



First Nations Health
Directors Association

Sharing experience for community wellness

ANNUAL REPORT 2016-2017



This Annual Report is dedicated to the memory of

DAVID BOB



First Nations Health Directors Association

Sharing experience for community wellness

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MESSAGE FROM THE PRESIDENT - KIM BROOKS



2016-2017 was another exciting and productive year for the First Nations Health Directors Association (FNHDA). I am continually inspired by this work—the milestones reached, projects started and new Members welcomed. I am very proud of all that we have achieved together and surprised by how quickly each year passes.

This year, we focused substantial efforts on Quality Improvement (QI) and what QI means in the community health context for our First Nations Health Directors. At engagement sessions throughout the year, we looked to our membership for your insight and wisdom regarding how we can enhance our services for the benefit of our communities and current and future Health Directors.

Most significantly, FNHDA Members were invited this past March to attend the 2017 Quality Forum in Vancouver, an annual conference dedicated to quality improvement in health care. This opportunity included attendance at the Best of Both Worlds pre-forum session, where attendees explored what quality in health means for Indigenous people. Overall, the conference offered a fruitful environment for dialogue, learning and engagement related to how we work to address the issues and health challenges that exist in our communities. Many of you also noted how beneficial it was to network and engage with other health-care professionals. I hope all of you came away from the conference inspired and with a few more tools to support you in the challenges and opportunities that we face in our roles.

Knowing that many of our Health Directors were gathered for the forum, we took the opportunity to hold a Members Dialogue Session on February 28, prior to the conference. The gathering allowed us to discuss a First Nations Quality Agenda with our partners at the First Nations Health Authority (FNHA). We shared ideas about quality as it relates to our programs and services, and experiences of how we work to continuously improve the services we provide. We also enjoyed the first-ever

Health Benefits “open house” tour, where Health Directors were invited to tour FNHA’s Health Benefits department and learn from their staff about available services. The day provided a behind-the-scenes look at the program and the dedicated employees whom many of us have only ever interacted with over the phone. By touring the program, our Members could meet and build relationships with many of the core people providing service to our communities.

While our Board was in Vancouver, we also came together for what was the culmination of many years of Health Directors’ work and advocacy: the signing of the Declaration of Lateral Kindness with the FNHA and First Nations Health Council (FNHC). Community Health Directors have been at the forefront of the lateral kindness movement from the beginning, championing this work in your organizations and health centres. This work is very close to my heart and it brings me great joy to see lateral kindness adopted and embraced by so many; we could not have made it to this milestone without your support.

Ultimately, quality improvement has always been a key aspect of our work as the technical branch of our governance partnership, and a quality lens informs the many committee meetings and engagement sessions that we host. For example, at Regional Caucuses, the FNHDA Technical Advice Process (TAP) allows us to seek Health Director feedback and solutions to transform and improve the quality of our programs and services. Moreover, at our Annual General Meeting (AGM), we make a point to honour some of our Health Directors with our Inspiration Awards. The winners for 2016 were recognized for their dedication to our Standards of

Excellence and an overall commitment to quality in care. I must admit, I am truly inspired by the exceptional work of all of our Members to support building healthy families and communities.

Over the course of the year, our Board has worked very hard to ensure that we continue to grow and thrive as an organization and pillar of our First Nations governance. Our Board has prioritized relationship-building, shared learning and true collaboration in all of the work that we do.

I want to thank all of you for the role you play in helping us to grow and improve. To our Board: your support and respect for this work are invaluable. I thank you for the time you put aside for FNHDA business and committee work. And of course, to each of our Members: your wisdom and hard work are what make the FNHDA the Association we’ve built today. Every day, your vision for our professional Association solidifies in the work that we do together.

I look forward to many more years of work together to ensure excellence in health care, ongoing quality improvement and a robust professional Association for First Nations Health Directors.

In wellness,

Kim Brooks
FNHDA Board President

Community Health Directors have been at the forefront of the lateral kindness movement from the beginning, championing this work in your organizations and health centres.

MESSAGE FROM THE EXECUTIVE DIRECTOR



Dear Members,

Reflecting on the FNHDA's progress in 2016-2017, I feel incredible gratitude for the continued opportunity to support our Health Directors and the work they do for First Nations communities in BC.

As I was preparing to write this message, I realized that July 2017 marks my five-year anniversary as the Executive Director of the Association. I admit I was surprised at how quickly the time has flown by since that first summer; I still remember my first day of work, nervous and excited to move forward.

Five years is a milestone for all of us. As we look back over the years and what we have achieved together, it is also worth checking in on where we can continue to grow. I found myself asking a number of questions like, "Have we accomplished what we originally set out to do? Where do we need to continue to strengthen or grow our services? How can we support our Members and Board to do their best work?"

Since embarking on this journey, we have taken chances and tried new things, and of course, experienced a few bumps along the way. Overall, I am immensely proud of the successes of both our Association and Members. Since starting out, we have expanded our operations, developed and adopted the FNHDA Standards of Excellence, released the Health Benefits Summary report, launched the popular Head to Heart wellness campaign and so much more.

Significantly, we have also championed lateral kindness as a response to lateral violence in our communities and health organizations. On February 28, 2017, we signed a landmark Declaration of Lateral Kindness alongside our partners, the FNHA and FNHC. The Declaration is a document of hope and change, providing a framework for better relations between Nations, colleagues, health partners and individuals. I hope you are as encouraged as I am by its promise of greater wellness in our communities and compassion for each other.

Another major accomplishment this year was the completion of the curriculum for the Health Directors Certification Program. As Members of a first-in-BC organization for community Health Directors, each of you are leaders, and your vision and expertise have been crucial to shaping the Certification Program curriculum for the continued learning of our Members. Your passion for this project has helped to create a unique program that we can be proud to pass on to new and future generations of Health Directors.

Finally, as always, I would like to recognize our Board of Directors for their continued faith and unwavering support in our work together. Their contributions have helped to shape the FNHDA that we see today—an Association that champions a unique, community-driven perspective on quality, that is fiscally responsible and innovative, and that First Nations can truly call their own.

Together, we are moving into the next stage of our evolution; as we continue to transform, it is time for even greater discipline and purpose moving forward. I am excited to see where the next five years take us.

In kindness,

Christine Stahler
Executive Director

“Have we accomplished what we originally set out to do? Where do we need to continue to strengthen or grow our services? How can we support our Members and Board to do their best work?”

BOARD OF DIRECTORS UPDATE

In 2016-2017, the FNHDA Board of Directors' focus was on supporting the implementation of the First Nations Health Directors Association Strategic Plan (2015-2018). This strategic plan features goals and objectives to be implemented by the FNHDA Board and working groups within agreed-upon timeframes.

As First Nations health governance partners with the FNHC and FNHA, we continued to collaborate on work to fulfill joint commitments in the health plans/agreements that will help us achieve our shared vision of "Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities." We made tremendous strides in advocating on behalf of our Members to ensure the respectful inclusion of the FNHDA's and Health Directors' voices in making improvements to health programs and services in BC.

Following are the key milestones we achieved in 2016-2017 to advance the three core goals in the FNHDA Strategic Plan (2015-2018):

GOAL ONE

Provide professional development, training, networking and support services to Health Directors

- Continued development of the FNHDA First Nations Health Director Certification Program.
- Developed the regional FNHDA Mentorship Circles initiative.
- Promoted the Head to Heart mental wellness campaign pillar, "Weaving Networks of Support."

GOAL TWO

Support transformation through effective participation in the First Nations Health Governance Structure and providing quality and timely technical advice

- Participated in the 2016 Fall Regional Caucuses to provide technical advice to our partners and meet for FNHDA business.
- Contributed to important conversations on quality health services at the BC Quality Forum 2017 and at the joint FNHA-FNHDA Members Dialogue Session, where Members provided valuable technical advice and participated in professional development activities.



