

First Nations Health Authority
ANNUAL REPORT: 2012–2013





First Nations Health Authority

Health through wellness

OUR VISION

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

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Front Cover Photo:
Blue Lake, near Tsey Keh Dene Nation

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MESSAGE FROM THE CHAIR

Lydia Hwitsum



The 2012-2013 fiscal year was characterized by hard-work, excitement, evolving roles, and responsibilities. In accordance with Resolution 2012-01 and the tripartite agreements, the First Nations Health Governance Structure including the First Nations Health Authority (FNHA), the First Nations Health Council (FNHC) and the First Nations Health Directors Association (FNHDA) has continued to evolve. Following resolutions at Gathering Wisdom for a Shared Journey V, the interim First Nations Health Authority became the First Nations Health Authority in 2012 and the FNHA Board nomination process has been revised to make room for regional representation as of spring 2014.

In 2012-2013, the organization has grown significantly, more than doubling its staff this past fiscal year in order to prepare for a smooth and successful transfer of programs and services and current staff from Health Canada's First Nations and Inuit Health Branch (FNIHB) BC Region. This growth has necessitated the development of new organizational structures, policies, and procedures as well as new and enhanced information technology and data management systems and processes. We continue to work hard to foster an organizational culture that focuses on wellness and prepares our team members for the innovative and transformative work ahead.

A number of key agreements to guide and enable this process were signed or significantly complete by the end of this fiscal year, including the Tripartite Health Partnership

Accord, the FNHA/FNHC/FNHDA Relationship Agreement, the remaining regional Partnership Accords, the Canada Funding Agreement and sub-agreements.

In implementing these agreements, the FNHA continues to collaborate closely with the FNHC, the FNHDA and First Nations communities as well as fostering our partnerships with the Government of Canada, the Province of British Columbia, Regional Health Authorities and many other organizations. Anchored in a Community-Driven, Nation-Based approach and guided by the Community Engagement Plan, a key focus of the FNHA's work in 2012-2013 was on effective communication and community engagement. This encompasses ongoing support for regional, community and partner meetings in each of the regions and province-wide as well as the development of a large number of communication materials, including Transition Updates, e-Blasts, social media, and our new Spirit magazine.

In closing, it will take our combined best efforts to reach our destination, every day new inroads, partnerships, and positive stories are lining our path and lifting our hearts and hands to push forward with our work. We honour all involved in this historic work today, those who have come before us, and all BC First Nations communities continued contributions to this historic path of transformation.

Lydia Hwitsum
Chair, FNHA

MESSAGE FROM THE CHIEF EXECUTIVE OFFICER

Joe Gallagher

The two phased transfer of First Nations and Inuit Health Branch BC Region responsibilities on July 2, 2013 and October 1, 2013 represent important milestones in our journey. It is through this transfer to the First Nations Health Authority that BC First Nations will leverage the opportunity to enhance First Nations decision-making around the federal programs and services delivered within BC First Nations communities and to take control over the Non Insured Health Benefits Program. Assuming responsibility for the federal programs and services in the BC Region is a necessary step for BC First Nations to realize the new health partnership with both BC and Canada and to leverage the overall provincial health system.

It is the role of the CEO's office to implement and operationalize the strategic direction provided by First Nations Leadership from Gathering Wisdom for Shared Journey forums. At last year's forum we received direction to enhance the role of the regions. We are pleased that additional regional governance (regional board members), and regional capacity (regional directors) are currently being recruited and will be in place in the near future. The enhancement of regional capacity will require the alignment and coordination of existing community engagement hub capacity to achieve our leadership's vision of focused regional supports that can ensure effective First Nations participation in the Health Partnership Accords with each of the Provincial Regional Health Authorities.

In 2012-2013 the Tripartite Health Partnership Accord (HPA) was signed by the Tripartite Partners. The HPA is intended to capture the Tripartite Partners' shared understanding of the evolving and enduring partnership between the parties on the shared journey of improved health and wellness for BC First Nations peoples. At the executive operational level, through the intentions of the HPA, the FNHA is in the early stages of new working relationships with BC through the First Nations Project Board, and with Canada through alignment with senior officials in Ottawa. These new working



relationships will work to ensure strategic level alignment between the Health Canada, the Ministry of Health and the First Nations Health Authority in support of implementing the commitments in the British Columbia Tripartite Framework Agreement on First Nations Health Governance.

The FNHA will work with federal and provincial partners and First Nations community health providers to deliver quality health services for First Nations peoples when we need them. We also strive to be the wellness partner to BC First Nations peoples to support them on their wellness journey. This path that we are on is not trivial, and while change can often feel slow, or sometimes too fast, the progress made with the implementation of the BC First Nations Health Plans is unprecedented in Canada. There remains significant work ahead for us to achieve our goal to improve the health and wellness of BC First Nations peoples. Relying on the strength of those that have gone before us, the promise of those now coming up, and unified by common purpose we are well positioned to positively impact the lives of our families and communities and blaze a new trail for First Nations across this country.

Joe Gallagher
Chief Executive Officer, FNHA



ADVANCING OUR PARTNERSHIPS FNHC-FNHA-FNHDA Relationship Agreement

“The Parties are committed to working in partnership to achieve the vision of: ‘Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities.’”

2012 FNHC-FNHA-FNHDA
Relationship Agreement



As part of the New Governance structure, the FNHC, FNHA and FNHDA work in close collaboration to support the implementation of the shared vision of “Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities”. On November 6, 2012, the FNHC-FNHA-FNHDA Relationship Agreement was signed by all three parties. The Agreement reflects the direction provided by BC First Nations regarding the organizations complimentary roles and responsibilities.

The Relationship Agreement describes the shared values and respective mandates and functions of the three organizations and how they will

work together. The Agreement also upholds the concept of reciprocal accountability among the organizations and a commitment to consensus leadership and a unified approach.

For more information, and to download the “FNHC/FNHA/FNHDA Relationship Agreement” please go to:

www.fnha.ca/about/governance-and-accountability

FNHC-FNHA-FNHDA shared values include:

- Respect,
- Discipline,
- Relationships,
- Culture,
- Excellence, and
- Fairness.



ADVANCING OUR PARTNERSHIPS

Tripartite Health Partnership Accord



“The Accord is to make sure that we solve problems together, that we maintain a healthy partnership, that we focus on the citizens and improving their health and well-being,” Grand Chief Doug Kelly.

On December 17, 2012, Canada, the FNHC (supported by the FNHA) and BC signed the Health Partnership Accord. The Accord establishes high level agreement on the purpose, vision, commitments to partnership and reciprocal accountability, and a review and renewal process. The Health Partnership Accord is a political document that provides guidance on a broad and enduring relationship.

“In partnership with the First Nations Health Authority, the First Nations Health Council and the BC Ministry of Health, the government of Canada will support more decision-making by First Nations and better health for First Nations individuals, families and communities in British Columbia,” said Minister Aglukkaq at the signing.

Among other things, the Health Partnership Accord:

- Affirms commitment to ongoing shared learning journey
- Reaffirms the shared vision of the partners – for healthy people and communities, for First Nations involvement in decision-making, for traditional wellness, for access to services, for a holistic approach
- Outlines the commitment to the new health governance structure that brings decision-making closer to home and recognizes First Nations decision-making processes and institutions
- Confirms the broad wellness and social determinants approach
- Sets out a series of partnership principles

The Health Partnership Accord is available at:
www.fnha.ca/Documents/Health_Partnership_Accord_Publication.pdf

“How we envisioned our partnership in the early days is a lot different than how we are looking at it today. That is what the Health Partnership Accord is about. It’s about that fact that our partnership is growing and evolving, and its growing the way that it needs to, based on how the three parties recognize where we want to be collectively. It gives the space to do that.”

**FNHA Chief Executive Officer
Joe Gallagher**



ADVANCING OUR PARTNERSHIPS

Regional Partnership Accords

“The Northern Partnership Accord is a forward-thinking document that we will see in the future as a turning point in the creation of a more effective health service delivery system for First Nations in Northern BC,” said Warner Adam of the Northern Regional Health Caucus. “The mutual cooperation and willingness to work together between partners with the goal of improving the lives of our First Nations communities made this Accord a success.”

Warner Adam, Deputy Chair and Northern Representative First Nations Health Council

REGIONAL PARTNERSHIP ACCORD IMPLEMENTATION

2012-13 marked the completion of all five Partnership Accords by the Caucuses and Regional Health Authorities of each of the health regions. The Fraser Salish region was the first to sign their Partnership Accord in December 2011, followed by Vancouver Coastal, the North and Vancouver Island in May 2012. The Interior region finalized their Accord in December 2012.

All of the Accords break new ground in establishing new relationships between First Nations and health authorities in each of the five health regions. Each Partnership Accord reflects region-specific mandates, initiatives, milestones, and outcomes. Provisions include establishing joint health and wellness committees, increasing cultural competency among health authority staff, advancing First Nations health human resources strategies, improving coordination and integration of primary care and access to services in rural and remote communities, as well as a commitment to enhance health services for BC First Nations.

Regional Health Authorities in British Columbia oversee and coordinate the delivery of core health services for First Nations across the province. They are crucial partners in improving First Nations health outcomes through developing more effective, innovative and culturally appropriate health care services for BC First Nations.

REGIONAL SUPPORT

Work is ongoing to develop and establish additional support systems and staff in each region, in accordance with the Directives received at Gathering Wisdom for a Shared Journey V, and to facilitate the implementation of regional Partnership Accords. This includes the establishment of regional director and planning positions in each region and alignment of Community Engagement Hubs, all of which will be supported by and linked with FNHA central services.

