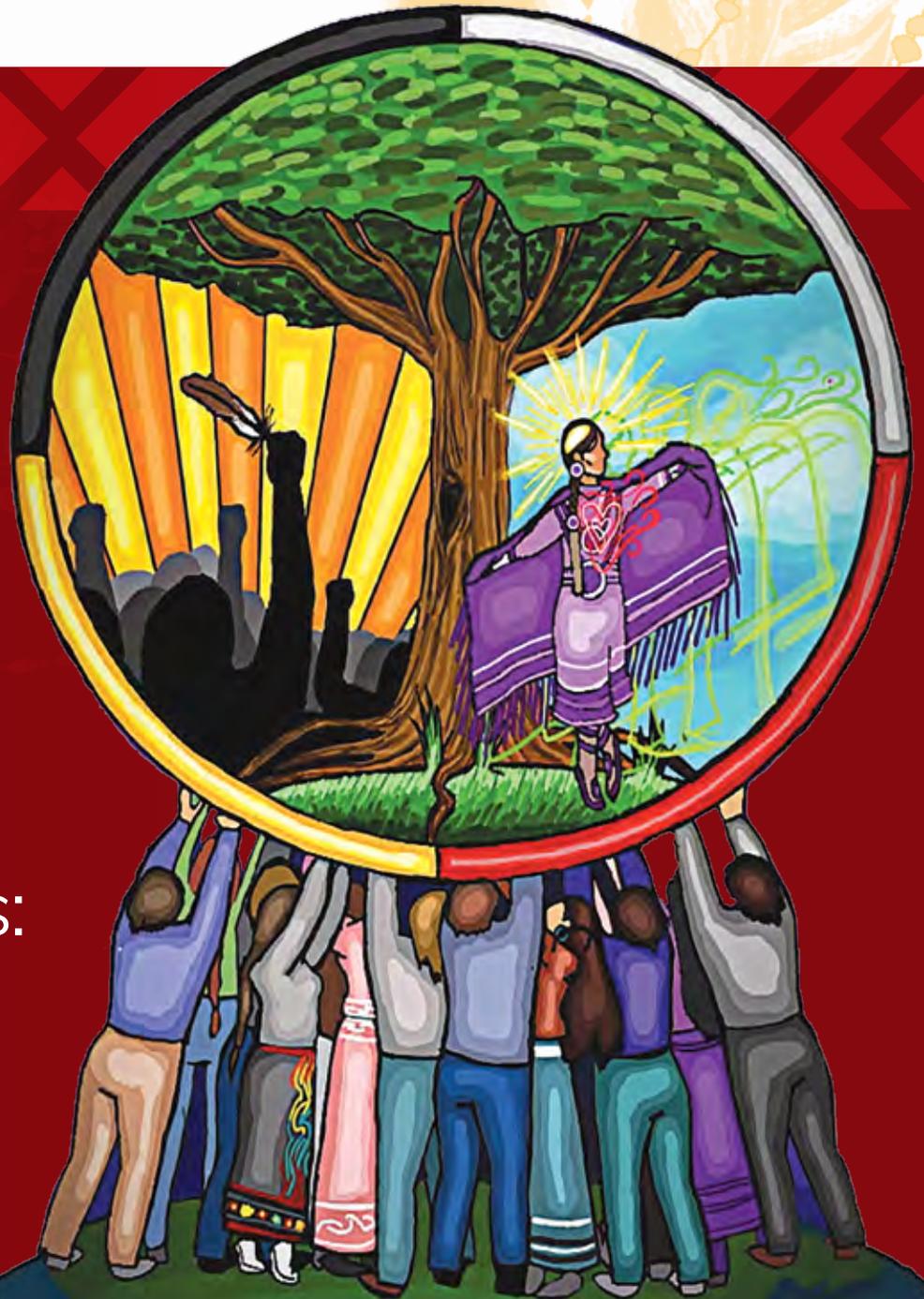


FIRST NATIONS HEALTH AND SOCIAL
SECRETARIAT OF MANITOBA

Annual Report 2019-20



Our Nations
will Sustain us:
Sovereignty
& Health



About the Cover Art

Artist – Chloe Courchene
Sagkeeng First Nation

I created this in the idea of solidarity, how we could unify and hold the feather high with pride as we walk into a better and brighter future, the tree being a tree of life growing strong roots into the ground, and growing stronger, as we all should. The Traditional dancer radiating positive energy as she dances, holding her head up to the blue sky, radiating love, mind and spirit. A group of individuals coming together to hold it all up. It is to show how we should all unify on this land. We are to grow and hold these values high with all that we have.

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Message from the Chairperson of First Nations Health and Social Secretariat of Manitoba

As Chairperson of First Nations Health and Social Secretariat of Manitoba (FNHSSM), it is a great pleasure to provide to you this year's 2019-20 Annual Report. Like previous years, we had a remarkably successful year in which we met our expected targets and outcomes.

I want to first introduce two appointees to our board in 2020 who come with extensive experience in the political and social-health fields. They are Chief Larson Anderson of Norway House Cree Nation and Chief Evan Yassie of Sayisi Dene Nation. They add to the other six current board members who I will mention later in the report. We look forward to working with the new members during their tenure at FNHSSM.

I want to take this opportunity to thank former Chief Walter Spence of Fox Lake Cree Nation and former Chief Gilbert Andrews of Gods Lake First Nation, both of whom resigned from the board in 2020. Their dedication and leadership are hereby acknowledged and recognized.

FNHSSM's mission is to support Manitoba First Nations in achieving and maintaining the well-being of all First Nations by:

1. Developing innovative programs and policy development; upholding and protecting Indigenous values and systems;
2. Supporting education and training;
3. Supporting First Nation controlled and administered research and evaluation.

As you probably are aware, our work in the year 2020 was abruptly disrupted by the coronavirus pandemic otherwise known as COVID-19, but despite this impediment we achieved our work for that year.

I mention the pandemic because of its impact at the end of the 2020 fiscal year and to this day. The provincial and federal governments announced the State of Emergency with full legal force to ensure compliance by Manitobans. The Health Orders by the province proscribed limitations on social contact by allowing only essential services and businesses to be open. The federal government through the Quarantine Act made it mandatory to self-isolate when entering Canada and similar requirements were imposed by the provinces when crossing provincial borders. By mid-March 2020 many of the First Nations also started implementing measures to prevent the spread of COVID-19, such as closing businesses and access to the First Nation territories.

In March 2020, FNHSSM also closed its offices instructing its staff to work remotely from home. As of January 2021, FNHSSM staff continue to work from home not only to avoid the spread of the virus but to protect staff from contracting it. COVID-19 physical distancing requirements also presented a unique challenge in limiting access to the building where



FNHSSM
supports regional
initiatives by
SCO, MKO,
and AMC.

AMC and FNHSSM are currently working out a working arrangement in which FNHSSM would provide expertise in research, coordination and planning, and analysis on their health transformation process.

FNHSSM conducts business due to distancing in the elevators. As a result, a relocation of the FNHSSM office was triggered.

I want to acknowledge the staff for their hard work during this time in meeting our objectives for the 2019-20 fiscal year and for organizing the COVID-19 pandemic emergency response team. The First Nation COVID-19 Pandemic Response and Coordination Team, consisting of FNHSSM, AMC, MKO, SCO, and the Red Cross is mandated to assist with both levels of government to mitigate the spread of the virus and to support First Nations in their preparedness plans. The following are the teams established:

- ◆ Pandemic Planning Team;
- ◆ Social Supports Team;
- ◆ Medical and Human Resources Team;
- ◆ Operations Team;
- ◆ Rapid Response Management Team;
- ◆ Public Safety and Policing Team.

As a First Nations health institution, FNHSSM takes the coronavirus very seriously. We continue to be diligent in addressing COVID-19 by developing other support systems.

With respect to governance, FNHSSM is guided by several foundational documents such as the FNHSSM Mission Statement; AMC Resolution JULY-13.08 that created FNHSSM;

Manitoba First Nation Health and Wellness Strategy: a 10-year Plan of Action and Beyond; the AMC Grand Chief's Health Renewal Strategy, and the FNHSSM By-Law.

We had our Annual Meeting in September 2019 at which time we reported on our activities for the 2018-19 fiscal year. We amended our By-Law to allow elected proxy representation at our board meetings and other directions were given by way of resolutions. FNHSSM continues to work on health policy development and research. As part of this work, FNHSSM works closely with the Assembly of Manitoba Chiefs, Tribal Councils and individual First Nations on health policies and programming, and other health trends. As well, FNHSSM liaise and supports the health transformation projects at MKO, SCO and AMC on a consultative basis.

The Assembly of Manitoba Chiefs and FNHSSM are currently working out a working arrangement in which FNHSSM would provide expertise in research, coordination and planning, and analysis on their health transformation process.

In conclusion, I would be remiss not to report that we had an unqualified audit for the fiscal year 2019-20 that is indicative to good governance and management at FNHSSM. A summary of the financial report on the FNHSSM is under Financial Management and Administration section of this report.

I wish everyone a good year and stay safe.

Chief Sheldon Kent, Black River First Nation

Chairperson, First Nations Health and Social Secretariat of Manitoba

Message from the Executive Director of First Nations Health and Social Secretariat of Manitoba



The fiscal year 2019/2020 was a challenging one amid the unexpected pandemic at the end of the year that corresponded with the requirement to fulfil our work-plans, activities and year-end reporting. However, despite all the challenges and the extra duties that emerged because of COVID-19, I want to report that we had a very successful year with an “unqualified audit” as reported by our auditor.

Our work at FNHSSM has many components and we continue to administer a range of programs and services including health research on health trends, determinants to health and collection of statistical data. Some of the projects include, but not limited to, eHealth; Panorama; Diabetes Integration Project; Foot Care and Chronic Diseases; Innovation Supporting Transformation in Community-based Primary Healthcare Research Project; Community-Based Primary Health Care Research Project; Strengthening Families – Maternal Child Health, etc. We also provide an oversight of the different levels of government policy development and health programming on behalf of our First Nations.

With respect to COVID-19, FNHSSM staff started working from home in March 2020 and the work productivity by staff has increased despite the change of work environment. The added duties that were brought on by COVID-19 involved, among other things, the creation of different Social Support Teams and the Rapid Response Teams to assist in mitigating the spread of the infectious coronavirus. I like to thank the staff for their dedication and hard work especially the front-line workers during this time.

I would like to acknowledge the FNHSSM Board of Directors who guide our office on all aspects of our operations, governance and accountability. They are Chairperson Chief Sheldon Kent, Black River First Nation; Vice-Chairperson Chief Francine Meeches, Swan Lake First Nation; Board Treasurer and Chairperson of P&F Committee – Chief Garnet Woodhouse, Pinaymootang First Nation; Chief Larson Anderson, Norway House Cree Nation; Chief Nelson Genaille, Sapotaweyak Cree Nation; Chief Evan Yassie, Sayisi Dene Nation and Chief Eugene Eastman, O-Chi- Chak-Ko- Sipi First Nation.

We continue to work with the Health Directors/Representatives from Tribal Councils and First Nations on the development of health programs and services. FNHSSM also supports the health transformation initiatives at the Assembly of Manitoba Chiefs, Manitoba Keewatinowi Okimakanak and the Southern Chiefs Organization. I am particularly pleased with the collaborative working relationship we have established with our First Nation counterparts that benefits all First Nations.

Further reporting of 2019/20 activities are documented in this Annual Report and the different programs we administer. In closing, I want to announce our new office is now located at Unit 74 – 630 Kernaghan Avenue.

Ardell Cochrane

Executive Director, First Nations Health and Social Secretariat of Manitoba

GOVERNANCE

Mission Statement

The FNHSSM mission is to support Manitoba First Nations in achieving and maintaining total well-being by developing innovative program and policy development; upholding and protecting Indigenous values and systems; supporting education and training and supporting First Nation controlled and administered research and evaluation.

