salish, Northern, Interior, Vancouver Coastal and Vancouver Island Regions.



The work represented in this report was carried out on the unceded territories belonging to self-determining First Nations in what is now British Columbia. The First Nations Health Authority acknowledges and thanks those whose wisdom, knowledge and contributions are reflected in this report.



First Nations Health Authority
Health through wellness

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Message from the Board Chair

Colleen Erickson



“It was very uplifting to see the work being done was grounded in our cultural teachings, while finding new and innovative ways to support communities.”

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It is with honour the FNHA Board continues our work to support the health and wellness of First Nations in BC. The fiscal year 2021/22 was another challenging one for all, marked by dual public health emergencies, several climate change events and the uncovering of unmarked graves at Indian residential schools throughout the province.

As a Board, we raise our hands to communities, leaders, staff and partners who worked for and alongside First Nations peoples through these difficult times. The work was done even as you were living through and dealing with the impacts of these crises in your own lives and within your families.

We were humbled by your efforts and strength. It was very uplifting to see the work being done was grounded in our cultural teachings, while finding new and innovative ways to support communities. We were also encouraged by your collective work over the past year in advancing our strategic goals and key priorities and achieving our Shared Vision, despite very difficult times.

We want to acknowledge the incredible work in each of the Regions on our key priorities. Examples include progress with provincial government partners advancing the First Nations-led Primary Care Initiative to improve access to primary health care services, and the health and wellness of First Nations people across BC in a way that is culturally safe, and closer to home. We have responded to the need for increased culturally grounded and trauma-informed mental health and wellness supports. We continued work to transform First Nations health benefits, specifically medical transportation, which is important for First Nations peoples, particularly in rural and remote communities.

We can be proud of improvements made to transform the dental program. We also expanded supports for our urban and away-from-home populations.

It was exciting to finalize *Paddling Together*, the FNHA's new Multi-Year Health Plan. This refreshed plan includes a new set of strategic goals and guideposts, and reflects the wisdom and priorities shared by First Nations peoples through a series of provincial and regional engagements. The plan remains grounded in the 7 Directives and Shared Values, and builds not just on what we heard but what we have learned since transfer and from those who charted the course before us.

As a Board, we express our gratitude to First Nations in BC, who provided direction for our new plan and who set the pace and direction of our work at FNHA. We thank our federal, provincial and health governance partners for their continued commitment to collaboration and advancing our Shared Vision. These partnerships are integral to our work in transforming the health system and in supporting First Nations communities in a timely and responsive manner.

We also raise our hands to the FNHA staff, without whom the many accomplishments highlighted in this report would not have been possible. The Board acknowledges that the past two years were difficult. We are proud that even in challenging times, the FNHA's work remained rooted in cultural teachings and knowledge and driven by community; but, we also recognize people are tired. We thank you all for your continued dedication.

Sna chalh yah,
M. Colleen Erickson
Board Chair, FNHA

Message from the CEO

Richard Jock



“I express my gratitude to First Nations in BC for your continued strength and resiliency – and to our partners who remained committed to working with us towards our Shared Vision.”

As your partner in health and wellness and on behalf of FNHA, I am proud to share the FNHA 2021/22 Annual Report. This past year marks the second year we operated in the context of a global pandemic and the sixth year of the toxic drug crisis. BC First Nations faced the added impacts of various climate change emergencies over the past year: extreme heat, wildfires and floods. Communities were deeply impacted by the devastating uncovering of unmarked graves at various former residential school sites. I acknowledge the immense pressures and devastating losses experienced as a result of these concurrent crises. These have been difficult times.

I stand in awe of the strength and resilience BC First Nations demonstrated in the face of these challenges. I also extend my sincere gratitude for the dedication FNHA staff showed in their nimble and innovative responses to community needs. As situations evolved, the FNHA adapted, while continuing to deliver programs and services to communities. We worked with First Nations and partners to expand culturally safe services in response to new and emerging priorities that emerged through the public health emergencies. We also continued work to increase access to wholistic wellness supports and bring services closer to home.

The impacts of some aspects of our response, such as our Virtual Doctor of the Day and First Nations Virtual Substance Use and Psychiatry Service, are apparent through rapid increase in client access to these services and resulting program expansions in the past year. We quickly stood up a public health team and have now established a permanent public health response structure, including presence in each Region to stabilize ongoing support as communities requested.

We continued good work together to advance our joint FNHA, First Nations Health Council (FNHC) and First Nations Health Directors Association (FNHDA) anti-racism, cultural

safety and humility framework and joint action plan. A key accomplishment was the development of a BC Cultural Safety and Humility Standard with Health Standards Organization.

The FNHA also advanced important work to expand timely access to mental health and wellness supports that are trauma-informed and grounded in First Nations culture. The concurrent public health emergencies increased demand for such community healing supports, particularly those based on the land. An FNHA Trauma-informed Mental Health, Wellness, and Healing Framework was developed to integrate existing funding across our mental health and substance use program areas and strengthen programs and services.

We worked with our health governance partners over the past year to enhance opportunities to connect with community and health leaders. We continued to collaborate on new ways of engaging with BC First Nations. Community priorities guided the development of *Paddling Together*, our new Multi-Year Health Plan, which sets our direction for the next five years. Community voice will keep us grounded through engagement pathways as we report back on and implement our plan.

I express my gratitude to First Nations in BC for your continued strength and resiliency – and to our partners who remained committed to working with us towards our Shared Vision. Finally, I raise my hands to our staff who, through another difficult year, remained dedicated in meeting the needs of communities and advancing health and wellness for First Nations in BC.

In health and wellness,

Richard Jock
Chief Executive Officer, FNHA

Our Goals



GOAL 1

Enhance First Nations Health Governance



GOAL 2

Champion the BC First Nations Perspective on Health and Wellness



GOAL 3

Advance
Excellence
in Programs
and Services



GOAL 4

Operate as an
Efficient, Effective
and Excellent First
Nations Health
Organization

Key Priorities



Public Health Emergencies

- Establish response team and structure to support communities, Regions, Nations, health service organizations and Health Directors in responding to public health emergencies, including COVID-19 and the overdose crisis.
- Build an emergency overdose response that is inclusive of urban populations, women, and people recently released from correctional facilities.



Anti-Racism and Cultural Safety and Humility

- Work with health governance partners to prepare and implement an action plan that strengthens and elevates First Nations-led, regionally based approaches to addressing the systemic racism outlined in the *In Plain Sight* Report.



Renewed Partnerships with First Nations

- Implement an approach to partner with communities, Regions, Nations, health service organizations and Health Directors to strengthen program and service delivery aligned with health and wellness plans, service-levels, and identified needs and gaps.
- Finalize organizational and regionalization design review and implement an FNHA operating model that outlines operational and service scope, roles and responsibilities and aligns with our shared values.



Wellness

- Develop a holistic wellness action plan that considers chronic conditions, food security and land-based healing.
- Develop a trauma-informed mental health and wellness action plan and refresh programs focused on First Nations healing centres, land-based treatment and healing, life promotion and suicide prevention.



Knowledge Development and Exchange

- Engage with key partners and stakeholders on the findings from the BC Tripartite Framework Agreement Evaluation and FNHA Evaluation with focus on taking actions and improving performance.



Service Excellence

- Support First Nations to participate in primary health care planning and primary care networks, including integrating cultural healing within primary care settings.
- Engage with partners, including BC First Nations, to identify improvements to the health benefits program, including a complete review and revised approach to the Medical Transportation Program.
- Develop made-in-BC children and youth health and wellness service model, built from lessons learned through FNHA administration of Jordan's Principle.



GOAL 1: **Enhance First Nations Health Governance**

Outcome:

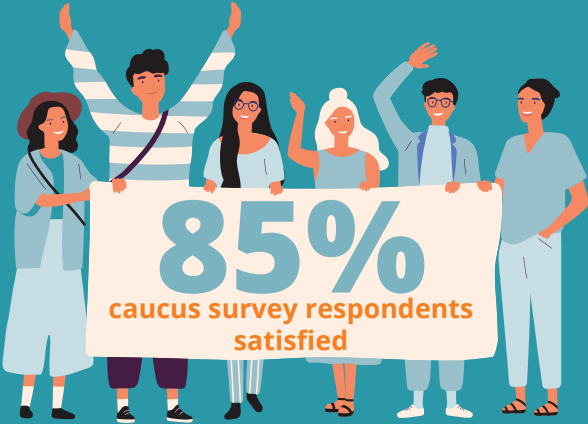

Sustainable and accountable governance structures leading change

Objectives:




- Strengthen regional decision-making approaches
- Collaborate with the FNHC and the FNHDA to achieve our Shared Vision
- Partner with federal and provincial governments to implement the tripartite health plan and agreements

Measuring our Progress

First Nations Governance Effectiveness

<p>ENGAGEMENT IMPACT</p>  <p>85% caucus survey respondents satisfied</p> <p>9 caucus sessions held</p>	<p>FNHA/FNHDA/FNHA PARTNERSHIP ACTIVITIES</p> <p>90% completed</p> <ul style="list-style-type: none">■ 2 joint planning meetings: FNHA, FNHC, FNHDA■ Monthly <i>In Plain Sight</i> Provincial Task Team meetings■ Monthly town halls on public health emergency response 
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Governance Partnership Effectiveness

<p>TRIPARTITE AND BILATERAL PARTNERSHIP ACTIVITIES</p> <p>80% completed</p> <ul style="list-style-type: none">■ 2 TCFNH Meetings■ FNHA-MMHA Meetings■ FNHA-ISC Meeting  <p>First Nations Health Authority Health through wellness</p>	<p>TRIPARTITE AND BILATERAL PARTNERSHIP INITIATIVES</p> <p>75% on target</p> <ul style="list-style-type: none">■ FNHA-MMHA Letter of Understanding (LOU) on track■ FNHA-ISC BC Region Protocol Agreement on track■ FNHA-FNIHB Shared Vision Common Understanding (SVCU) – carried over to 2022/23  <p>BRITISH COLUMBIA</p>  <p>Canada</p>
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Key Priority:

Renewed Partnerships with First Nations

- Implement an approach to partner with communities, Regions, Nations, health service organizations and Health Directors to strengthen program and service delivery aligned with Health and Wellness Plans, service-levels and identified needs and gaps.
- Finalize organizational and regionalization design review and implement an FNHA Operating Model that outlines operational and service scope, roles and responsibilities and aligns with our shared values.

Working through Engagement Pathways

Notwithstanding limitations in place throughout the COVID-19 pandemic around in person gatherings, the FNHA held several engagements with First Nations in BC to hear about their needs, gather feedback on our programs and determine gaps in service delivery. These engagements fed into the development of *Paddling Together*, the FNHA's refreshed Multi-Year Health Plan as well as programs and evaluations. They also included a series of regional engagements in connection with the Medical Transportation Transformation Program (discussed in greater detail under "Service Excellence").

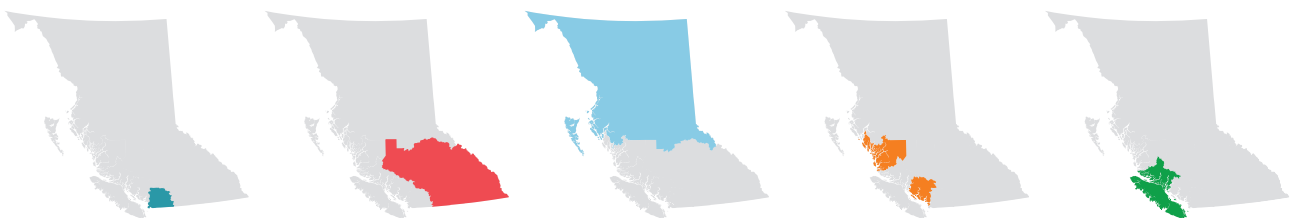
We renewed our Funding Arrangements Policy to help strengthen community partnerships and provided training and support to First Nations in accessing grants and understanding funding requirements. We approved an updated Funding and Accountability Management Framework to support reciprocal accountability and successful partnerships between the FNHA and First Nations communities and organizations receiving funding. We also maintained a cycle of ongoing discussions with the FNHDA on service transformation.

Advancing the Organizational and Regionalization Design Review

Work continues on transforming our operations, including bringing decision-making closer to home through regionalization and the organizational design review. Moving operations closer to home is one of the ways we are honouring our commitment to the 7 Directives and the direction provided by the 2012 Consensus Paper.

The FNHA and our regional teams are supporting Nations and communities working together to make decisions and direct their resources in ways that meet local needs and honour the unique cultures of all the Regions in BC, including through regional specific engagement pathways. The regional updates within this report provide more details on the progress of each Region last fiscal year.

Our focus over the last year included efforts to regionalize a key area of work – nursing operations. Other work included enhancing regional decision-making around staffing and the maintenance support of community buildings. Public health response capacity is being increased through new regional health emergency management positions. As well, Regions continued to establish culturally safe and supportive pathways for First Nations people and families to provide feedback on their experiences within the health services system.



Partners in Community Planning and Reporting

The FNHA continues our work as a partner to communities, supporting them at their request in refreshing their community health and wellness plans. Our approach focuses on supporting community-based planning processes.

We also continued our work to transform existing community reporting requirements, including starting a reporting and evaluation pilot project and sharing past engagements with the FNHDA in November 2021 on: what communities want to report on; how communities want to provide information to FNHA and community members; how communities want to measure progress; and how the FNHA can support implementation efforts.

Advancing work on the Metro Vancouver Office Project



Greg Shea, Executive Director, Community Capital and Metro Vancouver Office Project, talks about the FNHA's ongoing work on the new FNHA headquarters on Tsleil-Waututh land.



The FNHA is building a new administration office (Metro Vancouver Office Project or MVOP), which will bring teams together from across Metro Vancouver locations on Tsleil-Waututh Nation land in North Vancouver. This project is part of a long-term goal to move the FNHA's operations into First Nations communities. Occupation for this new office is planned for spring 2024 and can accommodate approximately 350 FNHA staff.

The MVOP will be five-stories tall and include over 97,000 square feet of occupied space. The exterior and interior are both designed around Coast Salish cultural and building traditions and the natural world; and will meet both Salmon Safe Certification and Rick Hansen Gold Level Accessibility Standard. The project broke ground in May 2021.



GOAL 2

Champion the BC First Nations Perspective on Health and Wellness



Outcome:

Culturally safe and supported health and wellness journeys

Objectives:

- Work with partners to transform from a sickness system to a wellness system by championing the BC First Nations Perspective on Health and Wellness
- Partner with First Nations individuals, families and communities in their health and wellness journeys
- Partner with BC First Nations to support delivery of high-quality health programs and services

Measuring our Progress

Impact as a health and wellness partner

IMPACT OF WELLNESS CAMPAIGNS



◀ **111**
Indigenous Peoples Day of Wellness grants funded

103 ▶
Winter Wellness grants funded



IMPACT OF CSH INITIATIVES

Anti-Racism, CSH Framework and Action Plan complete

BC CSH Standard developed and made available for public review

Guidebook on Indigenous-specific anti-racism being developed with education and training on delivering a coordinated approach to implementing CSH

REQUESTS FOR FNHA MATERIALS IN OTHER AGENCY PLANS/MATERIALS

46
agency/partner general requests received

22
agency/partner requests received for First Nations Perspective on Health & Wellness

100s
individual inquiries received

Key Priority: Wellness

- Develop a holistic Wellness Action Plan that considers chronic conditions, food security and land-based healing.
- Develop a trauma-informed mental health and wellness action plan and refresh programs focused on First Nations Healing Centres, land-based treatment and healing, life promotion and suicide prevention.

Supporting Mental Health and Wellness

Over the past year, the FNHA supported the Memorandum of Understanding: Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness (“MOU”). This included 55 funded initiatives in 172 First Nations communities in BC – an increase of 11 initiatives over the previous year. An additional 31 communities were involved in planning, designing and delivering a full continuum of culture and strength-based mental health and wellness services.

Together with our tripartite partners, we made progress in evolving and securing the sustainability of the MOU through a joint financial analysis to project funding needs over an 11-year period.

We continue to hear from First Nations in BC that mental health and wellness is a top priority. Together with our partners, we strengthened programs and services in this space through the development of an FNHA Trauma-informed Mental Health, Wellness, and Healing Framework. Through the framework, we are integrating existing funding across FNHA mental health and substance use program areas to improve mental health and wellness services and achieve progress on the social determinants of health.

