



First Nations Health
Directors Association

ANNUAL REPORT 2020 - 21

A Year of Resilience

This Annual Report shares and reports on the work of the First Nations Health Directors Association through to the end of our organization's fiscal year on March 31st, 2021. Over this past year, Health Directors have faced a number of challenges, individually and collectively including addressing the digital divide, the opioid overdose/toxic drug supply crisis, wildfires, flooding, COVID-19, and other extraordinary circumstances impacting their communities. Since this past June, the world has learned about hundreds of unmarked graves at former Indian Residential Schools in BC and across Canada. We recognize that these findings, and the worldwide attention they have brought, reinforces the importance of reconciliation to address intergenerational trauma these institutions and the legacy of colonialism has caused for Indigenous People. As communities "pull together," our inherent resilience to overcome challenges will support the work to reclaim our health and wellness. We encourage everyone to attend to their mental health for themselves, their families and communities.

Throughout this year's Annual Report, we will share teachings, learnings and words of wisdom from a number of our Health Directors and Board Members. We asked them questions about community, hope, strength, wellness and resiliency through challenging times. These are their responses.



Resilience

“I think resiliency is somewhat ingrained in our DNA. We’ve had to adapt and change and do with so little for so long, that it’s just something we’ve been taught to do. And when things need to be done, we just pull together and get it done one way or another.”

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FROM OUR PRESIDENT, KEITH MARSHALL

It's important for me to say to each and every Health Director, that we appreciate everything you do, every day. As I reflect on this past year, I'm proud of the collective strength and resiliency of our Members through these challenging times.

For those who've lost loved ones due to the multiple health and wellness issues impacting our communities, including COVID-19 and the opioid/toxic drug supply crises, we keep them in our hearts and our minds, and continue to be there for them. For all those who are still unwell, we hope that they get better soon and can get back to enjoying their families. The recent findings of remains of Indigenous children at former residential schools is heartbreaking, and is having devastating impacts on Indigenous communities across the country that are now facing the same situation.

When you're dealing with multiple crises at once, you continue to do your work day after day. And you're going at such a hectic pace that you just do what needs to be done. You don't often have time to stop and reflect. My biggest concern for Health Directors is that working on multiple health challenges, day after day, eventually leads to burnout. That's when it's critical that additional support for Health Directors be available, and be rooted in our credo of "by Health Directors, for Health Directors."

Connections are very important for our healing process as we go forward.

It's important to continue supporting each other, finding strength in one another, and that we connect with our cultures and our traditions. These are the things in each community that got us through in the past, and they'll get us through as we move forward, and heal. We congratulate Indigenous people in BC for getting vaccinated, and for making sure their families are vaccinated. And hats off to the Chiefs of BC who really put the pressure on the Ministry of Health to prioritize vaccination programs in our communities.

To support the wellness of Health Directors through this difficult time, the FNHDA provided additional support services and tools to encourage self-care, including one-on-one check in calls, wellness packages, and arranging for cultural and emotional support through Tsow-Tun Le Lum to take care of hearts, minds and spirits. The FNHDA hosted town hall webinars for Health Directors to distribute important information on COVID-19 response, and to provide space for Health Directors to share their needs and challenges.

Even though public health guidelines are easing and vaccination rates continue to increase, we will be dealing with this pandemic for some time yet.

We believe that people must be treated with respect wherever they go to seek medical assistance.

The release of the In Plain Sight report in November of 2020 reaffirmed that anti-Indigenous racism is systemic within the health system in BC. This not only causes Indigenous people to distrust the system, but also has devastating results on families. This can be loss of life or mistreatment resulting in Indigenous people suffering with their illnesses, rather than going into a health care system where they may be treated with disrespect and receive substandard care. The FNHDA is committed to working with the First Nations Health Authority, the First Nations Health Council, and our government partners to advance our recommendations and implement an action plan. There needs to be structural change within health care systems. Indigenous people must be treated with respect wherever they go to seek medical assistance. The launch of the FNHDA Certificate Program this past year will increase the ability of Health Directors to advocate for the culturally-safe delivery of health services, along with safe access within the health care system for Indigenous people.

We're proud of the work that we're doing and the work ahead.

As we move forward, we'll continue building on the good work of those who came before us. We'll continue making great strides in improving the health and wellness of each and every Indigenous person in BC. So be proud of what you do. And don't be afraid to take the compliments when they come your way because you deserve it. We wouldn't be doing this if we didn't have love and passion for our communities. We wouldn't be doing this if we didn't want every community member to be strong and healthy. And that's what we work towards every day.



IN WELLNESS,

KEITH MARSHALL

President, FNHDA Board of Directors

FROM OUR EXECUTIVE DIRECTOR, CHRISTINE STAHLER

I want to begin by expressing my gratitude to each and every Health Director, past and present, who has endured the events of the past 15 months. We've faced historic challenges that continue to test the strength of Members across the province. You've selflessly committed to supporting your communities all this time, and your work has been nothing short of heroic.

Early in the pandemic, we were concerned about the wellness of Health Directors, and conducted one-on-one check-in calls. During these conversations, we were told stories of Health Directors going above and beyond in their work and commitments. I was incredibly touched to hear how Health Directors have been so dedicated to supporting their communities, even with the stress and pressure within their own lives and concern for their personal safety and the health of their teams.

Health Directors are in a unique position, as they're expected to provide comfort, support and answers, as well as the delivery of services. As front-line workers, you're shouldering the burden of multiple crises at once. The FNHDA recognizes and honours the sacrifices Members have made, and re-commits to doing our best to support our Health Directors.

We are focused on building the strength, capacity and confidence of Health Directors.

The FNHDA College of Indigenous Health Leadership was established a few years ago as a private post-secondary institution to provide accredited professional development and educational programs to support First Nations health leadership and service delivery. Its first offering was a new Certificate Program that would build Health Director capacity in areas such as finance, management and human resources. We're thrilled to have our first cohort underway now, with a second course to be announced soon. The Certificate Program is informed by First Nations subject matter experts, is guided by the direct input of Health Directors, and is designed to meet learners where they are.

Programs will reflect a bi-cultural (two-eyed), practice-based approach, to equally honour First Nation and Western perspectives in both curriculum delivery and learning environments.

Lateral kindness helps people manage and get through the hard times.

Lateral kindness, based on Indigenous values that promote social harmony and healthy relationships, is an essential approach to addressing the impact of colonialism, residential schools and intergenerational trauma. This past year, the FNHDA provided regional Lateral Kindness Training to health leaders across BC. This program was met with many positive reviews.

Navigating the “new normal” for COVID-19 and tackling racism within our health care system will continue to test Health Directors and our communities. As guardians of the made-in-BC First Nations health system, it’s vital that we take care of ourselves and each other. I encourage Health Directors to make time for themselves and their wellness. Prioritizing our own care can help us cope with feelings of exhaustion, burn-out and being overwhelmed. We designed our Head to Heart teachings and resources to support the mental, emotional and spiritual aspects of your being.

I acknowledge the commitment of FNHDA Board Members, both past and present, who selflessly provide guidance and direction for the FNHDA to best support our communities and those we serve. I look to the future with hope, as I know Health Directors will, through knowledge, resilience and cultural strength, continue to make change on our shared journey to reclaim Indigenous health and wellness.



IN WELLNESS,

CHRISTINE STAHLER

Executive Director, FNHC-FNHDA Shared Secretariat



Culture.

“The most effective source of healing is our cultural strength. That’s the land and our songs and connecting with the Spirit. I do have full confidence and faith in the Spirit, and in our culture, and traditions in our community, to pull ourselves out of this and to heal and come out even stronger in the end. I believe that we have a resilient community. And the suffering that we’re enduring right now is necessary for us to heal, and for future generations to become stronger. My late father, he always used to teach us that we need to suffer to get to a better place. And I think that this is a part of that right now.”

OUR SHARED VISION IS FOR HEALTHY, SELF-DETERMINING AND VIBRANT FIRST NATIONS CHILDREN, FAMILIES AND COMMUNITIES THROUGHOUT BRITISH COLUMBIA.

GOAL 1

Provide professional development, training, networking and support services for Health Directors, supporting their well-being and success in their community roles, and enabling their participation in the improvement of the broader health system.

OBJECTIVE 1.1

Increase capacity of Health Directors to develop and implement community health planning processes.

OBJECTIVE 1.2

Build the capacity of Health Directors through a training plan, a comprehensive certification-based training program and other training and learning opportunities.

OBJECTIVE 1.3

Support continuous improvement and quality in health care and health administration, including accreditation, while respecting diverse community health systems.

