

**From Knowledge to Action:
A Journey in First Nations Health**



FIRST NATIONS HEALTH AND SOCIAL
SECRETARIAT OF MANITOBA

ANNUAL REPORT

— **2022-2023** —



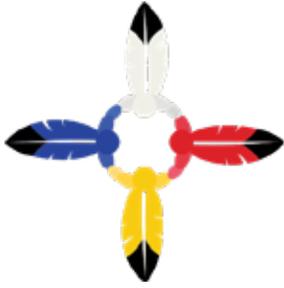
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fnhssm.com



info@fnhssm.com

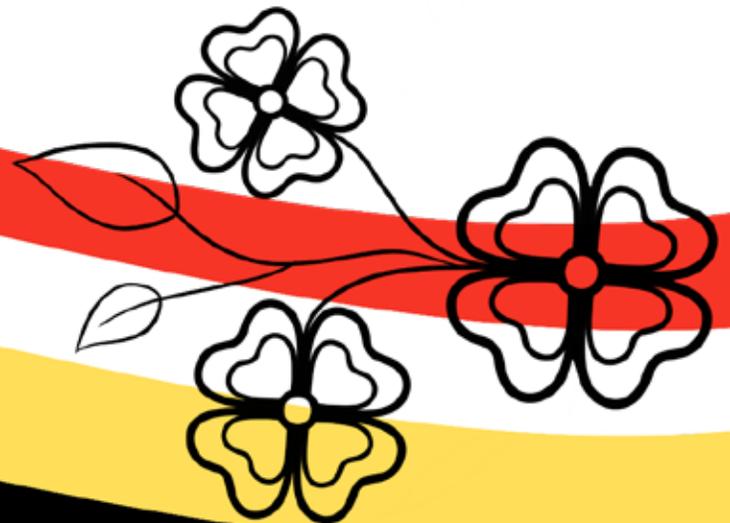


FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT OF MANITOBA

2022-2023 ANNUAL REPORT

TABLE OF CONTENTS

Message from FNHSSM Chairperson, Chief Sheldon Kent	2
Message from FNHSSM's Executive Director, Ardell Cochrane	3
Governance	4
Administration	7
Diabetes Integration Project (DIP)	13
eHealth	15
Turtle Team (Alternative Isolation Accommodations (AIA))	29
Research	34
Strengthening Families - Maternal Child Health (SF-MCH)	48
Intergovernmental Relations & Community Engagement	52



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



As Chairperson of First Nations Health and Social Secretariat of Manitoba (FNHSSM), I am happy to share the considerable progress we have made for the fiscal year 2022 -2023.

I am honoured to present our 2022-2023 Annual Report. As we worked at the management level and in each of our projects, we have achieved our strategic plans and have maintained our financial targets (budget). All this would not have been achieved without the dedication and the collaborative work of the Board of Directors, Personnel and Finance (P&F) Committee, Executive Director, Senior Management Team (SMT), and staff of FNHSSM.

I have the responsibility to ensure the objectives of FNHSSM are achieved, that is, to carry on business in the area of health and social development for First Nations in Manitoba that are founded in the Treaty and Inherent Right to Health and that are culturally appropriate, holistic, and community based.

FNHSSM mostly deals with health programming, research, develops (directly and indirectly) new policies in the area of health, and addresses health matters that impact the 63 First Nations in Manitoba. They do this by working closely with leadership, both levels of government, educational institutions, and private companies.

This fiscal year saw the emergence of the Distinction-based Indigenous Health Legislation (IHL) which the leadership immediately took issue due to the lack of funding for consultation and the lack of co-development at critical stages of the process. As you may be aware, the federal government announced the IHL in 2021 and in this fiscal year, FNHSSM applied for engagement funding which was received. Subsequently, FNHSSM held seminars in September and October 2022 with the Health Directors, Elders, Leadership and First Nation organizations to bring awareness and, more importantly, to seek First Nation perspectives on the IHL. In January 2023 during a joint AMC-FNHSSM on IHL, the Chiefs laid out the Guiding Principles on the development of the legislation and directed Assembly of Manitoba Chiefs (AMC) Secretariat to take a lead role on IHL and FNHSSM to assist.

Regarding the governance of FNHSSM, the Board of Directors and the Personnel and Finance (P&F) Committee oversee the administration and the finances of FNHSSM including projects such as Research, Diabetes Integration Project and the Alternative Isolation Accommodation (AIA) Wrap-Around Services (Turtle Team). The FNHSSM Annual Report will itemize each of our programs and projects.

I am glad to report on March 31, 2022, the Board of Directors adopted the FNHSSM Financial Statements for March 31, 2022, which the auditor gives a clean audit.

Ekosani – Miigwetch – Mahsi-cho – Wopida

Chief Sheldon Kent, Black River First Nation
Chairperson, First Nations Health and Social Secretariat of Manitoba



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



I am pleased to provide my 2022-2023 report as Executive Director of First Nations Health and Social Secretariat of Manitoba (FNHSSM). This past year brought new dynamics to our organization as we dealt with the development of the Distinction-based Indigenous Health Legislation (IHL). There was skepticism if this would bring real change in the delivery of health services for First Nations. However, the Chiefs-in-Assembly agreed to participate in the IHL process.

Our office has been instrumental in providing technical support for the IHL. At the outset, FNHSSM established an IHL Legal Team comprising of in-house lawyers, FNHSSM Senior Management Team along with people such as Al Garman of CESO Indigenous Services, Elder Harry Bone of the AMC Elders Council, Paul Chartrand - independent lawyer and Chief Derek Nepinak of Minegoziibe Anishinabe.

This year, FNHSSM applied for IHL engagement funding from Indigenous Services Canada (ISC) which FNHSSM received. Subsequently, seminars were held in late fall 2022 with Health Directors, Elders and leadership on IHL. Summary reports were compiled regarding the different perspectives of the participants which helped shape the position that was taken by leadership.

In January 2023, a joint AMC-FNHSSM Assembly was held, where a resolution was adopted to have AMC assume the lead role on IHL with the support by FNHSSM. Also at the Assembly, the FNHSSM and AMC agreed on core principles for the co-development of IHL which were eventually conveyed to ISC. Questions around time constraints, lack of funding for the involvement of the grassroots people, and questions surrounding the co-development on the IHL continue to be the main contentious issues as we go forward.

This year, we witnessed an election of the first woman AMC Grand Chief. Grand Chief Cathy Merrick from Pimicikamak Cree Nation was elected on October 26, 2022. Grand Chief Merrick is a past Board Member of FNHSSM and has corporate knowledge of our purpose and mandate. We commend her for her support and all her successes.

With respect to new board members at FNHSSM, I would like to welcome Chief Kurvis Anderson (appointed by the Board on October 4, 2022) representing Interlake Reserve Tribal Council; Chief Dennis Pashe (appointed by the Board on November 15, 2022) representing Dakota Ojibway Tribal Council; and Chief Derek Nepinak (appointed by the Board on November 15, 2022) representing West Region Tribal Council as new Board of Directors pending ratification at the Annual General Meeting on February 7, 2023. They bring experience and leadership.

Our Board of Directors provides excellent guidance and leadership. I commend the Personnel and Finance (P&F) Committee for keeping an oversight into our finances and ensuring a clean audit each year. This cannot be achieved without the fine work of our finance department.

Ekosani – Miigwetch – Mahsi-cho – Wopida

Ardell Cochrane, Executive Director
First Nations Health and Social Secretariat of Manitoba



GOVERNANCE

INTRODUCTION

MISSION STATEMENT

“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.”

The above Mission Statement originates from the principles as laid out by the Elders and leaders, at the inception of the First Nations Health and Social Secretariat of Manitoba (FNHSSM) and interpreted by Health Technicians to develop the Mission Statement. These principles also derive from the Manitoba First Nation Health and Wellness Strategy: a 10-year Plan of Action and Beyond, and The Assembly of Manitoba Chiefs (AMC) Grand Chief’s Health Renewal Strategy.

The corporate objective in the FNHSSM Bylaw also states:

“The objectives of the Corporation are to carry on business in the area of health and social development for First Nations in Manitoba that are founded in the Treaty and Inherent Right to Health and that are culturally appropriate, holistic, and community based...”

This objective is significant as the base in which FNHSSM will undertake to ensure the Treaty Right to Health is recognized and implemented, and programs and policies are developed in the manner that are culturally appropriate, holistic and community based.

