FN Health Society Annual Report 2009-2010

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Right to Left – Janessa Lambert, Jasmine Montgomery Reid, Jade Montgomery Waardenburg

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1. INTRODUCTION

The T*ransformative Change Accord: First Nations Health Plan (2006) (TCA: FNHP)* and the *Tripartite First Nations Health Plan (2007) (TFNHP)* mandated the Federal and Provincial government and BC First Nations to work together toward improving First Nations health and wellbeing. A first for Canada, the Health Plans lay the foundation for a new relationship between the parties, a relationship based on mutual respect and recognition.

The job of implementing the Health Plans has provided BC First Nations with new opportunties to develop, examine, and test structures and corporate entities that are equipped to deliver on the commitments of the Plans. From 2007-March 2009 the First Nations Summit Society provided interim corporate support for the First Nations Health Council (Health Council). In 2008 the politically appointed Health Council began researching new opportunities for corporate support. The Health Council considered it critical that this new entity be structured to work specifically in the arena of health. The FN Health Society (the Society) was registered by the Health Council in March 2009 as its corporate and operational arm, and became operational on April 1, 2009.

Although the Health Council and its' former administrative arm the First Nations Summit Society, have been working to implement the TCA: FNHP and TFNHP since the agreements were signed, this Annual Report is only for the year 2009-2010, for the period in which the FN Health Society was operating. This Annual Report 2009 - 2010 describes the progress that the Society (the operational arm of the Health Council) has made to implement the Society's Strategic Plan 2009 – 2012 and to fulfill the requirements of its constitutional mandate.

It is important to understand the context in which the Society was established and is now working. The Society did not start from a 'blank slate' as the work of the Health Council has been happening since 2007. The TFNHP has set the high level vision, principles, priorities, action items and indicators. The Society's role is to support the implementation of the TFNHP by working with the Health Council, First Nations communities and the Tripartite partners. This overall context requires the Society be flexible and adaptable to constantly changing circumstances i.e. new priorities or issues may emerge over time (e.g. H1N1, HIV/AIDs). It is also acknowledged that the Society is an 'interim' body until a First Nations governance structure is developed and negotiations for this are concluded.

Photo courtesy of Seabird Island Health

BOARD OF DIRECTOR'S REPORT

I am pleased to present this first Annual Report of the FN Health Society (the Society) which was registered in March 2009 and became operational on April 1, 2009. We must firstly thank the First Nations Summit Society which provided the corporate and operational support for the First Nations Health Council (Health Council) prior to our establishment as a Society. I would also like to thank my fellow Board members for their commitment to the Society, and for providing their professional contributions to the decisions that the Board makes on behalf of the Health Council.

Ours is a unique position. While we are the Board of Directors for the Society, our strategic direction has been set for us by the Tripartite First Nations Health Plan (TFNHP) and the founding documents and agreements which preceeded the TFNHP. Further, we are accountable to the members of the Health Council who themselves are mandated by First Nations to provide leadership for the TFNHP. We have limited control over the resources that we are responsible for since they are largely committed to a range of pre-specified activities. Our organization's role is very specific, to provide corporate and administrative support to the Health Council. As the goal of increasing First Nations governance over health care for First Nations is fulfilled, our role will continue to evolve and change. We are, in effect, an interim structure put in place by First Nations to continue progress until First Nations assume governance over their own health decisions.

In August 2009, after an initial 3-4 month 'settling in' period, we began the process of preparing a Strategic Implementation Plan for the next three years to demonstrate how we intended to support the Health Council in the implementation of the TFNHP. A longer term would normally be considered but in the dynamic and ever-changing environment we operate in - and the fact that we are in essence an interim body only until First Nations develop their own health governance model - we felt it prudent to plan ahead for a short period only. Additionally, our strategies relate to implementation of the broader strategy outlined in the TFNHP. Our focus is on implementation of the TFNHP according to the directions set for us by First Nations, not on setting the strategic direction for First Nations health in this Province. The work is challenging - often charged with political dynamics and significant community expectations, but it is a task that the Board has been willing and committed to take on.

The Society's Strategic Plan identifies two Strategic Priority Areas – First Nations Health Governance and Health actions (i.e. actions required to improve and transform current health services for First Nations). To make the transformative changes necessary in these two areas, the FN Health Society has employed four supporting strategies:

1) supporting First Nations communities to participate in the implementation of the TFNHP
2) supporting the First Nations Health Council and First Nations political leadership to implement the TFNHP and develop a health governance framework.
3) working with our Federal and Government partners to implement the TFNHP
4) operating an efficient, professional and accountable Society to support the First Nations Health Council in its work

This report describes progress that the Society has made, in these strategic implementation areas, to implement the aspirations and goals of the FN Health Council and the TFNHP. On behalf of the Board I would like to thank the members of the Health Council, the CEO, and the staff for all of the work they have done this year to support the Board in its role in continuing the important work being done to implement the TFNHP. We look forward to another challenging year ahead as progress continues to be made.

Pierre Le Duc
Chairperson on behalf of the FN Health Society Board of Directors

CHIEF EXECUTIVE OFFICER'S REPORT

It continues to be my privilege to support the leadership of the First Nations Health Council (Health Council) and the Board of Directors to oversee implementation of the Tripartite First Nations Health Plan (TFNHP). Under the auspices of the First Nations Summit Society, and now the FN Health Society (the Society), my staff and I have had a very busy year continuing to advocate for, and facilitate, First Nations participation at decision-making levels in the various aspects of governance and health actions work that has been initiated since the TFNHP was signed.

As indicated in this report, there has been significant progress with implementation of many aspects of the TFNHP including:

- Further progression of the development of a new First Nations health governing body, and the associated prospective transfer of FNIH responsibilities to First Nations
- Formation of the First Nations Health Directors Association
- A successful Gathering Wisdom III 3 day forum in November 2009
- Opening of the Lytton Health Centre in mid 2009
- Signing of the Tripartite Data Sharing and Quality Agreement
- Release of the 2nd edition of the Provincial Health Officer's Report on Aboriginal Health
- Further progress with vision and hearing screening for Aboriginal children
- Improved maternity access initiatives for Aboriginal women
- Successful rollout of the Tripartite H1N1 action plan and vaccination initiative for First Nations communities
- Progress with the Injury Prevention, Safe driving and seatbelt initiatives
- Progress with the ActNow, Chronic Disease Management
- Achievements in workforce development through the First Nations workforce survey and AHHRI-funded Health Careers and Post-Secondary institution recruitment and retention initiatives.

In addition to specific TFNHP actions that have progressed, the Society has also been busy continuing to support First Nations communities through the community engagement hubs, best or better practice initiatives and health promotion initiatives. In the year ended 2010, 26 Hubs were established involving 163 First Nations communities (80% of the total in BC). This network of collectives are communicating, planning and collaborating in the arena of health for the benefit of their communities and we are pleased to have supported this development.

Next year we intend to focus on supporting communities with Community Wellness Planning. It is vital that BC First Nations communities are able to develop their own perspectives on wellbeing and health, and to identify what services they need to support acheiving this for their members. First Nations will need services not just from health authorities – but from other agencies and sectors as well, including clean water, air and sanitation. The impact of the social determinants of health needs to be addressed holistically and collectively by the government which has specific responsibilities, and by First Nations themselves. As First Nations are able to more specifically define their own health aspirations, governments, health authorities and other agencies need to be ready to respond to meeting those needs. This is where true reciprocal accountability between service agencies and First Nations will lie. Our organization will continue to support this direction.

In 2010-2011 our Society will refocus its efforts in the area of Health Actions Implementation (System Transformation). Health Actions include the 29 Action Items agreed to in the Transformative Change Accord First Nations Health Plan. It has taken nearly three years to arrive at an agreed upon Tripartite approach for the action items. In 2010 BC “reset the clock” on TCA: FNHP targets and funding. This developed in response to the vast amount of work it took to simply allign each partner’s system to be ready to work together. With a Health Actions Implementation Framework now in place the partners will be reinvigorating a joint approach to Health Systems Transformation.

My thanks go to all First Nations communities - who continue to support the Health Council, my Board, myself and my staff - and those who continue to challenge, inspire and provide direction for us as we move forward.

Sincerely,

Joe Gallagher
Chief Executive Officer

2. THE TRIPARTITE FIRST NATIONS HEALTH PLAN (TFNHP)

VISION OF THE TFNHP

"The collective vision of the Province of BC, the Government of Canada and the First Nations Leadership Council is that the health and well-being of First Nations is improved, the gaps in health between First Nations people and other British Columbians are closed and First Nations are fully involved in decision-making regarding the health of their peoples."

Photo courtesy of Boothroyd First Nation

Photo courtesy of Boothroyd First Nation

KEY HEALTH INDICATORS OF THE TFNHP

1. Close the gap in life expectancy between First Nations and others in BC (a gap of 7 years as at 2005).
2. Close the gap in mortality rates (First Nations dying at rates 1.5 times higher than others in BC);
3. Close the gap in youth suicide rates (five times that of non-First Nations youth).
4. Close the gap in infant mortality rates (8 per 1,000 Status Indian children die in the first year of life compared to 4 per 1,000 other children).
5. Close the gap in prevalence of diabetes (6% in Status Indians compared to 4.5% in the rest of the population).
6. Decrease rates of childhood obesity.
7. Increase the First Nations health care workforce.

