



First Nations Health  
Directors Association

Sharing experience for community wellness

# *Staying Well and Balanced Together*

Annual Report 2015-2016





# First Nations Health Directors Association

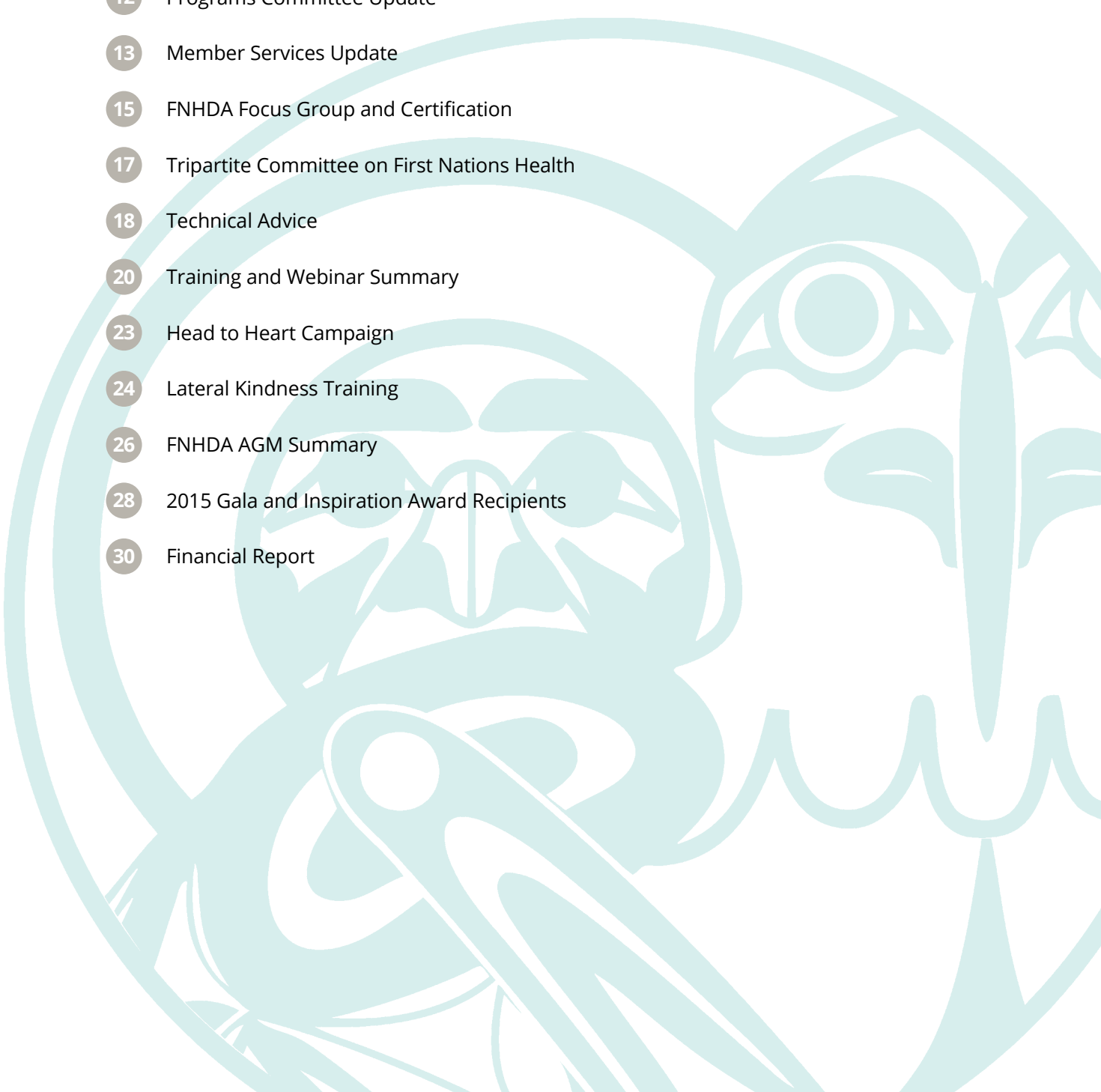
Sharing experience for community wellness

First Nations Health Directors Association  
Coast Salish Territory  
501 - 100 Park Royal South  
West Vancouver, BC  
Canada - V7T 1A2  
[www.fnhda.ca](http://www.fnhda.ca) | [fnhda@fnha.ca](mailto:fnhda@fnha.ca)

©2016. Copyright for this publication is held by the First Nations Health Directors Association.

# TABLE OF CONTENTS

- 4 Message from the President
- 6 Board of Directors Update
- 8 Message from the Executive Director
- 10 Planning and Reporting Committee Update
- 12 Programs Committee Update
- 13 Member Services Update
- 15 FNHDA Focus Group and Certification
- 17 Tripartite Committee on First Nations Health
- 18 Technical Advice
- 20 Training and Webinar Summary
- 23 Head to Heart Campaign
- 24 Lateral Kindness Training
- 26 FNHDA AGM Summary
- 28 2015 Gala and Inspiration Award Recipients
- 30 Financial Report





## MESSAGE FROM THE PRESIDENT

Kim Brooks

As we wrap up another year for the Association, it is with great pride that I look back on our shared successes and the initiatives that continue to support Health Directors. It is thanks to the commitment and enthusiasm of our leadership and members that we are building the professional network that we—and the communities we work with—deserve.


It is hard to find words for how gratifying it is to work alongside so many dedicated Health Directors with such passion for health, wellness and shared learning. This year, we were excited to share the ongoing progress on our made-in-BC Health Director Certification Program that was developed with the assistance and support of the First Nations Health Authority (FNHA). This program provides a strong foundation for rich learning and the know-how to support health leads to be even more successful in their roles. It has a wider purpose as well: to properly acknowledge our skills as health professionals.

Recently, a friend caught me saying that I wasn't a health professional, and quickly corrected me. What I meant is that I am not a physician, a registered dietician, etc. Some Health Directors have health sciences education and some have other types of education and training. But of course, as Health Directors, we *are* health professionals. We have invaluable experience working in our communities, we are aware of the health challenges facing our people, and we have leadership responsibility for oversight and management of our community health services. As Health Directors, we are all specialists in our field, and I was reminded not to sell myself short on this.

This past year, I have thought a lot about relationships. I don't think it is a coincidence that many of our major initiatives centered on this theme—from relationship to self, as with the Head to Heart campaign, to our relationships with others, which our Lateral Kindness training focused on.

As Health Directors, we can bring our highest selves for each other and our communities when we have attended to our own wellness needs. When we are healthy and well, we can foster strong, trusting and safe relationships. This is especially important in health care for First Nations, as I truly believe we are strongest when we work together, including with our partners, the FNHA, First Nations Health Council (FNHC), Provincial Health Authorities and community leadership.

This intrinsic connection between our own wellness and our relationships is at the core of our Head to Heart campaign, which aims to prevent burnout by supporting Health Directors' wellness. This campaign has been validating for the Association as it allows us to share the challenges we face in a positive, honest way. We see ourselves in it and relate to it, which to me is the hallmark of a strong community initiative.



As we attend to our own wellness, we become more responsive to the needs of others—which ties the Head to Heart campaign closely to this year’s Lateral Kindness training. I believe it takes courage to name lateral violence, and I am so proud of our Association and members for doing just that. Many of us are aware of it, but may not know how to address or talk about it, and this is why we developed the training. As a concept, Lateral Kindness is about moving away from blaming and beginning to discuss root causes and find solutions. With this training, we are creating safe environments for us to begin to address these issues together.

We rolled out initial Lateral Kindness training sessions at this year’s regional caucuses and are already learning how we can further develop the program based on your feedback. Our main takeaway is that our members are at various stages with their own teachings and learnings—some of you are ready to discuss solutions and others are just beginning to have these conversations. We have a unique opportunity to continue to develop and build on this diversity amongst us as a strength of the program.

One way that we are working on creating greater dialogue and feedback for these initiatives is through our Gathering Space: Members’ Portal. We continue to work toward greater uptake from our members, and those who already use the portal have inspired me with their knowledge and generosity. Currently, our Board uses the portal for sharing important documents and resource links. The site also connects new Health Directors with experienced Health Directors to ask questions, share wise practices and build their networks of support. I look forward to hearing further feedback from all of you as we continue to grow this valuable resource.