BACKGROUND

FNHSSM was mandated by the AMC in 2013 to establish a health organization to pursue a Unified Health System in Manitoba through a tripartite process between the federal government, provincial government, and First Nations. The Intergovernmental Relations & Community Engagement Unit ensures this dialogue continues on this premise. AMC Resolution JULY-13.08 led to the incorporation of FNHSSM in 2014.

FNHSSM BOARD OF DIRECTORS

The Board of Directors are appointed by the Members-at-Large. Each of the Tribal Councils has one representative on the Board except for Keewatin Tribal Council who has two representatives. There is also one Independent Northern Nation and one Independent Southern Nation representative on the Board representing those First Nations that have no affiliation with Tribal Councils. The following are the current board members as of 2022/2023:

- Chief Sheldon Kent, Black River First Nation representing Southeast Resource Development Council - Chairperson;
- Chief Dennis Pashe, Dakota Tipi First Nation representing Dakota Ojibway Tribal Council;
- Chief Kurvis Anderson, Pinaymootang First Nation representing Interlake Reserve Tribal Council;
- Chief Larson Anderson, Norway House Cree Nation representing Northern Independent Nations;
- Chief Nelson Genaille, Sapotaweyak Cree Nation representing Swampy Cree Tribal Council;
- Chief Derrick Henderson, Sagkeeng First Nation representing Southern Independent Nations;
- Vacant - Keewatin Tribal Council;
- Chief Betsy Kennedy, War Lake First Nation representing Keewatin Tribal Council;

- Chief Derek Nepinak, Minegoziibe Anishinabe representing West Region Tribal Council; and,
- Vacant – Island Lake Tribal Council.

ACCOMPLISHMENTS

FNHSSM had many accomplishments during the fiscal year of April 2022-2023. Each year FNHSSM seeks funding from Indigenous Services Canada (ISC) and other funding sources for the programs and projects. Each of our projects and departments submit their financial reports, deliverables, and funding proposals. One of our accomplishments has been to maintain sustainable funding each year for the organization to continue the fulfillment of the Mission Statement goals and the “corporate objectives” of FNHSSM.

Another accomplishment was the application for funding for technical and leadership meetings relating to the IHL. This application was approved by ISC. Subsequently, technicians, Elders and Chiefs meetings were held which brought invaluable insight and perspectives about health services in general, and the state of health within First Nations. This also led to a unified position by the Chiefs in Manitoba on IHL.

FNHSSM maintains good governance. The FNHSSM bylaw which was recently amended to bring clarity to the articles of the bylaw is an accomplishment and helps with good governance. The FNHSSM Personnel Policy Manual also helps guide decision-making in human resources. Good governance also means looking after FNHSSM’s legal interests. The in-house legal counsels ensure legal liabilities are dealt with expeditiously.

The role of the Board of Directors is essential. We have managed to ensure board positions are filled as they become available. This past year (2022), the board appointed pending ratification by the Members-at Large, Chief Kurvis Anderson representing Interlake Reserve Tribal Council, Chief Dennis Pashe representing Dakota-Ojibway Tribal Council and Chief Derek Nepinak representing West Region Tribal Council. Also, the work of the Board of Directors is important for good governance.

FNHSSM is diligent with the work it does, mandates are given, assigned, and implemented in an expeditious and professional manner. The Senior Management Team (SMT) meets on a weekly basis on program and project updates, and on finance and human resources. The yearly clean audit is indicative of the successes and accomplishments of FNHSSM.

ACTIVITIES UPDATE

The Board of Directors has held six meetings: May 12, 2022; June 14, 2022; October 11, 2022; November 15, 2022; December 20, 2022 and January 27, 2023.

Highlights of these discussions included but are not limited to:

- Provided support for the Anti-Racism Proposal submission;
- Provided approvals on various funding agreements, extensions and contracts;
- Provided approvals on administrative and financial policies;
- Provided approvals on Annual General Meetings date, location and agenda;
- Accepted nominations for Board of Director appointments from various Tribal Councils;
- Reviewed and approved the 2021-2022 Financial Audited Statement;
- Reviewed and approved the 2022-2023 Financial Budgets;
- Reviewed and approved the Turtle Team Business Plan;
- Appointed members to the Chiefs Personnel and Finance Committee

The Personnel and Finance Committee has held eight meetings: April 21, 2022; June 29, 2022; July 29, 2022; August 23, 2022; October 26, 2022; February 3, 2023; March 8, 2023 and March 29, 2023.

Highlights of these discussions included but are not limited to:

- Provided approvals on administrative and financial policies changes;
- Provided approval of various funding agreements, contracts and budgets;
- Reviewed and approved the Turtle Team Project Evaluation and Business Plan;
- Approved the Financial Statements for March 31, 2022 and Financial Budgets for 2022-2023.

ACKNOWLEDGEMENTS

The FNHSSM Board of Directors would like to acknowledge the following partner organizations and government departments:

- Grand Chief Cathy Merrick of the Assembly of Manitoba Chiefs (AMC); Grand Chief Jerry Daniels of the Southern Chiefs Organization (SCO); Grand Chief Garrison Settee of the Manitoba Keewatinowi Okimakanak (MKO) and the Assembly of First Nations (AFN) Regional Chief Cindy Woodhouse;
- Tribal Councils; AFN Chiefs Committee on Health; Indigenous Services Canada; Shared Health Manitoba; University of Manitoba; Saint Elizabeth Health Care; Ongomiizwin Health Services, and other universities and companies that partner with FNHSSM;
- The Knowledge Keepers/Elders, and the Health Directors of First Nations.

ADMINISTRATION

INTRODUCTION

Ardell Cochrane, Executive Director
Nancy Sanderson, Senior Executive Assistant
Rhiana Cook, Director of Finance
Deborah Simmons, Director of Human Resources
Louis Harper, Senior Legal/Technical Advisor
Lorraine McLeod, Senior Nursing Advisor
Erynne Sjoblom, Senior Policy Advisor
Mary Jayne Armstrong, Legal Assistant
Renata Meconse, Manager of Communications
Kristyn Vincent, Finance Assistant
Caleigh Hocaluk, Finance Officer
Karlee Anderson, Human Resources Associate

ACTIVITIES UPDATE

One of the activities during this fiscal year relate to the Distinction-based Indigenous Health Legislation (IHL). This proposed legislation, when it is enacted, will have the potential to have a major impact on health delivery systems of First Nations. The Minister of Indigenous Services Canada (ISC) publicly launched the IHL on January 28, 2021. The legislative process has many stages such as engagement, co-analysis, co-development on key elements, drafting of the bill and introduction of the bill in the winter of 2024.

This fiscal year (2022/23), FNHSSM applied and received funding for engagement on IHL from First Nations and Inuit Health Branch (FNIHB) - Manitoba Region. FNHSSM held seminars in September and October 2022 with the Health Directors, Elders, Chiefs, First Nation health organizations (Tribal Councils), and other community health workers to create awareness and to get feedback from the stakeholders. During this time, FNHSSM also put in place an ad hoc committee made up of lawyers, experts, and technicians to advise on the IHL.

In January 2023 during a joint AMC-FNHSSM on IHL, three significant decisions were made: the Chiefs agreed to participate in the IHL process, assumed a lead role on the IHL process, and adopted the guiding principles for the implementation of the IHL.

There are certain functions of FNHSSM that make it efficient. Apart from each Program Director, FNHSSM has a Human Resources Officer, in-house Legal Counsel (2), a Finance Manager, and a Communications Specialist. They each deal with the day-to-day activities and matters that require attention. Further activity updates and description of the programs and projects are in this report.

ACCOMPLISHMENTS

The Management and Administration department is responsible for the organization's fiscal and financial accountability, human resources, internal and external communications, legal support, policy and research.