One of the 'health action' areas in the TFNHP is to develop further indicators in consultation with First Nations communities that are considered to be more culturally relevant and to focus on well-being.

KEY GOALS OF THE TFNHP

1. Each First Nation and mandated health organization will have a comprehensive health plan.
2. First Nations health services will be delivered in a manner that effectively meets the needs, priorities and interests of First Nations communities.
3. First Nations will have access to quality health services.
4. First Nation mandated health organizations will be central to the design and delivery of all health services at the community level.
5. Health services delivered by First Nations, when appropriate, will be effectively linked to and coordinated with provincially-funded services.
6. First Nations health services will be delivered through a new governance structure that leads to improved accountability and control of First Nations health services by First Nations.
7. Health Canada and the Province of British Columbia, will continue to evolve its role from that of a designer and deliverer of First Nations Health Service to that of funder and governance partner.
8. First Nations, Health Canada and the provincial government (including its regional health authorities) will maintain an ongoing collaborative relationship based on respect, reconciliation and recognition of each other's roles as governance partners.

PRINCIPLES UNDERLYING THE TFNHP AGREED BETWEEN THE TRIPARTITE PARTNERS

Respect and Recognition:

- Evolve jurisdictional and fiduciary relationships and responsibilities.
- Recognize the role of cultural knowledge and traditional health practices and medicines.
- Respect the diversity, interests and vision of First Nations.
- The coordination of federally and provincial-funded health programs and services will be more effective and include the increased participation of First Nations in the governance, management and delivery of services.

Commitment to Action:

- Take a holistic approach to health.
- All Parties to this Plan will contribute financially and/or kind to the implementation of the new First Nations health service governance and delivery structures.

Nurture the Relationship:

- Reciprocal accountability,
- Capacity development requirements of the First Nations health sector will be paramount, through planned growth, knowledge and skill transfer.

Transparency:

- Changing programs and services (including the transfer of programs and services).
- Information sharing.

Health Minister The Honourable Leona Aglukkaq and National Chief Shawn Atleo at the September 25th, 2009 Principals Meeting

ACTIONS ARISING FROM THE TFNHP TO BE IMPLEMENTED

The table on the next page provides a 'snapshot' of the actions arising from the TFNHP that have been, are being or will be implemented by the First Nations Health Council / FN Health Society and its Government partners. This is provided more for a 'ready reference' point rather than a detailed overview of all of the actions that need to be undertaken. More detail on each action is contained within the plans themselves. What the table does indicate however is several things:

- that there is a significant amount of work to be done,
- that new priorities have emerged (and will likely continue to emerge) since the plans were signed (e.g. H1N1),
- that by clustering the work into logically grouped inter-connected areas, we have an opportunity to utilize our scarce resources better, and
- that achievement of these ambitious actions will require the full weight of First Nations participation and the commitment of the Federal and Provincial governments to resource the implementation appropriately over the remaining 8 years of the 10 year term.

SUMMARY OF TCA: FNHP AND TFNHP ACTIONS

(Highlighting 'clusters' of linked activity and linkage of Health Action numbers from the TCA: FNHP)

GOVERNANCE ACTIONS		**POPULATION HEALTH – Maternal & Child Health**	
1	Establish a new First Nations Health Council	10	Improve childhood Vision, Hearing, and Dental Screening for First Nations children
2	Appoint an Aboriginal Physician in the Provincial Health Officer's Office	11	Follow up on 2005 Child Death Review Report with the BC Coroner's Office
		14	Introduce Campaign to raise awareness on Seatbelt Use and Safe Driving
4	Establish a First Nations Health Advisory Committee	21	Improving Access to Maternity Services
5	Establish a Province-Wide Health Partners Group	**HEALTH HUMAN RESOURCES**	
6	Develop a Reciprocal Accountability Framework to address gaps in health services for FNs	18	Dedicate Post-Secondary Seats for Aboriginal Health professions
TFNHP	Establish a First Nations Health Directors Association (TFNHP)	19	Develop a Curriculum for Cultural Competency for Health Authorities
TFNHP	Establish a First Nations Health Governance Body (TFNHP) including new administrative arrangement for FNIH services	20	Designate Senior Staff in Health Authorities Responsible for Aboriginal Health
TFNHP	Ensuring and supporting First Nations in developing Community Health and Wellness Plans (TFNHP)	24	Develop role of Nurse Practitioners & Physician participation in Ab. Health & healing centers
HEALTH SERVICE ACTIONS		25	Increase the number of professional and skilled trades First Nations in health professions
POPULATION HEALTH – Primary Health		26	Increase the number of Aboriginal Hospital Patient Liaisons/Navigators
7	Lead the development of a specific Aboriginal ActNow BC Program		
12	Improve Primary Care Services on reserve to match or exceed off-reserve services	**HEALTH SYSTEMS**	
13	Improve the First Responder Program in Rural and Remote Communities	16	Develop a new Health Centre at Lytton
17	Implement a Northern Region Chronic Disease Prevention and Management Pilot	23	Create a fully integrated clinical Tele-health network
22	Introduce Integrated Primary Health Services and Self-Management Programs for Chronic Health Conditions	TFNHP	Develop a Multi-Jurisdictional Planning Framework that provides service delivery linkages between goals and activities described in First Nations community health plans with those of regional health authority service plans (TFNHP)
TFNHP	Develop and Implement an Injury Prevention Strategy (TFNHP)	3	Each Health Authority to develop an Aboriginal Health Plan
NEW1	Develop and Implement an HIV / AIDs Strategy (new 2008)	TFNHP	Support the process of developing Capital Infrastructure with First Nations (TFNHP)
NEW2	Pandemic Planning and H1N1 (New 2009)		
NEW3	Traditional Medicines and Practices (new 2009)	**RESEARCH & PERFORMANCE TRACKING**	
POPULATION HEALTH – Mental Health & Addictions		27	Issue Provincial Health Officer's Report on Aboriginal Health every 5 years
8	Develop and implement a Mental Health and Addictions Plan	28	Renew the Tripartite Agreement to ensure First Nations information is shared
9	Host a forum to support and encourage cultural learning and to develop models for Youth Suicide Prevention	29	Expand the Community Health survey to include First Nations
15	Develop new culturally appropriate Addiction Beds for Aboriginal Peoples	TFNHP	Develop Indicators to complement the 7 existing indicators (TFNHP)

3. OUR ROLES IN IMPLEMENTING THE TFNHP

First Nations Health Council

The First Nations Health Council (not a legal entity) is the political body mandated by First Nations in BC to work on their behalf to:

- Support all FN's in achieving their health priorities, objectives and initiatives,
- Participate in federal and provincial government health policy and program planning processes, and
- To provide leadership in the implementation of the TFNHP.

The FN Health Society

The purposes of the FN Health Society according to its Constitution are to "promote and advance health and health service issues on behalf of the First Nations of BC" including but not limited to:

- Supporting the implementation of the TCA: FNHP released on 26 November 2006 and the TFNHP signed on 11 June 2007,
- Operating as the administrative and funding arm for the Health Council that has been mandated to advance First Nations health issues in BC,
- Providing health services to First Nations,
- Receiving and administering funds and other assets from the Government of Canada, the Government of British Columbia and from any other source and to apply such funds and assets for the attainment of the purposes of the Society, and
- Doing all things that are incidental and conducive to the attainment of the above purposes.

Directory for the Society

Chairperson	Pierre Le Duc
Treasurer:	John Scherebynj
Directors:	Ruth Williams
	Marilyn Rook
	Matt Pasco
	Carol-Anne Hilton
	Madeleine Dion-Stout