First Nation Health and Social Secretariat of Manitoba was initially mandated by the Assembly of Manitoba Chiefs in 2013 to establish a health institute to pursue a *Unified Health System in Manitoba* through a tripartite process. Resolution JULY-13.08 adopted by AMC led to the incorporation of FNHSSM in 2014. To dispel the characterization that FNHSSM was merely an interim entity, the Chiefs in Assembly also adopted Resolution JUN-18.04 recognizing, “...that the Chiefs in Assembly fully supports and endorses the recognition of the FNHSSM as a permanent entity...”

The broader mandate of FNHSSM is to address all matters relating to health, and to ensure First Nations have an increased participation in the planning and development of new programs, policies and governance structures acceptable by First Nations. The mandate originates from the *Manitoba First Nation Health and Wellness Strategy: a 10-year Plan of Action and Beyond* and the *AMC Grand Chief’s Health Renewal Strategy* which are regarded as foundational documents that guide the work of FNHSSM.

FNHSSM has become a reputable organization recognized nationally and internationally for its

expertise in advocacy, health research, administration, policy, and program development. FNHSSM works closely with the Assembly of First Nation’s Health Secretariat, AMC, MKO, and SCO looking at national and provincial policy development and is regarded as a valued participant at all committee levels.

FNHSSM also works closely with the Tribal Council Health Directors, Community Health Directors and with the Assembly of Manitoba Chiefs, Manitoba Keewatinowi Okimakanak and Southern Chiefs Organization on their health transformation projects on a consultative basis.

“...that the Chiefs in Assembly fully supports and endorses the recognition of the FNHSSM as a permanent entity...”

FNHSSM Board of Directors

The Board of Directors is appointed by AMC and is representative of each of the Tribal Councils, one independent northern First Nation, and one independent southern First Nation as follows:

- ◆ Board Chairperson Chief Sheldon Kent, Black River First Nation, Southeast Resource Development Council
- ◆ Board Vice-Chairperson Chief Francine Meeches, Swan Lake First Nation, Dakota Ojibway Tribal Council
- ◆ Board Treasurer and Chairperson of P&F Committee Chief Walter Spence, Fox Lake Cree Nation, Keewatin Tribal Council
- ◆ P&F Committee Member Chief Gilbert Andrews, God’s Lake First Nation, Keewatin Tribal Council
- ◆ P&F Committee Member Chief Garnet Woodhouse, Pinaymootang First Nation, Interlake Reserves Tribal Council
- ◆ Board Secretary Chief Derrick Henderson, Sagkeeng First Nation, southern Independent

- ◆ Chief Nelson Genaille, Sapotaweyak Cree Nation, Swampy Cree Tribal Council
- ◆ Chief Eugene Eastman, O-Chi- Chak-Ko- Sipi First Nation, West Region Tribal Council
- ◆ Chief Larson Anderson, Norway House Cree Nation, northern Independent

Current Programs

FNHSSM has expertise on current trends in health research and policy development and has extensive knowledge of health programming. The FNHSSM Board of Directors currently oversee the following programs:

- a. Health Consultation
- b. Maternal Child Health
- c. Diabetes Integration Project
- d. SPOR: National Training in Culturally Safe Diabetes Education
- e. Foot care
- f. I-K Health
- g. eHealth
- h. National Indigenous Information Technology Alliance (NIITA)
- i. Governance
- j. Intergovernmental Committee on Manitoba First Nations Health and Social Development (ICMFNHSD)
- k. National Aboriginal Youth Suicide Prevention Strategy (NAYSPS)
- l. Research
 - i. Devotion
 - ii. First Nations Labour and Employment Development (FNLED) Survey
 - iii. Innovation in Community Based Primary Health Care Supporting Transformation in the Health of First Nations and Rural/Remote Manitoba Communities (iPHIT)
 - iv. Regional Health Survey
 - v. Indigenous Component of Health Life Trajectories (iHeLTI) – Cree Birth: Starting

Life in a Good Way – Creating Sustainable Prevention

- vi. Indigenous Health Nursing Research Chair
- vii. Partners in Engagement and Knowledge Exchange (PEKE)
- viii. Sexual Health Empowerment (SHE) Project: Merging community and science research



- ix. Indigenous Doula's for First Nations Women Who Travel for Birth
- m. Opioid and Substance Usage Amongst First Nations, Counting the Truth to Affect Change
- n. "Toward a First Nation Strategy for Action on the Legalization and Regulation of Cannabis in Manitoba."

Governance Activities Update

The Board of Directors and the Personnel and Finance Committee meet regularly during the year to get updates and progress on each of the programs at FNHSSM and to make recommendations, provide direction, and make decision as required. During the fiscal year there were eight meetings held in total between the two decision making bodies.

The governance activities involve mostly internal matters relating to programs and dealing with

COVID-19 that encroached upon us at the end of the fiscal year of 2019-20. There were several meetings with the Assembly of Manitoba Chiefs management regarding the transition of finance to FNHSSM. There were several meetings with the FNIHB Head Quarters and the Regional Office, regarding funding of programs. One of the governance activities involved a resolution of the failure of the funder to notify First Nations regarding unexpended funds at the end of the fiscal year. This required political and legal intervention. The potential claw back of approximately \$600,000.00 from FNHSSM was avoided, and the legal and political advocacy benefitted all First Nations.

The Senior Management staff at FNHSSM assist with the governance activities at the Board of Directors and the Personnel and Finance Committee levels. In addition, the Senior Management Team (SMT) manages the day-to-day operations at FNHSSM and is comprised of the

Directors of the various departments, the Executive Director, Executive Assistant, Manager of Finance, Director of Human Resources, Communications Specialist, and an In-House Legal Counsel.

The role of the Senior Management Team is to act on the direction given by the Members-at-large, the Board, and committees. The SMT meets on a regular basis to implement the direction given by the Board of Directors. They also operate the organization and the different programs and projects based on approved work plans and budgets.

One of the major collective efforts between the Board of Directors, the P&F Committee, and FNHSSM management was the transfer of FNHSSM finance back to FNHSSM. This was completed in 2019-20 fiscal year. Also, at the end of the fiscal year plans

had already been underway to relocate the FNHSSM office and this was achieved this current fiscal year (2020-21).

Accomplishments

The Board of Directors and the Personnel and Finance Committee provide oversight of FNHSSM operations. They are the governing body of the organization. FNHSSM management is responsible to ensure good governance that includes good management

and administration at FNHSSM.

As part of the operations, FNHSSM has a human resources department, an internal legal support service, a fully operational finance office, and a communication department. Further to the mandate of FNHSSM, major work involves policy research and development on First Nation health.

The Board of Directors of FNHSSM as supported by their Personnel and Finance Committee were involved with the following activities and achieved the following accomplishments for the fiscal year 2019-20:

- ◆ Completed the transfer of FNHSSM finance from Assembly of Manitoba Chiefs;
- ◆ Settled a “Claw Back” matter that would have exceeded \$600,000.00 under the FNIHB Contribution Agreement for the fiscal year 2019-20. An omission that was caused externally;
- ◆ Addressed the outstanding AMC loan; partial payment received;
- ◆ Oversight an amendment to the FNHSSM By-Law (2019) relating to allowing Proxies at FNHSSM board meetings;
- ◆ FNHSSM board involvement on the re-establishment of the Chiefs Task Force on Health (CTFoH) AMC Chiefs-in-Assembly passed Resolution JUL-19.10, which states, “...to re-

The role of the Senior Management Team is to act on the direction given by the Members-at-large, the Board, and committees.

establish the AMC Chiefs Task Force on Health (CTFoH) to include Board Members of First Nation and Health Social Secretariat of Manitoba (FNHSSM and four additional Chiefs to be appointed by the AMC.”

- ◆ Held FNHSSM's 5th Annual Membership Meeting in September 2019;
- ◆ New members of FNHSSM Board of Directors were appointed to replace former Chief Gilbert Andrews and Chief Walter Spence;
- ◆ Ongoing oversight on the development of FNHSSM Personnel Policy Manual and FNHSSM Financial Policies and Procedures Manual;
- ◆ Continued negotiations with FNIHB HQ on funding.

Status and Linkages

The status relating to work at the FNHSSM Board level are in most part the same programs and projects from the previous year. The following list of current activities relating to work at the FNHSSM Board and P&F Committee include, but are not limited to:

- ◆ eHealth, Telehealth, Panorama, Mustimuhw
- ◆ Health Information and Research Governance Committee (regional)
- ◆ First Nations Information Governance Center (national)
- ◆ Manitoba First Nations Health and Wellness Strategy – A 10 Year Plan of Action – ongoing
- ◆ Maternal Child Health
- ◆ Diabetes Research and Care
- ◆ Foot Care and Chronic Disease
- ◆ Ongoing Community Engagement
- ◆ Substance Use and Addictions
- ◆ Assembly of Manitoba Chief's Regional Jordan's Principle Program
- ◆ Regional Representative/Participation on National Health Committees
- ◆ Assembly of First Nations (AFN) National Public Health Committee
- ◆ AFN National First Nations Health Technicians Network

- ◆ AFN Chiefs Committee on Health
- ◆ AFN and FNIHB Joint Steering Committee on NIHB
- ◆ Manitoba First Nations Personal Care Home Networking Group
- ◆ National First Nations Health Technicians Network
- ◆ Supporting AMC Universal Health Accord Initiative
- ◆ Supporting MKO Health Transformation Initiative
- ◆ Supporting SCO Health Transformation Initiative

As part of FNHSSM's mission to promote collaborative working relationships with our partners and to maintain linkages, FNHSSM works with all PTOs, member First Nations, leadership, Health Directors, health staff, and partners in First Nations health.

Next Steps and Calls to Action

A priority of the FNHSSM Board of Directors is the implementation of the TRC's Calls to Action on health. Most important are the recommendations under Calls to Action which focuses on closing the gap on health with respect to First Nations; long-term trends on health determinants; recognizing distinct health needs of off-reserve First Nations; addressing sustainable funding; recognizing Aboriginal healing programs; and, the recruitment and retention of health-care professionals including advocating for more medical and nursing students in health-related faculties.

FNHSSM next steps will involve the continuation and implementation of our Mission Statement, development of a multi-year strategic plan, and ensuring short- and long-term goals as they pertain to each of our programs and projects. Ending in the fiscal year 2021-22, FNHSSM will have a revised 5-year multi-year Workplan that will incorporate, among other things, the vision of the TRC and its' recommendations on health.

Acknowledgements

The FNHSSM Board of Directors and Personnel and Finance Committee would like to acknowledge the following persons, groups, and organizations for their relentless work to ensure First Nations health programs are up to standard and culturally appropriate:

- ◆ The Grand Chiefs of AMC, SCO, MKO and the AFN Regional Chief.
- ◆ The First Nations Knowledge Keepers, Elders, Grandmothers, and Grandfathers who have stepped up every time to guide us in our work, with special recognition to the AMC Elders Council and the Turtle Lodge.
- ◆ The Chiefs who make up the membership of FNHSSM.
- ◆ The Health Directors and staff at the seven Tribal Councils in Manitoba for providing solid advice and leadership – Cree Nation Tribal Health Services, Dakota Ojibway Health Services, Interlake Reserves Tribal Council, Island Lake Tribal Council, Keewatin Tribal Council, Southeast Resource

Development Council, Swampy Cree Tribal Council, Cree Nation Tribal Health Centre, and West Region Treaty 2 & 4 Health Services.

- ◆ The Health Directors of all First Nations in Manitoba – for the continual guidance, grassroots perspective, and participation in FNHSSM initiatives.
- ◆ All of our partner organizations, such as Saint Elizabeth Health Care, the Assembly of First Nations and the AFN Chiefs Committee on Health, Indigenous Services Canada, Shared Health Manitoba, Ongomiizwin Health Services, and the many partner universities and researchers regionally, nationally, and internationally.