Supporting the implementation of Partnership Accords and the ongoing governance work and collaborative efforts in the regions is the central function of the Community Engagement team, with Regional Health Liaison positions in each region. Working in close cooperation with the Communications department, the Community Engagement team facilitates and supports ongoing communication, collaboration and planning activities in the regions. It provides support to the work of the regional and governance structures, including Community Engagement Hubs, Regional and Sub-Regional Caucuses and Regional Tables. The Community Engagement Team also plays a crucial role in facilitating and maintaining relationships with Regional Health Authorities, supporting Regional Health and Wellness planning.



REGIONAL INVESTMENTS

In 2012-2013 the FNHA invested \$6,681,985 to support regional engagement and initiatives. These investments are captured in the table below.

	North	Interior	Vancouver Island	Fraser	Vancouver Coastal	Total
Expenses						
Regional Engagement- Governance	214,486	90,786	124,440	15,382	39,287	484,381
Community Engagement Hubs	1,636,638	918,198	824,196	398,336	332,555	4,109,923
Health Actions Community Initiatives	259,848	531,835	263,053	89,501	227,000	1,371,237
First Nations Health Council	117,891	131,014	129,076	126,015	85,508	589,504
First Nations Health Directors Association	17,842	42,232	22,825	23,894	20,127	126,920
Total	2,246,705	1,714,065	1,363,590	653,128	704,477	6,681,965



ADVANCING OUR PARTNERSHIPS Working with Canada



SUB-AGREEMENTS AND THE CANADA FUNDING AGREEMENT

A critical milestone on the journey from transition to transfer was reached in the spring of 2013 with the completion of the Canada Funding Agreement, which contains the details and conditions for flowing federal funding to the FNHA. In addition, the FNHA has been negotiating a series of sub-agreements with the federal government. These sub-agreements describe the logistics and legalities involved in transferring the people, processes, programs, funding, assets, records and equipment from FNIHB BC Region to the FNHA, thus providing a detailed roadmap for how the transfer will take place. The sub-agreements include:

1. Health Benefits
2. Novation
3. Accommodation
4. Human Resources
5. Records Transfer
6. Information Sharing
7. Assets and Software
8. Capital Planning/ First Nations Health Facilities
9. Assignment or Termination of Canada Contribution Agreement

A short summary of the content of each of these sub-agreements can be found at http://www.fnhc.ca/pdf/APP_C_Summaries-FIN.pdf

SERVICE CONTINUITY

In addition to Sub-Agreements, the FNHA has established a number of service continuity agreements. These agreements in the area such as Health Benefits facilitate FNHA access to existing Health Canada networks and in some cases enable the FNHA to buy-back certain services from Canada until such time that the FNHA has in place the right infrastructure. Service continuity arrangements are being utilized to accommodate a seamless transfer and to provide the opportunity for the FNHA to get comfortable with critical services prior to assuming them. An overall service continuity agreement includes commitments from both parties to quickly and respectfully resolve issues as they arise.

ONGOING FEDERAL ROLE

While the province and the FNHA have a working structure to support their joint work through the Project Board, Health Canada and the FNHA are working to develop a structure that will support their evolving bilateral relationship. This structure will ensure 1) FNHA access to future funding opportunities that are made available nationally, 2) FNHA participation in knowledge transfer between the provinces and across Canada, 3) FNHA reporting is included in national roll ups, and 4) FNHA and Canada continue to evaluate and fine tune the workability of the arrangement.



BUILDING THE FNHA Our Direction from Leadership



Gathering Wisdom for a Shared Journey is the largest assembly of BC First Nations leadership in the province. The event brings together Chiefs, Elders, Health Directors and front-line health workers, community members, and provincial and federal partners to discuss and provide direction for improving and ultimately transforming health and wellness programs and services for BC First Nations. It's a celebration of culture, tradition and innovation in moving toward the shared vision of healthy, self-determining and vibrant BC First Nations children, families and communities.

Gathering Wisdom for a Shared Journey V was held in Vancouver from May 15-17th, 2012. Building on the success of previous years, this year's event was the culmination of a series of regional meetings to engage the political and health leadership of the 203 First Nations communities in British Columbia. Over 800 delegates attended the three-day event that saw 94% of Chiefs and Proxies in attendance approve the Consensus Paper 2012: Navigating the Currents of Change – Transitioning to a New First Nations Health Governance Structure.

The forum also included signing ceremonies for Regional Partnership Accords between Regional Health Authorities and First Nations in the North, Vancouver Island and Vancouver Coastal regions, opening new doors for cooperation and shared decision-making. (The Partnership Accords for Fraser and Interior were signed in December 2011 and November 2012, respectively).

Resolution (2012-01) reiterates key concepts and provides direction as follows:

1. Affirms the previously agreed to 7 Directives approach, the 2011 Resolution and workplan
2. Remove the "interim" designation from the iFNHA to create the permanent FNHA
3. Establish a regionally-representative FNHA Board of Directors
4. Mandates further work to provide information to BC First Nations and seek direction on a holistic First Nations Health governance model
5. Prepare a Regional Offices Implementation Plan
6. Continue to employ the Engagement and Approvals Pathway to obtain First Nations feedback and direction on strategic-level decisions
7. Provide quarterly updates to BC First Nations on progress in implementing the workplan (which is based on the resolution 2011-01 and resolution 2012-01)
8. Hold Gathering Wisdom for a Shared Journey VI in the fall of 2013.



BUILDING THE FNHA A New Brand Opens a New Chapter



First Nations Health Authority

Health through wellness

THE FNHA BRAND

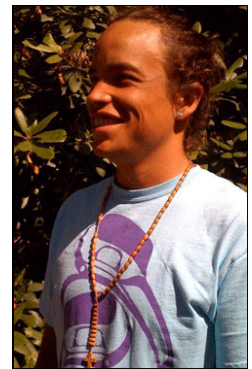
In late 2012 the FNHA unveiled its new branding to create recognition and celebrate the first provincial First Nations Health Authority in Canada with a new custom designed logo and associated materials. The logo was created by Andrew (Enpaauk) Dixel (pictured right), a Nlaka'pamux Artist known for his prints and paintings. Dixel enjoys using bold, unconventional colours and abstract elements in his compositions.

BRAND STORY

The FNHA brand is grounded in the vision of transforming healthcare to improve the health and well-being of First Nations people in BC.

The brand is based on the thunderbird, a traditional symbol of transformation and healing. The crescent around the thunderbird represents our environment, families, communities and the context in which our health is determined. The thunderbird's wings reach beyond this crescent, working within our context, but looking to break new ground in First Nations health.

Overall, this brand conveys a hopeful, optimistic spirit. The thunderbird is shown looking up to signify a healthy future.



"My work relates my spiritual path; my journey. I express the inspiration lovingly given to me through teachings and stories from my Elders and mentors. My work embodies the powerful visions that I have been given through these teachings. I am grateful. My work is a modern expression embodying the symbolic abstract inspired by my home: Coast Salish Territory."

Andrew (Enpaauk) Dixel.



BUILDING THE FNHA

Defining our Shared Values

In 2012, the FNHA, FNHC, and FNHDA agreed on a number of shared values intended to guide relationships with communities, partners and one another. In all of the work that we do, we agree to conduct ourselves according to the following values:

RESPECT

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

DISCIPLINE

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

RELATIONSHIPS

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

CULTURE

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

EXCELLENCE

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

FAIRNESS

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



BUILDING THE FNHA Operating Principles

The FNHA Operating Principles are the ideals underlying how we seek to interact with one another, our partners, our communities and beyond.

Wellness philosophy based on First Nations teachings is the perspective through which the FNHA approaches every aspect of its work and carries out its roles as health and wellness champions and partners.

Emphasis on personal best – being the best human being we can be – is how the FNHA approaches its work, partnerships, and those we serve.

Living it – the FNHA leads by example as a First Nations Health Organization that models wellness.

Listen, learn, and act is the approach through which the FNHA establishes itself as a learning organization – and knowledge transfer will support shared learnings with health partners.

Never leaving anyone behind, the FNHA works with its partners to ensure health initiatives, programs and services support and are accessible to all First Nations and Aboriginal peoples living in BC.

Excellence means implementing initiatives, programs and services that brings the best in western medicine together with that of First Nations traditional knowledge and medicine and by examining needs to continuously improve services and approaches and remove barriers.

Service delivery and system transformation is driven by First Nations decision-making through engagement to determine desired outcomes, and supported by consensus leadership of the First Nations health governance partners and realized through leveraged collaboration with federal and provincial health systems.

Sustainability, integrity, efficiency and innovation are essential components to the business approach that the FNHA brings to its programs, services and initiatives.



In December 2012, the FNHA hosted a joint staff meeting for all current FNHA staff to meet future FNHIH colleagues and begin the work of creating a new shared organizational culture.



FNHA ORGANIZATIONAL DEVELOPMENT

In addition to establishing a foundational brand, values and operating principles, the FNHA underwent considerable staff growth. In order to meet the transition outcomes and assume responsibility for the Health Canada headquarters functions, the FNHA has recruited a skilled team of senior leaders excited about the transformational work ahead. During the 2012-13 fiscal year, these senior leaders built their teams, and approximately 60 new positions were filled in total. New senior leadership positions established include:

- VP Human Resources and Organizational Development, Elaine Wass
- VP Policy, Planning and Strategic Services, Richard Jock
- VP First Nations Health Benefits, John Mah
- VP Innovation and Information Management Services, Joseph Mendez
- VP Corporate Services & Transition, Vacant

POLICY REVIEW AND REFRESH

In 2012-2013 the FNHA underwent a policy review and refresh process. This included overhauling human resources, financial, IT and other corporate policies in order to prepare for the new responsibilities under transfer.



