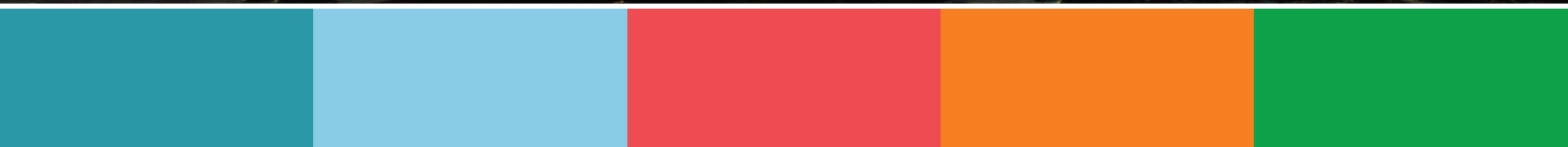




First Nations Health Authority  
Health through wellness

# 2019/2020 ANNUAL REPORT



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



**First Nations Health Authority**  
Health through wellness

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# Message from the Board Chair

## Colleen Erickson



### ***Hadih'***

This was a significant year marked by two simultaneous public health emergencies: the opioid epidemic and the COVID-19 pandemic. The First Nations Health Authority (FNHA) worked in collaboration with our partners to address these emergencies while continuing to advance programs and services that support First Nations.

As a Board, we are proud of our executive team and staff members' swift response to these crises, and even more proud of the strength and resiliency we witnessed from First Nations people and communities. COVID-19 will remain a priority throughout the next fiscal year, and possibly beyond, but we are committed to continue working closely with government

and community partners to deliver a strong coordinated response on behalf of First Nations.

Despite these emergencies, we cannot lose sight of the other important work that took place this year. We had significant success in the transfer of health benefits for dental, vision, and medical supplies and equipment to Pacific Blue Cross in September. We transitioned to an Interim CEO, and we have been working on a sustainable regionalization plan to bring the management of programs and services closer to communities and regions.

In January, we also celebrated the appointment of Dr. Nadine Caron as the founding First Nations Health Authority Chair in Cancer and Wellness, which is a partnership between the

University of British Columbia's Faculty of Medicine School of Population and Public Health and the FNHA. This innovative new research Chair will bring a crucial Indigenous perspective to cancer research in BC.

This was also a year of review that saw the completion of the following four evaluations:

1. A five-year evaluation of the FNHA reviewed the change resulting from the FNHA's creation in 2013 and assessed the progress the FNHA has made against its mandate and strategic plan. The evaluation, required under the Tripartite Framework Agreement and the Canada Funding Agreement, found that:
  - BC First Nations health governance has improved through extensive engagement and enhanced regional capacity;
  - The First Nations Perspective on Health and Wellness is now a key component of health planning in BC;
  - A strategic and evidence-based approach has formed the basis of program improvements and partnerships; and
  - BC First Nations have established a health and wellness mandate for the FNHA that extends well beyond what was transferred from the First Nations and Inuit Health Branch.
2. An external Board governance evaluation reported that the FNHA Board of Directors is performing well, meeting obligations and conducting itself in an effective and positive manner. It noted that our governance could improve by leveraging the expertise of FNHA executives, engaging more with stakeholders, establishing a plan for CEO succession and creating a risk appetite statement.
3. The BC Tripartite Framework Agreement on First Nations Health Governance Evaluation assessed the broader health system and the agreement between the federal and provincial governments and BC First Nations partners that led to the creation of the FNHA in 2013. Key findings included the successful transfer of health programs and services to FNHA; demonstrated reciprocal accountability between the partners; new investments and funding; and modest health outcome improvements.
4. The final evaluation completed this fiscal year reported on the relationship between the FNHA, the First Nations Health Council (FNHC) and the First Nations Health Directors Association (FNHDA). The three organizations will be working

together through a Joint Action Plan to improve relationship and engagement processes by:

- Strengthening the relationship through improved collaboration;
- Clarifying and promoting the understanding of the roles and responsibilities for each partner;
- Nurturing a customer-owner philosophy with BC First Nations and promoting the importance of First Nations' engagement and decision-making in relation to their health and wellness; and
- Engaging BC First Nations in a manner that is equitable, efficient and cost-effective.

The evaluations capture our shared successes, and we will continue to review and incorporate their learnings. The evaluation findings will also support the development of our next five-year multi-year health plan, due by October 2021.

We want to thank our staff, partners and First Nations communities for their ongoing support as we continue our work together in the face of the present pandemic. On behalf of the FNHA Board of Directors, we hope you stay safe.

Sna chalh yah

**M. Colleen Erickson**

Chair, FNHA Board of Directors

# Message from the Interim CEO

## Richard Jock



I am pleased to present this Annual Report, which highlights the important work that the FNHA has initiated and/or completed this fiscal year. As Interim CEO, I have appreciated the dedicated and tireless work of FNHA staff. Together we continued our focus on improving health care for all BC First Nations; collaborating daily with our health partners at federal and provincial levels; and taking steps together as a strong team to meet the unprecedented demands of a global pandemic.

Given the unique circumstances of the COVID-19 pandemic, some of the discussion below extends beyond the end of our 2019/2020 fiscal year.

### First Nations Health Benefits

In September 2019, we entered into a Partnership Agreement with Pacific Blue Cross, who will administer benefits on behalf of the FNHA for dental, vision, and medical supplies and equipment. The transition went smoothly and since September we have seen an increase in the number of monthly claims. This shows that more individuals are accessing these important health care benefits. In 2019/2020, comparing the months pre- and post-transition:

- Dental benefits saw a 73 per cent increase in monthly claims; a 65 per cent increase in monthly unique claimants; and a 113 per cent increase in average dollar amount covered per claimant.

- Vision benefits saw a 326 per cent increase in monthly claims; a 240 per cent increase in monthly unique claimants; and a 108 per cent increase in average dollar amount covered per claimant.

### Health Emergency Management

The final quarter of the fiscal year was an unprecedented time as we faced the impacts of the growing COVID-19 pandemic. We initiated our Public Health Response Structure in late January, with a focus on supporting First Nations in BC. In March 2020, we moved to a Level III organizational emergency response to maintain our focus on emergency efforts while continuing to deliver our essential services.

The entire organization worked tirelessly to ensure distribution of personal protective equipment and supplies, and to provide surveillance and data to inform the response at the community, regional and provincial levels.

### Primary Health Care

In partnership with the BC Ministry of Health, the FNHA has developed a plan for First Nations-Led Primary Care Initiatives across the province. The first five of 15 initiatives are currently in different stages of engagement, planning and implementation, with preparation for the next initiatives underway.

In response to COVID-19 and the resulting barriers and disruption to primary care services, we launched the First Nations Virtual Doctor of the Day program to make it easier for BC First Nations to access primary health care services through virtual appointments. This program has had tremendous success in providing access to timely, culturally safe and quality care.

### Mental Health and Wellness

The First Nations Primary Care + Mental Health & Wellness Summit in May 2019 provided a purposeful start to the year with its focus on weaving holistic wellness into the health care system. It included discussions centred on team-based health care, with culture as an integral part.

The FNHA-Provincial-Federal Mental Health and Wellness Table allocated \$12.8 million in support of 29 new mental health and wellness initiatives designed and implemented by BC First Nations through the Memorandum of Understanding: Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness.

The FNHA continued to respond to the overdose public health emergency. In May 2019, we released information on overdose events and deaths of First Nations people across the province. Based on this evidence we pivoted our emergency response with a particular focus on eight urban centres and First Nations women who are impacted more than other female residents. We are also working to increase access to opioid agonist therapy, particularly in rural and remote areas.

Land-based healing investments have been made at community, Nation and sub-regional/family levels, and we achieved our target of establishing 10 land-based healing sites across the province. Examples of work in this area include culture-based day treatment programs; youth camps and traditional harvesting programs; engagement of Traditional Wellness Coordinators to support each Nation's unique cultural approaches to land-based healing; and an annual land-based healing gathering in the Northeast region.

### Research Collaborations

In 2019/2020, the FNHA signed a Research Affiliation Agreement with Simon Fraser University and joined Research Ethics BC, significantly increasing our research capacity.

Dr. Nadine Caron – Canada's first female First Nations general surgeon – was appointed to a newly created position at the University of British Columbia dedicated to improving cancer outcomes and wellness among Indigenous peoples. As the founding FNHA Chair in Cancer and Wellness at the University of British Columbia, Dr. Caron will examine the journeys and unique needs of Indigenous cancer patients, survivors and their families.

I would like to conclude by recognizing that we face many challenges as we work together to achieve the vision of the FNHA, FNHC and FNHDA of "Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities." However, while there is much to do, it is important to acknowledge how far we have come. We have collectively made important strides forward – and we look forward to continued progress for the benefit of First Nations children, families and communities.

In health and wellness,

**Richard Jock**

Interim Chief Executive Officer





# Introduction

The FNHA's 2019/2020 Annual Report describes progress against the FNHA's 2019/2020 Summary Service Plan. The Summary Service Plan affirms guiding elements, including our Shared Vision, Values and Principles, and it articulates a set of goals, objectives, key priorities and annual key priorities. This report speaks to our progress across each of these areas and also reports on progress against each of the five Regional Health and Wellness Plans.

Our goals provide a foundation for the FNHA's work and continue to be steady guideposts as we work alongside the FNHC and FNHDA towards our Shared Vision of "Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities." The four goals are a statement of the FNHA's strategic-level aspiration:

- **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; and
- **Goal 4:** Operate as an efficient, effective and excellent First Nations health organization.

There are five FNHA regions – Vancouver Island, Vancouver Coastal, Interior, Fraser Salish and Northern – and each has a unique plan. Regional Health and Wellness Plans are central

to both informing and advancing the Summary Service Plan. The Regional Health and Wellness Plans reinforce the relationship between the FNHA and BC First Nations communities and ensure that the FNHA's work responds to local context and regional priorities.

In 2019/2020, the FNHA identified a set of seven organization-wide key priorities that advance progress across all four of the FNHA's goals. Foundational themes – including commitment to quality and serving our entire population of individuals both at home and away from home – are woven throughout.

The FNHA's seven key priorities are:

- Evolving the FNHA Operating Model, including Regionalization;
- Renewed Partnerships with First Nations;
- Wellness;
- Knowledge Development and Exchange;
- Cultural Safety and Humility;
- Service Excellence; and
- Leadership and Culture Development.

Specific annual key priorities for 2019/2020 were established under each key priority area.



The FNHA completed several significant evaluations in 2019/2020, including the Evaluation of the BC Tripartite Framework Agreement on First Nation Health Governance and the Evaluation of the FNHA (available at <https://www.fnha.ca/about/governance-and-accountability/audits-and-evaluations>).

Select findings from these evaluations have been incorporated throughout this report and are indicated by the Planning, Reporting and Evaluation Standards tree icon shown here.



## **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



# GOAL 1: Enhance First Nations Health Governance



## OUTCOME STATEMENT:

### Sustainable and accountable governance structures leading change.

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#### OBJECTIVE 1.1

##### Strengthen regional decision-making approaches.

Advancing the commitment to bring decision-making over health services closer to home, the FNHA continued enhancing program and service capacity and resources at the regional level.

Two regional teams, Interior and Vancouver Island, have completed the refresh of their Regional Health and Wellness Plans, and the three other regional teams began the refresh process in 2019/2020. All regions have completed an evaluation of their Regional Partnership Accords.

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*Read more on this under [Regional Health and Wellness Plans \(p.20\)](#) and [Key Priority: Evolving the FNHA Operating Model, including Regionalization \(p.51\)](#).*

#### OBJECTIVE 1.2

##### Collaborate with the FNHC and FNHDA to achieve our Shared Vision.

The FNHC, FNHDA and FNHA piloted a new engagement structure to create a dedicated space for engagement on health services separate from their engagement on governance. The first of these sessions were held in 2019/2020. The jointly hosted Gathering Wisdom for a Shared Journey X in January 2020 brought together the FNHC, FNHDA and FNHA to celebrate the 10-year milestone of these forums.

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*Read more on this under [First Nations Health Governance Partnership Work \(p.46\)](#).*

#### OBJECTIVE 1.3

##### Partner with federal and provincial governments to implement the tripartite health plan and agreements.

In 2019/2020, a major focus of the Tripartite Committee on First Nations Health and the Tripartite Implementation Committee was completing the Evaluation of the British Columbia Tripartite Framework Agreement on First Nation Health Governance, released in January 2020.

A series of agreements are refreshed each year between the FNHA and federal and provincial partners that reaffirm joint commitments, establish shared annual priorities and formalize collaboration processes.

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*Read more on this under [First Nations Health Governance Partnership Work \(p.46\)](#) and [Key Priority: Knowledge Development and Exchange \(p.60\)](#).*

# GOAL 2: Champion the BC First Nations Perspective on Health and Wellness



## OUTCOME STATEMENT:

### Culturally safe and supported health and wellness journeys.

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#### OBJECTIVE 2.1

##### **Work with partners to transform from a sickness system to a wellness system by championing the First Nations Perspective on Health and Wellness.**

In 2019/2020, the FNHA continued to lead a movement to advance cultural safety and humility in health and social systems with Declarations of Commitment to Cultural Safety and Humility signed with several new institutions. The FNHA and the Health Standards Organization partnered to develop a cultural safety and humility accreditation standard and have established a BC Technical Committee on Cultural Safety and Humility to oversee the development of this standard for use across the health system in BC.

The First Nations Population Health and Wellness Agenda was launched by the offices of the FNHA Chief Medical Officer and Provincial Health Officer at Gathering Wisdom for a Shared Journey X. The Agenda recognizes that self-determination, culture, land and supportive systems are fundamental to achieving a vision for healthy, vibrant, self-determining children, families and communities.

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*Read more on this under [Key Priority: Cultural Safety and Humility \(p.66\)](#) and [Key Priority: Knowledge Development and Exchange \(p.60\)](#).*

#### OBJECTIVE 2.2

##### **Partner with First Nations individuals, families and communities in their health and wellness journeys.**

FNHA Wellness Grants support community-led wellness promotional events and initiatives. They are an avenue for the FNHA to collaborate with BC First Nations communities and partners to encourage the development of innovative, culturally grounded health and wellness events.

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*Read more on this under [Key Priority: Wellness \(p.56\)](#).*

# GOAL 3: Advance Excellence in Programs and Services





## OUTCOME STATEMENT:

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

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#### OBJECTIVE 3.1

##### Enhance integration with and access to quality and culturally safe provincial health care services for BC First Nations.

In 2019/2020, the FNHA worked with the BC Ministry of Health and other health system partners to identify opportunities for First Nations to collaborate on the provincial Primary Care Networks and lead the First Nations-Led Primary Care Initiative. September 2019 marked the release of the Indigenous Engagement and Cultural Safety Guidebook for Primary Care Networks.

The FNHA further advanced culturally safe provincial services by working with the BC Ministry of Mental Health and Addictions to expand land-based healing sites, and continues to work towards transforming the treatment centre model into a healing centre model.

Cultural safety and humility were at the forefront of many of the FNHA's initiatives this year, including collaborating across the health system towards a provincial complaints process and developing an internal Complaints and Compliments Policy and associated process for addressing and tracking complaints.

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Read more on this under [Key Priorities: Service Excellence – Primary Health Care \(p.74\)](#), [Service Excellence – Mental Health and Wellness \(p.69\)](#) and [Cultural Safety and Humility \(p.66\)](#).

#### OBJECTIVE 3.2

##### Achieve measurable improvements to FNHA programs and services.

On September 16, 2019, the FNHA transitioned dental, vision, medical supplies and equipment, and a portion of pharmacy benefits administration from the Non-Insured Health Benefits program to Pacific Blue Cross. Through a dedicated Community Relations team and in partnership with Pacific Blue Cross, the FNHA worked collaboratively with First Nations leaders and citizens to ensure a successful transition.

Several advancements were made in FNHA Nursing Services, including developing clinical frameworks with provincial partners; developing a culturally sensitive clinical incident reporting system; and making progress towards shifting 12 FNHA health centres serving 28 communities from central to regional operations.

The First Nations Food Systems project, a partnership between the FNHA and the Heart and Stroke Foundation of BC & Yukon, provided grants, technical support and community engagement support to 64 First Nations across BC in 2019/2020.

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Read more on this under [Key Priorities: Service Excellence – Health Benefits \(p.77\)](#), [Service Excellence – Nursing \(p.80\)](#) and [Service Excellence – Environmental Public Health Services \(p.82\)](#).

#### OBJECTIVE 3.3

##### Partner with BC First Nations to support their delivery of high-quality health programs/services.

The FNHA met and collaborated with communities on request to provide wraparound community health and wellness planning supports, training and resources. Community health and wellness planning funding was distributed to over 50 communities and organizations.

Building on a comprehensive, community-led approach to planning for a variety of communicable disease emergencies, the FNHA also collaborated with communities to revise and update their communicable disease emergency planning processes and resources.

Thirty-seven unique Nation-based Statements of Readiness for mental health and wellness projects, representing 147 communities, were submitted in 2019/2020 as part of the tripartite investments in mental health and wellness. In addition, the Province of BC and the FNHA each committed \$20 million to build and revitalize First Nations-run treatment centres throughout BC.

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Read more on this under [Key Priorities: Renewed Partnerships with First Nations \(p.54\)](#), [Service Excellence – Communicable Disease Population and Public Health \(p.81\)](#), [Service Excellence – Health Infrastructure \(p.83\)](#) and [Service Excellence – Mental Health and Wellness \(p.69\)](#).

## **GOAL 4:**

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



## OUTCOME STATEMENT:

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

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#### OBJECTIVE 4.1

##### Build strong leadership and foster First Nations organizational culture.

In 2019/2020, the FNHA hosted events and activities supporting staff members' learning, leadership and wellness journeys. The FNHA provided leadership development training opportunities in collaboration with other health authorities, facilitated an executive leadership retreat, launched an FNHA Leadership Forum for Directors and organized the 2020 FNHA Family Gathering. The FNHA continues to be a role model for cultural safety and humility in the workplace. In 2019/2020, 130 new staff completed San'yas Indigenous Cultural Safety training; overall, 80 per cent of staff have completed San'yas training.

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Read more on this under [Key Priority: Leadership and Culture Development \(p.84\)](#).

#### OBJECTIVE 4.2

##### Foster a healthy and engaging environment that enables personal excellence.

After completing the second annual HOWL Employee Engagement Survey in 2019/2020, FNHA teams and individuals participated in action planning sessions to review survey results and identify next steps.

To promote workforce safety, the FNHA prepared staff for emergencies and risks such as wildfire smoke, earthquakes, workplace violence, working alone and travel safety, occupational exposures and personal safety. Over the year, 641 safety awareness activities were completed – including inspections of offices, health centres and nursing stations – an increase from 350 activities conducted in 2018/2019. Eighty-seven per cent of staff completed required safety training.

As part of a commitment to supporting workforce wellness, the FNHA expanded the availability of staff wellness supports through the Employee and Family Assistance Program, including cultural supports available through partnership with the Tsow-Tun Le Lum Society.

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Read more on this under [Key Priority: Leadership and Culture Development \(p.84\)](#).

#### OBJECTIVE 4.3

##### Achieve excellence in operations.

Excellence across the FNHA's operations is supported by high-quality services, and the FNHA has established service standards outlining the quality of services clients can expect to receive.

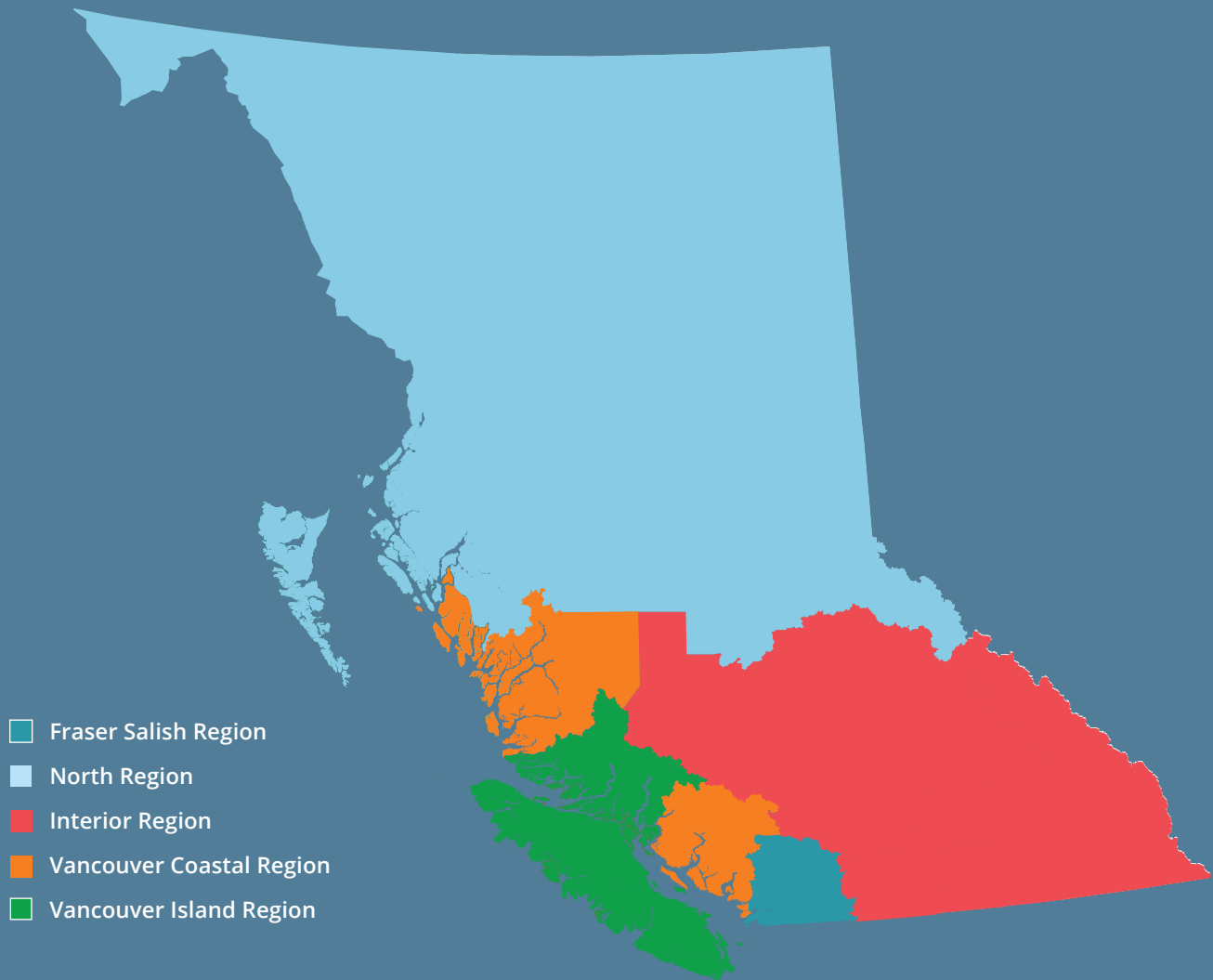
In 2019/2020, corporate service standards were developed in finance, accommodations, and information management and information technology (IMIT). Financial leadership dashboards were launched, and the FNHA's internal services maintained a strong customer service philosophy to encourage proactive, responsive and comprehensive coverage of internal services across the organization.

The FNHA launched two major IMIT initiatives this year. The first was the FNHA Digital Strategy, an organization-wide analysis of how investments and capability in key digital functions can contribute to the FNHA's Goals, Key Priorities and overall health and wellness ecosystem approach. The second was the FNHA IMIT Service Delivery Strategy, which established a baseline assessment of the IMIT Service Portfolio using a Customer Satisfaction Survey to inform process improvements throughout 2020/2021. Key projects and continuous improvement initiatives enhanced IMIT capabilities in core technology, architecture, information security, applications information and record management, service desk, project management and business analysis.

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Read more on this under [Key Priority: Service Excellence \(p.80\)](#).

# Regional Health and Wellness Plans



# Fraser Salish Region

## Regional Health and Wellness Plan Pillars

### Pillar: Mental Wellness and Substance Use

The Fraser Salish Region achieved a significant milestone in June 2019 when it received community approval of the Five-Year Mental Health and Wellness Service Plan. This plan ensures that the regional team can move ahead with confidence knowing that communities feel their voices are being heard and that the shared path forward is the right direction for their needs.



Elders and youth canoe at Skwah First Nation during the We Walk Together event held in June 2019.

A fundamental component of the first phase of the plan is a training strategy, and this was effectively initiated from the outset. By February 2020, the Fraser Salish Region had successfully recruited five Mental Health and Wellness Community Coordinators, thereby establishing a full team that is currently actively engaged with communities. Numerous harm reduction and opioid response programs and initiatives were also implemented, and these are being supported in partnership with First Nations communities and mainstream service organizations. The Mental Health and Wellness team regularly works to support the improvement of services for First Nations people in the region.



The team continues to advocate for adequate influence in hiring processes for positions that are funded with partner agencies. Ensuring all positions are held by culturally safe people, especially for those positions that are in direct contact with communities, protects the region's people and our relationships with communities in general. Sharing cultural knowledge and teaching continues to be a foundation of the Fraser Salish team's work and is supported through gatherings, ceremonies and the creation of cultural materials.

In August 2019, a three-day "Healing from Trauma and Spiritual Wellness" gathering was led by the Honourable Steven Point and Dr. Gwen Point at Soowahlie First Nation, an event that welcomed approximately 300 of the region's members.

**Gary Abbot (left) and the Honourable Steven Point (right) bless the new Elders' Shelter at Spuzzum First Nation, January 2020.**

## Pillar: Public Health and Health Literacy

The Fraser Salish Region's nursing team includes two Community Health Practice Consultants (positions that are shared with the Vancouver Coastal Region), who perform services that include building networks, liaising with internal and external partners, and enhancing primary care services and access. Working at the community level, they also provide consultation, support and referrals for community-based nursing practice and programming. Further support for the communities' nurses and health leads is delivered through face-to-face orientation and consultative services, along with biweekly education on topics that include chronic disease management, respiratory care, foot care, immunization, maternal child health, palliative care, early years, nutrition and end-of-life care. The nursing team also develops resources for nurses and health leads for their home and community care programs.



**A hoop dancer performs at the Fall Four Seasons all-community gathering at Spuzzum First Nation in December 2019.**

In collaboration with the Vancouver Island Region, the Fraser Salish Environmental Public Health Services team supported a cross-regional environmental emergency response, which included a joint response to flooding within the Vancouver Island Region.