Kim Brooks
Vancouver
Coastal



Keith Marshall
Vancouver
Coastal



Rachel Andrew-Nelson
Vancouver
Coastal



Vanessa Charlong
Vancouver
Island



Charles Nelson
Vancouver
Island



Georgia Cook
Vancouver
Island



Peter John
Fraser Salish



Kelowa Edel
Fraser Salish

GOAL THREE

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

- Issued a clean financial audit for 2015-2016 as reported to Members at the 2016 FNHDA AGM held in Prince Rupert, BC in September 2016.
- Held FNHDA Regional Board elections and welcomed two new Board Members to the family.
- Welcomed our first FNHDA Elder Advisor to fulfill a commitment endorsed by BC Chiefs in the Consensus Paper and Resolution 2012-01.
- Honoured seven outstanding award recipients at the 2016 FNHDA Inspiration Awards and Honouring Ceremony.
- Fostered stronger relationships with our First Nations health governance partners, the FNHC and FNHA, through the Collaboration Committee. Together we developed a shared Annual Engagement Framework and Work Plan to fulfill a commitment in the Consensus Paper 2012-01.
- Facilitated the signing of the Declaration of Commitment: Lateral Kindness by the leadership of the FNHC, FNHA and FNHDA in January 2017.
- Continued to plan and develop future lateral kindness training to build on the lateral kindness training we have done so far.

- Gained new Members from communities with no previous FNHDA membership, supporting our Operating Principle of “Never leaving anyone behind.”
- The FNHDA Board of Directors attended the Nuka System of Care Conference (NSCC) hosted by the Southcentral Foundation (SCF) in Anchorage, Alaska from June 21 to 25, 2016.

The FNHDA Board also supported the continued development of the made-in-BC First Nations Health Director Certification Program. The purpose of this certification program is to enable Health Directors to continue to grow by providing professional development, training and capacity building. It is linked to the FNHDA Standards of Excellence, a list of professional competencies developed by the FNHDA in 2014-2015.

Kim Brooks (President), Keith Marshall (Vice-President), Lauren Brown (Secretary Treasurer), Virginia Peters (Interim Elder Advisor), Rachel Andrew-Nelson, Peter John, Kelowa Edel, Teresa Johnny, Shelley Lampreau, Jacki McPherson, Georgia Cook, Vanessa Charlong, Charles Nelson, Patricia Hoard, Verne Tom* and Genevieve (Jenny) Martin**

**For the period April 1 – September 30, 2016*

***For the period October 1, 2016 – March 31, 2017*



Virginia Peters
Fraser Salish



Teresa Johnny
Interior Region



Shelley Lampreau
Interior Region



Jacki McPherson
Interior Region



Patricia Hoard
Northern Region



Genevieve (Jenny) Martin
North Region



Lauren Brown
North Region



Verne Tom
North Region



A day in the life of a HEALTH DIRECTOR

Health Directors wear many hats. Sure, the formal job description outlines the role and core accountabilities, but often in communities, when health care-related work needs to get done, we're the ones who make it happen.

A typical week for a Health Director can include tasks as diverse as planning and implementing health and wellness services; engaging with community members on a daily basis on their concerns; hiring and other human resource matters; ensuring compliance with regulation and with funding agreements; working on communications, emergency mental health and other crisis responses; and many others all while managing the day-to-day responsibilities. When emergencies happen, all that paperwork on the desks doesn't disappear.

The responsibilities of a Health Director vary widely between communities as well. Some of us are able to focus full attention on health services; others are de facto responsible for planning and delivering most health services on reserve. There are numerous factors affecting the health of the communities, after all.

Common core competencies for this line of work are flexibility, dedication, and the ability to be innovative and creative regarding funding sources and priorities in order to deliver a holistic program aimed at increasing the health and wellness of the communities we serve.

In many cases, Health Directors are like magicians, conjuring up programs and funding seemingly out of thin air. Sometimes this role can seem daunting and ever-changing. We work long hours and have a lot of responsibility on our shoulders. But the satisfaction of seeing the communities heal and become well is what keeps many of us going. We have a role in improving the lives of the community members and the people that we care about. That's pretty powerful when you think about it.

As Health Directors, we give so much of ourselves to others. This can make us feel overwhelmed, exhausted and burned out. So when it comes to wellness, we must lead by example and take time for ourselves.

We invite you to take a moment to visit the Head to Heart website to view this ongoing shared resource comprised of stories, tips and reminders from Health Directors based on the three-pillar approach to reducing stress:

Honouring the Land, Powering Down and Weaving Networks of support.



For more information, visit <http://headtoheart.fnhda.ca/>

We have a role in improving the lives of the community members and the people that we care about. That's pretty powerful when you think about it.

PROGRAMS COMMITTEE

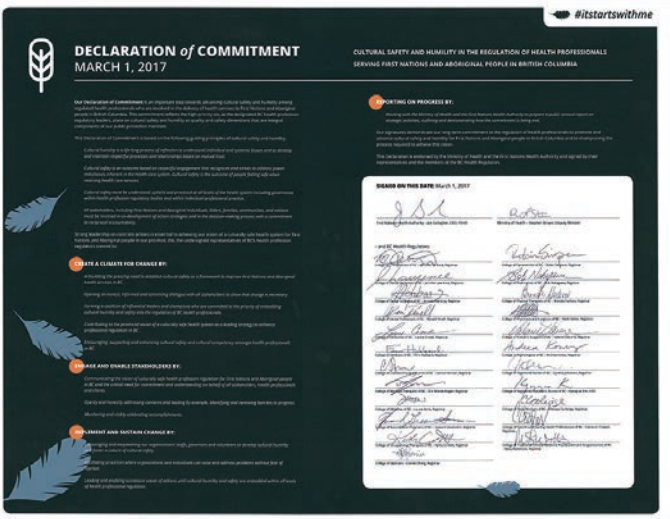
The FNHDA Programs Committee (PC) provides advice and recommendations to the FNHDA Board on work to improve the quality of health programming regionally and provincially. FNHDA PC members also collaborate with the FNHC and FNHA to strengthen and evolve the First Nations Health Governance Structure in BC. They do this through the FNHC-FNHDA-FNHA Collaboration Committee (CC).

Members of the FNHDA PC are: Virginia Peters (Fraser Salish), Jacki McPherson (Interior), Lauren Brown (North), Kim Brooks (Vancouver Coastal) and Vanessa Charloug (Vancouver Island).

In 2016-2017, the FNHDA PC continued to focus on advancing FNHDA's strategic plan Goal Two: Support transformation through effective participation of the FNHDA in the First Nations Health Governance Structure and providing quality and timely technical advice.

Key work of the FNHDA PC in 2016-2017 included supporting the development of:

- An approach for the FNHDA to support and bring to life the Declaration of Commitment: Cultural Safety and Humility in Health Services for First Nations and Aboriginal People in British Columbia within our own organization. This approach includes working to advance lateral kindness and strengthen our organization's Operating Principles as well as working on the FNHDA Head to Heart mental wellness campaign and appointing an interim Elder Advisor to the FNHDA.
- A joint CC work plan to support a productive collaboration as we move forward together in the health systems transformation journey.
- The Declaration of Commitment: Lateral Kindness, which was signed by the FNHA, FNHC and FNHDA in February 2017 to demonstrate our long-term commitment to the practice of lateral kindness and to championing the process required to achieve this vision.
- A joint CC Annual Engagement Framework and Plan for 2017-2018, which included a collaboration between the FNHA and FNHDA to engage and support the participation of First Nations Health Directors at the 2017 Best of Both Worlds and Quality Forum.



Declaration of Commitment: Cultural Safety and Humility in Health Services for First Nations and Aboriginal People in British Columbia

PLANNING AND REPORTING COMMITTEE

The FNHDA Planning and Reporting Committee (PRC) provides advice and recommendations to the FNHDA Board on key high-level strategic planning and reporting decisions as they relate to the following FNHDA strategic goals:

- **GOAL ONE:** 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.
- **GOAL THREE:** Uphold high operational standards and seek to continuously improve, grow and evolve the FNHDA.



IN 2016-2017, KEY WORK OF THE FNHDA PRC INCLUDED:

- Discussing strategies to strengthen governance and accountability by developing aspirational FNHDA Board Competencies and reviewing the budget.
- Discussing strategies to strengthen FNHDA membership development; this included refocusing on supporting health directors to comply with the FNHDA Constitutions and Bylaws, reviewing new membership applications and forwarding recommendations to the Board.

- Discussing plans and strategies for hosting our FNHDA AGM; this included recommending conference themes and agenda items, enhancing regional election processes, strengthening and expanding the Inspiration Awards provincially, and logistics.
- Supporting the development of a Health Directors' Job Description Toolkit in collaboration with FNHA Human Resources.
- Providing technical advice to our First Nations health partner organizations on the following initiatives:
 - The cultural safety and humility webinar called, "Leading a framework for Cultural Safety & Humility for First Nations in BC," presented by Dr. Evan Adams, Chief Medical Officer at the FNHA.
 - FNHA's Traditional Medicine Guidebook, currently under development.
 - FNHA's Community Health Planning transformation, including the Community Planning Guidebook that is under development.
 - The Dietitian Wellness Survey, a part of the FNHA Community Health and Wellness team's high-priority work to transform the Aboriginal Diabetes Initiative.
 - The First Nations Regional Early Childhood, Education and Employment Survey (FNREEES), including input into the analysis of the Child Survey, Youth Survey and Adult Survey, and the reporting in the preliminary report and the final report.