A few of our most notable achievements this year include:

- The FNHSSM had another successful year of a clean Financial Audit.
- Human Resources (HR) revised the COVID-19 policy and adapted it as the pandemic progressed and changed.
- FNHSSM employees continued to work on various social supports teams as needed.
- The Executive Director participated in the Pandemic Response Coordination Team (PRCT) as one of the four Leads on behalf of FNHSSM coordinating the Social Support Teams.
- Human Resources was involved in heavy recruitment as the organization grew to 115 employees.
- The Finance Team continues to process direct deposit transactions so payees could receive payments more quickly, which has been valuable as programs grew throughout the last few years.
- Finance continues to provide support to all departments to implement the processes and to ensure that greater financial controls and to modernize our processes due to COVID-19 and needing to work in a hybrid model.
- The Director of Finance continues to review and create policies and procedures to ensure FNHSSM standards and practices are aligned with Generally Accepted Accounting Principles (GAAP).
- The Director of Finance is creating a quick view outline for new staff to understand processes and the forms FNHSSM uses to process financial transactions.
- The Finance Officer and Finance Assistant provided support and assistance with forecasting month-end, year-end budgets, and reporting.
- FNHSSM's new Purchase Order software has streamlined and organized our purchasing process by reducing the time and increasing the tracking of our purchase orders.
- With the increase in online purchasing and reduction in the use of cash or cheques, FNHSSM switched from Business Avion Credit cards to Commercial Avion Credit cards to have greater flexibility and administration of credit cards.
- FNHSSM successfully executed and administered funding agreements with various funders, i.e. First Nations and Inuit Health Branch (FNIHB), Indigenous Services Canada (ISC), Public Health Agency of Canada (PHAC), Province of Manitoba, Canadian Institutes of Health Research (CIHR), First Nations Information Governance Centre (FNIGC), and various universities.
- FNHSSM's Senior Management Team (SMT) meet regularly to develop recommendations for leadership, operational plans, and group planning of initiatives and activities.
- FNHSSM's Administrative Support Team (FAST) meet regularly for training, to bring recommendations to SMT, and to plan organizational events.

- Fundraising Under Nanaandawewigamig (FUN) Committee planned internal virtual events to boost morale.
- The FUN Committee raised funds throughout the year and were able to provide three First Nations families with Christmas hampers and 210 gift bags to unsheltered relatives at the 2022 End Homelessness Winnipeg Christmas dinner.
- Participation in FNHSSM Management Team meetings to address a spectrum of legal issues as they may arise on day-to-day basis.
- Drafting of all legal correspondence to all levels of government and law firms/lawyers on legal matters.
- 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).
- Communications has been an important part of the FNHSSM Team. Working with different units and programs, it helps to share the work FNHSSM does as an organization with and for First Nations.
- For 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 developed and is disseminated through FNHSSM's social media platforms.
- Communications provided lead support to the Manitoba First Nations COVID-19 Pandemic Response and Coordination Team (PRCT), participated on several COVID-19 Communications working groups and shared COVID-19 bulletins, reports, updates, and information with MB First Nations through several communication channels.
- Communications established a COVID-19 email on behalf of the PRCT where COVID-19 questions were forwarded for response to the appropriate PRCT contacts.
- Communications supported the establishment of a centralized COVID-19 page on the FNHSSM website where all information and resources for MB First Nations can be found.
- FNHSSM established the Senior Nursing Advisor position in November 2022 to work collaboratively with various projects, organization matters, and nursing workforce.
- FNHSSM Senior Nursing Advisor met on several occasions during 2021-22 and 2022-23 fiscal years with the College of Registered Nurses of Manitoba (CRNM) and the Assistant Deputy Minister (ADM) Manitoba Health, Seniors, and Active Living to discuss the CRNM Language Proficiency Policy and the barrier it presented for First Nations nursing graduates to becoming licensed to practice in Manitoba. It was only after meeting with and requesting support from the NDP Health Critic who raised the issue in the legislature in November 2022, and it was covered by media, we saw a response. The CRNM responded by lowering the minimum scores for the International English Language Testing System (IELTS), the nursing graduate test scores were then accepted, and they were licensed to practice in Manitoba.

- FNHSSM participated in the Manitoba First Nation Nursing Council (MFNNC) meeting held on September 14, 2022, to discuss the nursing shortage in Manitoba and it was agreed that there is a need to develop a MB First Nation Nursing Strategy. In February 2023, FNHSSM reached out to FNIHB Manitoba and to the MFNNC Co-Chairs to follow-up on the development of the strategy. The Co-Chairs of the MFNNC indicated that the council would discuss and reach out if FNHSSM support is required.

STATUS AND LINKAGES

The key programs and projects at FNHSSM are:

- Manitoba First Nations Health & Wellness Strategy – A 10 Year Plan of Action
- Research – including Strengthening Families - Maternal Child Health (SF-MCH)
- The Intergovernmental Relations & Community Engagement Unit
- eHealth
- Diabetes Integration Project (DIP) – including Foot Care and Chronic Disease
- Alternative Isolation Accommodation (Turtle Team)

Under these key programs, numerous other projects are administered. For example, the Diabetes Integrated Project provides diabetes care and prevention; administers Point of Care Testing especially during COVID-19 and the DIP Mobile Team provides nutritional advice to First Nations.

The Administration department supported all of the FNHSSM departments as they built and maintained linkages with sister organizations, the First Nations we serve and grassroots citizens.

FNHSSM programs and projects help develop innovative programs and policy development in the area of health delivery for First Nations. FNHSSM's involvement in research and with intergovernmental committee meetings benefit the First Nations in the delivery of health care.

PROGRAMS

In the internal operations and governance of FNHSSM, the Executive Director and the Senior Management Team (SMT) which are comprised of Directors of Programs act as intermediary between the Board of Directors and the Personnel and Finance Committee (P&F Committee) on the progress of programs. The Executive Director also reports to the P&F Committee on finance and human resource matters.

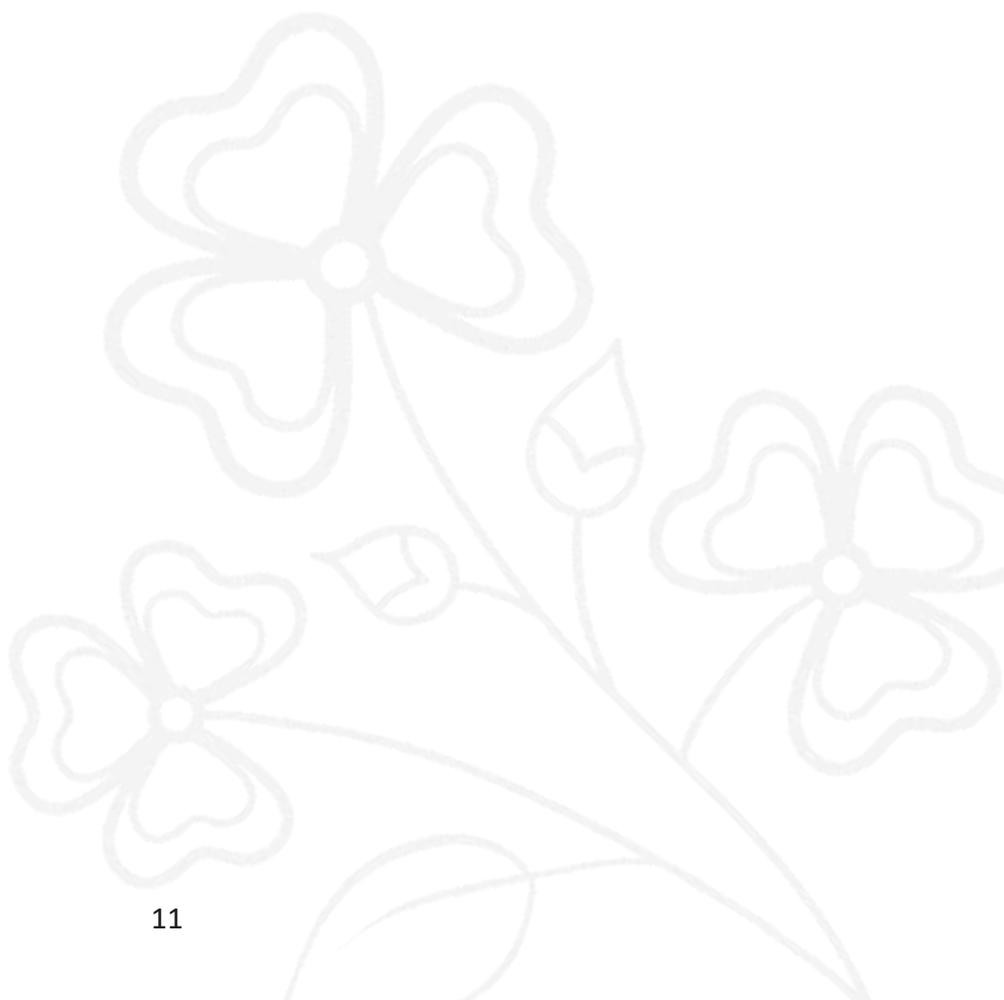
Having empirical knowledge and expertise on health programs, policy development, research, and on the current trends in health, FNHSSM staff are indispensable and often relied upon for advice by health partners and First Nations. FNHSSM currently administers the following programs:

