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2015-2016 - The Year Ahead

Entering Our Third Year of Operations

October 1st, 2015 marked the two year anniversary of the historic transfer of First Nations Inuit Health - Pacific Region services, staff and resources to the First Nations Health Authority (FNHA). As we look forward to the third full fiscal year of operationalizing the transfer, our focus continues to be on improving Customer-Owner experience, making incremental service changes where possible and embarking on broader transformational initiatives enabled by strategic partnerships and continued engagement with BC First Nations.

You may notice the term “Customer-Owner” is used throughout this update. We adopt this term from Alaska Natives who coined “Customer-Owner” in recognition of the dual role Alaska Native citizens play as both customers and owners of their health system. The FNHA adopts the term Customer-Owner to signal a shift in relationship and until such time as we can engage with BC First Nations to find a more suitable term.

As set out in the 2015-2016 Summary Service Plan, the FNHA is focusing in four primary goal areas.

1. Enhancing First Nations Health Governance;
2. Promoting and Implementing the BC First Nations Perspective on Wellness as a Health and Wellness Champion;
3. Improving Health Service and Programs as a Health and Wellness Partner; and
4. Strengthening the FNHA as a Sustainable and Effective First Nations Health Organization.

Our strategic goals are provided as instructions, from the FNHA Board to the CEO. The goals are a reflection of our story and begin with Governance. Defining our respective roles and the decisions that we take within our First Nations Health Governing Structure are fundamental to our success. Governance begins with the individual and extends to the family, community, Nation and provincial levels - moving more decisions closer to home is our goal. Governance also includes nurturing and growing the new health partnership with BC and Canada so that we are all working together to improve the health outcomes of First Nations peoples in BC.

The second goal is to champion Wellness. This means we all walk the talk. Moving from a deficit (sickness) view to an asset (wellness) view will take all of our best efforts and energy. It will take transformative thinking and actions to get there – it means changing the script. From an organizational standpoint our goal is to be there with individuals and families, old and young, home and away from home, as they embark on their wellness journeys. We champion a holistic perspective of health and wellness in our dealings with one another and our government partners and believe this perspective is important for changing how healthcare is conceived and delivered.
The third goal is to improve the health services that our Customer-Owners access, regardless of the door they walk through. The provincial health system is large and as the major health service provider for First Nations here in BC, we have a huge opportunity to influence and improve these mainstream services to impact the quality of care provided to our people. In addition, we continue to work on improving the services delivered directly by the FNHA and supporting First Nations community health organizations in their service delivery responsibilities. As a result, community health service organizations, the FNHA and larger provincial health system all have a role to play in improving the access to and quality of services.

The final goal is to strengthen the FNHA as a first-of-its-kind health authority. The FNHA belongs to all of us and we are focused on ensuring the organization we are building respects and reflects First Nations philosophies and approaches.

We hope you enjoy this mid-year report. While I believe we have a lot to celebrate, we know that we still have a long way to go. We know that on the road to making improvements mistakes will happen. We can anticipate learning experiences, acknowledge them, learn from them, fix them and not tolerate making the same mistakes twice. With that in mind, the character of our organization is one that is preoccupied with learning and continuous improvement as we strive to improve the quality of and access to health services.

It is early in our journey and as we move past our “trying two’s” and into our third year of operations, I continue to be humbled and honoured to have the opportunity to lead the establishment of a First Nations health organization that BC First Nations peoples can be proud of and call their own.

Joe Gallagher
Chief Executive Officer
First Nations Health Authority
1. Enhance First Nations Health Governance

We believe that achieving improved health outcomes for First Nations people in BC begins with exercising and increasing self-determination over our health and wellness. It was a collective First Nations decision that established the new First Nations health governance structure, including the creation of the First Nations Health Authority.

This First Nations health governance structure is founded on a health partnership with BC and Canada that recognizes the importance of the role of decision-making for the design and delivery of health and wellness services accessed and overseen by First Nations peoples, which allow them to stay closer to home. This includes individuals, families, communities, Nations and regions working together with the FNHA and federal and provincial partners to improve the health and wellness outcomes of BC First Nations peoples.

The principle of reciprocal accountability acknowledges that BC First Nations collectively own the First Nations components of the First Nations health governance structure, and are therefore together responsible for resolving concerns and issues, making key decisions and celebrating successes. In assuming collective responsibility, BC First Nations are part of a health ecosystem in which we are all connected and where we consider the impact of our respective actions and decisions on one another and at multiple levels, including on the system as a whole.

The FNHA will nurture the healthy, functioning, sustainable governance and decision-making structure necessary to achieve the change required to deliver high-quality, culturally safe health and wellness services to First Nations peoples in support of their respective health and wellness journeys. To achieve this, FNHA will provide capacity and supports that enable decision-making at the appropriate local, regional and provincial levels and will engage First Nations to inform our decision-making processes.

Evolving our Federal and Provincial Partnerships

While a partner from a distance, Health Canada has been clear that it does not intend to be a distant partner. This year Health Canada and the FNHA renewed their Shared Vision and Common Understanding document that describes the overarching approach to the partnership and process by which the partners work together over the duration of the Canada Funding Agreement.

The FNHA has also begun to build relationships with other federal departments, such as Aboriginal Affairs and Northern Development Canada. These early discussions have focused on strengthening working relationships and identifying opportunities for collaboration in key areas of responsibility, including environmental health, emergency management, capital and data sharing.
We continue to strengthen our relationship with the BC Ministry of Health and BC’s health authorities. Our goal in this relationship is to continue to “hardwire” consideration for our people through all planning, service delivery and enhancement opportunities. A strong working relationship with the Deputy Minister of Health and CEOs of health authorities has proven effective in problem solving regional service issues and concerns.

**Five-Year Tripartite Evaluation**

Section 10 of the Framework Agreement requires the parties to develop an evaluation plan and prepare an evaluation report every five (5) years after the first year transfer of federal programs to the FNHA. The first Tripartite Evaluation Report will be prepared for late 2019. The Evaluation Report will fulfill the Framework Agreement legal obligations but also provide information to support the continuous learning, growth and evolution of the partnership and implementation of tripartite commitments, and support the partners to tell the story of the tripartite health plan journey. The evaluation will assess progress in three categories: Governance, Tripartite Relationships and Integration; Health and Wellness systems performance; and Health and Wellness outcomes.

**Increasing Regional Decision-Making**

**Development of Regional Teams**

FNHA develops and aligns regional-based supports for relevant decision-making over the design and delivery of health and wellness services for our Customer-Owners. The work to build regional capacity and to connect existing staff more closely to regions is progressing.

The purpose of this work is to bring supports and services closer to home. This fall, regional Senior Medical Officers were recruited in each of the five regions and recruitment of Regional Nurse Managers is underway. These are concrete examples of how regional context is being aligned with FNHA operations. Further supports to regions are provided through central service departments, such as planning, communications and corporate services.

**Regional Investments**

Regional envelopes are a mechanism to pair investment with planning, providing regions with the ability to spend on priority areas of the Regional Health and Wellness Plans (RHWPs) and Regional Partnership Accords. In 2015/2016 the Health Actions allocation to flexible regional envelopes was increased by 11% to further support regional decision-making.
The foundational work being done in each region to transform decision-making and spending is historic. Transitioning from proposal-driven approaches to transparent investment planning approaches driven by RHWP's and regional-specific investment strategies is part of the larger goal of increased First Nations decision-making in health planning and delivery.