OBJECTIVE 1.4

Operate and improve as a hub of information, tools, supports and resources for members.

OBJECTIVE 1.5

Advance the development of an educational structure to support certification and the continuous learning of Health Directors.

FNHDA MISSION

The FNHDA works to promote culturally strong, experienced, professionally trained First Nations Health Directors; provide technical advice on research, policy, program planning and design; and support the implementation of community Health Plans.

GOAL 2

Support health care system transformation through effective participation of the FNHDA in the First Nations Health Governance Structure and providing quality and timely technical advice.

OBJECTIVE 2.1

Advance a transparent and inclusive process for FNHDA to contribute technical advice to internal (FNHA & FNHC) and external partners.

OBJECTIVE 2.2

Collaborate with internal and external partners to champion holistic health and wellness.

GOAL 3

Uphold high operational standards and seek to continuously improve, grow and evolve the FNHDA.

OBJECTIVE 3.1

Continuously improve effectiveness of engagement, communications, and information sharing between FNHDA and members.

OBJECTIVE 3.2

Support accountability by inviting feedback, measuring outcomes, and adjusting plans and actions in response.

OBJECTIVE 3.3

Improve administrative processes to support efficient, effective, and responsive service to FNHDA members and the Board.



Gratitude

“It’s important for me to say this to each and every person out there. We appreciate everything you do every day. We knew when we stepped into these positions, that it wasn’t going to be a cakewalk. We didn’t expect COVID-19. We knew the issue around missing and murdered women and that was a big issue for us. We didn’t know that this whole issue of racism was going to be coming to the fore as it has. And we didn’t realize that we were going to start discovering these mass graves.”

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NOTES FROM THE PAST YEAR.

April 1st, 2020 to March 31st, 2021

The FNHDA Board of Directors thanks all Health Directors for their extraordinary service to their communities over the past year. We recognize the challenges you've faced and overcome, and we're grateful for your commitment to serving your communities.

Three regional representatives from each of the five health authority regions in BC are elected to the FNHDA Board of Directors. The Board's primary purpose is to ensure that the Association remains aligned with the interests of our Members through implementation of the FNHDA Constitution and Bylaws, mandate and Strategic Plan.

The Board of Directors is committed to ensuring that the Association continues to evolve as a professional, powerful organization which:

- Supports the professional development of Health Directors to build competence and excellence to advance First Nations health and wellness;
- Provides technical advice for health policies and programs that is informed by community-based health and wellness knowledge; and

- Establishes and maintains meaningful partnerships to improve First Nations health and wellness for individuals and communities.

Of note, the FNHDA Board of Directors is committed to governing in a culturally safe, fair, and transparent process grounded in Lateral Kindness.

Over the past fiscal year, April 1st, 2020 to March 31st, 2021, the Board supported a range of initiatives that advanced the mandate of the Association's Strategic Plan. These have included:

RESPONSE TO PUBLIC HEALTH EMERGENCIES

Early in the pandemic, the FNHDA Board received important information on public health measures designed to assist with mitigating the outbreak. The FNHDA shared regular and frequent COVID-19 updates with Health Directors across BC through our communications network.

As the pandemic response continued and new data became available, the FNHDA, FNHA and FNHC Co-Chairs met regularly to coordinate COVID-19 actions, which included distributing joint communications to Chiefs, leaders and Health Directors. Additionally, FNHDA and FNHA co-developed a plan to provide biweekly town hall meetings for all BC First Nations Health Directors and Health Leads.

In addition to coordinating the pandemic response with its FNHA and FNHC partners, the FNHDA Board increased the frequency of its meetings to ensure a fulsome support of Health Directors. FNHDA completed initial wellness check-ins with 150 Health Directors across BC, to share information on available emotional and cultural supports. The Association also collected concerns and questions

to inform planning of future Health Director town halls and communications. Wellness packages to support self-care were distributed to every Health Director in the spring and fall of 2020. Community Wise practices were gathered and shared.

Beginning in early April, the FNHDA and FNHA collaborated to provide a virtual support line for Health Directors as part of the FNHDA Head to Heart mental wellness campaign. Virtual and confidential emotional and cultural support has been provided by Kackaamin Family Development Centre and the Tsow-Tun-Le-Lum Treatment Centre as needed by telephone, seven days a week.

FNHDA BOARD COMMITTEES

Since the Board met regularly from April of 2020 to March, 2021 to manage the COVID-19 response, much of the Board Committee activity was streamlined.

Planning & Reporting Committee Activities

The Planning & Reporting Committee provides advice and recommendations to the FNHDA Board on key high-level strategic planning and reporting decisions as they relate to FNHDA Strategic Plan Goal 1: Provide professional

development, training, networking and support services for Health Directors, supporting their well-being and success in their community roles, and enabling their participation in the improvement of the broader health system, and Goal 3: Uphold high operational standards and seek to continuously improve, grow and evolve the FNHDA.

In July of 2020, the FNHDA Planning and Reporting Committee met to provide input and technical advice on development of the FNHA process to transform reporting and evaluation requirements for community health and wellness plans, as well as the Communicable Disease Emergency Response (CDER) course, which was developed and funded in partnership with the FNHA.

Programs Committee Highlights

The Programs Committee provides advice and recommendations to the FNHDA Board on how to improve the quality of regional and provincial health programming. This Committee reviews health planning, policies, and programs, and provides technical advice to the FNHA and FNHC to support the continuous quality improvement and transformation of health services.

The Programs Committee contributed technical advice to a number of important FNHA initiatives this year. The Committee continued to collaborate with the FNHA Office of the Chief Nursing Officer to improve access to high quality, patient-centred care in First Nations communities, and to strengthen the relationship between Health Directors and nurses working in communities.

The Committee met with the Office of the Chief Nursing Officer to advance work outlined in the Nursing Collaboration Project Charter.

Four Members of the Programs Committee participated in the FNHA First Nations-led Accreditation and Quality Improvement Framework Working Group. The Group met regularly in 2020 to provide input into the development of the First Nations-led Accreditation and Quality Improvement Framework, and its accompanying guidelines. The full FNHDA Board provided technical advice to the Framework and Guidelines at the Board meeting in February, 2021.

PROFESSIONAL DEVELOPMENT

In April of 2021, we celebrated the acceptance of our first cohort of 24 Health Directors into our new Health Director Certificate Program. This is a critical part of the FNHDA's work to support the professional development and capacity of Health Directors. The Program was created by Health Directors for Health Directors, ensuring that relevant perspectives informed curriculum development.

MEMBER SERVICES

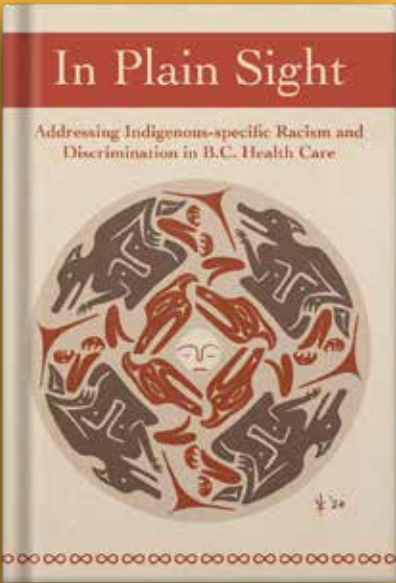
The Member Services team supports Health Directors by providing responsive service and opportunities for professional development, along with access to resources, education and wise practices. Read the Member Services section on page 32 for more details.

PARTNER COLLABORATIONS

Twice yearly, the Tripartite Committee meets and each partner shares its progress on health and wellness initiatives, including service delivery amongst all participating governmental and regional health authorities.

The FNHC, FNHA and FNHDA also meet twice yearly to plan and coordinate on shared priorities, interests, and the collaborative work ahead. In this year’s Joint Planning sessions, topics included the collective response to the Addressing Systemic Racism Investigation and COVID-19 vaccination planning and strategies. You can read more about these partnership activities for 2020-21 in the Partner Collaborations section.

On November 30th, 2020, the FNHA, FNHC and FNHDA issued a joint release entitled “Zero Tolerance of Racism Basic First Step to Ensure Equal Access to Health Care for First Nations People in BC”. The purpose of this public statement was to make clear the Partners’ stance on racism in health care towards First Nations, in response to the publication of the In Plain Sight Report (2020).