BUILDING THE FNHA Organization and Functions for Phase II Transfer

Policy, Planning and Strategic Services

Policy, Planning and Strategic Services

Functions

- » Health Actions,
- » Community Engagement,
- » Tripartite Collaboration,
- » Strategic Community Initiatives,
- » Multi-year Health Plan,
- » Quality Assurance,
- » Federal & Provincial Health Partnership Development,
- » Health Partners Relationships,
- » Health Policy Leadership,
- » Communication,
- » FNHC & FNHDA Communications support,
- » Business Development,
- » Regional Offices,
- » Programs & Services Transformation,
- » Project Management

Human Resources and Org. Development

Human Resources and Organizational Development

Functions

- » Recruitment and Retention,
- » Employee Relations,
- » On boarding and Orientation,
- » Learning and Training,
- » Organizational Development,
- » Client Services,
- » Compensation,
- » Benefits,
- » Classification,
- » Payroll,
- » Employee Health and Wellness.

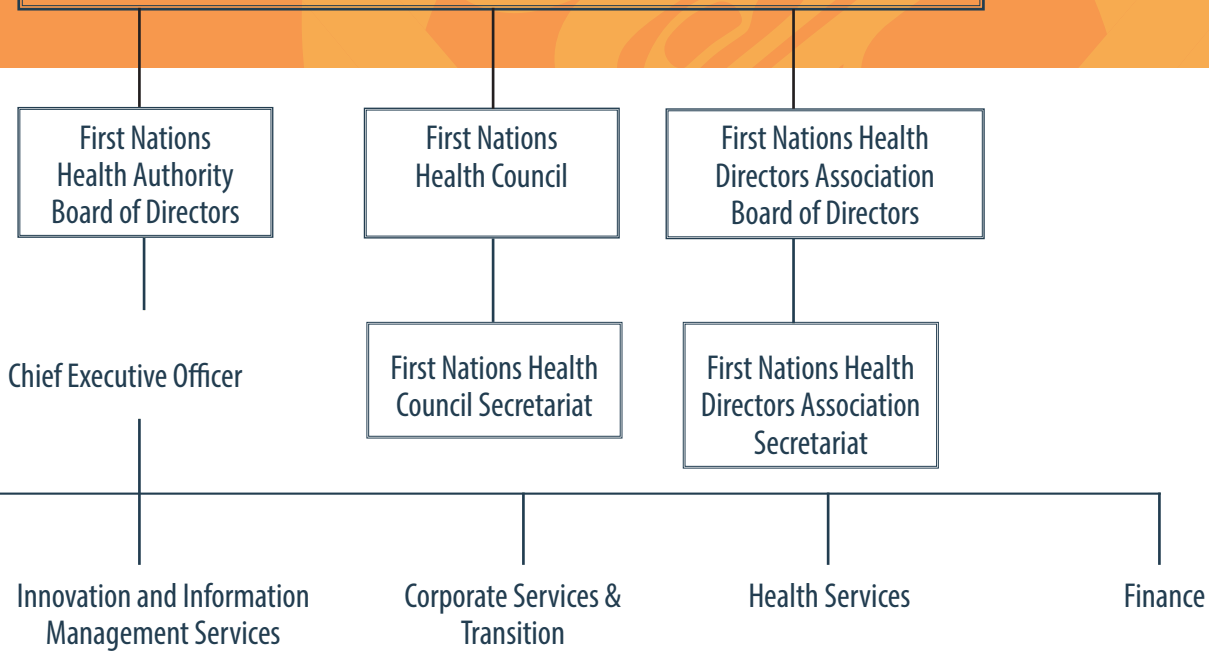
First Nations Health Benefits

First Nations Health Benefits

Functions

- » NIHB Transformation,
- » Pharmacy,
- » Dental,
- » Mental Health Benefits,
- » Medical Transportation,
- » Medical Supplies,
- » Provincial Benefits Relationships,
- » Health Advocate.

BC First Nations



Innovation and Information Management Services

Functions

- » Information Management,
- » Information Technology,
- » Systems Transformation,
- » Federal & Provincial Shared Services,
- » IM/IT Partnerships,
- » First Nations Private Network,
- » E-Health Implementation,
- » Records Management,
- » Privacy, and Innovation.

Corporate Services and Transition

Functions

- » Accommodations,
- » Capital Assets and Security,
- » Procurement,
- » Occupational Health and Safety,
- » Travel and Events,
- » Community Contribution Agreements,
- » Framework Agreement Implementation and Transition.

Health Services

Functions

- » Health Promotion & Prevention,
- » Health Surveillance,
- » Environmental Public Health Services,
- » Health Protection,
- » Nursing Services,
 - » Home & Community Care,
 - » Nursing Operations (Nursing Stations and Health Centres),
 - » Transfer Nursing,
- » Education & Clinical Practice (including mandatory nursing education, nursing practice consultants and Clinical Nurse Specialists for Maternal/Child Health, Public Health, Healthy Living/Chronic Disease and Adolescent Mental Health),
- » Recruitment & Retention office.

Finance

Functions

- » Strategic Financial Planning and Development,
- » Budget Management,
- » Internal Audit & Reporting,
- » Planning & Analysis,
- » Comptroller, Accounts Payable/ Receivable, Procurement and Purchasing,
- » Contracts,
- » Asset Management,
- » Internal Legal Counsel.



TRANSFER OF FEDERAL SERVICES Preparing for Our New Responsibilities

Key Success Factors for Transfer

Upon signing the Framework Agreement in 2011, the Tripartite Implementation Committee agreed on key success factors for transfer. These success factors guide our work with our partners, and include:

1. Ensuring no disruption and minimal adjustment required by individual First Nations people and communities to the continuation of their health services or health benefits.
2. Ensuring minimal disruption and minimal added work burden on First Nations program providers who deliver community programs.
3. Respecting the 7 Directives from Gathering Wisdom.
4. Respecting the vision and principles of the Framework Agreement and create a solid foundation for its continuing implementation.

In addition to completing foundational agreements and strengthening partnerships, the work of the FNHA in this fiscal year has been focused on developing and establishing processes, systems, structures and staff to ensure a smooth transfer. On October 1st, 2013 federal First Nations health programs and services, contribution agreements, contracts, and staff will transfer from Health Canada to the FNHA. Work to support the four key aspects of this critical transition work include:

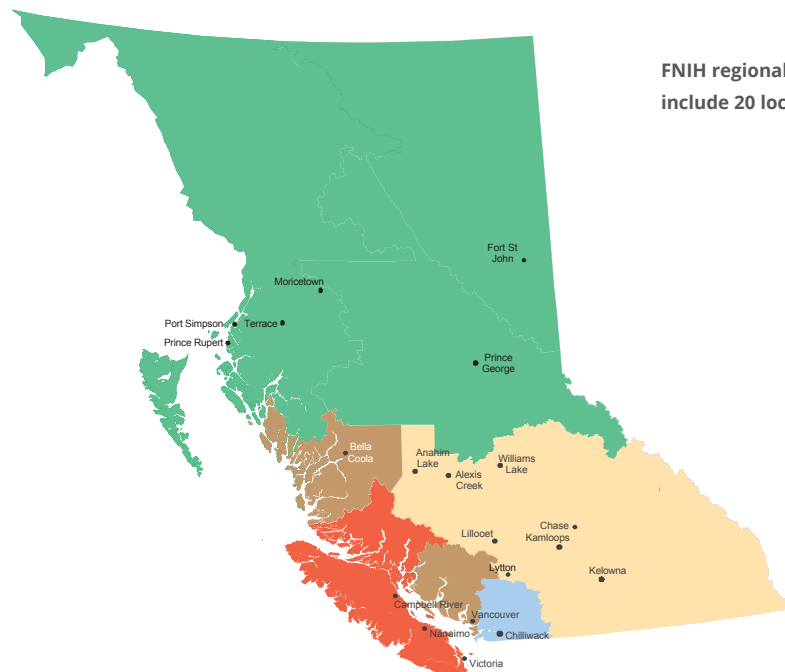
BUILDING SOLID SYSTEMS AND STRUCTURES

In preparation for transfer the FNHA conducted a review of all business tools and software run

by both organizations and determined the tools that would be taken forward into the future, and those that would be retired.

This included determining which applications would be available at the time of transfer, which needed to be replaced and which required an interim work-around until such time that FNHA could develop a suitable replacement application.

Health Canada and the FNHA developed a business continuity plan which includes temporary access to the Health Canada network to ensure the FNHA and its staff have access to the tools they use today so they can continue to provide the services to First Nations communities and individuals in BC.



FNHA regional office holdings include 20 locations across BC.



ASSUMING THE ASSETS

In 2012/2013 the FNHA set the foundation to take over a number of Health Canada assets including vehicles, medical equipment, office furniture and equipment, computer hardware and other assets.

The FNHA will take on various FNHI office spaces located in Vancouver and across the province. Business continuity requirements are needed for these offices, which includes confirming new lease arrangements for each location and connecting each of these locations through the new FNHA network.

Financial and human resources are also part of the Transfer. Approximately 200 current Health Canada employees were offered employment with the FNHA. Building relationships between Health Canada and the current FNHA staff, addressing union and non-union issues, and making sure all employment arrangements are in place are all important activities. Also for the FNHA to meet its obligations around taking on the federal employees it must review and put in place an appropriate suite of human resource policies and employee benefits. This work is a high priority through Transfer with new policies and benefits needed to be in place before any job offers can be made.

Finally, at the time of Transfer, the FNHA will be responsible for an annual budget considerably larger than what it currently works with today. As a result the development of sophisticated governance, controls, and financial systems is necessary to ensure this responsibility can be met at a high standard.