**Gathering Wisdom for a Shared Journey**

This May over 950 delegates attended Gathering Wisdom for a Shared Journey VII. Over time, the aim of the forum has shifted from being primarily engagement-focused to including an increasing emphasis on health knowledge exchange and learning. There are increasing challenges in balancing the governance and health service agendas and target audiences through a single forum.

The cost for Gathering Wisdom VII was over $900,000 with the biggest costs coming from travel, accommodations and venue. This year, over $200,000 of the overall expense was offset through corporate sponsorships and paid registrations. The future of Gathering Wisdom will be a topic of discussion at spring regional caucus sessions. Together we look forward to exploring opportunities to evolve the gathering, including concepts such as separation between political and technical and knowledge exchange forums and maximizing engagement opportunities through regional caucuses and sub-regional and Nation-based meetings to move engagement closer to home in a more cost-sustainable fashion.
2. Champion Wellness

FNHA's goal is to be the health and wellness partner to all BC First Nations individuals, families and communities. The health and wellness journey is a lifelong journey and throughout this lifecycle, the health and wellness supports we need, as individuals and communities, change and grow. At the community level and individual level, home or away from home, our goal is to provide useful and culturally safe tools, resources and advice. The First Nations holistic view of health, as expressed through the BC First Nations Perspective on Health and Wellness, articulates the balance between traditional knowledge and approaches and mainstream health care approaches. We share and champion this perspective broadly and feel that it will benefit the health system as a whole.

Supporting Communities on Their Wellness Journeys

In 2015/2016, the FNHA will continue to provide direct grants up to $400,000 through two seasonal granting opportunities in support of community-driven wellness initiatives based on the four wellness streams of Nurturing Spirit, Being Active, Eating Healthy and Respecting Tobacco. This year, we continue our partnership with the Aboriginal Sports and Physical Activity Partners Council to deliver additional health and wellness-related training and grants.

Winter Wellness Grants

On October 15, 2015 the FNHA launched the second annual Winter Wellness Grants. The purpose of the Winter Wellness Grants is to support community and culturally based seasonal wellness activities aligned with the four wellness streams. The idea for these grants first stemmed from Kura Jack's (Penelakut) "Winter Challenge" to her family and peers to get outside, be active and have some fun during the winter months. This year's theme is around New Year's resolutions. We want to learn about and support your change-focused/ transformational challenges. Applications close on December 3, 2015.

June 21 Day of Wellness on National Aboriginal Day

The third annual June 21 Day of Wellness saw even greater participation than previous years; in total, 114 communities and between 16,132 – 20,310 individuals participated in Day of Wellness events. An FNHA investment of $208,146 leveraged an additional $309,627 in community and business contributions for a total investment of $517,773. Through social media and interactive maps on the
www.fnha.ca website we were able to help promote all funded events, which also saw an increase in community participation.

Aboriginal Sport, Recreation and Physical Activity Partners Council

The FNHA provides core funding to support the wellness-based training and activities of the Aboriginal Sport, Recreation and Physical Activity Partners Council. The Partners Council delivers a range of programs and initiatives including community sport development, Aboriginal healthy living activities, FitNation and equipment grants. The focus of this investment is developing community capacity for First Nations individuals in BC.

Engaging Individuals on Their Wellness Journeys

To reach our people who live both at home and away from home including Elders and youth, the FNHA partners with First Nations organizations to bring a health focus to well-established events.

Elders Gathering

The 39th annual Elders Gathering was held in Saanich on Tsa'wout Territory in July of 2015. The gathering was a success with an estimated 5,000 participants including over 3,000 Elders in attendance. Over four days, FNHA staff interacted with hundreds of Elders through workshops, wellness screening and at our resource booths. 292 Elders received health screening and wellness assessments at the event.

A workshop on your rights and responsibilities during a doctor's visit, led by Dr. Evan Adams and Dr. Liz Whynot, was a conference highlight. Elders also braved the camera and shared health advice with their “20-year-old selves”. These moving video testimonials will be shared with youth at the Gathering our Voices conference in March 2016. The FNHA contributed $125,000 to this event and is the official health and wellness partner for the annual gathering.

Youth Gathering

From March 21-24, 2016 1,500 youth delegates as well as chaperones, presenters and guests will gather in Victoria, BC for the 14th annual Youth Gathering. The FNHA is the official health and wellness partner to this gathering and will invest $175,000 in support of this year's event. FNHA will be making health screening and wellness assessments available to both youth and chaperones. Our Beyond Bannock healthy eating social media challenge will be run for a second consecutive year. The focus of FNHA engagement with youth at the upcoming gathering will be on sexual health.
**Provincial Aboriginal Diabetes Gathering**

The 14th BC Aboriginal Diabetes Conference will be hosted March 14-17, 2016 in Penticton BC. The conference is focused on providing education, awareness, self-management skill and prevention through healthy lifestyle skill development. Importantly, the audience for this gathering is community members living with diabetes. By providing an atmosphere in which to network, share and liaise with one another and Health Care Workers, the conference promotes and supports healthy lifestyles. An FNHA investment of $150,000 in this event supports culturally appropriate education for people with diabetes, their support persons and Community Health Care Workers.

**Health Campaigns**

**FNHDA Mental Wellness Campaign – Head to Heart**

Stress and burnout have been identified as two significant challenges for Health Directors. Both negatively impact Health Director health and wellbeing and contribute to high turnover in the profession. Last year, in response to this reality, the FNHDA launched a mental wellness campaign for association members.

Over the past year the FNHDA has worked to create a logo, brand, video (featuring Health Directors) and a tagline to shape the campaign. During the fall caucus sessions Health Directors will be shown the video as a point of inspiration for co-creating a campaign that is relevant to them.

The purpose of the campaign is to:

- Support the health and wellness of FNHDA members.
- Encourage association members to support one another.
- Recognize Health Directors as wellness champions.
- Take action on the #1 priority in regional health and wellness plans – mental wellness.
- Reduce Health Director turnover.

To meet these objectives, the campaign is focused on three pillars: Powering Down (unplugging from technology), Honouring the Land (getting outside) and Weaving Support Networks (reaching out and nurturing support networks).

**Moose Hide Campaign**

The FNHA contributed $50,000 to the Moose Hide Campaign - a part of the BC Association of Aboriginal Friendship Centres Ending Violence Action Plan. The movement includes First Nations, Aboriginal and
non-Aboriginal men and raises awareness, promotes conversation and encourages men to stand up against violence towards women and children across Canada. FNHA staff actively took part in the October 17\textsuperscript{th} challenge.

**Step Up Campaign**

An additional $300,000 was provided as part of the continuation of the Step Up 2.0 Challenge which provided BC First Nations individuals and groups with Fitbits at a subsidized cost. At Gathering Wisdom VII this past May, the Step Up 2.0 Challenge wrapped up with some amazing results and an inspiring award ceremony. Almost 6,000 people registered and a near 2,000 participated in the FNHA Step Up leaderboard in the challenge. Between April 2014 and May 2015 the group accumulated 1,181,698,715 steps which is equivalent to 764,426 kilometers traveled and clocked 3,567,271 active minutes. The group still continues to track their daily steps on our Step Up Fitbit leaderboard.