This year’s Annual General Meeting will mark my second as your president. As a leader for this organization, I know that our members are passionate and ready to see change happen. Your engagement and participation is so important as we move forward. I am overwhelmed at the prospect of the positive changes we can create through shared dedication, patience and trust, and I remain fully committed to supporting this exceptional work to the best of my ability.

In Wellness,

**Kim Brooks**

President, FNHDA Board of Directors

# BOARD OF DIRECTORS UPDATE

Over the 2015-2016 year, the FNHDA Board has been busy guiding the work of the Association, providing strategic direction and ensuring support of members through training, information sharing and a maintained connection to communities.

At the centre of all Board discussion and decision-making is the acknowledgment that First Nations Health Directors are an integral part of their communities, with unique sets of needs and challenges. These challenges vary depending on the location of the community, but the work requires the experience, dedication and resourcefulness of individual Health Directors who often work in isolation.

As Board members, our work embeds the ancestral teachings and spirituality of First Nations in Association business, and we acknowledge and respect the local traditions and cultures of the communities we serve.

In this spirit, we are pleased to note the following milestones achieved in 2015-2016:

- Development of the FNHDA Health Director Certification Program.
- Development and launch of the Head to Heart campaign.
- 2015 Annual General Meeting.
- Creation of an official Health Director job description.
- Merging of the FNHDA Planning and Reporting Committees.
- Update of the Inspiration Awards Guidelines.
- Appointment of an interim Elder Advisor to the FNHDA Board.
- Development of the Education and Communication Surveys.

The development of the Health Director Certification Program is well underway and will be presented at the 2016 AGM. The program is linked to the Seven Standards of Excellence, a list of professional competencies developed by the FNHDA in 2014-2015.



**Kim Brooks**  
Vancouver  
Coastal



**Rachel  
Andrew-Nelson**  
Vancouver Coastal



**Keith Marshall**  
Vancouver  
Coastal



**Virginia  
Peters**  
Fraser Salish



**Peter John**  
Fraser Salish



**Kelowa Edel**  
Fraser Salish



**Teresa Johnny**  
Interior Region

In addition, the Association wove Lateral Kindness training into the fall regional caucus sessions to move forward on the “FNHDA Position Statement: A call to action towards zero tolerance of lateral violence.” The Lateral Kindness training was an overall success in every region, with tremendous participation at all sessions. It was presented with an Indigenous approach to community wellness, including healing, personal and spiritual ecologies, place-based knowledge and ethical relational ways of being.

The Board has also supported the FNHDA’s Head to Heart campaign, which launched last year to provide mental wellness resources for Association members. The campaign’s aim is to minimize “stress and burnout”—two significant challenges that many Health Directors face and that may lead to high turnover in these positions. We recognize that mental wellness is a key factor in work-life balance and job satisfaction. The campaign’s logo, brand and tagline were shaped to reflect the importance FNHDA places on these issues.

The Association continues to collaborate with the FNHC and FNHA to further our joint commitments in the health plans/agreements to achieve our shared vision. We work hard to ensure the respectful inclusion of the FNHDA’s and Health Directors’ input in program transformation.

We are in a very good place as an association in relation to fulfilling our Strategic Plan goals and objectives, and we are thankful to all of our members for their support and contributions to another successful year!

We look forward to seeing all of you at the 2016 Annual General Meeting!

Sincerely,

***The First Nations Health Directors Association***

***Board of Directors***

Kim Brooks, Rachel Andrew-Nelson, Keith Marshall, Virginia Peters, Peter John, Kelowa Edel, Teresa Johnny, Shelley Lampreau, Charles Nelson, Jacki McPherson, Georgia Cook, Vanessa Charlong, Verne Tom, Patricia Hoard and Lauren Brown.



**Shelley  
Lampreau**  
Interior Region



**Jacki  
McPherson**  
Interior Region



**Georgia Cook**  
Vancouver  
Island



**Vanessa  
Charlong**  
Vancouver Island



**Charles Nelson**  
Vancouver  
Island



**Patricia Hoard**  
Northern  
Region



**Lauren Brown**  
Northern  
Region



**Verne Tom**  
Northern  
Region



## MESSAGE FROM THE EXECUTIVE DIRECTOR

Christine Stahler

Dear Association Members,

Our Association saw a remarkable year of growth and expansion, and it is with great pleasure that I reflect on it in our 2015-2016 Annual Report. As we continue to transform the programming and services available to our community Health Directors, I am, as always, humbled by this work.

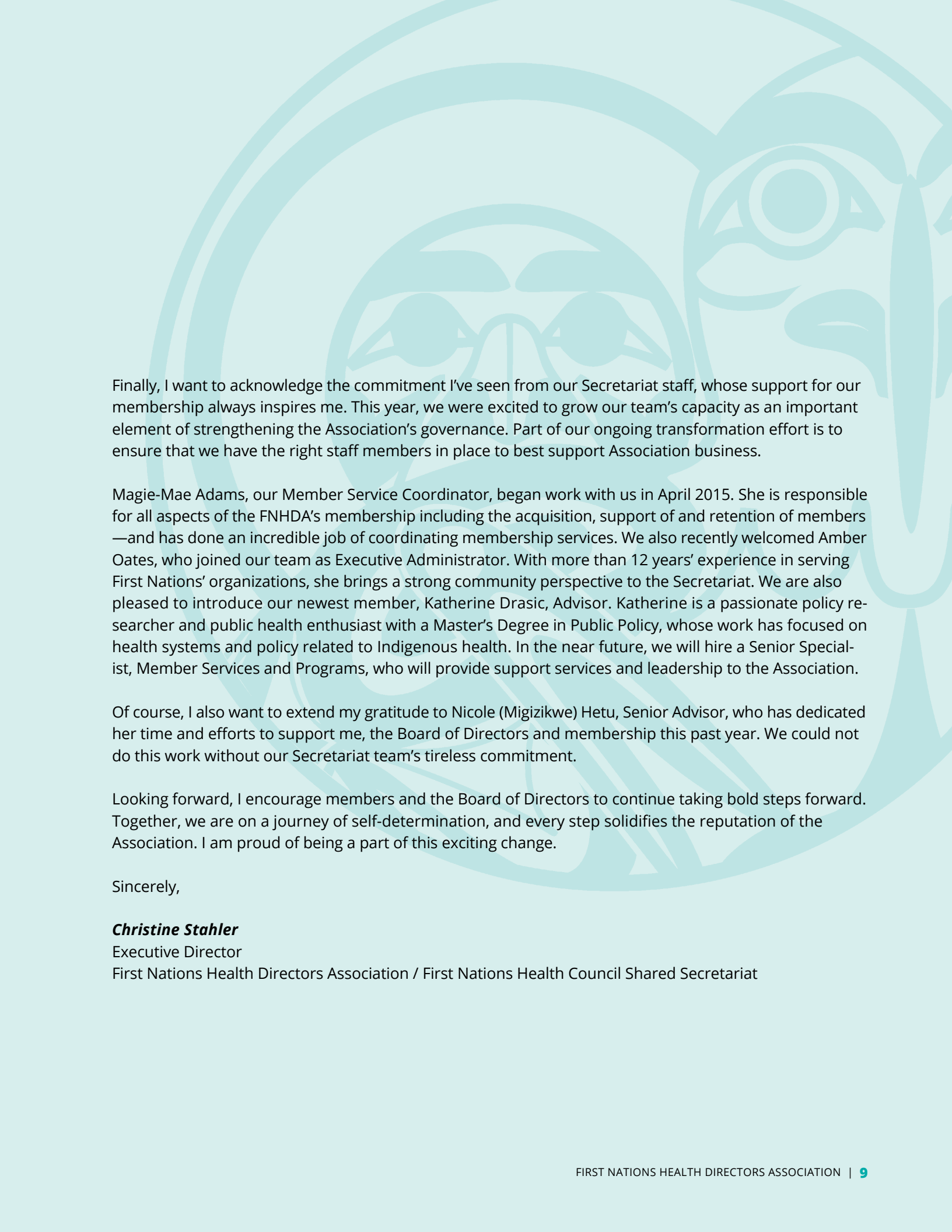
This year, great efforts were taken to advance implementation of the FNHDA Strategic Plan—the results of which can be seen in many of our activities. Three initiatives of particular note are our Lateral Kindness training, Head to Heart campaign and Health Director Certification Program.