In 2019/2020, a full Wellness Initiatives, Programs and Service Supports team was assembled, consisting of a Manager of Programs and Service Supports, two Wellness System Navigators, two Jordan's Principle Navigators, and one each of: Wellness Initiatives Facilitator, Tobacco Cessation and Reduction Coordinator and Aboriginal Head Start Advisor (a position shared with the Vancouver Coastal Region).

The Fraser Salish Region organized many community engagement and capacity development opportunities over the year, including 43 information sessions shared between the Wellness System Navigators and Jordan's Principle Navigators, 42 sessions held on the part of the Aboriginal Head Start Advisor, and 38 by the Tobacco Cessation and Reduction Coordinator.

One of the initiatives that started almost immediately was hosting "Wellness Initiative BBQs" in communities as a way to build and strengthen relationships. Seven of these were held in various communities to share food and connection, with team members also available to assist within their specialties if community members wanted to reach out.

The Fraser Salish Region team is also focusing on addressing the unmet needs of our urban members who are homeless or precariously housed, and not connected to a specific community. During the winter, in partnership with a local shelter in Chilliwack, the team hosted a "feast" for these urban members, with culture and traditional foods, to provide a place for warmth and fellowship. Guests were also gifted with some basic amenities and had the opportunity to connect to resources should they wish.

**Fraser Salish regional team members Alexis Grace and Vicki Vickers serve bannock to community members at a feast gathering in December 2019.**



## Pillar: Primary Health Care

The Indigenous Primary Health and Wellness Home in Surrey has provided culturally safe and integrated health and wellness care to urban and on-reserve Indigenous populations living within the Fraser West region since December 10, 2018. Its success has prompted the upscaling of this site, with approval from Regional Caucus, to become one of the three First Nations-Led Primary Health Care Initiative sites in Fraser West. A second site for a First Nations-Led Primary Health Care Initiative in the region has been identified.

The Fraser Salish Region successfully recruited for two positions: a Regional Primary Care Project Manager and Primary Care Lead. Both of these team members are active participants in the provincial-level community of practice, which includes FNHA's Primary Care teams from across all five regions. This community of practice was created to share ideas, learnings and best practices that can be brought forward to inform the planning and implementation of the First Nations-Led Primary Care Initiative Service Plans.

Activity around Primary Care Networks is also at the forefront of the work being undertaken within the region. The Primary Care Manager attends Collaborative Service Committee meetings and the Primary Care Lead is the delegated FNHA representative at Primary Care Network tables. Strategizing is underway on a plan for Primary Care Networks to incorporate culturally safe and trauma-informed health care practices.

## Pillar: Social Determinants of Health

The refreshed Regional Partnership Accord was signed at Gathering Wisdom for a Shared Journey X in January 2020. A refresh of the Regional Health and Wellness Plan was also initiated, and included a review and visioning session held in the fall, before COVID-19 priorities took over in 2020.



Fraser Salish Region leadership sign the revised Partnership Accord at Gathering Wisdom for a Shared Journey X, January 2020.

## Additional Key Priorities

### Cultural Safety and Humility and Traditional Wellness

In September 2015, Keegan Combes, a Fraser Salish community member from Skwah First Nation, tragically passed away while in care at Chilliwack General Hospital. The Fraser Salish team collaborated with Fraser Health to hold an event in September 2019 to both honour Keegan and promote reconciliation between the family and community members and hospital caregivers. This event was well-attended and featured an unveiling of a specially commissioned Indigenous art piece, called “Healing Hands of Friendship,” created by one of the region’s artists, Francis Horne.



Fraser Salish Region artist Francis Horne stands next to his steel carving, “Healing Hands of Friendship,” installed at the Chilliwack General Hospital in September 2019, to honour Keegan Combes.

Five draft cultural protocols were submitted for review by Fraser Health and the FNHA: End of Life; Spiritual Transition (Dying and Palliative Care); Traditional Healing; Spiritual Illness; and Traditional Birthing Practices. These protocols will be used as educational resources for Fraser Health staff to deliver culturally informed and safe care.

### Engagement Highlights

In addition to the annual Spring and Fall Caucuses, several one- and two-hour sessions were held with Fraser Salish Caucus members during Gathering Wisdom for a Shared Journey X in January 2020. Monthly joint working groups and quarterly meetings with Health Directors rounded out the region’s regular engagement activities.

From May 2-3, 2019, over 200 participants made up of representatives from communities and partners across the Fraser Salish and Vancouver Coastal Regions spent two days in plenary and breakout sessions, networking, collaborating and connecting together. This was the first-ever health and wellness gathering at Harrison Hot Springs. Rapid expansion of the Fraser Salish regional team over the previous 12 months also presented an opportunity for a two-day staff tour in March, which allowed new team members to become familiar with the region’s communities.

### Fraser Salish Regional Team Wellness

As part of ongoing team wellness, Fraser Salish regional team staff organized a “Giving Back Initiative.” The team collected and distributed both new and gently used winter clothing along with \$600 worth of hand and foot warmers, socks, blankets and warm clothes to urban and away-from-home Indigenous individuals who are facing poverty.



Members of Sts'ailes First Nation led the procession to open the Harrison Hot Springs event and bring in the ancestors to guide the work in a good way.



# Northern Region

## Northern (2019/2020) Annual Operational Plan Pathways

The priorities identified by the region's 55 Nations have guided the work of the FNHA Northern Region team over the past seven years. The region includes seven Nations in the Northeast, 22 in North Central and 26 in the Northwest, each with unique resources, needs and connections. The regional team's main channels of communication remain the Community Engagement team, who develop and maintain strong relationships with community health leads and members, as well as twice yearly sub-regional gatherings and the Regional Health Assembly, where we engage and report back on our work on communities' behalf. The headings below reflect the FNHA Northern Region's Operational Plan pathways.

### Encourage Traditional Wellness

In June 2019, Skidegate and Old Massett hosted the first Northern Traditional Healers Gathering at Hiellen Longhouse Village on Haida Gwaii. While on the land, beach and water, the newly self-named Sacred Knowledge Keepers discussed revitalizing rites of passage, terminology, land-based events, rituals and ceremony, compensation, Nation-based protocols, confidentiality, and integration with Western practices. The ideas and discussion were captured and entered into a new database, and many highlights from the gathering are shown in the FNHA Sacred Knowledge Keepers Gathering video on YouTube. A bustling social media group was launched and their work continues today.



Sacred Knowledge Keeper dancing at Hiellen.

Recognizing the deep connection First Nations have to the land, the FNHA is investing \$3,517,500 over 2019-2021 to support First Nations communities in improving access to land-based treatment and healing for their programs and services. In response to feedback from the 2018 land-based healing engagement, 33 per cent of the available funding was allotted to champion one land-based treatment and healing program per sub-region, while the remaining 67 per cent went directly to each community.

Lake Babine Nation hosted two land-based events on their territory: the research-based "We Walk Together" project and a medicine harvesting workshop for youth, where they gathered lhudi mistik (Labrador tea).



Fort Nelson Elder at moose camp.

Further north, Fort Nelson Hospital initiated a Traditional Medicines Case Study to look at integrating traditional medicines into their care program. This was supported by the Traditional Wellness Specialist, the local Aboriginal Patient Liaison Worker, physicians and pharmacists.

For two years Fort Nelson First Nation has used their Regional Envelope Fund to support an annual celebration held in August. People come from across BC to participate and learn with the Nation about cultural activities and practices as well as join competitions for their chance to win "big bucks." Attendance is high and everyone smiles from ear to ear (even if the weather is bad).

A challenge for this year is determining how to fund compensation for Traditional Healers.

## Deliver Primary Health Care

Each of the Northern communities has a different set of resources and strengths, and after more than a year, the Northern regional team has now completed a comprehensive Asset Mapping for the region. The Northern Region can build on these assets to address community needs and improve health. Nurses in northern communities can now access the LearningHub, a province-wide course registry and learning management system used by many health authorities in BC.

Patients, family and remote health care providers for those wanting to stay at home for end-of-life care now have access to a toolkit as part of the Palliative Care Pilot project. Northern Health and the FNHA supply the patient with an iPad to connect with palliative care specialists virtually. The specialists are able to offer guidance to ensure the patient is comfortable and able to remain in their home community for as long as possible.



**Medical students prepare hides in the Northwest.**

To ensure wraparound services for First Nations, Primary Care Networks are being introduced and are currently in the planning phase. In 2019/2020, the FNHA Northern Region engaged with the Northern Divisions of Family Practice (Pacific Northwest, Northern Interior and North Peace) and northern First Nations communities to align Primary Care Network service planning with northern First Nations community and Nation priorities. Key areas of focus for discussion were Primary Care Networks orientation, local needs identification, governance structures, end-to-end alignment, relationship building and funding parameters. The FNHA Northern Region advanced the First Nations-Led Primary Health Care Initiative by engaging in face-to-face preliminary analysis consultation with Gitksan and Wet'suwet'en communities and stakeholders, as well as by exploring primary care sustainability and enhancement options for the Northern Interior to leave no community behind.

An ongoing challenge to delivering primary care is human resources: the people providing direct care. The 112-page FNHA Northern Region Report on Community Barriers to Recruitment and Retention addresses this challenge and highlights 10 key findings and six key recommendations. The report was compiled from feedback from 10 community visits and several surveys.

Another identified gap for primary care relates to opioid agonist therapy in community. In transferred community health centres, oversight is needed for narcotic management to be able to store Suboxone.

## Support Maternal and Child Health

In 2019/2020, the first round of self-swabbing human papillomavirus kits were deployed in the Northeast. This is a patient-centred approach to cervical screening for cancer – swabs can be taken at home – and is supported by education delivered by community health workers. Remote delivery of this service has helped address some existing screening challenges presented by our northern geography.

Children from up to six years old can now access the Dental Fluoride Varnishing Program, which was piloted in six communities, piggybacking on the well-established Aboriginal Head Start On-Reserve program. Kids receive varnish every three to six months to help prevent tooth decay.

Several years ago, Gitga'at created a partnership with BC Children's Hospital to get local children up to date with dental assessment and treatment, initially using Brighter Smiles funding. The agreement with BC Children's Hospital started out with dentistry and expanded to have medical residents travel to the Northern Region to provide mental health services for children twice a year. Once the baseline for dental was reached in Gitga'at, and full service was established by local dentists for all ages, Gitga'at offered to share these resources with Lax Kw'alaams and Gitxaala. The two communities used Regional Envelope Fund funding to join. BC Children's Hospital continues to send pediatric dentists to these two communities along with mental health pediatric visits to Gitga'at once a year. Kitkatla, Lax Kw'alaams and Gitga'at all used their 2019/2020 Regional Envelope Fund for these programs.

## Promote Mental Wellness

Mental Wellness continued to focus on training and capacity development in community. In 2019/2020:

- Sixteen participants from across the North attended the Nicola Valley Institute of Technology Chemical Addiction Worker Advanced Diploma certificate training in Fort St. John;
- Eighteen individuals attended Indigenous Tools for Living Module 3 (continuing in 2020);
- Frontline community nurses and mental wellness leads attended an opioid agonist therapy training workshop (Suboxone education);
- Elders and fluent Wet'suwet'en speakers were among those in attendance at a Psychological First Aid course that adapted the Lakota version for the Northwest; and
- Many people participated in an interactive workshop on cannabis facts and the FNHA's policy work and community engagements surrounding cannabis use and concerns regarding legality.

Connie Greyeyes, a long-time Northeast advocate, is also leading work on Missing and Murdered Indigenous Women and Girls in partnership with the Indian Residential School Survivors Society.

For the past three years, Blueberry River First Nation has used their Regional Envelope Fund to conduct a community safeguard program that runs during times that the office and health centre are closed. The program offers wide-ranging assistance to community members, from providing naloxone kits and training to first aid, crisis support and rides to and from homes (to prevent individuals getting hurt while intoxicated). This program is highly successful in their community.

## Improve Population and Public Health

### ENVIRONMENTAL PUBLIC HEALTH SERVICES

During Environmental Public Health Services engagement at the spring sub-regional gatherings, health leads reported on their top Environmental Public Health Services priorities. These included supporting a specialist Environmental Health Officer position as well as a position to investigate and evaluate social health concerns related to resource development.

Environmental Public Health Services continues to support challenging water quality and housing issues through inspections, testing and advocacy, along with ongoing collaboration with communities, consultants, building inspectors and Indigenous Services Canada.

### CHRONIC CONDITIONS

The Chronic Conditions Advisor role in the Northern Region was established to help those who live with serious ongoing health issues, such as diabetes or chronic obstructive pulmonary disease. The advisor offers clinical support for care providers; makes ongoing referrals to support community with practice around foot care roles and responsibilities; and tracks requests for support from a chronic disease perspective. The initial draft of a foot care strategy is currently being vetted before use in community.

One of the priorities of this role was to complete the Chronic Conditions Services Delivery Model, which was achieved after eight months of engagement with communities, Northern Health and the FNHA. The idea for the Chronic Conditions Services Delivery Model arose from the success of the Nutritional Service Delivery Model (2017), where six key aspirations were identified as being important for nutrition and health service provision. The scope of the Nutritional Service Delivery Model was expanded to include all chronic conditions.

To help health leads and others take a holistic view of chronic disease management, a new tool was developed and distributed. Called “What’s in a NAME?,” this set of 21 cards depict scenarios of people with specific concerns and promotes conversation for planning and treatment purposes. The cards are ready for dissemination.



Cards used for holistic health planning.

## Strengthen Our Partnerships

Many of the FNHA's services are delivered with partners, and our most important partners are First Nations communities. In 2020, the FNHA signed a Memorandum of Understanding with the Rural Coordination Centre of BC. The agreement is designed to enable organizations to work together more closely to address the challenges of providing primary health services to remote and rural communities, such as physician recruitment, and it supports the expansion of rural primary care facilities across the province. After the signing ceremony, everyone danced together to the drumming and singing of the Lake Babine Nation drummers.



Dancing after the signing of the Memorandum of Understanding between the Rural Coordination Centre of BC and the FNHA.

The Northern Partnership Accord Evaluation Report was completed in 2019/2020 as a data source and was presented to the Northern First Nations Health Partnership Committee. The report will help guide changes to the Northern Partnership Accord and the Health and Wellness Plan.

The work of the Northern First Nations Health Partnership Committee intersects with all programs and services for the FNHA and Northern Health; new members have joined this year to add their experience, skills and commitment to this committee and its five working groups. To better understand the FNHA Northern Region and how our partners work together, the FNHA of BC Northern Orientation Video was filmed and completed in 2019.

## Develop Community Capacity and Coordinate Training/Events

The Northern Region coordinates many events throughout the year, with some of the highlights from 2019/2020 including:

- The **Northern Shared Regional Health Assembly** (formerly Caucus) introduced a new approach to engagement that separates technical and operational topics from political and governance topics.
- The **Northern Region Mental Wellness Forum** specifically focused on crisis response for first responders and other direct provider community roles. There was an introduction to the concept of harm reduction (what and why) before discussing the Northern Region's response to the opioid overdose crisis. Other topics included self-care, grief and loss, mind and body health, and wellness through culture on the land. Theo Fleury presented The Power of Me Too, and the event concluded with the good medicine of laughter provided by Don Burnstick.



- The **Northern BC Indigenous Youth Science and Health Camp 2019** aimed to increase the interest of First Nations youth in science and health careers. Here is an anecdote that captures the character of the event: “Participants clearly had the time of their lives – and I saw at least six kids raise their hands when the question ‘How many of you want to be doctors when you grow up’ was posed...apparently we also have a number of nurses, computer technicians, animators, and science teachers of the future, too. All of whom are inspired to graduate from high school and go to college and/or university. Pretty cool.”

Engagement is central to our work and we recognize that opportunities exist to improve. The regional team conducted an engagement review at various gatherings, with community members answering questions including: “What FNHA engagement is working well for you and your community? What type of support do you and your community need from the FNHA in the next year? What type of support will you need from the FNHA in the next two to three years?” Results from that review will guide the regional team as we move forward to respectfully engage with our community partners.

This year, funding callouts for mental health and wellness arrived close together and were similarly named, causing confusion in the communities about the application process. In some cases, there was a lack of capacity to write an in-depth proposal for complex projects like a treatment centre, which need to incorporate many considerations such as legal, services, liability, safety precautions, etc. Some communities expressed preference that the regional staff draft the document and then have it vetted by the community. There were some great submissions for the Mental Wellness Memorandum of Understanding funding and land-based healing allocations to meet unique community needs.

Another gap that was identified was in strategic planning, specifically having Community Engagement Coordinators’ input in determining the naming, timing, messaging and coordinating of regional community engagement plans, including funding and education opportunities. Strategic planning with Community Engagement Coordinators would help these staff members to better carry out their duties, improve the communities’ understanding and submission of proposals, and meet communities’ needs.



**Future health care worker or scientist?**

## Develop Internal Capacity and Support Operational Planning

The Northern Region team is committed to functioning at a high operational standard and the team devotes time each year to operational and strategic planning sessions.

Community Health Practice Consultants attended a two-week Educator Pathway training sponsored by Northern Health that focused on learner-centred techniques for sharing new knowledge. FNHA team members networked with partners and raised awareness of our work, especially in First Nations communities. Other regional staff undertook project management training from the University of Northern British Columbia and two managers participated in THRIVE Leadership training.

Clear and timely communications enable the team to work effectively and positively. Just before the fiscal year-end, several new communications pathways were developed in the Northern Region to rapidly and accurately share ever-changing information about COVID-19 with regional team staff, urban Indigenous organizations, the Community Engagement Coordinators who distribute information to leadership, and partners. The biweekly Northern Region newsletter reaches 500 people and this year, the Health Professionals team started a newsletter that has also been well received. Additionally, nurses received positive feedback on their recorded webinars covering topics from health benefits to tobacco cessation.

Whether staff work in one of the FNHA Northern Region's five locations or from home, each person is encouraged to demonstrate wellness by participating in physical activities and challenges, taking breaks to walk outside or to mentally rest for a few minutes, and to eat healthy foods. Knowing that connecting with culture and the land is important, the regional team set up regular sessions for staff with traditional healers. The Regional Mental Wellness team participated in a land-based wellness and team-building activity of harvesting and preparing cottonwood bud salve. These resources have been key to personal wellness, especially with the onset of the COVID-19 pandemic as the fiscal year came to a close.



On the road to Tsay Keh Dene.

The Northern Region team continues to strive for excellence in an effort to support Northern First Nations' goals and visions, and the team continues to hear from, and be inspired by, northern communities and leadership.

# Interior Region

## Interior Regional Health and Wellness Plan Goals

### Introduction

The FNHA Interior Region is dedicated to supporting communication, engagement and planning with the seven Nations and 54 communities within the region, as well as with Interior Health and other partners. Because of the diversity in landscape and community priorities present in the Interior Region, the regional team promotes a unique “wraparound” approach through Nation Shared Services to maximize benefits for communities and promote collaboration and partnerships with Interior Health, the FNHA and other providers.

Key highlights from 2019/2020 include re-signing the Regional Partnership Accord; acquiring funding to support food security, mental wellness and Elder care; gaining approval of a refreshed Regional Health and Wellness Plan at the Interior Region Governance Caucus; and working towards development of a Tripartite Collaborative Emergency Management Agreement between Interior Nations, Emergency Management BC, Indigenous Services Canada and the BC Wildfire Service.

### Goal 1: Improve Health Programs and Services

#### ENVIRONMENTAL DETERMINANTS OF HEALTH AND ACCESS TO TRADITIONAL FOOD SOURCES

The Interior Region continued to support increased access to safe traditional foods and Community Food Workers. Initiatives included hosting food preservation and food safety workshops; fostering a community of practice among food workers to share ideas and techniques to increase safe access to traditional food sources; collaborating with Interior Health to provide Interior Health-funded grants to communities implementing traditional foods programs; and collaborating with the ministries of Health and Agriculture and the Provincial Health Services Authority on three engagement projects to support access to traditional foods. With pressures being felt from COVID-19, the regional team is working to increase funding and resources to support the purchase of food and supplies. The Nations also adapted their harvesting practices to protect salmon species in response to the Big Bar landslide that prevented salmon from swimming and spawning upstream.



#### The Simpcw Community Garden: A Place for Care, Culture and Connection

Community members from the Simpcw First Nation identified a need for healthy, fresh, accessible and affordable produce for their families' overall health and wellness. This prompted an application for a community garden grant two years ago through the Heart and Stroke Foundation of BC & Yukon in partnership with AGRIFIRST Canada and the FNHA. Today the Nation hosts a community garden as part of the First Nations Food Systems Project. The garden provides a place for community participation and connection through the sharing of local produce and traditional food harvesting and preservation techniques, as well as fostering an excitement for and awareness of healthy lifestyles.

## MENTAL WELLNESS

As part of implementing the Mental Health and Wellness Tripartite Memorandum of Understanding, all seven Nations submitted Statements of Readiness for funding to advance delivery of innovative mental health and wellness programming, Nation-based planning that addresses varying social determinants of health, and collaborative partnerships between communities. At the close of 2019/2020, the seven Nations were in varying stages of implementing their land-based healing initiatives.

The Interior Region worked to increase regional mental health and wellness response capacity, which included providing eight distinct mental health and wellness training sessions. The Interior Region also collaborated with Interior Health in further discussions related to the development of a Regional Crisis Response Guiding Principles and Protocol. The region continues to face a high demand for crisis response supports and the Interior Region team seeks to increase capacity and resources for crisis support training and response to meet requests.



Esk'etemc Recovery House.

## PRIMARY HEALTH CARE

First Nations communities in the Interior Region participated in several primary care planning meetings with Interior Health and the Divisions of Family Practice. Interior Nations identified pressures related to engagement on primary and community care transformation work. Specific challenges identified include inequitable planning infrastructure; the need for additional resources to enable full participation in Primary Care Network planning; barriers to access funding; and the need for improved coordination between communities, Nations, Interior Health and other health partners. The Interior Region team continues to collaborate with Interior Nations and Interior Health to improve engagement processes and infrastructure to better support First Nations participation in Primary Care Network planning.

A new First Nations-Led Primary Care Initiative site in the region held Nation engagements with Nation and community leadership and Health Directors, Elders and community staff to scope key service gaps and priorities. Preliminary planning meetings were held with Interior Health to discuss the importance of carrying out collaborative meetings to support the development of service planning areas.

Additional progress includes the expansion of the nurse exchange program between communities and the Cariboo Memorial Hospital to include allied health professionals. Twenty-six First Nations health service organizations have gained access to Meditech, a web-based electronic health recording system, and an additional 14 are in the process of gaining access.

## CULTURAL SAFETY AND HUMILITY

This past year, Indigenous Cultural Safety online education modules became mandatory for all Interior Health staff. Three Interior Health facilities began offering a rotational drumming program in partnership with communities.

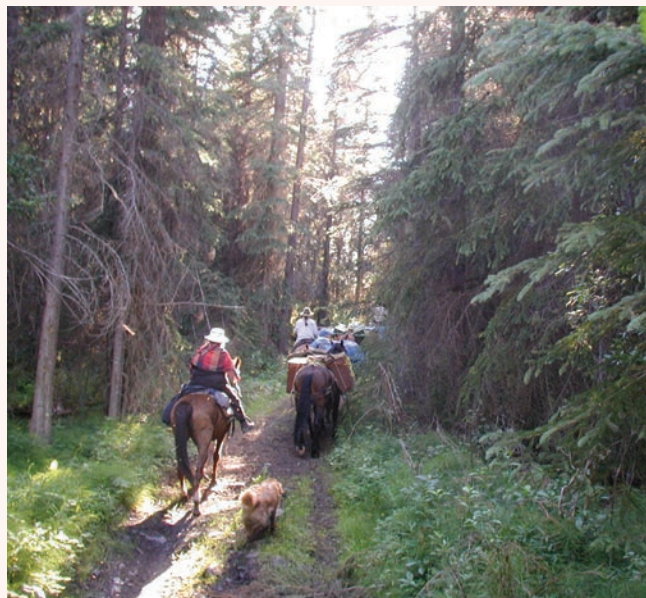


## Goal 2: Function as an Excellent and Efficient Organization

Interior Region staff participated in several leadership and development opportunities, including workshops with Fierce Conversations, LINX and THRIVE. A team planning session was held to orient goals and priorities. With the new additions to the growing Mental Wellness team, the Interior Region is committed to building team connection and is currently progressing through the Big Five program, which considers how different personality traits contribute to workplace performance and engagement.

### REGIONAL HEALTH AND WELLNESS PLAN

In spring 2019 a refreshed Regional Health and Wellness Plan was approved at the Interior Region Governance Caucus session, and the Interior Region participated in the development of a team model and plan that reflects advancing priorities identified in the Regional Health and Wellness Plan. Interior Region Health and Wellness Plan priorities informed the 2020/2021 refresh of the FNHA's Summary Service Plan.



## Goal 3: Establish Effective Governance and Partnership Relationships

### ENGAGEMENT AND PARTNERSHIP ACTIVITIES

Over the course of 2019/2020, the Interior Region collaborated with Interior Nations to host governance engagement events such as Nation Health Assemblies and Interior Regional Governance Caucus sessions. Community engagement topics included harm reduction, mental wellness, primary care planning and emergency management.

Several partnership activities were held, including Partnership Accord Technical and Leadership Table Meetings, strategic planning with the Partnership Accord Technical Table, and ongoing meetings related to the development of a Tripartite Collaborative Emergency Management Agreement between Interior Nations, Emergency Management BC, Indigenous Services Canada and the BC Wildfire Service.



Interior Region Partnership Accord signing.

### RE-SIGNING THE INTERIOR REGION PARTNERSHIP ACCORD

On July 5, 2019, the seven Interior Nations and Interior Health renewed their commitment to work together to improve Indigenous health outcomes and ensure cultural safety across the health system. The Partnership Accord, originally signed in 2012, was re-signed and extended through 2024. Updates to the Partnership Accord included an acknowledgement of the federal and provincial government endorsements of the United Nations Declaration on the Rights of Indigenous Peoples, and the Calls to Action from the Truth and Reconciliation Commission. A Partnership Accord Technical Table strategic planning session was held with Nation representatives, the FNHA and Interior Health

to clarify the purpose of the Partnership Accord Technical Table, identify Nation priorities and alignment with objectives from the renewed Partnership Accord, and to seek feedback regarding an engagement approach and processes. A First Nations Elders Care Enhancement initiative resulted in increased staffing for positions in local First Nations communities and the signing of contracts between Nations and Interior Health regarding funding and support for Elder Care.