**Respecting Tobacco Campaigns**

Many exciting new tobacco initiatives are being launched to decrease commercial tobacco use rates and increase awareness of the sacred use of traditional tobacco.

Tobacco Timeout (tobaccotimeout.ca) is a short term quits campaign encouraging BC First Nations and Aboriginal people to quit for 24 hours; the contest takes place the first Tuesday of every month. The uptake from BC First Nations on this campaign has been incredible. In the first month alone we had more entries from our 138,000 people than the mainstream Tobacco Timeout which serves 4.3 million British Columbians.

Inside Out is a second-hand smoke initiative with the slogan, “When children are inside, smoking goes out”. It aims to increase awareness about the harms of exposure to second-hand smoke and encourages individuals to choose to smoke outside. This summer, the Inside Out initiative was rolled out in the Fraser Salish region through community-based events and workshops.

The FNHA is excited to launch Smokestack Sandra, a three part radio documentary following a First Nations community leader through her quit journey. The documentary provides a funny and inspiring narrative about the multiple factors behind current smoking rates, the role of traditional tobacco and the challenges to quit commercial tobacco use. The podcast series will be broadcast this fall on CFNR and will be available on the FNHA website.
Building Health Capacity - Bursaries and Scholarships

In accordance with Directive 5, and through an enduring partnership with First Nations Education Steering Committee and New Relationship Trust, the FNHA will contribute over $755,000 towards health care promotion, scholarships and bursaries for First Nations students to increase recruitment and retention of First Nations and Aboriginal workers in the health system and science fields.

Additional projects in which we help fund and contribute to strategically are the Get Healthy Stay Healthy project, which encourages physical activity and healthy eating through activities in BC First Nations Schools that promote awareness of healthy foods. We also contribute to the Friends for Life initiative, which is a research-based anxiety prevention and resiliency program implemented at the classroom level.

Engaging the Health System with First Nations Wellness

International Journal of Indigenous Health

The University of Victoria and First Nations Health Authority (FNHA) teamed up to launch a first-of-its-kind journal with a focus on health and wellness. Through an open call we asked for articles that showcased what is working in Indigenous health. A total of 32 papers were submitted from Australia, New Zealand, USA and six Canadian provinces. Through this partnership manuscripts not selected for publication in the Special Thematic Issue will still be considered for publication as a best practice by the FNHA through other mediums including Spirit Magazine. This special edition of the International Journal on Indigenous Health is scheduled for spring/summer of 2016.

Cultural Humility – Cultural Safety Declaration

A culturally safe health system is one where people feel safe and respected when receiving care because their culture, values and preferences are taken into account. Essential for creating a culturally safe environment is cultural humility, an approach that seeks to address power imbalances inherent in health client-provider relationships.

Achieving cultural safety is a priority for leadership within the provincial health system. The Tripartite Committee on First Nations Health has identified Cultural Safety and Humility as a system-wide priority and has established a senior executive working group to advance the issue. Work is underway to implement commitments in this area including moving on a Declaration of Cultural Safety and Humility by the Chief Executive Officers of the provincial health authorities, the FNHA and the Deputy Minister of Health.
The Declaration recognizes that cultural safety and humility are essential dimensions of quality and safety and only a sustained and genuine commitment to action from the most senior leaders paired with a concrete action plan will lead to the change needed.

BC Coroners Service

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

Regional coroners meetings have taken place in all five regions, creating connections between FNHA regional staff and local coroners. Regional coroners are presenting at all five fall regional caucus sessions.
3. Improve Health Services and Programs

Our goal is to improve the quality and efficiency of health services to BC First Nation individuals, families and communities regardless of the door that they walk through. Putting our Customer-Owners at the centre of our model of care means we must also partner with the provincial system to change how it provides health services – to ensure that our people are culturally safe and can better “attach” to, and navigate within, the broader health system. We will achieve this through working with BC to improve provincial services accessed by BC First Nations peoples and with First Nations communities to support the quality of their programs and services.

The FNHA designs, delivers, manages and funds health and wellness programs and services for First Nations. We are partnering with BC First Nations to transform health services and programs through incorporating and promoting First Nations knowledge, beliefs, values, practices, medicines and models of health and healing. Fundamental to our success is a focus on innovation and partnerships at the local, regional and provincial levels; the ability to marry mainstream and FNHA programs and resources in new ways; and strengthening capacity at local and regional levels.

Over 77% of the FNHA budget is transferred directly to BC First Nations through Contribution Agreements and First Nations Health Benefits to achieve this mandate.

Partner with BC First Nations for High Quality Health Services

Enhancing Community Contribution Agreements

Connecting Staff to the regions

Consistent with the overall FNHA approach, the funding arrangements team has structured itself to have agreement advisors assigned to each of the health regions to support communities with their funding arrangements. This will serve to strengthen relationships and provide a single point of contact for regional teams and funding arrangements. These agreement workers develop an understanding of regional governance and processes, regional health plans and priorities and develop and maintain strong working relationships with regional directors, regional health liaisons and engagement staff.

Streamlining our Agreements

Approximately 75% of the Novated contribution agreements expired on March 31, 2015. Building on the feedback received from regional engagement sessions in the spring of 2014, FNHA made numerous
interim improvements to shorten and simplify the contribution agreements in time for the April 1, 2015 renewals.

For example, most funding agreements are over 50% shorter, reporting schedules have been consolidated into an FNHA Reporting Requirements Guide and a new Contribution Agreement holder's Funding Arrangements page has been created on www.fnha.ca for communities. Also new this year, minor amendments can be made to community’s agreements with a simple Funding Adjustment Letter and can be delivered via Fax or E-mail.

**Changes to reporting requirements**

Transforming the Community Based Reporting Template is a long-term project. Through prior engagements with health directors we understand the current issues with the template. As an interim step, annual reporting dates have been adjusted to July 29th across all agreement models. Reforming annual reporting requirements to be more relevant and meaningful will be part of a future reporting improvement project in collaboration with communities. To date the FNHA has received 70% of the 2015 reports from community with 30% outstanding.

**Funding Increases**

Effective April 1, 2015, core community-serving programs (non-needs based) received a 5.5% funding increase and amendments to add this funding into communities’ agreements were processed at the start of the 2015/16 fiscal year. Amending these agreements early in the year was important and intended to provide communities with the full year to plan for program enhancements.

In total over $201 million (43.5%) will flow directly to BC First Nations through Contribution Agreements. An additional $922,000 will flow to support community health planning activities to assist those Nations that want to increase local governance and decision-making over programs and services.

We would like to congratulate Osoyoos Indian Band, Musqueam First Nation and Kitselas First Nation for the recent completion of their Community Health Plans.

**Chief Medical Officer and Regional Senior Medical Officers**

The newly formed Office of the Chief Medical Officer supports the mandate of the CMO, Dr. Evan Adams, to lead public health functions for the First Nations Health Authority. This mandate includes acting as the FNHA’s representative on public health matters, as well as building strong relationships with First Nations communities to understand their unique health concerns. It also includes providing leadership for the building of strong relationships with other partners, including provincial and regional
medical health officers, to advance high-quality and culturally safe clinical care, programs, services and policies for the First Nations population in BC.