Many hours went into the planning and design of our Lateral Kindness training, which rolled out at our fall 2015 regional caucuses. This training has had a profound effect on me—and marks a turning point for how our membership addresses the issue of lateral violence. Lateral Kindness training provides the tools and resources needed to help each of us identify negative patterns, name them and, most importantly, stop them in their tracks through kindness and empathy. The FNHDA has taken the lead in this area, and we are pleased to have welcomed not only our Association health leads to the training but also leadership, Chiefs and other community representatives. This is truly innovative work, and we should all feel proud of the role we play in its development.

Alongside our Lateral Kindness training, we also launched the Head to Heart campaign at the fall caucuses. The weight of responsibility that many of us take on as Health Directors can negatively affect our ability to focus on our own self-care. We heard loud and clear from our members that a campaign of this kind was needed—and I'm thrilled to have received such positive feedback from it. I'm especially proud of the Health Directors who volunteered to be in the campaign video and share their personal success stories and tips. I could not be happier with the response to the Association's first campaign, and I look forward to watching it grow in the future.

As our membership grows, the FNHDA is setting a path of self-determination, and one way this is being done is through the design of our first-of-its-kind Health Director Certification Program developed specifically for BC First Nations. Launching the certification program marked the culmination of years of dedication—since the spring engagement sessions of 2013 when it was identified as a priority. We are setting down a new path with this program, and I've heard many of our members say how excited they are to have a certification program that caters to their needs and skillsets.





Finally, I want to acknowledge the commitment I've seen from our Secretariat staff, whose support for our membership always inspires me. This year, we were excited to grow our team's capacity as an important element of strengthening the Association's governance. Part of our ongoing transformation effort is to ensure that we have the right staff members in place to best support Association business.

Magie-Mae Adams, our Member Service Coordinator, began work with us in April 2015. She is responsible for all aspects of the FNHDA's membership including the acquisition, support of and retention of members—and has done an incredible job of coordinating membership services. We also recently welcomed Amber Oates, who joined our team as Executive Administrator. With more than 12 years' experience in serving First Nations' organizations, she brings a strong community perspective to the Secretariat. We are also pleased to introduce our newest member, Katherine Drasic, Advisor. Katherine is a passionate policy researcher and public health enthusiast with a Master's Degree in Public Policy, whose work has focused on health systems and policy related to Indigenous health. In the near future, we will hire a Senior Specialist, Member Services and Programs, who will provide support services and leadership to the Association.

Of course, I also want to extend my gratitude to Nicole (Migizikwe) Hetu, Senior Advisor, who has dedicated her time and efforts to support me, the Board of Directors and membership this past year. We could not do this work without our Secretariat team's tireless commitment.

Looking forward, I encourage members and the Board of Directors to continue taking bold steps forward. Together, we are on a journey of self-determination, and every step solidifies the reputation of the Association. I am proud of being a part of this exciting change.

Sincerely,

***Christine Stahler***

Executive Director

First Nations Health Directors Association / First Nations Health Council Shared Secretariat

# PLANNING AND REPORTING COMMITTEE UPDATE

The FNHDA Planning and Reporting Committee is made up of 10 FNHDA representatives (two from each of the five regions) including:

## Planning and Reporting Committee Members

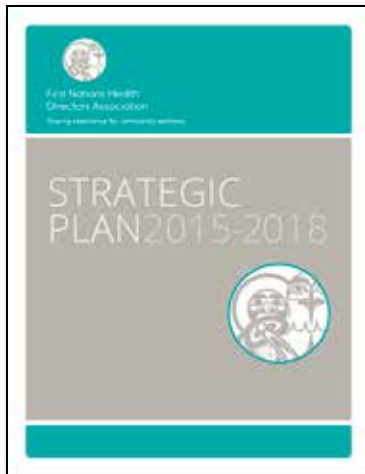
Region	FNHDA Board Representatives
Fraser-Salish Region	Kelowa Edel, Sto:lo Nation Peter D. John, Chawathil First Nation
Northern Region	Patricia Hoard, West Moberly First Nation Verne Tom, Tl'azt'en First Nation
Vancouver Coastal	Keith Marshall, Hailika'as Heiltsuk Health Centre Rachel Andrew-Nelson, Lílwat Nation
Vancouver Island	Georgia Cook, Namgis First Nation Charles Nelson, Snuneymuxw First Nation
Interior Region	Shelley Lampreau, Simpcw Health Centre Teresa Johnny, Tl'esqox First Nation

The FNHDA restructured its committees by merging the Planning and Reporting Committees; this action was decided at a meeting of the Board of Directors in December 2015. The purpose of the FNHDA combined Planning and Reporting Committee is to manage any planning and reporting decisions by providing recommendations for the Board's consideration. The decision to merge the committees was made to reflect a renewed focus and collaborative efforts to improve efficiency.

The Planning and Reporting Committee provides high-level strategic direction to help transform programs to better meet the needs of community Health Directors. It is guided by the FNHDA's Strategic Plan's Goal One and Goal Three:

**Goal 1:** "Provide professional development, training, networking and support services for Health Directors, supporting their wellbeing and success in their community roles and enabling their participation in the improvement of the broader health system."

**Goal 3:** "Uphold high operational standards and seek to continuously improve, grow and evolve the FNHDA."



Work priorities on the planning side include the AGM, the biannual Regional Engagement Sessions, the Three-Year (2015-2018) Training and Development Plan, strategic FNHDA communications, membership applications for review and approval and engagement and collaboration with internal and external partner organizations.

### Completed this year:

- The committee reviewed and vetted the Prescription Drug Survey on its purpose, format and contents; and discussed its relevance to FNHDA and FNHA in relation to program transformation.
- The committee partnered with the FNHA and serves as a steering committee for the Policy Toolkit endeavour and provides feedback on developing products.
- The committee chose Prince Rupert, BC (Northern Region) as the location for the 2016 AGM for planning purposes and bookings that needed to be determined for the venue. It also helped shape the agenda of the AGM.
- The committee reviewed and provided recommendations on membership application approvals to the FNHDA Board for their consideration.
- The committee provided input into the First Nations Regional Early Childhood, Education Employment Survey and Education Survey.



Prince Rupert - Northern Region.

# PROGRAMS COMMITTEE UPDATE

The FNHDA Programs Committee works to ensure the development of high-quality health programming on behalf of the organization. As Health Directors, we share in the responsibility to improve programs and services for our communities.

The Programs Committee is guided by the FNHDA's Strategic Plan's Goal Two: Support Transformation through effective participation of the FNHDA in the First Nations Health Governance Structure and timely provision of quality technical advice.

Region	FNHDA Board Representative
Fraser-Salish Region	Virginia Peters, Sts'ailes Health Centre
Interior Region	Jacki McPherson, Osoyoos Indian Band
Northern Region	Lauren Brown, Skidegate Health Centre
Vancouver Coastal	Kim Brooks, Squamish Nation Yúustway Health Services
Vancouver Island	Vanessa Charlong, Hupacasath First Nation

As determined at the spring 2016 Board meeting, the priority areas of focus for the FNHDA with regard to transformation include:

- 1) Traditional Health/Healing;
- 2) Regional Health Authority and Community Data Sharing;
- 3) Regional Health Plans and Relationships; and
- 4) Health Benefits.

Moving forward, the FNHDA wishes to continue discussions and partnerships with the FNHA to help transform these areas.