## EMERGENCY MANAGEMENT

The Interior Region team progressed work to increase emergency management capacity in the region through meetings and the establishment of several working groups. Dialogue meetings continued with Emergency Management BC, Indigenous Services Canada and the BC Wildfire Service to develop a Tripartite Collaborative Emergency Management Service Agreement. An Action Accountability Register was created to identify and monitor joint emergency management priorities. Two Interior Health-FNHA emergency management working groups were created to address primary care and mental wellness alongside the development of an Environmental Health Programs Operational Protocol. In partnership with the Canadian Red Cross, the region has distributed contribution agreements with 28 communities and the seven Nations (\$6 million over two years) for the continued provision of community-based mental wellness services. Collaboration with Indigenous Services Canada led to five years of distributed funding to support Nations with hiring Nation-based Emergency Managers. Flooding and wildfires remain a significant risk to Interior communities, and the Interior Region continues to seek resources to increase community capacity to support emergency prevention, response and recovery.



# Vancouver Coastal Region

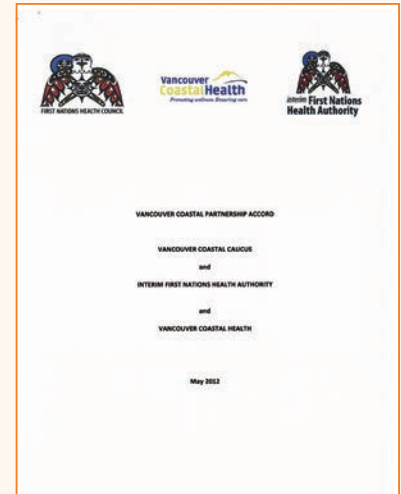
## Vancouver Coastal Regional Health and Wellness Plan Priorities

### Health Governance

#### VANCOUVER COASTAL PARTNERSHIP ACCORD

One way the Vancouver Coastal Region is enhancing and strengthening its health governance structure is through the implementation of a refreshed Vancouver Coastal Partnership Accord. The Aboriginal Health Steering Committee supports implementation and operational decision-making for the Vancouver Coastal Regional Health and Wellness Plan the Partnership Accord deliverables. During 2019/2020, the Aboriginal Health Steering Committee organized a Partnership Accord visioning session to refresh the Committee's Terms of Reference and discuss the findings from the Partnership Accord Evaluation findings and recommendations.

As part of its commitment to advancing the priorities of the Partnership Accord, the Vancouver Coastal Region hosted a primary care planning meeting in January 2020 in partnership with the CEOs of the FNHA and Vancouver Coastal Health. The Primary Care Network's work was mandated by the BC Ministry of Health and completed by the regional health authority, Divisions of Family Practice and local communities. Many other cross-collaborative planning activities between the FNHA and Vancouver Coastal Health took place during the year.



Vancouver Coastal Partnership Accord.

#### REGIONAL/SUB-REGIONAL GOVERNANCE STRUCTURES AND PROCESSES

Regional and sub-regional governance structures and processes were operationalized throughout the year to direct ongoing activities taking place within the region. Members of the FNHDA and Health Director Tables convened regularly to support decision-making on health service design and delivery. The Vancouver Coastal Region was intentional in ensuring there was meaningful integration of Traditional Knowledge across the region, as seen through the strong integration of regional Knowledge Keepers across the health governance landscape.

#### COLLABORATIVE PLANNING WITH COMMUNITIES AND SUB-REGIONS

The Vancouver Coastal Region attends planning committees and tables alongside community-appointed representatives, including Collaborative Services Committees and the Aboriginal Health Steering Committee, to discuss ways to improve access to health care within the region. Further consideration is needed on how to align resources and support rural and remote Collaborative Services Committees.

#### THE URBAN VANCOUVER ABORIGINAL HEALTH STRATEGY

Relationships and supports were strengthened under the Urban Aboriginal Health Strategy by way of urban community primary care service providers. During 2019/2020, FNHA staff visited the Vancouver Native Health Society for a clinic tour and update on program and service delivery, and these updates were provided to the Regional Health Assembly and Regional Table.

## Planning, Engagement and Communication

### ENGAGEMENT AND PLANNING ACTIVITIES

Engagement with communities and Nations remains a priority. Community engagement within the region involves communication, collaboration, traditional wellness and planning.

The Vancouver Coastal Region actively participated in many engagement events at community, regional and provincial levels. Regional-level engagements included a joint Vancouver Coastal-Fraser Salish Health and Wellness Conference, Vancouver Coastal Regional Governance Caucus, Regional Health Assemblies and a gathering of Vancouver Coastal Health Directors. Topics of project-specific engagements included: urban and away from home, tobacco reduction and cessation, the Aboriginal Head Start On-Reserve program, food security and healthy eating, "Dads in Gear" facilitator training sessions, Jordan's Principle information sessions and Health Benefits information sessions.



"Dads in Gear" facilitator training for the Respecting Tobacco program.

## Wholistic Wellness and Health Service delivery

### ADVANCING IMPROVEMENTS IN MENTAL WELLNESS AND SUBSTANCE USE

The Vancouver Coastal Region delivered numerous community-level harm reduction and opioid response activities during the year, and advocated for harm reduction. At the regional level, tables and teams were established to support the FNHA regional overdose response.



Wise practices in mental health and wellness crisis response were shared at a peer support panel at the Spring Vancouver Coastal Caucus.

Important discussions also took place on Land-Based Healing Contribution Agreements and community capacity to operationalize funding. Further engagement and planning will begin in alignment with Directive #1: Community-Driven, Nation-Based approaches. Funds were allocated for land-based healing planning and program development and steps are being taken to ensure this funding will support pre and post-vention treatment services.

In 2019/2020, four Mental Health and Wellness Memorandum of Understanding Statements of Readiness were approved for funding. To ensure no one is left behind, support was made available to the remaining communities to complete their Memorandum of Understanding Statements of Readiness. Strategic resource planning occurred with Coastal Community of Care, providing input on Emergency Treatment Funds and Substance Use System of Care from two funding streams.

Furthermore, funding was secured from the opioid funding envelope to support the Joint Project Board Mental Wellness Substance Use Virtual Team to enhance clinical and traditional wellness services in community. This funding strengthened the team's capacity and enabled the hiring of full-time regulated clinicians in First Nations communities to provide mental health and substance use support and services.

## PROMOTING WELLNESS IN NATIONS AND COMMUNITIES

A joint Vancouver Coastal-Fraser Salish Health and Wellness Conference was held in Harrison Hot Springs that offered traditional supports to over 250 health leaders, providers and community members. A joint Elder's Advisor Committee was also established, involving two Elders per sub-region, and a Regional Traditional Knowledge Keepers Network was created, involving a minimum of one Traditional Knowledge Keeper per Nation.



**Tla'amin Elders enjoying their time in the woods at the Traditional Wellness Gathering.**

Over the past year, the Vancouver Coastal Region implemented many food security/sovereignty and healthy eating initiatives, including the formation of Nation-to-Nation food security/sovereignty networks to support best practices. Nine Nations participated in the Vancouver Coastal Region First Nations Food Systems project.

The regional team also provided support for several tobacco reduction and cessation efforts, including hosting a youth-focused "Respecting Tobacco" session on vaping; hosting a federal Tobacco Control Strategy Community of Practice Gathering; and participating in the Campus Cultures of Smoking initiative led by the Canadian Institute for Substance Use Research and funded by the BC Lung Association and BC Ministry of Health.

During the year an Aboriginal Head Start On-Reserve Advisor also partnered with Nations to deliver workshops to frontline staff and co-develop and support early learning screening and program evaluation. The advisor also partnered with Healthy Child and Youth Specialists to deliver and co-facilitate a workshop for newly expanded programs. Train-the-trainer workshops in First Nations communities provided orientation to the program.

A few challenges remain. There are delays in program uptake in certain areas and it has been difficult to recruit Traditional Knowledge Keepers and secure sufficient resources to support community capacity building and reporting and implementation activities.



**Wuikinuxv Traditional Knowledge Keeper Andrew Johnson on a group medicine walk at the Traditional Wellness Gathering.**



## **CULTURAL SAFETY AND HUMILITY, TRAUMA-INFORMED CARE AND CRISIS RESPONSE**

The Vancouver Coastal Region supported and implemented numerous cultural safety, trauma-informed care and crisis response activities. For example, a cultural safety and humility presentation took place during Lil'wat's Addictions Week event. First Nations communities within the region continued to be supported with wholistic trauma-informed care and are completing applications for complex trauma training. The regional team collaborated across the organization to deliver joint healing complex trauma training. The team provided an appropriate and coordinated response to crisis incidents in community by working with a community-based network (Traditional Knowledge Keepers and Health Directors). Several regional team members were also selected to take emergency preparedness training through the Justice Institute of British Columbia.

## **HEALTH BENEFITS**

Continuous quality improvement efforts were made concerning the Health Benefits program. The Community Relations Representative engaged with each of the Vancouver Coastal Region First Nations and several urban and away-from-home communities on the Pacific Blue Cross transition, the Health Benefits program, the PharmaCare transition, and changes related to medical supplies and equipment, dental and vision coverage.

## **Health Human Resources**

### **WORKFORCE DEVELOPMENT AND CAPACITY**

During the year, the Vancouver Coastal Regional Addictions Specialist continued to work with Nations to support staff recruitment and retention under several funding streams. Vancouver Coastal Health supported the recruitment of a Vancouver Coastal Health Aboriginal Health Clinical Lead Position through the partnership work of the Joint Project Board Mental Wellness Substance Use Virtual Team project. The Vancouver Coastal Region supported mental health and wellness planning, reporting and navigation of the larger system by recruiting a Mental Health Liaison. Additionally, a mental health and wellness contractor was brought on to support an external evaluation component of the project and to enhance planning and reporting support to Vancouver Coastal Region First Nations.

Several Nations have experienced attrition of hired positions under the Joint Project Board Intensive Case Management Virtual Teams project, which has led to concerns about ensuring appropriate support for community peers. The Vancouver Coastal Region is seeking a new support structure for the program and a partnership with the Canadian Mental Health Association.

## **Operational Excellence**

There have been challenges advocating for a clearly defined appeals process to address systemic barriers within the FNHA's medical transportation system.

## **Data and Research**

### **EVALUATION AND PERFORMANCE MEASUREMENT**

The Vancouver Coastal Region completed and shared a draft version of the Vancouver Coastal Regional Partnership Accord Evaluation during Regional Health Assemblies/Caucus following the Partnership Accord refresh visioning session. Evaluation findings were shared with the Regional Table to gain further direction on the refresh process and were then presented to the Regional Health Assembly. Overall, the evaluation was well received.

Additional activities included implementing the data access request process and using provincial health system matrix data to support primary care planning. The regional team also participated in discussions on the design and implementation of the "My Health, My Community" survey. Preliminary findings from the Evaluation of the Mental Wellness Substance Use Virtual Team were generated and shared with Health Directors at the Shared Regional Health Assembly. During the year, the Regional Table completed a review of the process for gathering information and assessing primary care service delivery across the family of 14 Vancouver Coastal communities. Going forward, the regional team will implement a needs-based analysis approach to inform priority sequencing for enhancing services. The regional team began planning a refreshed Regional Health and Wellness Plan process, including the design of an evaluation of the Plan. The absence of performance measures and indicators of success within the current Plan remains a challenge.

# Vancouver Island Region

## Vancouver Island Regional Health and Wellness Plan Priorities

The key purpose of the Vancouver Island Regional Health and Wellness Plan is to establish a common voice and identify common health and wellness priorities shared by all 50 First Nations communities across the Vancouver Island Region. The Regional Health and Wellness Plan is intended to represent the strategic focus and direction for the region, with the purpose of informing and guiding work planning, investment strategies and partnerships with local health service organizations and Island Health.

### Engagement

#### VANCOUVER ISLAND REGION HEALTH FORUM

The Health Forum was held with the purpose to engage Vancouver Island Health Leadership in developing a Framework for Rural and Remote, and Urban/Away from Home priority areas to address the complexities and challenges faced by First Nations communities as highlighted in the Regional Health and Wellness Plan. The Forum was also an opportunity to enhance relationships and collaboration with communities and Island Health partners to better provide coordinated, continuous and culturally appropriate services for First Nations on Vancouver Island. One highlight from the Forum was the launch of the Dzawada'enuxw First Nation Rural and Remote Video in partnership with the FNHA and Island Health.



FNHA and Island Health staff traveled to Dzawada'enuxw First Nation for the Rural and Remote Video partnership.

#### HEALTH BENEFITS

To support the transition of dental, vision, and medical supplies and equipment benefits to Pacific Blue Cross, the FNHA held 46 community engagement sessions across Vancouver Island to support communities to better understand and access the new system.



## Traditional Wellness

The regional team recognizes the importance of traditional wellness in improving the health of First Nations peoples and is working to ensure traditional approaches to health and wellness are supported and centred.

### HONOURING OF TRADITIONAL HEALERS

In December 2019, a ceremony and feast was held for Traditional Healers from Tsow-Tun Le Lum and Quu'asa to honour their work. The event was extremely well attended, and included speakers, cultural dancers and blanketing of all the healers. This approach held a dual purpose: it raised awareness of who communities can call as a healer or Knowledge Keeper through the FNHA, and it upheld and acknowledged the partnerships created in crisis response and community capacity building.

### PROTECTING FOOD HARVESTING

Non-toxicogenic *Vibrio cholerae* bacteria were detected in Island waters and herring eggs in 2018. Herring eggs are an important traditional seafood for many First Nations in BC and provide cultural, nutritional and economic benefits. The Vancouver Island regional team managed the outbreak to allow the fishing advisory to be lifted. One of several initiatives to share learnings from the outbreak and gain knowledge was a keynote address given by the FNHA at the International Conference on the Biology of Vibrios to share ideas and opportunities for this emerging issue, and in particular to help First Nations regain confidence in this important traditional food source.

### WELLNESS OF THE LANDS AND WATERS – ENVIRONMENTAL PUBLIC HEALTH AND EMERGENCY RESPONSE

Water is an integral part of life, community and well-being. Community-based Water Monitors support local capacity to monitor water quality and to increase awareness and ownership of water systems. The second annual training event took place at Tigh-Na-Mara Resort, Parksville.



**Buttle Lake, Vancouver Island.**

Over 2019/2020, the Vancouver Island regional team supported the response and recovery for environmental public health events and emergencies as described below:

- Water sampling identified cyanobacteria in the deep well drinking source in Dzawada'enuxw First Nation. The regional team provided ongoing support to the community in investigating the outbreak, and also provided advice and recommendations;
- The 2016 Plumper Bay diesel spill continues to impact Esquimalt and Songhees Nations, and the Vancouver Island regional team continues to support the communities through health risk assessments; and
- The FNHA provided emergency response assistance during significant flooding events in Halat, Cowichan and Penelakut early in 2020, which led to evacuations and impacts on water systems, facilities and housing.

## Mental Health and Wellness

The regional team recognizes the intergenerational impacts of past and current colonial trauma, oppression and systemic racism on First Nations individuals, families and communities. Regional approaches to mental health and wellness are trauma-informed, and seek to address unbalanced wellness through traditional ways of knowing and being. The Vancouver Island Region continues to build its team in this area as there is a small pool of culturally safe, experienced and registered professionals in this field.

### CRISIS RESPONSE

The Vancouver Island regional team worked in partnership with Nuu-chah-nulth Tribal Council, Kuu-Us Crisis Line and Tsow Tun Le Lum to address community concerns around crisis response. The regional team collaborated to create and implement a crisis response standard across community partners. Currently, the FNHA Joint Project Board project covers the Kwakwaka'wakw and Coast Salish families, and this additional collaboration with Nuu-chah-nulth Tribal Council ensures the region as a whole is served in crisis response.

### SUBSTANCE USE AND TREATMENT

Engagement with First Nations communities identified a need for a continuum of care for people entering and exiting treatment for addictions, particularly for land-based healing, detox and discharge program planning. The Vancouver Island Region is developing a reporting template to enable the regional team to track the continuum of care for each Island community.

### TRAINING AND LEARNING OPPORTUNITIES

Four train-the-trainer sessions were held for FNHA team members and community frontline workers. Bringing together these two groups provides fluidity across services and supports First Nations communities to have FNHA staff as an extension of their strengths – working with and not for. Nurses working with communities continued to increase their own learning, benefitting from five therapy access workshops with a substance use specialist. Communities also participated in train-the-trainer workshops on topics including autism and detox.

## Primary Care and Nursing

In 2019/2020, the Vancouver Island regional team focused efforts on improving access to primary, community and home care service providers. The regional team has provided help through hiring processes, educational growth and practice development.

### ACCESS TO PRIMARY CARE PROVIDERS

Recruiting registered primary care and nursing professionals continues to be a challenge within the region. The region has experienced many successes this year related to improving access to care, including:

- Assisting a number of communities in hiring their own community health nurse and/or home and community care nurse;
- Recruiting a physician for Hesquiaht after three years with no primary care practitioner;
- Receiving continued support from Island Health for implementing the Ditidaht Primary Care Team;
- Creating a First Nations-Led Primary Health Care Project proposal for the West Coast of the Island; and
- Distributing general practitioner sessionals to multiple communities.

## PRIMARY CARE NETWORKS

The Vancouver Island Region has continued to participate in the Primary Care Networks and has provided additional supports to communities who are actively participating on a local Primary Care Network. The first Primary Care Network sites (Wave 1a and 1b communities) have started implementing Indigenous Wellness Supports and hiring new practitioners. Wave 2 submissions have been put forward, and work will continue into the new fiscal year.

## TRAINING AND EDUCATIONAL OPPORTUNITIES FOR NURSES

Several training and education opportunities for nurses were delivered this year, including:

- Hosting five opioid agonist therapy access workshops as a harm reduction strategy and person-centric approach for nurses working with First Nations communities;
- Holding a Newborn Assessment workshop for six nurses;
- Significantly increasing the foot care capacity in the region through a foot care course, with eight community nurses achieving certification (foot care was a priority service request by many Nations); and
- Having FNHA Vancouver Island Region Nursing join the Island Health Forensic Nurse Examiner committee to increase timely access and cultural safety for First Nations people seeking sexualized violence services.

## Maternal, Child and Family Health and Wellness

It is vital that we support the health and wellness of infants, children and families through appropriate access to health services, early learning programs and food security. We are raising healthy children to become resilient community members and leaders; this starts with an investment in maternity care, early childhood development and parenting supports.



## MATERNAL CHILD HEALTH STAFF ON THE REGIONAL TEAM

As this work was identified as a priority, the FNHA established three new roles in 2019/2020:

- Regional Manager, Maternal Child and Family Health;
- Coordinator, Maternal Child and Family Health; and
- Program Specialist, Maternal Child and Family Health and Fetal Alcohol Spectrum Disorder.

## TRADITIONAL PARENTING AND HEALTHY RELATIONSHIPS

Parents in Vancouver Island communities increased their confidence in their parenting skills, and developed further understanding of ways to recognize and respond to the needs of their children through a number of training sessions. These included:

- Head Start 101 training to support new Aboriginal Head Start on Reserve sites;
- Circle of Security Training Program (delivered to almost 100 participants);
- Touchpoints Parenting training in collaboration with Pathways to Healing staff for over 20 participants; and
- The ekwi7tl Doula Collective: Indigenous Doula training program delivered to 20 people in the North Island to increase access to doulas for pregnant women and new mothers.

## KWAKWAKA'WAKW MATERNAL CHILD AND FAMILY HEALTH PROJECT

The project was developed to support births closer to home for women in the North Island when possible. The project supports women living on- and off-reserve, and includes women living in remote communities. A midwife joined the team in August 2019, and she has since attended 10 local births in the North Island. To date, the project has served over 140 families, with some women now being supported through a second pregnancy.



Baby Welcoming Celebration hosted by the FNHA Kwakwaka'wakw Maternal, Child and Family Health team.

### Baby Welcoming Ceremony

A Baby Welcoming Celebration was held in the Kwakiutl Bighouse to welcome babies born between October 2017 and January 2020, and for families to celebrate the sacredness of bringing new life into the world. The event was hosted by the Kwakwaka'wakw Maternal Child and Family Health Program and local partners as a way of giving back to the families who have worked with them. The young babies and children were blanketed with traditional baby button blankets (handmade by the team of organizers) and the parents were gifted with cedar bark bracelets.



Baby Welcoming Celebration hosted by the FNHA Kwakwaka'wakw Maternal, Child and Family Health team.

## Cultural Safety and Humility

### WEST COAST GENERAL HOSPITAL ALL NATIONS ROOM

Members of the Nuuchahnulth communities gathered to celebrate the grand opening of the All Nations Room inside West Coast General Hospital. The culturally safe space is a result of a strong partnership working between Tseshaht, Hupacasath, Uchucklesaht, Ditidaht and Huu-ay-aht First Nations; the Nuuchahnulth Tribal Council; three local health service providers; Island Health; and the FNHA. The All Nations Room is supported by The West Coast General Hospital Foundation.

### ELDERS IN RESIDENCE

The Vancouver Island team continues to work to introduce an Elders in Residence program into acute care settings. The program, developed jointly by the FNHA and Island Health, is currently active in the North Island Hospital Campbell River and Comox campuses.



Elders in Residence at North Island Hospital campuses in Campbell River and Comox.

### CULTURAL SAFETY COMMITTEES

Island Health's Cultural Safety Team and members of the Vancouver Island regional team met to discuss a strategy for the Cultural Safety Committees. Planning is underway for a regional gathering for the Cultural Safety Committees in efforts to share the successes and challenges of each committee, and to better support collaboration across the region moving the work forward.

# First Nations Health Governance Partnership Work



## First Nations Health Governance Partnership Work

The First Nations health governance structure in BC was established by and for First Nations to bring decision-making closer to home. The principle of reciprocal accountability acknowledges that BC First Nations play an integral role in the governance of the health and wellness for their people and are therefore sitting together at the table with other health governance partners to help resolve concerns and issues, make key decisions and celebrate successes. Together, BC First Nations health governance entities and other partners are working collaboratively across all levels of the health system in BC to achieve shared goals and uphold joint commitments. In the spirit of reciprocal accountability, the FNHA and FNHC work to further evolve and develop governance partnerships across multiple levels. This includes ensuring First Nations interests and priorities are embedded within the health system and working alongside health governance partners to develop and implement shared agendas and effective strategies for measurable success. The progress and achievements described in this report are therefore a result of collective efforts, collaboration and partnership.

### FNHC-FNHDA-FNHA HEALTH GOVERNANCE PARTNERSHIP WORK



The evolution of the relationship has been described as starting out with each party in their own canoe, paddling side-by-side, while now everyone is in the same canoe, learning how to row together.

*FNHC, FNHDA and FNHA Relationship Agreement Evaluation Finding*

In 2019/2020, the FNHC, FNHDA and FNHA held two joint planning sessions to identify shared priorities and considerations for collaboration. The FNHC, FNHDA and FNHA developed a proposed shared engagement plan to guide ongoing joint planning efforts and coordinate engagement priorities.

The FNHC, FNHDA and FNHA piloted a new engagement structure to create a dedicated space for engagement on health services separate from engagement on governance. The first engagements on health services, called Regional Health and Wellness Forums, were hosted in 2019/2020. Engagement on governance and the social determinants of health occurred at Regional Governance Caucuses. The revised structure was created to respond to community recommendations to better support community leaders and representatives for them to share their experiences, knowledge and issues affecting their communities.

Gathering Wisdom for a Shared Journey X was hosted by the FNHC-FNHA-FNHDA at the Vancouver Convention Centre from January 14-16, 2020. It celebrated the 10-year milestone of Gathering Wisdom for a Shared Journey forums in the evolution of the BC First Nations health governance structure.

The Gathering Wisdom X forum featured discussions on health, mental health and the social determinants of health. It was an opportunity for leaders, Health Directors and wellness leads to hear updates and engage in discussions with the FNHC, FNHA and FNHDA. The FNHC launched its Reclaiming Our Connections guidebook and facilitated a discussion on the success and future of the First Nations health governance structure in BC. It was also an opportunity for First Nations to engage in direct dialogue with health system partners on factors that influence the health and wellness of their children, families and communities.

Importantly, the 2020 Gathering Wisdom forum highlighted the results of a number of evaluations, including the two mandatory evaluations required under the Tripartite Framework Agreement and the Canada Funding Agreement, giving attendees the opportunity to draw upon these findings to help shape our collective plan looking forward for the next five years.



Youth leaders at Gathering Wisdom X.

In 2019/2020, the FNHC, FNHA, Government of Canada and Province of BC continued implementing the Memorandum of Understanding: Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness, signed in July 2018. This includes supporting Nation-developed mental health and wellness planning projects that reflect First Nations models of healing, developing a mental health and wellness reporting framework, and advocating with the governments of Canada and BC for a long-term approach to sustainably funding services in community and supporting Nations to rebuild.

An evaluation of the FNHC, FNHDA and FNHA Relationship Agreement was completed in 2019. In response to evaluation findings, a Joint Action Plan was designed to demonstrate a shared commitment to the following:

- Strengthening the FNHA-FNHC-FNHDA relationship through improved collaboration;
- Clarifying and promoting an understanding of FNHA-FNHC-FNHDA roles and responsibilities;
- Nurturing a customer-owner philosophy with BC First Nations to emphasize the importance of First Nations' engagement and decision-making in relation to their health and wellness, as part of the new health governance partnership;
- Engaging BC First Nations in a manner that is equitable, efficient and cost-effective; and
- Providing effective and appropriate secretariat supports for the FNHC and FNHDA.

### TRIPARTITE HEALTH GOVERNANCE PARTNERSHIP WORK

The Tripartite Committee on First Nations Health coordinates and aligns planning, programming and service delivery between the FNHA, the BC Ministry of Health, Indigenous Services Canada and BC regional and provincial health authorities. In 2019/2020, the Committee maintained its focus on priority areas, including:

- First Nations Primary Health Care, including the Primary Care Networks and the First Nations-Led Primary Health Care Initiative;
- Cultural safety and humility, including advancement of the Change Leadership Strategy for Cultural Safety and Humility;
- Mental health and wellness, including implementation of the Tripartite Mental Health and Wellness Memorandum of Understanding; and
- Data, information and evaluation.