In keeping with the FNHA’s desire to be in close relationship with First Nations communities throughout the province, several CMO team members will work in the FNHA’s regional offices, including the Senior Medical Officers. They and the CMO will serve the five regions of BC, working with communities, FNHA Regional Directors and health authorities in their respective regions.

They will maintain both a regional and outward focus, providing leadership in population health, health and wellness promotion, environmental health, health surveillance and communicable disease management. They will also support the response to public health emergencies and work to strengthen cultural safety and competency. They are:

- Dr. Evan Adams (Vancouver Coastal)
- Dr. Shannon McDonald (Vancouver Island)
- Dr. Robert Parker (Interior)
- Dr. Nataliya Skuridina (Fraser-Salish)
- Dr. Charl Badenhorst (Northern)

As well, Dr. Charl Badenhorst joined the team in October as Medical Director. As Medical Director he will work within the FNHA to support the development of quality of primary health care delivered to communities and provide medical expertise to support clinical care providers in communities with delivering high-quality health care services. He will also work with community-level physicians on both health issues and health policy issues, and will work with physician leadership.

A priority for the FNHA’s Public Health function is improving patient quality care and safety, and handling complaints and wellness questions. The FNHA welcomes Katie Procter, R.N. as Quality, Safety & Care Manager and looks forward to engaging dialogue and building frameworks for quality, care, safety and complaints; methodologies and processes; and tracking, monitoring and reporting mechanisms. Additionally, future areas of growth for the office include Traditional Medicine and professional medical support for Environmental Public Health Services.

**Nursing Services**

Nurse recruitment is a systemic challenge not only for First Nations communities and the FNHA but for our provincial and federal partners as well. Despite the recruitment of 39 nurses since transfer and an increase in the number of full-time nursing staff overall, the FNHA will spend over $2 million this year on agency nursing. Our current priority is to fill vacant positions in order to reduce nursing costs and
then establish a pool of nurses who can be deployed to communities who wish to buy-back nursing services through transfer agreements.

**Prior Learning Assessment and Recognition (PLAR) for Remote Practice Certification**

The College of Registered Nurses of BC (CRNBC) requires nurses practicing in remote communities to complete a certification process. Historically, all nurses recruited at the FNHA were required to complete certified remote training which took an average of 6-10 months depending on experience.

This meant that it would take an average of one year from offer date to get nurses posted in community. Through a new agreement with the CRNBC, FNHA’s Nursing Education team can now perform prior learning assessments on candidates who have completed northern clinical skills programs in other provinces and have relevant experience working remote First Nation communities.

This is a really important development for the FNHA as we are now able to recommend whether the candidate challenges the UNBC examinations or completes the full course. The goal is to reduce duplication in training and the amount of time it takes to get nurses practicing independently in the field. We thank CRNBC for supporting FNHA Nursing Services in this endeavor.

**Nursing Education Forum**

The Annual FNHA Nursing Education Forum is scheduled for November 24-26, 2015 and December 1-3, 2015 and will bring together over 200 Community and FNHA-employed Nurses for three days of education, training and inspiration. The theme of this year’s gathering is Celebrating the Circle of Wellness: Knowledge Transfer, Information Sharing, Capacity Building and Best Practices. Highlights this year include an interactive session on Trauma Informed Care, skills enhancements for remote certified nurses, introduction of a holistic approach to the prevention and treatment of gestational diabetes and a panel discussion on Privacy and the Circle of Care.

**Nursing Review**

Nursing Services represents the largest direct care portfolio at the FNHA and nurses are essential contributors to the health and wellness of BC First Nations and integral to the overall transformation of health services. Nursing services are currently provided to BC First Nations communities by nurses employed by FNHA, the community; and/or regional health authorities. The goal of the third party nursing review was to identify opportunities for enhancing the nursing roles at the FNHA and in supporting our vision and the Seven Directives.
The review found many areas for improvement in the current structure. An action plan is underway with particular focus on the following elements:

- Enhancing Nursing Leadership in the organization through recruitment of a Chief Nursing Officer (CNO);
- Aligning nursing services with the FNHA Regions;
- Enhancing supports for all nurses including FNHA support for recruitment efforts;
- Replacing costly agency nurses with FNHA and transfer nurses to enhance continuity of care;
- Evolving nursing practice at the FNHA through enabling technologies such as eHealth and Electronic Medical Records; and
- Reviewing supporting programs to further support the interdisciplinary model and ensure effective resources.

Interviews have been completed for the Chief Nursing Officer and an announcement is forthcoming.

**Health Programs Transformation**

The FNHA continues to meet its obligations to communities to ensure minimal disruption of services including programs and services through contribution agreements and in some cases direct service delivery. In addition to ensuring service continuity, a number of transformative changes are being initiated.

**Environmental Public Health Services**

**Safe Drinking Water Program**

The Safe Drinking Water Program continues to work closely with communities to ensure access to reliable, safe drinking water. This year, Environmental Health Officers working under the Drinking Water Safety Program completed a (every five year) comprehensive, baseline chemical and radiological analysis on all community and public water systems to provide communities with information on their water quality and to ensure their water meets the Guidelines for Canadian Drinking Water Quality. This baseline sampling event collected data on 112 chemicals and 42 radionuclides for each water system tested.

The Drinking Water Safety Program continues to provide hands-on training to Community Based Water Monitors (Water Monitors) who carry out routine bacteriological drinking water sampling in community and who assist in water source protection and awareness initiatives. During 2015, we carried out seven training sessions and provided around 82 Water Monitors with new and refresher training. We also continue to provide technical assistance and training on water quality data upload and access to Water Monitors through WaterTrax.
We are excited to share that five long-term Boil Water Advisories (BWA) were removed this year. We are working with communities and with Aboriginal Affairs and Northern Development Canada to address other long standing BWAs.

A key part of the vision of the FNHA is to recruit and retain First Nations and Aboriginal people in all departments. Environmental Public Health is a very small profession and, historically, has not been a profession of choice for First Nations. To create a new opportunity in this field, Environmental Public Health Services will recruit four Environmental Health Technicians to support the five regions in the Drinking Water Safety Program.

We highly encourage members of BC First Nations communities to apply for these positions. We currently have two of these positions filled and hope to complete the hiring for the two additional Environmental Health Technicians by the end of the year. The Drinking Water Safety Program also continues to work closely with our Regional Health Authority and Federal partners to get public and environmental health messaging out in a timely and coordinated manner.

**Exploring an Expanded Mandate - Environmental Issues**

This year's Summary Service Plan directs the FNHA to explore an expanded mandate for the Environmental Public Health Services unit. Two areas of priority have emerged through dialogue with First Nations: 1) Responding to the human health impacts related to man-made environmental events, and 2) Emergency Management Coordination.

Two projects in the interior region are being used to explore this mandate. In response to concerns about impacts to drinking water from the storage and land application of bio-solids in the Nicola Valley, FNHA will work with Nicola Valley First Nations to determine any potential threats to drinking water, and suggest activities for remediation. To support the Nations’ decision-making the FNHA will collect and share data from external sources about aquifer vulnerability, deliver enhanced sampling of both community drinking water systems and individual wells and train community members and residents on the topic of source water protection and wellhead construction and maintenance.