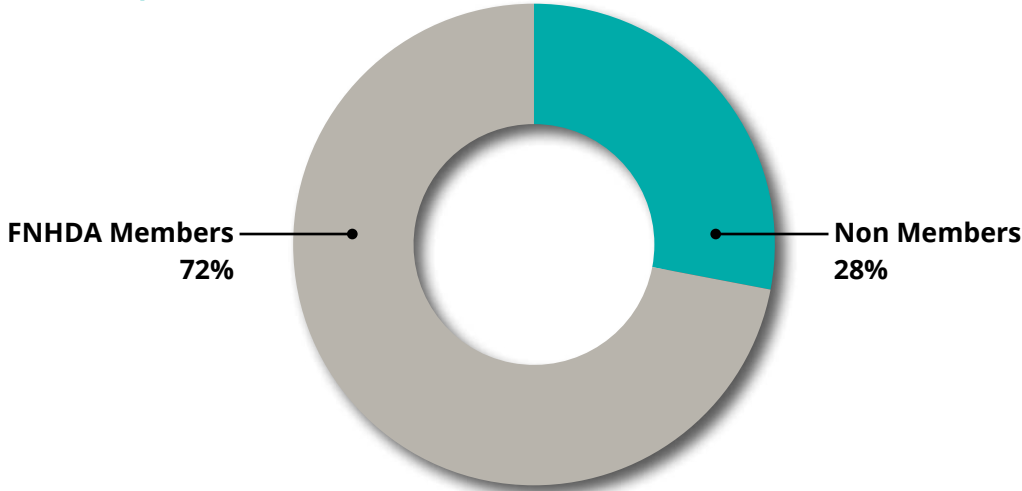
The Programs Committee members are also members of the FNHA-FNHC-FNHDA Collaboration Committee and contribute to the priorities brought forward at the Collaboration Committee. One endeavour led by the FNHDA within this committee work was the development of the joint Declaration on Lateral Kindness, a document that outlines leadership's commitment to upholding healthy behaviours and serving as role-model practitioners of Lateral Kindness. This document will be signed by partners in 2016.

# MEMBER SERVICES UPDATE

FNHDA membership is determined through an application process, with successful applicants gaining access to all FNHDA resources and services. Within this structure, a “member” is defined as a First Nations Health Director who is the most senior employee or contractor employed as a Health Director, health manager or health lead by a First Nations entity and who is responsible for the day-to-day management, administration and delivery of health programs and services for a First Nations entity. FNHDA membership is managed under the Planning and Reporting Committee with recommendations to the full Board of Directors.

For the 2015-2016 fiscal year, the FNHDA accepted 34 new applicants for FNHDA membership. Across BC currently, 147 FNHDA members represent their communities out of the 203 First Nations communities in the province. With this in mind, the Association has identified the importance of enhanced recruitment and retention of its members. We will continue to build positive and lasting relationships with our existing members and, in addition, seek recruitment opportunities, as many communities not currently associated with FNHDA could gain important resources and support through membership.

### FNHDA Membership Province-wide



### Confirmation Letters

New this year, the annual confirmation letter has been implemented in accordance with the special resolution that was brought forward at last year’s AGM as part of the updates to the FNHDA’s Constitution and Bylaws. The letter needs to come from each Health Director’s First Nations Entity, confirming that they are employed as that Nation’s Health Director and submitted by March 1 of each year.

This ensures that only individuals who are currently employed as First Nation Health Directors may be members. Letters must be signed by the authorized signing authority of the Health Director’s organization. The FNHDA has developed a template for the confirmation letter to make this process as straightforward as possible. It can be found on the Gathering Space: Members’ Portal in the members’ section.

## **FNHDA eBlast**

The FNHDA eBlast is an online newsletter that enables the Association to communicate with members regarding upcoming events and training opportunities. Within the eBlast, we provide membership notifications, service highlights and best practices. In addition, the eBlast plays a key role in the Technical Advice Process through listed forums/focus groups or electronic surveys.

The FNHDA's Member Services team releases approximately four eBlasts each month. This year, to assist in our reporting and efficiency, we developed a new eBlast template through a program called Campaign Monitor, which provides greater measurement and web analytics capabilities.

The eBlast, combined with our social media presence, has proven to be a great way to communicate with FNHDA members. We encourage you to continue reading the eBlast for exclusive FNHDA membership information and opportunities.

## **The FNHDA Gathering Space: Members' Portal**

The FNHDA Gathering Space: Members' Portal was developed for our FNHDA members to stay informed and connected to one another. The Members' Portal serves as a web-based collaboration system that allows you to share information, best practices, projects, meetings, templates and other documents with fellow members of the FNHDA or within your region. By linking to the portal within the eBlast, members can be directly linked to the portal for some of the articles. The portal archives and updates systematically so that members can view the content from when it was created in late 2014 to the most current uploaded articles.



If you would like support with login to the Members' Portal or navigation of the portal, please email FNHDA Member Services at [fnhda@fnha.ca](mailto:fnhda@fnha.ca) or call 604-693-6500.



# FNHDA FOCUS GROUP AND CERTIFICATION

At the FNHDA 2014 Annual General Assembly, members of the Association voted to proceed with the development of a made-in-BC certification program for Health Directors. Based on the Seven Standards of Excellence, it will have 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 issued a Request for Proposals (RFP) on December 29, 2015, and brought on a curriculum writer to create the FNHDA First Nations Health Director Certification Program. Many well-qualified applications were received based on the expectation that applicants would be able to incorporate and promote First Nations knowledge, beliefs, values, practices and models of health and healing into the curriculum. A leading health care and social services consulting company, Gevity, was selected. Gevity collaborates with First Nations communities to meet their objectives. With their specific understanding of First Nations autonomy and their experience working with First Nations governance systems, they have a demonstrated record of successful collaboration with communities in their project delivery.

An FNHDA Certification Focus Group was formally created and adopted its terms of reference on February 12, 2016. The Scope of Authority and Activities includes:

- Strategize and discuss certification program options and deliverables.
- Provide recommendations for the development of the certification process and objectives.
- Discuss recommendations regarding the curriculum writer, guiding the writing of the eight modules and structure of the program.

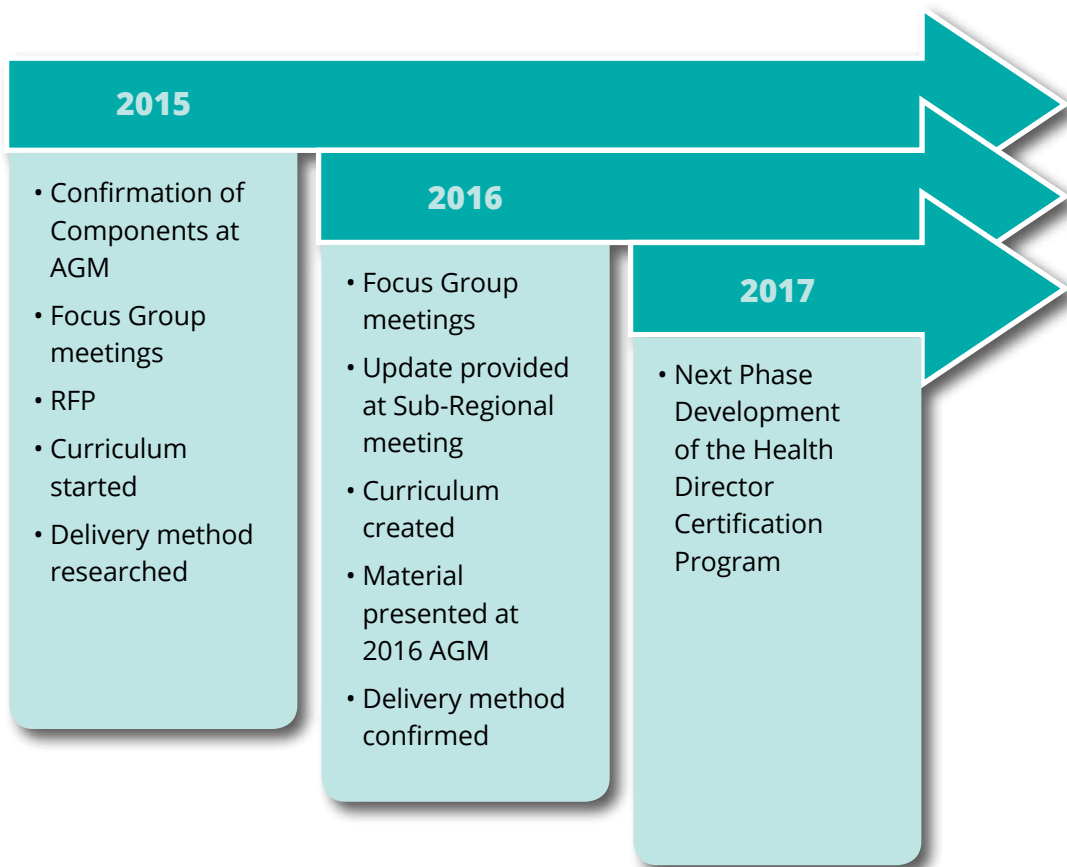


The focus group considered a number of questions as part of the evolving process:

- **Grandmother Clause:** The focus group agreed to refer to the clause as “grandmother,” as opposed to “grandfather”, and agreed that the clause would be a good tool to use for identifying those who might be exempt from the certification program.
- **Prerequisite:** The discussion was based on what prerequisite requirements may look like.
- **Prior Learning Assessment:** The focus group discussed the structure of what the prior learning assessment might look like.
- **Course Delivery:** The focus group discussed regional delivery and how the program (modules) will be delivered.