The Together in Wellness: The Tripartite Committee on First Nations Health Annual Report was released in December 2019 to report on the activities of the Committee from November 2017 to March 2019.

The Tripartite Implementation Committee was established in 2013 to oversee the implementation of the Tripartite Framework Agreement. During 2019/2020, their primary focus was advancing the Evaluation of the British Columbia Tripartite Framework Agreement on First Nation Health Governance, released in January 2020. The evaluation also encompassed evaluations of the five Regional Partnership Accords and the 27 Joint Project Board projects, and it provides evidence-based information to guide and inform the work of the Tripartite Committee on First Nations Health over the next five years.

**Evaluation of the British Columbia Tripartite Framework Agreement on First Nation Health Governance, released in January 2020.**



## BILATERAL HEALTH GOVERNANCE PARTNERSHIP WORK

### Federal Partnerships

In April 2019, a joint Declaration of Commitment to Advance Cultural Safety and Humility in Health and Wellness Services and Organizations was signed by the FNHA, Indigenous Services Canada, the Public Health Agency of Canada and Health Canada. Following this, a Joint Action Plan on Cultural Safety and Humility 2019-2021 was developed to guide implementation of commitments to cultural safety and humility.

The FNHA and Indigenous Services Canada – First Nations and Inuit Health Branch renewed and signed their annual Shared Vision & Common Understanding in May 2019. The Protocol Agreement between the FNHA and Indigenous Services Canada – BC Region was last refreshed and signed in May 2018. A joint priorities plan for 2019/2020 was drafted, focusing on strategically and proactively aligning planning, programming and engagement to improve coordination in service design, management and delivery.

The FNHA and Health Canada continue to collaborate on cultural safety and humility, cannabis and the Canada Food Guide. Due to leadership changes in both organizations, the FNHA and Health Canada have not refreshed their Joint Executive Agenda since 2018/2019. The FNHA and the Public Health Agency of Canada signed a Joint Executive Agenda in November 2019 that includes joint priority areas of maternal and child health, research and surveillance, cultural safety and humility, social determinants of health and wellness, First Nations self-determination and First Nations health governance.

### Provincial Partnerships

The BC Ministry of Health and the FNHA refreshed their Letter of Mutual Accountability for 2019/2020 and developed a corresponding work plan that cascades into agreements/service plans with the health authorities and a Joint Project Board work plan. The FNHA and the BC Ministry of Health have worked together to identify opportunities for First Nations to participate and lead in the design and implementation of primary health care service delivery models, including collaboration in the provincial Primary Care Networks and leading the First Nations-Led Primary Health Care Initiative. This work is part of the BC Ministry of Health's new provincial primary health care strategy to bring care closer to home. The FNHA also actively participated in the BC Ministry of Health Digital Health Strategy Initiative with a view to supporting the evolution of health care service delivery and digital transformation.

In alignment with their Letter of Understanding and Joint Agenda, renewed in 2019/2020, the FNHA and BC Ministry of Mental Health and Addictions continued to work closely on the overdose emergency response. Based on findings from the 2018 First Nations opioid overdose data release, the partners worked to pivot the response to key First Nations urban priority areas and provide greater supports for First Nations women. The FNHA was a key partner in the development of BC's mental health and addictions strategic roadmap entitled *A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia*.

The FNHA collaborated with Emergency Management BC and other partners to integrate First Nations emergency management within the province's broader emergency management discourse, structures and processes. In May 2019, Emergency Management BC and the FNHA signed a Letter of Understanding to improve emergency management, preparedness, response and recovery with First Nations in BC. Emergency Management BC and the FNHA signed a Declaration of Commitment to Cultural Safety and Humility and developed a Joint Action Plan to support strategic improvements and collaboration within emergency response in BC.

On March 17, 2020, British Columbia's Provincial Health Officer declared a public health emergency in response to the COVID-19 pandemic. The FNHA worked closely with Emergency Management BC, BC First Nations communities and other regional, provincial and federal partners to mobilize, coordinate and navigate the response. Read more about the FNHA's COVID-19 response in the [Emergency Management and Response section of this report under Key Priority: Service Excellence \(p.82\)](#).



**The FNHA signs the Cultural Safety and Humility Declaration with Indigenous Services Canada, the Public Health Agency of Canada and Health Canada.**

# Key Priorities



## KEY PRIORITY: **EVOLVING THE FNHA OPERATING MODEL, INCLUDING REGIONALIZATION**

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The Consensus Paper 2012 adopted by BC First Nations leaders sets out a vision for creating regional teams to reinforce the relationship between the FNHA and BC First Nations communities and ensure that the FNHA's work responds to local context and is grounded in regional realities. At the same time, the FNHA must continue to ensure the efficiency, effectiveness and sustainability of the organization, and continue to leverage the value generated for First Nations people in BC at home and away from home that results from working as a provincial institution.

Regionalization supports regionally based decision-making over the design and delivery of health and wellness services and initiatives for clients and communities. Regionalization is a process supported by the FNHC, FNHDA and FNHA, and participants of the fall 2018 FNHC-FNHDA-FNHA joint planning session rated regionalization as a top priority.

Holding a province-wide mandate also uniquely positions the FNHA to work with provincial and federal health systems to develop policy and strategy and reduce policy barriers to leverage key benefits for First Nations communities and citizens at home and away from home. These functions are leading to enhanced investments, quality improvement and expanded programs and services for BC First Nations.

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There is a need to develop strategies to further define regionalization priorities and create an operating model that can function effectively at the provincial, regional and community levels.

*Evaluation of the FNHA – Case Study Technical Report Finding*

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### ANNUAL KEY PRIORITIES

#### **FINALIZE A SUSTAINABLE AND STRATEGIC REGIONALIZATION PLAN THAT INCLUDES CORE PRINCIPLES, A TARGET OPERATING MODEL AND A PHASED IMPLEMENTATION APPROACH.**

In 2019/2020, the FNHA continued to expand regional capacity and resources. Areas expanded at the regional level to date include executive leadership, mental health and wellness, primary health care and engagement. Programs and services transitioned to regional leadership and accountability to date include Nursing, Health Benefits, Environmental Public Health Services, Respecting Tobacco and Aboriginal Head Start On-Reserve. An increase in the number of staff working in the five regions represents one of the main areas of organizational growth. Regional teams have expanded from approximately three positions per region in 2012/2013 to 20-67 positions per region in 2019/2020. Overall, FNHA's regional teams grew 11 per cent in 2019/2020.

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Creating capacity in the regions has contributed to the success of engagement efforts and helped the FNHA to build better relationships with the communities and connect with clients.

*Evaluation of the FNHA – Case Study Technical Report Finding*

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## THE FNHA OPERATING MODEL AND WORKFORCE PROFILE CONTINUES TO EVOLVE AND GROW TO SERVE THE MANDATES ESTABLISHED BY BC FIRST NATIONS

Since transfer, the FNHA's size and range of functions has continued to evolve and grow. BC First Nations established a mandate for the FNHA beyond what was transferred from the First Nations and Inuit Health Branch, and they continue to convey service expectations of the FNHA as their health and wellness partner organization. This includes some communities asking the FNHA to provide certain community-based services, with these communities partnering with the FNHA on the oversight and quality of these services rather than directly delivering those services themselves.

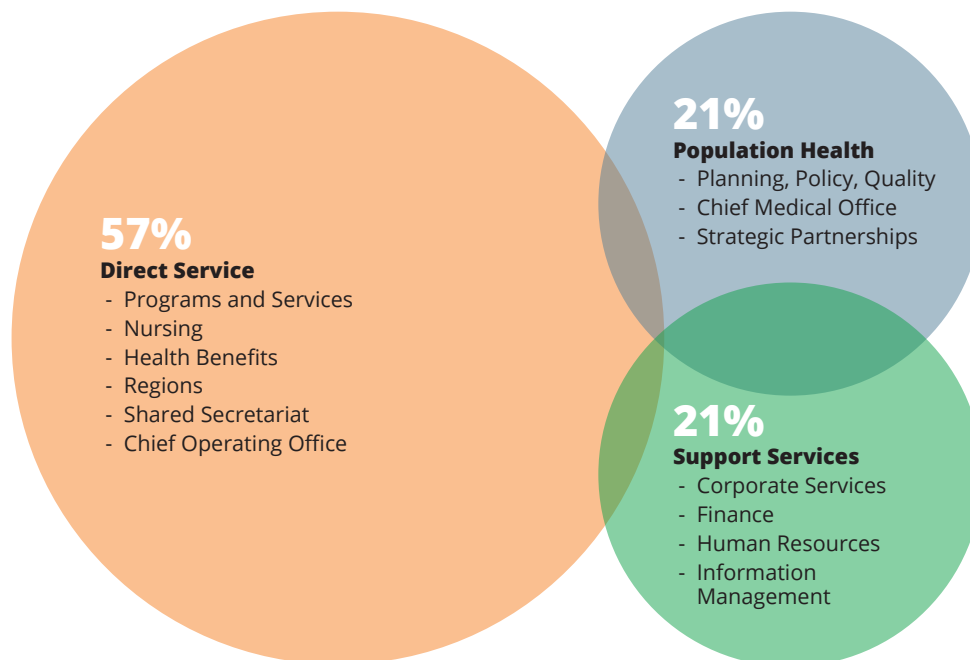


The new mandate given to the FNHA by BC First Nations is much broader than that previously held by First Nations and Inuit Health Branch. The new mandate requires the FNHA to adopt a much more strategic and long-term approach in its activities and focus on transforming the health system for BC First Nations, rather than simply delivering mandated programs and services.

*Evaluation of the FNHA Finding*

The FNHA operating model and workforce continue to evolve to support this mandate. The FNHA workforce encompasses three major functions, with many staff members holding positions that provide service across more than one of these three areas:

- **Direct Service** (57 per cent of staff). Supporting direct community engagement, direct service delivery, program and service support, and funding arrangement relations with First Nations communities and mandated health services.
- **Population Health** (21 per cent of staff). Supporting partnerships, relationships, policy and evidence for effective population health and wellness strategies and health systems that reflect First Nations perspectives of health and wellness. Upholding accountability to First Nations and providing data and frameworks to support community and regional quality improvement priorities.
- **Support Services** (21 per cent of staff). Supporting enabling functions required for sound financial management, technology enablement, effective human resource management and the logistics and assets needed for the organization to function at a high operational standard.



## WORK WITH PARTNERS TO ESTABLISH SERVICE PLANS AND THRESHOLDS TO DESCRIBE SUSTAINABLE AND HIGH-QUALITY SERVICE DELIVERY AT LOCAL, SUB-REGIONAL, REGIONAL AND PROVINCIAL LEVELS.

Through ongoing partnership with First Nations in BC and the BC Ministry of Health, the FNHA is working to advance First Nations-Led Primary Health Care Initiative sites across the province including the implementation and operationalization of new service delivery models. Contributions to this work in 2019/2020 included establishing thresholds for client panels and attachment in First Nations-Led primary care projects

The FNHA also collaborated with partners including the BC Centre for Disease Control, the BC Ministry of Health, the British Columbia College of Nursing Professionals, Indigenous Services Canada and regional health authorities to develop and improve the quality of various service plans and guidelines. Examples include collaboration on standards and economies of scale for service delivery at local, regional and provincial levels; regulation of vaccine status reporting; creation of clinical practice guidelines on in-community immunization delivery; and development of sexually transmitted and blood-borne infections framework indicators. Strong nursing partnerships have been established with regional inter-professional teams, communities, and provincial and national partners in all areas of practice to ensure services are community-driven, Nation-based and aligned to leverage capacity.



**Impact:** Improved coordination of the activities with provincial partners and regional health authorities in the delivery of the population and public health programming.

*Evaluation of the FNHA – Case Study Technical Report Finding*



Welcoming Ceremony at the 2019 BC Centre for Disease Control Forum.

## KEY PRIORITY: RENEWED PARTNERSHIPS WITH FIRST NATIONS

Strengthening partnerships and relationships with First Nations communities and health service organizations is central to all of the FNHA's work. A strong partnership approach that is rooted in reciprocal accountability is essential to advancing improvements in the design and implementation of high-quality and sustainable health and wellness services for BC First Nations.

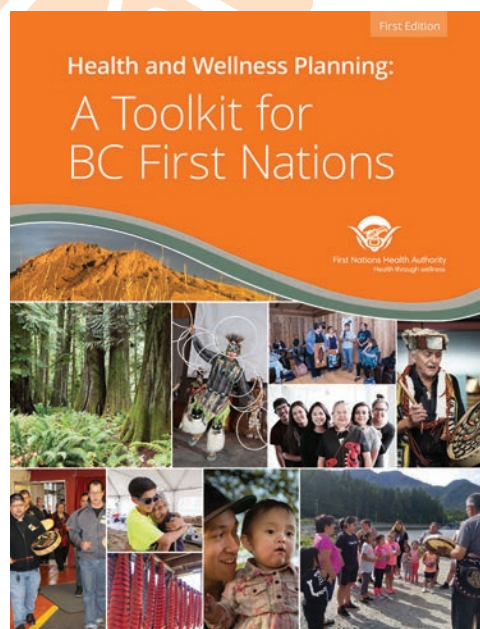
Recent efforts to transform partnerships have focused on implementing an enhanced health and wellness planning approach and tool, continued transformation of funding arrangements and reporting requirements, and developing an approach to partner with communities, Nations and health service organizations on corporate governance, capacity and services.

While there has been good progress under this priority area, further efforts are needed to enhance working partnerships and associated processes and tools that reflect a wholistic ecosystem approach, reciprocal accountability and commitment to program and service quality and sustainability.

### ANNUAL KEY PRIORITIES

#### LAUNCH IMPLEMENTATION OF A NEW HEALTH AND WELLNESS PLANNING APPROACH AND TOOL THAT ESTABLISHES PLANNING STANDARDS ALIGNED TO THE 7 DIRECTIVES FOR SUPPORTING FIRST NATIONS GOVERNANCE AND RENEWED RELATIONSHIPS WITH THE FNHA AND PROVINCIAL PARTNERS.

The FNHA launched the Health and Wellness Planning Toolkit: A Toolkit for BC First Nations to establish planning standards aligned with the 7 Directives shared by the FNHA, FNHC and FNHDA. A digitized version of the toolkit and planning template was published online, and support continues to be provided to communities to develop Health and Wellness Plans, both directly and through training and related resources. Community health and wellness planning funding was distributed to over 50 communities and organizations. Upon request, the FNHA met and collaborated with First Nations communities to provide wraparound planning supports and resources.



Health and Wellness Planning: A Toolkit for BC First Nations.



More sustainable funding has enabled communities to engage in long-term planning.

*Evaluation of the FNHA – Case Study Technical Report Finding*

**RENEW THE FNHA FUNDING AND ACCOUNTABILITY MANAGEMENT FRAMEWORK, INCLUDING CLEAR PRINCIPLES TO GUIDE THE PARTNERSHIP WITH FIRST NATIONS AND HEALTH SERVICE ORGANIZATIONS, STREAMLINING OF THE STRUCTURE AND FORMAT OF FUNDING ARRANGEMENTS, AND MEANINGFUL TWO-WAY PROCESSES FOR FUNDING ARRANGEMENT REPORTING.**

The FNHA undertook renewal of the funding and accountability management framework to highlight the overarching principles that guide how the FNHA fosters reciprocally accountable partnerships with funding recipients. The framework supports reciprocal accountability by outlining the scope of guiding principles, approaches, roles and responsibilities that will be operationalized through the FNHA's documents, funding arrangements and practices. The renewed FNHA funding and accountability management framework will be finalized in 2020/2021. As part of operationalization of the framework, reporting and evaluation requirements were reviewed and streamlined.



[A] shift from accountability/oversight to a partnership-based model is an effective approach.

*Evaluation of the FNHA – Case Study Technical Report Finding*

**IMPLEMENT AN APPROACH TO PARTNER WITH COMMUNITIES, NATIONS, HEALTH SERVICE ORGANIZATIONS AND HEALTH DIRECTORS ON CORPORATE GOVERNANCE AND SUPPORT CAPACITY AND SERVICES. THIS MAY INCLUDE SUPPORT FOR HEALTH GOVERNANCE DEVELOPMENT, REPORTING, HUMAN RESOURCES, CORPORATE POLICY, INFORMATION MANAGEMENT AND TECHNOLOGY AND FINANCE.**

In support of advancing corporate governance, communication, collaboration and planning between the FNHA and First Nations communities, sub-regions and regions, the FNHA continued to provide information management and technology, finance, human resources, health governance and reporting supports on request. Efforts to make FNHA corporate policies available to communities and health service organizations upon request continued. Opportunities are being explored to further support corporate governance and decision-making structures at First Nations-Led Primary Health Care Initiative sites.

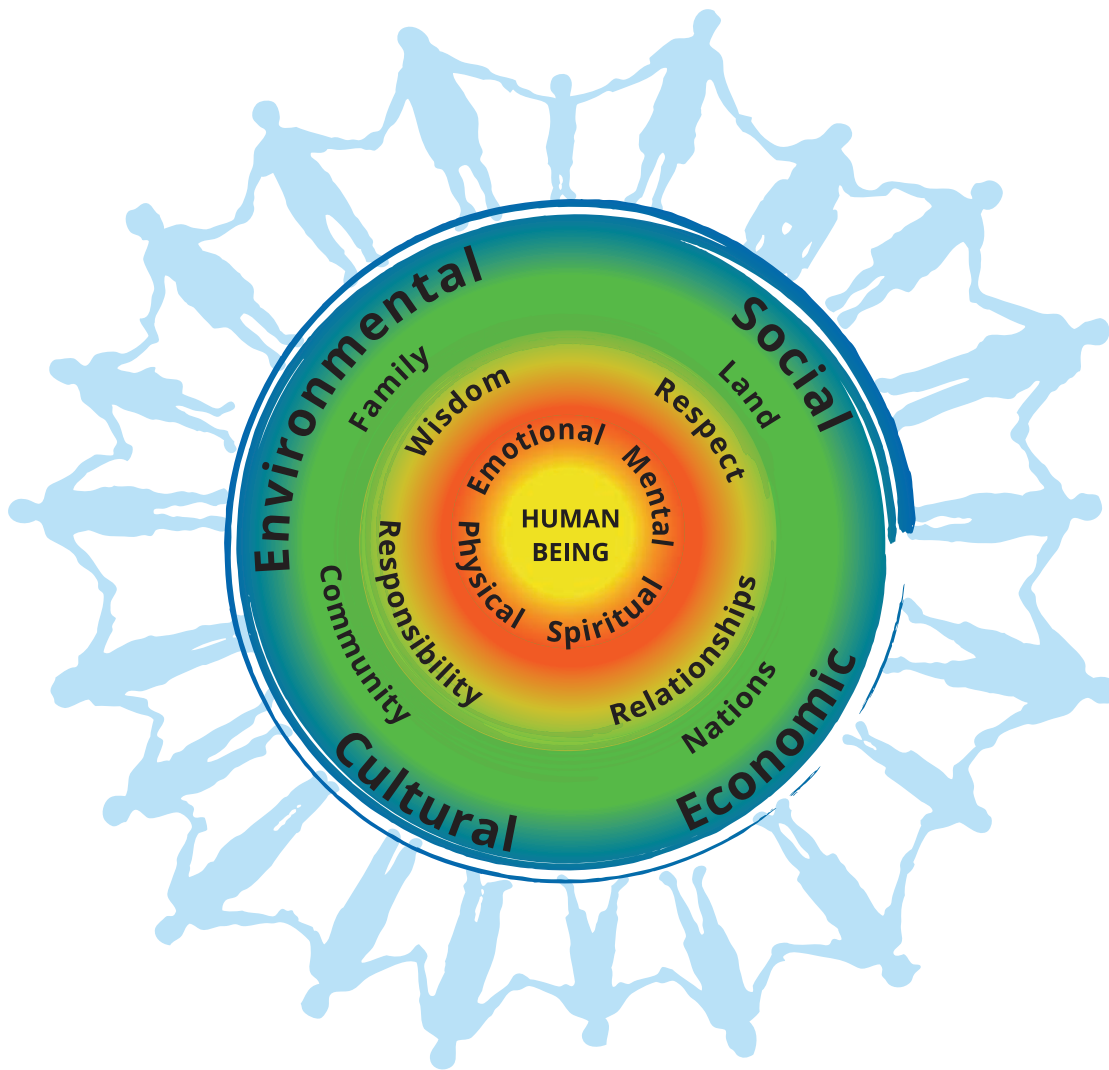


## KEY PRIORITY: WELLNESS

“Health through Wellness” is at the core of the FNHA’s work and identity. The BC First Nations Perspective on Health and Wellness reflects the rich understanding of a wholistic vision of wellness shared among BC First Nations and the understanding that each person’s health and wellness journey is owned by the self-determining individual. The four dimensions of wellness are guided and influenced by external factors such as families and communities, environments and the social determinants of health.

Over the years, the FNHA has championed the BC First Nations Perspective on Health and Wellness, maintaining it as a central pillar in health and wellness planning within the FNHA, at the community level and within the provincial health system. The FNHA continues to support Wellness Grants, active living initiatives, traditional wellness activities and cancer screening and smoking cessation awareness campaigns.

### The First Nations Perspective on Health and Wellness





## ANNUAL KEY PRIORITIES

### **DEVELOP AN FNHA WELLNESS POLICY THAT WILL SUMMARIZE OUR COMMITMENT AND PHILOSOPHY OF WELLNESS, PROVIDE GUIDANCE TO EMBED A WELLNESS FOCUS ACROSS THE HEALTH SYSTEM, AND SUMMARIZE OUR COMMITMENT TO WELLNESS ACROSS OUR INITIATIVES, PROGRAMS, AND SERVICES.**

A draft FNHA Wellness Policy was developed in 2019/2020. Once finalized, the FNHA Wellness Policy will outline an organizational understanding of the concept of wellness and guide efforts to promote wellness, while at the same time recognizing cultural diversity and the uniqueness of this definition and approach.

### **ESTABLISH A DEDICATED PLATFORM TO ENABLE LEARNING AND PROACTIVE WELLNESS CHAMPIONSHIP THROUGH THE SHARING AND CELEBRATION OF WELLNESS STORIES AND SUCCESSES.**

The FNHA is designing a new platform to share wellness stories within the wellness section of the FNHA website. Numerous published wellness stories and editorials highlight initiatives to advance wellness and visitors to the website can share their own stories. At the end of 2019/2020, the FNHA launched the Good Medicine initiative to highlight positive stories of healthy activities and community initiatives during the COVID-19 pandemic. These included media spotlights on the FNHA's Medical Officers and sharing simple acts of kindness such as leaving wellness baskets at neighbours' doorways.

### **HOLD TRADITIONAL HEALERS GATHERINGS ACROSS REGIONS FOR KNOWLEDGE SHARING AND TO INFORM THE DEVELOPMENT AND RELEASE OF PRACTICAL GUIDES AND TOOLS TO SUPPORT TRADITIONAL HEALERS AND HEALING PRACTICES.**

Recognizing the important role of Traditional Healers, the FNHA created a healers network and advisory body to support traditional healers through funding and resources, as well as to provide greater recognition for their practices. In 2019/2020, two traditional healers gatherings were held. The Sacred Knowledge Keepers Gathering 2019 took place in Hiellen, Haida Gwaii. The second gathering was co-hosted by the Fraser Salish and Vancouver Coastal regions. Read more on these gatherings in the Northern, Fraser Salish and Vancouver Coastal Region sections of this annual report.



Participants at the 2019 Sacred Knowledge Keepers Gathering that took place in Hiellen, Haida Gwaii.

### **SUPPORT WELLNESS CAMPAIGNS AND INITIATIVES FOR OUR CITIZENS AT HOME AND AWAY FROM HOME, FOR OUR COMMUNITIES, AND FOR OUR LEADERSHIP, INCLUDING: SCREEN. FOR WELLNESS (CANCER SCREENING); A RENEWED LEADERSHIP CHALLENGE AND FNHDA HEAD TO HEART; AND DAY OF WELLNESS GRANTS.**

The FNHA is a wellness partner to all First Nations people living in BC and supports their journeys by providing resources and highlighting initiatives. The wellness approach to resources and initiatives includes: Wellness Partnerships, Wellness Champions and "Living It!"

## WELLNESS PARTNERSHIPS

The FNHA partners with communities and individuals on their health and wellness journeys, recognizing that individuals and families are the active decision-makers in their own well-being. The FNHA's role is to provide support for these journeys by providing technical expertise, resources and initiatives. This includes broader areas of support and investment, such as traditional and alternative medicine and healing; recreation and physical activity; and cultural and spiritual teaching and practice.

### Wellness Grants

FNHA Wellness Grants support community-led wellness promotional events and initiatives. They are an avenue for the FNHA to collaborate with BC First Nations communities and partners to encourage the development of innovative and culturally grounded health and wellness events that are important to well-being and align with the priorities of BC First Nations communities. In 2019/2020, the FNHA funded 127 Indigenous Peoples Day of Wellness Grants (totalling \$324,200) and 88 Winter Wellness Grants (totalling \$193,482). The FNHA completed an evaluation of the Wellness Grants program in spring 2020.



Since 2014, the FNHA has invested \$2.9 million to support 1,480 recipients to hold events for Indigenous Peoples Day of Wellness and the Winter Wellness celebrations. The grants have achieved positive results by providing resources and support for wellness events and initiatives, including raising awareness and promoting traditional elements of Indigenous culture. The FNHA is proud to be a partner and supporter of the wellness priorities of BC First Nations.

*Evaluation of the FNHA Wellness Grants*

### Food Security and Healthy Eating

In 2019/2020, the FNHA and the Heart and Stroke Foundation of BC & Yukon continued their partnership in support of the First Nations Food Systems Project. The project provides support to participating First Nations in BC to engage in community-driven, small-scale food production through an inclusive framework that embraces gardening, greenhouses, the inclusion of traditional plants and medicines and traditional food practices. In 2019/2020, the project provided grants, technical support and community engagement support to 64 First Nations across the province. In January 2020, the FNHA hosted the third annual Dietitians in Indigenous Health Gathering, where discussions and action planning took place regarding food security, food sovereignty, breastfeeding and improving access to traditional foods.

### FNHDA Head to Heart Wellness Campaign

The FNHA continues to promote the FNHDA's Head to Heart wellness campaign to support the wellness of Health Directors. The campaign uses a three-pillar approach for reducing stress:

1. Honouring the Land: Physical exercise and nature-based healing.
2. Powering Down: Disconnecting from technology and recharging your Spirit.
3. Weaving Networks of Support: Connecting with others for support.