- eHealth, Telehealth, PHIMS, Mustimuhw
- Research (Collection of Data)
- The Intergovernmental Relations & Community Engagement Unit
- Manitoba First Nations Health & Wellness Strategy – A 10 Year Plan of Action – Internal
- Health Consultations and Surveys
- Strengthening Families - Maternal Child Health (SF-MCH)
- Research Projects including the Regional Health Survey, Regional Social Survey, Data Sovereignty, Network for Indigenous Environmental Health Research, Indigenous Research Chair in Nursing, Indigenous Health Life Trajectories Initiative (iHELTi), Indigenous Epidemiology Program, Teepees and Telescopes, Strengthening Families - Maternal Child Health

- World Indigenous Suicide Prevention (WISP) Strategy
- Diabetes Integration Project (DIP)
- Diabetes Research and Care
- Foot Care and Chronic Disease
- Community Engagement
- I-K Health
- Anti-Racism Curriculum Development and Training
- Alternative Isolation Accommodation (AIA) Wrap-Around Services (Turtle Team)
- Substance Use and Addictions Program (SUAP)
- Manitoba First Nations Personal Care Home (PCH) Networking Group
- First Nations Information Governance Center (FNIGC)
- National Aboriginal Youth Suicide Prevention Strategy (NAYSPS)

Committees

- Assembly of First Nations (AFN) Chiefs Committee on Health
- AFN National First Nations Health Technicians Network (NFNHTN)
- Health Information Research Governance Committee (HIRGC)
- National Indigenous Information Technology Alliance (NIITA)
- Regional Representative / Participation on National Health Committees
- Post-Graduate Medical Education Community Engagement Sub-Group for the University of Manitoba Truth & Reconciliation Action Plan



NEXT STEPS AND A CALL TO ACTION

FNHSSM will continue to work in developing and maintaining programs relating to maternal and child health, diabetes prevention, suicide prevention, addictions and cultural competency, and anti-racism training. As part of next steps, FNHSSM will continue in health research to identify health outcomes between First Nations and the rest of Canada consistent to the Truth and Reconciliation Commission of Canada (TRCC) Calls to Action. (Recommendation 19.)

Furthermore, FNHSSM will monitor *Canada's Action Plan* to implement the *United Nations Declaration of the Rights of Indigenous Peoples* (UNDRIP). The Action Plan proposes the co-development of distinction-based indigenous Health Legislation and to develop a strategy on anti-racism in relation to Joyce Echaquan's racist incident that resulted in her death (Joyce's Principle).

FNHSSM will also examine the *Royal Commission of Aboriginal Peoples*, in particular, the many recommendations pertaining to health i.e., funding health centres, training health workers and recommending a closer look at the social determinants of health.

FNHSSM will also focus on the Distinction-based Indigenous Health Legislation as it moves through the parliamentary system. This proposed legislation is critical given that it will have a huge impact on our health systems once the legislation is enacted. For example, it is expected that a new national policy on First Nations health will be introduced in the legislation.

ACKNOWLEDGEMENTS

FNHSSM extends its appreciation to the collaborative efforts of our Senior Management Team, Board of Directors, First Nations, regional and national partners. The achievements and successful operations during this fiscal year are the result of the collective dedication and collaboration of all involved.

Special recognition is given to the Senior Management Team for their leadership and strategic guidance in steering FNHSSM's programs and initiatives. The Board of Directors has played a crucial role in providing oversight and support, contributing to the organization's overall success.

We express gratitude to the First Nations communities we serve, whose engagement and feedback have been essential in shaping our programs and projects. Additionally, we acknowledge the collaborative efforts with our regional First Nation partners. Our unity and collective work strengthens our voices and is a key determinant of our ability to effect positive and lasting change in the landscape of First Nations health.

The collaborative spirit demonstrated by all involved has been crucial in advancing important work, including the development and implementation of health strategies, research projects, and policy initiatives. FNHSSM values and appreciates the ongoing collaboration with our partners, recognizing that it is through these collective efforts that we can make meaningful contributions to First Nations health and wellness.

DIABETES INTEGRATION PROJECT (DIP)

INTRODUCTION

Donna Saucier, RN, BN, MHS, Director
 Dr. Sabina Ijaz, MD, CCFP, FCFP, MScs, Medical Consultant
 Ashton Daly, RN, BN, North Team Lead
 Glenda Gray, RN, BN, South Team Lead
 Maureen Sinclair, LPN, South Team
 Destiny Nepinak, LPN, Dauphin Team Lead
 Ariel Chartrand, LPN, Dauphin Team
 Kayla Perry, DIP Dietitian
 Monique Lavallee, Administrative Assistant
 Tannyce Cook, RN, BN, Kidney Screening and Research Nurse

ACCOMPLISHMENTS

- The DIP Teams works closely with the local Aboriginal Diabetes Initiative (ADI) workers to further develop strategies to successfully connect with clients.
- This fiscal year, post-pandemic and with the reopening of the First Nation communities to non-essential services, we have been providing in-community diabetes Point-of-Care Testing (POCT) services.
- The DIP clinics are held in communities on a rotational basis throughout the year. In a one-month period, the teams travel to communities three (3) consecutive weeks to hold clinics and remain in office for one (1) week to complete administrative tasks including, but not limited to: planning community visits, database entries, drafting and sending referral and follow-up letters.
- The DIP teams provide diabetes care and treatment services that are guided by *Diabetes Canada 2018 Clinical Practice Guidelines (CPGs) for the Prevention and Management of Diabetes*. The services delivered are designed to assist adult clients in monitoring their diabetes status, screen for complications, provide diabetes education that supports client self-management, and direct provision of services and includes referrals to specialists and specialty areas based on client needs.
- The table below lists communities receiving DIP services:

Kidney screening and research projects: working with health professionals and the First Nation membership to bring these services to the First Nation communities		
Dauphin Team	South Team	North Team
Ebb & Flow	Hollow Water	Bunibonibee (Oxford House)
Gambler	Long Plain	God's Lake Narrows
Keeseekowenin	Peguis	Manto Sipi (God's River)
O-Chi-Chak-Ko-Sipi (Crane River)	Chemawawin (Easterville)	Nisichawayasihk (Nelson House)
Pine Creek	Sandy Bay	Tataskweyak (Split Lake)
Rolling River		
Skownan		
Tootinaowaziibeeng (Valley River)		

STATUS AND LINKAGES

- The community Aboriginal Diabetes Initiative (ADI) workers are instrumental in setting up clinics, providing support to the teams on clinic days, and are the main community contacts.
- It is also important to understand that establishing and maintaining a therapeutic relationship often takes time. Workforce development strategies have included training on establishing a therapeutic relationship with the client and utilizing a strength-based, non-deficit approach to avoid harmful labeling and to draw on the strengths and capabilities of the client, family, and community.
- Working with the research team/individuals from the University of Manitoba and Seven Oaks Hospital regarding Kidney Screening, follow-up, and treatment.

NEXT STEPS AND A CALL TO ACTION

- Continue to build on the working relationships with the communities served; to collaborate and have good working relationships.
- Continue efforts to work with the client(s) providing compassion, understanding and knowledge to help them as they develop and or strengthen their own commitment to self-management of their diabetes.
- Continue to find ways to increase attendance by providing incentive gifts when possible, working with the ADIs, Community Health Nurse (CHN)s and Health Directors and FNHSSM management.
- The teams connect with local radio stations and community Facebook pages when available to assist with advertising and spreading the word when they are in the community.
- The teams strive to remain current and up to date by participating in educational webinars, courses, and conferences throughout the year.
- Data management is an important part of ensuring that services are being provided within the DIP communities and that Ownership, Control, Access, and Possession (OCAP®) principles continue to be a driving force when it comes to data collection within the First Nation communities. Improvements to data collection and management is an ongoing endeavor.