Another example of how the FNHA is exploring expanded scope related to environmental health is through supporting the initial phases of a Health Impact Assessment (HIA) related to the Mount Polley Mine Breach. This study is a first for the FNHA and will be undertaken by a team of community knowledge holders and international specialists.

An HIA is a systematic approach that uses qualitative, quantitative and participatory methods to assess the health impacts and risks associated with an event such as the Mt. Polley tailings breach. An HIA incorporates environmental, social and culturally appropriate determinants of health and provides a clear pathway for subsequent management and future monitoring of health risks and impacts. Results of this investigation aim to ensure impacts to First Nation communities are recognized and well managed.
Dedicated Emergency Management Coordination capacity has been established within FNHA and is now actively engaged in province-wide tables to protect human health and facilitate community support in the event of emergencies and disasters.

Responding to Crisis

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

There are currently two categories of frequent occurrence: 1) Emergency Management: flooding, forest fire, earthquake, landslide, industrial explosion, hazardous materials and pandemic and 2) Mental Wellness Incident: suicide or attempt, accidental death or injury and violent death.

The principles informing the FNHA approach include:

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

Key activities to improve crisis response processes include: recruitment of a Manager of Emergency Management; enacting a Crisis Response Protocol to support communities in crisis; establishing the Regional Directors as central support contacts for communities; and recruitment of regional mental wellness advisors.

Upstream Investments Wellness Programs

A number of health programs inherited from Health Canada were originally established through proposal-driven processes. This proposal-driven approach resulted in inequities in funding across regions and between larger organizations and smaller and more remote communities. These inequities conflict with the instructions from leadership to “leave no community behind” and do not currently reflect the approach taken to establishing regional envelopes.
The following table provides a quick snap-shot of FNHA's current relationship with communities relating to prevention and health promotion programs.

<table>
<thead>
<tr>
<th>Program</th>
<th># of Communities Providing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-natal Nutrition (PNP)</td>
<td>Universal</td>
</tr>
<tr>
<td>Brighter Futures (BF)</td>
<td>Universal</td>
</tr>
<tr>
<td>Maternal Child Health (MCH)</td>
<td>40</td>
</tr>
<tr>
<td>Aboriginal Head Start (AHSOR)</td>
<td>122</td>
</tr>
<tr>
<td>Fetal Alcohol Spectrum Disorder (FASD)</td>
<td>40</td>
</tr>
<tr>
<td>Aboriginal Diabetes Initiative (ADI)</td>
<td>191</td>
</tr>
</tbody>
</table>

**Review and Improvement for Wellness Programs**

The FNHA is enthusiastic to address service gaps through a program improvement project. It is important to note that this project will not have an impact on existing community-based funding levels; all funding arrangements will be renewed for 2016/2017 as-is.

Prevention and health promotion programs established through a proposal-driven process will be looked at through the project, initially including: National Aboriginal Youth Suicide Prevention Strategy; Aboriginal Diabetes Initiative; and Maternal Child Health. The project will explore:

- Options to support greater equity across communities and regions to support the vision of no communities left behind;
- Greater efficiency and value for money through examining current program strengths and successes and emerging best / promising practices;
- Opportunities for integration with existing provincial programming; and
- Opportunities for funding flexibility to support community and regional priorities and ensure sustainability of programs.

Through the project we will also assess how current programming fits within the FNHA Wellness Policy Framework with the goal of bringing together overlapping program objectives into a cohesive framework that identifies: high-level objectives and activities for regions and communities.

Information gathered through the project, paired with regional priorities outlined in Regional Health & Wellness Plans, will set the table for a productive discussion amongst the FNHA, regions, communities.
and service providers with respect to opportunities for innovation and improvements in the use of these funds and how these and other programs and services may evolve and transform.

The first step in the project is engagement. This fall we will seek advice from leadership and Health Directors through fall caucus sessions; we will also seek Customer-Owner-level feedback on the effectiveness of current wellness programs. Taken together these results will inform a renewed program framework including new terms and conditions, reporting and financial arrangements. The goal is to launch the new program framework in fall/winter of 2016.

Additionally since transfer a number Proposals for expanded programming have been received by FNHA. Since transfer, the FNHA has received a number of requests to begin or enhance existing health programs. These have come to the FNHA through both formal and informal means. To date, FNHA has been gathering additional background information on each request and compiling related information. Over the next several months program wellness staff will be following up on each of these requests directly with the communities and organizations involved.

Indian Residential School (IRS) Program Review

The IRS program is unique in that it was not transferred to the First Nations Health Authority in the same way that other programs were transferred. Due to the fiduciary obligation of the Government of Canada to BC First Nations related to residential schools, at the time of transfer the First Nations Health Council entered into an MOU with Health Canada to administer the IRS program on Canada’s behalf. In order to understand the program and be able to advocate for change, an IRS review has been completed. The review was done in partnership with IRS service providers and the goal of the review was to learn what is working well, improve services through collaboration and ensure the responsible and equitable distribution of services across the regions.

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

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

National Native Alcohol and Drug Abuse Program (NNADAP) Review Seeks Regional Guidance

The first phase of the National Native Alcohol and Drug Abuse Program (NNADAP) review provided the FNHA and our service provider partners an overview of the current program, service gaps and challenges related to drug and alcohol and related treatment programs. In order to effectively transform addictions programs and services more information is needed. A series of Regional focus groups are scheduled for later this year. Regional focus groups will bring together treatment centres,
community workers and related service providers to inform an action plan for enhancing continuity of care and service integration in substance use and mental health. Through the focus group opportunity we are excited to learn more about local and regional best practices and cultural perspectives.

**Health Infrastructure, Technology and Data**

**Community Capital**

Through the 10-year Canada Funding Agreement, the FNHA currently receives $12.4 million per year for the purposes of the community capital program. This compares favourably for the FNHA in terms of other regions across the country. Through the Canada Funding Agreement, the FNHA also has increased flexibility in our ability to carry funding over from year to year, providing the potential to fund more concurrent projects at a lower rate.

At the time of transfer, the FNHA inherited an existing five-year Capital Plan that included commitments to construct 48 community facilities. To date, FNHA has completed construction on 20 of these facilities with another five facilities being completed this year (totaling 52% of the Capital Plan). In addition, we have commenced three new construction projects and 10 other active projects in the feasibility and/or design phase. The remaining 10 projects (representing the balance of the Health Canada Projects) are scheduled to commence activities over the coming year.

The capital program faces some significant challenges. Outstanding health facility capital requests from communities currently stand at $67 million, which is in addition to the current Health Canada projects that will fully utilize the capital budget for the next four to five years. There is also need to expand the type of facilities and health-related infrastructure funded by FNHA, and begin to allocate funding to major lifecycle repair investments required for aging community facilities. Other operational challenges include escalating construction costs and an increasing need to construct larger facilities to meet expanding community program and population requirements.

With demand for capital funding significantly exceeding the supply, the current program approach will not meet demand. At Gathering Wisdom for a Shared Journey we engaged with BC First Nations and heard from over 80 communities a number of new and innovative ideas that contribute to a future vision for the capital program.