Novation of Community Contribution Agreements

In cooperation with Health Canada, the FNHA has been working on transferring Community Contribution Agreements from Health Canada to the FNHA, a process referred to as "Novation". Health Canada will continue to manage these agreements in a "business as usual" fashion until Transfer. Based on direction from BC First Nations as expressed through Directive #6, Contribution Agreements will be transferred to the FNHA "as is", including payment schedules. BC First Nations have clearly expressed through the 2011 Consensus Paper that any changes to their agreements must be made in partnership with BC First Nations. More information regarding the Novation process is available at: www.fnha.ca/about/transition-and-transformation/novation



TRANSFERRING PROGRAMS AND SERVICES

On Transfer day, the First Nations Health Authority will assume responsibility for all programs and services run by the FNIHB BC Region. To ensure a smooth Transfer, the FNHA has been working to ensure clinicians and service providers, such as Medical Officers, Nurses and Environmental Health Officers, are able to work effectively as employees of the FNHA. Practice issues and liability insurance matters were a focus in 2012-2013, and the FNHA initiated discussions with the BC Ministry of Health, and the various Medical, Nursing and Dental colleges.

At the time of Transfer and for the Transition phase, current FNIHB programs and services will remain largely unchanged, some minor changes may be possible to address obvious shortcomings and provide benefit to First Nations people and providers. In the Transformation period, the FNHA will be embarking on an engagement process with BC First Nations to analyze, fine-tune and, in some cases, re-design the current FNIHB programs and services.

CREATING A NEW SHARED ORGANIZATIONAL CULTURE

Creating a First Nations health organization of this size that reflects the philosophy and culture of BC First Nations is an ongoing process. The FNHA is consistently working to establish its organizational identity as a wellness partner to each and every First Nations person and First Nations health provider in BC.

In 2012-2013 the FNHA worked closely with current regional Health Canada staff to introduce them to the vision, goals and philosophy of the FNHA. Stemming from the belief that we must walk the talk, all FNHA staff were provided with the opportunity and tools to develop personal and team wellness plans. A new performance planning framework currently under development includes a self-assessment on personal wellness, the ability to set and achieve wellness goals will be integrated into overall performance measurement. All this is only possible with the ongoing direction by First Nation leadership and technical experts as well as the successful coordination and cooperation with our partners.



COMMUNICATIONS

In addition to regular channels, FNHA Communications has made extensive use of video and social media, including Twitter and Facebook, for engaging with organizations (First Nations, BC health organizations and other agencies) as well as grassroots engagement with participation from a large number of frontline First Nations health workers. Along with the new brand, the FNHA Communications team has been working diligently on the creation of the new FNHA website. The website will supplement the www.fnhc.ca website that will now exclusively serve the FNHC for their communications activities.

SPIRIT MAGAZINE

2012-13 marked the retirement of the FNHC InfoBulletin in July 2012 (Volume 5, Issue 3) which had been used as our newsletter from 2008-2012, and the release of Spirit Magazine as a new tool in communicating First Nations health best practices, share wellness stories, and tell the story of healthy, self-determining, and vibrant BC First Nations children, families and communities.

Spirit Magazine is published both in print and digitally. Hard copies are distributed to a comprehensive distribution list that includes HUB's, health centres, Friendship Centres, our Regional Health Authority partners, Nursing team, and a diverse network of BC First Nations health organizations.

	2010/2011	2011/2012	2012/2013	Target 2013/2014	2014/2015
Unique Website Visits	72,793	81,421	80,483	85,000	90,000
Twitter followers	0	1,001	2,400	3,000	3,500
Facebook (friends & fans)	0	5,400	6,460	7,500	10,000

*Website traffic is based on visits to www.FNHC.ca - once our new www.FNHA.ca website is launched we will factor in those visits. Targets are for combined traffic to FNHA/FNHC websites.



BUILDING A HEALTH WORKFORCE

Supporting our Health Leaders of Tomorrow

HEALTH HUMAN RESOURCES

The FNHA works with its tripartite partners to facilitate and support the development of a culturally competent workforce that meets the health service delivery needs of First Nations people, and to increase the number of First Nations people in health careers in BC.

Health Human Resources has four priority areas as identified by community, including:

- Health career promotion (Encourage and support BC First Nations to enter health careers)
- Training and professional development (Support BC First Nations to access and succeed at health career training)
- Workforce recruitment and retention (Attract health professionals and keep them)
- Planning and forecasting (Use data to better plan for future health workforce needs).

Work is underway to identify systemic changes that can be made to support regions and communities to strengthen their own health workforces. A First Nations Health Human Resources Strategic Approach has now been developed as a resource for communities that can be used for their own planning and for regional planning as the health human resources strategies are developed.

To support the next steps within this Strategy Area, organizations and initiatives related to health human resources in BC are being mapped.

In addition, preliminary work has begun to explore options for the development of a First Nations Health Human Resources electronic information system. This will be a key tool to help forecast and plan for future health workforce needs. It will also assist with monitoring the progress toward achievement of a well-trained workforce that will deliver services in a way that is culturally safe for First Nations people in BC, and will include an increased number of First Nations professionals working in health careers.

SCHOLARSHIPS AND BURSARIES BY THE NUMBERS

25

Bursaries

15

Scholarships

\$160,000

In health career funding

In 2012 the FNHA partnered with the New Relationship Trust foundation to fund 40 health scholarships and bursaries including 2 master's level and 3 doctorate level scholarships.

In total 25 students received bursaries and 15 students received scholarships. Meet some of our future health leaders.



NATHAN TEEGEE, TAKLA LAKE FIRST NATION

University of British Columbia
Medicine

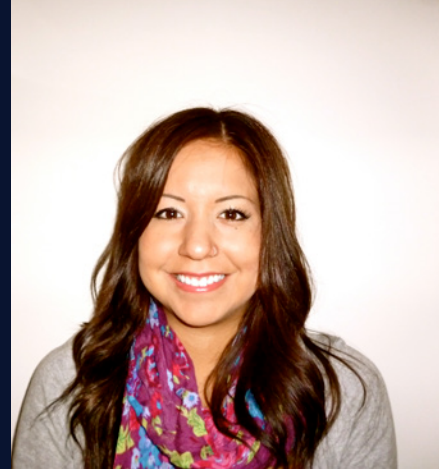
Nathan William Teegee is a Takla Lake First Nation member, and was raised by his grandparents Sarah and Willie Teegee in Fort St. James, BC. He did his Honours Bachelor of Science degree at the University of Toronto and graduated in 2009. After graduating, he returned to BC to work for Carrier Sekani Family Services. Nathan has been working towards a career in medicine for almost all of his life, and is finally glad to be that much closer to his dream job - working in First Nations health care and improving the health of his people.

2012 – 2013 ADVANCING INNOVATION IN HEALTH SERVICES

ERICA JOE, LOWER NICOLA INDIAN BAND

Douglas College, Bachelor of Science in Nursing

My name is Erica Joe, I am a Thompson-Shuswap First Nation person belonging to the Lower Nicola Indian Band in Merritt, BC. My dream is to become a nurse so I can offer health support to people and communities in need. Determined to have a rewarding career, I attended college and successfully obtained my Therapy Assistant diploma. Assisting nurses and doctors with their patients opened my eyes to the nursing field. My passion for learning and love for people will help me become a successful nurse.



ALEXIS BRAUN, NUXALK NATION

University of Cambridge
Cancer and Developmental Biology

I am researching developmental and cancer biology, more specifically the events that occur at the cellular level leading up to cancer. After I finish my PhD, I hope to continue on as a scientific researcher in academia. I thoroughly enjoy being a scientist and I hope one day to pass on the passion that I have for education to the next generation when I return to Canada.

MELANIE RIVERS, SQUAMISH FIRST NATION

University of British Columbia, Public Health

My name is Melanie (7mlamelwet) and I am Coast Salish from the Squamish Nation. I have a Bachelor of Arts in anthropology and psychology from the University of Victoria, a Provincial Instructors diploma from Vancouver Community College and am currently working on a master's in Public Health at the University of British Columbia. I am the leader of the Chee Mamuk Aboriginal program at the BC Centre for Disease Control. For the last fourteen years, I have worked with Chee Mamuk to provide HIV/AIDS education in a culturally appropriate way. I like to bring dedication, creativity and balance to my work, grounding the program in science, tradition and community.





MENTAL HEALTH AND SUBSTANCE USE 10 Year Plan - A Path Forward

MENTAL WELLNESS & SUBSTANCE USE

The FNHA and tripartite partners released *A Path Forward - BC First Nations and Aboriginal People's Mental Wellness and Substance Use 10 Year Plan: A Provincial Approach to Facilitate Regional and Local Planning and Action* on March 19th, 2013. The report was a culmination of an extensive community engagement process and developed in partnership with the BC Ministry of Health, First Nations and Inuit Health Branch (Health Canada), the BC Ministry of Children and Family Development, the BC Association of Aboriginal Friendship Centres, Métis Nation BC, and BC Mental Health and Addiction Services. Notably, *A Path Forward* was the first Tripartite Strategy Plan developed utilizing the Engagement and Approvals pathway.

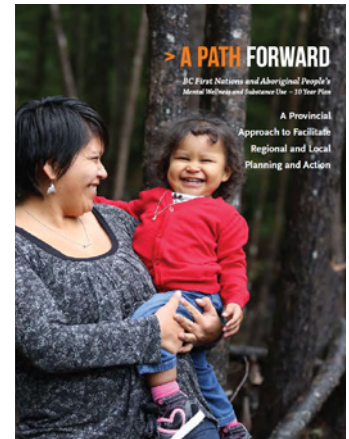
The vision of "*A Path Forward*" is that "all First Nations and Aboriginal people in BC are supported in a manner that respects their customs, values, and beliefs to achieve and maintain mental

wellness and positive, healthy living regardless of where they live."

A Path Forward is not intended to be prescriptive, but to act as a guide that reflects what the communities have told the Tripartite Partners about where our focus should lay for system improvements. The next step to implementing *A Path Forward* will be regional implementation forums. These forums will bring partners and stakeholders together to begin working towards quality improvements in systems, service, and program delivery. In preparation for the forums, those working in First Nations and Aboriginal Mental Wellness were invited to take part in regional videoconferences where the topics, issues, partners, stakeholders, as well as promising and successful programs to include at the regional implementation forums were discussed.