MANAGEMENT AND ADMINISTRATION ◆ ◆

Staff

Ardell Cochrane, Executive Director

Jerilyn Huson, Executive Assistant

Rhiana Cook, Manager of Finance

Deborah Simmons, Director of Human Resources

Louis Harper, Senior Legal/Technical Advisor

Renata Meconse, Communications Specialist

Destiny Williams, Junior Accountant

Caleigh Hocaluk, Accounts Receivable/
Administrative Assistant

Accomplishments

The Management and Administration departments are responsible for the organization's fiscal and financial accountability, human resources, internal and external communications, legal support, and policy and research. The beginning of 2020 presented several hurdles to work through and overcome with the COVID-19 pandemic. One of the most significant changes was the need to work remotely and virtually. Staff worked tirelessly to continue to engage with communities in whatever way we could, staff worked on several COVID related initiatives while also

performing their own daily responsibilities. A few of our most notable achievements this year are;

- ◆ Creation of our own internal Finance Department. FNHSSM successfully began managing our own books in July 2019.
- ◆ The FNHSSM had another successful year of a clean Financial Audit.
- ◆ FNHSSM's newly developed Finance department took on the full role of an accounting department; processing invoices for payment, accounts receivable, payroll, bank reconciliation, general ledger maintenance, annual audit, and working with all departments providing financial guidance and planning.
- ◆ The Finance Manager created tutorials for staff to learn about the fundamentals on different aspects of accounting.
- ◆ The accounts receivable function was centralized to Finance and all processing of invoices were done by the Finance department to ensure proper tracking and collection was being completed.
- ◆ Finance introduced processes to ensure greater financial controls.

- ◆ Finance's attendance at conferences and events provides for timely payments to attendees and greater financial support on site.
- ◆ The Finance Manager has been reviewing and creating policies and procedures to ensure FNHSSM standards and practices are clearly outlined to all.
- ◆ Successfully executed and administered funding agreements with various funders, i.e. First Nations and Inuit Health Branch, Indigenous Services Canada, Public Health Agency of Canada, Province of Manitoba, Canadian Institutes of Health Research, First Nations Information Governance Centre, and various universities.
- ◆ Negotiated with FNIHB – MB Region to carry over unexpended funding to the 2020-21 fiscal year.
- ◆ The Senior Management Team and staff supported PEKE and Research departments as they led organizing and hosting of the NIBI Water Gathering in May 2019.
- ◆ Human Resources completed a full overhaul of recruitment processes to create more engagement in the early stages to recruit qualified candidates.
- ◆ Human Resources performed an analysis in detail displaying the wage parity gap between FNHSSM and their provincial counterparts.
- ◆ The Director of Human Resources continued her professional development by taking classes in Business and Government relations.
- ◆ Human Resources updated FNHSSM's pandemic policy due to the COVID-19 pandemic.
- ◆ In collaboration with the Senior Medical Advisor the Human Resources Director hosted an all staff information session about COVID-19 on March 12, 2020.
- ◆ FNHSSM's Senior Management Team (SMT) met regularly to develop recommendations for leadership, operational plans, and group planning of initiatives and activities.
- ◆ FNHSSM's Administrative Support Team (F.A.S.T.) met regularly for training, to bring recommendations to SMT, and to plan organizational events.
- ◆ FUN Committee planned internal and external events and fundraising campaigns, such as Feasting With our Relatives, Indigenous Nurses Day, Christmas hampers for nine (9) low-income, single-parent students, observance events for solstices and equinoxes, donations to Bear Clan, Mama Bear Clan, etc. Fundraising was supported by the generosity of staff via payroll deductions as well through monetary and goods donations from partner organizations and generous donors.
- ◆ Hosted a Day School Class Action settlement information session in partnership with the Gowling Law Firm in April 2019.
- ◆ Supported the Interlake Reserves Tribal Council (IRTC) in its disaster management efforts during the winter storm of December 2019. FNHSSM staff worked at the "command post" to help coordinate services for IRTC community members who were evacuated from their communities due to the snowstorm.
- ◆ Part of FNHSSM Management Team meetings is to address a spectrum of legal issues as they may arise on a day-to-day basis.

FNHSSM has continued its work with communities engaging at various levels to receive the valuable input and guidance it needs to move forward in Health with and for First Nations.

- ◆ Drafting of all legal correspondence to all levels of government and law firms/lawyers on legal matters.
- ◆ Provided legal analysis, negotiated, and avoided a claw back that exceeded \$600,000.00 under the FNIHB Contribution Agreement for the fiscal year 2019-20. An omission to address the unexpended monies provision of the Contribution Agreement was caused externally.
- ◆ Drafting of both legal and non-binding agreements i.e., contracts and Memoranda of Understanding such as Service Purchase Agreements including the analysis of external contracts and negotiating contractual disputes.
- ◆ Assisting with Human Resources (employment) issues which has avoided legal liability on all cases.

programs, it helps share the work FNHSSM does as an organization with and for First Nations.

- ◆ Over the past year, Communications has been updating our website to provide up-to-date information from programs and departments so visitors can easily find information from FNHSSM.
- ◆ Communications has also been building a social media presence by sharing original and health-related content that is important to First Nations people. Some of the information shared on social media includes reports and events that FNHSSM is involved in as well as health news that relates to Manitoba First Nations.
- ◆ Staff work with and support FNHSSM Communications by sharing information they have received or prepared to be shared as well through FNHSSM's social media platforms.
- ◆ With the advice and guidance of the Board of Directors, developed a plan to host the 2019-20 Annual Membership Meeting (AMM) virtually.

Status and Linkages

As part of FNHSSM's Strategic Plan that was developed with input from MB First Nations leaders in Health, communication and collaborative work is a priority. FNHSSM has ensured community linkages by working with FNHSSM member communities, leadership, health directors, health staff and partners in First Nations health.

Over the past year, FNHSSM has continued its work with communities engaging at various levels to receive the valuable input and guidance it needs to move forward in Health with and for First Nations. This includes priority areas as identified by communities through research, engagement and regional health meetings.

FNHSSM continues to work closely with AMC's Universal Health Accord Initiative; a political aspiration of the Chiefs to create new health structures and systems. FNHSSM also fully supports the MKO and SCO health initiatives to improve the delivery of health services in their regions.

Here are highlights of involvement and linkages during this reporting period:

Legal research done on employment law specific to the circumstances of each case.

- ◆ Attending all Board of Directors and Personnel and Finance Committee meetings and providing legal advice and acting on direction, i.e., drafting of an amendment to the FNHSSM By-Law (2019).
- ◆ Standing Member of the Public Safety and Policing Support Team during the COVID-19 Pandemic.
- ◆ Communications has been an important part of the FNHSSM Team. Working with different units and

- ◆ Met with the AMC Council of Elders regarding the vision and regional strategic priority areas
- ◆ Presentation at forums including the KTC Health Forum
- ◆ eHealth, Telehealth, Panorama
- ◆ Health Information and Research
- ◆ Intergovernmental Committee on Manitoba First Nations Health and Social Development (ICMFNHS) – Technical Working Group and Senior Officials Steering Committee
- ◆ Manitoba First Nations Health and Wellness Strategy – A 10 Year Plan of Action – Report Card – ongoing
- ◆ Maternal Child Health
- ◆ Diabetes Research and Care
- ◆ Foot Care and Chronic Disease
- ◆ Community Engagement
- ◆ Substance Use and Addictions Program
- ◆ Statement of Principles on a Tripartite Process to Transfer Health Services to First Nations in Manitoba
- ◆ Pinaymootang Advisory Committee on Jordan's Principle
- ◆ Assembly of Manitoba Chief's Regional Jordan's Principle Forum
- ◆ Drianna Ross Inquest Recommendations Review Committee
- ◆ Senior Advisory Committee on the Provincial Clinical and Preventative Services Planning for Manitoba
- ◆ Regional Representative/Participation on National Committees
- ◆ Assembly of First Nations (AFN) National Public Health Committee
 - AFN National First Nations Health Technicians Network
 - AFN Chiefs Committee on Health
 - AFN and FNIHB Joint Steering Committee on NIHB
 - National Joint Steering Committee on the Review of the Non-Insured Health Benefits Program
- Manitoba First Nations Personal Care Home Networking Group
- National First Nations Health Technicians Network
- National Indigenous STBBI (Sexually Transmitted Blood Borne Infection) Stakeholder Meeting
- Treaty 5 Summit

FNHSSM has ensured community linkages by working with FNHSSM member communities, leadership, health directors, health staff and partners in First Nations health.

Next Steps and a Call to Action

The management and administration of FNHSSM remains committed to advocating, influencing, and participating in the fulfillment of the Truth and Reconciliation Commission's Calls to Action Sections 18 – 24 based on recognizing Indigenous health-care rights; closing the gaps of health outcomes and publish annual progress and long-term trends; recognize distinct health needs of off-reserve First Nations; provide and prioritize sustainable funding; recognize Aboriginal healing; recruitment, retention and cultural competency training in health-care; and advocate for medical and nursing students Aboriginal health education.

We pledge to incorporate the spirit and intent of the Calls of Action into all aspects of the organization,

which is to “redress the legacy of residential schools and advance the process of Canadian reconciliation.”

To this end, FNHSSM’s management and administration staff will continue to support AMC’s progress towards a Universal Health Accord, which is working toward a First Nation Health system.

Acknowledgements

FNHSSM’s management and administration expresses our deepest gratitude to:

- ◆ The Elders, Knowledge Keepers, Grandmothers, and Grandfathers who provide guidance and advice on how FNHSSM can execute its mandate and be partners in healthy communities to the highest benefit of First Nations in Manitoba;
- ◆ The Grand Chiefs and staff of the Assembly of Manitoba Chiefs, Manitoba Keewatinowi, and Southern Chiefs Organization, as well as AFN Regional Chief, for their assistance and voices in helping FNHSSM to advocate for the best health outcomes for our people;
- ◆ The leadership of all First Nations in Manitoba, the Chiefs who make-up the membership of FNHSSM;

- ◆ The Health Directors and staff at the seven Tribal Councils in Manitoba for providing solid advice and leadership – Cree Nation Tribal Health Services, Dakota Ojibway Health Services, Interlake Reserves Tribal Council, Island Lake Tribal Council, Keewatin Tribal Council, Southeast Resource Development Council, Swampy Cree Tribal Council, and West Region Treaty 2 & 4 Health Services;
- ◆ The local, grassroots-level health experts – the Health Directors of all First Nations in Manitoba – for the continual guidance, grassroots perspective, and robust participation in FNHSSM initiatives;
- ◆ All of our partner organizations, such as Saint Elizabeth Health Care, the Assembly of First Nations and the AFN Chiefs Committee on Health, Indigenous Services Canada, Shared Health Manitoba.

The management and staff of FNHSSM hold the utmost gratitude and respect for the Board of Directors. The Chiefs of the Board are dedicated to the health of our people and to the success of this organization, and their sound judgement and expertise contributes to FNHSSM’s record of excellence.

RESEARCH

Staff

Leona Star, Director of Research

Wanda Phillips-Beck, Primary Health Care Nurse Manager

Stephanie Sinclair, Indigenous Doula Research Coordinator

Shravan Ramayanam, Statistical Analyst

Wendy McNab, PEKE Coordinator, SPOR Research Assistant

Vanessa Tait, PEKE Research Assistant

Carla Cochrane, Regional Research Coordinator

Leanne Gillis, Community Liaison/Administration

Donna Toulouse, Research Administrative Assistant

Gilbert Fredette, Data Linkage Coordinator (Manitoba)

Indigenous Component of the Healthy Life Trajectories (iHeLTI) – Cree Birth: Starting Life in a Good Way – Creating Sustainable Prevention

This project will support the trajectory of our spirits by ensuring our children have access to their spiritual way of life from birth. Culture is the basis for wellness in children, families and nations. The impact of colonization has disrupted the transmission of birth knowledge and practices. This project will revitalize the use of Indigenous Knowledge to promote wellness. The research question is: How do cultural,

spiritual, land-based and community connections from the time of birth impact the health and wellness of children as defined by our nations? Our pathways as nations have always looked to support our children and families by planning for the next 7 generations, therefore this project will not only focus on a birth cohort defined by western parameters of “early childhood” but will aim to follow children and youth throughout their lifespan. This project is a partnership between the Three Cree Nations (Pimickimac Cree

Nation, Nisichawayasihk Cree Nation, and Misipawistik Cree Nation) and three Blackfoot Nations (Kainai, Piikani and Siksika), as well as FNHSSM, and numerous Indigenous academics. The research objectives of the project are:

- ◆ To define nation based wellness indicators for Cree and Blackfoot communities in the language.
- ◆ To support the reestablishment of Indigenous birth knowledge in Cree and Blackfoot Nations
- ◆ To share Indigenous knowledge frameworks (Creation Stories, Star Teachings, and Connection to Land) by hosting knowledge exchange events.