### WELLNESS CHAMPION

The FNHA provides expertise, coordination and support to the strategic development and implementation of a variety of events and wellness initiatives in collaboration with health system partners. Each campaign includes innovative approaches to inform and raise awareness among participants with the goal of improving health and wellness.

**30x30 Active Challenge:** The FNHA challenged all Indigenous people in BC to be active for 30 minutes for all 30 days in September. More than 2,900 individuals registered online and received weekly emails with helpful tips, information and contests. Participants shared photos, videos and posts on social media, using three hashtags. The FNHA acted as a storyteller to share and celebrate the wellness progress of BC First Nations.

**Sober(er) for October:** The team of physicians at the FNHA asked Indigenous people in BC to participate in a "Sober(er) for October" challenge by either stopping, or reducing, alcohol consumption. The initiative raised awareness on how alcohol impacts health and offered possible alternatives.

**Food is Medicine:** In March, the FNHA hosted the Food is Medicine Challenge for Nutrition Month. The month-long challenge celebrated the role of food in keeping minds, bodies and spirits healthy and well.

**Screen. For Wellness:** The screen for wellness campaign, launched in 2018, raised awareness of cancer screening and prevention programs.

**Other Wellness Campaigns and Initiatives:** Several other wellness campaigns and initiatives were continued this year including the cannabis campaign, a strengths-based public education campaign; the Moose Hide Campaign to end violence against Indigenous women and children; Orange Shirt Day in recognition of the harmful impacts of the residential school system on children's well-being; diabetes campaigns including Living with Diabetes and Diabetes Awareness Month; and the Break it Off Challenge, a smoking cessation campaign.

### LIVING IT!

The FNHA Wellness Committees promote wellness within the organization, build collaboration across teams, plan wellness events within and beyond the organization, and offer a wellness-oriented space for learning, sharing and meeting new people. These efforts align with the FNHA's philosophy that wellness "begins with us" and that each person is a "Wellness Champion" with circles of influence within family, the work environment and community.

During 2019/2020, FNHA Wellness Committees were actively engaged in planning activities and events to enhance wellness. The following are some examples of the wellness events that took place during the year:

- Spirit Baths
- Wellness bingo
- Sage gathering
- Naloxone training
- Visits to First Nations communities and with Knowledge Keepers
- Drum making
- Group volunteer events
- Grouse Mountain Hi'wus Art Adventure
- Berry picking
- Takaya canoe tours



Wellness Committees organized Takaya canoe tours.

## KEY PRIORITY: KNOWLEDGE DEVELOPMENT AND EXCHANGE

The FNHA advances the development and exchange of knowledge and research to support First Nations decision-making within the FNHA and at all levels of governance. The research and data initiatives led and supported by the FNHA combine First Nations ways of knowing with transdisciplinary methods in many fields from population health to community-based research to quality improvement. These initiatives seek to measure, describe and report on First Nations health and wellness in a way that honours the wealth of knowledge held in local and ecological knowledge, oral histories, stories and art, and that activates positive changes across the health system.



Progress highlights for this key priority area include:

- Launching the 2020-2030 First Nations Population Health and Wellness Agenda in partnership with federal and provincial tripartite partners;
- Releasing evaluations of the FNHA and the Tripartite Framework Agreement on First Nations Health Governance (both part of mandatory requirements);
- Identifying community-driven approaches to harm reduction by leading a Canadian Institutes of Health Research-funded research grant;
- Signing a Research Affiliation Agreement with Simon Fraser University that respects the First Nations principles of Ownership, Control, Access and Possession (OCAP®);
- Establishing a new FNHA Research Chair in Cancer and Wellness at the University of British Columbia;
- Joining Research Ethics BC as a research ethics harmonization partner; and
- Releasing the results of the third phase of the First Nations Regional Health Survey.

## ANNUAL KEY PRIORITIES

### ENGAGE WITH FIRST NATIONS KNOWLEDGE KEEPERS ACROSS THE REGIONS TO FURTHER DEVELOP THE POPULATION HEALTH AND WELLNESS INDICATORS AND ASSOCIATED DATA SOURCES.

#### FIRST NATIONS POPULATION HEALTH AND WELLNESS AGENDA RELEASED AT GATHERING WISDOM FOR A SHARED JOURNEY X

Gathering Wisdom for a Shared Journey X saw the joint launch of the 10-year First Nations Population Health and Wellness Agenda by the Offices of the FNHA Chief Medical Officer and Provincial Health Officer. The Agenda is grounded in First Nations teachings and takes a strengths-based approach focusing on wellness and resilience. The Agenda recognizes self-determination, culture, land and supportive systems as fundamental to achieving a vision for healthy, vibrant, self-determining children, families and communities. The Agenda represents an evolution of monitoring and reporting on health and wellness to gather the information that is important to BC First Nations and to catalyze systems change. Release of the First Nations Population Health and Wellness Agenda Baseline Report is anticipated for 2020/2021.



Launching the First Nations Population Health and Wellness Agenda: Dr. Bonnie Henry, Dr. Evan Adams and facilitator Harold Tarbell.

The First Nations Population Health and Wellness Agenda presents seven distinct actions to nourish First Nations roots of wellness:

1. Advance and support First Nations self-determination;
2. Advance the roots of health and wellness of the next generation: First Nations babies, children and youth;
3. Catalyze intersectoral actions to build supportive, culturally safe systems, with particular attention given to connection to the land;
4. Advance First Nations data governance;
5. Embed First Nations wellness approaches in policies, programs and services;
6. Commit to cultural safety and humility across systems; and
7. Increase access and attachment to culturally safe primary health care.

*The First Nations Population Health and Wellness Agenda: Executive Summary is available online at [www.fnha.ca](http://www.fnha.ca) > What We Do > Chief Medical Office.*

#### WE WALK TOGETHER RESEARCH PROJECT GATHERINGS

In 2019/2020, the FNHA held gatherings in three regions (Northern, Fraser Salish and Vancouver Coastal) as part of the “We Walk Together” research project led by the Office of the Chief Medical Officer. At each gathering, BC First Nations Knowledge Keepers and youth reflected on and shared their knowledge of their territories with FNHA staff members. The analysis will explore connection to land, water and territory as a determinant of health.

The knowledge and stories shared during these events will be an important contribution to the development of the First Nations Population Health and Wellness Agenda indicators of culture and connection to land. These new indicators will be based on First Nations ways of knowing and will reflect the priorities identified by communities. The First Nations Population Health and Wellness Agenda recognizes that achieving a healthy, self-determining and vibrant BC First Nations population means that the roots of wellness, like self-determination and connection to land, are well nourished.

## FORMALIZE THE FNHA'S DATA GOVERNANCE POLICIES AND PROTOCOLS TO REINFORCE OUR ROLE AS A TRUSTED SOURCE OF BC FIRST NATIONS HEALTH AND WELLNESS INFORMATION FOR COMMUNITIES AND POPULATION.

The FNHA continues to work with the BC Ministry of Health on data governance for the First Nations Client File. In 2019/2020, this included collaborative advancement of the development and quality assurance of the First Nations Client File.

The FNHA is working in partnership with the BC Ministry of Health and Canadian Institutes for Health Information on a Joint Statement on First Nations Data Governance that will provide policy guidance for the Tripartite Data Quality and Sharing Agreement refresh and similar policy matters. The Tripartite Data Quality and Sharing Agreement has been extended another year. The adoption of this joint statement by external partners will uphold First Nations interests and perspectives when these partners collect, analyze and report data on First Nations health in BC.

The FNHA continues to develop internal capacity to advance work in this area. This includes enhanced internal data governance policies and practices including revising the FNHA Health Data and Information Governance Board Policy in May 2019 and training FNHA staff on implementing OCAP® Principles in January 2020.



**First Nations Population Health and Wellness Agenda: Actions to Nourish First Nations Roots of Wellness.**

## WIDELY SHARE THE RESULTS OF EVALUATIONS OF THE BC TRIPARTITE FRAMEWORK AGREEMENT ON FIRST NATION HEALTH GOVERNANCE, REGIONAL PARTNERSHIP ACCORDS, THE FNHA EVALUATION, AND THE FNHA'S HEALTH BENEFITS PHARMACY PROGRAM FOR BC FIRST NATIONS, WHICH INCLUDES THE TRANSITION TO PLAN W.

The Evaluation of the British Columbia Tripartite Framework Agreement on First Nation Health Governance and the Evaluation of the FNHA were released at Gathering Wisdom for a Shared Journey X with the results from the Evaluation of FNHA's Health Benefits: Pharmacy Program for BC First Nations shared at Shared Regional Health Assemblies in fall 2019. All evaluations, including the five Regional Partnership Accord evaluations, are publicly available on the FNHA website. Further engagement and sharing of the results of the evaluations have been impacted by the cancellation of the spring governance engagement sessions due to COVID-19.

### RELEASE OF THE TRIPARTITE FRAMEWORK AGREEMENT ON FIRST NATION HEALTH GOVERNANCE EVALUATION AND THE FNHA EVALUATION

The Tripartite Framework Agreement on First Nation Health Governance was signed in 2011 by the First Nations Health Society and the governments of BC and Canada. It led to the creation of the FNHA and the path towards the transformation of health for First Nations in BC. The first mandatory five-year evaluation was led by the Tripartite Implementation Committee, made up of representatives from the FNHA, BC Ministry of Health and Indigenous Services Canada. The evaluation report focuses on governance, tripartite relationships and integration with the understanding that improvements must be made in these areas before changes will be seen in health system performance and health and wellness outcomes. Learnings from the evaluation, including data gaps, will inform subsequent evaluations, the next of which is due in 2024. Knowledge translation activities with First Nations in BC, including reporting back on results and jointly generating recommendations, was planned to take place throughout 2020, but the cancellation of spring governance engagement sessions due to COVID-19 has led to delays.

The Evaluation of the FNHA reports on the activities and programming delivered by the organization from its inception until 2019/2020. The report, incorporating the results of 11 in-depth case studies, tells the story of change resulting from the creation of the FNHA, and describes the progress made against the FNHA's mandate and strategic plan.

## **FINALIZE A RESEARCH AGENDA OUTLINING POPULATION HEALTH AND WELLNESS RESEARCH PRIORITIES.**

The FNHA is defining its place within the research world and exploring how best to interact and work together with partners, stakeholders and communities. A draft research agenda reflects key First Nations health priorities based on the FNHA's analysis of community input and key data sources identifying needs and gaps. The research agenda provides the context for research priority setting and describes the next steps for implementing high-quality, transformative research that is facilitated and led by the FNHA and is relevant to First Nations people. This year, the FNHA continued to lead and partner on research projects, took steps towards expanding Indigenous health research capacity and advanced research ethics.

## **RESEARCH PROJECTS, PARTNERSHIPS AND ETHICS**

Leading and partnering on research allows the FNHA an opportunity for self-determination, working directly with community-identified priorities and taking an Indigenous approach to scientific inquiry. The FNHA is developing an Indigenous, community-oriented approach to research and research ethics. In 2019/2020, the FNHA was actively partnered on 32 research projects totalling \$31 million. Most are multi-year projects with significant progress made each year. Establishing a Research Executive Committee and entering the provincial research ethics system enabled progress on the goal of decolonizing research and ethics and advancing First Nations self-determination. In 2019/2020, progress was made across new and ongoing (multi-year) research projects and initiatives, research partnerships and research ethics.

### **RESEARCH PROJECTS**

The FNHA is leading a five-year \$2.5-million research grant from the Canadian Institutes of Health Research, awarded in 2018, to collaborate with academic partners to advance research on community-driven approaches to improving harm reduction for First Nations in BC. In 2019/2020, research ethics were submitted for Phase 1 of this project. The FNHA also secured funding from the BC Support Unit to conduct research on cultural safety and patient-reported experience.

### **RESEARCH PARTNERSHIPS**

In February 2020, the FNHA and Simon Fraser University signed a Research Affiliation Agreement that will increase access to federal government funds for research into Indigenous health and help the FNHA build capacity to directly receive federal grants in the future. This first-of-its-kind agreement between a post-secondary educational institution and the FNHA allows the two organizations to shape their growing research relationship. The agreement centres First Nations principles governing how data is collected, protected, used and shared.



Dr. Nadine Caron (left), Canada's first female First Nations general surgeon, was selected as the FNHA Chair in Cancer and Wellness at the University of British Columbia. Her research aims to address the disparity in cancer health outcomes between Indigenous and non-Indigenous peoples in BC. As the founding Chair, Dr. Caron will examine the journeys and unique priorities of Indigenous cancer patients, survivors and their families through a wellness lens embedded in Indigenous traditional learnings. The position is supported by a \$1.5-million contribution from the FNHA, with matching funds from the University of British Columbia. Dr. Caron is also an integral member of the multi-year partnership between BC Cancer, the FNHA, Métis Nation British Columbia, and the BC Association of Aboriginal Friendship Centres that developed BC's Indigenous Cancer Strategy, Improving Indigenous Cancer Journeys in BC: A Road Map, released in 2017.

Other activities this year include partnering with the International Journal of Indigenous Health to produce a special FNHA Guest Edition and a continued partnership with the University of British Columbia and Genome BC on the Silent Genomes Project to advance Indigenous genomic research.

### **RESEARCH ETHICS**

The FNHA joined Research Ethics BC, the province-wide system for research ethics, joining all health authorities and universities participating in harmonized ethics review across the province. Research Ethics BC is funded by the BC Academic Health Science Network, and by becoming a partner, the FNHA took another step towards self-determination in research, with the ability to review and approve how the research projects we partner on are conducted.

## PUBLISH PROVINCIAL AND REGIONAL REPORTS ON THE REGIONAL HEALTH SURVEY.

The First Nations Regional Health Survey Phase 3 reports for the province and each of the five regions were released on September 30, 2019. The First Nations Regional Health Survey is the only First Nations-led and governed, nationally representative population health and wellness survey, and the largest to incorporate First Nations perspectives on health and wellness.

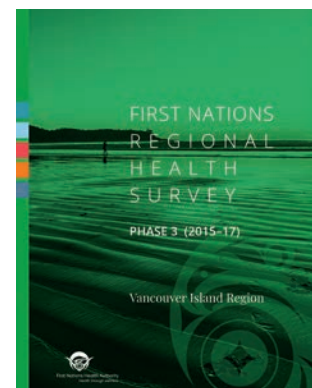
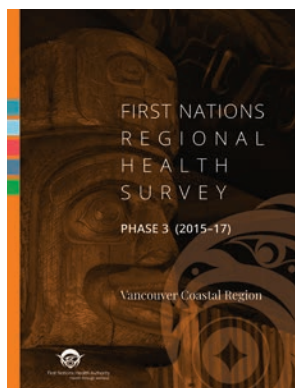
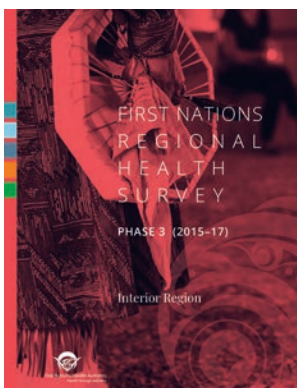
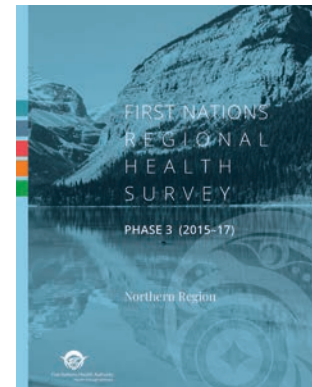
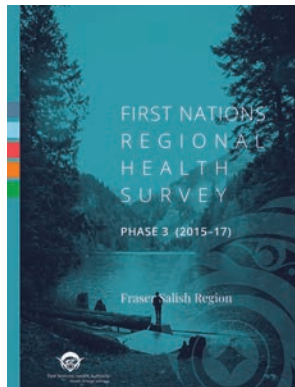
Responding to requests from community members and regional leaders for high-quality, regional-level data to inform evidence-based policy, programs and services, the FNHA funded an expansion of the Regional Health Survey, nearly doubling the number of participating First Nations communities and individuals. Almost 6,000 respondents from 122 communities were represented in the third phase of the survey that was conducted between 2015 and 2017. The expansion allowed regional reports to be produced in addition to the provincial report, fulfilling the FNHA's commitment to return community-generated information to support each region's health and wellness planning. In keeping with the principles of OCAP®, every First Nations community in BC received printed copies of the regional and provincial reports before they were released publicly. The FNHA shared results at fall Regional Health Assemblies and Gathering Wisdom for a Shared Journey X.

The survey results demonstrate a clear preference for more support for traditional healing and wellness practices that build on First Nations knowledge, beliefs, values, practices, medicines and models of health and wellness. The FNHA has already committed to the fourth Regional Health Survey and commencement of data collection is planned for April 2021.



The FNHA uses findings from [Regional Health] surveys to better understand community and client needs and health priorities and shape its programs and policies to better target client needs.

*Evaluation of the FNHA*



Release of the First Nations Regional Health Survey reports.



## **PUBLISH PROVINCIAL AND REGIONAL REPORTS ON WOMEN'S HEALTH.**

The FNHA's Office of the Chief Medical Officer worked in partnership with the Office of the BC Provincial Health Officer to produce a framework and draft for a report on the health and wellness of First Nations women and girls living in BC. The report will contain a mix of data, promising practices from communities, and stories of lived experiences to highlight the many ways that First Nations women, two-spirit and gender diverse females across the life course are thriving. The report will also bring attention to those areas where support is required. The final version of the report will be the first wholistic approach to women's wellness from a First Nations perspective and is expected to be released in early 2021.

In November 2019, the FNHA and the Centre of Excellence for Women's Health jointly published a booklet on Indigenous-led prevention program models for Fetal Alcohol Spectrum Disorders outlining seven community-based prevention models, including four created by BC First Nations community organizations. The booklet assists communities in creating their own Fetal Alcohol Spectrum Disorders prevention program.

A \$1-million grant from the Canadian Institutes of Health Research has enabled Simon Fraser University researchers to work with the Nuu-chah-nulth Tribal Council and the FNHA on a project informed by the principles of two-eyed seeing that aims to optimize health and wellness for Indigenous children. Inspired by the teaching of Mi'kmaq Elder Albert Marshall, two-eyed seeing brings together the strengths of First Nations and Western ways of knowing.

## **THE FNHA CO-LED THE NUTSAMAHT INDIGENOUS WOMEN'S PRE-CONFERENCE**

In June 2019, more than 8,000 people from around the world attended the Women Deliver 2019 Conference in Vancouver. The FNHA co-led the Nutsamaht Indigenous Women's Pre-Conference, celebrating Indigenous women of diverse perspectives, strengths, abilities, sexual orientations (LGBTQIA2S+ people) and gender identity. The event highlighted issues of importance to Indigenous women and girls, with topics including Indigenous midwifery, youth potential, community engagement, the impact of land on lives, and the power of the matriarch.

## **PUBLISH PROVINCIAL AND REGIONAL REPORTS ON OPIOID OVERDOSE PUBLIC HEALTH EMERGENCY.**

In May 2019, the FNHA's Chief Medical Officer was joined by the Office of the Provincial Health Officer, the BC Office of the Chief Coroner and the FNHC to release the 2018 First Nations opioid overdose data.

Community-driven responses to the emergency have been effective in increasing education and services within BC First Nation communities. However, the number of BC First Nations lives lost to the overdose emergency continued to rise in 2018 even as the overall mortality rates in BC showed signs of dropping. The 2018 First Nations opioid overdose data tells us that First Nations women are significantly overrepresented by overdose fatalities. These numbers indicate that First Nations living in cities may not be accessing health services to the same degree as other people in BC. The data highlight that First Nations people experience many barriers to treatment, including underlying systemic racism and experiences of stigma among people who consume alcohol and other substances. Greater cultural safety and humility in health services is therefore required.

The findings included in this data release were based on mortality data from 2018. While the data indicate an increasing rate of BC First Nations lives lost due to overdose throughout 2018, deaths due to overdose for First Nations people in BC declined in 2019. The release of the 2019 data has been delayed due to the COVID-19 pandemic.

## **PUBLISH PROVINCIAL AND REGIONAL REPORTS ON CHRONIC DISEASE AND INJURY.**

Although problems with data linkage and First Nations Client File quality issues delayed the publication of chronic disease reports, there were positive achievements, including a summary report on chronic diseases and procedures. As the initial step, collaborative work began on a short user-friendly report on diabetes and its determinants using multiple databases containing diabetes-related data; further development was impacted by COVID-19.

## **PUBLISH PROVINCIAL AND REGIONAL REPORTS ON HEALTH SYSTEM UTILIZATION.**

Expanded health system matrix reports were circulated to each region to support provincial Primary Care Network planning. Progress was challenged by issues with data linkage delays and First Nations Client File quality issues. These issues were resolved at the end of the fiscal year with a data refresh completed in April 2020.

## KEY PRIORITY: CULTURAL SAFETY AND HUMILITY

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The FNHA continues to work with communities, health organizations and health system partners to ensure cultural safety and humility are fully integrated into services and programs across BC. Efforts to enhance cultural safety and humility and embed these core principles of care within the health system are ongoing.

There is a high demand in the health system for cultural safety and humility tools, resources and training, and for system partners to support such efforts through to the front lines of service delivery. In 2019/2020, the FNHA developed a complaints, compliments and incidents tool to track and address formal feedback received from clients that access health services in BC. During the year the FNHA also collaborated with partners to advance a unified accreditation standard and a change leadership strategy for embedding cultural safety and humility across the health system, both set to be released in 2020/2021.



Embedded racism and lack of cultural safety are still a critical issue affecting First Nations.

*Evaluation of the FNHA – Case Study Technical Report Finding*

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### ANNUAL KEY PRIORITIES

**WORK WITH PROVINCIAL PARTNERS TO CREATE A SAFE ENVIRONMENT FOR FIRST NATIONS PEOPLE TO RAISE CONCERNS ABOUT THE CULTURAL SAFETY OF CARE. THIS WILL INCLUDE ADDRESSING INCOMING FEEDBACK, INCIDENTS AND COMPLAINTS IN A CONSISTENT, TIMELY, SAFE AND PROFESSIONAL MANNER, AND SUPPORTING FIRST NATIONS PEOPLE TO NAVIGATE MAINSTREAM COMPLAINTS PROCESSES AS REQUESTED AND APPROPRIATE.**

The FNHA Complaints, Compliments and Incidents Project is a quality improvement initiative to establish an organization-wide, one-window approach for managing formal complaints and compliments from clients who access FNHA direct services, FNHA-funded services and BC provincial health and wellness services. As part of this project, the FNHA operates a standardized internal process for addressing and tracking incoming complaints. In 2019/2020, the FNHA established a new internal Complaints and Compliments Policy that sets out the principles that establish expectations, direct operational activities and guide decision-making for managing client complaints and compliments.

A collaborative system-wide project was formed for the provincial complaints process. In partnership, the FNHA, BC Ministry of Health, regional health authorities and the BC Patient Safety & Learning System, developed and implemented cultural safety and humility complaint categories to support safe self-identification and create appropriate tracking and reporting measures.

*If you have a complaint or compliment, please connect with our Quality Care Office at [Quality@fnha.ca](mailto:Quality@fnha.ca)*

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**ENGAGE HEALTH DIRECTORS, KNOWLEDGE KEEPERS AND OTHER KEY CONTRIBUTORS TO DEVELOP A CULTURAL SAFETY AND HUMILITY ACCREDITATION STANDARD AVAILABLE ACROSS THE HEALTH SYSTEM IN BC, OUTLINING QUALITY STANDARDS TO ADVANCE IMPLEMENTATION OF CULTURAL SAFETY AND HUMILITY INTO HEALTH SERVICE OPERATIONS AND DELIVERY.**

FNHC, FNHA and FNHDA representatives, researchers, Indigenous clients and health authorities are collaborating to develop a cultural safety and humility accreditation standard for use across the health system in BC. The cultural safety and humility accreditation standard is in the early stages of draft for public review, and it is planned for release in 2020/2021.

## ESTABLISHED PARTNERSHIP FOR COLLABORATIVE DEVELOPMENT OF A CULTURAL SAFETY AND HUMILITY ACCREDITATION STANDARD

The FNHA and Health Standards Organization partnered to develop a cultural safety and humility accreditation standard and have established a BC Technical Committee on Cultural Safety and Humility to oversee the development of this standard for use across the provincial health system. The technical committee is made up of First Nations patients and family members, clients, health service providers and health administrators. The group benefits from the leadership and counsel of an Elder with extensive experience in health care systems. The new standard will support service organizations to identify gaps and challenges in their current systems and adopt best practices to provide higher quality care that better meets the needs of First Nations as well as other populations. Development of the standard will take into account the first-hand experiences of Indigenous peoples in the BC health system.

## IN PARTNERSHIP WITH THE HEALTH SYSTEM, FINALIZE A CHANGE LEADERSHIP STRATEGY FOR CULTURAL SAFETY AND HUMILITY, WHICH WILL ENSURE: TARGETED EFFORTS TO ADDRESS SYSTEMIC BARRIERS; DEDICATED CAPACITY RESPONSIBLE FOR DRIVING CULTURAL SAFETY AND HUMILITY ACROSS THE HEALTH SYSTEM; THE DEVELOPMENT OF TOOLS AND RESOURCES AND PROACTIVE KNOWLEDGE EXCHANGE TO SPREAD CULTURAL SAFETY AND HUMILITY; AND OTHER ACTIVITIES TO PERMANENTLY EMBED CULTURAL SAFETY AND HUMILITY AS A REQUIRED COMPONENT OF A QUALITY HEALTH CARE SYSTEM IN BC.

The FNHA collaborated with health system partners to develop a Change Leadership Strategy for Cultural Safety and Humility that will be finalized in 2020/2021. The Change Leadership Strategy addresses approaches and plans across the BC health system (consistent with each partner's action plans), enhances support and coordination of the multiple pieces of work and initiatives currently underway, and identifies additional strategies required to consolidate the gains to date and permanently embed cultural safety within the BC health system. A shared FNHA-BC Ministry of Health Cultural Safety and Humility backbone team was created to support this work.