Expanding First Nations Treatment and Healing Centres

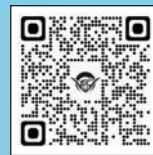
The FNHA and the federal and provincial governments are funding and supporting the renovation of six First Nations treatment and healing centres and the building of two new centres in the Vancouver Coastal and Fraser Salish Regions. These centres will expand much needed treatment beds and services available to First Nations people across BC. Local First Nations cultures are being placed at the forefront of the design process to enable the centres to promote culture, ceremony and traditional healing and medicine. Significant project planning work was undertaken this past year, with two replacement projects entering into the design and construction phase.

The FNHA continues work with our provincial and health authority partners to increase access for First Nations people to culturally safe provincial and regional treatment and recovery services, including prioritizing new provincial treatment beds for Indigenous youth.



▶ VIDEO

Work is underway with funding from the FNHA on the Tsow-Tun Le Lum Society's Healing Centre. Located on Cowichan Tribes territory and scheduled for completion in 2023, the new centre will provide a larger space for Tsow-Tun Le Lum's culturally-grounded work, supporting First Nations people on their healing journeys.



Increasing Access to Land-Based Healing

The FNHA supported over 147 land-based healing initiatives over the past year across all five Regions. These programs promote a return or reconnection to the land while supporting learning, revitalizing and reclaiming First Nations traditional wellness practices. The programs facilitated culturally safe treatment and healing services for mental health and substance use issues, focusing on addressing underlying causes. Programs and services included: social detox and aftercare services, arts-based healing, opportunities to connect to traditional practices and protocols and sharing knowledge, foods and stories that promote spiritual, emotional, mental and physical wellness.

The Tahltan Traditional Wellness Project celebrates Tahltan's unique cultural traditions and promote awareness of Tahltan values. Land-based activities included Fish Camps, Berry Camps, traditional games, arts and crafts, skill building, language and harvesting methods. All of these activities are planned in a way that weaves Tahltan culture through all aspects of programming.

Advancing Community Wellness Priorities

We look to communities to signal those aspects of health and wellness that are most important to them, recognizing that these may differ across Regions, communities and Nations. Our work over the last year in developing a Wellness Action Plan focused on an evidence review to ground the plan in what First Nations told us. This review identified community perspectives and priorities in the areas of: upstream wellness; traditional wellness; relationship and family wellness; land-based healing; chronic conditions; and food security. We used this to guide our work to embed a wellness perspective across the FNHA's programs and services.



Upstream Wellness



Traditional Wellness



Relationship and Family Wellness



Land-based Healing



Chronic Conditions



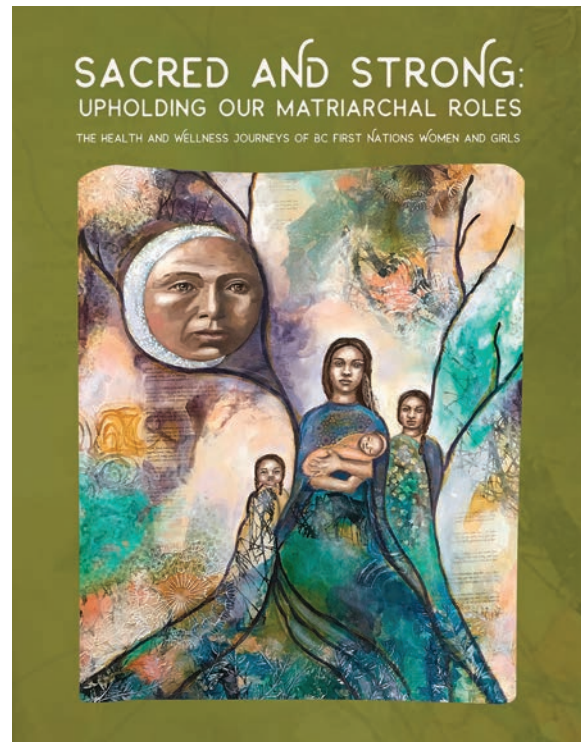
Food Security

Reporting on Health and Wellness

Two key reports were released in 2021/22 through collaboration between the FNHA Office of the Chief Medical Officer and the BC Office of the Provincial Health Officer.

■ **[Sacred and Strong: Upholding our Matriarchal Roles](#)** is a unique report on the health and wellness of First Nations women and girls living in BC. Grounded in First Nations perspectives of wellness, *Sacred and Strong* includes data, stories and teachings about the mental, emotional, physical and spiritual health and well-being of First Nations women at every phase of life. The report highlights the voices of 120 First Nations women who shared their stories and lived experiences for the report, bringing focus to the aspects that First Nations women and girls themselves see as important. The report holds the health and wellness of First Nations women and girls as an indicator of the health and wellness of society as a whole. It is a celebration of the many ways that First Nations women and girls in BC are flourishing, while also bringing light to where systemic barriers continue to negatively impact their health and self-determination.

■ **[First Nations Population Health and Wellness Agenda](#)** (PHWA) is a groundbreaking joint report that provides an eagle-eye view of the health and wellness of First Nations people living throughout BC. The report outlines an expanded suite of 22 specific health indicators—including the seven which were outlined in the 2006 *Transformative Change Accord: First Nations Health Plan*—that will be monitored and reported on over the next 10 years. The PHWA uses a strengths-based approach to focus on wellness and resilience, as well as two-eyed seeing to bring together both First Nations and Western ways of knowing. At its core, the PHWA recognizes that self-determination, culture, language and connection to land are deeply interconnected and form the roots of First Nations health and wellness. Determinants of health and structures, such as housing, education, food and health care, are systemic roots that play an important role in the health and wellness of First Nations.



The artwork for *Sacred and Strong*, created by Melanie Rivers, Tiyaltelwet (Squamish First Nation).

“The First Nations Population Health and Wellness Agenda is much more than just a health status report [...] It is an act of self-determination. First Nations are controlling our own data and telling our own story in a way that reflects our strengths and resilience.”

– Dr. Shannon McDonald, the FNHA’s Acting Chief Medical Officer

Respecting Tobacco

▶ VIDEO



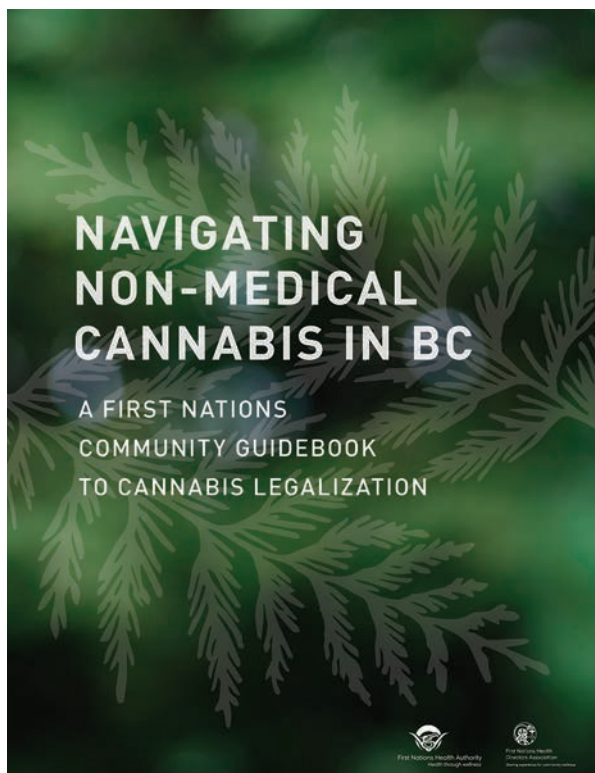
The FNHA launched an animated video about the difference between traditional and commercial tobacco during National Non-Smoking Week in January 2022. The video highlights important teachings around culture, sacred tobacco and wellness and was developed in partnership with Indigenous Story Studio, with the guidance from Elders at Tsow-Tun-Le-Lum Society and youth from across BC.



Video Still: Respecting Tobacco: Traditional vs Commercial Use.

Supporting Communities in Navigating the Legalization of Cannabis

[Navigating Non-Medical Cannabis in BC – A First Nations Community Guidebook to Cannabis Legalization](#) is a guidebook which supports community decision-making about cannabis by providing information using a health and wellness perspective and an Indigenous lens. Developed in partnerships with the FNHDA, the guidebook introduces central themes and questions related to the legalization of non-medical cannabis and the potential impacts on First Nations communities. It represents an important addition to the FNHA's suite of information and resources to support First Nations in having healthy relationships with cannabis.



“This guide supports Chiefs and community leaders in navigating the complexities of cannabis legalization and determining what is appropriate and beneficial for their First Nations communities,”

- Dr. Nel Wieman, the FNHA's Deputy Chief Medical Officer

Honouring Missing and Murdered Indigenous Women and Girls

The lives of missing community members continue to be honoured by utilizing First Nations ways of healing and sharing our stories of resilience. Over the past year, the FNHA provided communities with health and cultural supports and committed funding to organizations operating in communities to advance healing from our shared reality. We also supported communities across the province in carrying out community events, sharing circles, family retreats, self-defense training, healing vigils for the National Day of Action, healing totem poles and grassroots documentaries to express togetherness, healing, compassion, solidarity and community care.

Sharing the stories of our missing sisters

Adaawk, which translates to “oral history,” is a powerful and moving documentary in which family members courageously share their stories of loved ones missing and murdered along the infamous Highway of Tears. Produced with support from the FNHA, the film offers a glimpse into the lives of the families and the women who disappeared.



Video Still from *Adaawk*.

Key Priority:

Anti-Racism and Cultural Safety and Humility

- Work with health governance partners to prepare and implement an action plan that strengthens and elevates First Nations-led, regionally based approaches to addressing the systemic racism outlined in the *In Plain Sight* Report.

Anti-Racism, Cultural Safety and Humility (CSH) Framework and Action Plan

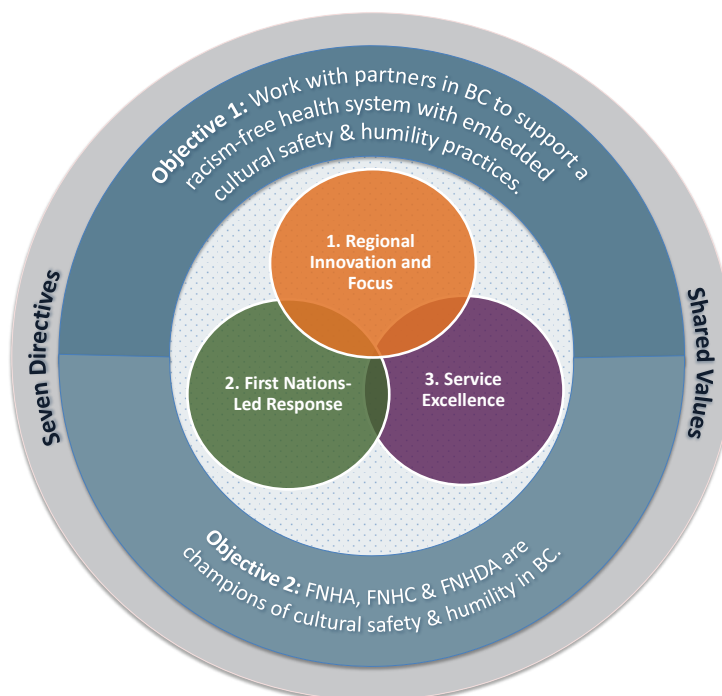
In April 2021, the FNHA, FNHDA and FNHC released a joint Anti-Racism, CSH Framework and Action Plan which outline priority actions under two key objectives:

- Work with partners in BC to support a racism-free health system with embedded CSH practices; and
- FNHA, FNHC and FNHDA develop as champions of CSH in BC.

The Anti-Racism, CSH Framework and corresponding Action Plan are rooted in the understanding that First Nations-led responses are a key pathway to this vision. The Framework and Action Plan prioritize:

- First Nations-led responses
- Regional innovation and focus
- Service Excellence

The FNHA Cultural Safety and Humility team are leading the coordination of the implementation of FNHA work under the Framework and Action Plan. Regional CSH positions were supported to help advance regional priorities and work with the provincial team.



Anti-Racism, Cultural Safety & Humility Framework.

BC Cultural Safety and Humility Standard

The FNHA and Health Standards Organization collaborated to develop the [BC Cultural Safety and Humility Standard](#), a tool that will enable health care and social organizations to address Indigenous-specific racism and build a culturally safe health care environment. Development of the Standard was driven by a First Nations-led CSH Technical Committee, co-chaired by the FNHA's Deputy Chief Medical Officer and comprised of Indigenous thought leaders and health professionals with a focus on designing, implementing and evaluating culturally safe systems and services at the organizational and institutional level. A public review process, held between June and September 2021, received over 1,100 comments reviewed by the Technical Committee. The first of its kind in Canada, the Standard provides an essential toolkit for the BC health system in responding to the need for trauma-informed and culturally relevant care.

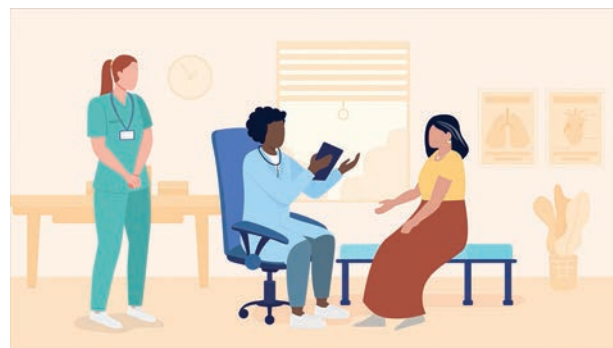
“We are extremely proud of our partnership with the First Nations Health Authority in making this happen. The British Columbia Cultural Safety and Humility standard has the potential to directly impact individual lives and the experience of people who interact within the health systems within British Columbia and beyond.”

- Leslee Thompson, CEO, Health Standards Organization

FNHA Client Compliments and Complaints Process

VIDEO

Over the past year, the FNHA prioritized work with partners to establish reliable, safe and client-driven pathways for compliments, complaints and feedback from BC First Nations on their health system experiences. In February 2022, we launched a new compliments and complaints process for FNHA staff. The FNHA is also leading the development of a Patient Care Quality CSH strategy.



Video Still: Compliments and Complaints.

The FNHA expanded membership in the [Community Accreditation and Quality Improvement Program](#), which partners with community health and addiction recovery services to strengthen the quality and safety of health and wellness services by and for BC First Nations. Communications were launched to build awareness of the [FNHA Quality Care and Safety Office](#), which helps clients and their families navigate complaints processes in the health care system. Representatives from this office are able to walk alongside clients, at the pace they set, to access appropriate supports or identify and facilitate the appropriate processes for review, given the experiences that are brought forward. They gather information and outline the options available to the client and proceed only according to the client's wishes.

Remembering Keegan: A First Nations Case Study Reflection

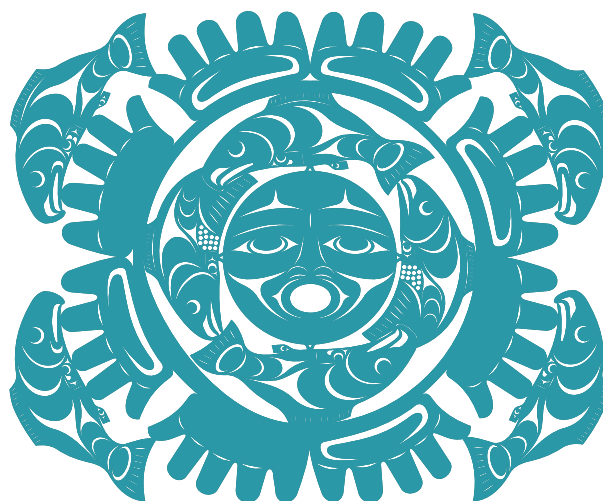
Keegan Combes of Skwah First Nation was a high school graduate, a grade 10 pianist and a chess champion enrolled in a trades college at the time of his death. Keegan also lived with disabilities and was non-verbal by choice. He passed away on September 26, 2015, from a delayed diagnosis following an accidental poisoning. He was 29 years old. He is remembered, missed and loved.

The Remembering Keegan: a BC First Nations Case Study Reflection was publicly released and gifted in ceremony on Keegan's birthday, Monday, February 21, 2022. In alignment with our Data Sharing Protocols, FNHA presented the Case Study Reflection to BC First Nations Chiefs and Leaders on February 14, 2022. The Truth and Reconciliation Commission of Canada developed a definition of reconciliation and a guiding set of principles for truth and reconciliation. One of the principles states, "Reconciliation is a process of healing of relationships that requires public truth sharing, apology, and commemoration that acknowledge and redress past harms." It is important for Keegan's family and his Caregiver to make public the events that resulted in the death of Keegan Combes. For so long, First Nations experiences of racism in BC's health system have been unacknowledged, dismissed and silenced. As a health organization created by BC First Nations, for BC First Nations and First Nations in BC, the FNHA has a role to honour First Nations truths and lived experiences in the face of over a hundred years of history where First Nations voices and experiences have been denied.