- ◆ To document the other rites of passage, ceremonies, and language activities that support wellness as identified by the Cree and Blackfoot Nations.
- ◆ To measure the impact of culture and practice on the health and well-being on early childhood wellness, youth wellness, and families by testing the nation-based indicators.

The Continuation of Cree Birth project will support the trajectory of our spirits by ensuring our children have access to their spiritual way of life from birth.

- ♦ To explore the issue of biobanking and biological sampling with the Nations involved in the project.

Project Governance: The project will be governed by the Collaboration Circle and the knowledge keeper circle. In addition each community will have a community based research associate and a local advisory committee that will oversee the implementation of the project activities in their community. The community based research associate will be trained and supported by regional coordinators, one in Manitoba at FNHSSM and one in Alberta at the Blackfoot Confederacy.



In this past year we have continued to work with our partners the University of Winnipeg, Wijiidiwag Ikwewag, Pimicikamak Cree Nation, Nisichawayasihk Cree Nation, and Misipawistik Cree Nation to provide doula care to First Nation families. Wijiidiwag Ikwewag (formerly Manitoba Indigenous Doula Initiative) a community based organization established in 2015 has worked with community, knowledge keepers and families to develop a curriculum to train Indigenous birth helpers. Birth helpers are revitalizing Indigenous knowledge which was held by women to support mothers and families

with culturally based care. Reclaiming and practicing these birth traditions is a first step to returning birth knowledge and eventually birth to communities. We have provided doula care to families and celebrated the birth of babies into our nations. The challenge is the coordination of care for families, the connection of the doulas to the families and the ongoing connection and training of the doulas. We have recognized that we need community level coordination as it is difficult to connect and maintain ongoing connection from a distance. We continue to work on improving processes and collecting data that will be useful to First Nations.

We are currently in our last year of implementing the project in the three First Nations communities and collecting data, we have decided to continue to support the program in one community for an additional year as we complete data collection. FNHSSM in partnership with the communities, a number of academic institutions, Indigenous institutions and the Blackfoot Confederacy applied and were successful in obtaining one of three grants across Canada for the Indigenous Healthy Lifestyle Trajectory Grants. The title of our project is Supporting the Trajectory of our Spirit: Living the Cree Pimatisiwin and Blackfoot Kiipaataspiisii (Spiritual Way of Life). This project goes until November 2021 and will allow us to continue to support the Indigenous Doulas in the three communities and partner and support the Blackfoot Nation to develop their own Doula Training program.

We would like to acknowledge the Chief and Council, Health Directors, Knowledge Keepers, Doula coordinators, and Doulas in each of the three communities for leading this project for the families living in their community. We would also like to acknowledge our partner at the University of Winnipeg Dr. Jaime Cidro who is an example of what a true research partnership is. We would also like to acknowledge Wijiidiwag Ikwewag community organization that is leading the return of birth knowledge in our community and has shared their teachings with the doulas and the research team.

First Nations Labour and Employment Development Survey (FNLED)

The First Nations Labour and Employment Development Survey is a new regional survey that is focused on labour, employment and economic security. It is done in partnership with other regions and the First Nations Information Governance Centre (FNIGC). Thirty-four Manitoba communities were selected to take part. The end result will be regional report, a national report that will inform communities on the needs for employment, trainings, skills development. This evidence-based survey can be used to advocate for programs or funding.

The First Nations Health and Social Secretariat of Manitoba (FNHSSM) FNLED team has currently put data collection on hold due to COVID-19. Various online methods were identified by FNIGC to continue however, only 1 Data Collector wanted to continue during the pandemic.

In total, 34 Manitoba First Nations were randomly selected to participate in the FNLED survey. To date:

- ♦ 10 communities have signed Band Council Resolutions (BCR) or a Statement of Participation (SOPs);
- ♦ 8/10 field workers have completed training.

Due to COVID, the collection of information has stopped as it would change the outcome of the data significantly.

Health Information Research Governance Committee (HIRGC)

Since 1998, the Assembly of Manitoba Chiefs (AMC) Chiefs-in-Assembly supported the mandate for the Health Information Research Governance Committee (HIRGC) as the First Nations research ethics board to: oversee the Regional Health Survey (RHS 1997-98, 2002-03, 2008-10, 2016-17); to review



research proposals and to ensure First Nations' ownership and control of health research with First Nations. The **Assembly of Manitoba Chiefs (AMC) Chiefs-in-Assembly** mandated the **Manitoba First Nations Health Information Research Committee (HIRGC)** to be the Manitoba Regional Ethics Board, reviewing proposals, and encouraging First Nations leadership and partnership in research according to First Nations priorities and values.

In 2007, the Chiefs-in-Assembly amended the Assembly of Manitoba Chiefs (AMC) constitution to support research for self-determination (JAN-07.1). The research mandate was as follows: To implement Manitoba First Nations self-determination, control and jurisdiction in research and reliable, accurate statistics, based on First Nations principles of ownership, control, access, and possession (OCAP®) of First Nations data and information; free prior and informed consent; and First Nations ethical standards.

In 2014, AMC Chiefs-in-Assembly established the **First Nations Health and Social Secretariat of Manitoba** as a permanent entity; incorporated on January 22, 2014 (JUN – 18.04), with the vision to restore holistic health of First Nations people, communities, and Nations.

In 2019, the Manitoba Chiefs-in-Assembly revised the mandate for HIRGC (SEPT-19.03) to being:

- ♦ The gatekeeper of First Nations data at a regional level;
- ♦ The advisory body to offer guidance to research carried out on a regional basis, including reviewing applications from First Nations or academic researchers or consultants;
- ♦ The body to ensure that respectful research for and by First Nations is carried out according to these principles: (a) Free Prior Informed consent on a collective and individual basis; (b) First Nations OCAP principles that First Nations have Ownership, Control, Access, and Possession of their own data and information; (c) First Nations ethical standards, whether Cree, Dakota, Dene, Oji Cree or Anishinaabe; and (d) Benefits to First Nations.

The HIRGC members are:

Doris Young, Opaskwayak Cree Nation

Rene Linklater, O-Pipon-Na-Piwin Cree Nation

Guy Gosselin, Roseau River Anishinabe First Nation

Gloria Rach, Dakota Ojibway Tribal Council

Elvin Flett, St. Theresa Point First Nation

Vanessa Tait, Academic

Youth Representative, Vacant

“Innovation in Community-based Primary Health Care Supporting Transformation in the Health of First Nations and Rural/remote communities in Manitoba” 2018-2019

Innovation in Community-based Primary Health Care (CBPHC) Supporting Transformation in the Health of First Nation and rural/remote communities in Manitoba, Canada –

iPHIT is a 5-year research partnership (2013-2018 with extension year to 19/20) between the University of Manitoba, the First Nations Health and Social Secretariat of Manitoba (FNHSSM) and 8 First Nations (FN) which aimed to understand FN perceptions and experiences with Primary Health Care (PHC); and use this knowledge to provide information for FN communities and to document or improve the scope and delivery of CBPHC services in their respective communities. We are presently into the second extension year of the project focused on knowledge exchange and writing.

This is the final extension year of the research project. Activities focused on writing for publication and presenting at conferences.

There are 8 community partners that have participated in the Research Project. Each community has been an active participant in the research. The member communities are:

- ♦ Fisher River First Nation
- ♦ Pimicikamak Cree Nation
- ♦ Birdtail Sioux First Nation
- ♦ Nisichawayasihk Cree Nation
- ♦ Ebb and Flow First Nation
- ♦ Northlands Denesuline First Nation
- ♦ Pinaymootang First Nation
- ♦ Berens River First Nation

Some of the key accomplishments for the *iPHIT* Research Project includes presentations by Wanda Phillips-Beck and participation at the following conferences:

- ♦ Canadian Association for Health Services for Policy Research Conference (CAHSPR), May 2019.
- ♦ North American Primary Health Care Research Group (NAPCRG), May 2019.
- ♦ Health Services and Policy Research Conference, November 2019.
- ♦ International Meeting of Indigenous Child Health Researchers, November 2019.
- ♦ Indigenous Health Research Symposium, University of Manitoba, January 2020.

The *iPHIT* team also published the following articles this year:

Phillips-Beck, W., Kyoan-Achan, G., Lavoie, J. G., Krueger, N., Kinew, K. A., Sinclair, S., Ibrahim, N., & Katz, A. (2019). Negotiation, reciprocity, and reality: The experience of collaboration in a community-based primary health care (CBPHC) program of research with eight Manitoba First Nations. *The International Indigenous Policy Journal*, 10 (4).

doi: <https://10.18584/iipj.2019.10.4.8334>.

*iPHIT is a
5-year research
partnership aimed
at understanding
FN perceptions &
experiences with
Primary Health Care.*

Maternal Child Health Involvement:

Wanda Phillips-Beck also represented FNHSSM at all meetings and forums of the **Shared Health Maternal and Child Health Clinical Working Group** on the Provincial Clinical Services Working Group.

Wanda Phillips-Beck is Co-Investigator on the following research teams with the goal of improving Maternal and Child Health outcomes for Indigenous women and babies. As a co-PI, Wanda was involved in decision making, analysis, interpretation of results and participated in monthly team meetings:

Child Health Atlas, in partnership with the Manitoba Centre for Health Policy.

The purpose of the report is to provide a description of how Manitoba's First Nations children are doing in the areas of health, education, justice involvement and social services. It is to provide sound measurement and report of available data – in order to overcome health and social disparities.

The objectives are being addressed using information from the Manitoba Population Research Data Repository (the Repository), housed at MCHP. The Repository is a comprehensive collection of population-based data developed and maintained by MCHP on behalf of the province of Manitoba. Several datasets from the Repository were brought together for the analyses conducted in this report.

There is also a modest monetary compensation.

Envision/Strength – Evaluating Home Visiting Programs for First Nations Families on and off Reserve in Manitoba in partnership with Manitoba Centre for Health Policy. The Families First Home Visiting (FFHV) program and Strengthening Families Program aims to enhance parenting skills and strengthen relationships between parents and their children. This research aims to determine if child outcomes have improved or if the program made a difference for FN women and families.

RESPECT in Care in partnership with University of British Columbia and the Birth Lab, BC SPOR Network. This work aims to address deficits in health service delivery for women in Canada, and underrepresented groups such as Indigenous women

by developing tools to evaluate respectful maternity care in Canada.

Decolonizing Birth, with the University of British Columbia and the Birth Lab, BC SPOR Network. The goal of this study is to capture the lived experience of respect and disrespect/mistreatment/discrimination/abuse when seeking health care in BC and Manitoba. We are particularly interested in amplifying the voices of under-represented groups, such as Indigenous peoples, the LGBTQ+ community, new immigrants, childbearing people with disabilities, young parents, and those who face multiple life challenges (incarceration, relocation, substance use, housing instability) during the course of childbearing. We hope to support ongoing community-led integrated knowledge translation of our findings, with the aim of addressing health policy, health services, and health professional education towards improved equity and quality of care for all families.

Wanda Phillips-Beck applied and was notified in 2019/20 that she awarded the Indigenous Research Chair in Nursing, a salaried position and research funding from the Canadian Institute in Health Research and Research Manitoba. She will assume her role as Chair and title as Seven Generation Scholar in April 1, 2020.

Opioid Data Linkage Project

There is no baseline data regarding opioid use for First Nations in Manitoba that can be utilized as evidence to inform policy, strategies and interventions to address the opioid crisis that we are facing with our First Nations people and communities.

The purpose/goal of the Opioid Data Linkage Project is for the First Nations Health and Social Secretariat of Manitoba (FNHSSM) and the Alberta First Nations Information Governance Centre (AFNIGC) to work collaboratively to address the gaps in much needed information by creating a mechanism and process to provide data that will inform policy, strategies and interventions in tackling the opioid crisis in First Nations in Canada. The project will build upon existing processes where each of the two regions have worked on data linkage projects.