Partners continue to champion cultural safety and humility across provincial and federal health and social services. New Declarations of Commitment to Cultural Safety and Humility were signed in 2019/2020 with the National Federation of Optometric Regulatory Authorities of Canada, Emergency Management BC, BC Patient Safety & Quality Council, BC College of Family Physicians and Doctors of BC. Following the signing of a joint Declaration of Commitment to Cultural Safety and Humility on April 3, 2019, Indigenous Services Canada, the Public Health Agency of Canada and Health Canada finalized a Joint Action Plan to Advance Cultural Safety and Humility in Health and Wellness Services 2019/2021. Other advances include finalizing a Memorandum of Understanding with the National Collaborating Centre for Indigenous Health to support system-wide knowledge exchange and the launch of the Indigenous Engagement and Cultural Safety Guidebook as an important resource for Primary Care Networks.



Indigenous Services Canada, the Public Health Agency of Canada and Health Canada finalized a Joint Action Plan to Advance Cultural Safety and Humility.



Health care providers are more aware of the need for cultural safety and humility and some have taken concrete steps to improve cultural safety and humility of their services. The signing of Declarations of Commitment to Cultural Safety and Humility by service delivery organizations have increased health professionals' and administrators' awareness of the barriers faced by First Nation clients when accessing health care.

*Evaluation of the FNHA – Case Study Technical Report Finding*

## INTEGRATED FIRST NATIONS PERSPECTIVES IN THE UPDATED BC HEALTH QUALITY MATRIX

The BC Patient Safety & Quality Council launched an updated BC Health Quality Matrix at the Quality Forum in February 2020. The Matrix was first published in 2009 with the aim of providing a common language and understanding about quality in BC's health care system. In collaboration with the BC Patient Safety & Quality Council and other Indigenous health leadership across the province, the FNHA led the process to ensure updates to the BC Health Quality Matrix were informed by histories and perspectives of First Nations in BC. This included broadening the concept of health quality to include health and wellness, cultural safety and humility, and wholistic approaches to health service delivery. The concept of evidence was also expanded to include experiential and traditional sources of knowledge.



2020 Quality Forum.

## COLLABORATED WITH BC HEALTH SYSTEM PARTNERS TO ADVANCE HEALTH SERVICE QUALITY AT THE QUALITY FORUM 2020

FNHA staff welcomed over 1,200 individuals to the Quality Forum 2020 by singing the Coast Salish Anthem. The annual multidisciplinary conference hosted by the BC Patient Safety & Quality Council provided a forum for collaboration, knowledge development and exchange to improve health service quality and client experiences in BC. Themes for the event centred on drawing on compassion to overcome burnout, creating connections for health and integrating cultural safety and inclusivity into primary health care. The FNHA collaborated with the BC Patient Safety & Quality Council to ensure an increased focus on First Nations content throughout the forum. In partnership with the FNHA and the Lu'ma Native Housing Society, the event featured a day tour of the Lu'ma Medical Centre to learn about the integrated support available at this facility for Indigenous families and individuals living in the urban Vancouver community.

## DEVELOPED HAÍŁCÍSTA: A CULTURALLY SENSITIVE CLINICAL INCIDENT REPORTING SYSTEM

HAÍŁCÍSTA is a Haítzaqv (Heiltsuk First Nation – Bella Bella, BC) term meaning “to take a turn for the better.” HAÍŁCÍSTA is the name of a new online clinical incident reporting and management system developed by the FNHA and implemented in 2019/2020. HAÍŁCÍSTA goes beyond moving from a paper-based clinical incident management system to an online system. Reporting and managing incidents is about discovery, supporting learning, ensuring a client-centred and a culturally safe approach, addressing system issues, and taking a non-punitive, non-blame approach. The system reflects practice realities, the FNHA's unique structure and cultural considerations while focusing on a renewed sense of patient safety and fostering the sharing of new knowledge across the system.

## KEY PRIORITY: SERVICE EXCELLENCE — MENTAL HEALTH AND WELLNESS



Across all five regions, BC First Nations have identified mental health and wellness as a top priority and a core element of wholistic health and wellness. The FNHA recognizes that healing, wellness and resiliency are foundational to individual, family, community and Nation well-being. Through partnerships and relationships, the FNHA works to ensure that all First Nations people in BC have access to a culturally safe, comprehensive and coordinated continuum of mental health and wellness approaches.



Land-based gathering participants at Sailor Bar Rock, the natural boundary between the Sto:lō and Nlaka'pamux people.

Partnerships with provincial and federal partners, as well as good working relationships with the FNHC and FNHDA, have contributed to progress in mental health and wellness, including the identification and implementation of the tripartite investments in mental health and wellness. Progress in 2019/2020 included the expansion of land-based healing sites at the community, Nation, sub-regional and provincial levels; ongoing transformation of the treatment centre model to a healing centre model; and supporting Nation-developed mental health and wellness planning projects and initiatives. The FNHA continued to implement initiatives and approaches in its responses to the opioid overdose public health emergency and the legalization of non-medical cannabis, as well as the use of substances including commercial tobacco and alcohol.



The FNHA has achieved significant progress in implementing important changes to First Nations health care in BC. [The FNHA has, for instance...] Developed a Policy on Mental Health and Wellness in 2018 and worked to establish a Mental Health and Wellness Fund which supports First Nations communities and aggregations of First Nations to come together to plan, design and deliver a full continuum of culture and strengths-based mental health and wellness services.

*Evaluation of the FNHA*

## ANNUAL KEY PRIORITIES

### EXPAND LAND-BASED HEALING FROM FIVE TO 10 SITES ACROSS THE PROVINCE.

Land-based healing investments have been made at community, Nation and sub-regional/family levels, achieving the target of establishing 10 land-based healing sites across the province. Examples of community-level initiatives include culture-based day treatment programs, youth camps and traditional harvesting programs. Nation-level initiatives include engaging Traditional Wellness Coordinators to support each Nation's unique cultural approaches to land-based healing. Sub-regional initiatives include the collaboration of all seven northeastern regional communities for an annual land-based healing gathering. The FNHA has partnered with the BC Ministry of Mental Health and Addictions to increase funding for land-based healing initiatives by an additional \$2.5 million for a total of \$7.5 million in funding for 2020/2021.

### TRANSFORM THE TREATMENT CENTRE MODEL INTO A HEALING CENTRE MODEL, INCLUDING PILOTING CONTINUOUS INTAKE, EXPANDING PROGRAMS THAT ADDRESS UNDERLYING TRAUMA AND IMPLEMENTING INFRASTRUCTURE INVESTMENTS.

Transformation of the treatment centre model into a healing centre model progressed well this fiscal year. Four treatment centres completed program reviews to better meet community-identified priorities. Treatment models that incorporate continuous intake, which increases service capacity and allows more BC First Nations people to access treatment when they are ready, are being integrated into service delivery for the new healing centres currently under development.

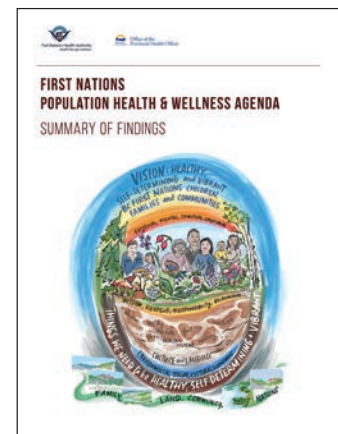
### INVESTMENT IN TREATMENT CENTRE INFRASTRUCTURE TO IMPROVE PROGRAMS, SERVICES AND ACCESS FOR ALL FIRST NATIONS IN BC

The Province of BC and the FNHA are each contributing \$20 million to build and revitalize First Nations-run treatment centres throughout the province. The funds support the construction of two new treatment centres and the repair, expansion and renovation of others. First Nations-run treatment centres support access to mental health, wellness and substance use services for First Nations people. Elders and traditional healers are directly involved in delivering care alongside clinical counsellors and addictions specialists. The new centres are envisioned to feature increased programming for women and LGBTQIA2S+ people. This funding commitment is in addition to the \$30 million announced by the Government of Canada, the Province of BC and the FNHC in July 2018 to support Nation-based approaches to the planning, design and delivery of mental health and wellness services.

### WORK WITH THE FNHC, BC AND CANADA TO SUPPORT NATION-DEVELOPED MENTAL HEALTH AND WELLNESS PLANNING PROJECTS AND DEMONSTRATION SITES THAT REFLECT FIRST NATIONS MODELS OF HEALING COORDINATED WITH PROVINCIAL MENTAL HEALTH AND WELLNESS SERVICES.

A Tripartite Memorandum of Understanding was signed by the FNHC and provincial and federal governments in July 2018 that outlined commitments to and investments in community-driven and Nation-based mental health and wellness planning and services. The FNHA plays both a supporting and investor role in the implementation of this Memorandum of Understanding. Thirty-seven unique Nation-based Statements of Readiness for mental health and wellness projects, representing 147 communities, were submitted in response to this investment. Collectively, these projects outlined planning, collaboration, design and/or demonstration of activities that support Nation healing and Nation rebuilding.

The FNHC worked with First Nations in BC to develop a Mental Health and Wellness Reporting Framework, including strengths-based indicators, to measure transformation of mental health and wellness services for First Nations in BC. Following an engagement session on a draft Mental Health and Wellness Reporting Framework by the FNHC at fall Regional Health Assemblies, a final version of the framework was endorsed at Gathering Wisdom for a Shared Journey X. Discussions will continue in 2020/2021 to ensure alignment of the framework with the First Nations Population Health and Wellness Agenda, and efforts are being explored to minimize the reporting burden on communities and Nations moving into implementation.



**First Nations Population Health and Wellness Agenda Summary of Findings.**

### KEY PARTNER IN THE DEVELOPMENT OF BC MENTAL HEALTH AND ADDICTIONS ROADMAP

The FNHA renewed our joint Letter of Understanding with the BC Ministry of Mental Health and Addictions for a second year. The FNHA has been a key partner in developing the province's A Pathway to Hope: A Roadmap for Making Mental Health and Addictions Care Better for People in British Columbia, released in June 2019, which outlines a 10-year vision for mental health and wellness, including priority actions over the next three years. The FNHA and the BC Ministry of Mental Health and Addictions collaborated to ensure the roadmap includes a strong focus on the priorities of First Nations in BC. It outlines the shared work the FNHA and the Province of BC are supporting, including planning and implementation of primary health care initiatives, land-based healing approaches, expansion of treatment centres, the development of a 10-year strategy to support the social determinants of health, and the implementation of the tripartite mental health and wellness funding.

An important focus of the roadmap is early intervention for children, youth and young adults. This has included the creation of Integrated Child and Youth teams: multidisciplinary collaborations of health partners working together to deliver services to children, youth and their families. Elders, Indigenous support workers and peer support workers are included as core members of the Integrated Child and Youth teams, with direction from local First Nations communities.

### FNHA PARTNERS WITH THE YOUTH LEADING YOUTH ADVISORY COMMITTEE FOR LIFE PROMOTION

Young First Nations community members are guiding the important work of preventing suicide and promoting life in communities all across BC. Specifically, several First Nations youth with lived experience with suicide are collaborating and supporting each other in sharing life-promoting activities with their peers in their home communities. The Youth Leading Youth Advisory Committee for Life Promotion receives grant funding from the Canadian Foundation for Healthcare Improvement. The goal of the project is to empower youth to steer the collaborative process. The FNHA and the Fraser Health Authority are project partners, providing the tools, resources and supports for the youth to succeed.



The BC Life Promotion for All My Relations Youth Advisory Committee at Gathering Wisdom for a Shared Journey X.

**IMPLEMENT A RANGE OF INITIATIVES AND APPROACHES TO ADDRESS SUBSTANCE USE, INCLUDING: IMPLEMENTATION OF CASE MANAGEMENT, TREATMENT AND HARM REDUCTION SUPPORTS RELATED TO THE OVERDOSE PUBLIC HEALTH EMERGENCY.**

In partnership with the BC Ministry of Mental Health and Addictions, the FNHA is working to increase access to opioid agonist therapy, particularly in rural and remote areas. Regional plans were implemented to increase access to Suboxone, a type of oral opioid agonist therapy, primarily through educational initiatives and working closely with community health centre staff. Train-the-trainer “Not Just Naloxone” workshops were held throughout the year, including a workshop for Elders. The three-day workshops use a lens of cultural safety and trauma-informed care to support participants in developing community-based strategies and services to engage people who use substances. Topics include decolonizing addiction, Indigenous harm reduction, and recognizing and responding to an overdose.

**FINDINGS FROM HEALTH ATTITUDES AND BELIEFS SURVEY**

Indigenous and non-Indigenous households in BC were invited to take the FNHA’s Health Attitudes and Beliefs survey between May 2018 and May 2019 to understand perspectives on opioids and harm reduction, awareness around cannabis use, and cancer screening. Accessing the survey in a variety of ways – including phone, mail and in-person – more than 3,000 people participated in the survey, with 2,000 survey respondents identifying as Indigenous (primarily as First Nations).

The survey results indicate that most (84 per cent) Indigenous respondents believe that traditional First Nations practices and teachings can support a person’s healing journey. Indigenous survey respondents tend to disagree with harsh approaches towards opioid use and addiction. Among Indigenous respondents, older people, men and people living in First Nations communities were more likely to view opioid use as a moral issue rather than a health issue, and were less likely to support harm reduction approaches to opioid use and addiction. Over a third of participants responded that using cannabis is a good way to reduce or replace dependence on opioids.

The survey also found that youth find it harder to talk about or seek information about harm reduction or the overdose emergency. Indigenous youth were more likely than older Indigenous respondents to dismiss the risks of cannabis use, agree that cannabis can be a good substitute for more conventional medications, and to believe myths about cannabis.

**IMPLEMENT A RANGE OF INITIATIVES AND APPROACHES TO ADDRESS SUBSTANCE USE, INCLUDING: LAUNCH OF A PUBLIC EDUCATION CAMPAIGN AND A SET OF COMMUNITY RESOURCES RELATED TO THE LEGALIZATION OF NON-MEDICAL CANNABIS.**

The cannabis public education campaign, launched in the fall of 2018 and continuing through 2019, provided information about the health impacts of cannabis use through digital advertising, a radio campaign, videos, posters and web content. A guide titled Navigating Non-Medical Cannabis in BC: A First Nations Community Guidebook to Cannabis Legalization was soft-launched at Gathering Wisdom for a Shared Journey X and the Communicable Disease Forum. The guide has been printed and will be distributed throughout BC in 2020. The FNHA also developed a submission for Health Canada on regulations for cannabis health products entering the retail market.



FNHA’s “Indigenous Strengths” Cannabis Campaign.



## THE FNHA'S CANNABIS CAMPAIGN WON THE INTERNATIONAL ASSOCIATION OF BUSINESS COMMUNICATORS GOLD QUILL AWARD

The International Association of Business Communicators presented the FNHA with the prestigious Gold Quill Award for its outstanding achievement on the FNHA's "Indigenous Strengths" Cannabis Campaign. The public education campaign – the FNHA's biggest to date – takes a strength-based approach, focusing on youth and their caregivers, as well as expectant women and mothers. Amplifying First Nations teachings of self-awareness, self-determination and personal accountability, a central goal is to delay and reduce harmful cannabis use among young people, and to enable them to make positive, informed choices for themselves.



FNHA staff members accept their Gold Quill Award.

## IMPLEMENT A RANGE OF INITIATIVES AND APPROACHES TO ADDRESS SUBSTANCE USE, INCLUDING: REINVIGORATING PLANNING AND CAMPAIGNS AT PROVINCIAL AND REGIONAL LEVELS TO REDUCE THE USE OF COMMERCIAL TOBACCO.

The FNHA continued to support the reduction of commercial tobacco use through a range of initiatives. These included regional and provincial engagement at regional health and wellness forums, the Mental Health and Wellness Summit, a campaign targeting the effects of second-hand smoke ("Inside Out") and the Break It Off challenge.

The FNHA is part of two provincial working groups on vaping, has contributed to consultations for changes to federal and provincial legislation about vaping use, and has developed multiple informational resources about vaping that were promoted at engagement events including Gathering Wisdom for a Shared Journey X.

## IMPLEMENT A RANGE OF INITIATIVES AND APPROACHES TO ADDRESS SUBSTANCE USE, INCLUDING CONSOLIDATING AN APPROACH TO ADDRESS THE CONTINUING HEALTH IMPACTS OF ALCOHOL USE.

The BC Centre on Substance Use and the FNHA continue to develop their ongoing partnership to improve and provide culturally safe substance use services for BC First Nations clients, families, communities and Nations. The FNHA served on committees that developed an Indigenous Cultural Safety program for all BC Centre on Substance Use staff and the province-wide clinical care guidance document, Guideline for the Clinical Management of High-Risk Drinking and Alcohol Use Disorder.

The FNHA and the BC Centre on Substance Use are co-leading the creation of an Indigenous supplement to BC's clinical guidelines for high-risk drinking and alcohol use disorder, expected to be released late in 2020, and guided by an advisory council of Indigenous Elders, Knowledge Keepers and people with lived experience. The First Nations Addiction Care Partnership Manager, a position shared by the FNHA and BC Centre on Substance Use, continued to work with communities and regions to engage in activities including knowledge translation and bridging the research findings generated by BC Centre on Substance Use researchers to First Nations communities, including around the use of opioid agonist therapy.

## CONTINUE IMPLEMENTING THE FNHA'S COMMITMENT TO TRAUMA-INFORMED CARE TRAINING FOR ALL STAFF.

We did not achieve the commitment to ensure that all FNHA family members are trauma-informed. We are reassessing our approach for achieving this goal, including exploration of the training provided in the regions as a potential option. All efforts have been delayed due to our leadership transition.

## KEY PRIORITY: SERVICE EXCELLENCE — PRIMARY HEALTH CARE

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A key focus of the FNHA has been to improve the quality of primary health care services through cultural safety, access and longitudinal care that incorporates First Nations values, philosophies and healing practices. Achieving these improvements has involved partnering with the provincial health system and local and regional partners to leverage our respective resources and undertake shared service planning and design.

### ANNUAL KEY PRIORITIES

**WORK WITH OUR PARTNERS TO IDENTIFY NEW PRIMARY HEALTH CARE SERVICE MODELS AND INVESTMENTS FOR BOTH RURAL AND URBAN POPULATIONS; AND ADVANCE CAPABILITY OF FNHA TO EMPLOY AND DEPLOY PRIMARY HEALTH CARE PROVIDERS, SUPPORTING ENHANCED ACCESS, CULTURAL SAFETY AND HUMILITY, SUSTAINABILITY AND STABILITY OF PRIMARY HEALTH CARE SERVICES FOR OUR CITIZENS AT HOME AND AWAY FROM HOME.**

In 2019/2020, the FNHA worked with health system partners to identify opportunities for First Nations to collaborate in the planning, design and implementation of primary health care services that enable culturally safe, accessible and longitudinal primary health care for their communities. This included working with the BC Ministry of Health and other system partners to ensure First Nations are hard-wired in provincial Primary Care Network planning and implementation in urban and rural geographical areas.

September 2019 marked the release of the Indigenous Engagement and Cultural Safety Guidebook for Primary Care Networks. This resource, developed in partnership between the FNHA and the BC Ministry of Health, provides information and guidance on 1) how to advance and support Indigenous partnerships and engagement in the planning, design and implementation of Primary Care Networks, and 2) how to enhance cultural safety within Primary Care Networks.

As part of the Primary Care Networks, the FNHA partnered with BC First Nations and the BC Ministry of Health on the First Nations-Led Primary Health Care Initiative. The initiative will support First Nations communities and organizations to design, enhance and implement innovative primary health care service and delivery models that consider the social determinants of health and improve access to culturally safe, trauma-informed care and longitudinal care.

To support the development and planning phases of the First Nations-Led Primary Health Care Initiative sites in all regions, the FNHA expanded the number of regional primary health care staff and established an organizational backbone to support this work. Key positions were created to oversee the initiative from a province-wide level including operationalization of an internal governance structure to advance work in areas such as health human resources, clinical support and wellness, service planning and model design, and traditional wellness. A regional community of practice was established for planning, coordination, knowledge exchange and advancement of initiatives.

## INITIAL FIRST NATIONS-LED PRIMARY HEALTH CARE INITIATIVE SITE ANNOUNCED

The BC Ministry of Health and the FNHA provided more than \$1.8 million in ongoing funding and over \$200,000 in one-time funding to the Lu'ma Medical Centre to expand Indigenous primary care services. Lu'ma Medical Centre provides health and outreach services to urban-based First Nations, Métis and Inuit, many of whom are living away from home and others who travel to the Metro Vancouver area to access the care provided at Lu'ma. The enhanced centre is the initial First Nations-Led Primary Health Care Initiative site to be announced. The expansion of services at Lu'ma will include hiring 12 additional full-time health care professionals who will provide culturally respectful, First Nations-focused care to 1,750 additional individuals, serving about 2,900 clients in total. Clients will receive wraparound support from a team of new and existing health care providers and have access to traditional healers, Elders and social navigators. Together they will deliver integrated, wholistic and person-centred care that is rooted in tradition and culture and is trauma-informed.



**Lessons Learned/Opportunities:** Create strategies to engage and develop programming to address the needs of clients who live in urban areas and away from home.

*Evaluation of the FNHA – Case Study Technical Report Finding*



Announcement of the Lu'ma Medical Centre expansion.

## ESTABLISHED PARTNERSHIP WITH RURAL COORDINATION CENTRE OF BC TO PROMOTE RURAL HEALTH COLLABORATION

The FNHA and the Rural Coordination Centre of BC have signed a Memorandum of Understanding to work together to improve access to primary health care services in rural communities. The agreement enables the organizations to work more closely together, through a structured process, to address the challenges of providing primary health care services to remote and rural communities, such as physician recruitment and the expansion of rural primary care facilities across the province. An important part of the joint work is a commitment to embed cultural safety and humility into primary health care service delivery through staff training and incorporating First Nations teachings into the health sector.

## JOINT PROJECT BOARD PROJECTS

The Joint Project Board, established in 2012, is a forum between the FNHA and the BC Ministry of Health that supports primary health care, maternal and child health, and mental health and wellness projects jointly developed by First Nations and health authorities. A total of 27 projects with \$15.3 million in funding are supported through this envelope. Twenty-six projects are spread across the five regions in BC and one project is provincial in scope. Steady implementation of projects continued with 85 per cent of funding flowing in all 27 approved projects. The Joint Project Board projects provide services to Status First Nations, as well as other Indigenous People (Métis, Inuit and non-Status First Nations) and non-Indigenous residents. Service locations are primarily on-reserve, but include services to off-reserve and away-from-home populations.

The annual analysis of Joint Project Board projects' reporting for 2018/2019 was completed. By the end of 2018/2019, 100 per cent of projects with known implementation status were operational, with slightly less than half (48 per cent) being fully operational – a small decline from 2017/2018. Recruitment and retention remains one of the key implementation barriers with only 65 per cent of direct service delivery positions reported filled. Many projects experienced unused project funds, mostly as a result of unfilled health care professional positions such as nurses, mental health and wellness workers, and social workers. This has contributed to Joint Project Board projects spending only 58 per cent of the total available project funds in 2018/2019.

REGION	% Filled	# FILLED	# VACANT	# NOT REPORTED
All Projects	65%	93	45	4
Fraser	93%	14		1
Interior	86%	24		4
Vancouver Island	69%	22	10	
Provincial Project	67%	2	1	
Vancouver Coastal	52%	17	12	4
Northern	45%	14	17	

Joint Project Board-funded direct service delivery positions by region reported for 2018/2019.

## PLAN AND HOST A PROVINCIAL PRIMARY HEALTH CARE++ CONFERENCE TO SHARE KNOWLEDGE AND ADVANCE PRIMARY HEALTH CARE FOR FIRST NATIONS IN BC.

The FNHA planned and hosted a Primary Health Care and Mental Health and Wellness Summit held from May 22 to 24, 2019. The Summit brought together over 500 participants, including representatives from First Nations communities across the province and health system partners. The Summit focused on weaving wholistic wellness into the health care system and discussions centred on team-based care with culture as an integral part. Through event feedback surveys, the FNHA heard that 93 per cent of survey respondents felt that the Summit was a productive and good use of their time and 93 per cent of respondents recommended that another First Nations Health and Wellness Summit take place in the future.



Dr. Becky Palmer and Dr. Evan Adams speaking at the Primary Health Care and Mental Health and Wellness Summit.

## KEY PRIORITY: SERVICE EXCELLENCE — HEALTH BENEFITS



Over the past year, the FNHA has advanced sustainable and continuous quality improvement of Health Benefits and completed the transition of benefits administration from Indigenous Services Canada's Non-Insured Health Benefits to facilitate greater flexibility and future transformation. On September 16, 2019, the FNHA transitioned dental, vision, medical supplies and equipment, and a portion of pharmacy benefits from Indigenous Services Canada's Non-Insured Health Benefits program to Pacific Blue Cross. In partnership with Pacific Blue Cross, the FNHA mobilized a Community Relations team to work closely with First Nations leaders and citizens on collaborative plan design to transform these benefits. The process was also informed by lessons learned from the transition of pharmacy benefit administration to BC PharmaCare Plan W.

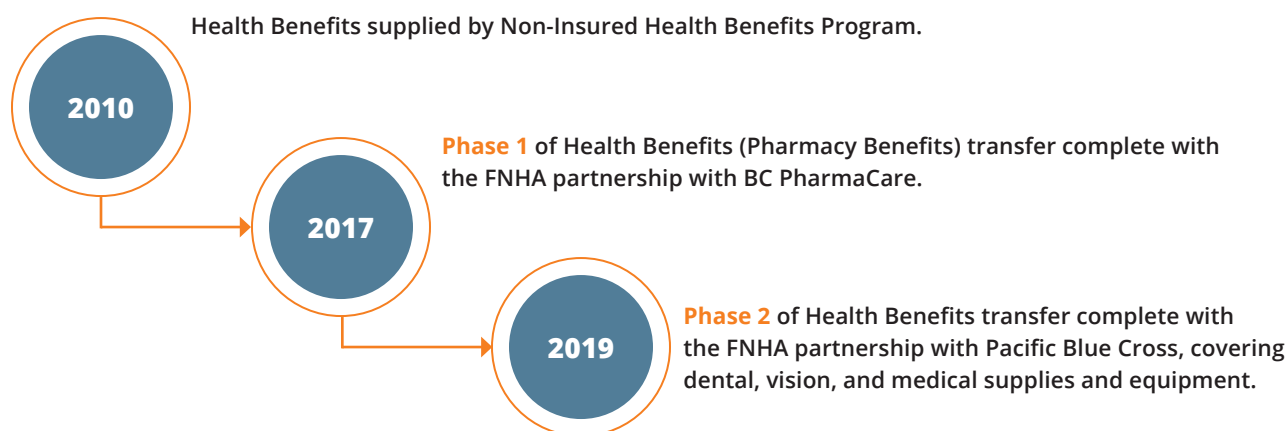
### ANNUAL KEY PRIORITIES

#### WORK WITH OUR PARTNERS ON CONTINUOUS QUALITY IMPROVEMENT OF PHARMACY BENEFITS, INCLUDING IMPLEMENTING LEARNING RESULTING FROM THE EVALUATION OF FNHA'S HEALTH BENEFITS – PHARMACY PROGRAM FOR BC FIRST NATIONS, WHICH INCLUDES THE TRANSITION TO PLAN W.