Some of the concepts being explored include: positioning the capital program as a facilitator to sustainable service models rather than being based on a community-by-community approach; shifting away from a silo approach to capital planning by planning holistically for other service delivery needs and engaging other funding partners accordingly; transitioning from a 100% grant approach to a co-payment, mortgage or other partnership arrangement to enable more projects to be funded and support increased transparency; and identifying minimum community standards for health care facilities depending on size.
These are some of the solutions proposed by BC First Nations in relation to our collective challenge and opportunity to transform the approach to community capital. FNHA is actively pursuing this transformation agenda and will further engage with BC First Nations in 2016 to explore ways to implement these solutions and achieve these collective opportunities.

**eHealth**

**Electronic Health Records**

Electronic health records are a central enabler for FNHA, First Nation communities and First Nations Health Service Organizations. Communities, health centres and new regional primary care projects have different needs when it comes to privacy, security and the ability to connect to regional health authorities. In past years, questions have been posed about how all existing information systems will fit into a bigger eHealth vision. Existing physician electronic medical record systems, community electronic medical record systems and regional clinical information systems are all part of FNHA's approach for electronic health records.

The FNHA is preparing to launch a transparent procurement process to hear from vendors and explore options for electronic health records. Due to the anticipated cost and scale of the project, a rigorous procurement process will ensure that the FNHA guarantees best value for money and is compliant with the Canada Funding Agreement requirements. The Request for Proposal (RFP) process will provide FNHA the opportunity to negotiate the best possible price for the selected system and offer it to First Nations at a discounted price. Regional processes and regional envelopes along with other potential funding opportunities will be explored and confirmed.

Based on best practices adopted for the telehealth expansion project, the FNHA will start community engagement by meeting with the First Nations Health Directors Association. We are excited to begin the journey of preparing the information and data management landscape, system adoption, privacy training and requirements and operational support and readiness.

The procurement process is in early stages and an RFP will be released soon. The selection of an electronic health record software solution will be confirmed in late 2016.

**Telehealth Expansion**

Since September 2013, the First Nations Telehealth Expansion Project has been working in partnership with 45 First Nations communities and health service locations to introduce new, or enhance existing, telehealth services through a $4.5 million investment from Canada Health Infoway. As of October 2015,
equipment has been deployed and training provided at 40 sites; all 45 will be completed by the end of December this year.

In addition to installing telehealth equipment in communities, the project has also engaged over 90 service providers to either augment or establish new relationships with communities through telehealth. From this group of engaged providers, over 30 already have equipment to provide their services virtually – the rest will have equipment installed over the coming months.

In order to support this growing network of communities and service providers, the FNHA has also established a Telehealth Support Desk to ensure that all telehealth appointments are free from technical issues.

Through the lifecycle of the project, there has been overwhelming interest from communities outside of this “First Wave”. The FNHA is currently in the process of finalizing our approach to expand telehealth services to other interested communities, and engagement for this will start in early 2016.

Regional Health Survey 2015/2016

A lack of data on health indicators for First Nations in BC is currently one of our biggest challenges. The data that we do have, such as the BC Provincial Health Officer’s report on Aboriginal health, is only periodically published, meaning we often rely on “dated data”. The Regional Health Survey provides an opportunity for establishing First Nations health data sets. These data sets will support community, regional and provincial decision-making and ensure the best investment of health dollars where they are needed most.

The Regional Health Survey (RHS) is a nationally funded First Nations health survey. In BC, the RHS is administered by the FNHA. It adheres to the 7 Directives, including the principle of OCAP™ (Ownership, Control, Access, Possession) and is a voluntary survey by First Nations, for First Nations.

In previous rounds of the RHS, the sample size has been designed in order to meet national targets. This results in outcomes that are very relevant at a national level, but which paint less of a robust picture at provincial or regional levels to inform planning, research and decision-making.

This year the FNHA is excited to seize the opportunity to significantly increase our sample size and adopt a regionally based approach to deployment. The sample now includes 100% of communities in the Fraser-Salish and Interior regions, Family/Nation level sampling in the Vancouver Island region and regional level sampling in Vancouver Coastal and Northern regions. In total 160 communities will be invited to participate. Increasing the RHS core sample size will result in:

- improved health data at community, sub-regional, regional and provincial levels;
- an investment in human resource capacity within the regions which can support future knowledge gathering and data initiatives;
- increased awareness and knowledge regarding data and data governance at the community and regional levels;
• data to support policy and program development and inform decision-making that reflects the needs, realities and perspectives of First Nations communities; and
• an established foundation on which to advance related interests in First Nations data governance and the establishment of a future epicentre.

We also have the opportunity this round to make RHS our own. For the first time ever we will be adding questions related to our Customer-Owners’ familiarity with the FNHA and whether the establishment of the FNHA has made an impact upon their health and well-being. This will establish an important baseline for awareness and satisfaction measurement amongst those we serve.

The RHS is one key part of a comprehensive agenda for the FNHA, inclusive of data governance, research ethics, identity management, planning and wellness indicators. The team is working to develop concept documents in each of these areas, based on the direction and feedback from First Nations to date and will further engage on these documents during a series of regional sessions this winter.

Deploying the RHS and advancing other related data and information interests will better support communities, regions and the FNHA to make evidence-based decisions about program, policy and investment.

**Health Benefits**

**‘Buy-Back’ Project**

Today, First Nations Health Benefits are processed through a combination of direct FNHA-administered benefits and a ‘buy-back’ agreement with Health Canada. Our goal is have all health benefits provided in British Columbia by July 2017.

In order to take ownership and control of the Pharmacy, Dental and Medical Supplies and Equipment benefits the FNHA needs a replacement system to administer these benefits. Last year, we hosted community engagement sessions and an online survey to collect ideas to inform the design of a new benefit plan; completed a full evaluation and mapping of the current claims processing system; issued an ‘Expression of Interest’ for a Third Party Claims Adjudicator; and conferred with BC Ministry of Health on a partnership with PharmaCare.

This year we enter into more formal discussions about a partnership with PharmaCare; complete our financial and process analysis with PharmaCare; analyze functions split between PharmaCare and a Third Party Adjudicator; and develop a Request for Proposal for a Third Party Adjudicator.
Medical Transportation

The Let's Talk Transformation Medical Transportation review was initiated in July of 2014 and included: a review of current funding levels, analysis of trends for the last five years, identification of community challenges and discussion of existing provincial services. The project also includes an opportunity for communities to provide direction on how to transform and develop a sustainable program that fits community needs. In 2014-2015 88% of the financial reviews of historical spending patterns were completed. Additionally 12 communities completed on-site reviews. As a direct result of this review, effective October 2015, a special mileage rate of $0.29/km is available to communities facing additional challenges when travelling by vehicle for health services. The FNHA has notified 18 eligible communities who qualify for the special mileage rate and are working with several others to confirm eligibility.

Improving Customer-Owner Experience: NEW Service Times for Appeals

One of the initial areas of focus for the Health Benefits Program has been on improving Customer-Owner experience through the establishment of service windows. A positive result of this measurement project has been that FNHA Health Benefits claims are now being processed within the established service standards for all benefit areas. In the past year, service response times improved for dental, vision, medical supplies and equipment claims. New this year and in response to community feedback, FNHA has created service standards for appeals. Clients now are guaranteed that Level 1 appeals will be processed in 15 business days and Level 2 and 3 appeals in 20 business days.