The following resolutions supported that the Opioid Data Linkage Project is needed in Manitoba.

- ◆ FNHSSM Resolution Sept-18.01: *Responding to the Opioid, Crystal Methamphetamine and Problematic Substance Use Crisis for First Nations in Manitoba*, indicated FNHSSM to engage in dialogue regarding the opioid crisis; and to provide surveillance, culturally appropriate, community-based harm reduction approaches, and prevention, clinical services and education and awareness in this area.
- ◆ FNHSSM Resolution Sept-19.05: *Exploring the federal and provincial government's legal responsibility in the Opioid crisis* indicates that there is a need to have evidence and data to address the opioid crisis for First Nations in Manitoba.

In 2018, FNHSSM was approached to apply for funding through the Public Health Agency of Canada to address the gap in data and evidence on how the opioid crisis is impacting the health of Indigenous populations. The evidence and data will enhance information on the public health impact of problematic use of opioids (and other substances) and will be used to better inform preventative and intervention programs.

The past year's accomplishments include:

- ◆ Hired Data Linkage Coordinator for both regions.
- ◆ Recruitment and development of an advisory circle for Manitoba. The advisory circle is responsible to provide guidance and direction for the duration of the project; to define the parameters of the environmental scan; and to provide advice and feedback on both the preliminary report and the follow-up report (year 3).
 - The Advisory Circle members in Manitoba include, Ed Azure (Knowledge Keeper), Gord McGillivray (Health Director), Sherry Copenace (Knowledge Keeper), James Favell (Community Advocate), Gloria Rach (Health Director) and Joan Muswagon (Community Member).
- ◆ Partnership with the Blackfoot Confederacy. The Blackfoot Confederacy will assist FNHSSM in the efforts to create a Manitoba First Nations Regional

Opioid and Substance Use Baseline Report as they have compiled two reports within their region.

- ◆ Health Information Research Governance Committee (HIRGC) application to access the First Nations file (Indian Status Registry) submitted and approval provided on October 2019. HIRGC oversees this file that is housed at Manitoba Centre for Health Policy (MCHP).
- ◆ Preliminary Environmental Scan (Draft) has been completed and is awaiting approval and recommendations from the advisory circle. Information was presented on February 11, 2020 at a National Conference in Winnipeg.

This past year:

- ◆ The Opioid Data Linkage Team Advisory Committee attended the 2020 National Conference, titled Cannabis, Opioids and Crystal Meth: Enhancing a First Nation Context to Health Policy and Models of Care. They held three sessions to over 200 participants; project is titled, Opioid and Substance Usage Amongst First Nations, Counting the Truth to Affect Change in Manitoba.

The next steps include:

- ◆ A preliminary baseline report to be completed by summer 2020 based on variables identified by Advisory Committee and initial environmental scan. The environmental scan will be completed to provide context to the preliminary report.
- ◆ The baseline report in partnership with MCHP.
- ◆ Complete Terms of Reference for Advisory Committee.
- ◆ Potential site visit Treatment centres in Manitoba.
- ◆ A follow up report in year 3 will be used to measure changes and provide a comparative analysis.

Thank you to the FNHSSM team, the Advisory Committee, the Blackfoot Confederacy partners, and the Public Health Agency of Canada our funders for your determination and support in the Opioid Data Linkage Project to ensure that we have evidence and data to better understand the opioid crisis in Manitoba.

Partners for Engagement and Knowledge Exchange (PEKE)

The goal of the PEKE is to create platforms to share, exchange and/or create partnerships across Manitoba, Canada and internationally, regarding First Nations and Indigenous health programs, projects and research (e.g. diabetes/obesity, suicide prevention, tuberculosis, oral health and social determinants of health) to build a united community of health knowledge. The PEKE team works to ensure First Nations and Indigenous health focused programs and research are supported and strengthened through collaboration between First Nations and non-First Nations through online monthly webinars and PEKE website.



This year's past accomplishments include:

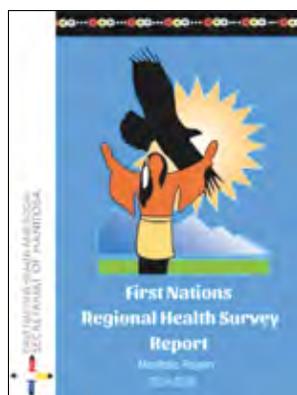
- ◆ Hosted the CAREB Pre-Conference with approximately 80 people in attendance;
- ◆ Hosted the HIRGC & Research Team Strategic Planning;
- ◆ Co-hosted the Nibi Gathering, Bannock Point, Whiteshell, MB – FNHSSM research unit, Treaty 3 and TRCM (May 23-26, 2019);
- ◆ Participated in 8 research teams (community members and universities) research project development for funding;
- ◆ Supported and assisted with planning for the World Indigenous Suicide Prevention Conference;
- ◆ Hosted the Firelight Group Inc. Conducted an Indigenous Mapping Workshop for FNHSSM staff, University of Winnipeg students, community members with the intentions of learning how to use mapping as data collection tool and presented at the Summer Institute on Indigenous Ethics and Research;
- ◆ Co-developed and co-hosted the University of Winnipeg Masters in Development Practice: Indigenous Development partners partnered with FNHSSM. The Summer Institute on Indigenous Ethics and Research (credit and certificate course)

for graduate, undergraduate and community members. This was the first time this was done.

The FNHSSM Research Director and PEKE Coordinator attended the Kainai Ecosystem Protection Association (KEPA) 2018 Summit-Napi's Land. June 5 – 7, 2019 in Stand Off, Lethbridge and Waterton Lakes, Alberta.

Thank you to all the FNHSSM Staff and their families that volunteered for the 2019 NIBI Gathering!

Regional Health Survey (RHS)



The MFN RHS is a longitudinal survey that has been conducted in Manitoba First Nations and across Canada with the overall objective of developing a better understanding of the many important factors that determine the health of First Nations children, youth and adults. The

survey includes three unique surveys to address the health of Children, Youth and Adults. The surveys cover such areas as Health conditions and behaviours, Diabetes, Women's Health, Disabilities, and Residential Schools, among others.



Phase 3 of the Regional Health Survey (RHS) was successfully completed in 2016. Phase 4 discussions for the survey are in the process. The HIRGC reviewed the questionnaires with proposed changes/additions. The survey is set to launch in 2021 due to COVID-19.

For RHS 4, the goal is to collect surveys from 38 communities, for total of 4,030 surveys (Communities have been randomly generated by FNIGC).

Research projects that focus on “Returning Birthing back to Communities”

In this past year we have continued to work with our partners the University of Winnipeg, Wijiidiwag Ikwewag, Pimicikamak Cree Nation, Nisichawayasihk Cree Nation, and Misipawistik Cree Nation to provide doula care to First Nation families. Wijiidiwag Ikwewag (formerly Manitoba Indigenous Doula Initiative) a community-based organization established in 2015, has worked with community, Knowledge Keepers and families to develop a curriculum to train Indigenous birth helpers. Birth helpers are revitalizing Indigenous knowledge which was held by women to support mothers and families with culturally based care. Reclaiming and practicing these birth traditions is a first step to returning birth knowledge and eventually birth to communities. We have provided doula care to families and celebrated the birth of babies into our nations. The challenge is the coordination of care for families, the connection of the doulas to the families and the ongoing connection and training of the doulas. We have recognized

that we need community level coordination as it is difficult to connect and maintain ongoing connection from a distance. We continue to work on improving processes and collecting data that will be useful to First Nations.

We are currently in our last year of implementing the project in the three First Nations communities and collecting data, and we have decided to continue to support the program in one community for an additional year as we complete data collection. FNHSSM, in partnership with the communities,

a number of academic institutions, Indigenous institutions and the Blackfoot Confederacy were successful in obtaining one of three grants across Canada for the Indigenous Healthy Lifestyle Trajectory Grants. The title of our project is Supporting the Trajectory of our Spirit: Living the Cree Pimatisiwin and Blackfoot Kiipaataspiisii (Spiritual Way of Life). This project goes until November 2021 and will allow us to continue to support the Indigenous Doulas in the three communities and partner and support the Blackfoot Nation to develop their own Doula Training program.

Our pathways as nations have always looked to support our children and families by planning for the next 7 generations ... will aim to follow children and youth throughout their lifespan.

World Indigenous Suicide Prevention Conference

The Research area was successful in the bid to host the World Indigenous Suicide Prevention Conference (WISPC) 2020 in Winnipeg, Manitoba from August 25-27, 2020. The work is building upon ideas from our International Advisory Committee and the Local Planning Committee.

The event's theme “Strength in our Communities” will focus on:

- ◆ Protective factors through building identity, resilience and culture;
- ◆ Ways of preventing suicide through reducing risks; and
- ◆ Showcasing wise practices on the spectrum forum of prevention and intervention encompassed by culture and Indigenous knowledge.

Approximately 500 attendees will make their way to Winnipeg to attend the WIPSC. Participants will be representative of nations from Canada, United States of America, Aotearoa – New Zealand, Australia and Hawaii.



Funders



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Vincent Design Inc.



STRENGTHENING FAMILIES MATERNAL CHILD HEALTH

Staff

Rhonda Campbell, Nurse Program Advisor

Adele Sweeny, Peer Resource Specialist

Elizabeth Decaire, Peer Resource Specialist

Joyce Wilson, Administrative Assistant/
 Peer Support Worker

Peer Support Worker



Accomplishments

- ◆ Development of Traditional Parenting Curriculum was started in 2019-20.
- ◆ Incorporating traditional parenting and Indigenous Doula (birth workers) training for staff was initiated in 2016 and has been ongoing each year. The purpose is to educate program staff on traditional ways of knowledge and to support culturally appropriate prenatal care in communities.
- ◆ Partnership with Manitoba Centre of Health Policy to evaluate outcomes for First Nations receiving home visitation is almost completed, through the ENVISION Study.

- ◆ Five communities are part of a pilot project for combined Maternal Child Health/STAR program in the Keewatin Tribal Council region.
- ◆ Train the Trainer model for Growing Great Kids curriculum was started in 2017-2019 in partnership with Healthy Child Manitoba to train two provincial staff, ensuring our SF-MCH staff have required training to meet program needs. SFMCH is only allowed to train MCH staff and no other FNHIB children's program as they are not under SF-MCH supervision and the quality assurance of other programs cannot be monitored.

Challenges

- ◆ One of the main challenges for communities in the Keewatin Tribal Council region is the lack of a direct onsite supervisor/coordinator in the five communities. SF-MCH have offered support and direction to the offsite supervisors in finding innovative ways to provide strength-based solutions and supervision to community home visitors, to ensure the program is functioning the way it is intended to.
- ◆ Lack of reliable connectivity in communities is an ongoing challenge for SFMCH staff to maintain electronic database documentations.

STATUS AND LINKAGES

- ◆ *FNHSSM/Healthy Child Manitoba Joint Training Initiative:* FNHSSM and the SF-MCH Administrative Assistant/Peer Support Worker continue to facilitate training for the First Nation communities to support families in the program sites. The FNHSSM partnered with Healthy Child Manitoba (HCM) and the Regional Health Authorities in coordinating and supporting mandatory curriculum training, cost sharing with HCM, FNHSSM independently coordinated 1 of the 4 curriculum sessions, training 13 new SFMCH program staff.

- ◆ Sacred Babies training for all Early Childhood Cluster: SF-MCH Regional team provides a two-day training in safe sleep for First Nations families.
- ◆ Manitoba Indigenous Doula Initiative Training: Training was postponed due to COVID-19 in March.
- ◆ The Quarterly Meetings and Bi-Annual Gatherings of all community based MCH staff continues to be a forum for professional development. The FNHSSM SFMCH Team organizes quarterly workshops and educational sessions on various themes that are identified through Peer Support visits. Our focus this year was on refreshers on program standards and policies, case management, documentation, and research updates. The FNHSSM SFMCH partnered with Healthy Child Manitoba to host a one-day regional meeting in Winnipeg during a 2-day bi-annual gathering. The meeting strengthened awareness and built relationships amongst supervisors from both home visiting programs.