BOARD OF DIRECTORS

INTERIM ELDER ADVISOR

Virginia Peters
Fraser Salish Region



INTERIOR

Judy Maas
Shawn Scotchman
(Sept 2019 - June 2020)
Shelley Lampreau
Andrea LeBourdais



FRASER SALISH

Elizabeth Point
Janice George
Terrie Davidson



NORTHERN

Angie Prince
(March 2019 - Sept 2020)

Charlene Webb

Tammy Baskin
(June 2019 - June 2020)

Regina Thomas

Sarah (Gauthier) Gayse
(Nov 2020 - Jan 2021)



VANCOUVER COASTAL

Coreen Paul

Rosemary Stager-Wallace

Keith Marshall



VANCOUVER ISLAND

Kim Roberts


Vanessa Charlong

Jennifer Jones





Strength



“What I love about focusing on resiliency is that it celebrates the good pieces. As much as we have generational trauma within our families and communities, we also have the intergenerational strengths and abilities to do amazing things. We did it, we got through it, and our communities are stronger, and we’re closer together. And as a result, we’re able to identify what’s most important to us now. Like what type of world is it that we want to live in now, and what type of future do we want, and what’s really important to us.”

ELEVATING THE PROFESSIONAL STATUS OF FIRST NATIONS HEALTH DIRECTORS.

The FNHDA is committed to supporting Health Directors achieve excellence in their responsibility to deliver quality care in their communities. Culturally strong, experienced, and professionally trained Health Directors are a vital component of the First Nations health care system in British Columbia.

The seven Standards of Excellence recognize the wide scope of a Health Director's work, and provide avenues for professional development across the spectrum of their responsibilities, from grounding work within culture and tradition, to providing effective health administration and health wellness leadership for their communities. Fundamental to the FNHDA's mandate is providing Members with opportunities for learning and skills-building that expands their professional capacity.

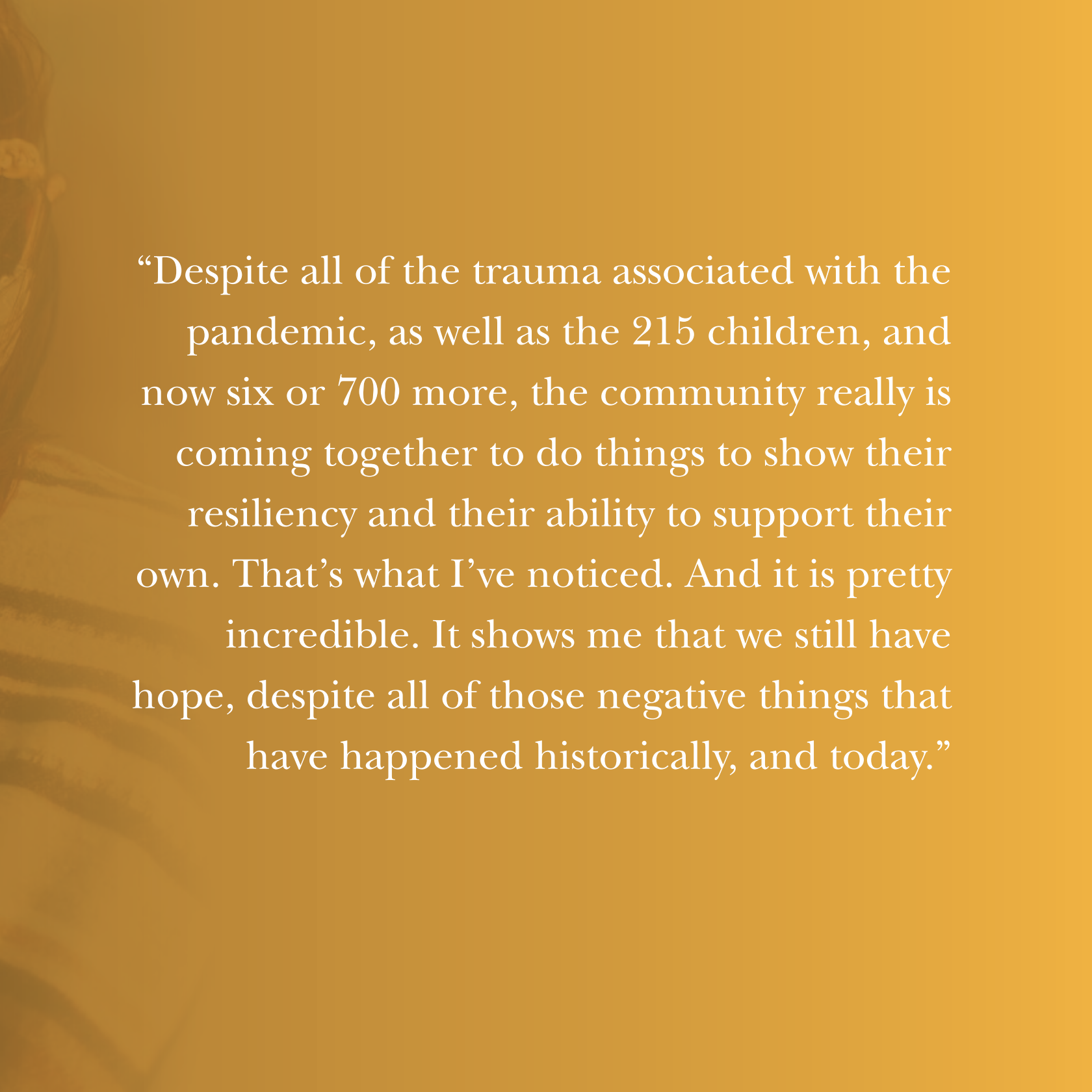
In April of 2021, we celebrated the acceptance of our first cohort of 24 Health Directors from each of the five regions into our new Health Director Certificate Program. The Association has many to thank for their dedication and work to bring this Program to light, including past and current Board Members, staff and, of course, our Members.

This work is a critical part of the FNHDA's mandate to support the professional development of Health Directors. As always, the program was created by Health Directors, for Health Directors, ensuring relevant perspectives informed the curriculum development. The Health Director Certificate Program applies a bi-cultural (two-eyed), practice-based model of program delivery, and covers topics such as finance, health care, governance and communications.

The College also offered a micro-course in Communicable Disease Emergency Response (CDER), developed and funded in partnership with the FNHA.



Hope.



“Despite all of the trauma associated with the pandemic, as well as the 215 children, and now six or 700 more, the community really is coming together to do things to show their resiliency and their ability to support their own. That’s what I’ve noticed. And it is pretty incredible. It shows me that we still have hope, despite all of those negative things that have happened historically, and today.”

WE ARE INSPIRED, HEARTENED AND FILLED WITH GRATITUDE FOR YOUR DEDICATION, HARD WORK AND RESILIENCY.

The FNHDA acknowledges the loss of loved ones, Elders, youth, parents, Aunts, Uncles and Knowledge Keepers to the triple health crises of COVID-19, the toxic drug supply and suicide. These simultaneous crises affected communities across BC and continue to have a disproportionate effect on First Nations people. We acknowledge the increased workload, stress and worry each of our Members carried through this year.

Between the start of the pandemic and March 31st, 2021, BC reported 6,336 First Nations COVID-19 cases, with 678 hospitalizations. Sadly, 110 First Nations people in BC lost their lives to COVID-19 during the first year of the pandemic. COVID-19 has exacerbated many challenges that First Nations and other communities struggle with, and it has taken a toll on our mental, emotional and spiritual health.

The ongoing toxic drug supply crisis in BC has also worsened during the pandemic. 2020 was the deadliest year ever, with 254 First Nations toxic drug deaths, continuing the trend of over-representation of First Nations people in this public health emergency.

HEALTH DIRECTORS STEPPED UP AND KEPT THEIR COMMUNITIES HEALTHY, SAFE AND INFORMED.

Health Directors are responsible for creating, updating and maintaining their community's Communicable Disease Emergency Plan, and for coordination of health program response to COVID-19, covering a wide range of services including primary care, home care, and mental health services.

Health Directors know their communities and who their vulnerable citizens are. Over the past year, Health Directors have been a consistent point of contact for these community members, providing trusted information and guidance.