Results and recommendations from the Evaluation of FNHA's Health Benefits – Pharmacy Program for BC First Nations were shared publicly in 2019. Building on these recommendations, the FNHA developed a management response and action plan. Learnings from Phase 1 of the Claims Processing System Transition project were implemented in Phase 2.

Highlights of the FNHA's Health Benefits – Pharmacy Program for BC First Nations: Management Response to Recommendations and Action Plan that have been implemented include establishing:

- Bilateral FNHA-Ministry of Health processes to advance shared priorities for improving and evolving Plan W to better meet the needs of BC First Nations;
- A Permanent FNHA Health Benefits Community Relations team in place to continue dialogue with community; and
- An FNHA Health Benefits Provider Relations Team established for continued partnership support for providers.



### WHERE WE'RE GOING

The FNHA initiated a project to enhance medical transportation, which is a top priority for clients.

## **PARTNERED WITH PACIFIC BLUE CROSS TO LAUNCH DIRECT PAYMENT FOR SHINGRIX® SHINGLES VACCINE**

The FNHA introduced coverage for zoster vaccine Shingrix as a reimbursement process, and has since worked with benefits partner Pacific Blue Cross to enable direct payment. The FNHA is the first health authority in Canada to cover Shingrix, and over the past year worked to enable clients to access the vaccine without having to pay up front. Coverage of a shingles vaccine has been an important and recurring part of discussions with Chiefs, Health Directors and other First Nations health leaders in order to protect the health of Elders.

## **UNDERTAKE A ROBUST ENGAGEMENT PROCESS WITH FIRST NATIONS LEADERSHIP, HEALTH DIRECTORS AND CLIENTS AT HOME AND AWAY FROM HOME TO SHAPE THE DESIGN AND TRANSITION OF DENTAL, MEDICAL SUPPLIES AND EQUIPMENT, AND VISION BENEFITS.**

Through a dedicated Community Relations team and in partnership with Pacific Blue Cross, the FNHA worked collaboratively with First Nations leaders and citizens to design and inform the transition of dental, medical supplies and equipment, and vision benefits. Following the transition of these benefits to Pacific Blue Cross on September 16, 2019, dialogue has continued with providers and clients in First Nations communities and away from home with approximately 225 points of engagement. Responding to feedback from clients, the FNHA initiated the development of a framework for engaging clients, leaders and providers on the Medical Transportation transformation project.



Continuously learning client needs and involving clients and communities in all aspects of the program design and implementation will support effective decision-making.

*Evaluation of the FNHA – Case Study Technical Report Finding*

## **PARTNERED WITH PACIFIC BLUE CROSS TO UNDERTAKE ROBUST ENGAGEMENT PROCESS SHAPING TRANSITION OF BENEFITS**

The FNHA committed to advance sustainable and continuous quality improvement of Health Benefits and advance the transition of the administration of benefits from Indigenous Services Canada's Non-Insured Health Benefits to facilitate greater flexibility and future transformation. A new partnership with Pacific Blue Cross to administer benefits on behalf of the FNHA for dental, vision, medical supplies and equipment, and pharmacy benefits not covered by PharmaCare to First Nations residents of BC is a fulfilment of this commitment.



**Leaders from the FNHA and Pacific Blue Cross sign the new services agreement between the two organizations.**

The FNHA and Pacific Blue Cross carried out a comprehensive engagement effort with health regulators, individual health care providers, clients and other individuals and organizations involved with the delivery of First Nations health care. The FNHA led 51 focus groups with 98 communities represented across the province. Clients and health workers provided feedback on how to improve the benefits plan. The FNHA also asked Health Directors and care providers what needed to change. Discussions with health care providers included education about cultural safety and humility, a topic identified as a concern by clients and health leaders.

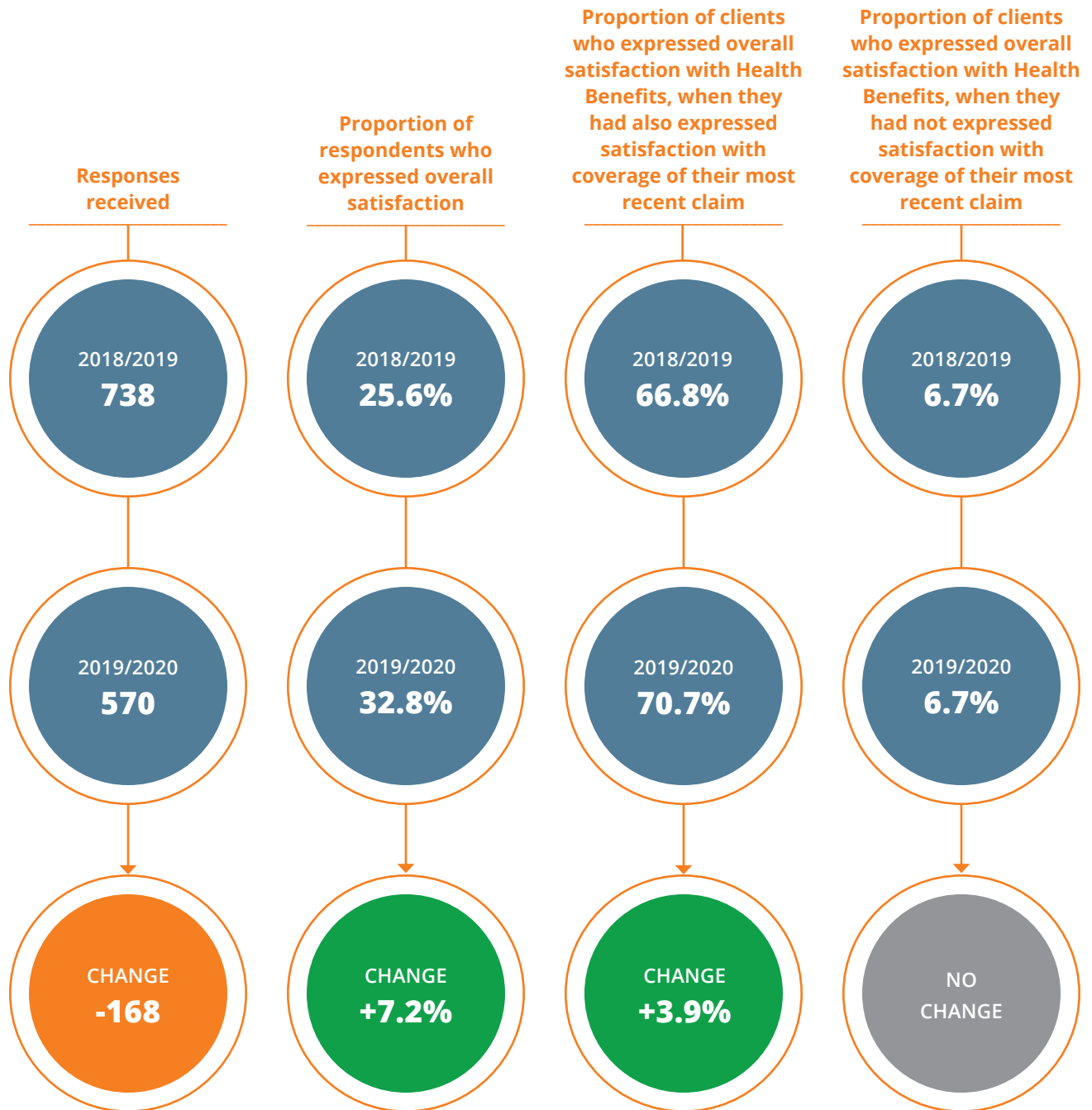


Involving partners early was the critical factor that contributed to the success of the Phase II transition.

*Evaluation of the FNHA – Case Study Technical Report Finding*

**STRENGTHEN OUR RELATIONSHIP WITH CLIENTS AND COMMUNITIES THROUGH CONTINUED IMPLEMENTATION OF A DEDICATED COMMUNITY RELATIONS TEAM, HEALTH BENEFIT CLIENT SURVEY, MEASUREMENT AND REPORTING OF SERVICE STANDARDS, AND TIMELY RESOLUTION OF COMPLAINTS AND APPEALS.**

The Community Relations team, with representatives positioned in each region, supports increased client awareness and understanding of FNHA Health Benefits and how to access these and health-related programs and services. To remain responsive to client experiences accessing First Nations Health Benefits, the FNHA continues to administer and report on the Health Benefits Client Satisfaction survey. In 2019/2020, the overall client satisfaction rate for First Nations Health Benefits increased to 32.8 per cent, up from 25.6 per cent in 2018/2019.



## KEY PRIORITY: SERVICE EXCELLENCE — NURSING, PUBLIC HEALTH, EMERGENCY RESPONSE AND HEALTH INFRASTRUCTURE

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### NURSING SERVICES

Nursing Services is the FNHA's largest direct patient care portfolio and is an essential contributor to the health and wellness of BC First Nations and to the overall transformation of health services. Nursing Services priorities for the past year included embedding quality standards and safety into all areas of nursing services. Many projects focused on enhancing sustainability, improving quality and safety, and supporting recruitment, retention and onboarding of Community Health Nurses. Nursing guidelines, competencies and clinical frameworks were developed with provincial partners regarding tuberculosis screening and treatment.

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Nursing Services became more responsive to community needs and priorities.

*Evaluation of the FNHA – Case Study Technical Report Finding*

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### FNHA NURSES AWARDED CENTENARY MEDAL OF DISTINCTION

The University of British Columbia awarded a Centenary Medal of Distinction to three FNHA nurses: Dr. Becky Palmer, Debbie McDougall and Lucy Barney. Dr. Becky Palmer serves as the FNHA's Chief Nursing Officer, Debbie McDougall is the FNHA's Director of Collaborative Practice and Lucy Barney serves as the FNHA's Specialist in Perinatal Care and Early Childhood Development. The award recognizes the high honour these nurses bring to the nursing profession and their significant contribution to advancing its vision, mission and mandate. As nurses, they often work closely with families – providing primary care, public health, health promotion and emergency care for First Nations individuals, families and communities.



FNHA Nurses awarded a Centenary Medal of Distinction from the University of British Columbia.

### THE 2019 NURSING EDUCATION FORUM

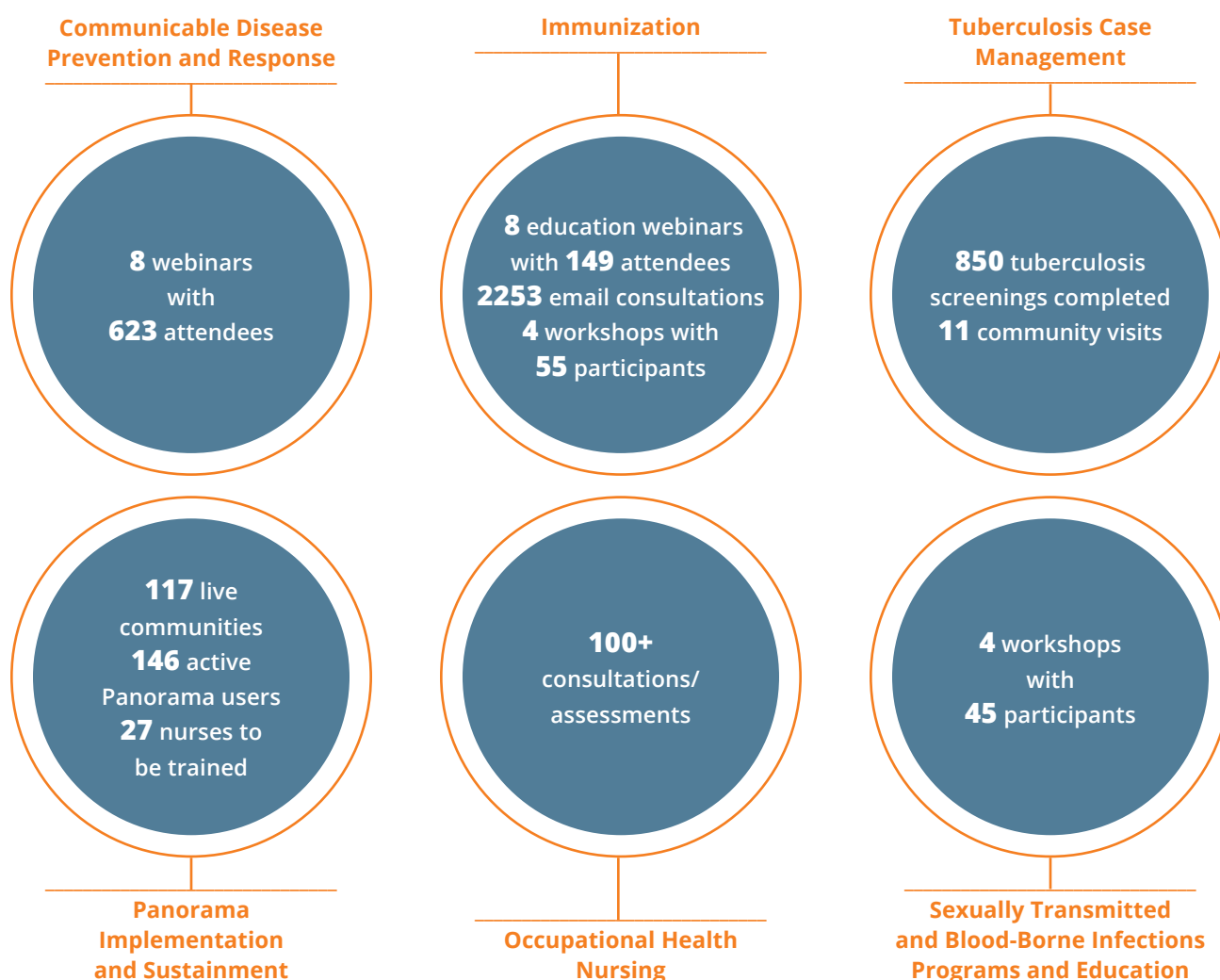
Encompassing the FNHA's shared values and directives, the theme for the 2019 Nursing Education Forum was Care, Culture, and Connection, and this theme was carefully woven into all presentations and workshops for the event. The Nursing Education Forum took place during two successive weeks in November 2019 to enable nurses to travel in from communities while ensuring coverage and care would still be available while they were away. The forum included a focus on heart health and wellness, as well as other chronic diseases and their determinants.



## COMMUNICABLE DISEASE POPULATION AND PUBLIC HEALTH

The FNHA's Communicable Disease Population and Public Health team supports communities in all areas of public health, such as communicable disease prevention and response, immunization, case management of tuberculosis and sexually transmitted and blood-borne infections support and education. In addition, the team supports access to public health information systems and provides occupational health nursing services. During the COVID-19 pandemic, this team provided up-to-date information related to the safe provision of health services in community, and ensured maintenance of ongoing essential public health services. A central web page was created to consolidate all resources for community health nurses, other health professionals and community leadership.

### Communicable Disease Population and Public Health Activities



### COMMUNICABLE DISEASE EMERGENCY PLANNING

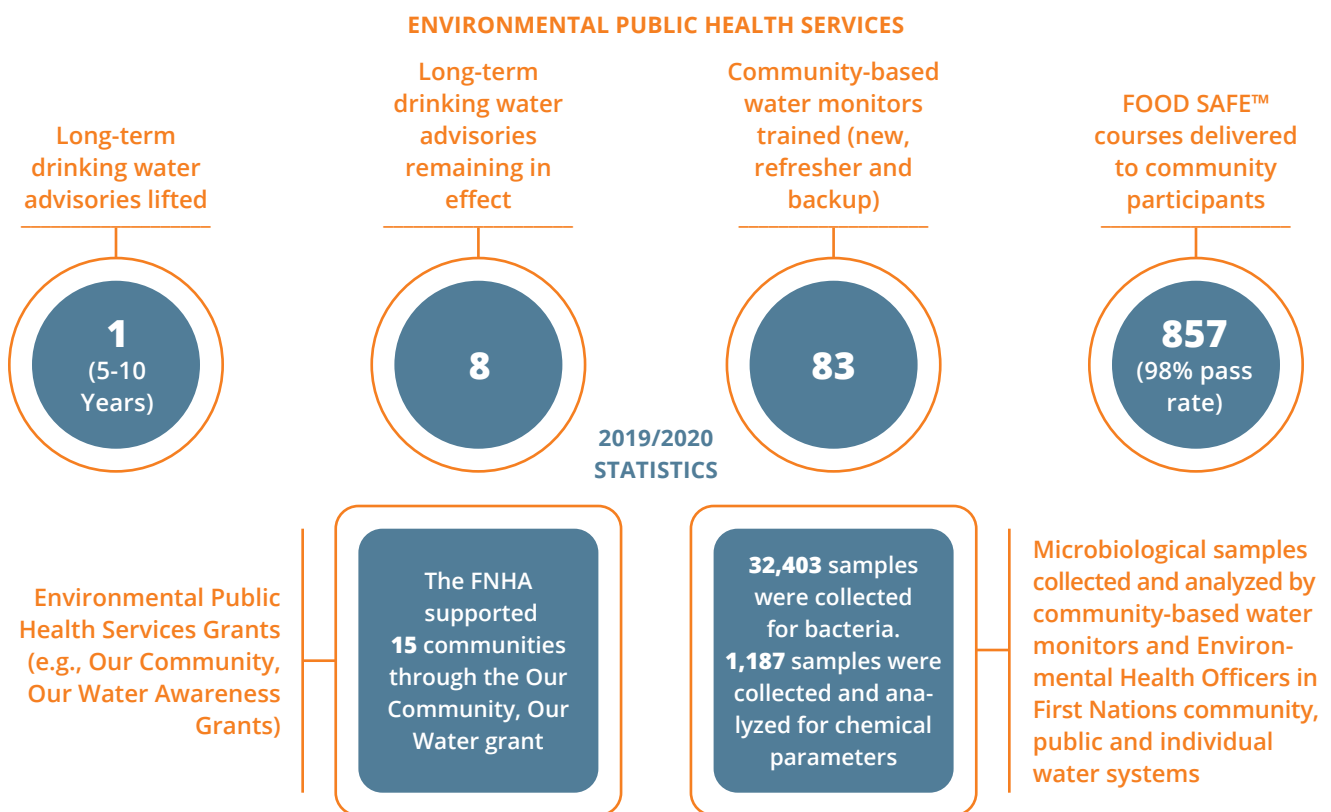
The FNHA collaborated with communities to revise and update communicable disease emergency planning processes and resources, taking a comprehensive, community-led approach to planning for a variety of communicable disease emergencies. The FNHA developed an interim communicable disease emergency planning template, customizable to each community's unique context. Further work on processes and resources for comprehensive communicable disease emergency planning will continue in 2020/2021, taking into account lessons learned from COVID-19 as well as additional engagement with Elders and Knowledge Keepers. As of March 31, 2020, approximately 87 per cent (or 174) of First Nations communities have a pandemic/communicable disease emergency plan, and many communities are working on updating these plans.

## ENVIRONMENTAL PUBLIC HEALTH SERVICES

The FNHA's Environmental Public Health Services team works in partnership with First Nations communities to identify and prevent environmental public health risks in First Nations communities that could impact the health of community members.

In 2019/2020, the FNHA developed an Indigenous Climate Health Action Program to support First Nations communities in efforts to strengthen community resilience related to climate change impacts on health. In addition, the "We All Take Care of the Harvest (WATCH)" project, which supports safe and secure harvesting of marine foods in the context of climate change, was initiated as part of a three-year Health Canada Climate Change and Innovation Bureau grant to advance climate change adaptation strategies in coastal First Nations communities. The project responds to climate change feedback from coastal First Nations provided at a 2016 marine biotoxin workshop.

In 2019/2020, one long-term drinking water advisory (do not consume advisory) was rescinded. Eighty-three community-based water monitors (new, refresher and backup) were trained to further develop local capacity. As part of the federal commitment to end long-term drinking water advisories in federally funded community water systems, the FNHA regularly meets with Indigenous Services Canada to maintain progress and focus on long-term drinking water advisories and key drinking water issues.



## EMERGENCY MANAGEMENT AND RESPONSE



**Lessons Learned/Opportunities:** The approach of "With Us, Not for Us" and cultural awareness and sensitivity should be a key part of all emergency response efforts.

*Evaluation of the FNHA – Case Study Technical Report Finding*

During 2019/2020, the FNHA strengthened capacity to respond to communities in times of emergency. The FNHA worked closely with a wide range of partners including Indigenous Services Canada, Emergency Management BC, the Ministry of Indigenous Relations and Reconciliation, BC Ministry of Health, Canadian Red Cross and the Justice Institute of BC to represent First Nations priorities and approaches within the broader emergency management discourse. The FNHA participated in emergency planning initiatives that included Seasonal Readiness Regional Sessions, planning meetings for Exercise Coastal Response 2022, the Provincial Health Services Authority All Hazard Response Plan Core Project Team and the National Health Emergency Management Committee. In 2019/2020, the FNHA continued to support communities during wildfires and flood events.

### COVID-19 RESPONSE

At the end of 2019/2020, the FNHA and health system partners were tested by the COVID-19 pandemic. The FNHA initiated the first of three levels of its Public Health Response Structure on January 29, 2020, working to support First Nations clients and communities with the emerging complexities and impacts of COVID-19. The FNHA moved to a Level III organizational emergency response at the end of March 2020, meaning the majority of the organization's resources were reassigned to emergency efforts, while maintaining and delivering essential services.



The FNHA's ability to respond to client and community needs during the crisis has been navigated in partnership with BC First Nations leadership, health system partners and provincial emergency response partners. The FNHA worked to establish a COVID-19 surveillance system and a corresponding data linkage with the BC Ministry of Health to enable the FNHA access to near real-time data. Business continuity plans and supports were established to ensure essential services continued during the escalated crisis response. Over 60 FNHA staff received online emergency management training coordinated by Emergency Management BC. Moving forward, the FNHA will continue to implement lessons learned from this emergency in coordination with partners.



As the FNHA did not inherit emergency management structures from First Nations and Inuit Health Branch, it required extensive efforts and additional resources to build a command structure from scratch.

*Evaluation of the FNHA – Case Study Technical Report Finding*

### HEALTH INFRASTRUCTURE

The FNHA Community Capital Program provides BC First Nations with support for the feasibility, design, construction and ongoing operations and maintenance of community health facilities. The FNHA is committed to a community-based, wholistic approach to health and wellness to ensure that building standards meet all building code regulations and that spaces reflect each First Nation's interests, beliefs and traditions.

Forty-seven projects are funded through the FNHA's Multi-Year Community Capital Facilities Plan. During 2019/2020, the FNHA invested \$18.9 million in the development of new health facility projects and committed \$8.13 million in investment on operations and maintenance activities that include cyclical repairs, maintenance, upgrades, renovations and ongoing operations costs.

The FNHA and the Province each committed \$20 million towards the renovations, replacement and expanded program delivery of First Nations-run treatment centres in 2019/2020. Anticipated capital needs for infrastructure improvements are estimated to be close to \$100 million and the FNHA is negotiating additional funding. At the end of 2019/2020, the COVID-19 pandemic shifted the construction landscape for the FNHA's Community Capital Projects, resulting in project delays due to self-isolation, challenges in procurement and resource and labour availability.

# KEY PRIORITY: LEADERSHIP AND CULTURE DEVELOPMENT

As a first-of-its kind organization built by and for First Nations communities, the FNHA aims to make BC First Nations citizens and communities proud to call us their health authority. Development of organizational culture and the right kind of leadership is critical to this work. The FNHA has made commitments to advance organizational culture by building an engaged workforce; honouring and learning from the wisdom, cultures and practices of the diverse BC First Nations; and supporting leadership development built on a “best of both worlds” paradigm.

In 2019/2020, the FNHA continued to host events and activities that support staff learning and wellness journeys. The HOWL Employee Engagement Survey saw high participation and revealed a strong focus on fostering collaboration and trust across departments. Many FNHA staff joined in the practice of cultural traditions and activities that enhanced knowledge exchange, created new connections and supported a sense of shared purpose. The FNHA initiated planning to develop a leadership development program for the FNHA workforce and collaborated with partner health authorities to deliver leadership development opportunities for staff.

## ANNUAL KEY PRIORITIES

### CONTINUE TO BUILD AN ENGAGED AND ENABLED FNHA FAMILY THROUGH IMPLEMENTING AN ACTION PLAN BASED ON THE FINDINGS OF “THE HOWL,” AND MONITORING PROGRESS THROUGH ADMINISTERING THE SURVEY AGAIN IN 2019/2020.

With an 87 per cent response rate, employee participation in the second-annual the HOWL Employee Engagement Survey remained high. Many FNHA teams, individuals and small groups participated in action planning sessions to review the HOWL results and plan next steps in response to survey outcomes. Thirty team action planning sessions and 28 individual or small group sessions were held. A focus of the cross-organizational response to survey results includes fostering greater collaboration across departments and cultivating trust.