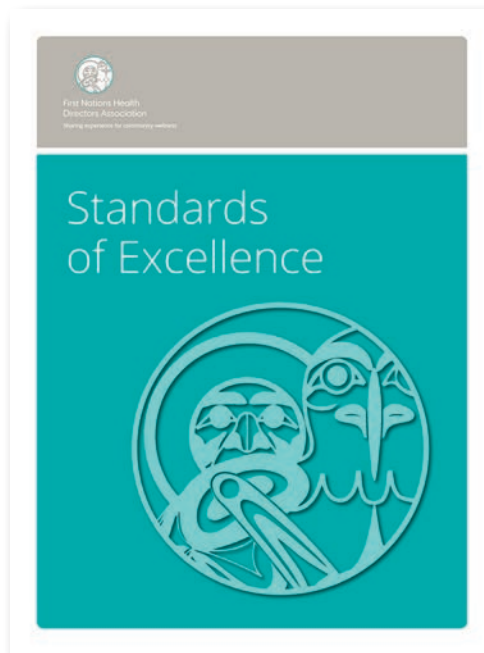
PRC members are: Kelowa Edel and Peter D. John of the Fraser Salish Region, Keith Marshall and Rachel Andrew-Nelson of the Vancouver Coastal Region, Georgia Cook and Charles Nelson of the Vancouver Island Region, Shelley Lampreau and Teresa Johnny of the Interior Region, and Patricia Hoard, Verne Tom* and Genevieve (Jenny) Martin** of the North Region.

**For the period April 1 - September 30, 2016 | **For the period October 1, 2016 - March 31, 2017*

CERTIFICATION FOCUS GROUP

At the FNHDA 2014 Annual General Assembly, Members voted to proceed with the development of a made-in-BC certification program for First Nations Health Directors. This program reflects our unique context and governance structure in BC and is linked to the FNHDA Standards of Excellence. It will include eight modules or areas of learning:

1. First Nations Culture and Protocol;
2. BC First Nations Health System and the Creation of the Association;
3. Health Programs and Services;
4. Human Resources;
5. Health Administration/Financial Management and Budgeting;
6. Health Management;
7. Communications; and
8. Legal Accountabilities.



The FNHDA formally established a Certification Focus Group and adopted its terms of reference on February 12, 2016. The focus group comprises FNHDA Members and Board Members from each region with the expertise to develop the certification program: Jim Adams (Interior), Laura Jameson (Interior), Jacki McPherson (Interior), Keith Marshall (Vancouver Coastal), Kim Brooks (Vancouver Coastal), Carolyne Neufeld (Fraser Salish), Virginia Peters (Fraser Salish), Charles Nelson (Vancouver Island) and Monica Brown (North). The group's work term will end on September 30, 2017. The scope of authority and activities include:

- Strategizing and discussing certification program options and deliverables.
- Providing recommendations for the development of the certification process and objectives.
- Discussing recommendations regarding the curriculum writer, guidance for the writing of the eight modules and structure of the program.



Kim Brooks, a representative from Gevity Consulting and Laura Jameson talking at the Certification Information Booth at the AGM.

The curriculum outline was reviewed at the 2016 AGM, and the curriculum outline and Module One were presented. Members gave their input through World Café discussions and voted on issues related to delivery as follows:

- **Course Delivery:** The Focus Group discussed delivery methods in the regions. A large majority of Health Directors (81%) would like the FNHDA Health Director Certification Program to be delivered in a combination of both online and in-person learning.
- **Ability to Participate:** Members identified travel and course fees (79%) support as the top priority that would enable them to participate in the FNHDA Health Director Certification Program, followed by time allocated during work hours as professional development (15%) and support from leadership (6%).

In November 2016, the Board passed a series of motions to support the delivery and implementation of the certification program based on the recommendations of the Focus Group. Next steps included starting RFP processes to support the development of a student guide, creating prior learning assessments, determining how the FNHDA can become an accrediting body to certify students, and looking for possible partner post-secondary school institutions to deliver the modules, which is currently in-progress.

Updates on the delivery of the First Nations Health Director Certification Program and these RFP processes will be provided and reviewed at the 2017 AGM.

CERTIFICATION FOCUS GROUP



Jim Adams
Interior



Laura Jameson
Interior



Jacki McPherson
Interior



Keith Marshall
Vancouver Coastal



Kim Brooks
Vancouver Coastal



Carolyn Neufeld
Fraser Salish



Virginia Peters
Fraser Salish



Charles Nelson
Vancouver Island



Monica Brown
North



First Nations Health
Directors Association
Sharing experience for comm



MAINTAINING
GROUND
COMMUNITIES



SUPPORTING
PERSONAL
GROWTH

SUSTAINING
COMMUNITY
WELLNESS



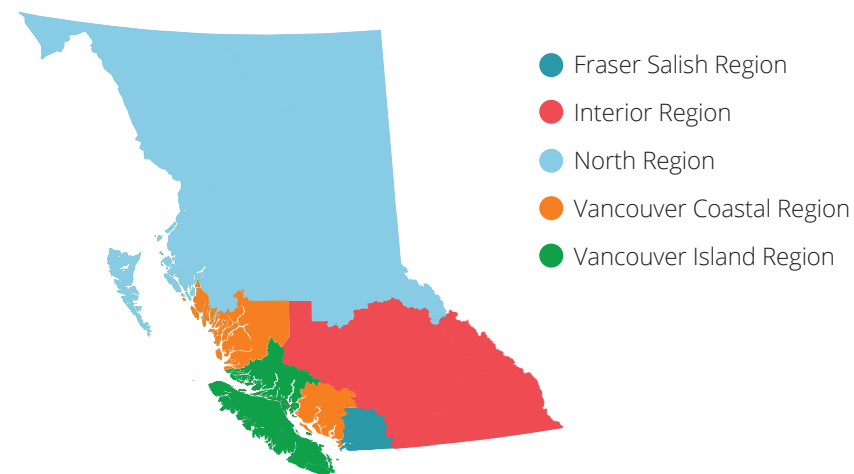
SUMMARY OF REGIONAL CAUCUS SESSIONS - FALL 2016

Regional Caucuses support local decision-making by bringing together the health services delivery, political and technical leadership (the FNHA, FNHC and FNHDA, respectively) arms of the BC First Nations Health Governance Structure to plan and engage on regional health and wellness priorities and interests. At the fall 2016 Regional Caucus, the FNHA, FNHC and FNHDA each hosted one day.

KEY HIGHLIGHTS OF THE FNHDA'S DAY INCLUDED:

Continued engagement and planning with Health Directors regarding proposed regional FNHDA Mentorship Circle initiatives. Regional Caucuses are an important part of First Nations health governance engagement processes locally, regionally and provincially, so Health Directors' participation is essential. At this year's Caucuses, Health Directors discussed and agreed with the idea of developing regional Mentorship Circles. The circles could support Health Directors in their work in communities and in their personal wellness and could support new Health Directors in succession planning. They could also support FNHDA initiatives and processes, including training, the Technical Advice Process and the Certification Program, by facilitating the sharing of information, enabling Health Directors to use their time and resources more efficiently, clarifying roles and expectations, and fostering good relationships.

Regionalization Update and Transformation Pathway presentation by the FNHA. The FNHDA appreciated having the FNHA join the sessions to report on progress as we work collectively on improving health outcomes for BC First Nations. FNHA executives presented the regionalization and transformation strategy updates to Health Directors to keep them informed of new developments and to obtain their feedback. Regionalization is a phased approach to develop and align regionally based supports for decision-making over the design and delivery of health and wellness services and initiatives. The FNHA's focus is to bring decision-making closer to communities, align with the regional health authorities, establish regional investment targets, promote integration of traditional wellness and encourage community collaboration. The FNHA Transformation Pathway describes the planning approach within the First Nations Health Governance Structure whereby the priorities,



interests and perspectives expressed by BC First Nations can inform the plans and investments made regionally and provincially.