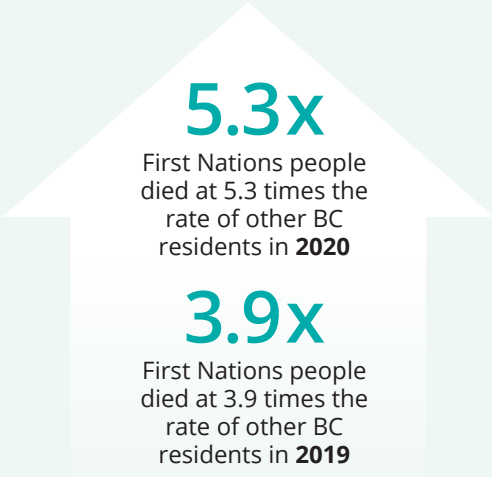
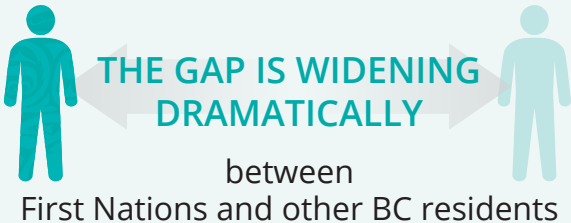
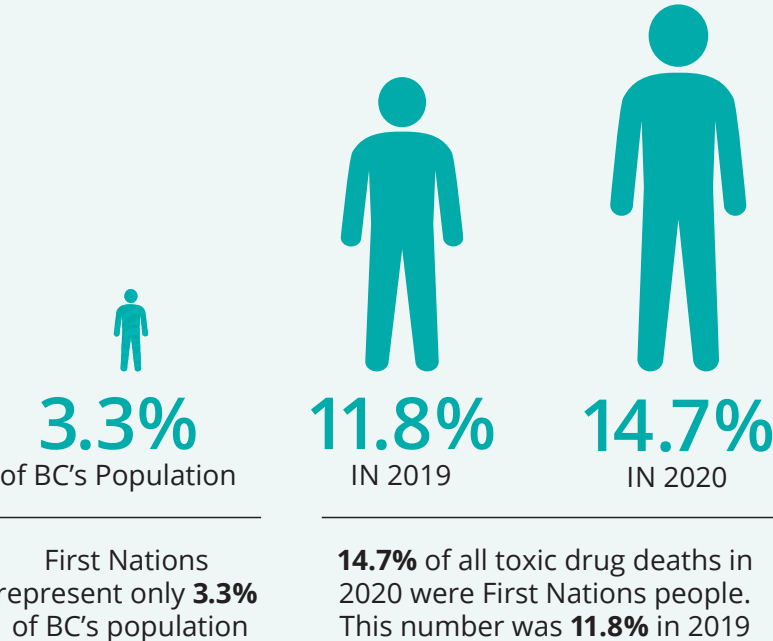
Health Directors create the systems and infrastructure which allow community health services to function virtually. They remain the managers and coordinators of a health team which often includes nurses, nurse practitioners, home care aides, community outreach workers, mental health services, and more. These are essential services during a pandemic, and Health Directors have been busy ensuring that communities continue to have access to these programs and services. A sampling of the additional support provided includes:

- Regular wellness check-ins with vulnerable citizens.
- Coordinating with pharmacies for pick up and delivery of medicines and necessary supplies (such as formula for new mothers).
- Arranging for food delivery as well as maintaining food security for the community, in particular single parents, Elders, and those with disabilities and underlying health issues.
- Setting up systems to allow nursing and clinical staff to monitor and oversee treatment programs via telephone or video calls.
- Arranging for PPE and setting up protocols so that vital face-to-face treatment can continue to take place safely.

Please note this list is far from complete and is meant to be illustrative of support provided to and by Health Directors and communities during the past year.

COVID-19 PANDEMIC CONTRIBUTES TO A DRAMATIC INCREASE IN TOXIC DRUG DEATHS*

First Nations people are **DISPROPORTIONATELY REPRESENTED** IN TOXIC DRUG DEATHS

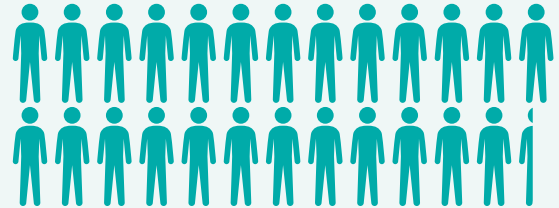


* derived from FNHA'S *First Nations in BC and the Toxic Drug Crisis, January-December 2020*

119%
INCREASE IN
TOXIC DRUG
DEATHS:
2020 vs 2019

2020: 254 First Nations
people died

*The highest number of
toxic drug deaths since 2015*



2019: 116 First Nations
people died



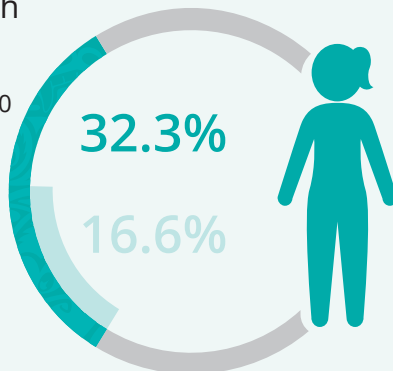
EQUALS
10 DEATHS

FIRST NATIONS WOMEN

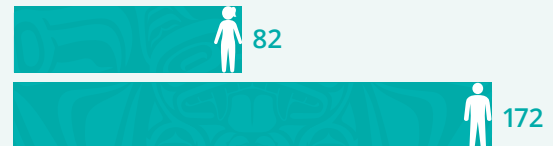
experience very high rates
of toxic drug death

32.3% of First Nations
people who died in 2020
were women

16.6% of other BC
residents who died
were women



2020 RECORDED THE HIGHEST NUMBER OF DEATHS AMONG BOTH MEN AND WOMEN



9.9x First Nations **women** died at **9.9 times**
the rate of other female BC residents

4.3x First Nations **men** died at **4.3 times**
the rate of other male BC residents

“The Association was in the same state of shock as we were. They offered the best solutions they could in the moment. There were town halls, which I thought were really good because you had like minded people addressing a situation we all shared. And it also helped to realize we all have something different to bring to the table. We were able to think beyond our norms. Go beyond the box. We were encouraged to do that. And so that was really, really helpful, it really helped bring us grounding, together.



We realized that each of us were the same, but we're different. We're different in the fact that the factors of communities are different, we're located in different places and everything is not the same. So we realized that there wasn't a simple answer for anything. It also made us less judgmental, more accepting of one another. And understanding of our differences, and knowing that one answer was not going to be one size fits all. The reality of it was really overwhelming. There was no questioning it."

WE ARE HONOURED TO SUPPORT OUR HEALTH DIRECTORS.

Since the First Nations Health Directors Association was established in April of 2010, the Member Services team has supported Health Directors by providing them with responsive and personal service, opportunities for professional development, and access to resources, education and Wise Practices.

The FNHDA website and portal allow Members access to initiatives like the Mentorship program, Professional Development initiatives, the Head to Heart mental wellness campaign, videos, and other learning materials, resources and tools. Member Services is responsible for maintaining an accurate database of Members as well as SmartBallot, an online voting platform introduced in August of 2020 to facilitate electronic elections.

HIGHLIGHTS FROM 2020-21:

- The FNHDA welcomed 42 new Members.
- Member Services reached out to Health Directors across BC to lend support through wellness check-ins, providing care packages, sharing Community Wise Practices, vaccination planning webinars, as well as providing information about the toll-free support line to Tsow-Tun Le Lum Cultural Support Counseling.
- Advocated for the inclusion of Health Directors in receiving wage top-up pay funding for front-line health care workers, resulting in the expansion of eligibility criteria to include Health Directors in First Nations communities across BC. This recognized their important role in overseeing quality care for First Nations individuals, families, and communities through challenging times and circumstances.

Honouring the Land

Physical exercise and nature-based healing.



Powering Down

Disconnecting from technology and recharging your Spirit.



Weaving Networks of Support

Connecting with others for support.



Nurturing Spirit

Supporting the mental, emotional and spiritual aspects of your being.



- Refreshed and updated the Associations' website to better serve Members' needs, based on input from Health Directors.
- Reimagined the FNHDA's Head to Heart campaign website and resources, which were expanded to include a fourth pillar, Nurturing Spirit.
- The Gathering Space Members portal is scheduled for a re-design in the upcoming year. Improvements will include easier access, smoother integration with our content, and the addition of interactive features such as discussion boards and chat.
- Distributed 97 online newsletters to our Members to keep them informed of new resources, Town Hall webinars, support tools and more.
- Launched Wellness Webinars in January of 2021, with topics ranging from Healthy Eating Habits to information sessions with FNHA.
- Planned virtual Lateral Kindness training, which was offered to all five regions in April and May of 2021.
- FNHA and FNHDA planned the logistics of offering ZOOM licenses to Health Directors, which was rolled out in April of 2021.



Support.