ACKNOWLEDGEMENTS

- Embrace the working relationships with various organizations, Chiefs, Health Directors, Elders, research partners, Tribal Councils, First Nation Communities, and community membership on a daily basis in facilitating DIP in the year's accomplishments.
- The DIP model-of-care continues to provide unbiased care and empathy.
- The wellbeing and independence of each community member is a priority of DIP's model of care as it relates to diabetes and over health status.
- We acknowledge and thank Perimeter Airlines for their in-kind contribution of over \$2000 in cargo fees to deliver food hampers to First Nation communities in the North.



eHEALTH

We reach First Nations people in Manitoba and strengthen physical, mental, emotional, and spiritual health, using health-related applications and technology.

Our Vision

We see a world where all Manitoba First Nations are achieving holistic benefit from access to timely, excellent health care and traditional healing; and seeing all the positive socio-economic aspects of being connected through current technology by First Nations for First Nations.

Our Mission

The FNHSSM eHealth Unit's mission is to tie together the clusters through eHealth systems and build capacity.

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.

STAFF

Tatenda Okoi, Director of eHealth
Juanita Brownlee, Executive Assistant
Reannon Batson, Administrative Assistant
Jade Robinson, Administrative Assistant
Jerilyn Huson, eHealth Project Lead
Jennifer Reaburn, First Nations PHIMS Project Manager
Michelle Weber, PHIMS Trainer
Scott Thomson, Deployment Support Specialist
Mary Jayne Armstrong, Privacy Officer
Michelle Audy, Project Manager
Cheryle Dreaver, Policy Analyst
Patrick Bruyere, IT Manager
Tyler Knight, Senior System Administrator
Tim Tobacco, Senior System Administrator
Shane Savage, IT Specialist
Keaton Knight, Service Desk Technician
Pamela Davis, National Indigenous Information Technology Alliance (NIITA) Coordinator
Frederick Edwards, FN Housing Database Coordinator
Joseph Spence, Housing Application Developer
Tricia Cook, Content Navigator

2022-23 was a year of continued growth in eHealth. Several of our staff are pictured here.



ACCOMPLISHMENTS



Kihew Utin eHealth Transformation Project

Throughout the 2022-23 fiscal year, the Kihew Utin Transformation Roadmap project focused on Phases II & III Visioning and Development.



KIHEW UTIN TRANSFORMATION WORKPLAN

Project staff held virtual and in-person community engagement sessions in many communities. The purpose of the visioning workshops was to assess community readiness by learning more about the eHealth capacity in communities. Overall, 55 First Nations across Manitoba were engaged by the team. As experts in their own care, community staff were essential in providing key input to inform Roadmap Development. What we consistently heard from communities was concerns over gaps in services, delays in services, and impacts of health data collection. Some of the goals stated by communities were to own community data, utilize health data to achieve well-being, and to improve health outcomes.

Two themes emerged as being necessary for a successful transfer:

1. Funding for eHealth-Related Capital/ Infrastructure & Approaches towards Sovereignty, and
2. Acknowledge Remote Community Needs: Address Issues of Internet Connectivity & Fund Essential Hardware/ Software for eHealth Success.

Community feedback also informed five overarching directional recommendations in areas ranging from governance, resource development, capital infrastructure, IT infrastructure, and community health sovereignty.

Community Electronic Medical Record (cEMR) Mustimuhw cEMR in Manitoba First Nations

As of March 31, 2023, the cEMR is deployed in twenty-one First Nations in Manitoba; **sixteen of which were deployed directly by FNHSSM**. Once we deploy the cEMR to a First Nation, we continuously monitor these Health Centres sites for:

- Utilization support
- Remote management services
- Administrative oversight of site licenses

Throughout this fiscal year we continued to assess and improve our engagement, deployment, and support processes. As a result, we've refined and documented our procedures in a way that not only reflects our values in the eHealth department and as a First Nations organization, but also streamlines our work internally, at the community level, and at the vendor level.

Integration (Interoperability)

Integration, or data exchange between health systems, will lead to a higher quality of health service delivery by **improving the flow of information for community-based providers**. We continued to collaborate with project partners (Canada Health Infoway, Digital Health-Shared Health, Manitoba Health, and Mustimuhw Information Solutions) on this key priority area, which will result in improved health information management and health outcomes overall.

We worked with a Health Centre as a beta site for the eChart Integration, which will allow healthcare providers to access eChart from within the cEMR at the single click of a button. Eliminating this second step of logging in to eChart is a key step in improving workflow and will simplify the viewing of patient records, including drug prescriptions, lab results, and x-ray reports.



The IT Manager and eHealth Project Lead met with James Bone, Health Director at Keeseekoowenin Ojibway First Nation.



The Director of eHealth, IT Manager, and eHealth Project Lead conduct a site visit at the Howard Halcrow Health Centre in Pimicikamak Cree Nation.



The eHealth Project Lead and IT Manager were at the Integration Beta Site in March 2023 when they first launched eChart directly from the Mustimuhw cEMR. It was an exciting moment!

We have also been working on integrating the cEMR with the Province's Client Registry (CR) Query Service, which will enable providers to search for patient records and download them to the cEMR, eliminating the need to manually create new patient records. Again, this key step will save time for healthcare providers, streamlining their administrative workflow and decreasing the burden of data entry.

Information Technology (IT)

FNHSSM IT department's continued success has allowed for an increase of deployments throughout the 2022-2023 fiscal year.

Accomplishments included:

- An additional nine First Nations now have access to their own cEMR instance of Mustimuhw, which includes access to eChart and Public Health Information Management Systems (PHIMS), formerly Panorama, on desktop personal computers (PC).
 - By utilizing these single-use devices to access these tools, we have upheld and protected First Nations values and systems that respect and integrate the knowledge of First Nations.
- Every new Health Centre instance of Mustimuhw that eHealth deploys also includes the benefit of our full support of their IT infrastructure, greatly enhancing the quality of work they can provide.
- The communities get to utilize modern technologies in their day-to-day workload, eliminating the need for paper charting and the risk associated with utilizing hard copies of data.
- Addressing the growing needs of our communities, we have expanded our support throughout and have been improving network connectivity with different wireless implementations.
- We continue to review all current infrastructure for areas of improvement and will adjust accordingly.
- Leveraging this model, we are implementing crucial programs in remote and underserved offices previously without connectivity.
- FNHSSM IT has helped to mitigate the potential damage done to multiple communities while they were being targeted by malicious actors in the cyber security sphere.
 - Thus, we have increased the cyber security posture of multiple communities to reduce the number of future attempts.
- The IT team has continued to expand core skillsets by hiring additional team members who have contributed new and innovative solutions to the modern-day challenges facing First Nations.
- We encourage all our staff to continue diversifying their skillsets as everyone begins to specialize in areas in tandem with their professional goals. We continue to support the team's professional development in alignment with the organization's goals.



National Indigenous Information Technology Alliance (NIITA)

The NIITA Symposium took place on November 7th – 9th, 2022 in Vancouver, BC. This marked the 2nd annual gathering for Indigenous IT professionals. The event featured numerous networking opportunities and insightful presentations delivered by industry leaders, including representatives from Amazon, HP, the University of British Columbia, and other distinguished organizations.



Public Health Information Management System (PHIMS)

The fiscal year 2022-2023 has been a period of dynamic growth and development for the PHIMS team as it has been able to direct its focus to the future of PHIMS in First Nations communities while still supporting existing initiatives.

Some of our accomplishments include:

- **Communicable Disease Investigation (CDI) module progress:** Significant headway has been made in deploying the CDI module in collaboration with Manitoba Health, First Nations and Inuit Health Branch (FNIHB), and the pilot community, Pinaymootang First Nation. This progress positions us for a deployment early in 2024, a critical milestone for enhancing public health capabilities.
- **Successful Community Deployments:** PHIMS has been successfully deployed in Buffalo Point First Nation, enabling the Health Centre to host its first ever preschool immunization clinic, and to conduct a highly successful COVID-19 booster and flu clinic. These achievements underscore the tangible impact of our efforts on community health.
- **Community Engagement and Development:** Community Engagements with Tataskweyak Cree Nation and Little Saskatchewan First Nation have proven successful. Plans for training and implementation are underway.
- **Training Initiatives:** Numerous training sessions have been conducted for new staff in deployed communities, receiving positive feedback on the application's effectiveness in streamlining day to day workloads. Regular refresher trainings for experienced clinicians have also been regularly available, encouraging communities to keep their PHIMS skills up to date and to utilize a full range of features available.