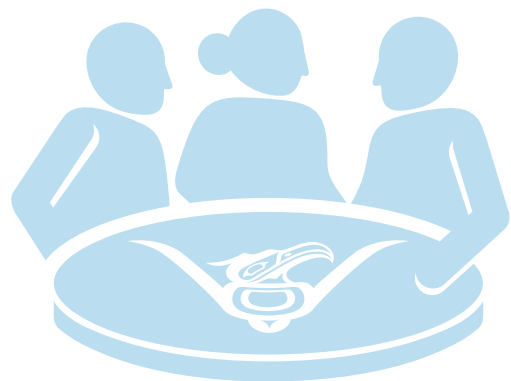
Keegan brought together Stó:lō and Coast Salish leaders to transform the health system from a sickness model to a wellness model of care. He is a transformer stone for the Region. Telling Keegan's story is important as a way to bear witness, document culturally unsafe encounters within the health care system and contribute to changing the system to prevent similar deaths or harm in the future. Keegan's legacy has been to help shape the CSH transformation that is currently underway in BC's health system and to enhance the quality of care for all Indigenous people across the country.

Storytelling is a traditional method used to teach about cultural beliefs, values, customs, rituals, history, practices, relationships and ways of life. First Nations storytelling is a foundation for wholistic learning, relationship building and experiential learning. Supported by the teachings in CSH, the Case Study Reflection captures the truth and protects the family from having to re-tell a very difficult story. It supports the family's ability to move forward, knowing the system will continue to learn and do better by learning from their experiences; which are captured in partnership and approved by the family to reduce any misleading interpretations of their experience and truth.

This BC First Nations Case Study Reflection, the first of its kind shared by BC First Nations, is an ongoing gift from Keegan to leaders of the BC health system. They are strongly encouraged to take the lead in the system-wide education and actions that are required to make the recommended changes.



Healing Hands of Friendship, the artwork created to honour Keegan, by Khut Whee Mul Uhk (Dr. Francis Horne Sr.).



Leading By Example

The FNHA continues to work to embed CSH and address anti-Indigenous racism in health throughout our practices and processes. Over the past year, this included the creation of a CSH Steering Committee comprised of over 32 CSH leaders and champions. We also established CSH Working Groups and stood up a monthly CHS Community of Practice to support FNHA staff achieve their individual objectives in our shared Anti-Racism, CSH Framework and Action Plan.

GOAL 3

Advance Excellence in Programs and Services



Outcome:

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

Objectives:




- Enhance integration with and access to quality and culturally safe provincial health care services for First Nations in BC
- Achieve measurable improvements to FNHA programs and services
- Partner with BC First Nations to support delivery of high-quality health programs and services

Measuring our Progress

FNHA – First Nations Health Organization Partnerships

<p>% FUNDING ARRANGEMENTS FOR MEETING RECIPROCAL ACCOUNTABILITY TARGETS:</p> <p>49%, up 15% from previous year <i>Financial reports received from Community</i></p> <p>53%, up 22% from previous year <i>Narrative reports received from Community</i></p>	<p>ACCESS TO FNHA PROGRAM INFORMATION:</p> <p>420,000 visits to program sites</p> <p>Top hits: COVID-19, Treatment Centres, VDOD, Mental Wellness and Substance Use, Traditional Healing</p>
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Service Quality

<p>HEALTH BENEFITS OVERALL CLIENT SATISFACTION: INCREASED</p> <p>48.4% up from 44.7%</p> <p>Number of surveys: 550 to 681</p>	<p>ACHIEVEMENT OF HEALTH BENEFITS SERVICE STANDARDS: ON TARGET</p> <p>Medical Transportation: 81.5% from 79.5%</p>  <p>Pharmacy: 86.3% from 75%</p>  <p>Mental Health: 100% from 97.4%</p> 
<p>ENVIRONMENTAL PUBLIC HEALTH OFFICER COMMUNITY WORK PLAN OBJECTIVES ACHIEVED:</p> <p>95 Community-Based Water Monitors installed.</p> <p>30 communities received funding to combat the effects of climate change on traditional foods, medicines and marine food harvesting.</p>	<p>CHANGES TO FNHA PROGRAMS AND SERVICES:</p> <p>In the past year, the FNvSUPS program continued to expand, building off existing connections with referring agents and creating new relationships with local community resources and external partners to best support client care.</p>
<p>CLIENTS RECEIVING ≥1 BENEFIT/YR:</p> <p>81.1% up from 77.4%</p> <p>Number of eligible clients: 149,852 to 152,067</p>	

Key Priority: Public Health Emergencies

- Establish response team and structure to support communities, regions, nations, health service organizations and health directors in responding to public health emergencies, including COVID-19 and the Overdose Crisis.
- Build an emergency overdose response that is inclusive of urban populations, women, and people recently released from correctional facilities.



In this video, Katie Hughes, Vice President, Public Health Response, talks about the FNHA's Response to Public Health Emergencies.



Building Capacity in Health Emergency Management

A Public Health Response team was established with three pillars in the areas of: (1) communicable disease population and public health, (2) the toxic drug crisis and (3) health emergency management in late 2020, with a fourth pillar added focused on environmental public health, food security, and climate change to in early 2022. Throughout 2021/22, the FNHA worked with Regions to strengthen regional health emergency management structures and to clarify roles and responsibilities internally and with partners to support clear pathways in times of emergency and disaster response.

First Nations people continue to show incredible resiliency responding to these circumstances. The FNHA has worked to nimbly respond to these challenges and maintained an unwavering focus on supporting First Nations communities. This includes drawing upon expertise and strategic partnerships to maintain strong communication pathways and deploy resources where needed.

COVID-19 Pandemic Response



In this video, Dr. Shannon MacDonald, Chief Medical Officer, talks about the FNHA COVID-19 Response.



The FNHA's COVID-19 pandemic response focused on facilitating culturally safe supports, coordinating access to testing and vaccines and providing trusted public health information to First Nations communities and urban and away-from-home members. This response included:

- **Access to testing for COVID-19** – deployment of rapid antigen tests and more accurate equipment for community-based testing in many rural and remote First Nations communities across BC.
- **Vaccinations** – supported in-community vaccine clinics and information campaigns to improve vaccine uptake.
- **Infection prevention/control** – provided isolation and meal support (e.g. accommodations, companion travel), personal protective equipment supplies as well as support for community communicable disease emergency planning.
- **Mental Health and Cultural Supports** – included 24/7 support lines, individual counselling and cultural wellness support.



Access to testing



Vaccinations



Infection prevention/control



Mental Health and Cultural Supports

VAXCHAMPS

#VaxChamp is an FNHA social media campaign to promote and encourage acceptance of the COVID-19 vaccine. Launched in 2021 to coincide with the arrival of the first COVID-19 vaccines in First Nations communities in BC, #VaxChamp provides a culturally safe space where Indigenous people can inspire others by sharing their motivations for getting the vaccine. Hundreds of Indigenous people have gone to #VaxChamp to share their photos and reasons for getting vaccinated.

[#VaxChamp pledge portal](#)



Working in Partnership to Address the Toxic Drug Crisis



In this video, Dr. Shannon MacDonald, Chief Medical Officer, talks about the FNHA Response to the Toxic Drug Crisis.



BC First Nations people continue to be disproportionately impacted by the Toxic Drug Crisis. In 2021 (January – December), the lives of 334 First Nations people were lost to toxic drug poisoning in BC, representing 15% of all toxic drug poisoning deaths that year. First Nations people died at 5.4 times the rate of other BC residents – the rate is even higher for First Nations women.

First Nations women died at 9.8 times the rate of other female BC residents in 2021.



This video playlist about the toxic drug crisis shares perspectives of Indigenous people in BC who have been directly impacted by the crisis.



Toxic drug poisoning deaths

NUMBER OF PEOPLE WHO DIES OF TOXIC DRUG POISONING:

25.6%

Increase in toxic drug deaths compared to the same period in 2020

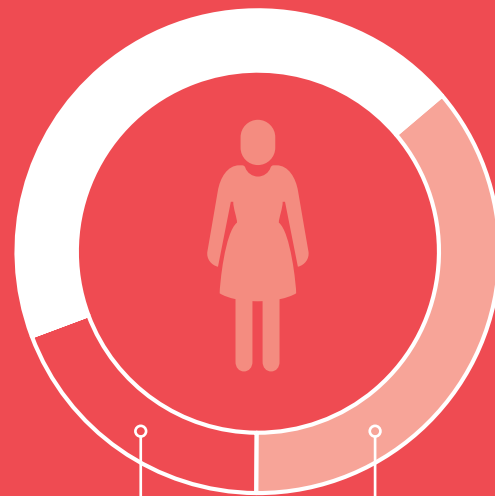
FIRST NATIONS PEOPLE ARE DISPROPORTIONATELY REPRESENTED IN TOXIC DRUG POISONING DEATHS:



3.3% of provinces population

15.0% of toxic drug poisoning deaths in 2021

FIRST NATIONS WOMEN EXPERIENCE VERY HIGH RATES OF TOXIC DRUG POISONING DEATHS:



36.3% of First Nations people who died in 2021 were women

19.2% of other BC residents who died in 2021 were women

NOTE: Indigenous people who are not recognized as having First Nations status under the Indian Act are not represented in our toxic drug data. Additionally, twospirit, transgender, non-binary, intersex, and gender diverse people may be identified by the biological sex assigned at birth, and therefore misidentified in the toxic drug data. The FNHA is committed to working with provincial partners towards meaningful, systemic change that will make more inclusive data collection possible.

The FNHA's toxic drug crisis response actions are focused in four key areas:



Preventing people from dying

- Distribution of naloxone (nasal spray and injectable)
 - 34,194 doses of nasal naloxone spray to individuals through community pharmacies
 - 6,640 nasal naloxone kits (each kit contains two doses) to 106 First Nations communities
 - In collaboration with health system partners, 9,866 injectable naloxone kits to 163 First Nations take-home naloxone sites (each kit contains three doses)
- Harm reduction-related grants: In 2021/22, the FNHA provided \$4.33 million in grant funding to First Nations and Indigenous organizations, harm reduction champions and communities to support harm reduction activities and people who lost loved ones to poisoned drugs.

Creating Space for Nation-Led Innovative Harm Reduction

The FNHA is honoured to be partnering with Xwchíyò:m (Cheam First Nation) and Fraser Health to open BC's first and Canada's second overdose prevention site (OPS) on reserve land. Though other services in BC incorporate cultural approaches, the Cheam OPS represents the first led by a First Nations community to address an unmet need in the Fraser Valley. Culture, teachings, community and connections to the land and to others are being woven into conventional harm reduction activities. The site will also offer harm reduction supplies and education, drug checking, take home naloxone kits and training on how to use them. It will serve Indigenous and non-Indigenous people living on Cheam and will be open to people from any area including neighboring Nations and adjacent communities including Chilliwack, Agassiz and Rosedale.



Keeping people safe when using

- We delivered **Not Just Naloxone** training (one- and two-day virtual workshops) and in-person **harm reduction community visits** in 87 communities and 44 First Nations organizations.
- **431 health care workers, youth, Elders and community champions** were trained in providing naloxone and harm reduction through 30 sessions.
- **10 Harm Reduction Educators and 10 Peer Coordinators** were deployed in urban hotspots across all five Regions to provide expanded regional toxic drug response.



Creating an accessible range of treatment options

- **Opioid agonist therapy (OAT) support** for 29 rural and remote First Nations communities to improve access to treatment options for opioid use disorder, including OAT.
- **Registered nurse prescribing** of OAT was approved at four First Nations sites and is in the approval process at 14 other sites.
- **First Nations treatment and healing centres** – with work underway to construct two new centres in the Vancouver Coastal and Fraser Salish Regions and revitalize six existing treatment centers across the province (discussed in greater detail under “Wellness”).

OAT is one of the recommended pharmacotherapy options to reduce opioid use related harms and to support long-term recovery for persons with opioid use disorder. The medications include but are not limited to methadone, buprenorphine/naloxone (Suboxone), slow-release oral morphine (Kadian) and buprenorphine extended-release (Sublocade). With the expansion of OAT initiatives throughout the province, the total number of FNHA clients dispensed any type of OAT covered by the FNHA pharmacy benefit plan modestly increased to 2,573 persons by March 2022.



Supporting people on their healing journeys

- **Courageous Conversations Webinar Series** and Megaphone Speakers Bureau: 696 people participated in 12 webinars hosting difficult conversations about substance use.
- **Convened the Indigenous Harm Reduction Community Council** which established a province-wide network of Indigenous people working on Indigenous approaches to harm reduction.
- Supported 347 people during their release from incarceration through **Unlocking the Gates** initiative to address the link between transitioning out of correctional facilities and subsequent toxic drug poisoning events and deaths.
- **A Harm Reduction Approach to Substance Use** aims to meet people where they are at with open arms, acceptance and compassion, not judgment or shame. Harm reduction recognizes that every life is valuable and that substance use and addiction are complex and challenging. Listen to a panel discussion about harm reduction [here](#). Visit harmreduction.fnha.ca/ to read more about what the FNHA is doing to increase support and reduce the harm.



Making Space for Courageous Conversations

The Courageous Conversations webinar series is a collaborative initiative between the FNHA and the BC Centre on Substance Use (BCCSU) dedicated to addressing barriers people experience when accessing life-saving treatments. Through storytelling and strengths-based discussion, participants work together to navigate drivers of substance-related harm, including racism, discrimination in the health care system and intergenerational trauma as a result of colonialism. Issues of stigma, lateral violence and harm reduction are explored through the webinars in ways that are community-driven and focused on person-centered care.

Supporting Communities in Finding a Healing Path: Residential Schools

The uncovering of unmarked graves at former residential school sites had, and continue to have re-traumatizing effects, impacting the health and well-being of First Nations people in BC. Over the past year, the FNHA worked with communities and Nations and provincial and federal partners to identify needs and coordinate response efforts around supports, services, and funding. This work included responding to the significant increased demand for cultural wellness and healing-based services.

The FNHA provided and facilitated access to a wide range of virtual and in-person counselling, crisis and cultural supports, including:

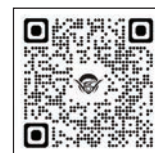
- **First Nations Health Benefits** – supports access to counselling services
- **First Nations Virtual Substance Use and Psychiatry program** – specialists support, with a referral, for assessment, harm reduction, relapse prevention and treatment care planning
- **Indian Residential School Resolution Health Support Program** - virtual and in-person emotional and cultural support

FNHA also distributed almost \$10M to First Nations communities and service organizations to provide essential mental health, cultural and emotional services to support healing from trauma.

Responding to Climate Change Emergencies



In this video, Katie Hughes, Vice President, Public Health Response, talks about the FNHA's Response to Climate Change Emergencies.