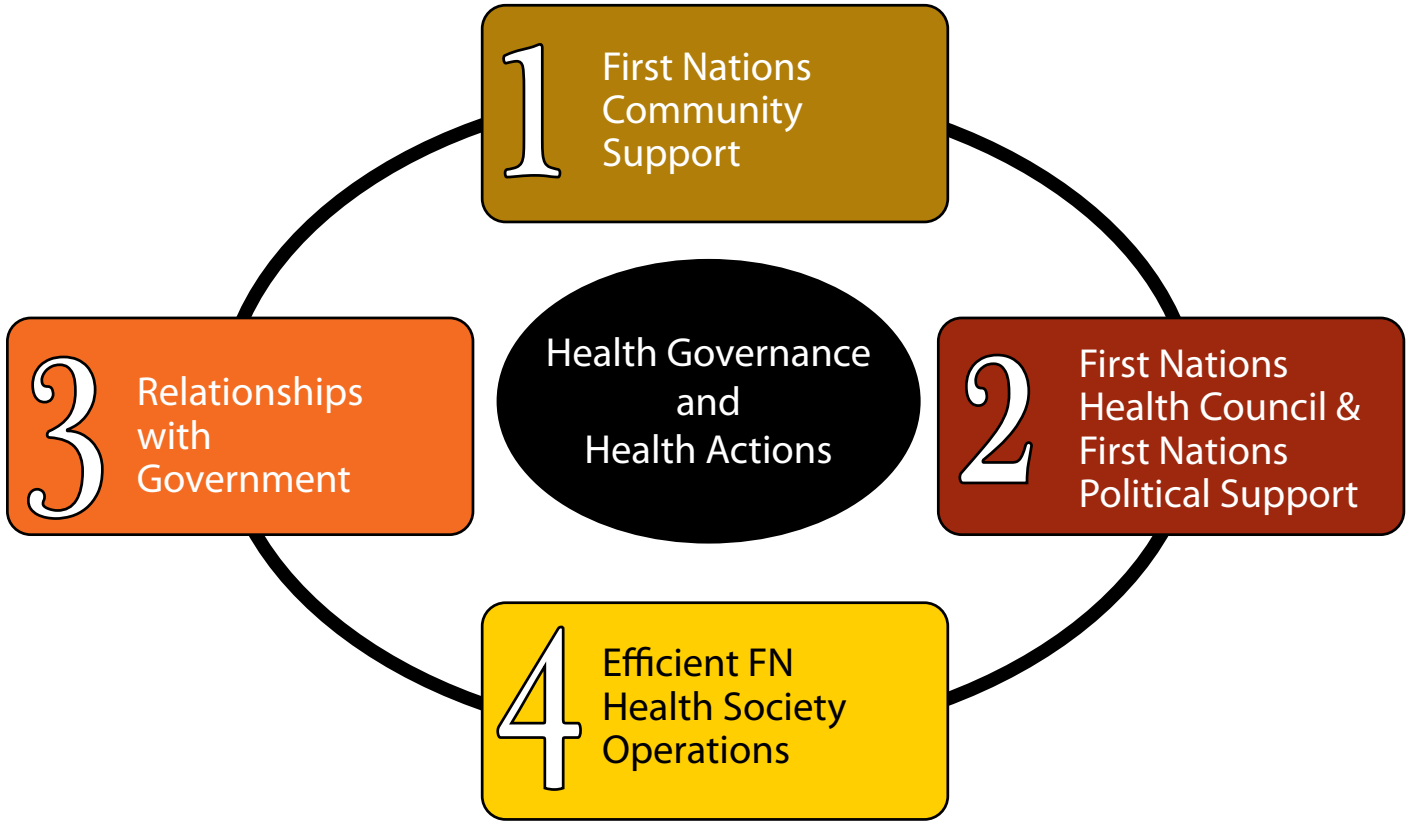
Chief Executive Officer: Joe Gallagher

Auditors: Deloitte and Touche LLP

Health Council Co-chairs Debbie Abbott and Chief Lydia Hwitsum at Gathering Wisdom III

4. STRATEGIC & OPERATIONAL PRIORITIES FOR THE FN HEALTH SOCIETY

This diagram highlights the two 'strategic priority areas' of Health Actions and Governance – along with four supporting strategies that we have begun to implement in order to achieve the work required within the strategic priority areas. The remainder of this report discusses how we have implemented these strategies in the priority areas.



Two Strategic Priority Areas

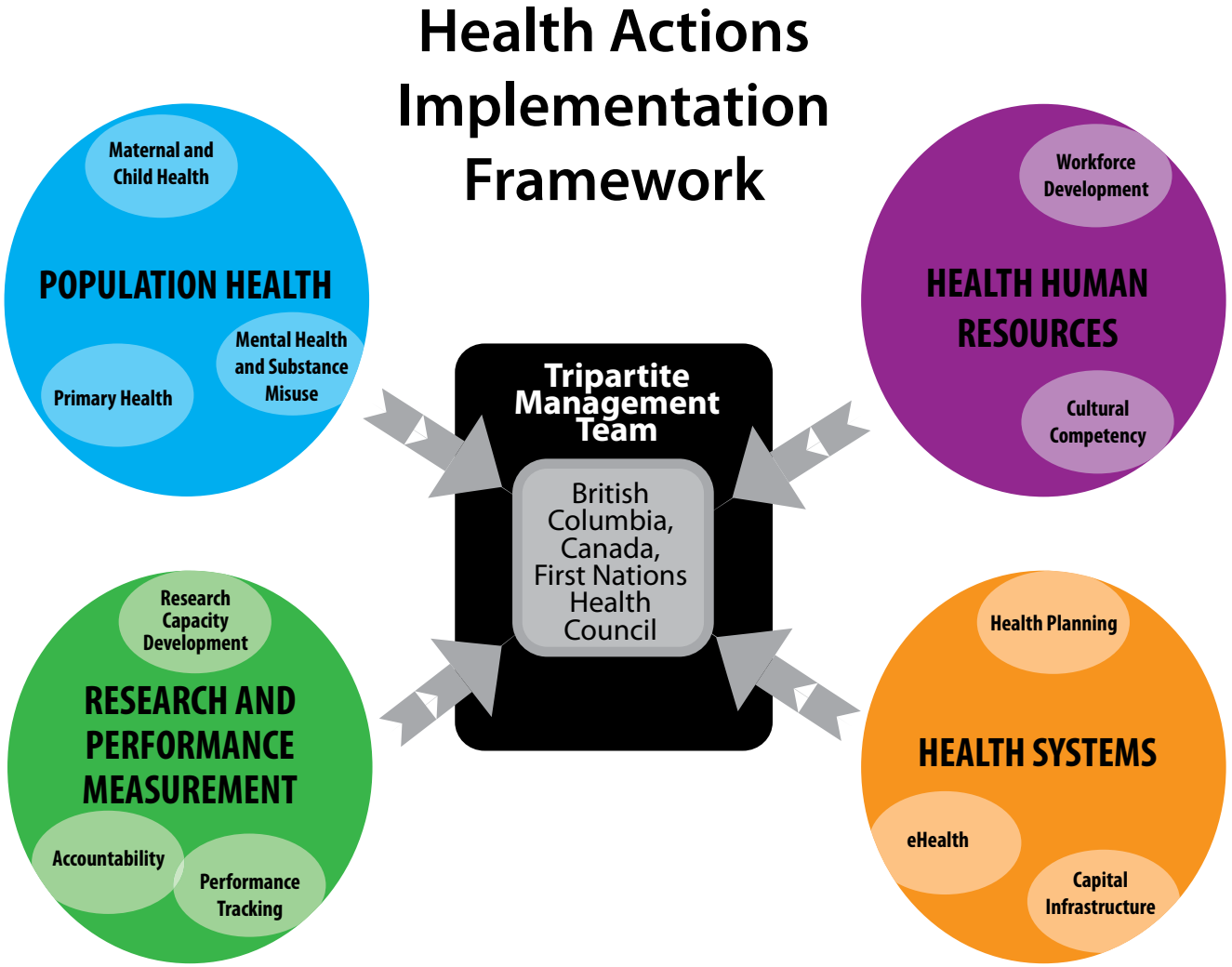
Governance

- Participate in negotiations for new governnace structure
- Establish Association of Health Directors
- Provincial Committee on First Nations Health with tripartite partners and provincial health authorities
- Operate the First Nations Health Council
- Work with Health Partners
- Develop & implement Reciprocal Accountability Framework

Health Actions

- POPULATION HEALTH (Primary Care, Mental Health & Maternal & Child Health
- HEALTH SYSTEMS (Health Planning, eHealth, Capital)
- RESEARCH & PERFORMANCE MEASUREMENT (Accountability, research, tracking)
- HEALTH HUMAN RESOURCES (Workforce Development, Cultural competency)

Strategic Priority Area 1: Transforming the health system to benefit First Nations in BC through HEALTH ACTIONS



Strategic Priority Area 2: Supporting First Nations Health GOVERNANCE

The TCA: FNHP and the TFNHP outlined some very specific actions which collectively contribute to achieving First Nations governance in health.

Policy, technical and logistical support for the First Nations Health Council (Health Council) role in the development of a 'First Nations Governance Body'
As the operational arm of the Health Council, the Society's role is to support health governance work to negotiate the new FN structure that govern health services by providing technical support, communication & resources required for:

- The First Nations Interim Health Governance Committee (FNIHGC)
- Regional Caucuses of FN community leaders across the Province
- Tripartite negotiations.

The Society tasks involve setting up meetings communications; providing policy and technical advice and participating in working groups. The Society does NOT sit at the decision table; the Society supports those that do! It will be up to First Nations political and community leadership to make decisions on what the new First Nations health governance body will look like and how it will operate, and it is expected that once implemented, the role and future of the FN Health Society may change accordingly.

First Nations Interim Health Governance Committee Co-Chairs Kukp7i Wayne Christian, Gwaans -Beverly Clifton-Percival, and Grand Chief Doug Kelly

Supporting Strategy 1: Supporting First Nations communities to participate in the TFNHP

The FN Health Society (the Society) has an important role in ensuring First Nations communities are supported in having real and meaningful participation in the implementation of the TFNHP. Our role has been to advocate for First Nations communities to be represented in projects, Steering Groups, planning and consultation processes and decision-making processes. Our approach to supporting BC First Nations communities in their participation in the TFNHP has involved a range of inter-linked strategies as presented below.

Gathering Wisdom

When the Memorandum of Understanding between Health Canada, the Province and the First Nations Leadership Council was signed in November 2006, it was agreed that the Tripartite First Nations Health Plan (TNFHP) should be developed by May 2007.

In order to successfully develop, complete and implement the new TFNHP, it was agreed that the partners needed to dialogue with First Nations communities and health professionals. Since the first Gathering Wisdom dialogue in May 2007, there have been annual gatherings to continue the opportunity to share information with each other and to provide further direction to the Health Council to support implementation of the TFNHP. These forums have been very successful in terms of attracting wide-spread attendance and participation, and providing a forum for peer support and knowledge sharing.