The focus group recommended that the program should consider engaging retired Health Directors as teachers within the certification teaching pool, as long as they have or are provided with the tools to teach.

A report back to membership occurred at the 2016 fall FNHDA AGM, during which members had the opportunity to ask questions and share best practices related to our made-in-BC certification program for Health Directors.





# TRIPARTITE COMMITTEE ON FIRST NATIONS HEALTH

The Tripartite Committee on First Nations Health (TCFNH) is the forum for senior leadership within the provincial health system to coordinate and align planning, programming and service delivery among its key partners. Its membership includes Health Canada, BC Ministry of Health, BC Health Authorities, Provincial Health Officer (PHO), FNHA, First Nations Health Council (FNHC) and FNHDA.

The FNHDA is represented at the TCFNH by Board President Kim Brooks, who provides updates on FNHDA activities related to the TCFNH including such as opportunities for collaboration like on the FNHDA Health Director Certification Program.

The TCFNH and its partners continue to collaborate at the regional, provincial and federal levels. In 2015-2016, the TCFNH moved forward on a number of exciting endeavours, including 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 BC Ministry of Health. The TCFNH work plan continues to be updated by this committee to help guide its annual work. The TCFNH supports the Statement of Reciprocal Accountability, which is a living, breathing document meant to strengthen committee discussion and decision-making. This year, TCFNH members were asked to bring an update on the implementation of the Reciprocal Accountability Framework to future meetings to continue to evolve the document.

In addition, the TCFNH discussed the Cultural Safety and Humility Framework and how this work is being implemented at the regional level within the partners' organizations in a number of practical ways.

In its role as a governance partner, the FNHDA is a key contributor to the collaborative discussions that occur at the TCFNH, ensuring provincial strategies and priorities reflect the needs and realities of First Nations communities through the voice and perspective of community Health Directors and the Association.



2015 Tripartite Committee on First Nations Health meeting .

# TECHNICAL ADVICE

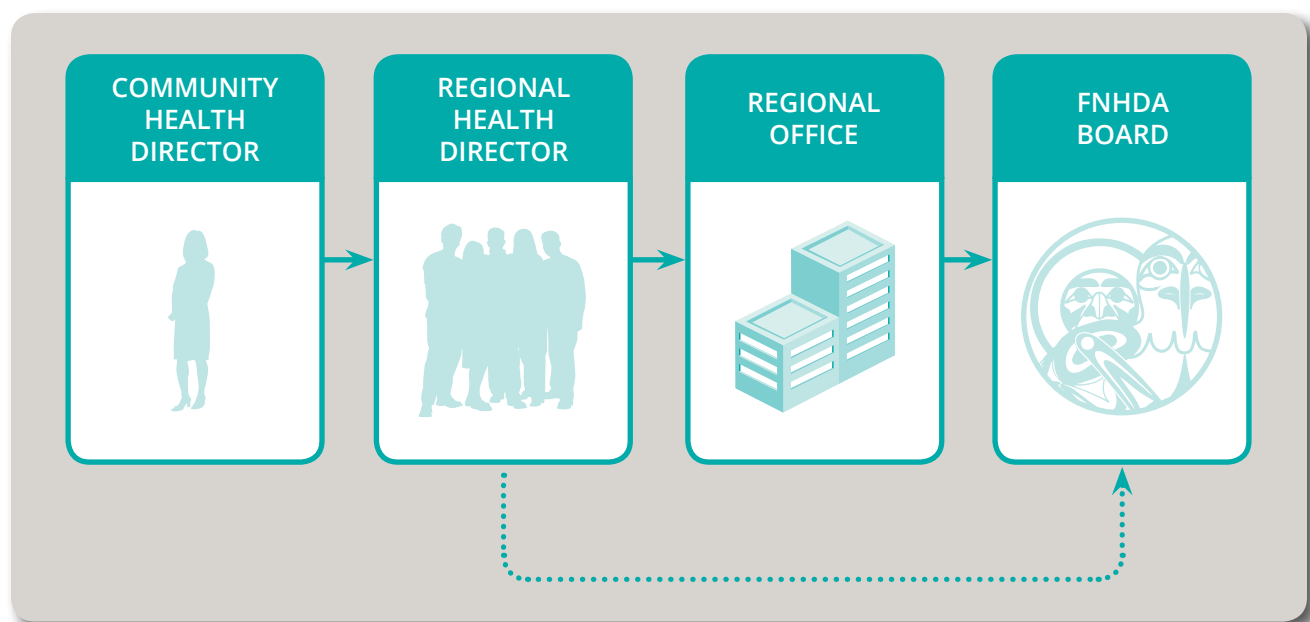
The FNHDA is composed of Health Directors and managers working in First Nations communities and is the entity through which Health Directors access, make decisions and speak with one voice on technical advice.

Goal Two of the FNHDA Strategic Plan further articulates this function: Support transformation through effective participation of the FNHDA in the First Nations Health Governance Structure and provide quality and timely advice.

The role of each FNHDA Board member is to help the FNHDA in fulfilling this mandate by acting as:

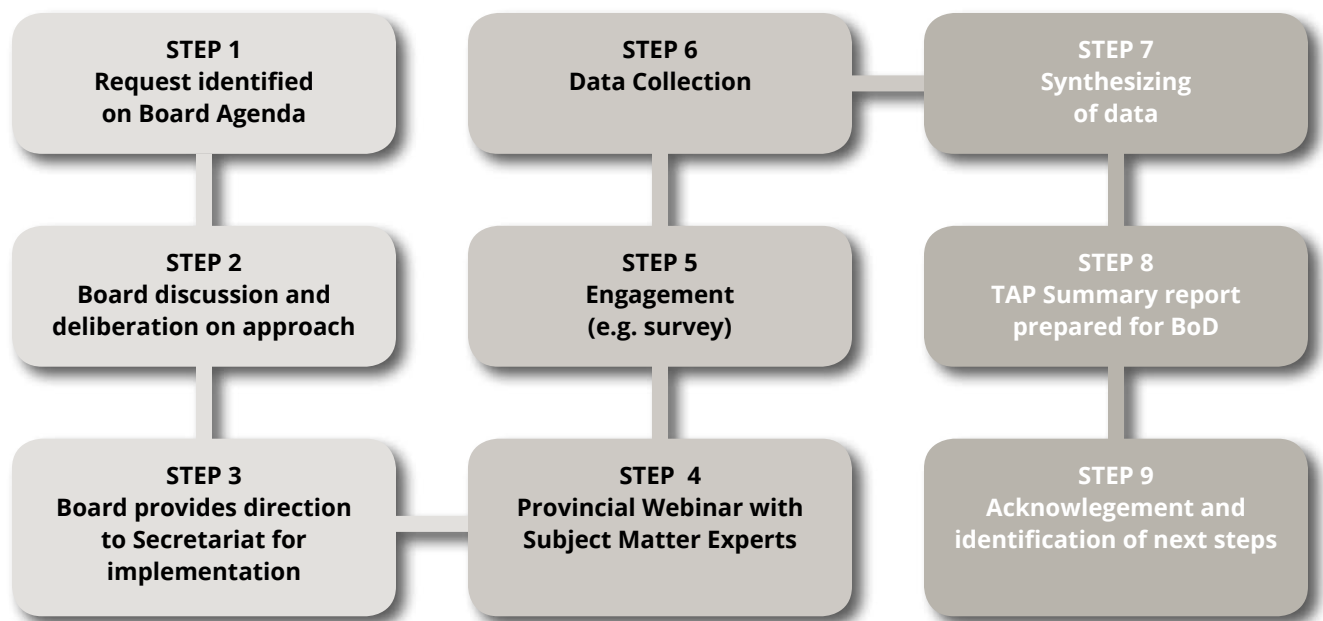
- 1) A “champion” in his or her region for the FNHDA; and
- 2) A technical advisor—providing regional perspectives, oversight and guidance to the FNHDA.