Health Benefits update by FNHA Health Benefits team. The FNHA Health Benefits team provided a regional summary of health benefits claims in the areas of dental, chronic disease, wellness/prevention, mental health and drugs with potential for abuse/misuse. Health Directors also provided feedback on the types of information needed to support health programs and service delivery in communities.

Engagement with Health Directors to set key health transformation priorities that will inform the work of the FNHA, FNHC and FNHDA. For the FNHDA, the Regional Caucuses are an ongoing opportunity to bring FNHDA Members together to fulfill their core functions. These include supporting professional development and providing technical advice to advance the health and wellness priorities and interests of First Nations communities. The FNHDA takes its direction from our Members through discussions at the FNHDA AGM and meetings of Members held at Regional Caucuses, Gathering Wisdom and other engagement forums.

TECHNICAL ADVICE PROCESS (TAP)

FNHDA membership is composed of Health Directors and Managers working in First Nations communities. Through the FNHDA, Members share and access technical advice, make decisions and provide agreed-upon technical advice with one voice to the FNHDA Board. This is in accordance with the FNHDA Strategic Plan, Goal Two: Support transformation through effective participation of the FNHDA in the First Nations Health Governance Structure and providing quality and timely advice.

The role of each FNHDA Board Member is to help the FNHDA fulfill its mandate by being:

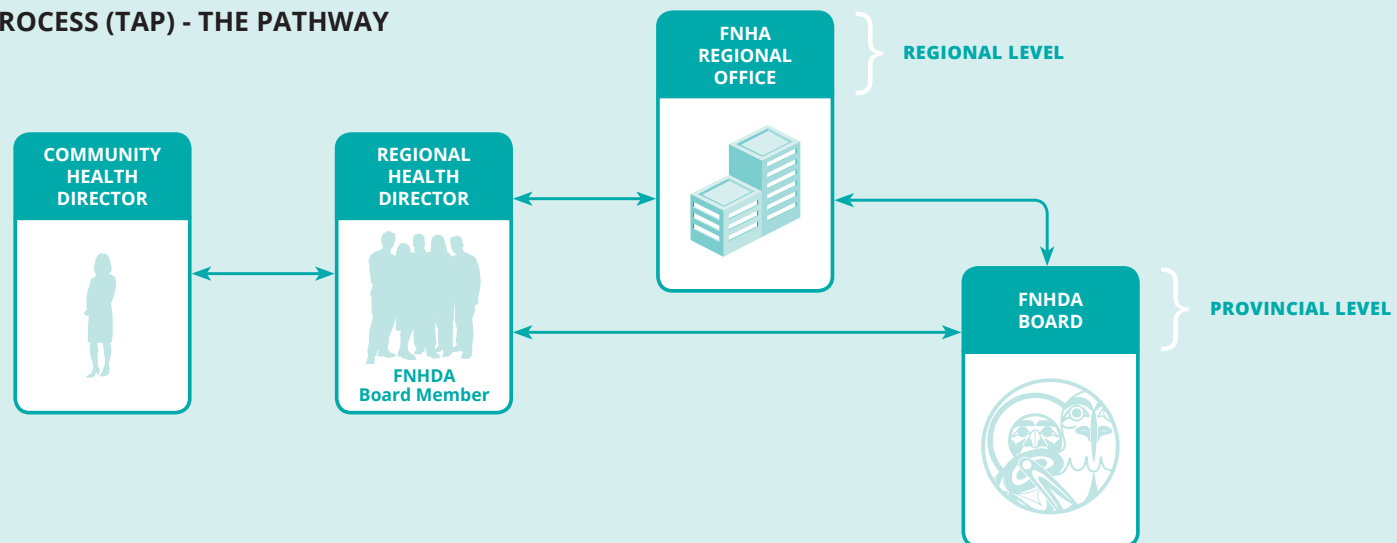
1. A “champion” or “representative” in his or her region for the FNHDA; and
2. A technical advisor who provides regional perspectives, oversight and guidance to the FNHDA.

The process used to engage Health Directors and Managers and gather their advice and feedback is called the Technical Advice Process (TAP).

The Technical Advice Process

FNHDA Board Members, as regional champions or representatives, help facilitate dialogue within their respective regions to best navigate regional priorities and determine how to address important matters. Meanwhile, on a daily basis, Health Directors and Managers work to continually improve the health and wellness of community members by linking with departments within First Nations communities and their external partners to address and bridge all health areas. Health Directors and Managers are also called upon by Chiefs to provide technical advice on health-related matters. The following diagram depicts “The Pathway,” which is a visual depiction of the TAP and shows the flow of how advice is gathered, analyzed and provided.

TECHNICAL ADVICE PROCESS (TAP) - THE PATHWAY



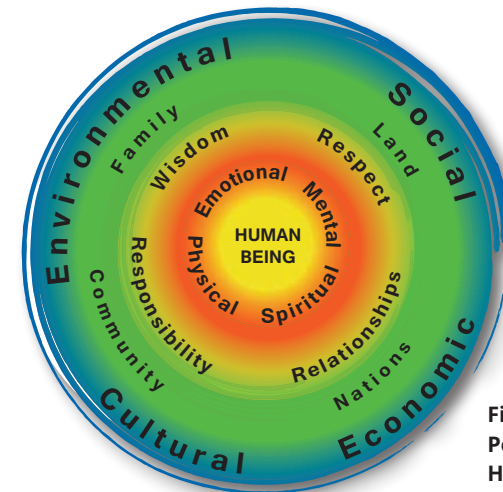
This past year, the FNHDA Board provided technical advice on some projects to help our partners improve and transform the health quality agenda, including:

Keeping the Spirit Alive: Traditional Medicines Guidebook

- The FNHDA Board provided feedback to the FNHA's Strategic Policy team on the work plan for the Keeping the Spirit Alive: Traditional Medicines Guidebook and also made recommendations.
- Goals of Traditional Wellness Work:
 - To support First Nations in protecting, incorporating and promoting their traditional medicines and practices.
 - To improve the mental, emotional, spiritual and physical well-being of First Nations while strengthening the traditional health-care system through partnerships between traditional healer practitioners and the Western medical system.

FNHA Dietician Wellness Survey

- The FNHDA Board worked with the FNHA's Community Health and Wellness team on the Dietician Wellness Survey to obtain information regarding community access to dietitians. The purpose of the survey was to identify gaps, collect data for advocacy and determine what resources are available to which communities. The FNHA Community Health and Wellness team also requested technical advice about the nutritional services community members have (or do not have) access to; this was done through a short survey.
- The Community Health and Wellness team's priority is the Transformation of Aboriginal Diabetes Initiative.



**First Nations
Perspective on
Health and Wellness**

Community Health Plans

- The FNHDA Board worked with the FNHA's Policy, Planning and Transformation department to provide feedback on the evolving FNHA Community Health and Wellness Plans and the Community Health and Wellness Planning Guidebook.
- Health Planning and Management (HPM) Program Objectives:
 - To enable recipients to design health programs, develop health plans, establish services and/or allocate funds according to their identified health priorities.
 - To ensure that recipients have optimized flexibility for health programming and services.
 - To strengthen and enhance recipients' accountabilities regarding the management and delivery of quality health programs and services.



First Nations Regional Early Childhood, Education and Employment Survey (FNREEES)

- The FNREEES is a national survey designed and coordinated by the First Nations Information Governance Centre (FNIGC), which was mandated to conduct FNREEES by the Assembly of First Nations' Chiefs in 2011.
- The FNHDA Board provided feedback to the FNHA regarding which survey results from the Child Survey and the Youth Survey conducted by the FNREEES would be best to include in the FNHA's Research, Knowledge Exchange & Evaluation (RKEE) department's online data tool.
- The FNHA is reviewing and analyzing the FNREEES BC provincial data under the guidance of two advisory committees made up of content area experts while working toward a comprehensive FNREEES provincial report.



Certification Focus Group

- In the area of professional development, an FNHDA Certification Focus Group that included regional representation provided technical advice on the development of the first phase of the Health Director Certification Program.
- The FNHDA Certification Focus Group is a forum in which participants can:
 - Strategize and discuss Certification Program options and deliverables.
 - Provide recommendations for the development of the certification process and objectives.
 - Discuss recommendations regarding the curriculum and guide the development of the eight modules for the structure of the program.

The FNHDA's provision of technical advice for each of the above projects is ongoing and evolving. The FNHDA is pleased to continue playing its role as a key partner in program transformation and in advancing and improving the health quality agenda.