“We would have a small group of drummers who would go and stand in people’s yards and sing prayer songs just to help them if they were grieving, or if they were experiencing any kind of difficulty. Just standing in front of somebody’s doorstep praying for them in the spirit of songs. That was really uplifting to the community. We also did that virtually sometimes. When our members were in the hospital, we would gather some drummers together and sing prayer songs to send them, or go live with them on their on their electronic devices. I think it kind of brings the community together that way. And in a good strong way.”

ADVANCING THE TRANSFORMATION OF HEALTH AND WELLNESS SERVICES.

During 2020–21, we continued our journey of advancing the FNHDA’s Strategic Plan Goal 2: Support health care system transformation through effective participation of the FNHDA in the First Nations Health Governance Structure and providing quality and timely technical advice.

FNHDA TRANSFORMATION & ENGAGEMENT

The FNHDA is responsible for providing technical advice which advances the transformation of health policies and programs, including the support of professional development. Over the years, the engagement structure, including roles and responsibilities, engagement pathways, and the Regional Caucus agenda development process, have been evolving. In turn, there has been a gradual evolution of the FNHDA Technical Advice Protocol (TAP), and the distinctions between the provincial and regional TAP engagement pathways.

In late January of 2021, the FNHDA Board of Directors participated in a session on Transformation & Engagement. The purpose of the session was to:

- Reflect on the evolving context for engagement and the FNHDA Technical Advice Protocol.
- Refresh the FNHDA Technical Advice Protocol engagement pathways.
- Refresh the FNHDA strategic priorities and develop a transformation agenda.

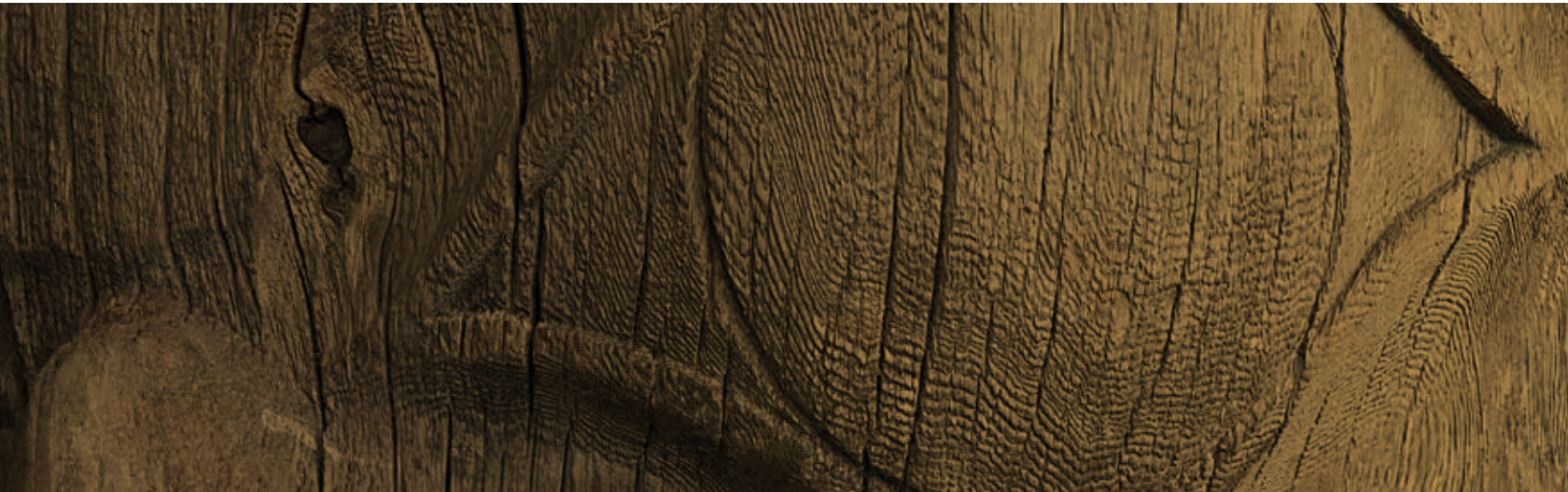
During this session, the Board emphasized that the main focus of engagement activities is the creation of a culturally-safe health care system with equitable access for all First Nations people, regardless of where they live. This requires addressing systemic barriers such as colonization and racism in the provincial health care system. An

Indigenous worldview should guide the transformation of the health care system.

In February of 2021, Board Members chose four engagement sub-topics which would contribute to a more focused approach to advancing the four core FNHDA strategic priorities. In 2021, the FNHDA will advance the following engagement priorities in collaboration with our health governance partners:

- Mental Wellness:** Toxic drug supply health crisis
- Traditional Wellness:** Cultural Safety and Humility
- Health Benefits:** Medical Transportation
- Social Determinants of Health:** Anti-Indigenous Racism

FNHDA Health Directors are continually transforming health services at the community level, and our communities' voices are contributing to and building on this foundation, regionally and provincially. In addition to the core strategic priorities, the COVID-19 pandemic response and addressing anti-Indigenous racism in the health care system in BC as described in the In Plain Sight Report, are examples of emerging priorities for which the FNHDA Board made space.



FNHDA COMMITTEES

The **Programs Committee** provides technical advice and recommendations to the FNHDA Board to improve the quality of regional and provincial health programming. The Committee reviews health planning, policies and programs to provide technical advice to the FNHA aimed at continuous quality improvement and transformation of health services.

The **Planning and Reporting Committee** provides technical advice and recommendations to the FNHDA Board on high-level strategic planning and reporting decisions regarding professional development, training, networking, support services for Health Directors, as well as the ongoing evolution of the Association.

The **Bylaws and Policy Governance Committee** (ad-hoc) provides technical advice and recommendations to the FNHDA Board on bylaw and policy matters relating to Board governance.