## Technical Advice Pathway (TAP)



## The Technical Advice Pathway

The FNHDA Regional Representatives help facilitate dialogue within their respective regions to best navigate regional priorities or where to bring matters of importance. On a daily basis, Health Directors work to address and bridge all health areas by linking with other departments within a First Nations community and its external partners to improve the health and wellness of community members. In addition, Chiefs often call upon their Health Directors as technical advisors on health-related matters.



There are nine steps within the Technical Advice Procedure that explain how technical advice is gathered, analyzed and provided:

1. Request identified on Board Agenda.
2. FNHDA Board members discuss and make decisions regarding best approaches for reaching out to all Health Directors.
3. Direction provided to FNHDA Secretariat.
4. Webinar provided by appropriate Subject Matter Expert(s).
5. Health Directors engaged through relevant methods, e.g., Fluid Survey.
6. Data collected.
7. Data synthesized and thematized.
8. Technical Advice Summary Report with recommendations provided to FNHDA and partner(s).
9. Next steps identified and recommendations.

Some examples of areas where FNHDA has provided technical advice this past year include:

- Reviewing and vetting the Prescription Drug Survey on its purpose, format and contents, as well as discussing its relevance to FNHDA and FNHA in relation to program transformation.
- Providing input into the development of the evolving Policy Toolkit endeavour.
- Providing input into the First Nations Regional Early Childhood, Education and Employment Survey and Education Survey.

In regards to professional development, an FNHDA Focus Group, which included regional representation, provided technical-advice input into the development of the first phase of the Health Director Certification Program.

Moving forward, the FNHDA is happy to continue to play a role as a key partner in program transformation.

# TRAINING AND WEBINAR SUMMARY

The responsibilities and roles of Health Directors in BC are large and all encompassing; therefore, it is crucial that they are provided professional development opportunities to further their on-the-job skillsets on a regular basis.

The FNHDA's Three-Year Training Plan is a strategic document intended to convey Health Director training priorities, as chosen by Health Directors.

Previously, Association members helped to shape the seven priority areas for Health Directors in BC:

- 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

The delivery of training sessions for Health Directors is a priority for the FNHDA, particularly on the seven areas identified above. To date, training sessions have been conducted both in person and via webinar. The FNHDA is also looking into other ways to host training in order to continually improve professional development opportunities for its members.

Evaluation forms are used to ensure that the Association is meeting the expectations and needs of Health Directors and to gather feedback regarding future training.

## 2015-2016 In-Person Training Sessions

### **Provincial forum on Suicide Prevention, Intervention and Postvention: Hope, Help, and Healing**

The FNHDA and FNHA worked together to coordinate a provincial forum on Suicide Prevention, Intervention and Postvention: Hope, Help, and Healing. The interactive learning session was held April 14-16, 2015 at Harrison Hot Springs Resort in the Fraser-Salish region near Agassiz. Learning and training objectives included:

- An overview of the Suicide PIP Toolkit “Hope, Help, and Healing” as informed through the community engagement process for Health Directors/Leads
- Sharing of ideas and “wise practices” related to suicide prevention, intervention and postvention
- Learning exercises and group activities related to the development of community supports (as options)

The Hope, Help, and Healing: A Toolkit for First Nations Communities to Prevent and Respond to Suicide publication aims to support community health leads and/or mental wellness leads in preparing for, learning about, and navigating the journey towards developing suicide prevention, intervention, and postvention plans through the creation of a community-level working group or committee, involving multi-sectoral partners, and gaining support from community leadership.

The toolkit aims to meet communities where they are at and support whichever planning priority is determined by the community. We raise our hands to all who have been involved in the development of this toolkit.

### **Annual General Meeting 2015**

In-person training opportunities offered at the 2015 AGM:

- Talking circles that included sharing examples of Lateral Kindness; sharing best practices to balance work, life and self-care; traditional medicine; spirit poling; and nature walking.
- A presentation from FNHA Chief Medical Officer Dr. Evan Adams: "Working together to support communities."
- Two sessions led by Andrea Avila, PhD: "Self-care strategies and techniques for First Nations Health Directors to empower clients" and "Creative Empowering."
- A presentation by Rain Daniles: "Overview of Indigenous Cultural Safety Program."
- "San'yas: Indigenous Cultural Safety Training," delivered by Provincial Health Services Authority's Aboriginal Health department.

### **2015 Fall Caucus Lateral Kindness Training**

*(Kweykway Consulting, led by Denise Findlay and supported by Beth Beeching.)*

At the fall caucus sessions, "Lateral Violence to Lateral Kindness" training was provided. During this workshop, facilitators Denise Findlay and Beth Beeching worked with participants to increase awareness and skills in order to respond effectively to lateral violence in their community organizations. The workshop provided a safe space for participants to discuss this sensitive topic. Participants were empowered to make healthy choices, create a network of support and have a voice that can influence sustainable change at a grass-roots level.

### **2015-2016 Webinar Training**

In the past year, the FNHDA supported ongoing professional development by hosting or contributing to a number of web-based information sessions. The following outlines the webinars that were hosted this 2015-2016 year.

#### **First Responders First Aid**

This webinar was held on June 17, 2015. Hosted by the FNHDA in partnership with the FNHA and Canadian Red Cross, the webinar's purpose was to reach out to First Nations communities to promote interest in First Responder training in the regions. This effort supported FNHA's First Responder First Aid program now running in rural and remote communities, as mandated by First Nations leadership from across BC.

## Community Living BC

This webinar was held on July 22, 2015. Hosted by Community Living BC (CLBC), a Crown corporation that provides supports and services for adults who have developmental disabilities and their families, the webinar aimed to:

- Provide information on what services CLBC offers, who is eligible and how to apply; and
- Identify ways to begin or strengthen working relationships between FNHA and CLBC staff on local health services.



## Health Protection

This webinar was held on October 14, 2015. Hosted by the FNHA Health Protection team, this session provided information on Health Protection as a whole, including Health Protection programs delivered as per the mandatory Communicable Disease Programs (CDC) legislated under the *Health Act* (1981) and the *Public Health Act* (2008).

The Health Protection team supports and delivers programs for the prevention and control of many prevalent communicable diseases, including:

- Tuberculosis (TB)
- Vaccine-preventable diseases
- Sexually transmitted and blood-borne infections
- HIV/AIDS/HCV
- Pandemics
- Communicable disease outbreaks

The webinar aimed to provide up-to-date information and best practices for communicable disease control and outbreak management in First Nations communities to Health Directors and support the development of Community CDC Health/Work Plans.

## Accreditation – Part 1

This webinar was held on January 7, 2016. Hosted by Parm Poonia from the FNHA's Community Accreditation and Quality Improvement Program, the webinar provided a comprehensive introduction to accreditation and its benefits for health leadership. The focus was on increasing understanding of health services accreditation; history and benefits of the process; links between accreditation and health planning; challenges and strengths of the process; ideas and tools for improvement; FNHA participation and support; and available partners and resources.

## Accreditation – Part 2

This webinar was held on March 3, 2016. Also hosted by Parm Poonia, the webinar focused on health services and quality improvement. It provided information on the FNHA's accreditation process and noted that quality improvement and accreditation are confirmed priorities for the organization. The accreditation process can help guide FNHA and communities in building more meaningful and effective systems, structures and sustainable services.