Mental Health Providers and Cultural Safety

Creating a safe environment is critical when providing mental health services to FNHA clients. To strengthen our relationships with service providers and enhance quality, the FNHA is working to re-register all mental health counsellors. A key element to the registration process is the requirement to complete cultural safety training by April 2016. New providers will have one year to complete this training. As a service expansion, in addition to traditional, face-to-face or telephone counselling, our mental health providers now also offer group and telehealth counselling.

Oral Health

In the past year, the FNHA Health Benefits Team has focused on investing in oral health staff and dental equipment. Hands-on training sessions with the Oral Health Team's supervising dentist were used to build and enhance the expertise the team brings to clients, and outdated dental equipment in community was repaired and replaced as needed. As well, communication materials supporting the Children's Oral Health Initiative (COHI) were refreshed and rebranded.
Progress with our Partners for Improved Services

Expanding Primary Care through Joint Project Board
Partnerships have been formalized at both senior leadership and local staff levels among FNHA counterparts within the Province of BC, Northern Health, Interior Health, Island Health, Vancouver Coastal Health, Fraser Health and the Provincial Health Services Authority.

The Joint Project Board (JPB) was established in 2012 and is a senior bilateral forum between the Assistant Deputy Ministers of the BC Ministry of Health and the Chief Operating Officer and Vice Presidents of the FNHA. A primary focus of JPB is to enhance primary care services and delivery through: advancing strategic priorities; overcoming policy barriers; supporting priorities and initiatives of the regions; and supporting integration of services and initiatives of the province and FNHA. In 2014, the FNHA leveraged a $15 million multi-year commitment from BC through an agreement in lieu of MSP premiums.

As per the Agreement, the JPB has a three-year, multi-million-dollar fund available to initiate primary care projects across the province that will be sustained in future years. Projects funded through this envelope are intended to result in health service improvements with investments such as teamlet and mobile models; strategic additions of health care providers in underserved locations; supports to develop multidisciplinary teams; and new funding models and technology to enhance services.

SFU and St. Paul's Partnership - Chair in Heart Health and Wellness

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

The $1.9-million chair will lead research and education into critical policy related to heart health and disease prevention and control associated with chronic diseases among First Nations people. Mentorship at SFU and St. Paul's will help to develop culturally competent and respectful cardiac health research and knowledge translation by and for First Nations communities.
4. Strengthen the FNHA as a Sustainable and Effective First Nations Health Organization.

First Nations communities deserve a high standard of excellence in the services they receive from the FNHA. Our goal is to build the FNHA as a high-capacity and high-quality organization to meet the expectations of First Nations leadership in BC as established through the 7 Directives, Shared Vision Statement and Shared Values in 2011. Our organization is committed to incorporating First Nations culture and traditions, as well as organizational best practices and mechanisms for continuous improvement. Our team members have committed to being the best that they can be and strive for operational excellence in how they serve our Customer-Owners - First Nations individuals and communities.

*Nothing for us without us* is a concept that instructs the development of the FNHA. This means putting capacity close to community where it will most directly benefit Customer-Owners. Corporate governance and policy improvements can be costly and the FNHA looks forward to publishing its policy library through the FNHDA later this year.

**Renovating the FNHA in a Post-Transfer Environment**

Building a First Nations Health Authority that combines the headquarters functions formerly housed in Ottawa, the BC region health programs and service functions and our new partnership interests has meant a major reorganization of staff and resources. To create the right type of organization to do this unique job and to be responsive to First Nations that we serve, the FNHA worked with an organizational design firm to 1) assess what we had built and what we inherited, 2) review our goals and objectives against the current design and 3) recommend a structure that would enable us to best meet our goals.

Major changes resulting from this review include: the consolidation of all program, service and policy functions under the leadership of a Chief Operating Officer; creation of the Chief Medical Office and regional senior medical officer roles; the recruitment of a Vice President Human Resources to lead recruitment, retention, organizational development and learning; and the recruitment of a Chief Administrative Officer to lead all business, legal, financial and technology-related programs and ensure these programs and services are delivered to all FNHA departments and regions.

In the Health Services section of this update the reader can learn more about how units such as CMO, Nursing and Funding Arrangements are designed to provide greater frontline supports to First Nations.
Renovating the FNHA corporate environment

To achieve transfer and ensure continuity of services, the FNHA established a suite of 42 corporate policies. The initial 42 policies were mostly adopted from Health Canada policies and were created in an environment of union negotiations. These corporate policies taken together with our values, 7 Directives and Operating Principles form our ethical framework and provide a solid foundation for a young organization to build on.

The policies that enabled the organization to complete transfer are not necessarily the policies that will enable us to successfully serve community as we begin to transform programs and services. As a result we continue to upgrade policies to better reflect our current operations, corporate culture and industry best practices. An additional layer to this work is to strengthen procedures in order to provide clearer direction to FNHA staff.

First Nations were clear that they did not want our Health Authority to replicate Health Canada operations, but at the same time be accountable to First Nations we serve. Thus policies are being redesigned to ensure that we are not recreating a bureaucracy that slows down the ability to do exciting and transformative work with First Nations.

Because of FNHA’s unique governance foundation, cultural orientation, size and service scope, the redevelopment of policies takes into consideration the best of government and other public sector organizations, international Indigenous health service organizations and private companies. Once complete, the FNHA will make these policies available to First Nations Health Service Organizations as templates to support community policy development as deemed appropriate.

The FNHA – Unplugged

On March 26, 2015 FNHA officially unplugged from the Health Canada network six months ahead of schedule and under budget. This project included addressing the remaining Health Canada systems, in addition to the migration of 321,000 network file shares and replacement of over 165 users' desktop devices. 61 of the original 71 systems that were used pre-transfer in BC were migrated.

Finance and procurement systems and policy have been renovated to accommodate a large increase in the number and complexity of transactions. Following the successful transfer from Health Canada in October 2013, FNHA has now migrated, replaced or decommissioned and upgraded to reflect a significant increase in both the volume of transactions and their complexity. The FNHA and our Health Canada partners took part in a symbolic ceremony and celebration of “unplugging”.
Building our workforce

Fostering Strong and Appropriate Leadership and Management

As a First Nations organization working to create a unified organizational culture we orient our staff to the vision, mission, values and 7 Directives of the organization. These, taken together, form a foundation for “how” we are to work with BC First Nations. This year, our CEO Joe Gallagher challenged his Senior Executive Team (Executive Team) to work together to summarize a Leadership Statement and tangible steps towards culture and practice change within the FNHA. In particular, he asked the Executive Team to articulate how FNHA family members can:

- Breathe life into our Shared Values
- Be leaders and champions of change within our unique First Nations health ecosystem
- Demonstrate positive practice change
- Create safe and appropriate environments for innovative work

The Executive Team at the FNHA come from First Nations community, regional health authorities, non-profits and provincial and federal governments. In order to work in this new environment, and in new ways, a first step was to define this new leadership philosophy and a practical way forward. The following Leadership Statement of Commitment (Leadership Statement) was signed by the FNHA senior executive team and management earlier this year.