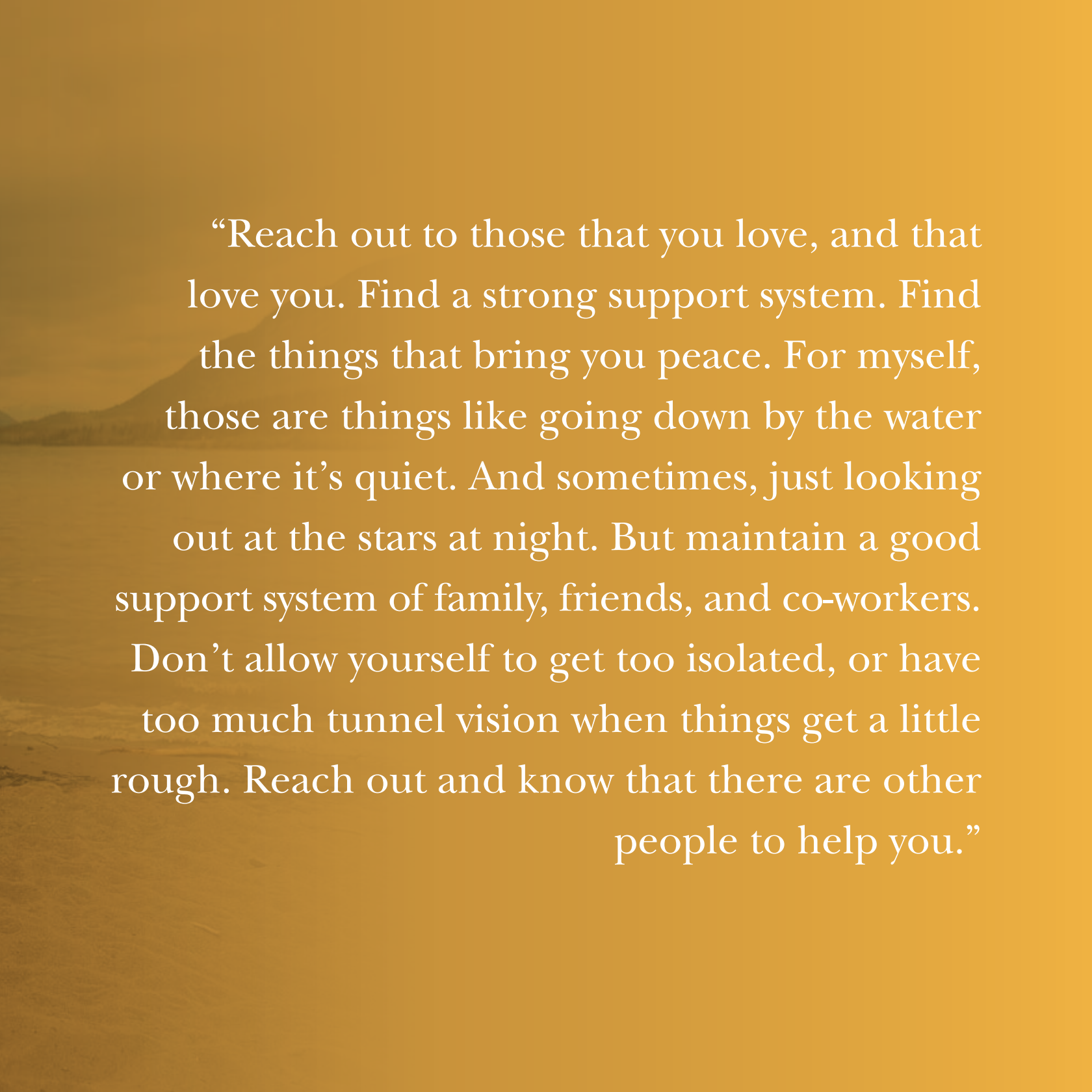
EXTERNAL PARTNER COMMITTEES

- FNHDA-FNHA Nursing Collaboration Working Group
- FNHA Cultural Safety and Humility Standard Development and Assessment Technical Committee
- FNHA Accreditation Program Working Group
- BC Patient Safety and Quality Council Strategy Group
- FNHA Technical Advisory Committee on First Nations Health and Wellness Indicator Development in British Columbia Project
- Healing Our Spirit Worldwide Working Group
- First Nations Regional Health Survey (FNRHS) Advisory Committee

Throughout this report, there are several examples of the FNHDA Technical Advice Protocol (TAP) being implemented provincially. Evaluations and feedback will continue to be gathered from Chiefs, Health Directors and leaders to inform the evolving engagement structure. We are looking forward to hearing how we can continue to evolve and improve our Technical Advice Protocol to advance quality health care that is culturally safe and advances our shared vision of “healthy, self-determining and vibrant BC First Nations children, families and communities.”



Listen.



“Reach out to those that you love, and that love you. Find a strong support system. Find the things that bring you peace. For myself, those are things like going down by the water or where it’s quiet. And sometimes, just looking out at the stars at night. But maintain a good support system of family, friends, and co-workers. Don’t allow yourself to get too isolated, or have too much tunnel vision when things get a little rough. Reach out and know that there are other people to help you.”

WORKING TOGETHER TO IMPROVE FIRST NATIONS HEALTH AND WELLNESS OUTCOMES.

Since its beginnings in 2011, the Tripartite Committee on First Nations Health has been steadfast in its work to co-ordinate and implement positive, systemic change in the BC health care system. The Committee meets twice yearly to share respective progress on First Nations health and wellness initiatives, and to co-ordinate planning, programming and service delivery among the FNHA, the FNHDA, the BC regional health authorities, the BC Ministry of Health, the Office of the Provincial Health Officer (OPHO), the BC Ministry of Mental Health and Addictions (MMHA), and the First Nations and Inuit Health Branch (FNIHB) at Indigenous Services Canada.

The FNHC, FNHA and FNHDA meet twice yearly to plan and coordinate on shared priorities, interests, and the collaborative work ahead. These Joint Planning sessions help us connect regularly to discuss shared priorities and coordinate activities throughout the year. Some of the topics discussed during this year's Joint Planning Sessions included:

- Collective Response to Addressing Systemic Racism Investigation
- Shared Engagement approaches, tools, priorities and strategies
- COVID-19 vaccination planning and strategies

■ Tripartite Framework Agreement Commitments include:

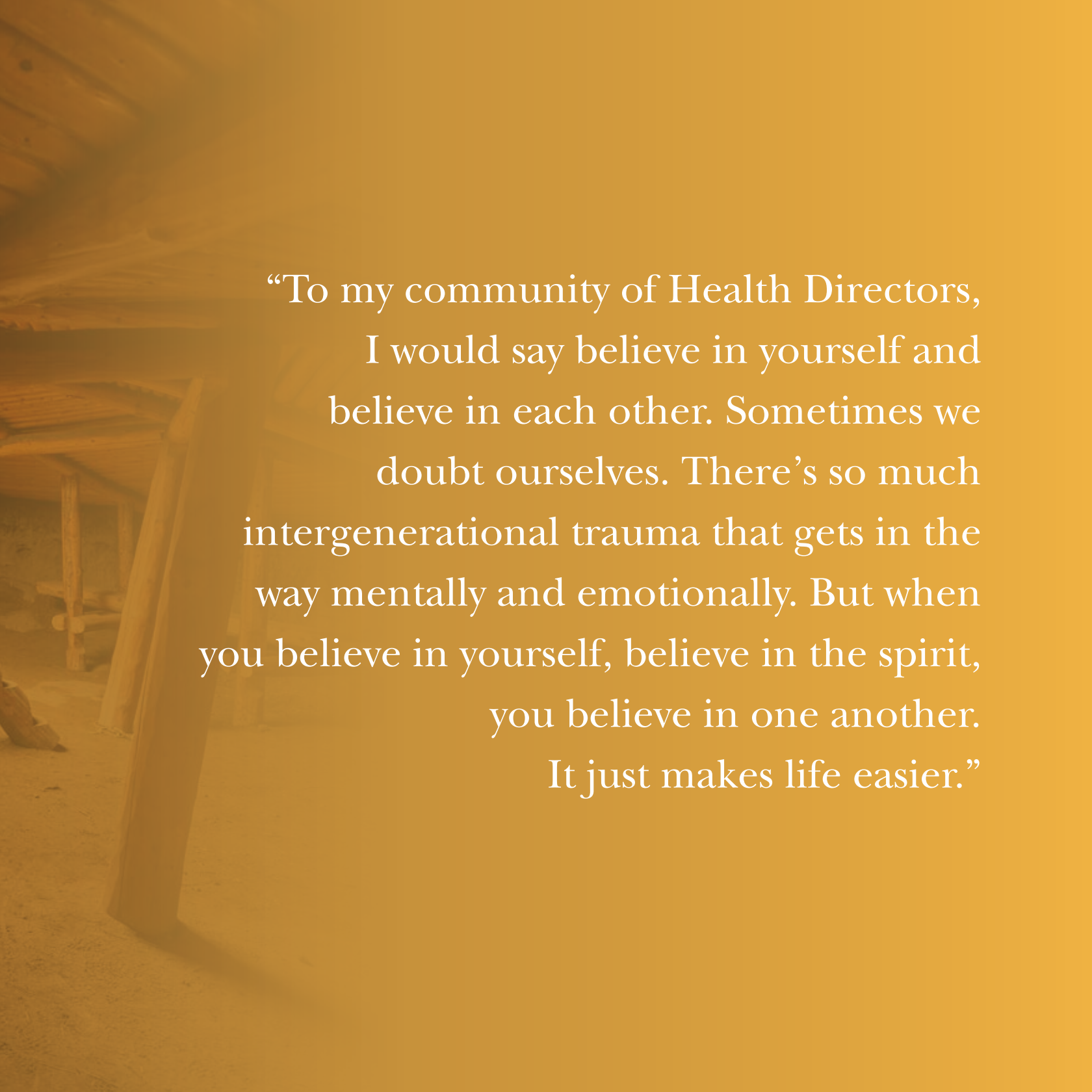
- Coverage for all First Nations including at home and away-from-home populations.
- Integration/protection of traditional health and transitional health practice.
- Certainty of funding relationships.
- Reducing administration and reporting burden.
- Enabling economic innovation.
- Decreasing access barriers.
- Quality health care.
- Accessibility/disability legislation.
- Potential expanded role in emergency management.
- Environmental public health and related mandate considerations.
- Mental health and wellness considerations.
- Primary health care considerations.
- Population and public health and role of medical officers.

On November 30th, 2020, the FNHA, FNHC and FNHDA issued a joint release entitled “Zero Tolerance of Racism Basic First Step to Ensure Equal Access to Health Care for First Nations People in BC”. The purpose of this public statement was to make clear the Partners’ stance on racism in health care towards First Nations, in response to the publication of the In Plain Sight Report (2020).

As individuals, and as Members of our Association, the efforts of Health Directors continue to have positive impact on systems transformation within the tripartite process. As a collective body and as technical advisors to our partners, the First Nations Health Director’s Association has an opportunity to make significant impact on enhancing the health and well-being of BC First Nations people. It is for these reasons that the FNHDA remains committed to the values and goals within our Relationship Agreement, and will continue to work alongside our partners to realize our shared vision.



Believe.