As disasters linked to climate change and associated weather extremes become more frequent and intense, the FNHA worked closely with communities to adapt and respond to health related impacts. In 2021, many communities and Nations experienced devastating impacts of a robust wildfire season and unprecedented flooding in the fall. An organization-wide Emergency Response Team was created through redeployment of various teams to offer a wrap-around approach that included environmental health, mental health and wellness and operational supports. In addition, the organization operates several programs building capacity and community resilience:

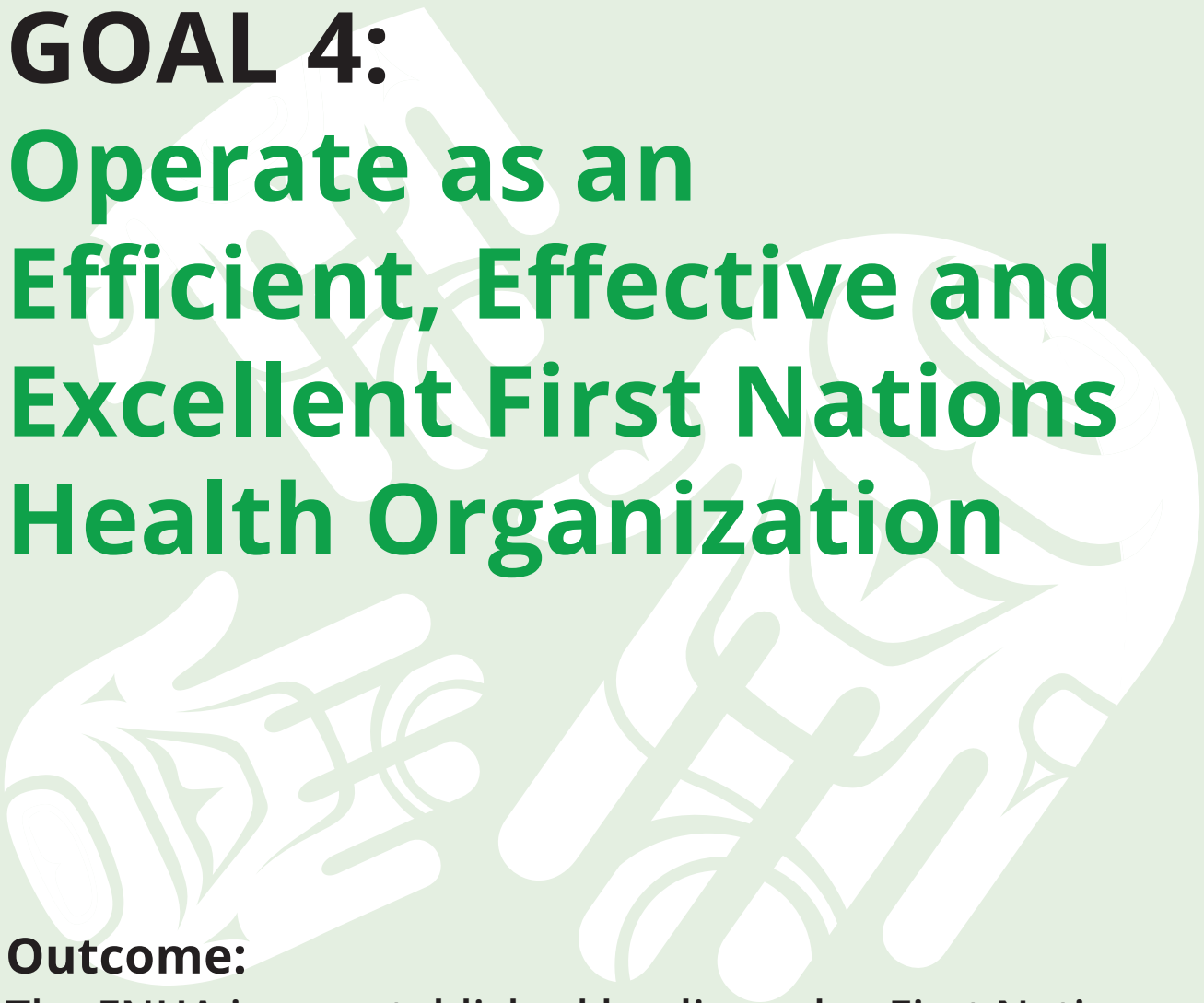
- [Indigenous Climate Health Action Program](#), which funds community-driven initiatives to address climate impacts on health and wellbeing for First Nations across BC, supported 30 projects across the five Regions.
- [We All Take Care of the Harvest \(WATCH\)](#) is a pilot project that addresses seafood safety, security and sovereignty in the context of climate change.



Strengthening Intergenerational Healing Communities on the Land to Promote Personal and Climate Resilience - Through partaking in land-based climate health action events, this project works with participants to strengthen their relationship with the land, contribute to community resilience, develop a strong sense of purpose and feel empowered stepping into their roles as land stewards. Through climate health action day events and multi-day land-based camps, participants are engaged in the intergenerational sharing of bio-cultural knowledge through ceremony, sharing circles, cultural activities, food preparation and teachings. For those living in an urban environment with lived experience of homelessness, developing this reciprocal relationship supports healing of both person and place.

GOAL 4:

Operate as an Efficient, Effective and Excellent First Nations Health Organization



Outcome:

The FNHA is an established leading-edge First Nations health organization

Objectives:

- Build strong leadership and foster a First Nations organizational culture
- Foster a healthy and engaging environment that enables personal excellence
- Achieve excellence in operations

Measuring our Progress

Organizational Excellence



INFORMATION MANAGEMENT INFORMATION TECHNOLOGY



Health Performance Standards



Key Priority:

Knowledge Development & Exchange

- Engage with key partners and stakeholders on the findings from the BC Tripartite Framework Agreement Evaluation and FNHA Evaluation with a focus on taking action and improving performance.

Engaging on Evaluations

Over the past year, the FNHA prioritized engagement with First Nations in BC on the Evaluation of the BC Tripartite Framework Agreement on First Nation Health Governance (2019) and the Evaluation of the FNHA (2020). Feedback was used to inform the Multi-Year Health Plan and implementation planning.

- Engagements on the findings the Evaluation of the BC Tripartite Framework Agreement on First Nation Health Governance took place between May 2021 and January 2022 through spring and fall Caucus sessions, regional and Nation-based focus groups and an online survey. Tripartite Partners began drafting recommendations in response.
- Engagements to gather input to guide our response to the four recommendations of the FNHA Evaluation were offered between October 2021 and January 2022 and included an online survey and on-demand regional and Nation-based focus groups.

Expanding Supports to Urban and Away-from-Home First Nations

In 2021/22, the FNHA's urban and away-from-home team focused on engagement, data, partnerships and human resources.

- The FNHA launched a survey to understand how First Nations people living in urban areas and away from home access health and wellness information. [Findings of the survey](#), published in October 2021, are being used to inform the development of communications and engagement pathways with the urban and away-from-home population.

Mobile Device Initiative helping to facilitate access

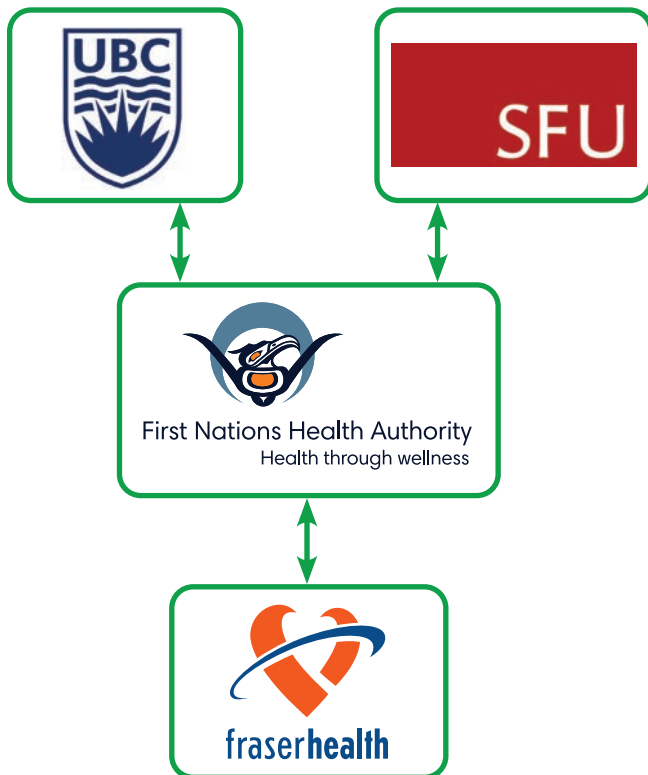
879 tablets and over 1,100 phones were distributed to First Nations clients across BC in 2021/22 through a partnership between the FNHA and the Social Planning and Research Council BC. The FNHA regional teams allocated phones to communities, organizations and individuals to support clients in vulnerable situations during the COVID-19 pandemic and to support wildfire response. Tablets were also distributed to facilitate access to programs and services delivered and/or funded by the FNHA, such as Health Benefits and primary care virtual services.



- The Urban and Away-From-Home Vaccination Working Group (comprised of the FNHA, Métis Nation BC, the BC Association of Aboriginal Friendship Centres and the Office of the Provincial Health Officer) brought partners together to advocate for the priority vaccination of First Nations, Métis and Inuit people in urban and away-from-home settings. The group met regularly during 2021/22 to facilitate communication and coordination between partners on COVID-19 response.
- In December 2021, a **webinar** with the urban and away-from-home population and external partners was hosted to build awareness of the [FNHA's UAH Health and Wellness Framework](#), and share information about Health Benefits and the FNHA's primary care virtual services.
- The FNHA continues to develop **partnerships** at the regional and provincial levels, such as working with the Aboriginal Housing Management Association, to support housing and homelessness initiatives.

Some Examples of Emerging Strategic Partnerships

We continue to seek out and strengthen partnerships across and beyond the health system to advance transformation of the health system. In 2021/22, some examples of this work included partnerships with both the University of British Columbia (UBC) and Simon Fraser University (SFU) aimed at building capacity for team-based, culturally safe models of care that honour First Nations perspectives of health and wellness.



A transformative seminar for health care professionals

Launched in May 2021, the *"Honouring First Nations Health Service Sovereignty: Engagement, Facilitation and Planning Skills for Health System Change Leaders"* seminar resulted from an innovative partnership between the FNHA, the UBC Faculty of Medicine and UBC School of Community and Regional Planning. Co-created with First Nations, this skill-building seminar provided health care professionals administrators with applied learning about culturally safe engagement and partnership development practices that honour First Nations sovereignty over health services. Participants also acquired skills in designing planning workshops for primary care and facilitating complex multi-partner dialogue.

An unprecedented opportunity to educate physicians differently

Together with partners SFU and the Fraser Health Authority, the FNHA is working to establish a new type of medical school in BC that will accelerate health innovation in team-based, preventative and community-based care while emphasizing the health needs of Indigenous populations. A first phase of community engagement on the proposed school was conducted over the past year.

Walking Together in Research

The FNHA was awarded funding from the Canadian Institutes of Health Research for a new research project: *"Telling the Story: Gathering First Nations perspectives of COVID-19 Vaccine Deployment"* to capture and document the experiences of First Nations throughout the COVID-19 vaccine deployment process. The research objectives carry a particular emphasis on Nation-led and community-driven strategies for building vaccine confidence.

We are also working with nine First Nations of Southern Vancouver Island, researchers from Island Health and SFU on a project to develop a First Nations, community-based and culturally rooted diabetes prevention model. Called *"Walking Together in the Same Direction,"* the project explores the experiences of diabetes prevention through a series of community gatherings that will enable sharing of languages and cultures.

Key Priority: Service Excellence

- Support First Nations to participate in Primary Health Care planning and primary care networks, including integrating cultural healing within primary care settings.
- Engage with partners, including BC First Nations, to identify improvements to the Health Benefits Program, including a complete review and revised approach to the Medical Transportation Program.
- Develop a made-in-BC children and youth health and wellness service model, built from lessons learned through FNHA administration of Jordan's Principle.

Transforming Health Services through First Nations-Led Primary Care

The First Nations-led Primary Health Care Initiative is a partnership between the FNHA and BC Ministry of Health, established to provide First Nations in BC with access to culturally safe, quality, and holistic health care and social services closer-to-home. Together with our partners, we are working to co-establish up to 15 First Nations-led Primary Health Care Centres (FNPCCs) across the province. These centres will provide a new and unique form of health care with Elders, Sacred Knowledge Keepers and Traditional Wellness Practitioners working alongside Western health professionals in a “team-based approach” in the same space to meet the health care needs of First Nations people and their families.

First Nations will govern their own FNPCCs and their distinct knowledge, beliefs, values and practices will be included in the planning and services of the centres. Cultural values that are unique to each participating First Nation will be the foundation of each new FNPCC.



The Williams Lake First Nations Wellness Centre

Two FNPCCs will be fully operational by November 2022. Lu'ma opened in Vancouver in 2019 and the Williams Lake First Nations Wellness Centre will open its doors in October 2022.

Expanding Virtual Pathways for Care

The FNHA offers various virtual health care services to clients who have limited access to health care services in their communities, who must travel long distances for appointments, or whose access has been impacted by the COVID-19 pandemic. We prioritize the [recruitment of specialists with Indigenous ancestry and lived experience](#) to provide these services. We also work with each health care professional to align services delivered with the principles and practices of cultural safety and humility and trauma-informed care.



- Launched in July 2021, [MaBAL, a Maternity and Babies Advice Line](#) supports health care providers who are supporting pregnant and new parents, guardians and caregivers. The service is available to providers 24 hours a day, 365 days a year. Phone or Zoom calls are answered by midwives and family doctor obstetricians experienced in providing culturally safe care and serving rural and remote communities. [MaBAL Podcast: [Maternity and Babies Advice Line by FNHA](#)]
- Through the [Virtual Pharmacy Service](#) and a partnership between the FNHA and the University of British Columbia's Pharmacists Clinic, First Nations can also now connect virtually with a clinical pharmacist. Working together with a client, the clinical pharmacist can provide a complete picture of how their medications (including prescriptions, non-prescription and natural health products, and supplements) all interact. They can also work with clients to ensure the medications they are taking are safest and best for them.

“I set up an appointment with a UBC Pharmacist and was amazed at what I learned about my drug therapy regime. The usual questions regarding demographics, diet and exercise, medication history, and general health were asked respectfully.”

– A client of the Virtual Pharmacy Service

- The [First Nations Virtual Doctor of the Day \(FNvDOD\)](#) and the [First Nations Virtual Substance Use and Psychiatry Service \(FNvSUPS\)](#) were established in 2021/22 as permanent services open to all First Nations people in BC and their family members, including family members who are not Indigenous. Since the inception of these services, appointment numbers have steadily increased.

From patient satisfaction surveys, over 90% of users accessing the FNvDOD service report satisfaction with their appointment and over 95% of users indicate they would recommend the service to their family and friends.

Bobby's Story

▶ [VIDEO](#)

In this video, Bobby White shares his experience of using the FNvDOD service.

He talks about the care he received and why he recommends it to others.



“The service made me feel so welcome. It made me feel like I was listened to. I recommend it to everyone.”

– Bobbi Tatoosh talks about her first appointment with the FNvDOD service

Health Benefits Transformation

Work in transforming First Nations Health Benefits continues, with advancements made through:

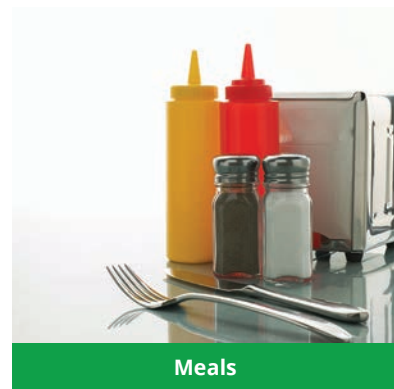
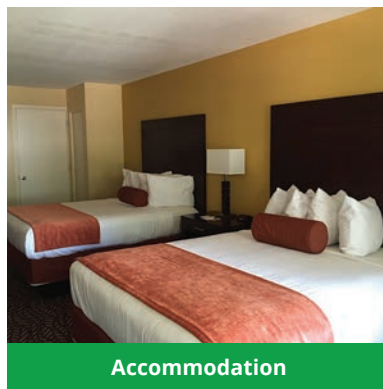
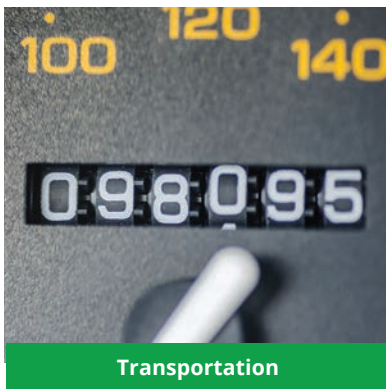
- Online and e-claims adjudication for mental health and wellness counselling benefits administration, established through an expanded partnerships with Pacific Blue Cross; and
- Improved access (through Plan W) to over the counter drug benefits and greater community access to Nasal Naloxone.



The main focus of the health benefits transformation journey is now on medical transportation.

Medical Transportation

In March 2020, the Medical Transportation (MT) Transformation Project was initiated to complete a comprehensive program review and bring about improvements to the MT program, which assists with transportation, accommodation and meals for clients as they travel to medical appointments outside their communities of residence. This past year, the MT Team supported communities with isolation requests in partnership with the Regions and Public Health Emergency Response Team. The FNHA and FNHDA also co-hosted [nine engagement sessions](#) supporting MT transformation, which highlighted the priorities of bringing services and decision-making closer to home and providing the resources necessary for communities to deliver the program efficiently and sustainably. These engagements provide a strong foundation for program transformation.



Enhancements to the MT Program in 2021/22, included:

- A new partnership with Bright Health Solutions to design and develop a web-based, online booking system to improve medical travel planning.
- Two meal rate changes including a new eligibility rate for children, representing a recurring annual investment of approximately \$2 million to support clients' choice and access to healthy food.
- A temporary \$0.05/km increase to MT mileage reimbursement rates to account for rising gas across BC which can impact clients' abilities to access medically-necessary appointments when using their private vehicles

Services for Children and Youth

- We reviewed what we've heard from First Nations about different approaches to supporting child and youth wellness in BC, along with available population data, evaluations and case studies. This foundation of community perspectives and priorities on children and youth work, combined with consideration of our time administering Jordan's Principle, is helping us with ongoing work to determine program and service gaps and ways to increase access to culturally safe health-care and improve health outcomes for First Nations children and youth.