Overall, we are encouraged by how much progress communities are making in achieving their public health goals with the utilization of PHIMS. We know this will only increase with the roll out of the CDI module in the coming fiscal year. First Nations communities will be able to provide timely diagnosis, treatment and follow up, using the streamline communication capabilities within PHIMS.

Privacy

The objective of the eHealth Privacy Office is to develop, establish, and provide regional coordinated support to Manitoba First Nation communities to enhance, develop, and implement local privacy and health management systems.

Comprehensive interpretation of the privacy requirements needed under the *Personal Health Information Act* (PHIA) and the *Freedom of Information and Protection of Privacy Act* (FIPPA), the First Nations principles of Ownership, Control, Access, and Possession (OCAP®), and the ongoing transforming privacy requirements under Federal and Provincial legislation are essential to navigating the privacy terrain.

For the 2022-23 fiscal year, our privacy accomplishments include:

1. Conducting and providing reviews, assessments, and recommendations regarding compliance with legislative requirements, including the *Personal Health Information Act* (PHIA), the *Freedom of Information and Protection of Privacy Act* (FIPPA), the *Regulated Health Professions Act*, the *Privacy Act*, and the *Copyright Act* for community and FNHSSM.
2. Applying the considerations and criteria of the First Nations principles of Ownership, Control, Access, and Possession (OCAP®) in contracts, agreements, and privacy documentation.
3. Drafting and implementing Information and Data Sharing Agreements for the First Nations Housing Knowledge Base.
4. Preparing written summaries, briefing notes, and reports on federal documents, legislation, and regulations.
5. Preparing and reviewing resolutions for proposed actions on issues relating to health.
6. Participation in the FNHSSM Technical and Legal Advisory Group towards responding to the proposed Distinctions-based Indigenous Health Legislation.
7. Engagement with communities to discuss and identify privacy needs and priorities, for the structuring of privacy and information management program to meet community concerns.
8. Provision of community support and assistance on issues pertaining to privacy and information management on request.
9. Development of a Privacy and Information Security Policies and Procedure Manual.



First Nations Housing Knowledge Base

Some of our key accomplishments during the 2022-23 fiscal year included:

- Restaffing the First Nations Housing Knowledge Base (FNHKB) project.
- Forming the Housing Knowledge Base Steering Committee and working with them throughout the year to receive guidance and direction for the project.
- Refining the technical requirements in collaboration with the Steering Committee.
- Updating technical staff skillset to support changes in technical requirements.
- Redefining the Statement of Work for ID Fusion, clarifying technical requirements and eliminating a \$30,000 annual licensing fee for unnecessary software.
- Commencing development activities with ID Fusion and monitoring development throughout.
- Working with ID Fusion during the initial design phase to achieve a user interface that satisfied the requirements set out by the Steering Committee.
- Completing 75% of development activities with ID Fusion, providing extensive unit and user acceptance testing to vet and refine product solution.
- Developing drafts of over 30 content pieces providing information and education to First Nation housing professionals, homeowners, and tenants.
- Holding a Housing Manager's Forum in The Pas to promote the project and receive additional community input.
- Identifying an additional project specification based on feedback received in The Pas and implemented in-house, i.e., the online Housing Manager's forum.

STATUS AND LINKAGES

Kihew Utin eHealth Transformation Project

Mandated by The Assembly of Manitoba Chiefs (AMC) and FNHSSM Chiefs-in-Assembly Resolutions **MAR-16.05** and **MAR-22.06** to lead a phased plan to transition FNIHB-MB's eHealth Solutions Unit to FNHSSM, we've executed our plan under the oversight and guidance of the Kihew Utin Steering Committee, eAniskopitak, and FNHSSM's Board of Directors.

The keys to the success of this project are the Health Directors and all community staff who participated in the engagement sessions. It was inspiring to hear firsthand from community staff the love and passion for their communities and people, the uniqueness of each community, and the goals and aspirations for improving quality of life.



Conducting the visioning session with Barren Lands Health Centre staff



Conducting the visioning session in Mathias Colomb Cree Nation

The ongoing impacts of the COVID-19 pandemic pushed some activities and deliverables to virtual platforms. Most First Nations have adapted to the pandemic work environment, which contributed to the success of the community engagement virtual redesign plan. We commend your teams in First Nations for managing the demands of daily workloads in an environment of a global pandemic.

In the coming year, we will continue to analyze data from the engagements, to develop the roadmap, and to negotiate for ongoing funding for this project. We recognize the significance of receiving a mandate from First Nations leadership and the responsibility that comes with collecting community feedback. We will do our best to represent the interests of First Nations while developing our plan to transform the delivery of eHealth services to First Nations in Manitoba.

Community Electronic Medical Record (cEMR)

Health Centres and Jordan’s Principle Programs

The eHealth Project Lead continued to work with First Nations to maximize their use of the cEMR and other digital health applications, like Telehealth and eChart. While we continue to support our existing sites, it is always our goal to expand the cEMR’s presence throughout Manitoba First Nations. We will continue to advocate for a sustainable funding model to bring on new Health Centre sites, to ensure funding can accommodate the number of licenses required, and to provide a secure IT environment for its use.



Visiting First Nations is always a highlight as we get to connect with and learn from experts in communities.

Integration Steering Committee

The commitment of our partners has greatly accelerated the advancement of integration in Manitoba, and will contribute to addressing the following challenges in patient care and data management:

- Multiple login profiles for users to access the different systems
- Increased workload due to double data handling
- Lack of complete immunization records
- Accessing multiple systems to get complete patient information for diagnoses

As we’ve been meeting with Health Directors throughout the year, it’s exciting to hear their eagerness for these important integrations to be expanded throughout Manitoba. We will continue to collaborate with all partners and stakeholders as we strategically execute all elements of the plan.

Jordan's Principle Data Management and Reporting Project

This has been a key project in this fiscal year that will continue into the 2023-24 fiscal year. Project partners, FNHSSM, Southeast Resource Development Council (SERDC), and Indigenous Services Canada (ISC), work with interested First Nations and Tribal Councils (TCs) to support the implementation and **adoption of the cEMR as a tool in Jordan's Principle information management and reporting**. With a third of First Nations already using the cEMR in their health Centres, adopting this solution for Jordan's Principle is a natural fit.

With our department's successes in supporting Health Centres in their use of the cEMR, our role in this partnership is to engage with Jordan's Principle programs, to act as a liaison with Mustimuhw, and to procure and install the proper hardware to utilize the software and secure client data.

Regional Telehealth and eChart Partnership (RTeCP)

The eHealth Project Lead is a co-chairperson for this committee along with the Regional eHealth Nurse Education Manager at FNIHB. This committee facilitates and coordinates the deployment and use of eHealth technologies by healthcare providers in First Nations and by organizations and agencies that provide healthcare services to First Nation communities. It also tracks the progress of work and resolves any delays and challenges. By using these key technologies, First Nations are decreasing barriers and connecting communities to health care services across Manitoba. We also review new site requests, utilization & training statistics, and we receive updates from our sub-committees in Quality Improvement, Technical, and Communications.



RTeCP partners from FNHSSM, FNIHB-MB Region, and Digital Shared Services (Shared Health) met with Cheryl Melnyk, Health Director at Gambler First Nation, regarding eChart.



RTeCP Partners from FNHSSM and Digital Shared Services (Shared Health) met with the Director of Health at Sagkeeng First Nation to see how staff at the Sagkeeng Health Centre are using provincial digital health apps and to tour the facility.

First Nations Provincial Partnership (FNPP)

The eHealth Project Lead is also the co-chairperson of the FNPP, which convenes First Nations eHealth professionals from across Canada. It's an engagement opportunity to share information on the use of digital health applications in different regions, as well as the latest regional updates in interoperability and internet connectivity. Through this group, we also collaborate on hosting an Elders' Christmas gathering via Telehealth. Because of the COVID-19 pandemic, we've paused these events but hope to resume in the coming year.