TRAINING SUMMARY

The responsibility and importance of First Nations Health Directors in BC has never been greater than today as we focus our efforts on the transformation of health programs and services. It is crucial that Health Directors have the opportunity to further their professional development and on-the-job skill set, and that they have the opportunity to do so on a regular basis.

The FNHDA is committed to providing training support for community Health Directors to fulfill Goal One of the FNHDA Strategic Plan (2015-2018): 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.

The FNHDA's Three-Year Training Plan reflects our Members' training priorities:

- Community Health and Wellness Planning
- Community Health Services and Programs, Health Knowledge, Wellness
- Cultural Competency and Cultural Safety
- Communication
- Financial Management
- Human Resources
- Governance, Transformation and Community Health Leadership

These priorities will be incorporated into the FNHDA's certification modules as we develop our made-in-BC Health Director Certification Program.

HIGHLIGHTS OF FNHDA TRAINING IN 2016-2017

2017 BC Quality Forum

Health Directors working for First Nations communities are critical partners in the creation of viable and appropriate approaches to providing quality care for our community members. In the spirit of partnership, the FNHA and FNHDA partially

sponsored FNHDA Members to attend the BC Quality Forum in Vancouver, BC from March 1 to 3, 2017. This important forum will serve as a premier health conference for First Nations and system partners working on the health-care issues that matter most to our people. Discussion at the 2017 Quality Forum focused on what quality means for Indigenous people and what needs to be done to develop respectful, quality approaches to care, including:

- Exploring the concept of quality through an Indigenous health and wellness lens;
- Building capability on the fundamentals of quality improvement;
- Examining the health-system levers for quality;
- Accelerating cultural safety and humility in the health-care system; and
- Developing and strengthening relationships between Indigenous and non-Indigenous people working in health care.



2017 "Best of Both Worlds: Dimensions of Quality, Indigenous Perspectives" pre-Quality Forum event: FNHDA Members participated in this pre-forum event, which examined what quality care looks like from Indigenous perspectives and how Indigenous concepts of health and wellness can be reflected within the FNHA, First Nations and provincial quality frameworks. It offered four streams of interactive workshops including: Cultural Safety and Humility, Quality 101, Defining a First Nations Quality Framework and Building Health Care Allies.



Health Directors touring Health Benefits

2017 FNHA Health Benefits Tour for Health Directors

The FNHA hosted a Health Benefits tour for community Health Directors on February 28, 2017. This tour provided opportunities for Health Directors to learn about the broader Health Benefits services while meeting FNHA Health Benefits staff and strengthening connections with them. The goal of this event was to help Health Directors feel more comfortable approaching and engaging FNHA Health Benefits staff and thereby improve access.

2017 Members' Dialogue Session on Quality Health Services hosted by the FNHDA and FNHA

Also on February 28, 2017, the FNHDA and FNHA co-hosted a half-day Members' Dialogue Session on Quality Health Services. The purpose of this session was to share information about the FNHA Quality Agenda and to gain important feedback from Health Directors regarding priorities and actions that will inform the implementation of a BC First Nations Quality Agenda. Participants engaged in dialogue in a "World Café" format and also prepared for broader discussion on quality improvement at the BC Quality Forum.

Gathering Space: Members' Portal orientation at 2016 AGM

This Members' Portal was created to allow FNHDA Members to connect with each other at any time, share resources and best practices, provide support and have discussions. During this orientation, there was an overview of the log-in process and a walk-through of the different pages and sections of the Portal, e.g., the "Membership Area" home page where Members can read the most recent news and updates.



Dr. Evan Adams

Professional Development (DiSC®) at 2016 AGM

The FNHDA was excited to offer this professional development opportunity at the 2016 AGM. The Everything DiSC® Workplace assessment team facilitated an exercise aimed at exploring, discovering, assessing and developing Members' work productivity, teamwork abilities and communication skills. The DiSC® team provided Members with their individual assessment data to help them:

- Increase self-knowledge and understand personal conflict-response patterns, motivators, stressors and problem-solving styles.
- Facilitate better teamwork and minimize team conflict.
- Develop stronger skills by identifying and responding to others' conflict-response patterns, motivators, stressors and problem-solving styles.
- Manage more effectively by better understanding team members' dispositions and priorities.
- Become more self-aware, well-rounded and effective leaders.

Cultural Safety and Humility with FNHA Chief Medical Officer via 2016 Webinar

The FNHDA hosted a webinar with Dr. Evan Adams, FNHA Chief Medical Officer, who presented on cultural humility and what it means for how we teach and learn. With humour and wisdom, Dr. Adams offered insights into the journey of cultural humility and how this ongoing process of learning and reflecting on oneself can strengthen relationships and improve outcomes. Participants were welcomed and encouraged to engage in this interactive session to advance the dialogue on cultural humility and learn from one another's journeys.



ANNUAL GENERAL MEETING SUMMARY

The FNHDA 2016 AGM was held on September 27-29, 2016 on Coast Ts'msyen (Tsimishian) Territory in Prince Rupert, BC, in the North Region. The AGM's theme followed the three pillars of the FNHDA Head to Heart campaign on mental wellness. To support our Members' wellness, there were daily opportunities to participate in morning yoga classes, sessions with a variety of wellness practitioners and an Amazing Race competition.

DAY ONE

Weaving Support Networks (Reaching Out and Nurturing Support Networks)

The FNHDA was welcomed to Coast Ts'msyen (Tsimishian) Territory for its AGM by Elder Murray Smith, Tsimshian Nation, then to the AGM itself by the hosting FNHDA North Region Board Representative and President. Afterwards, Members met for Regional Collaboration Meetings and took part in elections for Board Regional Representatives. We welcomed Genevieve Martin as the new Board Member and representative for North Central and celebrated nine re-elections. There was a New Board Members' Ceremony to blanket Board Members and hold the Oath of Office Ceremony. The day ended with a review of the Annual Report and Financial Statement, which the membership voted to accept (91% majority, 7% abstained).



New Board Members' Ceremony to blanket Board Members and hold the Oath of Office Ceremony.



Honouring Ceremony for Virginia Peters (R) for her new role as Interim Elder Advisor with Pat Charlie.

DAY TWO

Honouring the Land (Getting Outside)

On the second day of the AGM, we covered a lot of information and engagement on FNHDA initiatives and held a group yoga wellness activity. There were sessions on FNHDA's Head to Heart mental wellness campaign showcasing videos of Health Directors' tips recorded at the 2015 AGM as well as the FNHDA's Health Director Job Description Toolkit project. A training session on FNHDA's Gathering Space: Members' Portal was given. Members also participated in a professional development activity using the Everything DiSC® Workplace personal assessment to explore, discover and develop self-knowledge and understanding of work productivity, teamwork and communication styles.

In the evening, Members enjoyed a gala dinner that included the FNHDA Inspiration Awards and Years of Service Ceremony and an honouring ceremony for Virginia Peters as she steps into the role of Interim Elder Advisor for the FNHDA. The night ended with a wonderful cultural performance by the Northern Lights Dancers.



Health Director Certification Program session to discuss the development of the curriculum and its eight modules.

DAY THREE

Powering Down (Unplugging from Technology)

The last day was dedicated to the FNHDA Health Director Certification Program to discuss the development of the curriculum and its eight modules. The Certification Focus Group and the consulting firm hired to support curriculum development, Gevity, presented a module on how the curriculum is structured. Members gave input and voted on the “Grandmother Clause” (not a clear consensus), course delivery options (81% supported a combination of both online and in-person training) and what would support them to participate in the program.

Feedback

Overall, Health Directors expressed that the AGM was a success. In the evaluations, the top things Members liked best about the AGM were: getting together and networking, wellness activities, the Everything DiSC® professional development activity, information sharing and being in Prince Rupert. Suggestions for improvement related mostly to the venue and travel. There was positive feedback from Members about the information sessions, with most in strong agreement that the information was understandable, relevant and useful to Health Directors’ work and that it was presented in such a way that they could meaningfully participate. The evaluations also showed Members really enjoyed the cultural performance (83% loved or liked it), wellness activities (85% loved or liked them), Inspiration Awards (75% loved or liked them) and the gala dinner (74% loved or liked it).