Our vision is to have an Indigenous led maternal child health home-visiting curriculum to support Indigenous families in communities.

culturally appropriate parenting programs for Aboriginal families.”

TRCC Item # 33 “We call upon the federal, provincial, and territorial governments to recognize as a high priority the need to address and prevent Fetal Alcohol Spectrum Disorder (FASD), and to develop, in collaboration with Aboriginal people, FASD preventative programs that can be delivered in a culturally appropriate manner.”

Our vision is to have an Indigenous led maternal child health home-visiting curriculum to support Indigenous families in communities.

TRCC item #19: Addressing the Legacy/Health “We call upon the federal government, in consultation with Aboriginal Peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, birth rates, infant and

child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.”

SFMCH/FNHSSM partners with the University of Manitoba/Manitoba Centre of Health Policy to collaborate on research projects, to advance the health and well-being of Indigenous children.

Next Steps and a Call to Action

The Truth and Reconciliation Commission of Canada (TRCC) Calls to Action Item #9 under child welfare which states that “all governments...develop culturally appropriate parenting programs,” (TRCC, 2012). First Nations Health and Social Secretariat of Manitoba and SF-MCH program is fully prepared to move forward with these recommendations, as our traditional knowledge in parenting, child rearing, medicines and languages are vital to improving health and social outcomes for First Nation (FN) populations.

TRCC item # 5 “we call upon the federal, provincial, territorial and Aboriginal governments to develop

Acknowledgements

Strengthening Families Maternal Child Health would like to extend gratitude to our champions who advocate for closing the gap in maternal child health services in First Nations communities. We thank our SFMCH community supervisors and home visitors that continue to strive towards excellence in achieving the vision of having healthy, holistic and balanced families living in First Nations communities.

We also thank the First Nations Chiefs, Councillors, Health Directors and research partners in the year's accomplishments. Without the support of these individuals, groups and organizations we would have difficulty achieving our goals.

SFMCH would like to extend gratitude to our champions who advocate for closing the gap in maternal child health services in First Nation communities. We thank our SFMCH community

supervisors and home visitors that continue to strive towards excellence in achieving the vision of having healthy holistic and balanced families living in FN communities. We also, thank the First Nations Chiefs, Councillors, Health Directors, research partners, in the year's accomplishments. Without the support of these individuals, groups, and organizations we would have difficulty achieving our goals.

DIABETES INTEGRATION PROJECT (DIP)

Staff

Adele Sweeny, RN BN, Director, Diabetes Integration Project, Pimichikamak Cree Nation (Cross Lake)

Dr. Barry Lavallee MD, CCFP, FCFP, MCISc, Medical Consultant, St. Laurent, Duck Bay, Lake Manitoba First Nation

Lorraine McLeod, RN BN, Associate Director, Diabetes Care & Research, Pimichikamak Cree Nation (Cross Lake)

Alison Ballantyne, RN BN, Dauphin Team Lead, Misipawistik Cree Nation

Destiny Nepinak, LPN, Dauphin Team, Bunibonibee Cree Nation

Muriel Sinclair, RN, Winnipeg Team Lead, Mosakahiken Cree Nation

Belinda Harper, LPN, Winnipeg Team, Tataskweyak Cree Nation

Kayla Perry, DIP Dietitian, Rolling River First Nation

Joanna Thich, DIP Dietitian (term position)

Monique Lavallee, Administrative Assistant, St. Laurent

Thompson Team – 2 vacant positions

The Diabetes Integration Project (DIP) is a mobile diabetes care and treatment model developed to enhance diabetes care and support for adults living with Type 2 Diabetes to prevent or delay the onset of diabetes complications.

The DIP meets with the Manitoba First Nations Diabetes Leadership Council (MFNDLC) to provide

updates and seek advice and feedback specific to addressing diabetes. The DIP services are provided to the following communities:

Dauphin Team	Winnipeg Team	Thompson Team
Ebb & Flow	Hollow Water	Bunibonibee (Oxford House)
Gambler	Long Plain	Chemawawin (Easterville)
Keeseekoowenin	Peguis	God's Lake Narrows
Ochichakkosipi (Crane River)	Sandy Bay	Manto Sipi (God's River)
Pine Cree	Swan Lake	Nisichawayasihk (Nelson House)
Rolling River		Tataskweyak (Split Lake)
Skownan Tootinaowaziibeeng (Valley River)		

Key Highlights

DIP Director Position

We extend sincere gratitude and appreciation to Caroline Chartrand, RN, BN for her years of commitment and service to addressing diabetes in our communities. Caroline Chartrand, Director of the DIP

resigned in mid-August 2019, successful recruitment for this position took longer than anticipated and the position remained unfilled until April 4, 2020.

The new DIP Director is Adele Sweeny, a member of Pimichikamak Cree Nation with over fourteen years of nursing experience. Most of Adele's experience has been working with First Nations in various capacities at the community and Tribal Council levels.

Nursing Position Vacancies Thompson Team

The Thompson team nursing positions have remained vacant since June 2018 and services delivered to the 6 communities has only occurred near the end of the 2019/20 fiscal year with the Winnipeg team visiting God's Lake Narrows and Bunibonibee. The team was unable to secure a date for a visit to Manto Sipi prior to FNHSSM staff travel being suspended in response to the pandemic.

Recruitment for the nursing positions in Thompson has been a challenge related to the overall nursing shortage, our inability to compete with compensation packages offered by other organization within the region, extensive travel and being away from home, and hauling of clinic equipment. The DIP will meet with Keewatin Tribal Council and communities to develop strategies to address.

DIP 10-Year Review & Business Case Development

The FNHSSM contracted a consultant in January 2019 to complete the DIP review and to develop a strong evidence-based business case to expand services to all First Nation communities in Manitoba. The initial work included survey and focus group meetings with communities and Tribal Council representatives to gather feedback on expanding services to all First Nations communities in Manitoba, the model of service delivery, and expanding the scope of services to include other chronic conditions.

FNHSSM received a draft of the *Business Case: First Nations Diabetes Care for Health and Wellness* on February 4, 2020. Going forward, Ms. Joanna Thich, DIP dietitian will be revising and finalizing the business case for presentation and submission to Health Canada.

Research Projects and Key Highlights

Strategies for Patient Oriented Research (SPOR) Diabetes – National Training in the Delivery of Culturally Safe Care for First Nations Communities

Staff

Dr. Barry Lavallee MD, CCFP, FCFP, MCISc, Medical Consultant

Lorraine McLeod, Associate Director, Diabetes Care & Research

Dr. Jon McGavock, Principle Investigator (University of Manitoba)



Wendy McNab, Research Assistant

George Gordon (Peepeekiskis & Cowesess), First Nations, SK

Alyson Ross, Program Support, Pimichikamak Cree Nation (Cross Lake)

Alexandra Nychuk, Graduate Student, Metis, Southern MB

Partners

University of Toronto, Canadian Institutes for Health Research and 16 other Universities and Foundations across Canada

The purpose of this research project is to deliver a health curriculum, framed in a culturally safe and anti-racist framework to providers who care for First Nations people living with diabetes.

This research project will meet the following objectives:

1. To Indigenize the learning process through the participation and incorporation of Traditional Knowledge Keepers and youth.
2. To create a First Nations health curriculum for health provider systems.
3. To foster the self-reflective skills of providers caring for First Nation patients living with diabetes.

Ultimately, the implementation of this First Nations health curriculum will enrich the providers knowledge and skills to address the health and healing needs of First Nations in an equitable and robust way. This research project builds on the success of the DIP Model of Care, which builds upon the anti-racist, anti-colonial, strengths-based approach developed by the Diabetes Integration Project.

The project has received Research Ethics Board (REB) approval and the team is preparing to provide an orientation for the anti-racism training instructors, recruiting and providing an orientation for health practitioners and doctors to participate in the online training.

IK-Health – Improving Responsiveness across the continuum of Kidney Health Care in Rural and Remote Manitoba First Nation Communities

Staff

Tannycy Cook, RN BN, Nurse Researcher, Misipawistik Cree Nation

Melissa Knight, RN BN, Project Coordinator

Partners

First Nation patients with lived experience of kidney disease, University of Manitoba (UM) and the Manitoba Renal Program.

This partnership-based program of research brings together community-based researchers from the

FNHSSM Diabetes Integration Project, First Nation patients with lived experience of renal disease, University of Manitoba university-based researchers and health care professionals (kidney specialists, nurses, dietitian, and social worker). The research project will focus on the continuum of renal care (from presenting renal health to expanding treatment options) through the work of four studies that make up the overall research project.

1. Mapping patient kidney health journeys in rural and remote communities;
2. Assessing primary health care's role in kidney health;
3. Evaluating and developing appropriate kidney health education; and
4. Exploring alternative models of dialysis treatment delivery.

The Research Ethic Boards (REB) approvals and access to information approvals for the first 2 stages of the study have been attained, and the data requested has been sent to the Manitoba Centre for Health Policy (MCHP) for analysis. The research project team has recently met to discuss next steps to support analysis of the results of the data linkages made and plans to proceed with all four studies.

Strategies for Patient Oriented Research (SPOR) KIDNEY “CAN-SOLVE CKD – OPTIMAL APPROACHES TO CKD CASE FINDING IN INDIGENOUS COMMUNITIES – Kidney Check – Diabetes, Blood Pressure and Kidney Health Checks and Care

... to deliver a health curriculum, framed in a culturally safe and anti-racist framework to providers who care for First Nations people living with diabetes.

Staff

Lorraine McLeod, RN BN, Associate Director, Diabetes Care & Research/Nurse Manager

Merrick Garrioch, LPN, BN, Pimichikamak Cree Nation (Cross Lake)

Ashley Starr, Health Care Aide/Administrative Assistant, Peguis First Nation

Caitlyn Lockhart, Health Care Aide, War Lake First Nation

Partners

University of British Columbia, University of Manitoba, the Manitoba Renal Program and First Nation communities.

The SPOR – Kidney application is an extension of the FINISHED Project (2012-2015) and is co-led by Dr. Adeera Levin, University of British Columbia and Dr. Paul Komenda (Manitoba Renal Program) and Dr. Barry Lavallee (Indigenous Lead). This is a 5-year initiative with an initial deadline of March 2021, and it is anticipated that the deadline will be extended to March 2022.

FNHSSM has been contracted to perform services to recruit and screen individuals for diabetes and chronic kidney disease for up to 5 communities across Manitoba. A mobile screening team consisting of a nurse, dietician or health care aid will travel to communities with point-of-care testing equipment to conduct front-line screening activities. Individualized risk of kidney failure will be determined for each client, along with immediate counselling sessions tailored to the individual's needs.

FNHSSM will also assist the PI with training any staff who will be conducting screening in Manitoba and in other provinces who are participating in the Kidney Check project.

The screening teams were being scheduled to provide screening in Kinonjeoshtegon First Nation prior to FNHSSM Staff travel being suspended in March. The project team met recently to review next steps for the project and planning with the Kinonjeoshtegon Health Director and nursing staff will commence to begin

screening as soon as arrangements have been made and public health measures allow.

Type 2 Diabetes in Manitoba (Diabetes Atlas)

Staff

Dr. Barry Lavallee MD, CCFP, FCFP, MCISc, Medical Consultant

Lorraine McLeod, Associate Director of Diabetes Care & Research

Partners

MB Health, Manitoba Centre for Health Policy, Dr. Chelsea Ruth, Dr. Elizabeth Sellers

This project is a deliverable for Manitoba Health and



focuses on the healthcare use of Manitobans with type 2 diabetes. The project is an analysis of major trends in type 2 diabetes prevalence and incidence in Manitoba from 1983 to 2015. It will look at health service use, physician visits, hospitalization, prescription drug use, changes over time, as well as provide an overall picture of diabetes complications. This project is expected to provide a “snapshot” of diabetes within the Manitoba Region and the current draft is being finalized. The fall date for public release is yet to-be-determined.