Supporting First Nations Pregnancy Journeys and Healthy Children

The Kwakwaka'wakw Maternal, Child and Family Health Collaborative Program, a Joint Project Board initiative, served 54 families with 727 documented contacts. Areas of support included: applying patient travel; finding housing; submitting income tax, applying for child tax benefit; Jordan's Principle and Bear Essentials applications; assistance finding accommodation; addressing food security; providing Circle of Security training; attending prenatal classes; assisting with finding placements for infants and children needing foster or family care; finding clothing, getting prescriptions and breast pumps; breastfeeding support; supporting with grief and loss; and connecting with cultural and social supports. The team supported doula training, baby uplift ceremony preparation and work with traditional healers. They also assisted with COVID-19 vaccine clinics and offered parenting programs.

Aboriginal Head Start on Reserve Expansions

The FNHA supported expanding Aboriginal Head Start on Reserve Programming – 146 funded communities now receive funding to deliver Aboriginal Head Start of Reserve programming, creating space for 2,997 to benefit from activities focused on early childhood learning and development for First Nations children from birth to age six and their families. Aboriginal Head Start programs are designed and delivered by First Nations communities to meet their unique needs and priorities. They focus on six main components: culture and language; education; health promotion; nutrition; parent and family involvement; and social support.

We believe...



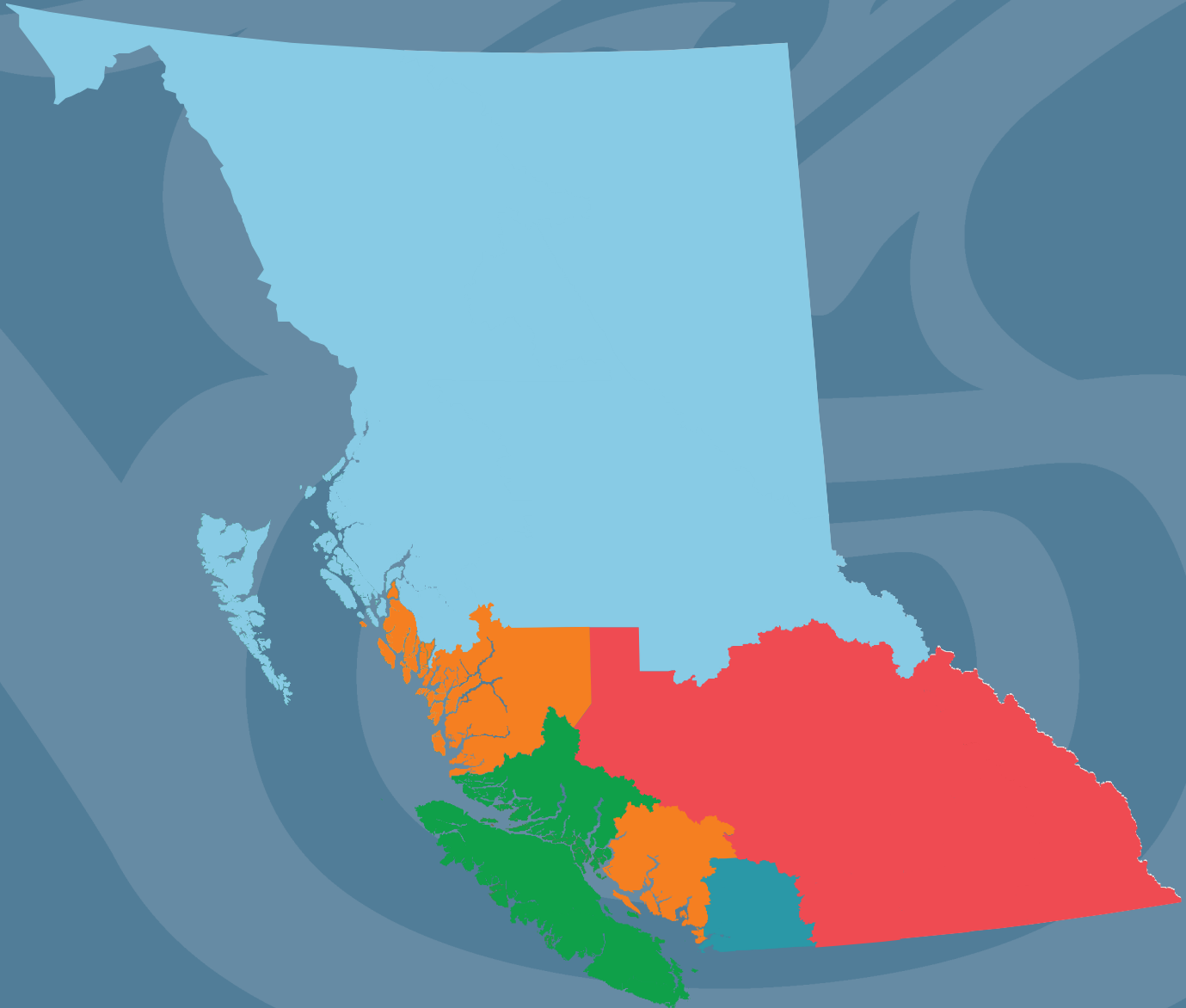
...that children, through being loved, valued and encouraged, will gain the courage, the strength and the wisdom to use the power of a good mind and spirit in all that they do.

Aboriginal Head Start on Reserve



Regional Updates

There are five FNHA Regions: Vancouver Island; Vancouver Coastal; Interior; Fraser Salish; and Northern. The following sections provide updates from each Region on the past year.





Fraser Salish Region



Interior Region



Northern Region



Vancouver Coastal Region



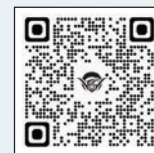
Vancouver Island Region

Fraser Salish Region

The Fraser Salish Region is composed of 32 communities, including the people who live on the “Land facing the sea” – the Tsawwassen people – to the people that live up in the Fraser Canyon. The Region is guided by the Halq’eméylem word Letse’mot, which means “everyone working together.” This concept encompasses the idea that no one is alone and that everything and everyone is joined and connected in a community spirit as strong as our history is long.



Vice President of Regional Operations for Fraser Salish Michelle DeGroot talks about the regional team’s work during fiscal 2021-22.



“Our work is always guided by the First Nations whom we serve, and we welcomed engagement with communities throughout the year and through Caucus. I look forward to another great year working with our communities and our partners and moving forward... the dreams our communities have for their health and wellness.”

– Michelle DeGroot, Vice President of Regional Operations, Fraser Salish Region

Supporting Communities in Responding to Climate Change Emergencies

This past year will be remembered by many within the Fraser Salish Region for its environmental emergencies, including the 2021 summer wildfires and the November atmospheric rivers and flooding. The entire regional team worked together to provide wraparound supports to communities and displaced people, including at three reception centres. These centres also provided support for wildfire evacuees from the Interior Region, including from Lytton First Nation. People from all ancestries were greeted and needs supported in a culturally safe way.



In response to November's flooding, the regional team supported communities through:

- Working with Fraser Health and other partners to address concerns in reception centres (e.g., racism, lack of cultural safety, lack of harm reduction supports);
- Supporting the Provincial Regional Emergency Operations Centre;
- Testing drinking water and food safety and sewage septic systems and providing Rapid Damage Assessments for flooded housing;
- Hosting FNHA Fraser Salish regular all-community calls with regional, provincial and federal partners where Nations could share information, answer questions and listen to community concerns.
- Working with communities, as requested, to navigate provincial emergency management processes and address issues such as food and water insecurities; and
- Providing transportation support.

The regional team developed an escalation pathway, informed by the experiences and events of these emergencies which was adopted by the Fraser Salish Caucus for community use in future emergency events.

Boil Water Advisory notice lifted at Semiahmoo First Nation

Semiahmoo First Nation celebrated the lifting of their Boil Water Advisory notice, which had been in place for 16 years, in January. This followed a long history of advocating for change and brokering agreements.

The Fraser Salish Environmental and Public Health team were proud to be part of this project, which involved two years of infrastructure construction (more than 12 kilometres of pipes, three pump stations and 40 home connections) and extensive bacteriological and chlorine sampling.

Evolving our COVID-19 Response

Fraser Salish continued its all-team response to the COVID-19 pandemic which included the provision of rapid testing and vaccination, supply delivery, strategic planning with regional health and other partners and planning for a safe longhouse season.

In partnership with Fraser Health Authority, the regional team hosted multiple clinics and vaccine opportunities for all land-based communities, urban-and-away-from-home brothers and sisters and for those who were unsheltered or in encampment situations. These services helped to facilitate equitable access to care for First Nations in the Region regardless of their physical or social location. The clinics provided another opportunity for the regional team to promote wholistic services, rooted in family wellness, including supports for people during the toxic drug public health emergency.



Championing Anti-Racism and Cultural Safety and Humility in the Region

The regional team remains active in our work with partners to integrate anti-racism and cultural safety and humility within all aspects of health planning, services and delivery. This includes participating in regular meetings of the Aboriginal Health Steering Committee (AHSC) and strategic-level subcommittees.

The AHSC Feedback and Accountability sub-committee is guiding the development of a new regionally-developed complaints process that is client-centred, relationship-focused and takes a restorative approach, with language choices informed by engagement with people who made complaints in the past.

Bringing Services Closer to Home

We remain focused on bringing services and programs closer to home in ways that reflect local needs and distinctions. The Fraser Salish's *Chémat plan*, approved by Caucus in May 2021, represented an important step along this pathway of regionalization. This plan will provide more control, enhance decision-making, streamline and enhance strategic alignment with our external partners. Plan implementation will build on steps taken over the past year which included the establishment of Regional Vice President and the shifting of several positions from the FNHA provincial office to the Region.

Letse'mot Salish Tool for Navigation

The Letse'mot Salish Tool for Navigation is an Indigenous-specific complaints and feedback process for the Fraser Salish region being developed by the AHSC Feedback and Accountability Subcommittee. The goal of the tool is to establish response pathways to support restorative processes in resolving Indigenous patient complaints and adverse care incidents. Over the past year, the regional team engaged in helping to test the tool as well as inform adjustments to the intake process for complaints.

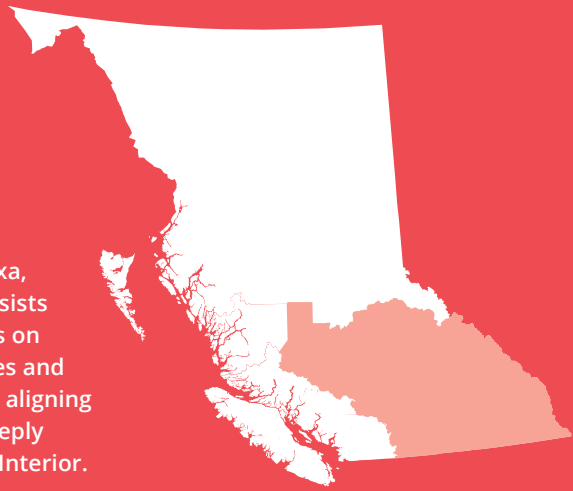
Engaging with Communities

In accordance with the 7 Directives, the regional team remains committed to meaningful engagement with communities. Over the past year, working through our established regional engagement pathway, we connected with communities on many important topics, including on motions passed at the fall and spring Caucus to:

- Approve the Fraser Salish Evaluation Framework and *Closer to Home/Chémat plan*;
- Support Katzie First Nation with development of a business plan for an in-community healing centre;
- Endorse development of a discussion paper on the implications of the Declaration of the Rights of Indigenous People Act for the Caucus;
- Pass the 5-Year Primary Health Care Service Plan; and
- Locate the Region's third First Nations Primary Care Centre within the service area of Langley and Abbotsford, with the option to develop a hub and spoke model approach to serve communities and individuals within Langley, Abbotsford and Hope service areas.

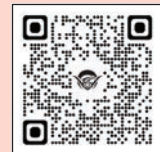
Interior Region

The Interior Region is home to the 7 Nations of Dākelh Dené, Ktunaxa, Nlaka'pamux, Secwepemc, St'át'imc, Syilx and Tšilhqot'in, which consists of 54 First Nation communities. The Interior Nations' priorities focus on improving health programs and services, bringing financial resources and decision-making closer to home and strengthening, maintaining and aligning capacity with communities and Nations through a system that is deeply rooted in the values, principles and cultures of the 7 Nations of the Interior.



Video

Vice President of Regional Operations for Interior Region Lisa Montgomery-Reid talks about the regional team's work during fiscal 2021-22.



“On the ground, we support our communities, including navigating an ever changing political and social landscape, in order to best support our Chiefs and our Health Directors. Our process is always aligned by honoring our Nation and our community governance structure. We’re very lucky that we’re Nation-based in our Interior Region and that we recognize our Nations as those title and rights holders always and take their guidance in the work that we do.”

– Lisa Montgomery-Reid, Vice President, Regional Operations, Interior Region

Evolving our COVID-19 Response

The Interior regional team continued to evolve our COVID-19 response based on the ever-changing situation. In collaboration with Interior Health, the Region facilitated procurement of the COVID-19 vaccine for first, second and booster doses throughout all Nations and worked with communities to provide the necessary resources for immunization clinics. The team provided clinical advice and guidance to community health nurses in sharing of the most up-to-date information to support community members. Much work went into the distribution of the rapid-at-home COVID-19 test kits, including providing training on their use and assisting the Environment Public Health Service team in determining the number of rapid test kits per community.



FNHA/IH COVID-19 Response Committee

The 7 Nations, the FNHA Interior Region, and Interior Health came together as the FNHA/IH COVID-19 Response Committee and worked together to create a framework unique to the needs of the 7 Nations. This included the provision of wrap-around supports for positive cases within rural and remote communities with deliverables such as transportation, hotel/accommodation and meal supports, access to COVID-19 testing and mental health and wellness supports.

Responding to Climate Change Emergencies

While responding to the COVID-19 pandemic, the Region was also impacted by one of the worst wildfire seasons in the province's history, which coincided with a heat dome over several of the Nation territories. As a result, more than half the communities within the Region were effected by either an evacuation alert or order. These disasters increased the demand for emergency response resources and frameworks. While supporting wildfire response and recovery, the Region was further impacted by the mid-November Atmospheric River flooding, causing significant infrastructure damage and destruction in several communities. These layered emergencies: pandemic, wildfires, heat dome and extreme flooding, stretched the Region's capacity to undertake many other projects.



Support for Communities Impacted by 2021 Flooding

When sudden and unexpected flooding throughout the BC Interior sent numerous communities into evacuation orders in mid-November, Emergency Support Service centres were set up in Kamloops and Kelowna. The FNHA rented the conference room at the Coast Hotel in Kamloops to connect First Nations evacuees with temporary housing and provide traditional wellness and mental health supports. Working alongside Interior Health, FNHA staff had primary care and dental care information, with access to other programs and services.

On the second day, TELUS, Save-on-Foods and the FNHA came together to discuss an action plan that included getting \$10,000 worth of food and gift cards to communities. The Nlaka'pamux Nation handled the distribution. Communities were able to come to the Coast Hotel and gather food items themselves, while bringing back supplies to others who were not able to attend.

Additionally, TELUS in collaboration with the FNHA, gifted 120 tablets to the children of the Nlaka'pamux Nation to reconnect students to their classes online.

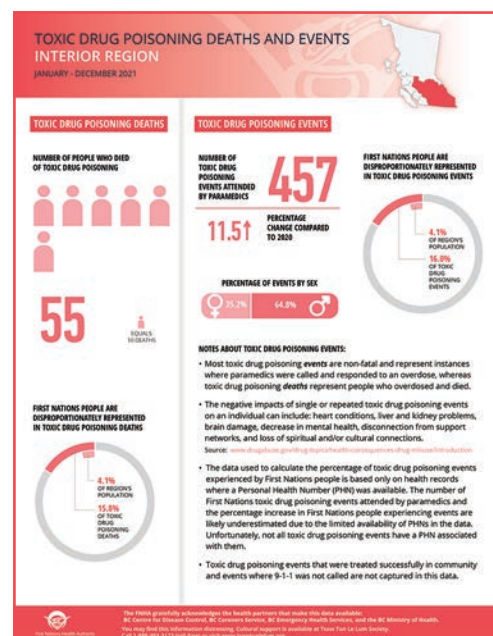
The Nlaka'pamux Nation thanked TELUS with a blanketing ceremony, led by FNHA Interior Region Nation executive representative and Nlaka'pamux Nation member Ko'waintco Michel.