FEEDBACK ON SESSIONS (Annual Report, Health Job Description Toolkit, DiSC Professional Development and FNHDA Certification Program)				
Information was presented in a way I could understand. (Average 1.6)				
+2 Strongly Agree	+1 Agree	-1 Disagree	-2 Strongly Disagree	N/A
Session content was recieved and useful to my work. (Average 1.7)				
+2 Strongly Agree	+1 Agree	-1 Disagree	-2 Strongly Disagree	N/A
I was able to meaningfully participate in the session. (Average 1.7)				
+2 Strongly Agree	+1 Agree	-1 Disagree	-2 Strongly Disagree	N/A

MEMBER SERVICES UPDATE

FNHDA membership is determined through an application process, with successful applicants gaining access to FNHDA updates, resources and services. FNHDA Members are the most senior employees or contractors employed as Health Directors, Health Managers or Health Leads by First Nations entities and, as such, they are responsible for the day-to-day management, administration and delivery of health programs and services. FNHDA membership applications are received by fax or email by the FNHDA Member Services Coordinator, who ensures that applications are complete and then prepared for the Planning and Reporting Committee, which is responsible for providing advice and membership recommendations for the Board of Directors' consideration.

In the 2016-2017 fiscal year, the FNHDA Board accepted 46 applicants for FNHDA membership. We now have 151 FNHDA Members across BC, and our ultimate goal is to have one Member for each BC First Nations community that has a Health Director within a health centre. Currently, about 25 per cent of First Nations communities do not have an FNHDA Member.

With this in mind, the FNHDA is working toward enhanced recruitment and retention of its Members. We are offering exclusive benefits and initiatives, such as First Nations Health Director Certification, Head to Heart mental health and wellness supports and a Mentorship Program (currently under development).

We will continue to build positive and lasting relationships with our Members, offer networking opportunities, and provide opportunities to ensure all First Nations communities have access to important resources and support through membership in the spirit of “never leaving anyone behind.” For any questions, support or referral services, please reach out to the FNHDA Member Services Coordinator Magie-Mae Adams. You can reach Magie-Mae by email at fnhda@fnha.ca or directly by phone at 604-699-3155.

Confirmation Letters

We have a new process for confirming community-based Health Directors; each First Nations entity is now required to submit a confirmation letter annually, by March 1, identifying their respective Health Director/Manager/Lead. This is in accordance with our Members' Special Resolution, which was passed at our 2015 AGM, amending the FNHDA Constitution and Bylaws.

Our new process will ensure that FNHDA membership is kept updated with the names of the current First Nations Health Directors. Confirmation letters must be signed by the authorized signing authority of each Health Director's organization. To streamline the process, the FNHDA has developed a template for the confirmation letter. It is available on the FNHDA website or the Gathering Space: Members' Portal.

We will continue to build positive and lasting relationships with our Members, offer networking opportunities, and provide opportunities to ensure all First Nations communities have access to important resources and support through membership in the spirit of “never leaving anyone behind.”



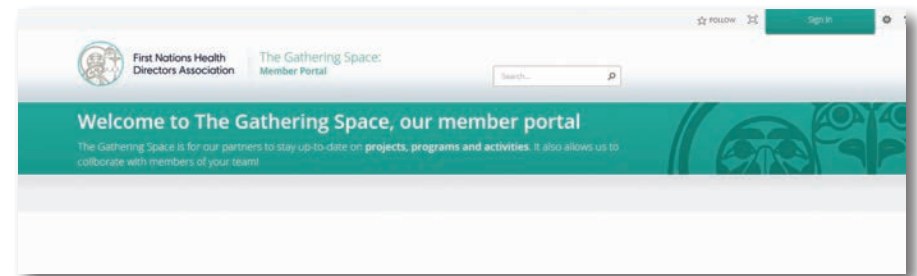
FNHDA eBlast

The FNHDA eBlast is an online newsletter that enables the FNHDA to communicate with Members regarding upcoming events and training opportunities, membership notifications, service highlights and dates for Board meetings or other Member activities. This year, the FNHDA's Member Services team released approximately 41 eBlast issues. The eBlast is our Members' preferred method of information sharing, according to our 2016 communications survey. Combined with our social media presence, the eBlast has proven to be an effective way to communicate with FNHDA Members.



The FNHDA Gathering Space: Members' Portal

The FNHDA Gathering Space: Members' Portal, which was developed in 2014 to help our FNHDA Members stay informed and connected with one another, serves as a web-based collaboration system that facilitates sharing of information, best practices, projects, meetings, templates and other documents with fellow FNHDA Members, regionally and provincially. The portal archives and updates systematically so that members can view content chronologically.



We have been informed that some Members are experiencing technical problems when accessing the Members' Portal. We want to assure you that our team is working with FNHA's Innovation and Information Management, SharePoint and Help Desk teams to increase accessibility. Meanwhile, should you require support to access (log in) or navigate the Members' Portal, please email FNHDA Member Services at fnhda@fnha.ca or call the Member Services Coordinator at: 604-699-3155.

Combined with our social media presence, the eBlast has proven to be an effective way to communicate with FNHDA Members.

THE TRIPARTITE COMMITTEE ON FIRST NATIONS HEALTH

The forum for senior leadership within the First Nations Health Governance System, including federal representatives, is the Tripartite Committee on First Nations Health (TCFNH). The TCFNH coordinates and aligns planning, programming and service delivery among its key partners: Health Canada; the BC Ministry of Health; the Provincial Health Officer (PHO); all BC health authorities, including the FNHA; the FNHC; and the FNHDA. Our FNHDA Board President, Kim Brooks, provides updates about FNHDA activities related to the TCFNH.

The TCFNH and its partners continue to collaborate at the regional, provincial and federal levels, employing new ways of communicating that are human-centred and empathic, i.e., through the Cultural Safety and Humility Framework and the Reciprocal Accountability Framework, which create strong links between members of the committee.

The TCFNH continues to reflect on its effectiveness via the Tripartite Evaluation Plan, which is a commitment per Section 4.3 of the Framework Agreement, to coordinate and align planning, programming and service delivery between the FNHA, regional health authorities and the BC Ministry of Health.

The TCFNH adopted the Statement of Reciprocal Accountability, recognizing that it is a living, breathing document meant to strengthen committee discussion and decision-making. TCFNH members continue to provide feedback on the Reciprocal Accountability Framework as it pertains to their region or level of the health system.

TCFNH partners continue to work toward ensuring that all of their organizations' staff members partake in the Provincial Health Services Authority's San'yas Indigenous Cultural Safety training.

The FNHDA appreciates the opportunity to provide our perspective on provincial strategies. Our priorities reflect the needs and realities of First Nations communities through the lens of our community Health Directors and our organization as a whole.



Tripartite First Nations Health Plan

The Tripartite Committee on First Nations Health and its partners continue to collaborate at the regional, provincial and federal levels, employing new ways of communicating that are human-centred and empathic.

FNHC-FNHDA SHARED SECRETARIAT SUPPORT FOR THE FNHDA



JEANINE LYNXLEG

Senior Specialist, FNHC-FNHDA Shared Secretariat

Jeanine joined the Shared Secretariat in February 2017 (on a one-year secondment). As Senior Specialist, Jeanine provides professional peer support services, information, advocacy and leadership to FNHDA Members, including helping Health Directors to connect with a vast network of supports and to navigate the broader FNHA health programs and services. She is also developing an orientation/onboarding process and mentorship program for Health Directors. Jeanine can be reached by email at Jeanine.Lynxleg@fnha.ca or by phone at 778-828-3504.



MAGIE-MAE (QUEE-I-SOOK THUL-LA-ME-EH) ADAMS

Member Services Coordinator, FNHC-FNHDA Shared Secretariat

Magie-Mae has worked with the Shared Secretariat since April 2015. 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. She also provides coordination for FNHDA activities related to membership inquiries/supports, the membership database, training logistics and election processes. Magie-Mae can be reached by email at Magie-Mae.Adams@fnha.ca or by phone at 604-399-3155.



NICOLE (MIGIZIKWE) HETU

Senior Advisor, FNHC-FNHDA Shared Secretariat

Nicole has worked with the Shared Secretariat since 2013 (and with the FNHA since 2010). In her role as Senior Advisor, Nicole is responsible for providing executive and management support to the Shared Secretariat and Executive Director, including guiding 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 as well as the provision of strategic advice to the FNHDA Board and membership related to the mandate of the FNHDA. Nicole can be reached by email at Nicole.Hetu@fnha.ca or by phone at 604-693-6536.



VALERIE BIRDGENEAU

Advisor, FNHC-FNHDA Shared Secretariat

Valerie has worked with the Shared Secretariat since September 2011. In her role as Advisor, Valerie works closely with the Senior Advisor to provide strategic advice, guidance and support to the FNHDA Board and Members. She also develops policy research and analysis and provides document preparation services to support work relating to the FNHDA Strategic Plan and supports the regional FNHDA Board election processes. Valerie can be reached by email at Valerie.Birdgeneau@fnha.ca or by phone at 604-693-6555.