3 Gathering Wisdom forums have been held:

- May 2007
- May 2008
- November 2009 (deferred from May 2009 because of the H1N1 pandemic)

The Health Council has produced reports from each of these forums which are available on the Health Council website www.fnhc.ca or directly from the Society offices.

Community Engagement Hubs

When the TCA: FNHP and TFNHP were signed, there were no effective means in place for the Health Council and the technical team to communicate directly with communities in a practical way, and for communities to collaborate with each other to share experiences, knowledge, innovations, lessons and issues. As a result little or no capacity had been developed within communities by previous Governments that supported collaboration, shared learning and allowed for mechanisms that made use of economies of scale, joint decision-making and advocacy and peer support, by First Nations communities.

While the technical team was not resourced to fund every community and every Health Center to engage in implementation of the TFNHP, there were sufficient resources available to invest in a more coordinated approach to supporting communities. Consequently the Health Council responded to this call for financial support by First Nations communitiesthrough the creation and funding of Community Engagement Hubs (Hubs).

Community Engagement Hubs (Hubs) provide a vehicle through which First Nations communities can partner with the FNHC, Health Authorities and the Federal Government to participate in the TFNHP. Hubs are collaborations between First Nations communities working through one agreed-upon organization that the members choose. The purposes of the Hubs are to communicate, plan, and collaborate in matters of health. Hubs create opportunities for member communities to work together in health program and service areas to make improvements. Through communicating, planning, and collaborating there is more opportunity for communities to find common solutions to common problems (such as sharing health professionals, sharing transportation arrangements, joint purchasing for systems and equipment, joint advocacy for additional services from health authorities). The formation of Hubs encourages natural collaborations based on tribal and geographical factors, and provides resources to engage extra capacity to facilitate the coordination work between communities. Hubs provide several benefits outlined below:

- Providing a mechanism for communities to work together
- Improving linkages with health authorities
- Sharing knowledge and expertise
- Sharing innovations
- Providing peer support
- Improving access to services
- Improving communications

One Hub summed up these benefits, observing that "as individual communities, we stand on our own and our voice is small . . . [but] by teaming up with other Hubs, we begin to knit the region together."

There are now 25 community engagement hubs in the province involving 160 communities (79% of 203 communities)

REGION	# Hubs	# Communities in hubs	# in Pre-Hub stage	# in Phase I stage	# communities not in hubs
Fraser	2	22		2	7
Vancouver Island	4	43		4	8
Interior	8	49	4	4	6
North	7	35	3	4	21
Vancouver Coastal	4	11	2	2	2
TOTAL	25	160	9	16	44

FN Health Society supported the Okanagan Nation's Annual Unity Run against Youth Suicide

Community Development Liaisons

One of the fundamental principles underlying the Tripartite First Nations Heath Plan is that "no community is left behind." The Soceity created positions for Community Development Liaison to ensure that all communities had access to the professional and personal support at the regional level.

The purpose of Community Development Liaison positions is to provide a wide range of community and organizational development skills to assist First Nations either independently, or in a hub, to plan, collaborate and communicate with the Health Council and with health partners such as Health Authorities. The Community Development Liaisons assist First Nation communities in the development of community health plans and work plans where they desire support. They are an investment on behalf of the technical team to ensure communities have access to support and advice.

Supporting Community Initiatives

In response to the call from communities at Gathering Wisdom (May 2007) to have more opportunities for sharing information about their innovative approaches, the technical team developed a temporary funding envelope to support innovative, community-based approaches to health program and service delivery. The objective was to enhance services that were already working on the ground in First Nations communities, and for First Nations to be able to share this knowledge and learning with other First Nations health service providers and professionals. In particular, the 'Better or Best Practices' initiative targeted innovation in addressing mental wellness, chronic disease management or maternal and child health issues. Through the Better or Best Practices Initiative, the technical team was relying on community wisdom to advance a key goal of the TFNHP: "First Nations health services will be delivered in a manner that effectively meets the needs, priorities and interests of First Nations communities."

In July 2008 the Health Council put out a call for proposals from First Nations communities interested in promoting and enhancing their "Best or Better Practices" (BoBP) as a pilot initiative. The maximum funding was $50,000 in three specific areas: mental wellness, maternal and child health, and chronic disease management. Each of these areas support the key priorities in the TCA: FNHP and TFNHP. A number of small initiatives were funded and all of these ended on 31 March 2010 when the Society's funding certainty ended.

The Society has also funded some health promotion initiatives which seek to identify innovative approaches and models that can support communities to bring these forward to Tripartite tables as new ways of doing things in service delivery.

Working with Health Partners

The technical team has developed a number of strategic relationships in the course of its work aimed at linking important partners to the implementation of the TFNHP. The Society agreed on an MOU with the Vancouver Native Health Society and expects to sign the agreement in May 2010. This urban-based organization provides essential services for urban-based First Nations peoples and their role in helping to meet their needs is an important one. The Society also signed an MOU with the BC Aboriginal Network on Disabilities Society to ensure we incorporated the needs of First Nations people with disabilities when looking at the implementation of key strategies arising from the TFNHP.

Other important partnerships include health professional organizations such as the Indigenous Physicians Association of Canada (IPAC) and the Native and Inuit Nurses Association (NINA).

Health Advocate

Given the vast number of enquiries and issues that First Nations individuals and communities experience accessing services, in particular the Non-Insured Health Benefits (NIHB) scheme, Health Canada provided funding to the Society to employ an advocate for First Nations patients and families to help them resolve any issues with claiming or accessing NIHB. The advocate liaises between the First Nations and Inuit Health NIHB team and First Nations people who have queries. The Advocate works to facilitate agreeable solutions to any number of NIHB issues.

BC First Nations Health Directors Association

The TFNHP created an opportunity for BC First Nations Health Directors to form a common voice and design an Association to support themselves and the communities they represent. Specifically the TFNHP states that:

'An Association of Health Directors and other health professionals will create and implement a comprehensive capacity development plan for the management and delivery of community-based services and support First Nations and their mandated health organizations in training, program development and knowledge transfer'.

Work completed at a 2008 Health Directors Forum set out the next steps in creating a Health Directors Association, including:

- Collate Health Directors Forum data into sub-categories/ themes
- Develop and deliver a questionnaire that will present different options (both paper and online)
- Further develop the Health Directors page on the www.fnhc.ca website as a communications tool
- Use this site to post summaries from forum, and questionnaire results
- Assess resources need to operationalize the HDA.

The information collected assisted the BC First Nations Health Directors Sub-Committee in developing a model for the association. This model was presented for ratification at the Gathering Wisdom III Forum in Vancouver in November 2009. The sub-committee, with the support of the Health Council, appointed a Health Directors Coordinator to support the new association with its work. BC First Nations Health Directors voted in favour of the development of a First Nations Health Directors Association. Ninety one (91) Health Directors cast their ballots at the 3rd day of the Gathering Wisdom Forum on 5th November - 79 in favour of the Association and 12 opposed. As an interim measure, the Health Council appointed a staff member to provide secretariat services for the new Association until they make decisions about their long term operational support mechanisms. The Health Director's Association became a formal registered legal entity in April 2010.

Supporting Strategy 2: Building and maintaining political support with First Nations communities

Building and maintaining First Nations political support for the implementation of the TFNHP is critical, and the absence of such support would put the implementation of the TFNHP at significant risk for First Nations communities. The FN Health Society (the Society) intends to build and maintain political support for the implementation of the TFNHP through achieving two key objectives.

Technical Support for the First Nations Health Council

The First Nations Health Council (Health Council) is supported by the technical team at the Society to achieve their obligations to provide leadership for the TFNHP implementation. The Society continues to provide Secretariat-level support for meetings as well as support for advocacy, communications activity (e.g. newsletters, website, information for community engagement processes, qualitative and quantitative data and information as needed, policy and strategic advice).

Policy support for FN political leadership

First Nations political leadership operates at a variety of levels and in a variety of ways in the Province. The Society will aim to build and support First Nations political leadership to engage in the implementation of the TFNHP through providing health-related briefings for:

- First Nations political bodies including local bodies, provincial and regional bodies and national bodies such as the Assembly of First Nations
- First Nations community leadership
- FN Interim Health Governance Committee and Regional Caucuses
- Political leaders to support their advocacy role (e.g. H1N1)
- First Nations leadership in their Government to Government relationships on health.

The Society employs a Senior Policy Analyst to provide policy support to the Council and leaders across the province.

Governance provisions- TFNHP and TCA:FNHP

The First Nations Health Council is mandated by the Transformative Change Accord: First Nations Health Plan, a bilateral agreement signed by the Province of BC and the First Nations Leadership Council in 2006. The Health Council is responsible for providing leadership in the overall implementation of the Health Plan. Another governance provision included in the TCA: FNHP was the development of a Provincial Committee on First Nations Health. This committee is composed of Tripartite partners and health authority CEO's and is intended to support neccesary changes to the provincial health system in support of TCA: FNHP implementation.

In 2007 the Federal government through Health Canada signed onto the Tripartite First Nations Health Plan. The plan adopts the commitments expressed through the Transformative Change Accord First Nations Health Plan and adds two new governance components: A First Nations Health Directors Association and a new First Nations Health Governing Body.

The First Nations Health Governance Body will be formed through the work of the tripartite partners. This Governance Body is expected to take over the management and direction of the services currently provided by the First Nations and Inuit Health (FNIH) Regional Office in BC as well as other agreed-upon Provincial programs and services.