Information Technology (IT)

With the ongoing success of our support model, we continue to see the rewards of our efforts. Our staff diligently follow new and emerging trends in technology and First Nations in Manitoba leading to many benefits to First Nations in Manitoba:

- Inclusive to the development, implementation, and adoption of best principles and practices through an indigenous lens, we continue to expand our support across the province.
- We have implemented safeguards while digitizing medical records and community data, building up each First Nation's cybersecurity posture to a more mature and robust status.
- Empowering our nations is a passion of the IT team as we support their efforts to self-determine their technological path forward by working alongside local technicians when requested and fostering a cooperative working relationship of knowledge sharing with each community.

National Indigenous Information Technology Alliance (NIITA)

Current discussions are in progress for the organization of the 2023 NIITA Symposium. The NIITA Steering Committee is actively pursuing a venue in Central Canada for the upcoming event. The NIITA coordinator will coordinate bi-weekly membership meetings to collaboratively determine the content and theme for the 2023 Symposium. This annual gathering not only grants access to vendors showcasing cutting-edge technological advances in the eHealth field but also serves as a platform for attendees to bring these insights back to their communities and Health Centre.



From left to right: Patrick Bruyere, IT Manager at FNHSSM, Pamela Davis, NIITA Coordinator at FNHSSM, Jeff Niles, eHealth National Program Manager at ISC-FNIHB, Jacquelyn MacDonald, eHealth National Program Senior Policy Analyst at ISC-FNIHB, and Edna Stevens, Regional eHealth Nursing Education Manager at ISC-FNIHB.

Public Health Information Management System (PHIMS)

To date, the First Nations PHIMS team has deployed to 27 First Nations and one Tribal Council, with three more communities currently in progress. The team continues to work towards empowering First Nations and Tribal Councils to manage PHIMS independently. This provides many benefits including enhancing control over their own health data and optimizing responses to public health challenges. Additionally, this increases funding and supports to the communities and Tribal Councils directly. West Region Tribal Council continues to support five of their communities with PHIMS data entry, while the remaining two input their data into PHIMS independently.

The team's strategic focus on deploying the Communicable Disease Investigation (CDI) module of PHIMS aligns with the broader goal of achieving equality in healthcare for First Nations and Truth and Reconciliation. Collaborative efforts from Manitoba Health, FNIHB, FNHSSM, and the pilot site, Pinaymootang First Nation, are underway to bridge this gap. Pinaymootang is set to become the first First Nation to access the CDI module by early next year, paving the way for a broader rollout in 2024.



Our first Public Health Information Management System (PHIMS) Gathering hosted 26 in person and 15 virtual attendees! With a focus on STBBIs and Harm Reduction, the day was highlighted by presentations, forging new connections and thoughtful discussion.

Privacy

The eHealth Privacy Office has developed a Privacy and Information Security Policies and Procedures Manual, which will be distributed as a general guide and information resource for Manitoba First Nations Health Centres, Nursing Stations, and Health Care Facilities. The manual is expected to support communities to develop, supplement, or complement existing Privacy and Security Policies and Procedures, and to protect and safeguard personal health information in accordance with legislative requirements, regulations, and privacy and security best practices.

First Nations Housing Knowledge Base

As the First Nations Housing Knowledge Base (FNHKB) moves towards development completion in the upcoming fiscal year, we will continue to engage with First Nations housing professionals and their communities to elicit feedback that will drive the future state of the First Nations Housing Knowledge Base. Guiding our project based on their real-world experience leads to community investment in the FNHKB and helps to ensure that our final solution will be useful in real-world scenarios. It also works to build and strengthen relationships with these communities, which benefits other FNHSSM initiatives.

NEXT STEPS AND A CALL TO ACTION

Kihew Utin eHealth Transformation Project

Truth and Reconciliation Call to Action #18

We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.



Through our work, we will continue to honour the process advocating for First Nations in Manitoba to achieve total well-being through the use of technology. Our team will gather and analyze the valuable input on MFNs eHealth needs to provide quality care at the point of contact.

cEMR at Jordan's Principle Sites

This year, we continued through our three-phased implementation of hardware upgrades for nine First Nations in Manitoba that are **constrained by internet connectivity**. While we have our processes and estimated timelines defined, it's essential to progress at the community's pace – their workloads are heavy, and priorities diverse. We will continue to:

1. Collaborate with First Nations throughout the deployment process.
2. Order, prepare, and install the hardware.
3. Liaise with communities and Mustimuhw throughout the implementation process.



Visioning session in God's Lake Narrows

New Site

Another goal for the 2022-23 fiscal year is to deploy the cEMR to one additional First Nation health centre. We've identified a site, which was a good fit based on internet connectivity, site readiness, and geographic location, and we'll work closely with them throughout the engagement and deployment processes. Additionally, we'll continue to negotiate with funders to bring on additional sites. In this area, engagement and planning are critical to ensure funding levels can accommodate the number of licenses available among our supported sites.

Information Technology (IT)

- We will greatly expand our umbrella of coverage to a larger number of communities and continue to aid them collaboratively in their efforts with models such as the Disaster Recovery Plan that takes their specific needs into consideration.
- Following our aggressive deployment schedule, we have achieved a new marker for most deployments undertaken in a single fiscal year.
- We continue to coordinate with FNHSSM eHealth on the NIITA 2023 conference in Dakota Dunes, SK, and welcome all healthcare IT professionals who are interested in joining a collaborative and informative forum.
- We will be replacing some of the aging IT infrastructure in our sites to ensure that communities continue to operate smoothly, so that we can expand the services available, as the new equipment brings with it new functionality.
- We are actively pursuing the expansion of our IT team, while also creating initiatives for the development of IT resources at the community level and bringing more awareness to the Science, Technology, Engineering and Mathematics (STEM) field as a viable career option throughout our nations.
- We endeavour to bolster our cybersecurity methods as malicious efforts continue to target our First Nation communities and risk sabotaging their ability to effectively leverage their technology.

- We will continue to focus on established cultural traditions throughout our future engagements to reaffirm the importance of First Nations values.

National Indigenous Information Technology Alliance (NIITA)

Truth and Reconciliation 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 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.

NIITA was created to provide Indigenous IT Professionals in healthcare a platform to discuss the current advances in technology in health and create a network of business contacts.

Public Health Information Management System (PHIMS)

The PHIMS team will continue to engage with the Manitoba Health, FNIHB, and Pinaymootang First Nation to successfully deploy the Communicable Disease Investigations (CDI) module of PHIMS by early 2024.

Continued deployment to all First Nations and Tribal Councils who wish to take on data entry for their communities will continue to be priority in 2024. Alongside these efforts, the PHIMS team will continue to provide high quality training and resources for the communities currently using PHIMS in their day-to-day work.

Privacy

As part of the Manitoba First Nations eHealth Long Term Strategy (eHLTS), our goal is to work with Manitoba First Nations in establishing “governance in data and data sharing agreements”, ensuring “First Nations’ direction [is] included in Policies and Procedures”, and providing awareness of “privacy issues and how to meet requirements”. [Goals 1.1, 1.5, 6.4]

In the 2023-2024 fiscal year, we plan to work towards:

- Distributing the Privacy and Security Policies and Procedures Manual, as an information resource for communities.
- Implementing a Privacy Officer Training Educational Program, for new and existing Privacy Officers.
- Developing and distributing a Privacy Officer Handbook, for new and existing Privacy Officers.
- Continuing our endeavor towards establishing a Privacy and Information Management Advisory Office.

First Nations Housing Knowledge Base

In the upcoming fiscal year, we will conclude development of Version 1 of the First Nations Housing Knowledge Base (FNHKB). Once development is complete, we will conduct a final quality assurance testing phase to ensure product completion. After final testing, we will undergo an initial pilot phase per our milestone obligations to the Canada Mortgage and Housing Corporation. This phase will see housing professionals from First Nations communities registered on the platform and trained in its usage. These pilot activities will occur in-community to establish connectivity and performance benchmarks, and to demonstrate the depth of our commitment to serve communities with this platform.

Additionally,

- We will continue to evolve our content offering working in collaboration with First Nations community members.
- Once the pilot is completed, we will officially launch Version 1 of the FNHKB and then proceed to expand our user base to eventually include all First Nations in Manitoba, with an eye towards a potential national rollout.



Initial presentation of FNHKB Housing in Dakota Plains by Housing Project Manager Frederick Edwards, and the Housing Software Lead, Joseph Spence.