A PATH FORWARD GOALS

1. To improve services, supports, and health outcomes for all First Nations and Aboriginal people in BC.
2. To keep First Nations and Aboriginal people's well-being at the center of our initiatives, while maintaining a high operational standard, and cross-sectoral integration.
3. To ensure that mental wellness and substance use strategies and actions for First Nations and Aboriginal people reflect individual and family needs and are Community-Driven and Nation-Based.
4. To engage First Nations and Aboriginal people in the journey towards improving health outcomes.



"To be mentally well means we will have a strong sense of identity and sense of purpose in helping our sons and daughters to be involved in traditional gathering of medicines, foods, being prepared for feasts and rites of passage whether it be birth, death, puberty, marriage, etc."

Respondent, A Path Forward



TACKLING MENTAL HEALTH AND ADDICTIONS

Our Journey: Blending and Equally Valuing Mainstream and Aboriginal Healing

“The whole reason that we started down this path in the first place was that there was a lack of mainstream service utilization by Aboriginal people struggling with concurrent disorders.”

Val Richards, Metis Community Services Society of BC

“We dug a little deeper and found that the majority of those who needed help the most felt unsafe entering the environments established to provide those services.”

Molly Brewer, Ki-Low-Na Friendship Society

“Community people may not know they are (depressed or have anxiety). They may think that is just the way it is.”

Community member

“You can’t fix heart stuff with head stuff, Aboriginal people heal differently.”

Community member

An unprecedented collaborative partnership between local First Nations, urban Aboriginal partners and mainstream service providers is resulting in personalized culturally safe treatment of ‘Concurrent Disorders’ for Aboriginal people in the Kelowna area. Concurrent disorder is a term for any combination of mental health and substance use problems. There is no one symptom or group of symptoms that is common to all combinations.

This joint initiative is made possible through new collaborative partnerships between Westbank First Nations, Ki-Low-Na Friendship Society, Métis Community Services Society of BC, the University of British Columbia Okanagan (Aboriginal Relations and the Centre for the Study of Services to Children and Families), Interior Health (Aboriginal Health Program, Mental Health and Substance Use Program and Psychiatry) and BC Mental Health and Addictions Services (Provincial Health Services Authority).

Project Manager Irene Gonneau is excited about the developing partnership between organizations, which have predominantly operated independently within the community. “We each bring strengths to the table, and together have been able to create a menu of services for Aboriginal people who struggle with mood/anxiety and substance use issues.” The treatment menu consists of traditional healing paths such as ceremonies, Elders and traditional healers, as well as land-based activities of fishing and gathering. Clients of the program are also connected to western approaches to treatment such as individual and group therapy.

Val Richards, Metis Community Services Society of BC, agrees that the most important aspect of the program is that it gives the client choice in determining their own healing journey. “The whole reason that we started down this path in the first place was that there was a lack of mainstream service utilization by Aboriginal people struggling with concurrent disorders.”

Molly Brewer, Ki-Low-Na Friendship Society adds “We dug a little deeper and found that the majority of those who needed help the most felt unsafe entering the environments established to provide those services.”

Future project clients will be treated in their home organization and in partner organizations depending on their assessment and expressed preferences. This collaborative approach to service delivery will allow clients to access a wealth of resources through fluid community-wide service delivery.

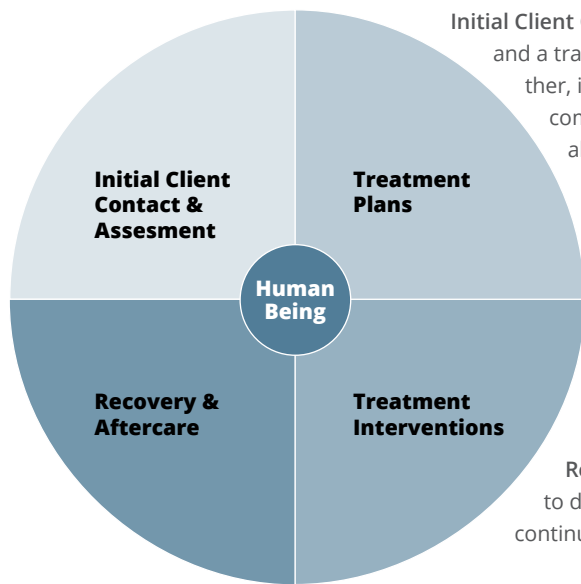
The project team members have been working together since 2010 to build an evidence-based, culturally and community tailored, concurrent disorders outpatient treatment program, created by and for local Aboriginal populations. A comprehensive concurrent disorders treatment model addressing initial client contact through aftercare has been developed. The ensuing model seamlessly blends mainstream and cultural interventions creating an integrated framework for service delivery. Notable elements within the model include:



Westbank First Nations, Ki-Low-Na Friendship Society, Métis Community Services Society of BC, the University of British Columbia Okanagan, Interior Health and BC Mental Health and Addictions Services have joined forces to support clients with concurrent disorders.



CONCURRENT DISORDERS TREATMENT MODEL



Initial Client Contact & Assessment: Stabilization addresses trauma at the onset of treatment and a trauma-informed approach is employed within service delivery organizations. Further, involving family or community members at the onset of treatment is an integral component. Assessment involves an optional cultural component, which inquires about a client's cultural identity and the use of cultural/mainstream modalities within their treatment plan.

Treatment Plans: Treatment plans are comprehensive (i.e. mainstream and Aboriginal modalities are utilized), integrated and tailored to a client's cultural identity to meet the needs of a client.

Treatment Interventions: Treatment is a collective healing experience involving interventions with the client, their family and the community as a whole.

Recovery and Aftercare: Both mainstream and Aboriginal perspectives are utilized to define recovery. Further, community re-integration involves ensuring cultural continuity.



PRIMARY CARE AND PUBLIC HEALTH Strategic Alignment Yields Shared Investment

PRIMARY CARE & PUBLIC HEALTH

In 2012/2013 the First Nations Health Authority supported a number of community projects in primary care and public health in addition to conducting work with tripartite partners to determine available programs and services, identify best practices, and enhance access to primary health care services.

Through the FNHA's Community Health and Wellness Initiatives program, a variety of primary care and public health initiatives proposed by communities received funding. These included projects enhancing quality of life for those living with ongoing health conditions, improving home care support, building capacity and health service linkages, establishing an emergency medical services program, providing opportunities for health and wellness activities, and providing funding for staffing, such as for a Family Support Worker or a Healthy Living Coordinator.

Through the Community Health and Wellness program the FNHA also provided support to the Aboriginal Diabetes Conference which annually brings together over 400 participants, including individuals living with diabetes, their support persons and health care workers, to discuss healthy living, health promotion, and care and treatment for diabetes. In addition to the Community Health and Wellness projects, the FNHA has provided funding for communities on Vancouver Island to work with a Red Cross Project Coordinator to train 15 First Responders and set up First Responder

programs in their communities. The Secwepemc Injury Surveillance Program has also received support from the FNHA for their program that enables participating communities to collect community injury data and provide injury prevention programs, training and resources.

The FNHA has also provided guidance and support to initiatives of the Tripartite partners, supporting communities to submit a number of successful applications for Nurse Practitioner positions through the province's Nurse Practitioners for British Columbia Program. A tripartite examination of the child seat safety context in First Nations communities led to the development of a child car seat cooperative guide for communities interested in setting up their own program, as well as the provision of funding to purchase approximately 250 child car seats to replace expired and soon-to-be expired seats of child passenger safety programs in First Nations communities.

Finally, with the announcement of the expansion of the STOP HIV/AIDS program across the province, the FNHA is collaborating with the Provincial Health Officer, the Ministry of Health and regional health authority partners to actively support this important initiative to address long standing health inequities by ensuring that First Nations throughout BC are effectively reached and engaged in HIV/AIDS prevention, harm reduction, care, treatment and support services.



FROM THE FOREST, NOT THE PHARMACY

Boothroyd Band Supplements Health Services with Traditional Medicines

The traditional lands of the Boothroyd Band are located in the beautiful Nahatlatch Valley and Mohawkum Watershed in the collective territory of the Nlaka'pamux Nation. Members have collected traditional resources, food, plants and roots within the area since time immemorial.

Diabetes, arthritis and heart disease are common health concerns for the small community of 90 members. Access to health services in the community is limited to a health unit CHR and a CHN one day every two weeks.

"As the First Nations people of the land we felt strongly that it was time we get back to how we used our natural remedies for health implications that we face today. The average person is used to taking prescription drugs and we feel that if we start with teas and massage oils this will gradually bring our people back to using our traditional ways for healing," Terrie Davidson, Health Director for Boothroyd.

The traditional medicines project was a partnership between the lands and health departments, and included the creation of a database with the names of the plants, time of the year to be picked and what can be made from the plants.

Following the harvest, certified holistic practitioner Shoneena Loss with Boothroyd Band held classes with the Nation members to make medicines for arthritis, common colds, migraines, sclerosis of the liver, and respiratory and immune system issues. Shoneena also shared her recipes for teas and bath salts to address aches and pains, and assist in relaxation.

Not all community members jumped on the opportunity to try alternative medicines, Davidson observed. "Some of our membership were leery. The older people who remember the medicines - they were on board, and the young people were hungry for the knowledge." Davidson noted that it was often those between 35 and 55 that did not adopt traditional medicines, and those who had diabetes or arthritis. "When the older people quit using it, there was a gap, a whole generation who were not exposed. The younger people they have seen it work with the Elders and have taken up our traditional medicines."

The next step in the project is to bring traditional medicine into the classrooms of Boston Bar School. Boothroyd is partnering with the school to teach the next generation about traditional medicine and how to recognize and protect plants. "We want to show future generations that there are other ways of healing, and not just prescription drugs."