FNHSSM REGIONAL FOOT CARE PROGRAM

Introduction

Donna Saucier, RN BN MHS, is working as the Regional Foot Care Program Coordinator, based out of the KTC Building in Thompson. Alyson Ross, part-time administrative assistant is working out of the Winnipeg office.

The overall goal of the foot care program is to reduce diabetes-related foot complications in Manitoba First Nations Communities. Support is provided to all First Nation communities and Tribal Councils to ensure that they hire nurses who have successfully completed the Assiniboine Community College (ACC) basic foot



care course and are qualified to provide safe and competent foot care services in the communities.

The work plan for the fiscal year 2019/2020 was approved by the First Nations and Inuit Health Branch in the amount of \$155,733. The workplan included a carry-forward in the amount of \$87,489 for the purpose of Foot Care Program Evaluation, Regional Foot Care Program Coordinator to travel for community engagement as needed, printer installation on the autoclaves, professional development, and foot care resources.

Accomplishments

- ◆ Autoclave Sterilization Training Telehealth training sessions: Reprocessing of Foot Care Instruments (autoclave sterilization) training. We hosted 4 telehealth sessions with presenter Ms. Gale Shultz RN BN, MDR Consultant and Educator. Each participant was issued a certificate of attendance. Sessions were open to any person who wanted to learn.

Foot Care Data Tracking Tool Training

A data collection tool (excel spreadsheet) was developed in collaboration with the Manitoba First Nations Diabetes Leadership Council, Tribal Nursing Officers and Tribal Diabetes Coordinators to capture relevant foot care program information. A refresher on How to Complete the Foot Care Data Tracking Tool via telehealth sessions were presented by Donna Saucier, FNHSSM Regional Foot Care Program Coordinator.

- ◆ Monday April 29th, 2019
- ◆ Tuesday April 30th, 2019

In July 2019, the foot care data tracking tool was revised in consultation with the MFNDLC foot-care subcommittee, with a start date of September 1st, 2019, for the foot care nurses to start using the revised tracking tool. These sessions were open to any person who wanted to learn.

Two telehealth sessions were held re: Revised Foot Care Data Tracking Tool.

- ◆ DIP Basic Foot Care Standards, Policies and Procedures Manual

The Basic Foot Care Standards are provided as a benchmark for the delivery of basic foot care in First Nation communities in Manitoba. The information included in the manual reflects current clinical guidelines and evidence-based practice. The manual was developed as a tool to support the Home and Community Care nurses currently providing foot care services. The standards, policies and procedures in the manual are aligned with the most current evidence-based practice guidelines and reflect the realities of delivering foot care to First Nations people living in Manitoba.

The Basic Foot Care Standards, Policies and Procedures Manual was updated in November 2017 by the FNHSSM Foot Care & Chronic Diseases Coordinator. This fiscal year, the Regional Program Foot Care Coordinator in consultation with the Manitoba First Nations Diabetes Leadership Committee (MFNDLC) foot care subcommittee, updated/revised the manual. Due to the COVID-19 Pandemic, the final accepted revision to the manual was postponed until a later date, TBD.

◆ Equipment and Supplies

Autoclave printers were purchased and to be installed on all autoclaves in the FN communities' foot care program, this is on-going. To date, there are still six autoclaves that are still in need of a printer.

◆ Nursing Foot Care Data Reports

Quarterly reports have been submitted so that each Tribal Council and/or community Health Director is aware and kept up-to-date in regard to the foot care program community services. These reports will give the health directors a chance to address any challenges and build on successes throughout the year. All quarterly reports will be compiled into a year-end fiscal report for each Tribal Council and Independent community. See Appendix A for an overview of the 63 Manitoba First Nation Foot Care Services

Status and Linkages

- ◆ Funding was granted for the fiscal year 2019/20 to carry out the following objectives:
- ◆ To develop partnerships with FNIHB and First Nations to address and resolve foot care service delivery issues.

- ◆ Attend meetings as requested by key-stakeholders and communities to provide program updates and continue to encourage community engagement to ensure the foot care program services are being provided.
- ◆ DIP Basic Foot Care Standards, Policies and Procedures manual: to be updated with the most current Best Practice Guidelines.

Next Steps and a Call to Action

Foot care program evaluation:

The project started in June 2017 with funding secured until March 31, 2021. The evaluation component will be conducted in Year 4 F/Y 2020/2021 over a three (3) month timeframe and will include data from F/Y 2017/2018 – F/Y 2019/2020. The final evaluation report will be completed and due by February 1, 2021.

- ◆ The Foot Care Program Request for Proposals is to provide a process and outcome evaluation for the Foot Care Program, submissions were accepted until April 10, 2018. The FNHSSM Board of Directors provided direction to proceed with the evaluation framework and evaluation tool development be initiated with existing staff.

The overall goal of the foot care program is to reduce diabetes-related foot complications in Manitoba First Nations Communities.

- ◆ The Foot Care Program is jointly led by the First Nations Health and Social Secretariat of Manitoba/Diabetes Integration Project (DIP) and the Manitoba First Nations Diabetes Leadership Council. The evaluation will use a variety of data collection sources and methods, both quantitative and qualitative (surveys, focus groups, interviews, or observations).

Sterilization Procedures (on-going challenge):

- ◆ Sterilization with the autoclave is considered the best practice. Foot Care nurses report that there

is no space in the community health centres or nursing stations to accommodate a dedicated sterilization room.

- ◆ Recruitment and retention of foot care nurses, including accommodations.

Acknowledgements

Overall, the goal for providing on-reserve nursing foot care services is to prevent the loss of limbs amongst First Nations people through assessment, early

identification of clients at risk and referral to primary health or a specialist for follow up care.

We wish to thank the FNHSSM Board of Directors for their guidance and direction, the Manitoba First Nations Diabetes Leadership Council, Tribal Home and Community Care nurses, Tribal Diabetes Coordinators, Health Directors and our FNIHB partners who have made this fiscal year a successful and productive year and look forward to another productive year.

INTER-GOVERNMENTAL COMMITTEE ON MANITOBA FIRST NATION HEALTH AND SOCIAL DEVELOPMENT (ICMFNHSD)



Introduction

Amanda Meawasige, Director of Inter-Governmental Relations

Marsha Simmons, Policy Analyst and Researcher

Tracy Thomas, Administrative Assistant

Accomplishments

The ICMFNHSD Secretariat provides daily administrative support, coordination, and developmental assistance to the Working Group and Senior Officials Steering Committee who are

comprised of representatives from the Federal, Provincial and First Nation Political Territorial Organizations who work in partnership towards the following key objectives:

1. Collectively develop evidence-based, innovative solutions and recommendations that:
 - ◆ Promote and advance wholistic population health approaches; and
 - ◆ Engage communities, Elders, Grandmothers, and traditional Healers to provide direction ensuring traditional healing methods are incorporated into health and well-being approaches. To create the space for First Nation Knowledge Keepers to participate and guide discussions.
 - ◆ Support and advance First Nation control and management by linking partners, health and social organizations and communities to take part in decisions affecting First Nation health, well-being and social development.
2. Collectively develop and champion the implementation of policy options to advance the goal of a sustainable and seamless continuum of care.

Due to previous efforts of the last fiscal-year, ICMFNHSD staff were able to secure alternate and external funding sources to support some of the ICMFNHSD work-plan objectives in the areas

of; climate change, youth suicide prevention and substance use and addictions. Research, engagement and proposal development resulted in successful submissions with some projects being multi-year in scope.

A highlight of the 2019-2020 year was the delivery of a successful conference entitled, "Cannabis, Opioids, Crystal Meth: Enhancing First Nation Context in Health Policy and Models of Care" in February, 2020. The conference had representation from a majority of Manitoba First Nations as well

as delegates from across Canada. The conference provided a forum for education and knowledge exchange, as well as determining where the ensuing substance and addictions work needs to evolve, ensuring the inclusion of Manitoba First Nations.

Status and Linkages

In addition to ensuring efficient operations, the ICMFNHSD Secretariat and staff served as a conduit of communication and engagement via administration and participation in several health policy and governance tables both regionally and nationally. Regular meetings with the Manitoba First Nation Health Technicians Network enables continued policy dialogue through the on-going identification of health priorities, barriers and best practices with the intent of advancing collective solutions based on direct community-based knowledge.

Intergovernmental Collaboration is the primary activity for the ICMFNHSD. All priority areas of the 2019-2020 Work Plan were based on intergovernmental coordination and cooperation. The work of ICMFNHSD is meant to support and create linkages between all levels of Government; be it First Nation, Provincial and/or Federal. ICMFNHSD staff and Secretariat have been involved with supporting

and participating in various tables with the mandate of improving the health and well-being of Manitoba First Nations, that include but are not limited to:

- ◆ ICMFNHSD Working Group Meetings and related sub-committees
- ◆ Manitoba First Nations Health Technicians Network meetings
- ◆ Assembly of First Nations Chiefs Committee on Health (AFN CCoH)
- ◆ Assembly of First Nations National Health Technicians Network (AFN NFNHTN)
- ◆ Assembly of Manitoba Chiefs Jordan's Principle Technical Advisory Group

... to provide direction ensuring traditional healing methods are incorporated into health and well-being approaches.

- ◆ Assembly of Manitoba Chiefs Universal Health Accord Project and Technical Advisory
- ◆ First Nation Suicide Prevention Gatekeeper Steering Committee
- ◆ Manitoba First Nation Personal Care Homes Network
- ◆ Manitoba Harm Reduction Network
- ◆ Manitoba First Nation Social Development Advisory

Next Steps and a Call to Action

The ICMFNHSD Secretariat is excited to continue the work begun into substance use and addictions. We know that Manitoba First Nation communities have been actively seeking resources to address the high rates of opioid and substance abuse that contribute negatively to health and social outcomes of citizens. The ICMFNHSD will be looking to engage First Nation communities to participate in regional forums to inform the development of a Manitoba First Nation Harm Reduction Strategy and Resource Series that will aim to educate both health providers and community members on substance abuse that is community-driven and culturally and linguistically appropriate. The ICMFNHSD Secretariat and Staff look forward to

continuing to support any First Nation governance, policy and advocacy efforts where possible.

Acknowledgements

The work of ICMFNHSD could not happen without the participation of numerous partners with a priority focus being the First Nation communities we serve.

The on-going communication and guidance from our Communities, Youth, Elders and Leadership is crucial to developing responsive and practical solutions to the issues impacting First Nation communities. ICMFNHSD relies on the fiscal resources provided by a cross-section of Provincial and Federal departments that allow for a collective and inclusive process for all.

NATIONAL ABORIGINAL YOUTH SUICIDE PREVENTION STRATEGY (NAYSPS)

Introduction

Amanda Meawasige, Director of Engagement and Intergovernmental Relations

Erynne Sjoblom, Curriculum Writer and Project Evaluator

Marsha Simmons, Policy Analyst and Researcher

Accomplishments

Project Description

Significant mental health disparities between First Nations peoples and the general Canadian population have been well documented, and one of the most notable disparities is suicide. Suicide rates among First Nations are twice the national average, and in some regions in Manitoba, the rates of suicide are four to five times those observed in the general population. Gatekeeper training has specifically been endorsed as an important suicide prevention strategy and has been employed widely in First Nation communities in Canada via the Applied Suicide Intervention Skills Training (ASIST) course. Nevertheless, there is growing concern among First Nation communities, leaders, health service providers, and ASIST trainers and master trainers around the appropriateness of employing ASIST in First Nations communities, namely due to its lack of incorporation of First Nation contexts, culture, and history; its failure to address community-level factors that relate to suicide; as well as concerns for its potential harm to trainees.

FNHSSM is currently in the process of developing a community-based suicide prevention gatekeeper

training that utilizes a two-eyed seeing approach, integrating First Nations culture, language, and history with Western Biomedical Best Practices in suicide intervention. The strategy is based on four elements of prevention (primary, secondary and tertiary prevention and knowledge development) to ensure individual, family and community mental health.

This training development has involved extensive engagement with First Nations youth and Elders from across Manitoba and is led by a Focus Group consisting of experienced ASIST trainers from all seven First Nation tribal and language groups in Manitoba.