The Nlaka'pamux Nation and FNHA honoring TELUS representatives for their donation of 120 tablets to Nlaka'pamux Communities affected by the 2021 Atmospheric River.

Supporting Wellness through Harm Reduction

The Region continues to support communities in responding to the toxic drug crisis. Over the past year, in response to the increase in overdoses, the regional team worked with Interior Health to mobilize additional harm reduction resources. The team also continued to provide Nations with funding to implement peer engagement, intensive case management interventions and other prevention of loss of life supports. These included building awareness and reducing stigma through education; and increasing pathways for access to support and treatment.



Walking Alongside and Supporting Communities

In the aftermath of the Tk'emlúps te Secwépemc and St. Joseph's Mission Residential School findings, the move toward justice and reconciliation for Indian Residential School survivors and their families continues. Through this difficult process, the Region has strived to walk alongside communities and Nations, providing crisis, mental health and cultural support services, access to counsellors and debriefings with leadership and staff. Direct on-the-ground mental health and crisis response supports were ongoing, as well as trauma impacts presentations for Chief and Council and direct mental health support during grassroots family site visits. The regional team provided support by identifying and communicating mental health and traditional wellness resources available to all Interior Region communities, including communication with other Regions who may have been impacted. A grief and loss support group was also offered through the Mental Health clinicians.



The Kamloops Indian Residential School Memorial during the findings of Le Estcwicwéy in May 2021.

Improving Engagement with Communities

Due to an extraordinary year of crisis events in the Interior Region, leadership and health teams were impeded in their ability to be full participants in a number of engagement priorities that were rolled-out across the organization and Region. Engagement fatigue and work overload was experienced across communities. However, all regional tables including the Interior Region Technical Table, Interior Region Nation Executive, Partnership Accord Technical Table and Partnership Accord Leadership Table continued with their quarterly meetings virtually in order to ensure that Nations continued to provide strategic direction to regional work.

The Interior Region Nation Executive deferred signing of the Tripartite Emergency Management Memorandum of Understanding (MOU). Instead, efforts are being refocused to support the development of government-to-government agreements directly between the 7 Nations and Federal and Provincial partners.

Bringing Services Closer to Home

The 7 Nations and the Region have worked together since 2015 to develop the Nation Shared Services (NSS) model. One of the key principles of NSS is Nation rebuilding or revitalization, an approach that aims to decolonize health and wellness service delivery through First Nation self-determination and governance. While the NSS model looks different within each Nation, the common approach is to design and administer services closer to home that are grounded in culture and tradition.

The regional team is working with the 7 Nations to shift human and financial resources to the community and Nation levels, building capacity for local decision-making and self-governance. As the FNPCI moves forward, there are also a growing number of opportunities for communities to sit at planning tables. The Region continues to advocate for sufficient resources to support Nations and communities in participating in these processes and for the meaningful engagement of First Nations at Primary Care Network tables and primary care initiatives.

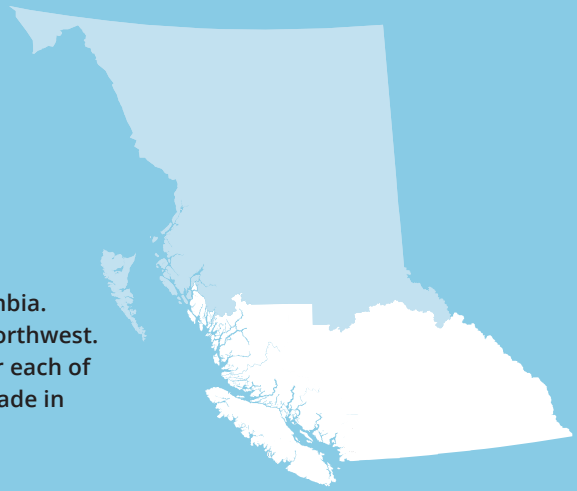
Since the development of NSS, it has become clear that a range of supports must be in place to maintain the model. The 7 Nations have taken a phased approach to building NSS; gradually expanding the programs, services, and supports each year. An End-to-End Review was concluded in 2021 to better understand the current state of NSS in each of the 7 Nations and to identify strengths, working areas and next steps to further implementation. Next steps are to present the End-to-End Review to each Nation for feedback.

Regionalizing Primary Care in the Interior

The regional team supported work on the development of the Williams Lake First Nation Wellness Centre, as the first centre under the FNPCI to be established in a rural location.

Northern Region

The Northern Region is the largest territorial region in British Columbia. It is divided into three sub-regions: North Central, Northeast and Northwest. The Region is working hard to build infrastructure and pathways for each of its Nations and communities that are guided and reflective of its 'Made in the North' approach.



Video

Vice President of Regional Operations for Northern Region Julie Morrison talks about the regional team's work during fiscal 2021-22.



“We’re just so thankful for all of the work that the communities do. We know you’ve been challenged... and we just want to applaud each and every one of you for the hard work that you’ve done, for the commitments that you’ve put forward to make sure that your communities have stayed safe.”

– Julie Morrison, Vice President, Regional Operations

Maturing our partnership with Northern Health

Over the past year, the Northern Region strengthened its relationship with Northern Health Authority and collaborated on the following initiatives and programs:

- Distributing COVID-19 vaccines and rapid tests in the Region;
- Developing six shared initiatives with Northern Health in response to the *In Plain Sight* report;
- Implementing the primary care strategy in the Region including further developments of First Nation Primary Care Initiative sites; and,
- Stabilizing and advancing dental and physician supports in the Northwest and Northeast sub-regions.



Dentistry in the North

A long-standing service gap in Gitxsan-Wet'suwet'en area in the North was resolved with the procurement of a dental provider to travel into the community. The dental provider is making inroads to reduce the unmet needs in community and supports timely access to care.

Supporting Wellness through Harm Reduction

The Region piloted a Mental Wellness Menu for communities, which provides a comprehensive summary of available supports across the range of substance use dependencies and treatment interventions. The menu provides a tool to facilitate advance planning and to support conversations with communities when there are overdoses. It is also being shared during conversations with communities working on their community health and wellness plans. The intent is to make sense of some of the complexities associated with receiving support for substance use.



Advancing Cultural Safety and Humility

The regional team continues to strengthen and embed cultural safety and humility in the North and throughout the broader health care system. In collaboration with Northern Health, we developed a Northern Region cultural safety framework that identifies key regional priorities with short, medium and long term goals to bring about systemic change. We are now piloting an engagement strategy on the cultural safety priority areas to gather community input and confirm the framework is reflective of community needs. We continue to work closely with the Northern Health Authority on several shared areas of work in response to the *In Plain Sight* report (e.g., joint recruitment and retention, patient care quality improvement process and cultural safety education and training opportunities) and the Region hired a senior analyst for cultural safety and humility. Cultural safety is moving forward in a good way between partners, with additional meetings being planned.

Drums made by FNHA staff as gifts to communities.

Bringing Services Closer to Home

The Region continues to implement the Northern Regionalization Plan to bring services closer to home for communities. Over the past year, this work included transferring positions from the provincial FNHA team to the Northern Region and most importantly, securing a regional nurse manager, who began working in January 2022. Other key regionalization steps included completing the on-reserve lease with the Lheidli T'enneh First Nation and transferring six nursing stations and eight health centres previously managed under the provincial team to the Region.



Above: John Moody interviewing Elder May Apsassin
Right: Kelsey Abraham Dancing at Lheidli T'enneh Park



Pilot Project Drones Making Test Runs to Stellat'en First Nation

Bear grease and traditional medicines as well as other supplies are being delivered to Stellat'en First Nation by drone as often as seven times a day as part of a study into new ways of delivering healthcare supplies to rural and remote Indigenous communities.

The project is a partnership between Stellat'en First Nation, the FNHA, the Village of Fraser Lake, LifeLabs, UBC Pharmaceutical Sciences, Rural Coordination Centre of BC, Carrier Sekani Family Services and Northern Health.

Transport Canada is expected to approve the project to transport dangerous goods such as prescription medications at which point it will become possible to transport more medical supplies and equipment.



Progressing First Nations-led Primary Care in the North

The Region continues work to establish three FNPPCs in the North. Preliminary analyses reports and service plans are underway for the sites and the regional team meets regularly with communities, Divisions of Family Practice and Northern Health to maintain momentum around the work and integrate community voices into governance structures. We also continue work with Northern Health to increase inter-professional services like physio and occupational therapy to our communities.



Improving communication and engagement with communities

The regional team created a variety of northern community-focused communication resources over the past year. We also established best practices for thoughtfully engaging northern communities and refreshed the northern newsletter, NORTH, to highlight the great work communities and individuals have done with support from the FNHA.

The regional team produced communications to promote awareness and strengthen action on the dual public health emergencies. These included:

- Informational videos from our doctors on COVID-19 vaccines that includes and addresses vaccine hesitancy;
- A documentary on the COVID-19 response in the Northern Region; and
- An anti-stigma campaign responding to the toxic drug crisis, which has had disproportionate impacts in the North.



A still from the FNHA Northern Region COVID-19 Response Documentary.

In response to the needs noted in the Northern Engagement Review, three regional planners were hired, one for each sub-region. We supported multiple funding applications and community health and wellness plans. We also continue to support with communities with their reporting and in creating capacity-building opportunities.



Dr. Terri Aldred, Primary Care Medical Director, provides a message about COVID-19 vaccines



NORTH Newsletter

NORTH is a Northern Region newsletter that is published 10 times a year, highlighting community successes and providing information about job postings, funding opportunities, programs and staff changes at FNHA. Anyone who would like to receive NORTH can send an email to: SubscribeNorth@fnha.ca



Vancouver Coastal Region

The Vancouver Coastal Region is home to 14 First Nations and comprised of three sub-regions: the Central Coast, Southern Stl'at'imx and South Coast. Each of these Nations are unique in their culture, traditions and geography. Each sub-regional family faces health and service delivery constraints that require different approaches and supports.



Vice President of Regional Operations for Vancouver Coastal Kim Brooks talks about the regional team's work during fiscal 2021-22.



“It has been our honor in the Vancouver Coastal Region to work alongside community leaders and staff who’ve worked tirelessly while living through these crises themselves to maintain community safety and wellness.”

– Kim Brooks, Vice President, Regional Operations, Vancouver Coastal Region

Refreshing our Regional Health and Wellness Plan (RHWP) 2022-2027

Over the past two years, we worked to renew the Vancouver Coastal Regional Health and Wellness Plan (RHWP) through a process guided by principles of inclusivity, transparency, celebration, communication and interaction. The renewal involved drafting priorities grounded by an in-depth review of community health and wellness plans, communicable disease response plans and other regional health plans. These draft priorities were refined and confirmed through continuous one-on-one meetings at regional tables, Health Director meetings, sub-regional gathering and caucus.

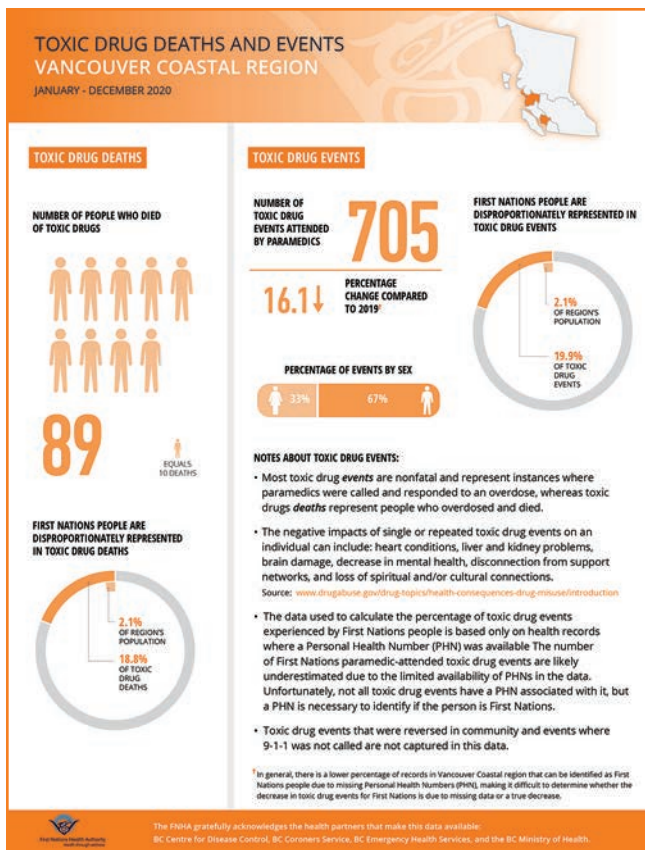


The [refreshed RHWP](#) builds on the successes of the 2016-2021 RHWP. The RHWP is intended to support annual regional work plans, align with more detailed sub-regional plans and activities and reflect the unique needs of First Nations communities within the Vancouver Coastal Region.

Strengthening our Connections to Traditional Knowledge Keepers

The Traditional Knowledge Keeper Initiative improves First Nation community access to traditional wellness through building networks of traditional healers, Elders and other Traditional Knowledge Keepers. The Region started initial engagement with Nations who expressed interest and readiness, including Nuxalk, Lil'wat and shíshálh, and shared materials and a project summary outlining the opportunities for their involvement in the initiative.

The Rediscovery Wilderness Camp is situated at an ancestral wilderness village site that is free of all modern day amenities, with only the 4-footed brothers as neighbours. The wilderness site provides a safe environment to address the physical, mental, emotional, spiritual and cultural needs of the youth and families who have been affected by the long-term impacts of colonization and systemic racism. It is a time to reconnect to land, self, ancestors, plants, environment, traditional medicines and food, songs and dances, and, transmit historical information and everyday cultural practices to future generations.



Supporting Opioid and Harm Reduction

The regional team continues to support communities in responding to the ongoing and devastating impacts of the toxic drug crisis. This work includes provision of Harm Reduction grants and developing community capacity around nurse prescribing through the Four Directions Nursing Team. Partnerships with Nuxalk, Squamish, Musqueam and the urban and away-from-home team were established that inform and train staff in the utilization of safer consumption tools and the use of naloxone to respond to an opioid overdose. Over the past year, the Vancouver Coastal Region also worked with provincial and regional teams to streamline our harm reduction and toxic drug response.



Naloxone Kit.

Expanding Access to Treatment and Wellness

The shíshálh Nation was selected for the location of a new treatment and wellness centre guided through a regional technical table comprised of 95% of the Region's Health Directors and all three FNHC representatives to uphold a community-driven, nation-based approach. The process of developing the selection criteria aligned with traditional practices of shared decision-making, mutual respect and acknowledging strengths and differences. It also demonstrated a high level of capacity and readiness which puts the Region in a strong position to create future projects and programs. The meaningful partnerships created have inspired shíshálh Nation to seek partnerships with other Nations in the Region to maintain representation and collaboration throughout the next phases. Cultural safety was exemplified by the guidance of Elder Xwechtaal Dennis Joseph who was the Traditional Knowledge Keeper throughout the entire process.

Walking Together for the Treatment and Wellness Centre

The Vancouver Coastal Region was grateful to have the leadership and guidance from Elder Xwechtaal Dennis Joseph from Squamish Nation who answered the call to be the Traditional Knowledge Keeper for the Technical Table established to select the location of a new treatment and wellness centre.

"One thing I always appreciate is sharing good thoughts and prayers in any meeting I go into. To have that blessing, welcome and respect for each other no matter where we come from, I feel really honored to be a part of this [Technical Table]"

- Elder Dennis

Advancing First Nations-Led Primary Care

The Region supported the preliminary analyses for two FNPCC sties: in Southern St'at'imx and Nuxalk, both of which are scheduled to open in summer 2023.

Working with the Southern St'at'imx Health Society, engagement sessions were held with community leadership in the partner communities of Lil'wat, Samahquam, Skatin, and Xa'xtsa between October 2021 and March 2022. A project technical table was established and a consultant was hired to complete the service plan as well as plan additional engagement sessions.

The Nuxalk Nation preliminary analysis report was put forward for Ministry approvals.

Supporting Communities with Pandemic Response & Recovery

The Vancouver Coastal regional team remains committed to enhancing collaboration to support all First Nations communities with ongoing COVID-19 immunization planning and implementation, including childhood and other immunization schedules. This work continues to be rolled out based on community guidance, leadership and readiness, with attention to incorporating cultural safety and humility. Over the past year, new operational partnerships established through the pandemic enhanced our ability to address system gaps and challenges. We also expanded our use of social media and webinars to train and support individuals and communities in the use of at-home rapid antigen tests. Our videos: [How to use the BTNX At-Home Rapid Antigen Test](#) and [How to use the Artron At-Home Test](#) accumulated over 36,000 online views.