The First Nations Health Directors Association (the Association) provides a voice for the professionals working in First Nation health services to support training and knowledge transfer among First Nations Health Directors. The Association will also participate in the development of a new First Nations Health Governing Body. The Association was incorporated April 1st, 2010.

These four governnace components taken together constitute a new First Nations Governnace Structure for First Nations health.

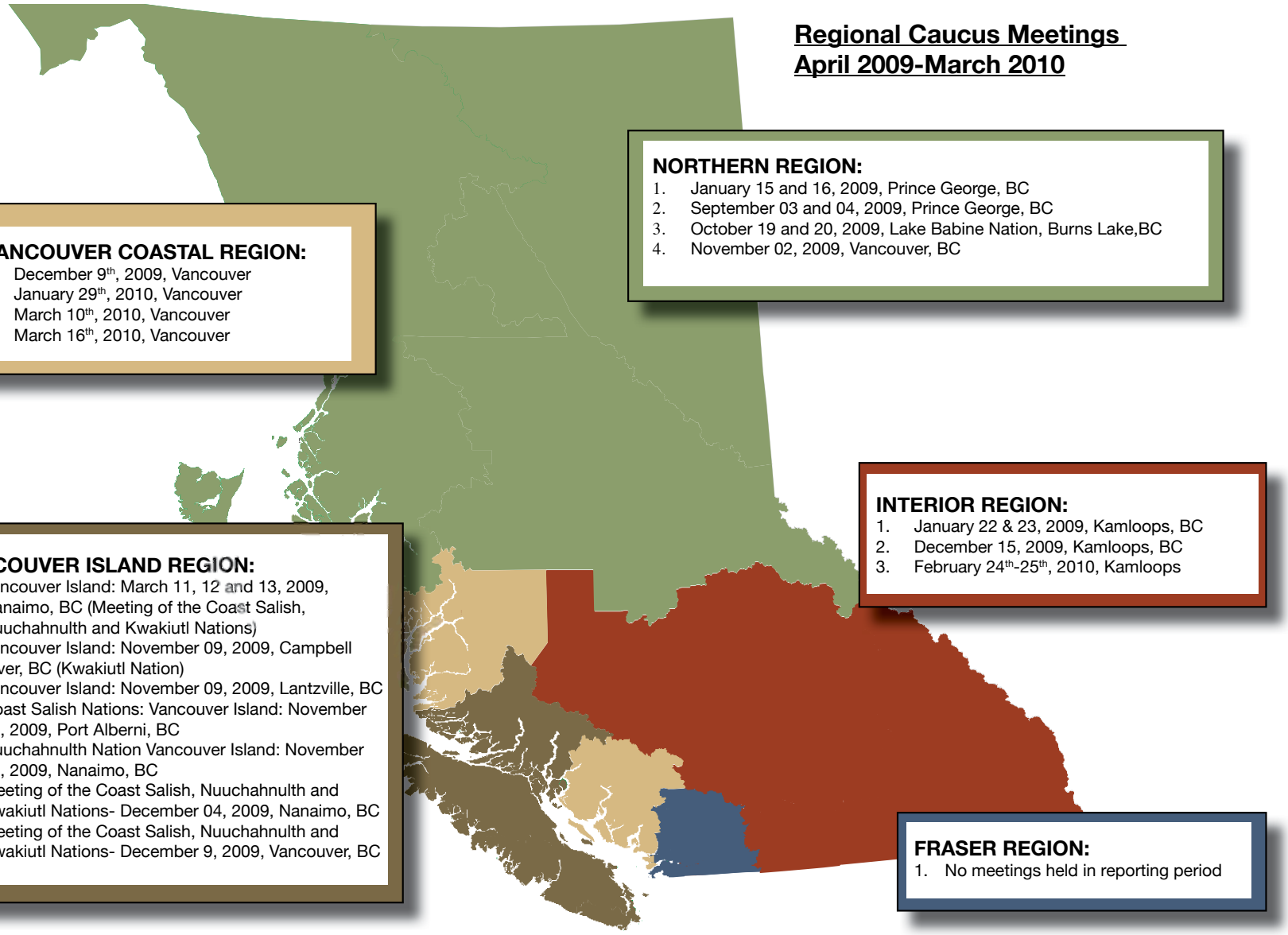
A new BC First Nations Health Governing Body

As outlined and agreed in the TFNHP, a new First Nations Health Governing Body will take on the delivery of some or all of the programs and services currently delivered by First Nations and Inuit Health (FNIH) as well as other agreed-upon provincial health services. This new governing structure will reflect a new administrative arrangement between First Nations, BC and Canada where BC First Nations take the lead in designing and delivering programs and services. In order for this to take place, First Nations need to decide which programs and services will be transferred, a timeline for this transfer and the financial resources required to effectively implement such a transfer.

Supporting Regional Dialogue on Health Governance

In 2009-2010 the Society provided resources to enable ongoing regional and provincial dialogue towards the development of a new First Nations Health Governance Structure. These resources supporting First Nations coming together to participate in the creation of a negotiations mandate towards the development of a new First Nations Governing Body as mandated by the Tripartite First Nations Health Plan. In addition, these resources supported opportunities for the First Nations Interim Health Governance Committee to come together and express regional voices at a common table.

2 First Nations Health Council & First Nations Political Support



Regional Caucus Meetings
April 2009-March 2010

NORTHERN REGION:
1. January 15 and 16, 2009, Prince George, BC
2. September 03 and 04, 2009, Prince George, BC
3. October 19 and 20, 2009, Lake Babine Nation, Burns Lake,BC
4. November 02, 2009, Vancouver, BC

VANCOUVER COASTAL REGION:
1. December 9th, 2009, Vancouver
2. January 29th, 2010, Vancouver
3. March 10th, 2010, Vancouver
4. March 16th, 2010, Vancouver

INTERIOR REGION:
1. January 22 & 23, 2009, Kamloops, BC
2. December 15, 2009, Kamloops, BC
3. February 24th-25th, 2010, Kamloops

VANCOUVER ISLAND REGION:
1. Vancouver Island: March 11, 12 and 13, 2009, Nanaimo, BC (Meeting of the Coast Salish, Nuuchahnulth and Kwakiutl Nations)
2. Vancouver Island: November 09, 2009, Campbell River, BC (Kwakiutl Nation)
3. Vancouver Island: November 09, 2009, Lantzville, BC
4. Coast Salish Nations: Vancouver Island: November 10, 2009, Port Alberni, BC
5. Nuuchahnulth Nation Vancouver Island: November 12, 2009, Nanaimo, BC
6. Meeting of the Coast Salish, Nuuchahnulth and Kwakiutl Nations- December 04, 2009, Nanaimo, BC
7. Meeting of the Coast Salish, Nuuchahnulth and Kwakiutl Nations- December 9, 2009, Vancouver, BC

FRASER REGION:
1. No meetings held in reporting period

(SEVEN) MEMBER CAUCUS WILL OVERSEE THE THREE
MEMBER SUBGROUP. THEY WILL SELECT THE 3 MEMBER
REPRESENTATIVE BY MAY 18TH. AND,
THIS IS INTERIM MEASURE TO GET US TO THE GO
GOVERNMENT MODEL THAT WE ASSERT IS A REQUI
CONTINUED PARTICIPATION IN THIS PROCESS. AND
(TRANSITIONAL GOVERNANCE MODEL)
BASED ON THAT, THE CAUCUS WILL CONTINUE TO
TO NATION MODEL: THE 3 MEMBER NEW SUBG
ADVOCATE THIS MODEL AT THE INTERIM GO
OPEN TRANSPARENT COMMUNICATION AS

Supporting Strategy 3: Enhancing working relationships with the Federal and Provincial governments

At a strategic and operational level the FN Health Society (the Society) aims to work positively and proactively with the tripartite partners to advocate for continued involvement, engagement, and decision-making by First Nations communities in the TFNHP implementation. The Society was established solely to implement the health plans and has structured its organization to reflect the key areas of the TCA: FNHP and later the TFNHP. Provincial and Federal partner organizations on the other hand are both large bureaucracies whose structures have been in place for some time and who were not equally positioned to begin implementation of the plans. Additionally, the Federal and Provincial systems did not have a history of working together and the Society spent a good deal of time and resources faciltiating these conversations between governments.

There was no precedent for how Government structures should be organized to participate in these types of partnerships in health. The Society has been working to create meaningful engagement with two Provincial Ministries (Ministry of Health Services and Ministry of Healthy Living and Sport); 6 Health Authorities and the Federal Government at both Federal and Provincial level. To further complicate matters, the Federal system is largely focused on First Nations on-reserve while the Provincial system has a broad 'Aboriginal' health mandate. The Society advocates purely from a First Nations perspective and aims to ensure the First Nations voice is included in all discussions, regardless of the jurisdictional issues this may place on the partners.

Working with Health Authorities

The Society has worked with health authorities to support their dialogue with First Nations communities. For example, the Health Council co-hosted a forum with the Interior Health Authority. This was a regional meeting for all of the First Nations communities in the region to facilitate them to discuss their health issues with the health authority. The Health Council also attends health authority forums such as one convened by the Vancouver Coastal Health Authority on cultural competency. This ensures that the Health Council remains in touch with the ongoing building of relationships between health authorities and First Nations communities, and that the Health Council personnel hear 'first-hand' the concerns, ideas and aspirations of First Nations.