# HEAD TO HEART CAMPAIGN

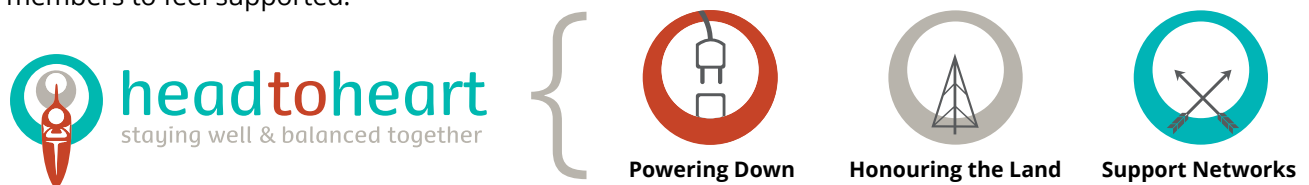
The FNHDA mental wellness campaign is intended to support the ongoing efforts of its Health Directors by supporting the transformation process and encouraging a sense of community—thereby improving overall wellbeing among its membership. A key factor taken into consideration when shaping the campaign was that most Health Directors work in small communities throughout BC, and they need to be resourceful to solve their communities' health challenges, especially since many of them work in isolation.

Health Directors recognize that a circle of support can help them be more effective in their roles—by offering a forum to share the stories and needs of their communities and, most importantly, by providing a voice for them in emerging discussions on changing the delivery of health services to the First Nations of BC.

Stress and burnout have been identified as two significant challenges for Health Directors and may contribute to high turnover in the profession. In response to this reality, last year the FNHDA launched the Head to Heart campaign for members of the Association.

The main objective for introducing a wellness campaign within the FNHDA is to address an overall need for greater support for the roles that Health Directors fulfill. Key measures of the campaign's success will be to improve job retention as well as Health Directors' personal wellness and, as a result, improve the quality and consistency of health delivery service to First Nation communities.

Over the past year, the FNHDA has worked hard to create a logo, brand and tagline to shape the campaign. The FNHDA understands that stress is directly linked to job satisfaction, and as an organization, we want members to feel supported.



The Head to Heart campaign is a way to help our Health Directors stay well and balanced with work and life and provide support for improving the health care system and our communities. It is also a simple reminder to make time for yourself and your wellness.

On the campaign site, [www.headtoheart.fnhda.ca](http://www.headtoheart.fnhda.ca), you will find tips, stories and resources from fellow Health Directors to support your spiritual, physical, emotional and mental wellness.

To meet these objectives, the campaign is focused on three pillars:

- Powering Down (unplugging from technology)
- Honouring the Land (getting outside)
- Weaving Support Networks (reaching out and nurturing support networks)

Along with our website, we are pleased to share the Head to Heart video, which was inspired by you and launched at our 2015 Fall Caucuses.

# LATERAL KINDNESS TRAINING

Since time immemorial, our Nations have been guided by our own Indigenous governance structures—kinship systems that inherently nurtured social harmony and healthy relationships amongst our people. Holding one another up is a practice based on values that originate from our traditional teachings on how to treat one another.

First Nations Health Directors identify “Lateral Kindness”—a counter to lateral violence—as an important topic of discussion for all Health Directors. This subject was raised a number of times within our FNHDA webinar sessions, in particular during the “Dealing with Violence in the Workplace” and “Labour Relations” webinars. These discussions initiated the idea of implementing an FNHDA Position Statement to address lateral violence and a subsequent shift toward focusing on Lateral Kindness.

Lateral violence is expressed in many forms, including gossip, verbal and non-verbal assaults, passive and aggressive behaviours, blaming, shaming, attempts to socially isolate others, demeaning actions, bullying and threatening or intimidating actions. Changing the terminology of “violence” to instead focus on “kindness” allows us to approach this issue from a wellness, rather than sickness, perspective.

In September 2014, 94% of the FNHDA membership voted in support of the “FNHDA Position Statement: A Call to Action towards zero tolerance of lateral violence.” The Association took steps to implement the following seven of the 13 actions:

2. Use First Nations cultural values to promote equal power relations where people work, live, play and pray.
3. Model healthy behaviour and respond in compassion and solidarity without enabling or allowing the lateral violence to continue.
4. Promote the buy-in for cultural sensitivity, cultural awareness, cultural safety and cultural continuity by disseminating promotional materials.
5. Use First Nations cultural values to inform structural changes when addressing lateral violence.
6. Encourage self-knowledge about the harmful effects of colonization, historical injustices and violence, including how to make these realities growth experiences.
10. Build on existing community support networks (available to those who may have experienced lateral violence).
12. Work with partners to provide training opportunities to health leads on non-violence and reconciliation.





The Association understands that an environment involving lateral violence can directly link to stress and job satisfaction. The Board believes that a supported Health Director is one who feels nurtured and safe and that supporting Health Directors contributes to job retention, which in turn helps communities by reducing the turnover in Health Directors' positions. At the Regional Caucus FNHDA Technical Training Day, a workshop was provided, called, "Practicing Lateral Kindness: positive steps and tools for resolving lateral violence," and was designed to help Health Directors promote healthy relationships in their communities. Furthermore, the workshops supported participants to acquire tools to effectively respond to lateral violence with Lateral Kindness.

For more information, Health Directors can review the Lateral Kindness training information on the FNHDA Gathering Space: Members' Portal at <https://members.fnhda.ca>.

Looking ahead, Lateral Kindness will continue to be a priority for the Association in collaboration with members, communities and partners.



## FNHDA AGM SUMMARY

The FNHDA 2015 AGM was held September 15-17, 2015, on Snaw-Naw-As, Coast Salish Traditional Territory, at the beautiful Tigh-Na-Mara Seaside Spa Resort in Parksville, BC. The theme for our members was “Cultural Safety,” which was determined by our FNHDA Planning and Reporting Committee.



First Nations Health  
Directors Association

Sharing experience for community wellness

## AGM and Conference 2015

To start the first day of our AGM in a good way, Elder Anne Bob from the Snaw-Naw-As First Nation offered members a beautiful welcoming to the Coast Salish Territory. The rest of the morning was dedicated to regional meetings for the Northern, Interior, Vancouver Island, Fraser Salish and Vancouver Coastal Regions. Following the meetings, a Regional Procession was held and then a blanketing of new Board members as well as the Board of Directors’ Oath of Office Ceremony

The meeting and Board business began in the afternoon of the first day. FNHDA President Kim Brooks, Vice President Keith Marshall and Secretary-Treasurer Virginia Peters presented the Annual Board Report and Financial Statement to the FNHDA members. Following this, Nancy Morgan (a lawyer with Morgan & Associates) presented a Special Resolution with updates to the FNHDA Constitution and Bylaws. These amendments addressed the use of legal language and restructuring of some of the sentences in the subsections as well as the introduction of the annual confirmation letters.

Later in the afternoon, talking circles were created to share examples of Lateral Kindness. Health Directors had the opportunity to engage with each other and share practices to balance work, life and self-care. Wellness activities were also offered to our members, focusing on traditional medicine, spirit pole/nature walking and personal-care services.

Throughout the AGM, a number of guests provided presentations for attending members.

- Georgia Cook, Vancouver Island Board Representative, provided a welcome to all members;
- Dr. Evan Adams, FNHA Chief Medical Officer, provided a presentation on working together to support communities;
- The Provincial Health Services Authority presented an overview of the Indigenous Cultural Safety Program;
- Andrea Avila, PhD, facilitated sessions on “Self-Care Strategies,” “Techniques for First Nations Health Directors to Empower Clients” and “Creative Empowering”.



In the evening of the second day, a dinner and gala were held for all Association members, facilitated by FNHDA Vice President Keith Marshall as the master of ceremonies. The gala was opened with a powerful performance by the Cowichan Tzinquaw Dancers and also included the Inspiration Awards ceremony to honour the five winners for their contributions to community wellness.

The last day was dedicated to advancing the development of a made-in-BC Health Director Certification Program reflective of our health governance transfer. This project was introduced by the FNHDA Health Director Certification Focus Group, which provided an update on the work done since the last AGM. The rest of the day was dedicated to an engagement process to help inform and shape the development of the program.