PEGPIGLHA LIL'WAT EMPOWERMENT & ACCESSIBILITY PROGRAM

"It truly has been exciting and a life-changing experience for me!

I'm a First Nations nurse, but before starting the LEAP program, my experience working with the Special Needs population was fairly limited. So it's definitely a learn-as-I-go type of experience.

I'm grateful for the invaluable advice and input that I have received from some of my fellow staff members who have worked in various capacities with our Special Needs members throughout the years. I am blessed to work with such a special group of people, colleagues and clients alike!"

"Pegpiglha" means frog in the Ucwalmicwts language. The significance of the frog in the First Nations culture is to put away winter and prepare for a new season, representing new life. Valued for his adaptability, living in two worlds (land and water), the frog is a great communicator; his songs are believed to contain power and magic. Frogs are connected to spiritual and therapeutic cleansing.

A Lil'wat Nation developed program aimed at supporting special needs community members is having big impact amongst the 1500 community members living on-reserve. Currently, over 40 members identify as having physical and/or cognitive disabilities; many more, at this time, have yet to be diagnosed.

The Pegpiglha Lil'wat Empowerment & Accessibility Program - L.E.A.P. ("Pegpiglha" means frog in the Ucwalmicwts language) was created to raise community awareness and foster a caring environment for people of Lil'wat Nation living with disabilities. Our motto is: "Empowering (feeling part of a group, and having the freedom to act, think, respond, and make self-initiated growth and change); Engaging (to draw into, and involve a person); and Encompassing (to surround, embrace, and form a circle around)."

The L.E.A.P. committee helped steer the coordinator towards providing opportunities for special needs individuals and families to engage in activities to enhance their quality of life. Some of these activities included:

"Ullusmintwal" (coming together) Awareness Dinner – a special dinner evening to raise awareness, celebrate diversity, raise funds for the group (through silent auction), with the long term goal of sustainability. Members of the Special Needs group assisted with this dinner by helping with set up/clean up, sit at the welcome table, and hand out raffle tickets. Over 150 community members came to this event!

Weekly arts and crafts – traditional medicine pouches were beaded, then auctioned off and used as door prizes for "Ullusmintwal".

Vancouver Aquarium – 15 Special Needs children and their caregivers were able to tour the Aquarium on a day trip. Many of these children (and their families) never had the opportunity to visit the Aquarium before.

Douglas College – 7 Young Adults were given the opportunity to spend a day touring the "Adult Education Programs" (for people with learning difficulties or barriers to employment) offered at Douglas College in New Westminster. The students were able to sit in on several classes to experience firsthand the type of courses offered through this unique college program.

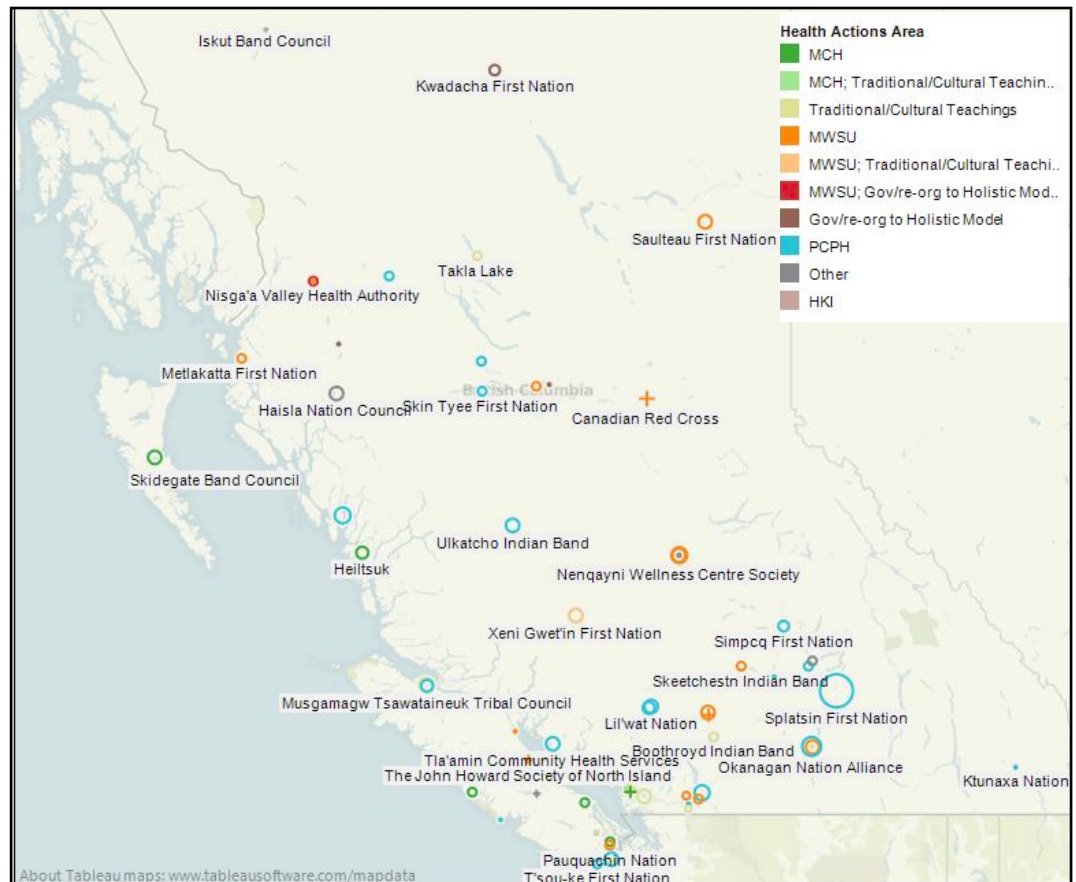
Ultimately, as our L.E.A.P. Mission statement says, it is our goal "to help develop, seek, facilitate, and coordinate services and programs that are assistive, supportive, and empowering, thereby assisting each individual in his/her journey towards a fuller and richer quality of life."

As we continue to develop this program, we envision it to be completely holistic in wellness and prevention. While great strides have already been taken, thanks to help from this funding, there is still a great need for further opportunities for vocational and lifeskills training, mental and emotional health referrals, cultural/spiritual support, mentorship, and respite programs.



COMMUNITY HEALTH AND WELLNESS INITIATIVE

The Peggigla Program was one of 64 Community Health and Wellness Initiatives funded in 2012-2013. A total of \$1,061,370.00 was invested to support innovative health practices across the province, see map:





MATERNAL AND CHILD HEALTH Strategic Alignment Yields Shared Investment

The FNHA has been actively involved in the completion of a Maternal, Child and Family Health Strategic Approach. This Approach includes strategic directions that communities can use as a starting point for discussion and priority setting that may help to meet Nation-based and regional planning needs. The FNHA was a lead in the collection of input and writing of content for this tripartite document, and also facilitated the drafting of an affiliated three-year work plan for ongoing efforts of the MCH Strategy Area, based on tripartite direction. This work plan continues to evolve as community direction and new opportunities inform our path forward.

To ensure vision, hearing and dental screening for Aboriginal children, two achievements are highlighted. Firstly, a culturally appropriate video called “Your Child’s Hearing” was developed in partnership between the FNHA, Penelakut Tribe and the Provincial Health Services Authority’s BC Early Hearing Program to show the care path for infants and families from early hearing screening, assessment and early communication support services. This video was distributed in the spring of 2013 and is posted on the FNHA website, along with many other family-oriented resources such as the parent resource booklets (co-developed in 2012 by the FNHA and the National Collaborating Centre for Aboriginal Health: Family Connections, Parents as First Teachers, Fatherhood Forever and Growing up Healthy). Secondly, a First Nations and Aboriginal Oral Health Strategy (HSIF Initiative) is complete and builds on a previously completed environmental scan. Communities and regions can

use this strategy to help plan, act on and measure oral health projects and programs that best meet their needs. The FNHA has been an active partner in the development of this strategy and the next steps in sharing this work and identifying how priorities from this document can be effectively implemented.

Collaborative efforts continue to improve access to a range of maternity services for Aboriginal women, bringing birth closer to home and into the hands of women. The FNHA funded Aboriginal Doula Initiative is well underway in supporting 15 First Nations and Aboriginal doulas to full certification and supported practice. At the time of report writing, these women have supported 35 First Nations and Aboriginal women in birthing their children. The FNHA is supporting the evaluation of this initiative to inform the development of a sustainable model for doula care.

The Promising Practices Working Group (HSIF Initiative) has focused on reviewing and summarizing information about existing culturally safe and respectful approaches to provider-family partnership models that support First Nations and Aboriginal expectant women and new mothers in BC. Complimenting this work, the FNHA has been involved in the development of an environmental scan of models of maternity care to identify innovative ways that communities have supported mothers and families in keeping various forms of maternity care local, accessible, appropriate and safe.



Additional work around improving continuity of care is also a focus of this strategy area. The Returning Home Demonstration Project (HSIF Initiative) aims to improve discharge planning and well-connected care for infants and children with serious and complex health care needs through inter-professional linkages between hospital care providers and community services. The FNHA has been engaged in building awareness of this project and supporting the ongoing assessment and evaluation of this work.

Work has also been done around addressing results and concerns arising from the BC Coroner's Office Child Death Review Report. The FNHA has been involved in the partnered development and distribution of safe sleep practice discussion cards and a facilitator's guide. A family focused information brochure and clinical guidelines for health practitioners have also been developed with FNHA input to increase awareness and best practice in relation to CPT1a, genetic condition that increases First Nations infant risk for dangerously low blood sugar. A PCPH led and MCH shared initiative, the FNHA initiated the purchase and distribution of child car seats with HSIF funding to support the BC

First Nations Child Passenger Safety Education and Child Car Seat Loaner Project.