Ensuring First Nations Participation in provincial committees

An important role that the Health Council plays is to create space on Provincial advisory committees that give advice to provincial decision-makers on a variety of policy and service issues. The Health Council reviews Terms of Reference to ensure the committees acknowledge the important role of First Nations, and then assists to facilitate First Nations representation on the committees.

Facilitating a process where First Nations have a voice on provincial advisory committees to provide recommendations and feedback on services and programs affecting First Nations communities is critical to influence decisions and directions. The process of reviewing the scope of committees is important because it is vital that the First Nations role is not just about 'rubber stamping' but is taken seriously. It is also seen as important that First Nations are able to influence the processes when they sit at the table and are not out-numbered or overwhelmed with Government representatives or western health system views.

Tripartite Management Team and Oversight Committee

The Tripartite Management Team is made up of senior executives from the Society; FNIH and the Province. The TMT provides a forum for strategic and managerial decisions to be made that support the implementation of the TFNHP.

In 2009-2010 the Tripartite Management Team developed and approved a Health Actions Implementation Plan which essentially gets all partners "on the same page" regarding an approach to implementing the 29 Health Actions items designed to improve First Nations Health in a number of areas. Achievement of the TMT have included:

- Developing an agreed Implementation Plan for the strategic approach for Health Actions
- Establishing and mandating a Tripartite Communications Committee to oversee and implement joint communications on key initiatives. Dr Evan Adams is Chair of this Committee
- Joint planning of the Gathering Wisdom III forum for November 2009
- Joint agreement and production of governance-related communication materials
- Implementing a collaborative approach to the H1N1 pandemic and vaccination program

Securing Funding Certainty

Of all the strategies and objectives within our plan, this is probably the most critical objective for the Society. Prior to 2009/2010 First Nations did not have funding certainty from either the federal or provincial governments for the life of the TFNHP. In 2009/2010 through strong advocacy by Health Council members, the Provincial Government gave a firm 10-year commitment to funding for the TFNHP as follows:

Fiscal Year	Amount
2010/2011	$0
2011/2012	$4 million
2012/2013	$6.5 million
2013/2014	$8 million
2014/2015	$10 million
2015/2016 through 2019/2020	$11 million per year
Total:	$83.5 million

This long-term funding commitment from the Provincial Government allows the Society to improve its strategic planning for financial and human resource investments necessary, to successfully implement the TFNHP over the next 10 years.

The renewal of federal funding, and ensuring the consistency of federal funding, is a key objective for the Society in the upcoming year. We will continue to advocate to the Federal Government for funding certainty to enable us to maintain a long term strategic investment strategy to guide our implementation of the TFNHP, so that we do not fall into the trap of making immediate short-term decisions due to financial constraints or considerations. This makes our ability to plan for investments for implementing the TFNHP, and assigning our financial and human resources, much easier now that First Nations have a more secure picture of the revenues supporting the TFNHP implementation. A key objective for us will be to continue to advocate to the Federal Government for funding certainty to enable us to retain a strategic overview for future year implementation of the plan, so that we do not fall into the trap of making immediate short-term decisions because of funding constraints.

Working with Provincial Health Office

In 2007, Dr Evan Adams from the Sliammon First Nation was appointed as the Aboriginal Physician Advisor to the Provincial Health Officer (PHO). Dr. Adams plays a major role with production of the PHO's 5 yearly Report on the Status of Aboriginal Health [TCA: FNHP Action # 27]. Dr. Adams also supports the PHO and Tripartite partners by advising and providing leadership on emerging health issues such as H1N1. In 2009 Dr. Adams was instrumental in the creation of the *H1N1 Action Plan for Rural and Remote BC First Nations*. This plan coordinated the efforts of the Provincial and Federal governments to support BC First Nations communties in minimizing the impact of the pandemic.

Stehiyaq Healing Centre- FN Health Society provided last mile funding, enabling the centre to train staff members

Supporting Strategy 4: To ensure the FN Health Society operations are efficient, professional and accountable

The FN Health Society Role

The new FN Health Society (the Society) underwent a major corporate overhaul in 2009-2010. In April of 2009 the new Society took over the responsibility for financial records and corporate systems from the First Nations Summit Society. As a new entity it was necessary to establish new finance and contracting systems which better support the role of the FN Health Society as a health organization. With the appointment of a VP Finance and Administration, we were able to establish the new system, and put in place a number of policies and procedures for carrying out the business of the Society in only our first year.

The TFNHP has set the high level vision, principles, priorities, action items and indicators and the Society's role is to support its' implementation by working with the First Nations Health Council (Health Council), First Nations communities and the Tripartite partners. This overall context required the Society to have the ability to be flexible and adaptable to constantly changing circumstances i.e. new priorities or issues may emerge over time (e.g. H1N1, HIV/AIDs). It is also acknowledged that the Society is an 'interim' body until a First Nations governance structure is developed and negotiations for this are concluded.

When the Society started, little opportunity had existed previously for an effective structure to be designed and implemented that aligned with the work that was occurring. In addition we were still operating programs that did not 'fit' with the true role of the Health Council and the technical team in providing support to implement the TFNHP. The technical team made a decision to divest itself of most of the programs enabling Government to fund these directly with First Nations communities. This allowed the technical team to review its needs for continuing the work under the TFNHP.

4 Efficient FN Health Society Operations

The new Board adopted a Strategic Implementation Plan to show how the Society intended to approach the implementation of the TFNHP. Essentially the implementation plan had 2 key priority areas (Governance and Health Actions) and 4 supporting strategies:

- Continue to support First Nations communities to build capacity, knowledge and aspirations for their effective participation in the TFNHP.
- Support the First Nations Health Council and First Nations political leadership to implement the TFNHP and to develop a health governance framework.
- Work with partner Governments to ensure they continue to meet their obligations under the TFNHP, and
- Operate an efficient and professional technical team to support the First Nations Health Council.

Our internal systems and processes for employing staff, managing funds and running an organisation must be operated at the highest quality level according to acknowledged best practice and the law. Activities in our first year of operation reflect the fact that the Society is not a 'brand new' operation, but has inherited people, systems, structures, assets and processes from the First Nations Summit Society which previously supported the Health Council. The year 2009-2010 has focused on completing this transition.

The Society's Strategic Implementation Plan sets out a number of key goals for 2009/2010 in terms of establishing the Society as an efficient, professional and accountable organization able to implement the TFNHP. The key goals included:

1. Aligning and allocating appropriate human resources to achieving the Society's strategic priorities.
2. Completing the transition of the First Nations Summit Society finance system and embedding a well functioning and accountable financial management system.
3. Managing all other corporate administration activity, including information technology and information management, contracts, and administration.
4. Providing corporate support to the Board.

FN Health Society Chair Pierre LeDuc and Treasurer John Scherebnyj at the Stehiyaq grand opening

Human Resources and Structure

In 2009 the Society intitiated a review of human resources (positions, people, skills, competencies, qualifications). This review revealed that the current staff included a 'hybrid' mix of program, policy and planning staff which didn't neccesarily support the overall strategic direction for implementing the TFNHP. As a result, one of the key goals identified for the Society's first year of operations was to ensure that the human resources were properly aligned and allocated to achieve the Society's strategic priorities.

In order to meet this goal, the Society focused on two main areas during 2009/2010:

1. Completing a review of the organization's structure and roles and responsibilities, human resource capacity inherited by the Society, existing job scopes, job descriptions and salary structure and determining changes that were necessary to better support implementation of the TFNHP, and
2. Ensuring the Society has comprehensive HR framework that includes policies and procedures to create a productive work environment, a professional development system to grow staff capability and competency and a performance management system to monitor performance of staff against the objectives in the TFNHP.

Financial Management System

Prior to April 1, 2009, the First Nations Summit Society provided corporate and operational support to the First Nation Health Council, including the financial management system. This system was primarily set up to support a political organization rather than to meet the needs of an organization whose mandate was to implement the TFNHP. With the creation of the Society, there was an immediate need to establish and implement a financial management system within the Society to provide effective and efficient financial management support to the organization and be accountable to First Nations for the funding related to the implementation of the TFNHP.

In order to transition into a new finance system that supported the implementation of the TFNHP, the Society set out a number of key goals for 2009/2010. These goals were:

- Implement a financial management framework that includes: establishing a financial management system that ensures maintenance of a reputable payment record with First Nations, suppliers and creditors; establishing and implementing financial policies, including a delegation of authorities document; development of annual budgets, and a system to monitor budgets against actual expenditures; and regular financial reporting;
- Finalizing the transfer of TFNHP funding from the First Nations Summit Society to the new Society, and
- Completing the first audit of financial statements as an independent Society.

Financial Audit

As an independent society within the Province of British Columbia, the Society is required to provide its members with audited financial statements each fiscal year. The Society's fiscal year ended on March 31, 2010. Through a Request for Proposal process the Society's Board of Directors appointed Deliotte & Touche LLP as its first auditor. Audit fieldwork took place during the first two weeks of June 2010. The approved audit will be presented to the members of the Society before the end of September 2010, in accordance with the Societies Act.