FNHC-FNHDA SHARED SECRETARIAT ADMINISTRATIVE TEAM

Amber Oates - Executive Administrator; Jolyn Redhead - Administrative Assistant; and Vanessa Guenther - Administrative Assistant

The Shared Secretariat Administrative team provides administrative services to both FNHDA and FNHC Members as well as to the Shared Secretariat team members. The administrative team coordinates logistics for all meetings, including making travel arrangements, keeping track of financial items, processing travel claims and overseeing logistics for meetings (e.g., shipping, meeting packages, travel, accommodation, meeting supplies, set-up). Members of the Administrative team can be reached by email at Shared.Secretariat@fnha.ca or by phone at 604-693-6500.

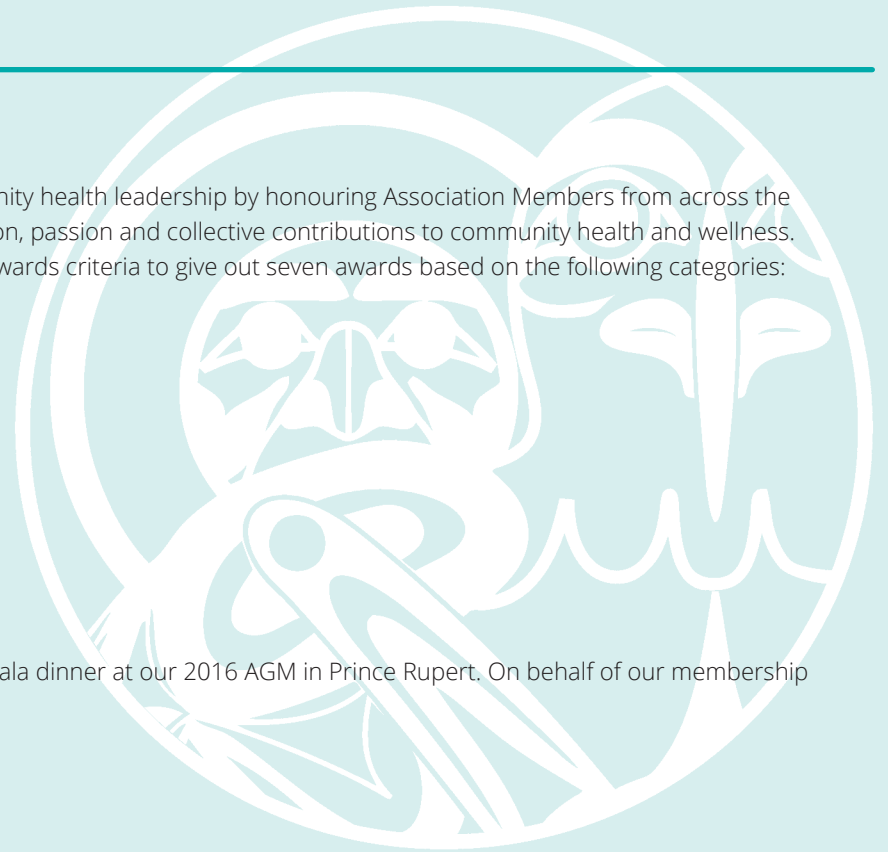


2016 INSPIRATION AWARD RECIPIENTS

Each year at the annual Inspiration Awards, the FNHDA recognizes excellence in community health leadership by honouring Association Members from across the province. Members are nominated by their colleagues or communities for their dedication, passion and collective contributions to community health and wellness. In 2016, instead of providing five awards, one for each region, the FNHDA updated the awards criteria to give out seven awards based on the following categories:

- Grounding work within culture and tradition.
- Providing health and wellness leadership for the community.
- Providing informed technical advice.
- Establishing and maintaining beneficial partnerships.
- Providing effective health administration.
- Being a supportive manager and team leader.
- Participating in professional developmental and continuous learning.

The seven winning Health Directors were honoured at an awards ceremony during the gala dinner at our 2016 AGM in Prince Rupert. On behalf of our membership and Board, we extend our congratulations to all of the outstanding award recipients.



ROSEMARY STAGER is the recipient of the 2016 Inspiration Award for “Grounding work within culture and tradition.” Originally from Lil’wat Nation, Rosemary has held the position of Health Director at Southern St’at’imx Health Society (SSHS) for the past two years, where she serves the four Southern St’at’imx communities.

In just two years, Rosemary has overseen a number of innovative wellness initiatives, including a men’s health group, which holds regular outdoor meetings. At these gatherings, men from Southern St’at’imx and their surrounding communities share teachings, hold health interventions and support each other to reconnect with their land and culture.

“I WOULD REALLY LIKE TO SEE OUR COMMUNITIES GET BACK TO TRADITIONAL WELLNESS AND CHANGE OUR STORY NOW.”



LUCIA BARTLEMAN, a member of Tsartlip First Nation, is the recipient of the 2016 Inspiration Award for **“Providing health and wellness leadership for the community.”** She was nominated for this award by her colleagues who want to recognize her 20 years of work as Health Manager for Pauquachin First Nation.

Among her achievements, Lucia oversaw the development of a popular Diabetes Circle support group; monthly delivery of Good Food Boxes to every family in the community; and the renovation of Pauquachin’s community kitchen, where they hold Elders’ meals and children’s after-school programs. She has also collaborated with Tsartlip and Tseycum First Nations on a successful Head Start Program, now in its 15th year.

“TO BE IN A JOB AS LONG AS I HAVE, YOU HAVE TO HAVE THE PASSION FOR THE PEOPLE AND THE COMMUNITY.”



TERRIE DAVIDSON, Health Director for and member of Boothroyd Indian Band, is the recipient of the 2016 Inspiration Award for **“Providing informed, technical advice.”** Terrie has worked for her community since the 1990s, wearing a number of hats, from Health Director to Band Manager and beyond.

Terrie’s many achievements include the development of Phillip Campbell Healing House, where community members can join healing circles and participate in arts and crafts. She also champions a collaborative approach to all health and wellness projects by partnering with the 32 Fraser Salish communities as well as other community services and the regional health authorities.

“THE ONE THING THAT BRIGHTENS MY HEART IS I REALLY WORK FOR THE YOUTH PROGRAMS AND INITIATIVES.”



KELVIN FEHR is the recipient of the 2016 Inspiration Award for **“Being a supportive manager and team leader.”** He has dedicated most of his adult life to working in First Nations communities and organizations.

One and a half years ago, Kelvin embarked on his role as Health Director at Prophet River First Nation. He is currently working on addressing the huge gap in services provided to individuals once they’ve completed substance abuse treatment. He is working to partner with all First Nations in Treaty 8 and with FNHA on an initiative that will improve services post-treatment for his community and other First Nations.

“IN ORDER TO DO MY WORK WELL, I REALLY NEED TO BE IN TOUCH WITH THE PEOPLE THAT I’M SERVING.”



JENNIFER NELSON is the recipient of the 2016 Inspiration Award for “Providing effective health administration.”

Jennifer was born and raised in Quatsino First Nation. Before Jennifer became Health Director five years ago, she had been Quatsino’s Community Health Representative for ten years.

According to her staff and community, Jennifer is a truly remarkable health leader and her dedication to her community is astonishing. In the summer of 2016, Jennifer and her team organized a life skills camp for youth in Roberts Lake, an idyllic location removed from the distractions of daily living. The youth experienced cedar baths, learned about plants and traditional medicine, made teas, and did drumming and canvas painting.

“WE HAVE REALLY GOOD WORKING RELATIONSHIPS WITHIN OUR DEPARTMENT AND THE TEAMWORK HERE IS AMAZING.”



VICTORIA RUSSELL, a member of Gitsegukla, is the recipient of the 2016 Inspiration Award for “Participating actively in professional development and continuous learning.” Victoria began her work as Health Director for Gitwangak Health Authority in November 2015.

In July 2016, Victoria began work on Gitwangak’s new Health Plan. Among the plan’s priorities are emergency preparedness, including the establishment of First Responders, and ongoing work on the Highway of Tears project to provide transportation for community members to primary care services in Terrace and Smithers. Victoria also oversaw the creation of major initiatives like Gitwangak’s women’s night, men’s group and a health conference.