“To my community of Health Directors,
I would say believe in yourself and
believe in each other. Sometimes we
doubt ourselves. There’s so much
intergenerational trauma that gets in the
way mentally and emotionally. But when
you believe in yourself, believe in the spirit,
you believe in one another.
It just makes life easier.”

ACKNOWLEDGING TEN YEARS OF FNHDA SUPPORTING THE WORK OF HEALTH DIRECTORS.

On September 24th, 2020, the First Nations Health Directors Association welcomed 72 Members to our 9th Annual General Meeting (AGM). This was the first time we have held our AGM virtually, which was necessary to safeguard our Members' well-being during the pandemic. We began with a prayer by FNHDA Interim Elder Advisor Virginia Peters, followed by a song by Derek Thompson of the Ditidaht First Nation and Health Director at Ts'ewulhtun Health Centre, Cowichan Tribes on Vancouver Island.

2020 marked the FNHDA's 10th anniversary of incorporation as a BC society. The Association was formed as the result of First Nation Health Directors across BC calling for the creation of a professional association to support their work delivering health services in their communities.

At the AGM, our Board Officers (Executive) presented a summary of the 2019-20 Annual Report, which shared how the Association continued to build on this work, accomplishing a number of significant milestones that can be attributed to our collective efforts over the past 10 years.

During the 2020 AGM, an electronic vote was held in which all of the FNHDA Members in attendance voted in support of the ordinary resolution to appoint the following Directors to the FNHDA Board:

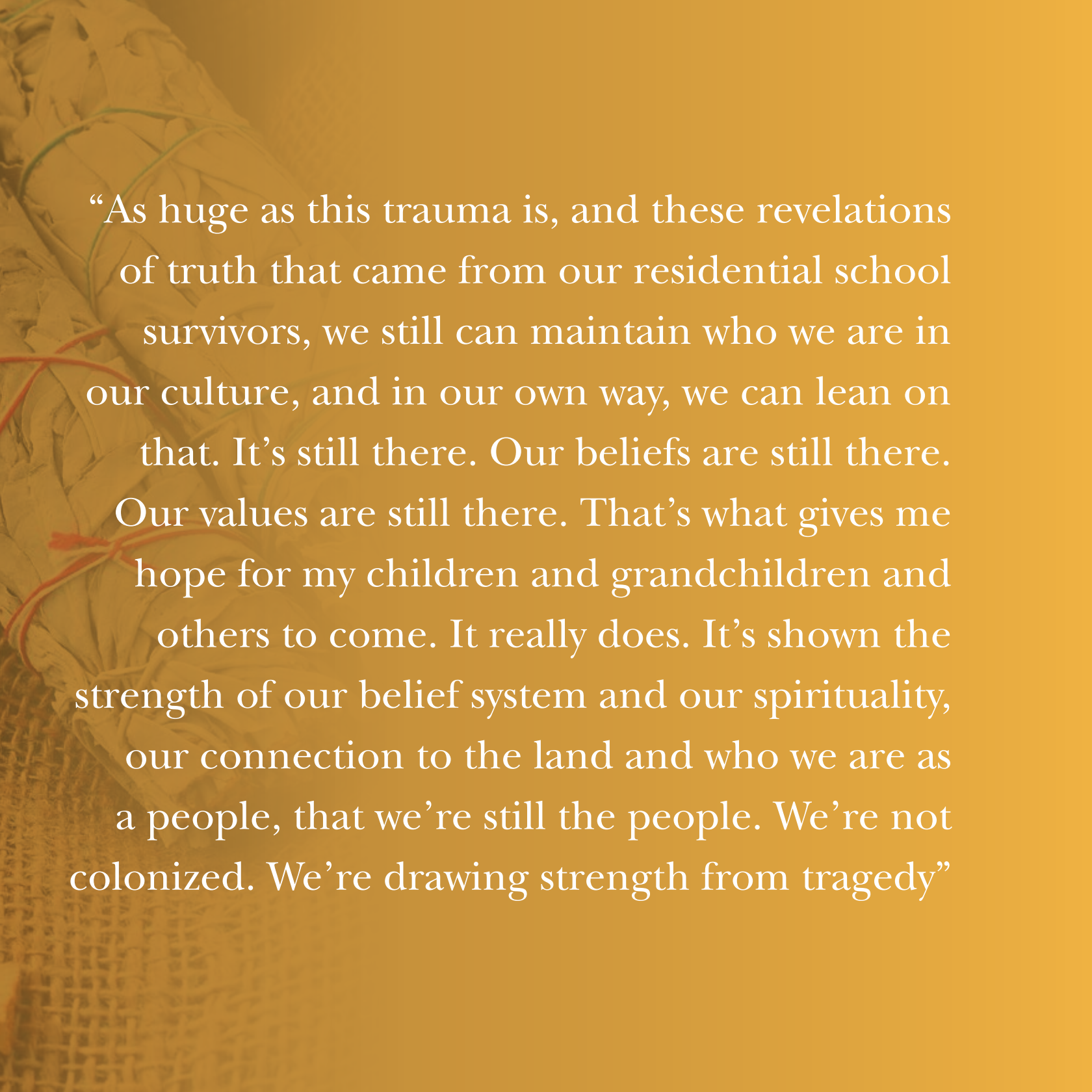
- **Fraser Salish:** Janice George and Elizabeth Point were re-elected
- **Interior:** Shelley Lampreau (re-elected) and Andrea LeBourdais (newly elected)
- **Northern:** Charlene Webb (re-elected) and Regina Thomas (newly elected)
- **Vancouver Island:** Jennifer Jones, Vanessa Charlong, and Kim Roberts were re-elected
- **Vancouver Coastal:** Coreen Paul was re-elected

The AGM concluded with closing remarks and a prayer song by the FNHDA Interim Elder Advisor. Following the AGM, the FNHDA Orientation Video was screened, which shares the story of the FNHDA's role in BC's First Nations health governance structure, and shows a "day in the life" of a Health Director. The day concluded with the recital of the FNHDA Oath of Office.





Truth.



“As huge as this trauma is, and these revelations of truth that came from our residential school survivors, we still can maintain who we are in our culture, and in our own way, we can lean on that. It’s still there. Our beliefs are still there. Our values are still there. That’s what gives me hope for my children and grandchildren and others to come. It really does. It’s shown the strength of our belief system and our spirituality, our connection to the land and who we are as a people, that we’re still the people. We’re not colonized. We’re drawing strength from tragedy”

ACCOUNTABILITY FOR FINANCIAL MATTERS.

During the 2020–2021 fiscal year, the First Nations Health Authority (FNHA) provided funding to the First Nations Health Directors Association (FNHDA) to support activities as described in this report. As per the Memorandum of Understanding between the two entities, the FNHA provides financial and corporate support on an annual basis from the funding it receives from Indigenous Services Canada.

Table 1: FNHA’s Expenditures on First Nations Health Directors Activities and Operations

	2021			2020
	ANNUAL BUDGET	ACTUAL	VARIANCE FAV / (UNFAV)	
EXPENSES				
Salaries and Benefits	\$ 939,567	\$ 929,268	\$ 10,299	\$ 697,404
Travel and Meetings	230,210	(1,253)	231,463	214,929
Honoraria	160,574	109,931	50,643	162,192
Community Meetings and Travel	327,315	(15)	327,330	301,227
Professional Fees	257,637	216,637	41,000	155,880
General Administrative	50,183	106,416	(56,233)	28,855
Contingency & Health Transform	123,750	—	123,750	—
TOTAL EXPENSES	\$ 2,089,236	\$ 1,360,984	\$ 728,252	\$ 1,560,487

Details of the types of expenses included in the major expense categories in Table 1 are listed on page 52.

FNHA Audited Financial Statements

The FNHDA financial results are included in the FNHA audited financial statements. This annual report provides a summary overview of the FNHDA fiscal 2020-2021 operations that are included in the FNHA audited financial statements. Inclusion of the FNHDA financial figures in the FNHA audited statements is required due to related-party accounting requirements. Issuing separate audited financial statements of the FNHDA would require additional expenditures.

The FNHA auditors, KPMG LLP, have issued an unqualified or clean audit opinion that the *“financial statements present fairly, in all material respects, the financial position of the First Nations Health Authority.”* The audited financial statements were approved by the FNHA Board of Directors on June 24, 2021. A request to accept the audited financial statements is expected to be presented to the Members of the FNHA at the FNHA Annual General Meeting on September 8, 2021.