Managing other corporate and administration activity

With the First Nations Summit Society providing the Health Council with corporate and administrative support prior to April 1, 2009 the transition to an independent entity meant that the Society had to develop a wide range of corporate and administrative capacity in a very short period of time in order to maintain its operations and continue to implement the TFNHP. During its first year of operations the Society set a number of key goals:

- Create a contract management framework that includes: standardized contracts; a standardized tendering process, a system to effectively manage and monitor contracts, and a payment processes for contractors and suppliers that reflected contract stipulations,
- Implement and manage a comprehensive information management system that allows for effective tracking and reporting of progress related to the TFNHP,
- Implement and maintain an information technology system that supports the effective and efficient operations of the Society.

Operate a well functioning governance Board

The FN Health Society's (the Society) Board of Directors is a body appointed by the First Nations Health Council (Health Council). In preparation for the Society's separation from the First Nations Summit Society, the Health Council appointed 7 Directors to the the Society's Board. Throughout the year, the Board provided the Society's technical team with direction, advice and leadership related to the efficient operation of the Society.

Early in its first year of operation, the Society's Board of Directors maintained the majority of decision-making and financial authorities as the Society's technical team developed the policies, procedures, infrastructure and human resource capacity necessary for establishing and operating a well-functioning organization.

Some of the key decisions made by the Society during 2009/2010 include:

- Approved initial employment agreements for Society staff
- Appointed the Senior Management Team of the Society (CEO & VPs)
- Approved initial Human Resources and Financial Management policies
- Approved the Society's initial Strategic Implementation Plan, Annual Business Plan and Communications Plan.
- Approved contracts over $25,000, prior to delegations of authority to Society's technical team
- Approved first auditor of the Society

The Society's Board of Directors meetings held throughout 2009/2010 were as follows:

- March 20, 2009
- March 25, 2009
- March 30, 2009
- April 20, 2009
- May 4, 2009
- June 19, 2009
- July 3, 2009
- August 7, 2009
- September 4, 2009
- November 5, 2009
- December 11, 2009
- February 5, 2010
- March 26, 2010

The Society supports the Board by arranging Board meetings (preparing agendas and Board papers for decisions and information), preparing financial reports for the Board, preparing minutes and reporting on Board meetings and processing Board expenses / travel.

Taking a Strategic Approach to our Work

There was and is no precedent for this work in Canada. BC First Nations are on the cutting edge of making significant change to large health systems for the benefit of First Nations people. There will continue to be mistakes made and risks taken as we all learn how to best make the type of change that is needed, that will be sustainable and produce tangible results for communities on the ground.

In 2009-2010 a major focus of the Society has been to support the development of First Nations networks. We started with very little formal organization of First Nations communities around health. Building the Regional Caucuses for FN political leadership to come together, and resourcing collaborations through the hubs initiative, along with sponsoring the establishment of the Health Directors Association have all been actions and strategies used to help build the capacity of BC First Nations and to provide mechanisms for sharing knowledge, information and learning.

We also started as a new Health Society with Government partners who are largely still un-developed when it comes to being responsive to, and committed to, making lasting change in their systems that benefit BC First Nations. They continue to progress their agendas, often without First Nations participation – sometimes because they are not aware of needing to include First Nations, and sometimes because we as a people are not ready to participate. The coming together of a more responsive Government system and a better informed and prepared First Nations constituency – is not easy and will continue to be a challenge as we move ahead with implementing the TFNHP.

In developing the Strategic Implementation Plan for the Society, the Board was acutely aware that the TFNHP had already been in ‘implementation phase’ since 2007. This meant that much work has already begun and been accomplished by the technical team and FN Health Council prior to the Board thinking about its’ strategic direction.

The formation of the First Nations Interim Governance Committee and Regional Caucuses for the Governance work had already begun; Community Engagement Hubs were in place and the Health Directors Association was well underway. These activities incurred expenditure and financial commitments for the Society based on decisions that were made prior to the Board of the Society being put in place. Those investments that had already been committed to, and were proving to be effective, needed to continue and be supported and sustained wherever possible.

The Society was also bound by existing legal agreements with Federal and Provincial funders that were negotiated prior to formation of the Society - some of which placed constraints on the Society as to how funds are applied and what activities may be performed within those agreement specifications. The Society will continue to work with funders to ensure that funding agreements will support the strategic directions of First Nation communities whether at community, health center or political level.

5. FINANCIAL REPORT

In accordance with Sections 56 and 64 of the Societies Act, our audited financial statements are provided below.

Audit and Financial Report 1 April 2009 to 31 March 2010

2009/2010 was the first year of operation for the FN Health Society (the Society). In prior years, work had been undertaken by the First Nations Health Council (Health Council) through the administrative support of the First Nation Summit Society. As of April 1, 2009, operations of the FN Health Society began.

During the 2009/2010 fiscal year funding certainty and funding consistency continued to be an issue with the Society operated only with the security of knowing it had a 4 year Funding Agreement with the Federal Government, scheduled to conclude in 2010/2011 and without any similar assurances from the Provincial Government whose funding has been inconsistent and without a long-term commitment. Due to funding uncertainty, the Society has been moving ahead cautiously and has adopted a conservative approach to spending. In 2009/2010 the Federal Government paid the Society funds owed from prior years, but were unable to resource amounts owed for 2009/2010 until after year end.

The funding agreement with the Federal Government commits funding amounting to $29M from 2007/08 to 2010/11 ($5M in 2007/2008, $6M in 2008/2009, $8M in 2009/2010 and $10M in 2010/2011). As of March 31, 2010, the Federal Government owed the Health Council $8,000,000 from 2009/2010 (These outstanding amounts were paid in early 2010/2011.).

FN Health Society - FINANCIAL REPORT FOR YEAR 2009 – 2010

ITEM	Sub-total	AMOUNT
REVENUES		
Health Canada – FNIH	$10,454,273	
Others	$1,377,242	
Interest income	$39,590	
TOTAL REVENUES & CARRY-OVER		$11,871,105
EXPENDITURES		
Operating costs First Nations Health Council		
General administration / staff	$1,980,607	
Communications	$67,492	
Unrealized loss from short-term investments	$12,395	$2,060,494
Health Actions expenditure		
Mental Wellness	$1,692,892	
Maternal and child health initiatives including Committee	$276,546	
Health Professionals	$86,952	
Health promotion projects	$116,606	
HIV/AIDs Committee	$100,430	
eHealth initiatives and Committee	$859,967	
Performance Tracking R&D	$93,439	$3,226,832
Governance expenditure		
First Nations Health Council	$110,185	
Native and Inuit Nurses Association of BC	$22,500	
Health Directors Association	$50,542	
General administration	$840,261	
Northern region – Caucus development	$179,914	
Interior region – Caucus development	$136,531	
Vancouver Island region – Caucus development	$119,511	
Fraser region – Caucus development	$248	
Vancouver Coastal – Caucus development	$6,112	
Interim Health Governance Committee	$76,768	$1,542,572

ITEM	Sub-total	AMOUNT
First Nations Community Support		
Community Engagement Hubs & community engagement	$2,952,645	
Gathering Wisdom November 2009	$505,184	$3,457,829
Program Funding and Initiatives		
AHHRI / Health Careers initiatives	$515,035	
AHHRI / Environmental Scan	$75,000	
Aboriginal Health Transition Fund	$100,000	
Chronic Disease and Act Now initiatives	$987,110	
H1N1	$289,065	
Aboriginal Diabetes Initiatives	$348,049	
Aboriginal Health Human Resources	$307,935	
Regional Health Survey	$344,632	
Health Policy	$317,113	
Senior Policy	$100,000	
Advocacy	$55,000	
Tripartite office	$46,915	$3,485,854
TOTAL EXPENDITURES		$13,773,581
Loss from operations before transfer from First Nations Summit Society		$(1,902,476)
Carry-over from 2008-2009		$22,371,916
TOTAL SURPLUS TO 31 MARCH 2010		$20,469,440

The financial report for 2009-2010 reveals that:

- 26% of our expenditure was program-related
- 23% of our expenditure was allocated to Health Actions with the vast majority of this funding being paid to First Nations communities for community health initiatives
- 15% of our expenditure was allocated to operating the FN Health Council and staffing, along with operating costs
- 25% of our expenditure has been used to sustain community engagement hubs and to pay for the Gathering Wisdom forum
- 11% of our expenditure was allocated to governance work including the Health Directors Association and FNIHGC / Regional caucus costs

In total – around 85% of our expenditure has been on direct costs associated with capacity development with First Nations communities and 15% of expenditures on maintaining the FNHC and its operations to undertake the work needed to progress this work.