Lastly, FNHA funded a total of seven MCH oriented Community Health and Wellness Initiatives (CHWIs) that supported First Nations and Aboriginal organizations both at home and away from home (on-reserve and off-reserve). CHWI contributions supported the provision of health centre pediatric services, professional development for Aboriginal Early Childhood Development (ECD) professionals, Aboriginal Doula services, staffing support for ECD day programming, food security focused community-based training, prenatal nutrition workshops, and research and planning to integrate midwifery into existing MCH programming. A total of \$105,000.00 in CHWI funding was dedicated to MCH community-based work.

Community involvement, consistent committee participation and a collective passion for the health and wellness of mothers, children and families have made all of these achievements in the Maternal Child Health Strategy Area possible.



eHEALTH

Strategic Alignment Yields Shared Investment

TELEHEALTH

In 2013, many years of work culminated in formal agreements signed between Canada Health Info-way (a federal investment partner), the BC Ministry of Health and the First Nations Health Authority (FNHA). This agreement provides the FNHA with \$4.5 million in funding to support work towards action item #23 – to create a fully integrated clinical telehealth network and sets the stage for the formal launch of the First Nations Telehealth Expansion Project.

The First Nations Telehealth Expansion Project will be launched in fall 2013. The FNHA will begin by visiting First Nations communities around the province to understand where telehealth could be introduced to improve access to health and wellness services and to identify which communities are ready to participate in the project.

While the planning work for the Telehealth Expansion Project has been on-going, the FNHA has been working closely with Health Canada First Nations and Inuit Health Branch and Regional Health Authority partners to introduce basic telehealth services to a number of First Nations communities around the province.

In 2012/2013 the FNHA leveraged the UBC Learning Circle (a partnership between the UBC Division of Aboriginal People's Health, First Nations Health Authority and Health Canada First Nations and Inuit Health Branch) to offer 9 health and wellness related sessions to BC First Nations.

PANORAMA (PUBLIC HEALTH INFORMATION SYSTEMS)

In 2013, all BC Health Authorities implemented Panorama - Canada's Public Health Information System. Within Canada, BC is also leading the charge with the implementation of Panorama within First Nations communities. In September 2013, there will be 3 First Nations Health Services Organizations (FNHSO) implementing Panorama with additional FNHSOs planned for subsequent months.

This is a huge milestone for First Nations in BC and Canada, as this enables other First Nations organizations in BC and Canada to use this Provincial and Pan-Canadian application.

ELECTRONIC MEDICAL RECORD (EMR)/ COMMUNITY ELECTRONIC MEDICAL RECORD (CEMR)

A large number of FNHSOs have implemented Physician EMR and cEMR (Mustimuhw) solutions for providing clinical and health centre-based services in their communities. There will be additional communities acquiring these types of solutions as the FNHA eHealth vision is executed and operationalized. To meet this requirement, FNHA is actively working with a number of partners and First Nations to determine a strategy to support the adoption and use of an EMR/cEMR solution.

FIRST NATIONS HEALTH GRADE CONNECTIVITY

In support of Telehealth, EMR/cEMR, Panorama and other eHealth initiatives, the FNHA has continued to work with the All Nations Trust Company (ANTCO) and provincial partners to provide secure network connectivity to First Nations communities across BC. The FNHA and ANTCO teams met in August of 2013 to begin formalizing the project supporting health connectivity.

There has been considerable progress in establishing the new corporate FNHA network. The corporate network went live in May 2013 and it will serve as the backbone for corporate and health connectivity. All offices and sites will be on the same First Nations network following the FNIH transition in October 2013.



“Transformative efforts are also happening now – closer to home, in the Regions. This year, we reached an important milestone with each of the five regions concluding a Regional Partnership Accord with their respective Regional Health Authority. Through those Accords, the partners are identifying priorities and opportunities to improve and transform the broader provincial health system that serves BC First Nations.”

Doug Kelly
Chair
First Nations Health Council

Greetings,

This fiscal year has been dedicated to preparing for the successful transfer of programs and services currently delivered by First Nations Inuit Health (FNIH) BC Region to the First Nations Health Authority on October 1, 2013. This process requires not only hard work but also unity of mind, body, and spirit. Following this transfer of authority, the process of transforming health and wellness programs and services for First Nations in BC will begin. We arrived at this time and place with the support of BC Chiefs and Health Leads, the Hon. Leona Aglukkaq representing Health Canada, the Hon. Margaret MacDiarmid representing the Province of BC and their respective staff, and our partner organizations in each region, including all five regional Health Authorities and the Provincial Health Services Authority.

Since 2008, BC First Nations have been involved in an unprecedented process of community engagement to guide this First Nations health governance work in accordance with the Engagement and Approval Pathway. In 2012, community and regional engagement culminated at Gathering Wisdom for a Shared Journey V with the adoption of Resolution 2012-01, formally approving the Consensus Paper 2012: Navigating the Currents of Change – Transitioning to a New First Nations Health Governance Structure. In adopting Resolution 2012-01, we agreed to chart a course for the

careful and responsible management of change by establishing two stages for the First Nations health governance structure and process moving forward – transition and transformation. We adopted a holistic First Nations health governance model, and created a plan to include regional perspectives and representation on the FNHA Board of Directors.

Over the past year and as reported through quarterly reports to BC First Nations, significant progress has been made in implementing the Resolution 2012-01 Workplan, informed by regular guidance from BC First Nations Chiefs and leaders at Regional and Sub-Regional Caucuses throughout the province. While significant progress has been achieved, a tremendous amount of work remains to do in implementing the agenda for change established by First Nations in BC, and achieving our vision of Healthy, Self-Determining, and Vibrant BC First Nations Children, Families, and Communities. To enable our ongoing success, we are focusing now on establishing the building blocks for transformation – the knowledge, systems and processes that will create the environment and provide the tools for transformation of the system we are inheriting from Health Canada. We will be supported in this work by our federal and provincial partners – as described in the Health Partnership Accord we signed in December.

In closing, 2012-2013 has been another historic year. We have made tremendous progress in a very short amount of time, and have a clear workplan for continuing to navigate change over the next year. We raise our hands to First Nations for their ongoing wisdom, guidance, clarity of vision, and most importantly, commitment to the health and well-being of their peoples and communities. We look forward to the next round of Caucuses, Gathering Wisdom for a Shared Journey VI and in continuing this important work.

Doug Kelly
Chair
First Nations Health Council

**RESOLUTION 2011-01
MILESTONES**

PROGRESS TO DATE

3 (b): Conclusion of Sub-Agreements to the Framework Agreement

COMPLETE – The Tripartite partners have concluded and approved all of the Sub-Agreements to the Framework Agreement. Finalizing these agreements leads us to the much anticipated and historic upcoming transfer of health services. The first transfer phase occurred on July 1, 2013, including headquarters programming and corporate supports, and the final transfer to regional programming and staff will occur on October 1, 2013.

3 (c): Finalize Health Partnership Accord

COMPLETE (AND ONGOING) – The Tripartite Health Partnership Accord was signed on December 11, 2012. The Accord outlines the shared vision of the parties, and the elements that support their enduring relationship.

3 (g): Support Regional Caucuses to develop Regional Tables

COMPLETE – The five Regional Health Authority Partnership Accords have been signed with BC First Nations leadership (Fraser, Vancouver Island, North, Vancouver Coastal, and Interior).

ONGOING – Each Region continues to develop and evolve the structures of their Regional Tables to suit regional-specific needs and priorities. Each Regional Table is focusing on regional planning, and the implementation of Partnership Accords with Regional Health Authorities.

**RESOLUTION 2012-01
MILESTONES**

PROGRESS TO DATE

2 (b): Transition the iFNHA to the FNHA (regionally-representative model)

COMPLETE (AND ONGOING) – The iFNHA is now the FNHA. Each Region has appointed a committee to oversee the recruitment process, and will make nominations for the FNHA Board of Directors.

2 (i): Prepare Annual Community Engagement Plan

COMPLETE – The 2012 Annual Community Engagement Plan has been completed. The Plan includes priorities and milestones, and establishes a schedule of Regional Caucus and other meetings each year, including annual FNHA reports.

3: Update and Enhance the Resolution 2011-01 Workplan

COMPLETE (AND ONGOING) – The Resolution 2011-01 Workplan has been updated to include the action items from Resolution 2012-01. Quarterly progress reports are issued to BC First Nations.

5: Gathering Wisdom for a Shared Journey VI

IN PROGRESS – Gathering Wisdom for a Shared Journey VI will take place on October 22-24, 2013 at the Hyatt Regency Vancouver, BC.



“Today we’re reverting to our traditional ways, of really putting our hearts into it, putting our lives into it. It’s not just an agreement that is going to be shelved, it’s one that we are going to feel in our hearts and we’re going to practice it, we’re really going to move forward together.”

Virginia Peters – Sts’ailes and member of the FNHDA (on signing the FNHC-FNHA-FNHDA relationship agreement)

The First Nations Health Directors Association (FNHDA) has made significant progress enhancing our corporate systems, strengthening partnerships, building our membership base, community engagement, and delivering training to support efforts to enhance health care service and delivery in our communities. Here is a snapshot of our achievements in the past year:

FNHDA ANNUAL GENERAL MEETING

We were excited to host our 3rd Annual General Meeting, one of our largest gatherings of the year, on November 6-7, 2012 in Vancouver. With the transfer of First Nations Inuit Health Branch to the First Nations Health Authority just a year away, presentations featuring health transfer and transformation updates were relevant and timely. Health Directors appreciated hearing directly from FNHA CEO Joe Gallagher about implementing the Framework Agreement and opportunities for further involvement moving forward. Health Directors also provided feedback and insight during interactive presentations about Transition, Non-Insured Health Benefits, Health Actions, and community engagement. The FNHDA also presented the first Inspiration Awards, celebrating the incredible accomplishments of one First Nation Health Director in each region.