“WORKING WITH THE PEOPLE AND BEING ABLE TO SEE CHANGES IN PEOPLE WHEN IT COMES TO THEIR PERSONAL HEALING.”

The late **DAVID BOB** is the recipient of the 2016 Inspiration Award for “Establishing and maintaining beneficial partnerships.” He has spent 12 years working as Health Director at Snaw-Naw-As Health Centre in his home community of Nanoose First Nation.

One of David’s most successful partnerships was with Nanaimo Regional District to provide transportation for Elders through Nanaimo’s Handy Dart bus service. David has also maintained a great relationship with Island Health to secure addictions and mental wellness support, youth counsellors, NNADAP workers and other resources. In addition, he engaged part-time services in the community from doctors, nurses, massage therapists, fitness trainers and more.

“TEN YEARS AGO WE WERE POUNDING ON DOORS; NOW PEOPLE ARE KNOCKING ON OUR DOOR.”

FINANCIAL REPORT FOR THE FISCAL YEAR ENDED MARCH 31, 2017

During the 2016-2017 fiscal year, 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, FNHA provides financial and corporate support on an annual basis from the funding they receive from Health Canada.

1.1 First Nations Health Authority 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 2016-2017 operations that are included in the FNHA audited financial statements. Inclusion of the FNHDA financial figures in the FNHA audited statements are required due to related party accounting requirements. Issuance of 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 First Nations Health Authority.” The audited financial statements were approved by the FNHA Board of Directors and accepted by the Members of the FNHA at the 2017 Annual General Meeting.

1.2 FNHDA Financial Results Overview

Table 1 below is FNHDA financial information that has been extracted from the FNHA audited financial statements. The table includes actual results for the year ended March 31, 2017 with prior year comparative figures. Additionally, Table 1 provides the fiscal 2016-2017 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 CICA handbook section for Not-For-Profit (Part III) organizations; table 1 has been presented in this manner for the FNHDA, per membership request.

The net expenditures for fiscal 2017 were \$1,452,475 (fiscal 2016: \$954,213). When compared to the annual budget of \$1,513,748, there was an overall favourable variance of \$61,273.



Table 1: FNHDA Statement of Operations

First Nations Health Directors Association				
Statement of Operations				
For the year ended March 31, 2017				
	2017			
	Annual Budget	Actual Expenditures	Variance Actual vs Budget fav (unfav)	2016
EXPENSES				
Salaries and benefits	\$ 448,295	\$ 382,071	\$ 66,224	\$ 310,721
Travel and meetings	211,530	205,717	5,813	123,154
Honoraria	160,573	160,555	18	85,737
Community meetings and travel	265,000	261,547	3,453	168,499
Professional fees	264,500	257,667	6,833	69,580
Administrative Allocation	118,200	118,200	-	95,315
General administrative	45,650	66,718	(21,068)	101,207
TOTAL EXPENSES	\$ 1,513,748	\$1,452,475	\$ 61,273	\$ 954,213

Details of the types of expenses included in the major expense categories in Table 1 are listed below:

Salaries and Benefits

Include salaries, benefits and allowances paid to the Executive Director, Policy Analysts, Advisors and Executive Administrators.

Travel and Meetings

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

Honoraria

This amount represents retainer 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 and legal services as well as service costs (including associated travel expenses) associated with the redevelopment of the FNHDA website, and the creation of a curriculum for the Health Directors Certification Program.

Administration Allocation

The Administrative Allocation budget and actuals represent an allocation of expenses from FNHA for administrative support services it provides. The Administrative Allocation is normally set at a rate of 10 per cent of the expenses incurred by the FNHDA. For fiscal 2017, however, this allocation was capped at the budgeted amount.

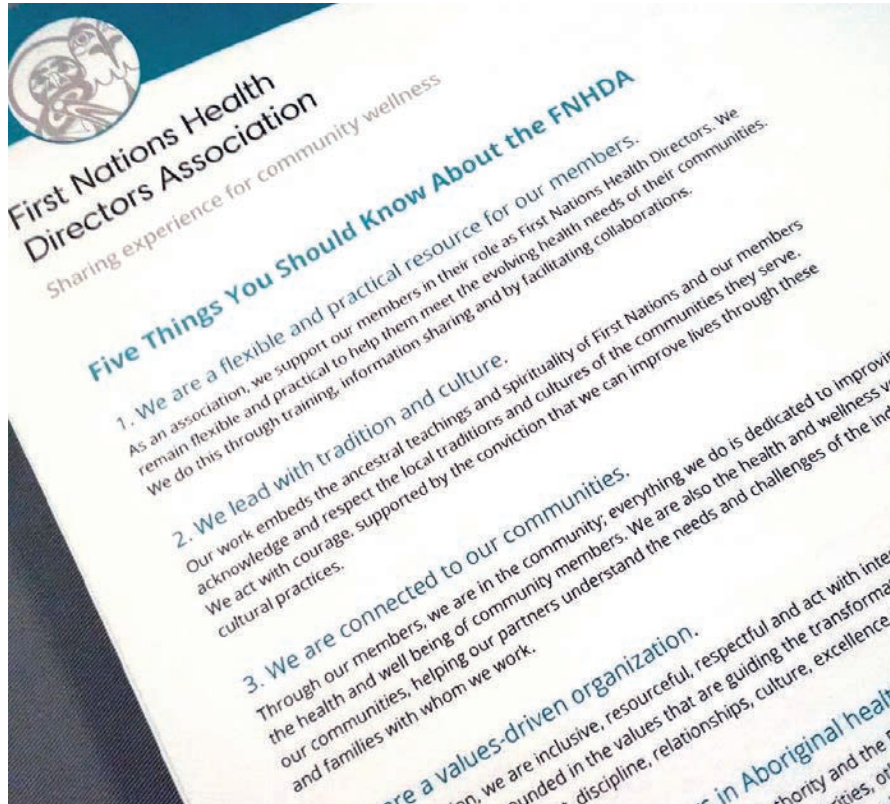
Table 2 below shows the Statement of Financial Position for FNHDA. FNHDA maintains a bank account with the Royal Bank of Canada. The offset is a payable in an equal amount to FNHA. At the time of its establishment, the bank account was required to meet the legal requirements relating to the BC Society Act. Effective August 2016, the Society Act has been repealed and replaced by the Societies Act and the section requiring the deposit account was not carried forward. The nominal dollar amount, however, will remain in the bank account.

Table 2: FNHDA Statement of Financial Position

First Nations Health Directors Association		
Statement of Financial Position		
For the year ended March 31, 2017		
	2017	2016
ASSETS		
Current Assets		
Cash	\$ 100	\$ 100
	\$ 100	\$ 100
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	\$ 100	\$ 100
	100	100
NET ASSETS		
Invested in property and equipment	-	-
Unrestricted	-	-
	\$ 100	\$ 100

1.3 Remuneration of Directors

For the 2017 fiscal year, FNHDA paid total remuneration of \$160,555 (fiscal 2016: \$85,737) to directors. Remuneration paid to directors is listed in Table 3 below. The format of the information presented in Table 3 conforms to the corresponding disclosure in the audited financial statements of the First Nations Health Authority.



Position	Meeting Fees	Certification Focus Group	Total Remuneration
President	\$ 15,300	\$ -	\$ 15,300
Vice President	9,250	7,000	16,250
Secretary/Treasurer	8,500	6,000	14,500
Board Member	13,000	3,500	16,500
Board Member	2,250	-	2,250
Board Member	8,500	-	8,500
Board Member	5,750	6,750	12,500
Board Member	9,000	-	9,000
Board Member	8,750	-	8,750
Board Member	7,000	-	7,000
Board Member ¹	8,500	-	8,500
Board Member ¹	4,750	-	4,750
Board Member ¹	11,000	-	11,000
Board Member ¹	9,250	-	9,250
Board Member	9,250	-	9,250
Board Member	3,750	-	3,750
	\$ 133,800	\$ 23,250	\$ 157,050
Director CPP			3,505
TOTAL			\$160,555

¹Paid to Band

Notes: According to the Societies Act, SBC 2015, c 18, s 36, "A note in the financial statements referred to in subsection (1) need not identify directors, employees or other persons referred to in that subsection by name."

NOTES





First Nations Health
Directors Association

Sharing experience for community wellness

WE WOULD LOVE TO HEAR FROM YOU!

First Nations Health Directors Association Secretariat
Coast Salish Territory
501 – 100 Park Royal South
West Vancouver, BC V7T 1A2
www.fnhda.ca

General inquiries: fnhda@fnha.ca