According to evaluation feedback, FNHDA members were happy with their learning outcomes, as well as the opportunities to share knowledge and network with their peers.



2015 First Nations Health Directors Association Annual General Meeting.

# 2015 INSPIRATION AWARD RECIPIENTS

In 2012, the FNHDA established the Inspiration Awards as an opportunity to recognize and honour its Association members for their dedication, passion and collective contributions to the health and wellness of our communities. By recognizing the achievements of exceptional Health Directors in each region, we hope to inspire others to continue on their journeys and be the best they can be.

At the FNHDA 2015 Inspiration Awards held at our AGM in Parksville, BC, five inspiring Health Directors were recognized for their hard work, tireless dedication and passion for our field.



**Mabel Louie (Northern)** – Carrier-Sekani Health Director

Mabel Louie, a member of the Stellaquo Band and Health Director for the Carrier-Sekani family, received the 2015 Inspiration Award for the Northern Region. Mabel began working for Carrier Sekani Health only one year after they completed their Health Transfer Agreement in 1998. She says that it is this unique opportunity to work with and watch each community grow in health since transfer that drives her work.

In her 16 years of service, Mabel has overseen many community successes, including, most recently, a partnership with Public Safety Canada to develop community safety plans. She also played a key role in Carrier-Sekani's accreditation journey and led the organization through its on-site survey with Accreditation Canada.

As Mabel says, *"I'm from community, so my kids are here and my grandkids. I can leave this world knowing Carrier-Sekani is an organization that will look after their health needs and child welfare."*



**Lynn Kruger (Interior)** – Health Programs Manager, Penticton Indian Band

Lynn Kruger received the 2015 Interior Region Inspiration Award for her 12 years of work as Penticton's Health Programs Manager. Having lived in Penticton for 34 years, Lynn holds a deep understanding of her community's needs and has worked tirelessly to provide them with the highest quality support and services.

Among her accomplishments, Lynn has seen the completion of her community's health centre and community daycare centre; developed Penticton's comprehensive integrated health services, as well as the community's social development committee; was a lead in the development of the South Okanagan Nation Alliance's NP project; and serves as an Okanagan Nation wellness committee member.

On her work as a Health Director, Lynn shares, *"I always strive to learn something new every day, and I cherish the times when knowledge is shared from our youngest to our eldest!"*



**Edith Loring-Kuhanga (Vancouver Island)** – Executive Director H’ulh-etun Health Society

Edith Loring-Kuhanga, Nox Gyes, of the Gitksan Nation, was the 2015 recipient of the Vancouver Island Region Inspiration Award. For the past 30 years, Edith has worked extensively in health and education and now serves as the Executive Director for the H’ulh-etun Health Society, which serves the Malahat, Lyackson and Halalt Nations of Vancouver Island.

As an advocate and leader, she has championed the role of culture in each community’s health and wellness programming and the importance of intergenerational teaching, including organization of an Elders Advisory Circle and coming-of-age ceremonies.

Above all, she says that what she is most proud of is to have *“given everybody a voice in the organization, a sense of ownership and belonging and incorporated so much culture. That identity and sense of pride and belonging—it goes together.”*



**Michael Maxwell (Vancouver Coastal)** – Shishalh Health Director

Michael Maxwell, who has worked for Sechelt Nation for eight years as Health Director, Director of Child and Family Services and Director of Social Development, received the 2015 Inspiration Award for the Vancouver Coastal Region.

Among his many achievements, Michael helped Sechelt to develop its long-term wellness plan and continues to be a strong advocate for further health planning, economic development, decreased reliance on welfare and the wellness of Sechelt’s

young people.

Despite juggling three major leadership positions, Michael always takes the time to listen to and support individuals within the community. *“Every person has a song,”* he says. *“My job is to help them find it.”* It is this passion and genuine concern for the others’ wellbeing that stick out to Michael’s colleagues and the community he serves.



**Malissa Smith (Fraser Salish)** – Kwantlen Health Director

Malissa Smith, recipient of the 2015 Fraser Salish Inspiration Award, has been a Health Director for four years, first at Katzie, where her partner, son and step-daughter are from, and now at Kwantlen Nation.

In only two years with Kwantlen, Malissa has already had a huge impact on the community. One of Malissa’s most recent projects was Kwantlen’s “Women’s Day,” which promoted and supported women’s health in the community. Doctors traveled to Kwantlen for the event to provide on-site pelvic exams, mammograms and education for women of all ages. Another of Malissa’s successful projects was a Death Protocol presentation, developed in collaboration with Fraser Health and FNHA and facilitated by Chief Willie Charlie.

Malissa says, *“Supporting the community you live in, that you work in, that’s what inspires me. When you see those little glimmers of hope and change in someone’s progress, it makes you want to move further with them, at their pace.”*

# FINANCIAL REPORT



First Nations Health  
Directors Association

Sharing experience for community wellness

## **FIRST NATIONS HEALTH DIRECTORS ASSOCIATION** **Financial report for the fiscal year ended March 31, 2016**

During the 2015-2016 fiscal year, FNHA provided funding to the 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 they receive from 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 2015-2016 operations that are included in the FNHA audited financial statements. Inclusion of the FNHDA financial figures in the FNHA audited statement are required due to related party accounting requirements. Issuance of separate audited financial statements and audit 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 financial statements were approved by FNHA Board of Directors and accepted by the Board members of the FNHA at their 2016 annual general meeting.

### **1.2. FNHDA Financial Results Overview**

Table 1 below provides the extraction of FNHDA financial information from the FNHA audited financial statements. The table includes actual results for the year ended March 2016 with prior year comparative figures. Additionally, Table 1 provides the Fiscal 2015-2016 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. The statements are presented in this manner for the FNHDA per membership request.

The net expenditures for Fiscal 2016 were \$954,213 (Fiscal 2015: \$919,024). The annual budget for Fiscal 2016 was \$1,230,796, which resulted in an overall favourable variance of \$276,583 when compared to the net expenditures.



**Table 1: FNHDA Statement of Operations**

**First Nations Health Directors Association**

Statement of Operations

For the year ended March 31, 2016

	2016			2015
	Annual Budget	Actuals	Variance Actual vs Budget fav (unfav)	
<b>Expenses</b>				
Salaries and benefits	\$ 256,082	\$ 310,721	\$ (54,639)	\$ 300,596
Travel and meetings	266,444	123,154	143,290	182,575
Honoraria	183,857	85,737	98,120	126,680
Community meetings and travel	273,000	168,499	104,501	115,188
Professional fees	116,500	69,580	46,920	63,683
Administrative Allocation	101,163	95,315	5,848	83,548
General administrative	33,750	101,207	(67,457)	46,754
<b>Total expenses</b>	<b>\$ 1,230,796</b>	<b>\$ 954,213</b>	<b>\$ 276,583</b>	<b>\$ 919,024</b>

Table 2 below shows the Statement of Financial Position for FNHDA. The FNHDA holds a bank account with the Royal Bank of Canada to meet the legal requirements under the BC Society Act. The offset is a payable in an equal amount to the FNHA. The nominal dollar amount will remain in the account to comply with the legal requirement.

**Table 2: FNHDA Statement of Financial Position**

<b>First Nations Health Directors Association</b>		
Statement of Financial Position		
For the year ended March 31, 2016		
	2016	2015
<b>Assets</b>		
Current Assets		
Cash	\$ 100	\$ 100
	<b>\$ 100</b>	<b>\$ 100</b>
<b>Liabilities</b>		
Current liabilities		
Accounts payable and accrued liabilities	\$ 100	\$ 100
	<b>100</b>	<b>100</b>
<b>Net Assets</b>		
Invested in property and equipment	-	-
Unrestricted	-	-
	-	-
	<b>\$ 100</b>	<b>\$ 100</b>



# NOTES



A series of 20 horizontal lines for taking notes, spanning the width of the page below the header.



# 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](http://www.fnhda.ca)

**General inquiries:** [fnhda@fnha.ca](mailto:fnhda@fnha.ca)