How to use the BTNX At-Home Rapid Antigen Test:



How to use the Artron At-Home Test:



Vancouver Island Region

Vancouver Island is home to 50 First Nations communities that make up three distinct families on the Island: Coast Salish, Nuu-chah-nulth and Kwakwaka'wakw. Vancouver Island's First Nations are diverse, with distinct culture and traditions, cultural knowledge and practice, and languages across the Region.



Vice President of Regional Operations for Vancouver Island Brennan MacDonald talks about the regional team's work during fiscal 2021-22.



“I want to offer my appreciation to all of our communities, leadership and health teams for the collective effort in advancing our interests in health and wellness over the last year. Our work is always guided by the First Nations we serve, and we welcome engagement with communities throughout the year and during our Spring and Fall Caucus meetings.”

- Brennan MacDonald, Vice President, Regional Operations, Vancouver Island Region

Facilitating Wellness through Harm Reduction

The Region worked with FNHA's provincial nursing team to support the process for a site approval for administration of OAT at Gwa'sala-'Nakwaxda'xw First Nation. Gwa'sala-'Nakwaxda'xw is one of the first six First Nations communities in BC to be approved for this new life-saving initiative.

The Region provided additional support to communities in responding to the toxic drug poisoning crisis through:

- 21 FNHA Harm Reduction Community Grants (up to \$50k) were dispensed to Nations and Indigenous serving organizations across the Region.
- The deep dive into Substance Use Peer Survey Project connected and engaged with Indigenous people with lived or living experience of substance use in northern Kwakwaka'wakw communities.



- Online overdose response and naloxone training was provided by FNHA's Kwakwaka'wakw Harm Reduction Educator.

Naloxone Nasal Spray.

The "Moose Van" Mobile Health Unit



VIDEO

Supported by FNHA funding and community donations, the Mobile Outreach Unit for Health and Support Services (MOUHSS), or "Moose," provides direct services to vulnerable populations. Anyone ranging from youth to seniors can access services, which include counselling, wound care, diabetes testing, access to harm reduction supplies, as well as primary health care, prescriptions and referrals to other community programs.

The brightly coloured RV operates in the downtown area of Campbell River three days a week at specific locations. The Moose is accessible for vulnerable peoples and bridges service gaps for people who are not accessing them. Often it can act as a first step in the mental health journey for clients.

Supporting Community-Led COVID Responses

In alignment with the direction provided by First Nations leadership, the regional team supported community-led clinics, pediatric clinics, and clinic-planning, including supporting community nurses to receive immunization certification. Communities were also supported by emergency coordination calls, access to funding supports through the emergency request register, and extension of the Community Liaison Grant.

Communities promoted vaccination and provided accessible options to receive vaccination to on- and off-reserve members. The regional team also delivered over 53,000 rapid-at-home test kits and 72,400 KN95 masks to Vancouver Island communities between January and February 2022.



The Mobile Outreach Unit for Health and Support Services (MOUHSS), also known as the "Moose".

Responding to Climate Change Emergencies

During the unprecedented summer heat dome event, the FNHA responded by providing inspections of cooling centres, making recommendations for upgrades to air conditioning systems and working with communities to distribute air conditioning units to Elders. The regional team also supported the eight Coast Salish communities impacted by major flooding events with rapid damage assessments, which gathered information required to begin home remediation and restoration.

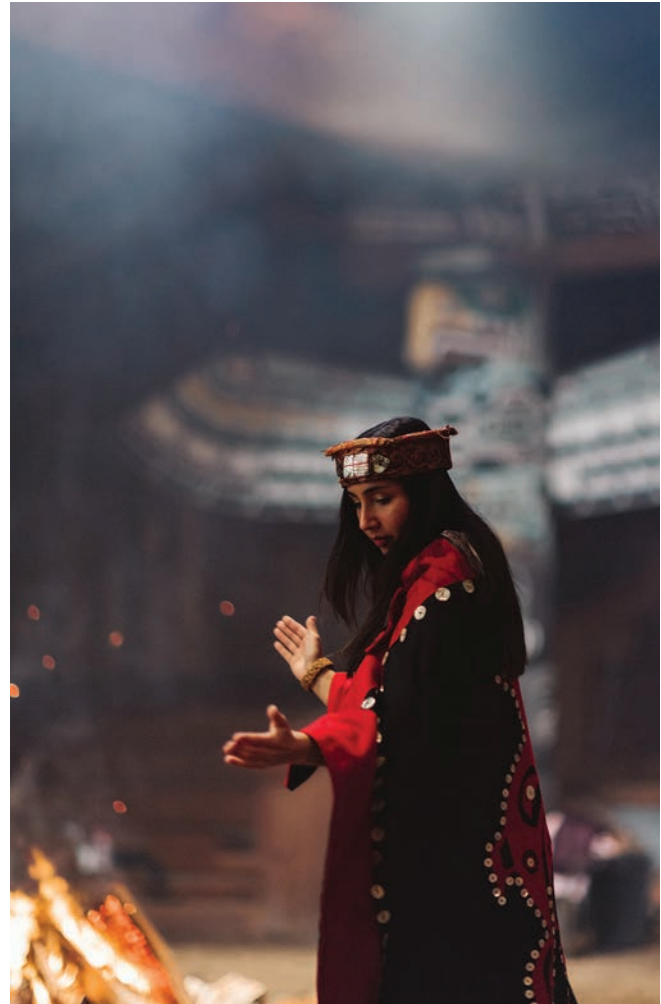
Walking Alongside Communities Supporting Mental Health and Wellness

The regional team takes a multi-pronged approach that includes crisis response, health literacy, community engagement, and program planning. In-person responses were welcomed, especially in sensitive circumstances such as substance use, grief and loss and suicide; this is especially apparent in relation to Indian Residential Schools (IRS) unmarked grave recoveries.

To support individuals and communities impacted by IRS trauma, the Region delivered custom ceremonial blankets to Stz'uminus First Nation and Cowichan Tribes. The regional team also participated and supported the Penelakut Indian Residential School Survivor March in August 2021.

We distributed “Help the Helpers Recharge” grants to communities to assist with caring for the wellness of frontline staff and addressing issues of burnout and fatigue.

To advance transformation at the system level, the regional team revitalized strategic and partnership planning with Island Health’s Indigenous Health and Mental Health and Substance Use teams and met regularly as part of the newly formed Partnership Accord Mental Health and Wellness work stream. This planning table provides coordination and collaboration on shared priorities to more effectively partner in supporting communities, including response to the toxic drug crisis, and broader mental health and wellness needs.



Alert Bay Bighouse.

Advancing Cultural Safety & Humility

Work on regional actions related the *In Plain Sight* report recommendations on anti-racism and cultural safety and humility continues to be a strong focus for the Region. In October, a Senior Advisor, Cultural Safety and Humility was hired to help guide regional cultural safety and humility initiatives; and in November, a Quality and Safety Analyst was hired to work directly with individuals to support, develop and coordinate next steps for improved experiences in the health care system.

Improving Access to Primary Care

The regional team made significant progress working with communities to advance planning for FNPCCs and Primary Care Networks (PCN's) across the Region:

- Both the Coast Salish and Kwakwaka'wakw cultural family groups completed draft preliminary analysis reports for their FNPCCs, the first step before moving to service plan development, then implementation.
- The Nuu-Chah-Nulth FNPCC Service Plan was completed (with signing ceremony held in spring 2022).
- The regional team worked with each individual PCN to establish Indigenous primary care strategies within their Service Delivery Plans to help confirm that local Nations were benefiting from the PCNs actively under development within their territories.

Strengthening and Extending Partnerships

One benefit coming out of the pandemic was a renewed and strengthened partnership between the regional team and Island Health, with partners meeting regularly and committing to ongoing operational alignment and shared priority setting and implementation. Some significant partnered initiatives include:

- A motion passed at Kwakwaka'wakw Spring Family Caucus to expand the planned Independent Port Hardy Hospital Systemic Racism Review to include the greater Mount Waddington health service area. Partners undertook planning work with a target of fall 2022. Both the Coast Salish and Nuu-Chah-Nulth families also passed similar motions for independent reviews in their respective areas.
- Significant work on renewing the Vancouver Island Partnership Accord, with engagement and endorsement from Regional Caucus occurring in fall 2021.
- A pilot with Island Health exploring a triad leadership model in the north island to support the prioritization and integration of Indigenous relationships, needs and access to services within all site operations. Opportunities to create equity and fully implement the shared leadership model is underway.



Environmental Health Officer's training community members demonstrate how to use Water Monitors in the field to test water for their communities.

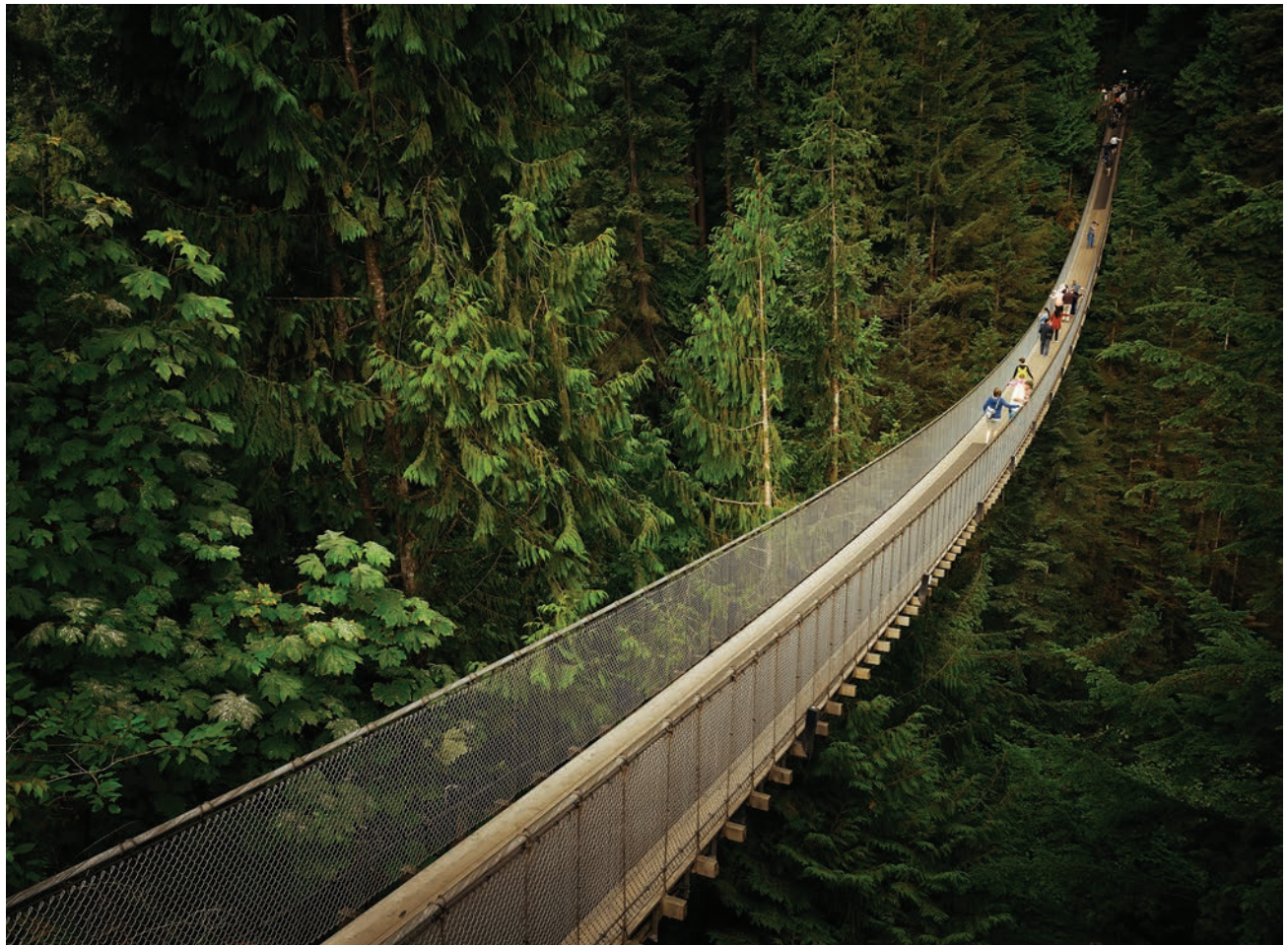


Conclusion

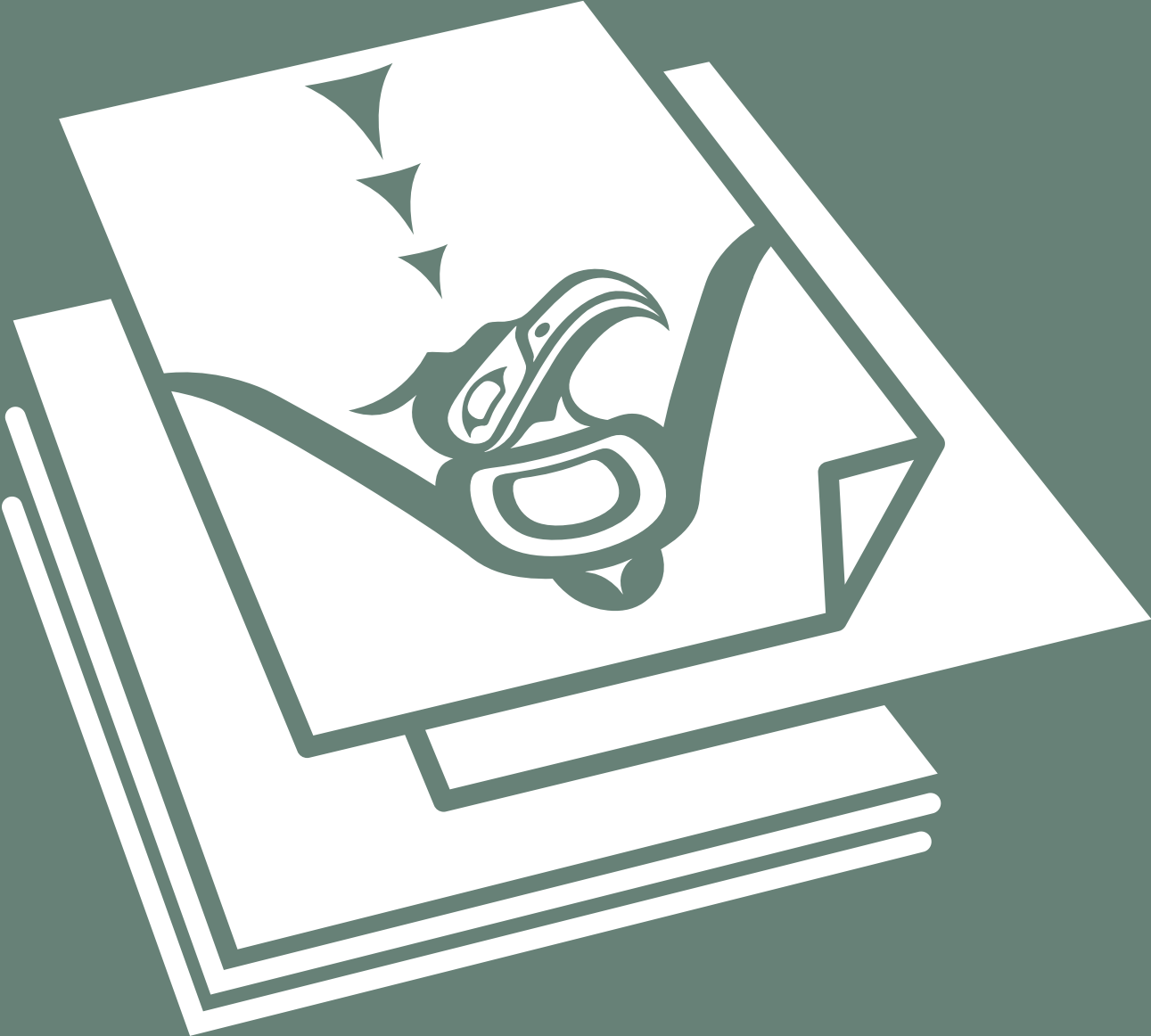
In 2021/2022, the FNHA achieved significant progress in all four goal areas from our first five year plan (2016/2017-2021/2022):

1. Enhance First Nations health governance;
2. Champion the BC First Nations on Health and Wellness;
3. Advance excellence in programs and services; and
4. Operate as an efficient, effective and excellent First Nations health organization.