FNHDA Financial Results Overview

The FNHDA financial information, which has been extracted from the FNHA audited financial statements, is presented in Table 1 below. The table includes actual results for the year ended March 31, 2021, with prior year comparative figures. Additionally, Table 1 provides the fiscal 2020-2021 annual budget figures and variance of actual results compared to budget. The annual budget information is not included in the audited financial statements as the statements are in the format prescribed by the CPA Canada Handbook section for Not-For-Profit (Part III) organizations; Table 1 has been presented in this manner for the FNHDA, as per membership request.

The net expenditures for fiscal year 2021 were \$1,360,984 (fiscal 2020: \$1,560,487). When compared to the annual budget of \$2,089,236, there was an overall favourable variance of \$728,252.

Expense Definitions

Salaries and Benefits: Includes salaries, benefits and allowances paid to the Executive Director, Directors, Advisors and Executive Administrators.

Travel and Meetings: These expenditures relate to the travel costs of both staff and FNHDA Directors, as well as the costs associated with facility rental and catering for meetings of FNHDA Directors.

Honoraria: This amount represents retainers and fees paid to FNHDA Directors for attending meetings.

Community Meetings and Travel: This includes travel, accommodation, facility rental and catering costs associated with Regional Caucus meetings and the Annual General Meeting.

Professional Fees: Professional fees include service costs associated with printing, legal services, surveys and event planning. Travel costs associated with these services are also included.

General Administrative: This includes office supplies, employee related expense, meeting and communication expenses. Unfavourable variance in General administrative expense is managed from the favourable variance in other expenditure groups.

Contingency & Health Transform: This includes the budget allocation for website rebranding and redesign.

Statement of Financial Position

Table 2 shows the FNHDA’s Statement of Financial Position. The FNHDA maintains a bank account with the Royal Bank of Canada, and the offset is a payable in an equal amount to the FNHA. The account was required under the *BC Society Act* when the FNHDA was created, and although it is not required under the new *Societies Act*, which came into effect in August 2016, the FNHDA still keeps the nominal dollar amount in the account.

Table 2: FNHDA Statement of Financial Position

	2021	2020
ASSETS		
CURRENT ASSETS		
Cash	\$100	\$100
	\$100	\$100
LIABILITIES		
CURRENT LIABILITIES		
Accounts Payable & Accrued Liabilities	\$100	\$100
	\$100	\$100
NET ASSETS		
Invested in Property & Equipment	-	-
Internally Restricted	-	-
Unrestricted	-	-
	\$100	\$100

Remuneration of Directors

For the 2021 fiscal year, the FNHDA paid total remuneration of \$ 109,931 (fiscal 2020: \$162,192) to Directors. Remuneration paid to Directors is listed in Table 3 below. The format of the information presented in Table 3 is similar to the corresponding disclosure published by the FNHA.

Table 3: FNHDA Remuneration of Directors

POSITION	NAME	TOTAL REMUNERATION
President	Keith Marshall	\$ 16,500
Vice President	Janice George	8,250
Secretary/Treasurer	Judy Ann Maas	11,250
Board Member	Sarah (Gauthier) Gayse ¹ (Nov 2020-Jan 2021)	1,000
Board Member	Vanessa Charlong	6,500
Board Member	Terrie Davidson	9,000
Board Member	Jennifer Louise Jones	8,000
Board Member	Shelley Lampreau ¹	7,500
Board Member	Tammy Baskin (June 2019 - June 2020)	-
Board Member	Angie Prince (March 2019 - Sept 2020)	-
Board Member	Andrea LeBourdais ¹ (Appointed September 25, 2020)	2,500
Board Member	Coreen Reeta Paul	8,500
Board Member	Elizabeth Point ²	8,000
Board Member	Rosemary Stager-Wallace	4,000
Board Member	Charlene Webb	3,750
Board Member	Regina Thomas (Appointed September 25, 2020)	4,250
Board Member	Kim Roberts	7,750
Board Member	Shawn Scotchman ¹ (Sept 2019 - June 2020)	250
Director CPP		2,931
TOTAL		\$109,931

¹ paid to Band

² this includes an overpayment of \$1,000 which was repaid in May 2021

150

Health Directors received
COVID-19 wellness check-in calls



24

Health Directors accepted as the first
cohort into the new Certificate Program



42

new members
welcomed to the FNHDA



97

online newsletters distributed to
keep members informed of new
resources



72

members virtually welcomed to the
9th Annual General Meeting



“The big picture out there is daunting. But communities are really responding by leaning on our own cultural beliefs and our healing ways. That is wonderful to see. It provides that word “hope” with a lot more than just the meaning in the dictionary. It’s actually beyond my actual human mentality and understanding.

Forward.

We're still here. Still strong. And that's due to the prayers of the people before us. They prayed for when this would happen. They knew that this was going to happen. And they did their work for us. Now we have to do that same work for our children and our grandchildren to come. We have to do that. The work that blazed the trail for us."

WORKING WITH HEALTH DIRECTORS AND THE FNHA TO HELP IMPROVE SERVICE AND HEALTH OUTCOMES.



Nicole (Migizikwe) Hetu / Director

Nicole has worked with the Shared Secretariat since 2013, and with the FNHA since 2010. As Director, Nicole provides executive and management support to the Shared Secretariat and the Executive Director. She also guides the FNHDA team to effectively deliver all work-plan accountabilities as per the FNHDA Strategic Plan. Nicole oversees the development and implementation of policy research and analysis and provides strategic advice to the FNHDA Board and membership related to the mandate of the FNHDA.

Nicole.Hetu@fnha.ca / 604-693-6536



Valerie Birdgeneau / Senior Advisor

Valerie has been with the Shared Secretariat since September of 2011, and with the FNHA since 2010. In her role as Senior Advisor, Valerie works closely with Nicole to provide strategic advice, guidance and support to the FNHDA Board and Members. She also develops policy research and analysis, prepares documents to support work relating to the FNHDA Strategic Plan, and supports the regional FNHDA Board election processes.

Valerie.Birdgeneau@fnha.ca / 604-693-6555



Claudia Kobetitch / Advisor

Claudia has worked with the Shared Secretariat since the end of May, 2021. In her role as Advisor, Claudia works closely with the Senior Advisor and the Director to provide coordination and policy support for FNHDA Board and Committee meetings. She also develops policy research and analyses and prepares documents to support work for the FNHDA Strategic Plan.

Claudia.Kobetitch@fnha.ca / 604-690-1403



Kimberley Laing / Senior Specialist, Member Services and Programs

Kimberley has worked with the Shared Secretariat since May 2019. In her role as Senior Specialist, Member Services and Programs, Kimberley provides professional peer support services and leadership to the FNHDA and its Members. Kimberley works with new and existing Members to support orientation to the FNHDA and respond to Members' needs and concerns. Kimberley leads the regional FNHDA Board election processes.

Kimberley.Laing@fnha.ca / 604-661-3858



Karen Howse / Member Services Coordinator

Karen has worked with the Shared Secretariat since October of 2019. In her role as FNHDA Member Services Coordinator, she is responsible for all aspects of the FNHDA membership including the acquisition, support, and retention of Members. Karen coordinates FNHDA activities related to membership inquiries/supports, membership database, training logistics, and works closely with Kimberley on the regional Board election processes.

Karen.Howse@fnha.ca / 604-693-6594

FNHDA College of Indigenous Health Leadership

The FNHDA College of Indigenous Health Leadership is a private post-secondary institution which is BC First Nations owned and controlled. It delivers post-secondary programming including, micro-courses and certificate programs including the FNHDA Certificate. The college leverages a two-eyed bi-cultural practice based model to deliver programming to both FNHDA Members and the general public. Requests for information on programming, applications and waitlists can be referred to learning@fnha.ca.



Karsten Henriksen
Senior Academic Officer -
FNHDA College of Indigenous
Health Leadership



Lilian Shams-Amiri
Administrator Coordinator

Administrative Team

The Administrative Team provides administrative services to both FNHDA and FNHC Members, as well as to the Shared Secretariat team members. They also coordinate logistics for all meetings, including travel arrangements, keeping track of financial items, processing travel claims, and coordinating logistics like shipping, meeting packages, travel arrangements, accommodations, supplies and on-site support.

SharedSecretariat@fnha.ca / 604-693-6500



Jolyn Redhead
Executive Assistant



Aiyana Gonzales
Administrative Assistant



Jace Marshall
Administrative Assistant



First Nations Health Directors Association

Sharing experience for community wellness

FIRST NATIONS HEALTH DIRECTORS ASSOCIATION

Coast Salish Territory
501 - 100 Park Royal South
West Vancouver, BC
Canada - V7T 1A2

www.fnhda.ca | fnhda@fnha.ca



First Nations Health
Directors Association

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