Project Objectives:

1. Design a community-driven suicide intervention training program that integrates First Nations culture, language and history and incorporates individual-level intervention strategies with guidance on community-level intervention strategies.
2. Pilot and evaluate the new suicide intervention training program.
3. Design a system for administration, training, and on-going evaluation/quality assurance of the new suicide intervention training program.

Status and Linkages

Focus Group meetings were held in Winnipeg on August 23rd and December 10th and 11th, 2019 and attended by First Nation experts with the purpose of identifying suicidality priorities, discussing culture as

it relates to suicide prevention and bridging the latest information with traditional ways of being to promote wellness among First Nations people.

Focus Group Members:

- ◆ Pam Whitehead, CNTHC
- ◆ Peter Constant, CNTHC
- ◆ Hector Spence, KTC
- ◆ Chris Chubb, KTC
- ◆ Mary Azure-Laubmann, KTC
- ◆ Shannon McKay, WRTC
- ◆ Tyrone Munroe, FARHA
- ◆ Cheyanne Gould, IRTC

- ◆ Marcie Tavares, IRTC
- ◆ Dora Simmons, SERDC
- ◆ Nelson James, SERDC
- ◆ Tara Myran, DOHS
- ◆ Elder Irvin Wilson, Peguis First Nation
- ◆ Elder Grandmother Dolly Wilson, Peguis First Nation
- ◆ Amanda Meawasige, FNHSSM
- ◆ Carla Cochrane, FNHSSM
- ◆ Erynne Sjoblom, FNHSSM
- ◆ Marsha Simmons, FNHSSM

ECO ACTION PROGRAM/PROJECT

First Nations Addressing Climate Change Adaptation Utilizing Indigenous Knowledge

Amanda Meawasige, Director ICMFNHSD

Marsha Simmons, ICMFNHSD Policy Analyst and Researcher

Accomplishments

This one-year project brought together members from Black River First Nation, Bloodvein First Nation, Hollow Water First Nation and Sagkeeng First Nation at the Turtle Lodge International Centre for Indigenous Education and Wellness in collaboration with the Giigewigamig Traditional Healing Centre in Pine Falls. The purpose of the project was to discuss climate change impacts and ways to adapt including the planting of specific Indigenous plants that are of importance to the First Nations in the region. Turtle Lodge Elders shared the importance and ways to use the Indigenous plants for health and well-being.

A planning event was held with youth and Elders at the Turtle Lodge in Sagkeeng First Nation on January 18, 19 and 20, 2019.

The initial planting exercise was conducted at the Turtle Lodge with 70 youth, community and Elder participants representing the four First Nation



partners on March 16, 17 and June 2 and 3, 2019.

Tree and shrub planting occurred during the months of July and August 2019 at various locations in the communities and in surrounding traditional territories such as Black Island, Hollow Water First Nation ceremonial grounds.

The benefits of this project has been the preservation of traditional knowledge, knowledge translation, protection of plant species, educating the next generation how to care for the plants and to document how to use the plants for the health and well-being of the people and environment.



866 plants: 70 weekay, 350 sage, 280 sweetgrass, 96 wild strawberries, 45 white cedar, 17 wild raspberry, 4 western sand cherry and 4 wild black currant species were planted in selected spots in the four First Nations.

Acknowledgements

Environment and Climate Change Canada provided

funding through the Eco Action fund with the FNHSSM matching with in-kind contributions.

The First Nations Health and Social Secretariat of Manitoba would like to acknowledge the project partners and numerous volunteers who assisted with the success of the deliverables. Thanks to the dedication of the First Nations, Giigewigamig and the Turtle Lodge – 866 perennial plants (sweetgrass, sage, cedar, weekay, sand cherry, wild raspberries and wild strawberries) were successfully planted in the respective traditional territories. These plants will spread in their current locations and be available for future generations to benefit from body, mind and spirit.

Special thank you to Elder Dave Courchene and Sabina Ijaz for sharing their wisdom and guidance from project inception.



eHEALTH and INFORMATION COMMUNICATIONS and TECHNOLOGY (ICT) UNIT

Staff

Jonathan Fleury, Director of eHealth

Brenda Sanderson, eHealth Nurse Manager

Tatenda Bwawa, First Nations PHIMS Project Manager

Gwen Gillan, PHIMS Trainer

Michelle Audy, eHealth Project Lead

George Srbljanin, Senior IT Lead

Tylan Dumas, System Administrator

Patrick Bruyere, Service Desk Technician

Andre Grzadka, Service Desk Technician

Kristy Young, Program Assistant

Erin Egachie, Administrative Assistant

Accomplishments

Public Health Information Management System (PHIMS)

The electronic public health record that manages immunizations, inventory, communicable diseases, and outbreaks has been established in all provincial sites in Manitoba. PHIMS deployment is complete in all 25 First Nations sites that have adequate connectivity. First Nations and Inuit Health Branch and West Region Treaty 2 and 4 Health Services

are included in the Phase 1 deployment as bridging service organizations entering data on behalf of the First Nations communities that do not have adequate connectivity.

The First Nation PHIMS Project Manager and the First Nations PHIMS Trainer continues to work with First Nation Sites and Provincial Shared Health PHIMS Operational Team to support the utilization of PHIMS where PHIMS has been deployed.

Community Electronic Medical Record – Mustimuhw Information Solutions (MIS)

The Mustimuhw Community Electronic Medical Record (cEMR) is an electronic medical record and charting system used at a First Nation health facility. MIS has the functionality to chart all FNIHB funded programs such as Jordan’s Principle, Home and Community Care, Medical Transportation, Aboriginal Diabetes Initiative, etc. This cEMR is currently deployed in 18 Manitoba First Nations. 13 of those communities are directly supported by FNHSSM.

FNHSSM eHealth team currently supports the following First Nations with the cEMR as per diagram below:

FNHSSM IT

FNHSSM eHealth IT department was tasked with upgrading the IT infrastructure for multiple health centres. To date we have completed three upgrades and two have been delayed due to the pandemic. We also handled a total of 2,363 tickets last fiscal year.

For Cross Lake we purchased a Branch Server for the main Mustimuhw server to sync to. We handled everything from purchasing, configuration, shipping, and with the help of local IT, deployed it.

We also installed multiple point to point network systems that allows health centre staff working outside the main health centre, to access the network. Allowing them to chart on the Mustimuhw server from another location. This was done at Sagkeeng, Sapotawayek, and Waywayseecappo.

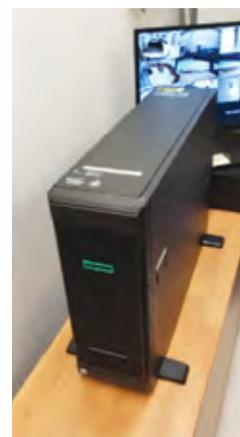
Health Centre upgrades

Pinaymootang – FNHSSM IT team upgraded the Pinaymootang health centre IT infrastructure in November of 2019. Our IT team deployed 18 computers and 1 physical server with 2 virtual servers installed. The work that was completed included purchasing, preconfiguring, delivering, on site set up, and post deployment cleanup.

Before



After



Brokenhead – FNHSSM IT team upgraded the Brokenhead Health Centre IT infrastructure in February of 2020. Our IT team deployed 22 computers and 1 physical server with 2 virtual servers installed. We also installed a new Wifi system for them this past year. The work that was completed

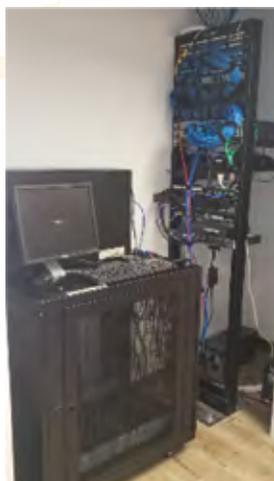
Black River First Nation	Brokenhead Ojibway Nation	Canupawakpa Dakota Nation	Ebb and Flow First Nation	Little Saskatchewan First Nation
Opaskwayak Cree Nation	Peguis First Nation	Pimicikamak Cree Nation	Pinaymootang First Nation	Sagkeeng First Nation
	Sapotawayak Cree Nation	Skownan First Nation	Waywayseecappo First Nation	

included purchasing, preconfiguring, delivering, on site set up, and post deployment cleanup.

Before



After



Ebb and Flow – FNHSSM IT team upgraded some of the IT infrastructure at the Ebb and Flow Health Centre. The work was completed in January 2020. Our team configured and deployed 7 new computers and installed a new Wifi system.

Sagkeeng – FNHSSM IT was to deploy new IT infrastructure to Sagkeeng Health Centre in March 2020, however it was delayed due to COVID pandemic. Work that has been completed to date is, purchasing, and preconfiguring of server and computers.

Canupawakpa – FNHSSM IT was to deploy new IT infrastructure to Canupawakpa Health Centre in March 2020, however it was delayed due to COVID pandemic. Work that has been completed to date is, purchasing, and preconfiguring of server and computers.

Challenges

- ◆ Health Information Management System (HIMS)
 - Interoperability remains a national issue. It is a complicated web of complexities such as vendors, coding, sharing instances, resources, data protection, OCAP to name a few.
- ◆ Funding for the cEMR has reached capacity and our team had made several submissions and requests for exponential increased funding to fulfill all interested and technically adequate First Nations requests.

Status and Linkages

eAniskopitak Stewards Circle

The eAniskopitak Stewards Circle was created in the context and in the spirit of the eHealth Long Term Strategy to support the achievement of the six Overall Goals in October 2016.

Our current membership consists of 2 Co-chair Chiefs, 7 Tribal Council Representatives, 2 Northern Independent Representatives, 2 Southern Independent Representatives, 1 MKO Representative, 1 SCO Representative, 1 Elder Advisor, 2 Youth Advisors: 1 North, 1 South.

National Indigenous Information Technology Alliance

The goal of the National Indigenous Information Technology Alliance (NIITA) is to support First Nations IT systems by collaborating at a national level. NIITA hosted an IT Symposium in Winnipeg on November 5-7, 2019. The attendees were IT professionals from across Canada who are employed by First Nations organizations and who provide IT support to First Nations health centers. Over 30 First Nations IT professionals from across Canada attended the Symposium to exchange knowledge, provide insight about IT systems and to learn about technology innovations.

Valuable information was collected through five workshops:

- ◆ IT services and components provided to First Nations Communities.
- ◆ Competency requirements necessary to provide the various IT services.
- ◆ Challenges with providing IT services to First Nations Communities.
- ◆ Various IT service models. Pros and Cons?

SPONSORS



FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT OF MANITOBA



Indigenous Services Canada

Services aux Autochtones Canada



TECHNOLOGY/INDUSTRY LEADERS

Keynote speakers from First Nations IT businesses, the FNHSSM eHealth, industry leaders and the National Research Council of Canada presented on current IT/eHealth initiatives and technology innovations.



eHealth Committee Involvement

- ◆ eAniskopitak Stewards Circle
- ◆ Co-Chair, Regional Telehealth eChart Partnership
- ◆ Co-Chair, First Nations Provincial Partnership
- ◆ Co-Chair, NIITA

Next Steps and a Call to Action

Truth and Reconciliation Commission of Canada: Call to Action 19. We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-

Aboriginal communities, and to publish annual progress reports and assess long term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.

Our eHealth team's objective is to work with the Manitoba First Nation's in raising the quality of life through information and communication technology. The federal government can significantly contribute by fulfilling TRCC Call to Action 19 and the team continues the work of connecting the MFN's with applications such as PHIMS, Mustimuhw, Accuro, Telehealth, eChart and future developments.

Thank yous

We are deeply appreciative for the dedication and input provided by our eAniskopitak Stewards Circle. Thank you to our Manitoba First Nations, Leadership, Health Directors, and Health staff, for creating an enjoyable working relationship, sharing information, working collaboratively with our Team, and we are forever grateful for your verbal and written support when we have needed it. Finally, sending out many thanks to our Vendors and Partners. It is a pleasure working with a team of dedicated and committed eHealth providers and professionals.





FIRST NATIONS HEALTH AND SOCIAL
SECRETARIAT OF MANITOBA

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