**FNHA’s Leadership Statement of Commitment**

“Our purpose is to execute the vision of our leadership in the First Nations health governing structure. We work together, not apart, to lead transformation. We actively seek partners both internally and externally because we truly are better together. We listen before we speak to best understand and support local decision-making. We do with and not for because we are true partners in health and wellness. What happens to communities happens to us – we care for those we serve and believe they deserve the best we have to offer, and therefore we are guided by a sense of responsibility and strive for excellence. We are guided by our past and our future; we respect knowledge in many forms, are open to new ideas and opportunities and center cultural teachings and practice at the core of our work.”
This Leadership Statement is now being used as an orientation tool for all FNHA employees to:

- Build a common understanding of our vision and the roles and responsibilities of the governance partners (FNHA, FNHC, FNHDA);
- Develop and maintain positive relationship by knowing the values, cultures, protocols, stories and strengths of both our partners and ourselves;
- Ground staff competencies (required knowledge and skill sets) and related professional development in cultural values and approaches informed by BC First Nations; and
- Explore, share and inspire innovative practice grounded in cultural teaching and practice in support of the transformational change of the health system.

**Cultural Humility, Cultural Safety**

Cultural humility in health care means that we approach each individual and interaction from a place of humility and curiosity rather than power and authority. By enacting cultural humility through our organization we have the opportunity to create culturally safe care. The FNHA is committed to leading change within the BC health system to make health services safer and more effective for our people. Our approach affirms and honours the diversity of BC First Nations and recognizes that cultural safety is an essential dimension of quality.

Indigenous Cultural Competency training offered through Provincial Health Services Authority continues to be a mandatory requirement for all FNHA staff. In addition to this training, a new full day orientation program is being offered to all staff which includes: an overview of the history of BC First Nations, our health governance story, an introduction to our foundational 7 Directives, Values, Operating Principles and Leadership Statement and an overview of regional teams and processes. The FNHA plan to orient all staff regardless of hire date is part of our commitment to align all of our team members with our new ways of working and serving community.

**Recruitment and Retention**

The FNHA is committed to recruiting and hiring candidates based on qualifications, education and best fit. As of October 1, 2015 33% of FNHA staff are self-identified First Nations or Aboriginal and 29% are status First Nations. The FNHA has a higher than average retention rate and remains committed to creating an environment for performance excellence, learning and development and career growth. In addition to our own work in areas of recruitment and retention, the FNHA is supporting work with the regional health authorities on their respective Aboriginal recruitment and retention strategies.
Accommodations: Metro Vancouver Office Project

On October 1, 2013 the FNHA inherited a number of metro Vancouver office spaces from Health Canada. To ensure services continued uninterrupted at Transfer, the FNHA renewed leases on many of these spaces for a period of three to four years. The FNHA vision for accommodations planning is simple: keep more money in First Nations hands longer. In adherence with the 7 Directives, the FNHA has created a corporate accommodations plan which abides by the following principles:

- **First Nations First:** We are committed to locating our offices in community wherever possible
- **Funding into First Nations hands:** We seek partnerships with First Nations that include a return on investment for First Nations communities
- **Cost benefit:** Less money into accommodations means more money into services; FNHA will invest responsibly and choose the most cost-sensible solution
- **The process will be transparent and accessible**

The FNHA issued a Request for Expression of Interest followed by a Request for Proposal to the four First Nations located within the boundaries of Metro Vancouver. Following an extensive procurement process, two qualified proponents have been shortlisted.

Accreditation and Quality Improvement

Accreditation

FNHA is pursuing accreditation for Aboriginal Leadership and Governance through Accreditation Canada’s Qmentum program. By meeting this benchmark of service excellence we join this leading healthcare accreditation program in Canada and our efforts to improve the quality and safety of our services will be recognized worldwide.

Accreditation is an ongoing quality improvement process and provides a roadmap to continuously examine processes, strengthen practices and evolve services towards better health and wellness outcomes. It is an outside verification that there are strong internal quality improvement and community, client and employee safety systems in place. Achieving accreditation and our pursuit of quality improvement aligns with the 7 Directives and Indigenous principle of working in a good way.

FNHA’s first on-site assessment is scheduled for November 28 - 30, 2016. The assessment involves Accreditation Canada Surveyors spending three days at FNHA’s West Vancouver and Vancouver offices to review FNHA’s workplaces with respect to Accreditation Canada’s national standards, Required Operating Practices (ROPs) and high priority areas. The following scope of FNHA programs and services will be surveyed:

- Leadership
- Client Safety
- Integrated Quality Management
The FNHA Community Accreditation and Quality Improvement (CAQI) Program has been actively promoting and supporting First Nations health and treatment services with their accreditation and quality improvement activities. The CAQI Program is a community-based and community-led program that provides funding, resources, learning opportunities and membership with the First Nations Quality Improvement and Safety (QIS) Network.

Currently, 24 health centres are engaged in these activities and 23 have achieved their accreditation status; 10 NAADAP treatment centres are participating and all are maintaining their accreditation award. The QIS Network of 34 communities and health collectives represent all five BC regions. The QIS Network offers BC First Nations health and treatment organizations a platform to connect and share leadership and capacity building on their accreditation and quality improvement journeys.

There is ongoing and growing interest amongst BC First Nations to initiate accreditation and quality improvement efforts to further the success of their existing services; in 2015, three new health centres joined the CAQI program. Moving forward the FNHA will also be exploring other models to support accreditation among First Nations Health Services Organizations in BC.

**Internal Audit Function**

Internal auditing is an independent, objective quality assurance activity designed to improve an organization’s operations. In 2014 the FNHA joined the consolidated Internal Audit Services (IAS) portfolio alongside Fraser Health, Providence Health Care and Vancouver Coastal Health.

The objectives for Internal Audit include:

- Assess opportunities to improve processes, gain efficiencies and achieve desired operational outcomes;
- Help identify and manage risks, and maintain an effective control environment by evaluating those controls’ efficiency and effectiveness and by promoting continuous improvement;
- Identifying and evaluating significant business exposures to particular or acute risks and contributing to the improvement of risk management and control systems; and
- Provide management with objective analysis, evaluation of alternatives or assessment for specific areas of concern.

The internal audit function supports the FNHA's best and most prudent use of funds. One audit has been completed and three are scheduled for this fiscal year.
Office of the Auditor General

This summer, the FNHA welcomed the opportunity to participate in a study of First Nations Health Services and opened our corporate operations to a rigorous third party review by the Office of the Auditor General (OAG). Through the audit component of the study, in addition to sharing our governance story, the FNHA had the opportunity to test, at audit level of compliance, our corporate governance including policy, procedures, filing and documentation. We were excited to participate in this learning opportunity and are open to any recommendations suggested by the OAG.

The OAG typically audits government departments and the FNHA is not a public sector organization; as a result the audit process was a learning opportunity for both the FNHA and the OAG. Through the study, our partnership with BC and Canada was strengthened, as together we shared our story of the creation of the FNHA and the purpose and intent behind creating the organization.

The study process validated that our organization is on the right track with our focus on strengthening corporate governance. FNHA is a new First Nations health organization intended to be fundamentally different from the federal bureaucracy whose responsibilities were transferred to it. As an organization that is currently still in “start-up” mode and has just come through a challenging but successful transfer, we recognize we have much work to do. Faith in the FNHA - that it is doing the right things, at the right time and in the right ways - is paramount to our success in working with BC First Nations to improve health and wellbeing. We look forward to the challenges and opportunities ahead and recognize that continuous improvement is essential for us to become the type of health organization that BC First Nations will be proud to call their own.