During the past year, we were challenged to support First Nations in BC in new ways through the COVID-19 pandemic, the toxic drug crisis, climate change emergencies and the uncovering of unmarked graves at former residential school sites. We have worked to be nimble and stretch in this context, while maintaining our ongoing commitment to pursue excellence in programs and services and operations, grounded in the 7 Directives and direction given to us by BC First Nations. Looking ahead, the FNHA will continue our work to advance our Shared Vision with First Nations and other partners through advancement of our next plan.



2021/2022 Financial Report



2021/2022 Financial Report

This discussion and analysis of the financial results from operations and financial position for the year ended March 31, 2022. This should be read in conjunction with the audited financial statements and accompanying notes and schedules. The audit firm KPMG LLP was appointed by Members of the Society to audit the financial statements of the FNHA. For the tenth consecutive fiscal year, the auditors have issued an unqualified or clean audit opinion that the financial statements prepared by management are presented fairly in all material respects.

The audited financial statements are prepared in accordance with Canadian accounting standards for not-for-profit organizations, which require financial results to be shown for the year alongside prior year comparative figures.

At the FNHA, strategic planning, the utilization of funding and the realization of expenses are aligned with the 7 Directives and Shared Values as well as the Operating Principles. The utilization of resources is consistent with the following:

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

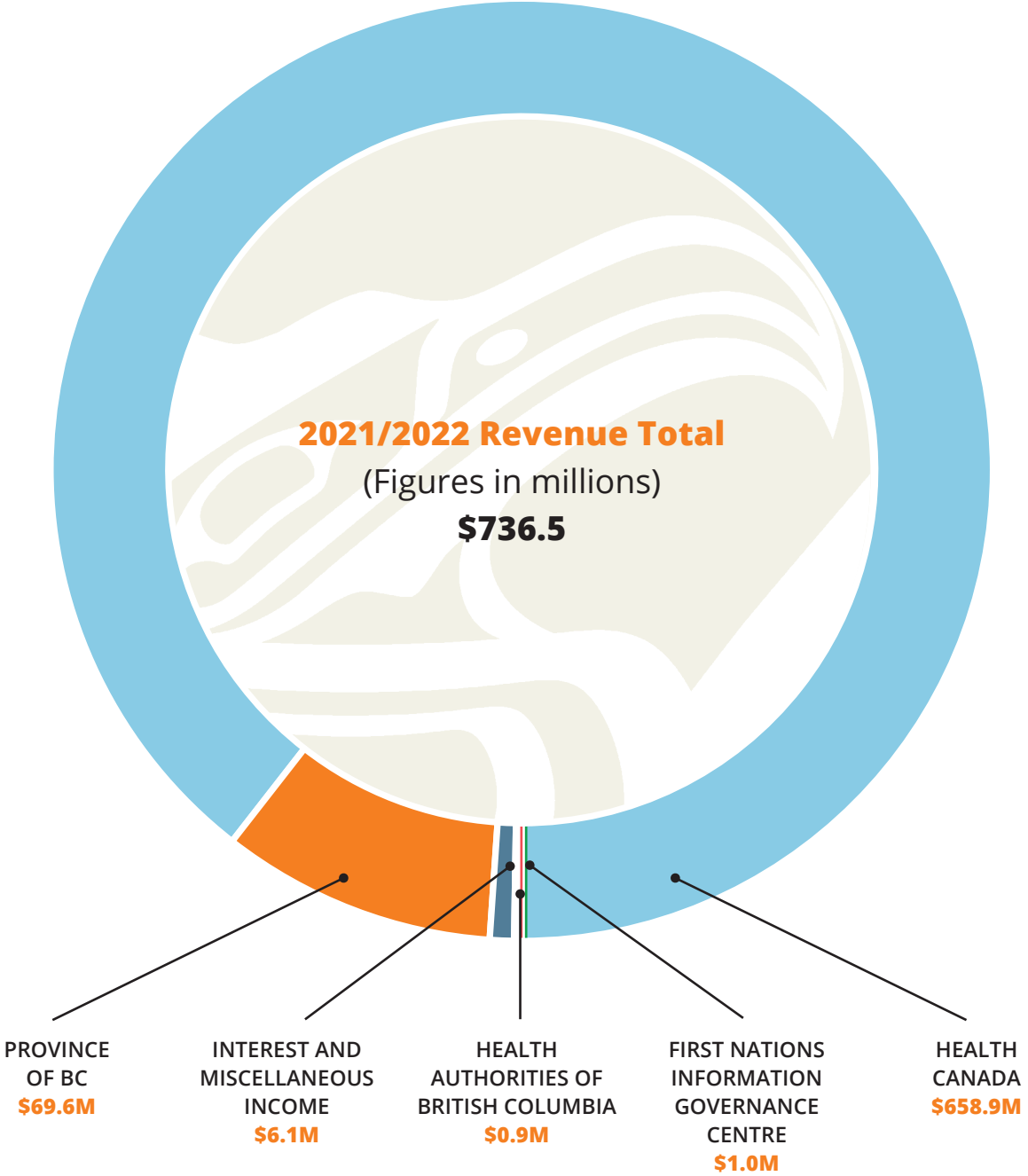
In addition, the organization continues to be focused on prudent financial management, fiscal responsibility and financial sustainability. The financial results reflect this approach as well as consideration of priorities and value for money. For the year ended March 31, 2022, an operating surplus of \$14.0 million on total expenditures of \$722.5 million is reported. This surplus equates to 1.9 per cent of total expenses and 1.9 per cent of total revenues for the fiscal year. The surplus is associated with unrestricted revenue received or receivable within the current fiscal year.

Statement of Operations

Year ended March 31, 2022, with comparative information for 2021 | Expressed in millions of dollars

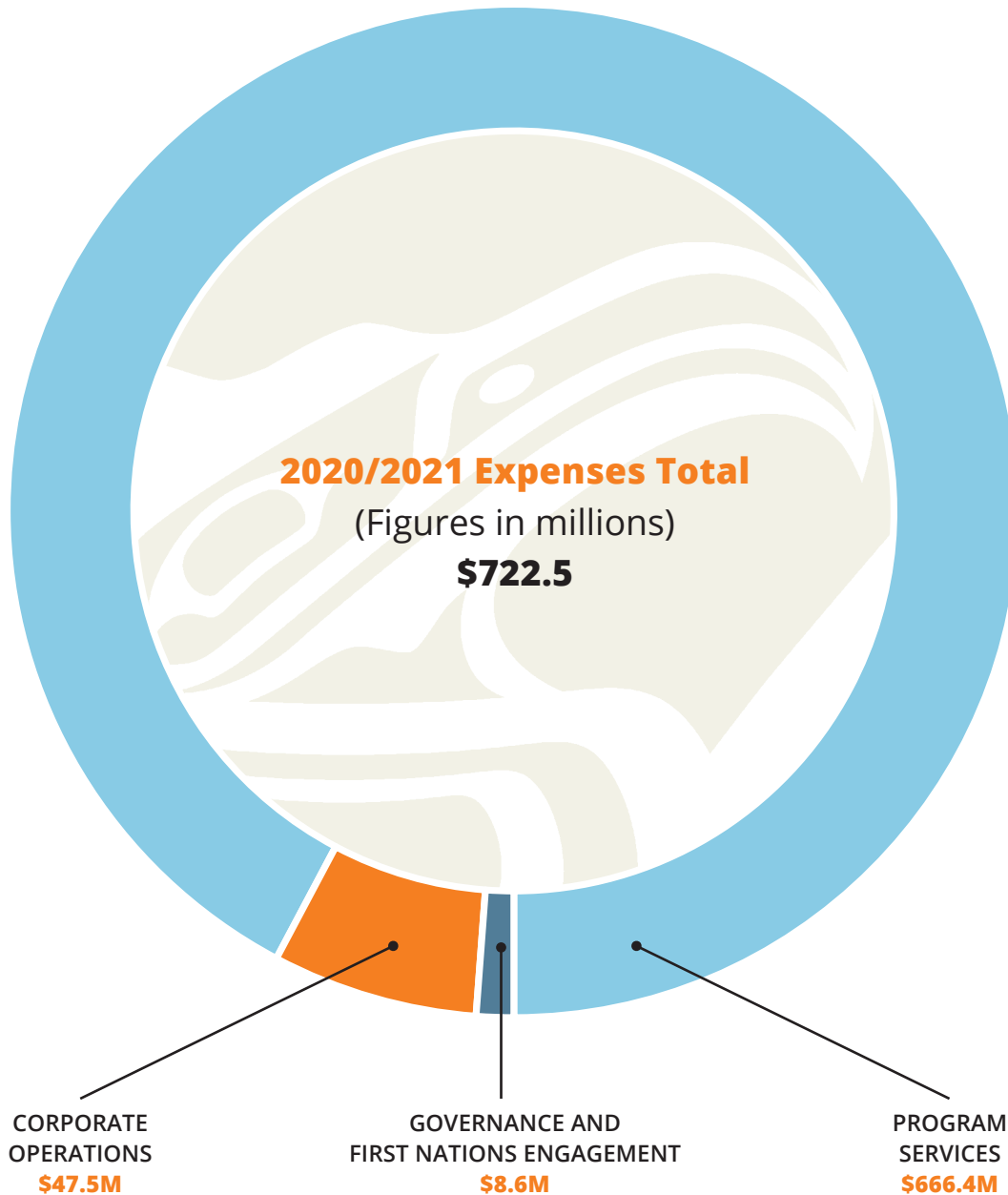
	Actuals		Actuals as a % of Revenue or Expenses	
	F2022	F2021	F2021	F2020
REVENUES				
Health Canada	658.9	596.7	89.5%	89.2%
Province of British Columbia	69.6	61.7	9.5%	9.2%
First Nations Information Governance Centre	1.0	0.6	0.1%	0.1%
Health Authorities of British Columbia	0.9	0.7	0.1%	0.1%
Interest and Miscellaneous Income	6.1	9.0	0.8%	1.4%
	736.5	668.8	100.0%	100.0%
EXPENDITURES				
Corporate Operations	47.5	45.3	6.6%	6.9%
GOVERNANCE AND FIRST NATIONS ENGAGEMENT				
First Nations Health Council	2.0	2.1	0.3%	0.3%
First Nations Health Directors Association	1.7	1.4	0.2%	0.2%
First Nations Engagement	4.9	2.9	0.7%	1.4%
	8.6	6.3	1.2%	1.0%
PROGRAM SERVICES				
Health Benefits	237.1	200.7	32.8%	30.6%
Direct Community Services Funding	291.5	292.6	40.3%	44.5%
Health Services and Programs	130.0	106.2	18.0%	16.2%
Regional Operations	7.8	5.7	1.1%	0.9%
	666.4	605.3	92.2%	92.1%
TOTAL EXPENSES	722.5	656.9	100.0%	100.0%
Excess of Revenues over Expenses	14.0	11.9	1.9%	1.8%

Revenue



The largest component of funding (\$658.9 million) for the FNHA comes from our federal partner through the Canada Funding Agreement and the Canada Consolidated Contribution Agreement. Provincial funding (\$69.6 million) represents commitments to the BC Tripartite First Nations Health Plan (\$11.0 million), Joint Project Board ongoing initiatives (\$12.1 million), COVID-19 Response Initiatives (\$13.4 million), Opioid, Mental Health and Addictions (\$11.1 million), Aboriginal Head Start Initiatives (\$12.6 million), Indigenous Treatment and Land-Based Healing (\$4.1 million), Virtual Substance Use, Psychiatry, and Doctor of the Day (\$1.6 million), First Nations Led Primary Health Care Clinics (\$1.6 million), Residential School Response (\$0.9 million), and various other initiatives (\$1.3 million).

Expenses



Expenses are grouped into three major categories: Corporate 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, CEO office, Legal, Communications, Finance & Corporate Services, Human Resources, and Information Management/Information Technology operations, plus amortization of capital assets. Total expenses for Corporate Operations were \$47.5 million, representing 6.6 per cent of total expenses for the 2021-22 fiscal year (in fiscal 2020-21: \$45.3 million and 6.9 per cent of total expenses). The primary reason for the increase is compensation costs, including the annual compensation increase as per Collective Agreements, non-union increases as per the FNHA Board-approved compensation strategy, and the successful recruitment to fill vacant positions.

Costs related to **Governance and First Nations Engagement** include remuneration and travel costs of the councilors/directors of the FNHC and FNHDA, as well as the operational costs of the secretariat functions. Costs related to First Nations Engagement include Regional Caucus sessions, regional tables, Gathering Wisdom for a Shared Journey and community engagement activities. Total expenses for Governance and First Nations Engagement were \$8.6 million, which represents 1.2 per cent of total expenses for the 2021-22 fiscal year (in fiscal 2020-21: \$6.3 million and 1.0 per cent of total expenses). The year-over-year change is primarily due to increased activity levels as COVID-19 pandemic restrictions were eased.

Program Services includes health benefits, direct community funding, health services and programs and regional operations. Financial results in each area are described separately in the next sections.

Health Benefits includes the operations of the Health Benefits department, Health Benefits expenditures (such as medical transportation, vision, dental and prescription drugs), and dental therapy costs. The total expenses for the Health Benefits program were \$237.1 million, which represents 32.8 per cent of the total expenses for the fiscal 2021-22 year (in fiscal 2020-21: \$200.7 million and 30.6 per cent of total expenses). Year-over-year increases in expenses have been influenced by factors such as changes in access, utilization of benefits and an increase in claims. The partnership with Pacific Blue Cross also contributed to the increase, primarily in the dental services area.

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 and wellness services and programs, Health Actions, Joint Project Board and other targeted initiatives. In 2021-22, this funding was \$291.5 million, which represents 40.3 per cent of the total expenses for the FNHA (fiscal 2020-21: \$292.6 million and 44.5 per cent of total expenses). Increases in funding such as Aboriginal Head Start Program, COVID-Response, Traditional Healing, Climate Change & Health Adaptation, and Trauma-Informed Health Supports were more than offset by reductions in spending related to the Tripartite Partnership to Improve Health and Wellness Services, Joint Project Board, Indigenous Treatment and Land-Based Healing, one-time contribution funding paid in 2020-21 and programs delivered in Health Services and Programs rather than Direct Community Services Funding. The prior year also contained direct community funding connected to an insurance settlement for a building destroyed in a fire.

Health Services and Programs includes program and services delivery as well as operational costs for nursing services, environmental services, public health response, policy and planning, as well as the costs of the Chief Medical Officer portfolio. Expenses also include costs of contribution agreements to non-community recipients and treatment centres, plus direct payments for community operation and maintenance costs. Total expenses were \$130.0 million, which represents 18.0 per cent of total FNHA expense for 2021-22 (fiscal 2020-21: \$106.2 million and 16.2 per cent of total expenses). COVID-19 response activities, Opioid and Addictions, Trauma-Informed Health Supports, and IRS, MMIWG, and IDS health supports were the primary contributor to the year-over-year increase. As in other areas, the year-over-year change was also influenced by annual compensation increase as per the Collective Agreements, non-union increases as per the FNHA Board-approved compensation strategy.

Regional Operations includes cost associated with Regions to support operations, programs and projects. Total expenses were \$7.8 million, which represents 1.1 per cent of total FNHA expense in fiscal 2021-22 (fiscal 2020-21: \$5.7 million and 0.9 per cent of total expenses). Year-over-year changes are influenced by annual compensation increase as per the Collective Agreements, non-union increases as per the FNHA Board-approved compensation strategy and additional compensation costs in association with regionalization.

Net Assets

The final net asset balance at March 31, 2022, as shown on the Statement of Financial Position and the Statement of Changes in Net Assets, is \$221.2 million, which is the result of an opening balance of \$207.1 million plus the current fiscal year excess of revenue over expenses of \$14.0 million. The net asset balance includes \$12.2 million invested in property and equipment, \$160.9 million in Internally Restricted reserves and \$48.0 million in unrestricted equity.

The Internally Restricted reserves represents balances derived from funding from the Province (\$10.6 million). Also included in the Internally Restricted funds are amounts from Indigenous Services Canada (\$12.2 million). In addition, Internally Restricted funding includes funds set aside from unrestricted net assets as well as contributions from federal and provincial partners (First Nations Treatment Reserve and Mental Health and Wellness Reserve) to fund identified priorities and targeted initiatives. This results in a balance of \$138.1 million at March 31, 2022. Note 13 in the audited financial statements provides a detail listing of respective fund balances.





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