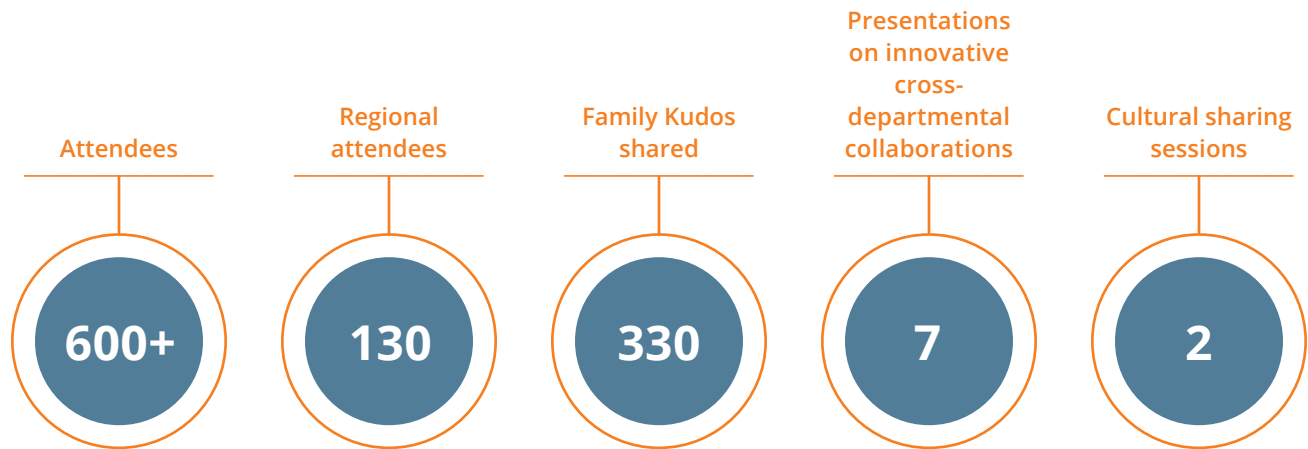


Continue efforts to improve collaboration and coordination within the FNHA across departments and regions.

*Evaluation of the FNHA – Case Study Technical Report Finding*

## 2020 FNHA FAMILY GATHERING: CREATING CONNECTIONS

On February 4 and 11, over 600 FNHA family members from across the province gathered to create new connections and nurture past connections. Cultural practices and a spirit of collaboration between the regions, programs and departments flowed through the gatherings as participants engaged in meaningful conversations, celebrated their peers and showcased each other's strengths and talents.



2020 FNHA Family Gathering.

## DEVELOP AND IMPLEMENT AN APPROACH FOR STAFF TO VISIT AND BUILD RELATIONSHIPS WITH COMMUNITIES AND NATIONS, AND UNDERTAKE EXPERIENTIAL LEARNING ABOUT THE DIVERSITY OF FIRST NATIONS CULTURES AND PERSPECTIVES ACROSS BC.

Many FNHA departments and teams engaged in cultural activities, learning opportunities and projects that included drum making, cedar brushing, smudging, canoe tours and connecting with community members at Regional Health Assemblies and Gathering Wisdom for a Shared Journey X. Cultural practices continue to be woven into day-to-day operations at the FNHA, including weekly singing of the Coast Salish Anthem for offices located on Coast Salish Territory, and starting meetings with traditional openings. Work is underway to further develop an approach for enabling FNHA family members to visit and build relationships with communities and Nations.

### THE HONOURABLE SENATOR MURRAY SINCLAIR SHARED INSIGHTS WITH THE FNHA FAMILY

In April 2019, Senator Murray Sinclair, the Anishinaabe judge who chaired the Truth and Reconciliation Commission, shared his experiences and insights from being on the Commission with an audience of over 200 FNHA staff, FNHC members and FNHA Board members at the Musqueam Cultural Education Resource Centre. Senator Sinclair noted that while change is happening in Canada, progress is slow and will take time. He spoke of how most communities are going through a process of cultural revival and reclamation as a means of healing from this experience, and he added that identity is vital to healing as it gives hope, direction, self-respect and a sense of belonging. The event ended with a ceremony led by FNHA Knowledge Keeper Te'ta-in (Shane Pointe) who wrapped the senator in a blanket and thanked him for his wisdom and for all his work on behalf of the First Nations of Canada.



Knowledge Keeper Te'ta-in (Shane Pointe) and Senator Murray Sinclair.

### SUPPORT STRONG LEADERSHIP AND SUCCESSION PLANNING THROUGH INITIATING DEVELOPMENT OF A LEADERSHIP DEVELOPMENT PROGRAM FOR THE FNHA WORKFORCE THAT SUPPORTS BC FIRST NATIONS, AND INDIGENOUS AND NON-INDIGENOUS EMPLOYEES TO LEAD FROM A “BEST OF BOTH WORLDS” PARADIGM FOR THE FNHA AND TO INFLUENCE THE BROADER HEALTH SYSTEM.

The FNHA continued its work on a leadership development program for its employees, including plans for an executive leadership development program unique to the FNHA. The FNHA is represented at the BC Health Leadership Development Collaborative, which leads cross-provincial leadership development work. The FNHA participated at all of the meetings and gatherings with this group, and ensured that cultural safety and humility is incorporated into Provincial Health Services Authority-led leadership development curriculum, including the Transforming LINX program.

Five FNHA executive directors are enrolled in the provincial Transforming LINX program. Managed by the Provincial Health Services Authority, Transforming LINX is a province-wide, seven-month, project-based leadership development program for health care leaders at a senior level. The program addresses the complexities of health care, supporting leaders to develop new and higher levels of skill needed for success in the most senior health care roles, focusing on leadership behaviour, innovation, systems awareness and collaborative practice. The program aims to accelerate the growth of senior leaders prepared to lead innovation and change, and to create a community of leaders committed to transformation. The program is delivered every few years and the most recent cohort started in the fall of 2019. Interrupted by COVID-19, organizers intend to update the final components of the program to address the lessons learned from the pandemic.

Additionally, four FNHA staff members enrolled in the Fraser Health Authority THRIVE program, which is the FNHA's fourth round of participation in the program. The THRIVE program is unique to the Fraser Health Authority, and is an experiential, six-month program for frontline health care leaders to learn about change and transition, conflict resolution, team dynamics, coaching and feedback. Program participants develop a team-based project that addresses a strategic imperative or high-priority initiative. The program cultivates innovation and resilience and supports participants to develop their communication while learning the importance of building relationships and identifying values. The program also promotes teamwork and teaches participants to maximize on team members' strengths and abilities to achieve goals. The THRIVE program was also interrupted by the COVID-19 pandemic.

**FNHA LEADERS HOSTED DIALOGUE AT BC HEALTH CARE LEADERS CONFERENCE**

Over 300 health care leaders convened at the Canadian College of Health Leaders 2019 BC Health Leaders Conference themed "People, Purpose, Passion: Leadership for Psychological Health, Joy and Safety in the Workplace." Several FNHA leaders, including Michelle DeGroot, Dr. Patricia Vickers and Katie Hughes, facilitated a meaningful dialogue with participants in a keynote address on a two-eyed seeing approach in leadership and teamwork for promoting wellness. They discussed the positive impacts of hosting community-based interdisciplinary models of care to foster productive work environments and relationships that promote belonging, community, family, well-being and a strong sense of shared purpose.



2019 BC Health Leaders Conference.

# Measuring Progress





## PERFORMANCE MEASURE 1:

# First Nations Health Governance Effectiveness

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### 1.1 % engagement impact

Spring 2019 Governance Caucus and Fall 2019 Shared Regional Health Assemblies:

- **88 per cent** of survey respondents reported overall satisfaction;
- **81 per cent** of respondents felt they had the opportunity to contribute and engage; and
- **70 per cent** felt their voice was heard.

Gathering Wisdom for a Shared Journey X:

- **88 per cent** of survey respondents felt the session was a productive and good use of time;
- **53 per cent** of respondents were satisfied with the opportunity to contribute and engage; and
- **43 per cent** felt their voice was heard.

### 1.2 % FNHC/FNHDA/FNHA partnership activities on target

The FNHC, FNHDA and FNHA leadership held two multi-day joint planning sessions in 2019/2020.

## PERFORMANCE MEASURE 2:

# Governance Partnership Effectiveness

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### 2.1 % tripartite and bilateral partnership activities completed

All trilateral partnership meeting commitments were met. Bilateral partnership activities between the FNHA and several federal and provincial partners (including the BC Ministry of Health, Health Canada and Indigenous Services Canada-First Nations and Inuit Health Branch) were delayed due to leadership changes at the FNHA and among partner organizations. All planned bilateral activities with the BC Ministry of Mental Health and Addictions proceeded as planned.

### 2.2 % tripartite and bilateral partnership initiatives on target

Met commitments in both FNHA-BC Ministry of Health Letter of Mutual Accountability and FNHA-Indigenous Services Canada-First Nations and Inuit Health Branch Shared Vision and Common Understanding.

FNHA-Health Canada Joint Executive Agenda and draft Joint Work Plan in place; Joint Executive Agenda not refreshed since 2018/2019 and draft Joint Work Plan not finalized due to changes in leadership in both organizations.

Did not meet commitment to refresh FNHA-Indigenous Services Canada-BC Region Protocol Agreement (Memorandum of Understanding) in 2019/2020.

A Joint Action Plan on Cultural Safety and Humility (2019-2021) between Health Canada, the FNHA, Indigenous Services Canada and the Public Health Agency of Canada was developed.

The FNHA and the BC Ministry of Mental Health and Addictions continue to collaborate on the overdose response, the FNHA remains involved in key strategy implementation initiatives, and the FNHA continues to support effective implementation of the Tripartite Memorandum of Understanding on Mental Health and Wellness.

## PERFORMANCE MEASURE 3:

### Health and Wellness Partner

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#### 3.1 Wellness movement impact

The FNHA distributed 127 Indigenous Peoples Day of Wellness Grants, totalling \$324,200, and 88 Winter Wellness Grants, totalling \$193,482. The number of Wellness Grants funded was seven per cent fewer for Indigenous Peoples Day of Wellness Grants and 38 per cent fewer for Winter Wellness Grants compared to 2018/2019.

Across all governance engagement events held this year, 84 per cent of survey respondents view the FNHA as their health and wellness partner, a 12 per cent increase from the previous year. Visits to the FNHA wellness web pages increased over the fiscal year.

#### 3.2 Cultural Safety and Cultural Humility initiatives impact

New Declarations of Commitment to Cultural Safety and Humility were signed with the National Federation of Optometric Regulators Authorities of Canada, Emergency Management BC, BC Patient Safety Quality Council, BC College of Family Physicians and Doctors of BC.

The number of visits to the FNHA wellness and cultural safety and humility portal was 12,687 in 2019/2020, compared to 14,207 in 2018/2019. The Cultural Safety and Humility “It Starts with Me” campaign was inactive in 2019/2020.

#### 3.3 # of requests to use FNHA materials in other agency plans/materials

The number of requests to use FNHA materials in other agency plans/materials was only partially measured this fiscal year. During first half of the year, 305 requests to use FNHA materials were received.

## PERFORMANCE MEASURE 4:

### FNHA and First Nations’ Health Organization Partnerships

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#### 4.1 % funding arrangement holders for which Reciprocal Accountability targets are met

A total of 56 funding arrangement-related community visits and 3,928 community contacts (phones, emails and letters) were completed in 2019/2020.

Reporting for 2018/2019 was collected during the 2019/2020 fiscal year:

- Sixty-six per cent of funding arrangement holders submitted financial reports for 2018/2019 and 76 per cent received an FNHA acknowledgement letter.
- Fifty-five per cent of funding arrangement holders’ submitted narrative reports for 2018/19 and 80 per cent received an FNHA acknowledgment letter.
- Eighty-one per cent of Joint Project Board projects submitted 2018/2019 financial reports and 85 per cent of projects submitted 2018/2019 narrative reports.

The submission deadline for 2019/2020 reporting was extended due to COVID-19 pandemic pressures.

#### 4.2 FNHA program information access

The top FNHA program web pages accessed were Traditional Healing, Treatment Centres, Jordan’s Principle, Mental Wellness and Substance Use, Health Benefits, and Cannabis. The number of visits to the FNHA website for program and service information increased over the fiscal year.

## PERFORMANCE MEASURE 5:

### Service Quality

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#### 5.1 Health Benefits overall client satisfaction rate

In 2019/2020, the overall client satisfaction rate was 32.8 per cent compared to the 2018/2019 satisfaction rate of 25.6 per cent. The number of survey responses received was 570, 22 per cent less than 2018/2019.

#### 5.2 % Health Benefits service standards on target

On September 16, 2019, Health Benefits transitioned dental, vision, medical supplies and equipment, and a portion of pharmacy benefits to Pacific Blue Cross. In addition to coverage improvements, the transition resulted in improved turnaround times for claim processing. However, due to differences in how Pacific Blue Cross tracks services, they are not directly comparable with how Health Benefits tracked its performance. In the coming year, the FNHA will work to align performance measurement methods to provide comparable results.

For areas with available data, service standards comparing 2019/2020 to the prior year:

- Medical transportation achieved its services standards 67 per cent of the time, compared with 82 per cent in 2018/2019.
- Pharmacy achieved its services standards 80 per cent of the time, compared with 99 per cent in 2018/2019.

These decreases were attributed to staffing capacity challenges and significant increases in demand for medical transportation. Health Benefits is presently working to increase these service standards to target levels.

#### 5.3 % of clients who received at least one FNHA Health Benefit per year

80.1 per cent of eligible clients made at least one pharmacy, dental, medical services and equipment or vision FNHA benefit claim, up from 77.6 per cent in 2018/2019.

#### 5.4 Environmental Public Health Officer Community Work Plans objectives achieved according to service standards

Eighty-three per cent of Community Work Plans were completed for 2019/2020, up from 71 per cent in 2018/2019.

#### 5.5 Changes to FNHA programs and services

Completed a new Health Benefits Framework and submitted corresponding amendments to the Health Benefits section of the Programs and Services Guide.

## PERFORMANCE MEASURE 6:

### Organizational Excellence

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#### 6.1 % planned organization-wide cultural initiatives on target

One hundred per cent of staff recruitment processes include cultural safety and humility questions. One hundred per cent of job postings indicate that preference is given to First Nations, Métis and Inuit applicants. Ninety-five per cent of planned Monday morning cultural openings at FNHA locations proceeded.

#### 6.2 % self-identified Indigenous staff

In 2019/2020, 34 per cent of the overall FNHA workforce self-identified as Indigenous.

#### 6.3 Participation rate in organizational culture workforce survey

Eighty-seven per cent of staff participated in the HOWL Survey; a one per cent increase from 2018/2019. The HOWL Survey action planning activities included 30 team action planning sessions and 28 individual sessions.

## PERFORMANCE MEASURE 7:

# Information Management Information Technology (IMIT)

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### 7.1 % of approved organization-wide IMIT-related initiatives on target (scope, schedule, budget)

One hundred per cent of multi-year organization-wide IMIT projects remained on target throughout the fiscal year. Projects included data centre transition, multifactor authentication, SharePoint updates and Windows Server updates.

### 7.2 % of planned organization-wide enterprise architecture roadmap developed

Completed Enterprise Architecture Framework, Practice Guide and Impact Assessments. Completed the FNHA Approved Software Application List and Software Acquisition Procedure.

### 7.3 % of planned enterprise data governance and analytics strategy developed and implemented

Completed Enterprise Information Management Strategy. Completed draft FNHA Data Strategy Framework.

## HEALTH PERFORMANCE STANDARD:

# Organizational Excellence

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### 1. Annual Board of Director review of corporate policies on target

Policy calendar requirements were met for this fiscal year.

### 2. % compliance with inclusion of Directives and Operating Principles in decision-making processes

Sixty-six decision documents were signed in 2019/2020. Eighty-eight per cent (66 of 75 total submitted decision sheets) included rationalization of the decision in the context of the 7 Directives and Operating Principles.

### 3. % staff performance partnership agreements completed including staff wellness plan

In 2019/2020, 62 per cent of staff completed Performance Partnerships agreements, compared to 61 per cent in 2018/2019.



# 2019/2020 Financial Report



## 2019/2020 Financial Report

This discussion and analysis of the financial results from operations and financial position for the year ended March 31, 2020, 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 seventh 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 Shared 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, 2020, an operating surplus of \$1.6 million on total expenditures of \$612.5 million is reported. This surplus equates to 0.3 per cent of total expenses and 0.3 per cent of total revenues for the fiscal year. The surplus is associated with unrestricted revenue received or receivable within the current fiscal year.

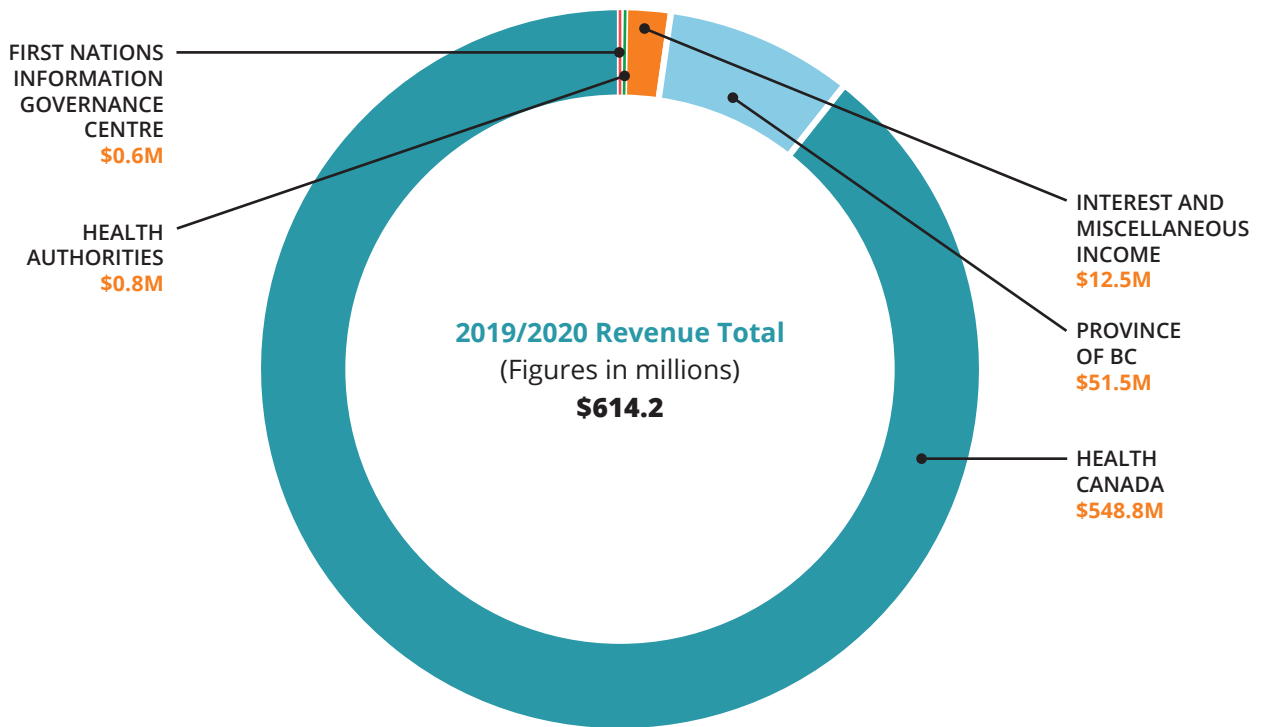
## Statement of Operations

For the year ended March 31, 2020, with comparative information for 2019 | Figures in millions

	Actuals		Actuals as a % of Revenue or Expenses	
	F2020	F2019	F2020	F2019
<b>REVENUES</b>				
Health Canada	548.8	532.7	89.4%	88.8%
Province of British Columbia	51.5	60.4	8.4%	10.1%
First Nations Information Governance Centre	0.6	-	0.1%	0.0%
Health Authorities	0.8	0.7	0.1%	0.1%
Interest and Miscellaneous Income	12.5	5.9	2.0%	1.0%
	614.2	599.6	100.0%	100.0%
<b>EXPENDITURES</b>				
Operations				
Corporate Operations	48.4	42.5	7.9%	7.6%
	48.4	42.5	7.9%	7.6%
<b>GOVERNANCE AND FIRST NATIONS ENGAGEMENT</b>				
First Nations Health Council	2.2	2.0	0.4%	0.4%
First Nations Health Directors Association	1.6	1.6	0.3%	0.3%
First Nations Engagement	7.4	6.7	1.2%	1.2%
	11.3	10.3	1.8%	1.8%
<b>PROGRAM SERVICES</b>				
Health Benefits	188.8	168.7	30.8%	30.1%
Direct Community Services Funding	259.4	243.2	42.3%	43.4%
Health Services and Programs	99.9	91.3	16.3%	16.3%
Regional Operations	4.9	4.0	0.8%	0.7%
	552.8	507.3	90.3%	90.6%
<b>TOTAL EXPENSES</b>	612.5	560.1	100.0%	100.0%
Excess (Deficiency) of Revenues over Expenses	1.6	39.5	0.3%	7.0%

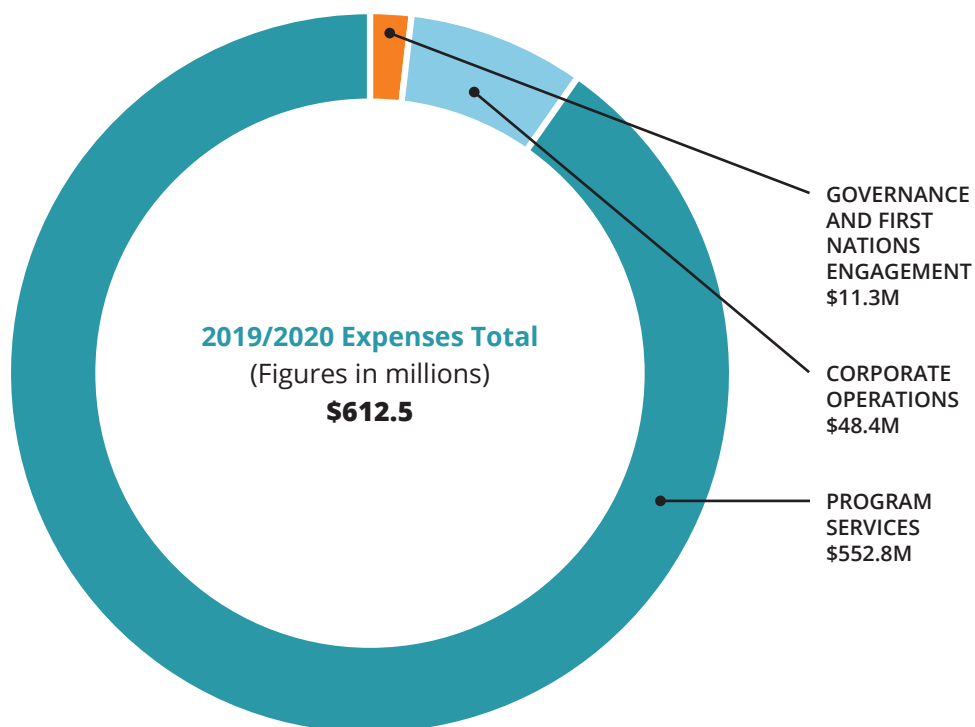


## Revenue



The largest component of funding (\$548.8 million) for the FNHA comes from our federal partner through the Canada Funding Agreement and the Canada Consolidated Contribution Agreement. Provincial funding (\$51.5 million) represents commitments to the BC Tripartite First Nations Health Plan (\$11.0 million), Joint Project Board ongoing initiatives (\$12.6 million), Opioid Emergency Response (\$8.0 million), Aboriginal Head Start Early Learning and Child Care (\$8.7 million), Indigenous Treatment and Land-Based Healing (\$4.7 million) and Tripartite Partnership to Improve Mental Health and Wellness (\$5.0 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 \$48.4 million, representing 7.9 per cent of total expenses for the 2019/2020 fiscal year (in fiscal 2018/2019: \$42.5 million and 7.6 per cent of total expenses). The primary reason for the year-over-year increase is due to an increase in 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. Other amounts contributing to the change are related to operations and maintenance cost increases that are related to expenses centrally managed on behalf of the entire organization, including those related to information management technology, leases and maintenance expenses.

Costs related to **Governance and First Nations Engagement** include remuneration and travel costs of the councillors/directors of the First Nations Health Council and First Nations Health Directors Association, 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 \$11.3 million, which represents 1.8 per cent of total expenses for the 2019/2020 fiscal year (in fiscal 2018/2019: \$10.3 million and 1.8 per cent of total expenses). The year-over-year change is primarily due to costs associated with Gathering Wisdom for a Shared Journey.

**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), Medical Services Plan premiums and dental therapy costs. The total expenses for the Health Benefits program were \$188.8 million, which represents 30.8 per cent of the total expenses for the fiscal 2019/2020 year (in fiscal 2018/2019: \$168.7 million and 30.1 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. An extensive public awareness campaign coordinated with the start of the partnership with Pacific Blue Cross also contributed to the increase. The increase in health benefits claims costs was partially offset by the following:

- Costs no longer incurred given the elimination by the provincial government of the requirement to pay Medical Services Plan payments as of January 2020.
- The responsibility for coordination, administration and payment for services and support associated with Jordan's Principle moving to Indigenous Services Canada.

**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 2019/2020, this funding was \$259.4 million, which represents 42.3 per cent of the total expenses for the FNHA (fiscal 2018/2019: \$243.2 million and 43.4 per cent of total expenses). A significant portion of the increases result from a funding escalator allocated to the community funding agreements, new investments in Community Capital and Community Health Planning, and funding for the Aboriginal Head Start Expansion Program. The increased amount was also partially offset by the responsibility for coordination, administration and payment for services and support associated with Jordan's Principle moving to Indigenous Services Canada.

**Health Services and Programs** includes program and services delivery as well as operational costs for nursing services, environmental services, 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 \$99.9 million, which represents 16.3 per cent of total FNHA expense for 2019/2020 (fiscal 2018/2019: \$91.3 million and 16.3 per cent of total expenses). 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, and increased funding flowing through contribution agreements.

**Regional Operations** includes cost associated with regions to support operations, programs and projects. Total expenses were \$4.9 million, which represents 0.8 per cent of total FNHA expense in fiscal 2019/2020 (fiscal 2018/19: \$4.0 million and 0.7 per cent of total expenses). Year-over-year changes are primarily due to compensation costs in association with regionalization.

## Net Assets

The final net asset balance at March 31, 2020, as shown on the Statement of Financial Position and the Statement of Changes in Net Assets, is \$195.3 million, which is the result of an opening balance of \$193.7 million plus the current fiscal year excess of revenue over expenses of \$1.6 million. The net asset balance includes \$3.7 million invested in property and equipment, \$133.6 million in Internally Restricted reserves and \$58.0 million in unrestricted equity.

The Internally Restricted reserves represents balances derived from funding from the Province (\$5.4 million). Also included in the Internally Restricted funds are amounts from Health Canada (\$8.7 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 \$119.4 million at March 31, 2020. Note 10 in the audited financial statements provides a detail listing of respective fund balances.



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Health through wellness

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