Our members also held regional discussions on a number of business items including elections to appoint members to the FNHDA Board of Directors. Five newly elected regional representatives were welcomed to the FNHDA Board: Chawathil First Nation Health Director Peter John (Fraser Region), West Moberly Nation Health Manager Patricia Hoard (North Region), Tl’azt’en Nation Health Manager Verne Tom (North Region), Qwemstin Health Society Health Director Colleen LeBourdais (Interior Region), Tsawout First Nation Health Director Edith Loring-Kuhanga (Vancouver Island Region), and Lil’wat Nation Health Director Rachel Andrew-Nelson (Vancouver Coastal Region.) We also bid a fond farewell to outgoing Board members former FNHDA Secretary and Health Manager/CHR of T’it’q’et Administration Franny Alec, and former FNHDA Treasurer and Carrier Sekani Child & Family Services Health Director Mabel Louie.

SIGNING OF THE FNHC/FNHDA/FNHA RELATIONSHIP AGREEMENT

During the FNHDA AGM on November 6, 2012, the FNHDA, FNHC, and the FNHA held a Relationship Agreement signing ceremony, guided by the Sts’ailes Cultural Committee who shared the vibrant cultural protocol of the Coast Salish. The Relationship Agreement formalizes the



commitment of the FNHC, FNHA, and the FNHDA to build an effective partnership with shared values, and outlines our collective and respective roles, responsibilities, and accountabilities in the new First Nations health governance arrangement. It also reinforces our commitment to uphold the Seven Directives adopted by BC First Nations, including the strategic level standard of ensuring a Community-Driven, Nation-Based approach to improve services and develop capacity. We look forward to continue working alongside our FNHA and FNHC partners to improve the health and wellbeing of BC First Nations people. (See page 8 for more detail on the Relationship Agreement)

2013 SPRING TRAINING & ENGAGEMENT SESSIONS

The FNHDA hosted a series of Spring Training sessions held in February and early March 2013 across five BC health regions to provide a forum for shared learning, open discussion and networking. To support the role of senior health leads during the health transfer and transformation process, we offered blended training and engagement sessions. Participants were actively engaged in regional discussions to identify feedback and priorities surrounding Health Directors roles, competencies, and training and certification needs. The feedback offered by over 150 Health Directors and Hub Coordinators in attendance will guide the development of future initiatives and the FNHDA strategic plan based on the

respective regional priorities and issues. About 270 Health leads, Chiefs and other leaders also participated in active dialogue with Health Canada and the FNHA about forthcoming changes in process related to transition and Novation of Contribution Agreements. We look forward to hosting future gatherings to support First Nations Health Directors as we undertake the work of transitioning and transforming our Community-Driven, Nation-Based health care system.

FNHDA BOARD OF DIRECTORS

In addition to our regular Board meetings, the Association's voice was present at several important decision-making tables. As part of their roles for the Board, our President and Vice-President actively engaged with our partners on key committees and working groups including the Tripartite Committee on First Nations Health, Collaboration Committee, Health Actions Oversight Committee, and the Health Benefits Improvement Committee, to name a few. Our Board often volunteers their personal time to sit on a number of committees or working groups – to plan AGMs, training sessions and oversee a membership of Health Directors/Leads and Associates - to ensure FNHDA members' interests are incorporated into the work of the Association.

The FNHDA appointed new Board Executives this past year including former FNHDA Vice-President and Osoyoos Indian Band

Health Coordinator Jacki McPherson to the position of President, former Secretary and Sto:lo Nation Health Manager Jeanine Lynxleg as Vice-President, and Keith Marshall, Director of Community Health Programs at Hailika'as Heiltsuk Health Centre, to the position of Secretary-Treasurer.

The FNHDA continues to develop our technical advice process as a way to help our members become more connected and engaged, particularly from a regional perspective. We will host a series of regional summer sessions in 2013 to gather our members to discuss their regional priorities and issues. Work is well underway in enhancing communication with our members, including the recent launch of our newly designed website, monthly e-newsletters, and the ability to post real-time information and share best practices on Facebook and Twitter.

Along with the key accomplishments of the previous year, we look forward to the exciting challenges ahead, and aspire to make 2013 an even greater success. We cannot thank our FNHDA Board of Directors, members and partners enough for their ongoing support and guidance. We embrace our commitment to serve our members, supporting them to stay connected to work better together as they heal wounds, hold hands and restore hearts in their communities while fulfilling the shared vision of the FNHC, FNHDA, and FNHA – Healthy, Self-Determining and Vibrant BC First Nations Children, Families, and Communities.

FINANCIAL REPORT OF the First Nations Health Authority

Year ended March 31, 2013

MANAGEMENT DISCUSSION AND ANALYSIS

This discussion and analysis of the financial results from operations and financial position for the year ended March 31, 2013 should be read in conjunction with the audited financial statements and accompanying notes and schedules.

As per accounting requirements, the funds received in these earlier years were recorded as revenues in the year received and the unspent portion (i.e. revenues exceeded expenditures) were transferred to the net asset balance. In recent years, the work on the TFNHP has ramped up and, in addition to revenues received within the year, FNHA is accessing the net asset balance (i.e. "money in the bank").

HISTORICAL FINANCIAL PERSPECTIVE

Investments in implementing the Tripartite First Nations Health Plan (TFNHP) was a significant challenge in the early years of operations as funding from the federal and provincial governments was uncertain and inconsistent. The financial results from these early years of operation show a conservative approach to spending as plans were undertaken to further the work of the TFNHP when funding was secured.

The statement below shows the statement of operations and net asset balance for the Authority from Fiscal 2008 to Fiscal 2013 and highlights the financial management approach taken. The financial information for Fiscal 2008 and 2009 occurred when the First Nations Health Council was operating under the First Nations Summit Society; this information was included in the First Nations Health Council 3 Years of Progress 2007-2010 report.

	2013	2012	2011	2010	2009	2008	Total
Revenues	\$18,375,574	\$9,653,336	\$12,985,939	\$11,871,105	\$18,387,415	\$14,844,492	\$86,117,861
Expenses							
Operations	4,672,769	3,074,140	1,681,637	1,222,334	2,325,682	-	12,976,562
Health Actions and Program Initiatives	7,027,379	4,652,272	5,538,526	7,081,041	5,252,868	176,543	29,728,629
Governance and Community Engagement	8,705,905	9,169,200	6,550,727	5,470,206	2,419,712	685,186	33,000,936
Transition Funding	2,733,408	90,234	-	-	-	-	2,823,642
Total Expenses	23,139,461	16,985,846	13,770,890	13,773,581	9,998,262	861,729	78,529,769
Excess (deficiency) of revenues over expenses for the year	(4,763,887)	(7,332,510)	(784,951)	(1,902,476)	8,389,153	13,982,763	7,588,092
Net Assets balance, beginning of year	12,351,979	19,684,489	20,469,440	22,371,916	13,982,763	-	-
Net Assets balance, end of year	7,588,092	12,351,979	19,684,489	20,469,440	22,371,916	13,982,763	7,588,092

FINANCIAL REPORT OF the First Nations Health Authority

Year ended March 31, 2013

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

As of April 1, 2012, the First Nations Health Authority has adopted the Canadian accounting standards for not-for-profit organizations (Part III). This change is explained in detail in the notes to the audited financial statements under Note 3 Impact of change in the basis of accounting.

STATEMENT OF OPERATIONS

For the fiscal year ending March 31, 2013, the total revenues were \$18.4 million and total expenses were \$23 million resulting in a current year excess of expenditures over revenues of \$4.8 million. As explained in the historical financial perspective, the organization is using the funding received in earlier years to cover the total expenditures and prepare for the transfer from FNIHB.

The expenditures for the 2012-2013 fiscal year were as follows:

Operations	4,672,769	20%
Health Actions and Program Initiatives	7,027,379	30%
Governance and Community Engagement	8,705,905	38%
Transition Funding	2,733,408	12%
Total Expenses	23,139,461	100%

The expenditures under operations include the costs related to increasing staffing levels as the organization prepares for a smooth and successful transfer of programs and services.

FINANCIAL REPORT OF the First Nations Health Authority

Year ended March 31, 2013

STATEMENT OF FINANCIAL POSITION

Assets and Liabilities

The FNHA has \$26.5 million in assets mostly comprised of cash and investments of \$22.8 million. The large cash and investment balance is reflective of deferred contributions balance of \$16 million plus funding received in earlier years of operations that is now being expended (as explained under the historical financial perspective section).

The total liabilities at March 31, 2013 are \$18.9 million which is comprised of \$2.9 million in accounts payable and accrued liabilities and \$16 million in deferred contributions. The deferred contributions are revenues received from funding agencies for restricted purposes. The revenues are recognized as income to match expenditures incurred for the restricted purpose as set out in the funding agreement. Schedule 3 provides more detail on each restricted funding grant received.

Net Assets

The final net asset balance at March 31, 2013 as shown on the statement of financial position and the statement of changes in net assets is \$7.6 million which is a result of an opening balance of \$12.4 million less reduction of \$4.8 million for the current fiscal year excess of expenditures over revenues. The net asset balance is comprised of \$1.3 million in invested in capital assets and \$6.3 million in unrestricted equity.

Future Outlook

The 2013 Annual Financial report for FNHA provides a look at the financial performance over the past year. The key areas of focus for the FNHA was the continued dialogue with communities, health action initiatives and building the organization in preparation of the transfer of programs and services from Health Canada's First Nations Inuit Health Branch Pacific Region.

For Fiscal 2013/2014, the first half of the year will be focused on continuing the work to prepare for the full transfer. After October 1st, the focus will shift to carrying out the former Health Canada functions and beginning the plans for transformation.



First Nations Health Authority
Health through wellness

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