Financial statements of

FN Health Society

March 31st, 2010

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Auditors' Report

To the Members of
FN Health Society

We have audited the statement of financial position of FN Health Society as at March 31, 2010 and the statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the Society's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Society as at March 31, 2010 and the results of its operations, changes in net assets and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Deloitte & Touche LLP

Chartered Accountants
June 18, 2010

FN Health Society
Statement of operations
year ended March 31, 2010

	$
Revenues	
Health Canada	10,454,273
University of Northern B.C.	987,110
Assembly of First Nations	369,632
Interest and investment income	39,590
Other miscellaneous	20,500
	11,871,105
Expenses	
General and administration	1,980,607
Communications	67,492
Health Promotion Projects	116,606
Mental Wellness	1,692,892
Maternal and Child Health	276,546
Health Professionals	86,952
HIV/AIDS	100,430
E-Health	859,967
Performance Tracking - Research & Development	93,439
First Nations Health Council	110,185
Native and Inuit Nurses Association of BC	22,500
FN Health Directors Association	50,542
Governance	
- General and administration	840,261
- North	179,914
- Interior	136,531
- Vancouver Island	119,511
- Fraser	248
- Vancouver Coastal	6,112
Interim Health Governance Committee	76,768
Community Engagement	2,952,645
Gathering Wisdom	505,184
Health Policy & Advocacy	317,113
Senior Policy	100,000
H1N1	289,065
ActNow	987,110
Aboriginal Diabetes Initiatives	348,049
Aboriginal Health Human Resources	307,935
Health Careers	515,035
Environmental Scan - AHHRI	75,000
Advocacy	55,000
Regional Health Survey	344,632
Tripartite Office	46,915
Aboriginal Transition Fund	100,000
Unrealized loss on short-term investments	12,395
	13,773,581
Loss from operations before one-time transfer from First Nations Summit Society	(1,902,476)
One-time transfer from First Nations Summit Society (Note 1)	22,371,916
Excess of revenues over expenses for the year after one-time transfer from First Nations Summit Society	20,469,440

FN Health Society

Statement of changes in net assets
year ended March 31, 2010

	Invested in property and equipment	Unrestricted	Total
	$	$	$
Balance, beginning of year	-	-	-
Contribution from First Nations Summit Society (Note 1)	381,145	(381,145)	-
Purchases of property and equipment	70,385	(70,385)	-
Excess of revenues over expenses for the year after one-time transfer from First Nations Summit Society	(40,085)	20,509,525	20,469,440
Balance, end of year	411,445	20,057,995	20,469,440

FN Health Society

Statement of financial position
as at March 31, 2010

	$
Assets	
Current assets	
Cash	4,213,455
Short-term investments	7,429,469
Accounts receivable	12,999,966
Prepaid expenses	1,496
	24,644,386
Security deposits	22,954
Property and equipment (Note 4)	411,445
	25,078,785
Liabilities	
Current liabilities	
Accounts payable and accrued liabilities	2,848,697
Deferred contributions (Note 5)	1,760,648
	4,609,345
Net assets	
Invested in property and equipment	411,445
Unrestricted	20,057,995
	20,469,440
	25,078,785

Commitments (Note 6)

Approved by the Board

Director

Director

FN Health Society

Statement of cash flows
year ended March 31, 2010

	$
Operating activities	
Loss from operations before one-time transfer from First Nations Summit Society	(1,902,476)
Items not involving cash	
Unrealized loss on short-term investments	12,395
Amortization of property and equipment	40,085
	(1,849,996)
Change in non-cash working capital balances	
Accounts receivable	(9,845,118)
Prepaid expenses	(1,496)
Security deposits	(16,167)
Accounts payable and accrued liabilities	2,848,697
Deferred contributions	(134,325)
	(8,998,405)
Investing activities	
Purchases of property and equipment	(70,385)
Purchase of short-term investments	(11,941,765)
Maturities of short-term investments	4,499,901
	(7,512,249)
Financing activity	
Contribution from First Nations Summit Society	20,724,109
Net cash inflow	4,213,455
Cash, beginning of year	-
Cash, end of year	4,213,455
Supplemental non-cash information	
Contribution of non-cash net assets from First Nations Summit Society (Note 1)	1,647,807
Consisting of:	
Accounts receivable	3,154,848
Security deposit	6,787
Property and equipment	381,145
Deferred revenue	(1,894,973)
	1,647,807

FN Health Society

Notes to the financial statements

March 31, 2010

1. Organization

The FN Health Society ("FNHS" or the "Society") was incorporated under the Society Act (British Columbia) on March 6, 2009 and is a not-for-profit organization for financial reporting purposes. FNHC is a non-taxable entity under the Income Tax Act.

The role of the Society is to support and assist BC's 203 diverse First Nations communities to realize their health aspirations and priorities. The Society was created as a coordinating body mandated to implement the ten-year tripartite First Nations Health Plan. The purpose of the First Nations Health Plan is to improve the health and well-being of First Nations and to close the health gap between First Nations and other British Columbians.

On April 1, 2009, FNHS began operations pursuant to an Asset Transfer Agreement signed on March 31, 2009 between FNHS and First Nations Summit Society ("FNSS"). The following assets and liabilities were transferred from FNSS to FNHS for no consideration as agreed during 2010:

	$
Assets	
Cash	15,975,000
Accounts receivable	8,247,274
Security deposit	6,787
Property and equipment	381,145
	24,610,206
Liabilities	
Deferred revenue	1,894,973
Accounts payable	343,317
	22,371,916

Included in accounts receivable is an amount of $3,154,848 that remains outstanding from FNSS at March 31, 2010.

2. Economic dependence

Operations of the Society are dependent on continued funding from federal and provincial government departments.

3. Significant accounting policies

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles and reflect the following significant accounting policies:

(a) Financial instruments

Financial assets and financial liabilities are initially recognized at fair value and their subsequent measurement is dependent on their classification as described below. Their classification depends on the purpose for which the financial instruments were acquired, their characteristics and the Society's designation of such instruments. Settlement date accounting is used.

(i) Held-for-trading

Cash and short-term investments have been designated as held-for-trading and are measured at fair value.

3. Significant accounting policies (continued)

(a) Financial instruments (continued)

(ii) Loans and receivables

Accounts receivable have been designated as loans and receivables and are accounted for at amortized cost using the effective interest method.

(iii) Other liabilities

Accounts payable is classified as other liabilities and measured at amortized cost using the effective interest method.

The Society has elected to use the exemption provided by the Canadian Institute of Chartered Accountants ("CICA") permitting not-for-profit organizations not to apply the following Sections of the CICA Handbook: 3862, *Financial Instruments - Disclosures*, and 3863, *Financial Instruments - Presentation,* and 3865, *Hedges,* which would otherwise have applied to the financial statements of the Association for the year ended March 31, 2010. The Association applies the requirements of Section 3861, *Financial Instruments - Disclosure and Presentation*, of the CICA Handbook.

(b) Short-term investments

Short-term investments consist of Government of Canada T-Bills and bonds with an original term to maturity of three to twelve months. Gains or losses arising from the measurement of short-term investments at market value are reflected as realized gains or losses on the statement of operations.

(c) Property and equipment

Property and equipment received as contributions are recognized at fair value. Property and equipment acquired by FNHS are recorded at cost.

Amortization is provided over the estimated useful lives of the assets on the following basis:

Furniture, fixtures and equipment	Straight-line over 5 years
Computer equipment	Straight-line over 3 years
Leasehold improvements	Straight-line over the term of the lease

Computer equipment was not amortized during the year as the equipment has not been put into operation.

FNHS reviews for the impairment of property and equipment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable from the expected undiscounted future cash flows from the assets use and eventual disposition. An impairment loss is recognized for the excess of the carrying value of the asset over the fair value.

(d) Revenue recognition

Contributions are recognized as revenue under the deferral method. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable, if the amount to be received can be reasonably estimated and collection is reasonably assured.

3. Significant accounting policies (continued)

(e) Use of estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

(f) Capital disclosures

FNHS adopted the recommendations of the CICA Handbook Section 1535, *Capital Disclosures*. This section requires the disclosure of information about externally imposed capital requirements. As FNHS has no externally imposed capital requirements, the adoption of this section has no impact on the financial statements. FNHS manages its capital primarily through its investments.

(g) Allocation of expenses

Expenditures are recorded on an accrual basis and non-core operating expenditures are charged directly to the respective program that the activity benefits.

The non-core operating programs also incur general support expenses relating to human resources, information technology, finance and administrative support based on time spent related to these programs. Premises rent and operating expenses, meeting room and equipment usage, when applicable, are allocated based on actual usage and costs. The basis of all allocations is reviewed annually during budget preparation and may be revised according to changing requirements.

Additional disclosures are included in Note 8.

4. Property and equipment

	Cost	Accumulated amortization	Net book value
	$	$	$
Furniture, fixtures and equipment	77,242	15,448	61,794
Computer equipment	251,103	-	251,103
Leasehold improvements	123,185	24,637	98,548
	451,530	40,085	411,445

5. Deferred contributions

Deferred contributions include funding received in advance of expenditures being made in respect of the following programs:

	$
University of Northern BC	1,579,990
Health Canada	180,658
	1,760,648

6. Commitments

FNHS leases premises and equipment with future minimum lease payments, exclusive of operating costs, for each of the next four fiscal years ended March 31 as follows:

	$
2011	343,402
2012	256,995
2013	231,227
2014	59,781
	891,405

7. Financial instruments

Fair value

The Society's financial instruments comprise cash, short-term investments, accounts receivable and accounts payable. The fair values of these financial instruments are estimated to approximate their carrying values due primarily to their immediate or short-term maturity.

Short-term investments are carried at market value which approximates fair value.

Interest rate risk

The Society's short-term investments are exposed to interest rate risk as the value of the financial instruments will fluctuate due to changes in interest rates and the volatility of these rates. The Society does not use derivative instruments to reduce its exposure to interest rate risk.

8. Allocation of expenses

Human resources, information technology, premises rent and operating, meeting room and equipment usage, administrative support and finance expenditures of $155,975 have been allocated to non-core operating programs as follows:

	$
H1N1	49,840
Health Careers	49,000
Aboriginal Health Human Resources	42,500
Senior Policy	12,930
Aboriginal Transition Fund	863
Environmental Scan - AHHRI	530
Regional Health Survey	312
	155,975

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