ACKNOWLEDGEMENTS

The entire eHealth team expresses its deepest gratitude to the eAniskopitak Stewards Circle for their support, guidance, and prayers over all our projects. We embrace the Chiefs, the FNHSSM Board of Directors, the Health Directors, the Housing Managers, the research partners, and the community members as partners in the year's accomplishments. We also express our gratitude to our funders and partners at Indigenous Services Canada, Canada Health Infoway, First Nations & Inuit Health Branch, Digital Health – Shared Health, Manitoba Health, the Canada Mortgage and Housing Corporation, and the Northern Intertribal Health Authority.

All our partners and stakeholders have helped to make this fiscal year a successful and productive year, and we look forward to continuing to work with them toward supporting the best health care outcomes for all First Nations people.

FNHSSM TURTLE TEAM PROJECT

INTRODUCTION

The FNHSSM Turtle Team has grown substantially since its inception due to the COVID-19 pandemic. In January 2021, to accommodate the ever-increasing demands of safety due to COVID-19 and to meet the needs of First Nations, the Turtle Team was established to support communities in a culturally safe way with respect and love. The Team provides client advocacy, family, cultural and safety supports, operating on the foundations of: Honesty, Humility, Truth, Wisdom, Respect, Courage, and Love which the team often refers to as Heart Work.

“Our people have been waiting for so long for the turtles! It’s time First Nation people take care of First Nation people! It’s time! We got this Turtles!” -Daryle Ross, Turtle Team Site Assistant Lead

TURTLE TEAM

Mikinaak

Jensen Hoskie, Lead
Lori Smith
Desmond Delaronde
Faron Ross
Junior Cochrane
Danielle Fontaine
Charles Richard
Julian Barten
Bayzhik Audy
Tristan Brooks
Justin Umpherville
Jerilyn Sinclair
Brandon Normand*

Administration & Logistics

Brenda Sanderson, AIA Lead Coordinator
Taryn Anderson, Program Assistant
Agape Karagi, Data Analyst
Rosalind Johnston, Data Entry Clerk
Daryle Ross, Site Assistant Lead
Kim Cameron, Site Assistant
Gerald Munro, Site Assistant
Ashlyn Haglund, Communications Editor
Sandra Ducharme, Communications
Summer Traverse, Communications
Cory Wreggit, Communications
Lendyll Soriano, Communications

Mikinaak

Kordell Smith
Jaden Umpherville
Sundance Kennedy
William Amos
Terence Delorme
George Robinson
Luc Wrigley
Kellen Nepinak
Clayton Stewart
Isaiah Spence
Harvey Paul
Harley Stove

Cultural Team

Robert Hotomani, Lead
Alycia Murdock
Preston Courchene
Xena Spence

Client Advocates

Kimble Chartrand, Lead
Terri Cochrane
Ivan Bonner
Rhonda Powers

Cultural Team

Nelson Mayer, Lead
Rhys Williams
Candace Wood
Avery LaForte

Child Minders

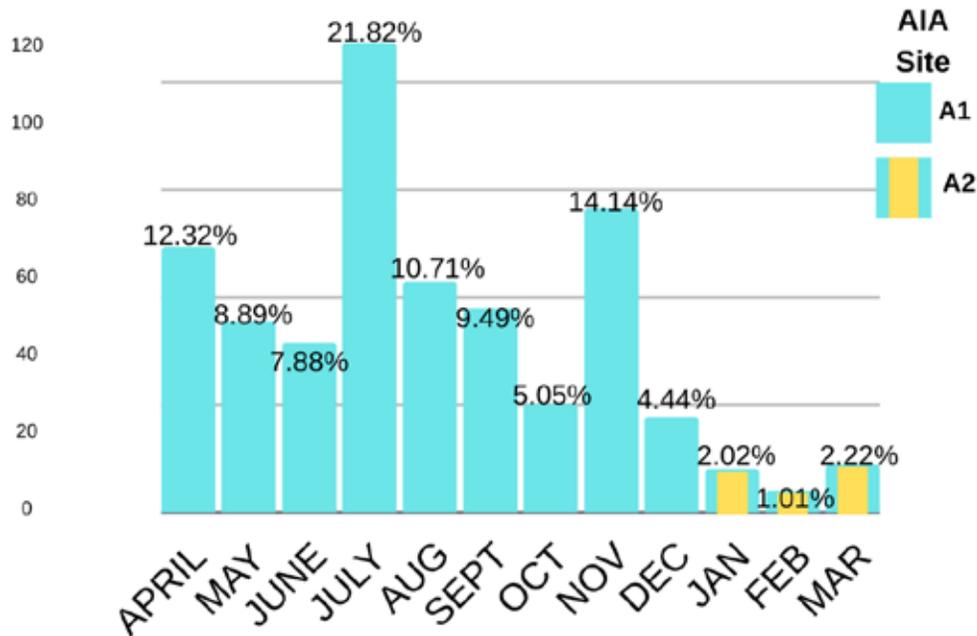
Charlene Chief
Wendy Mayer
Paden Sheldon
Oshyn Audy
Lourie Laurea

ACCOMPLISHMENTS

Isolation Efforts

Alternative Isolation Accommodation (AIA) sites were established at two locations; A1 (August 2021 to December 2022) and A2 (January 2023 to present). Of the 495 community members who came through AIA from April 2022 to March 2023, 94.7% were at A1 and 5.3% were at A2. Furthermore, 87.7% self-identified as Indigenous while 12.3% were non-Indigenous. The average length of stay at AIA was 7.4 days though evacuees tended to stay for longer periods of time, some staying as long as 54 days. Other identified reason for being at AIA besides COVID-19 isolation and evacuation were travel, including for medical purposes, living in crowded dwelling, Monkey Pox infection, experiences of homelessness and so on.

Proportion of Monthly AIA Site Admissions from April 2022 to March 2023

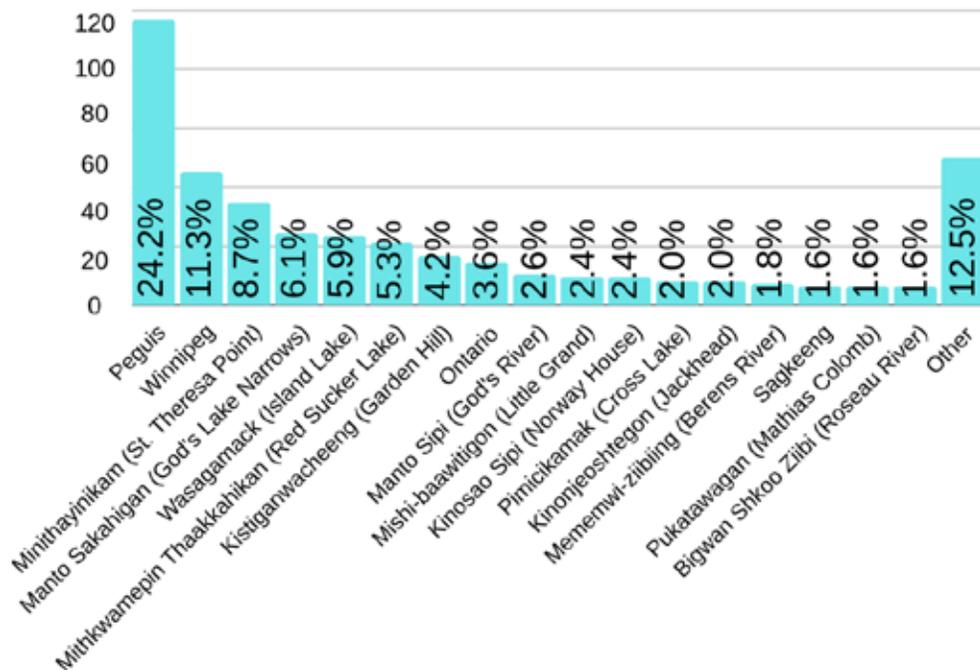


Month Admitted to AIA from April 2022 to March 2023

Although most AIA guests were from Manitoba, some were from out of province notably:

- **Ontario:** Ottawa, Thunder Bay, Waterloo, Sandy Lake, North Spirit Lake First Nation, Deer Lake First Nation, Whitefish Bay, Kingfisher First Nation, Keewaywin First Nation, Sioux Narrows, Pikangikum First Nation.
- **Saskatchewan:** Regina, Cote First Nation
- **Alberta:** Vegreville, Lacombe
- **Nunavut:** Baker Lake

Distribution AIA Guests based on Home Community at both A1 and A2 from April 2022 to March 2023

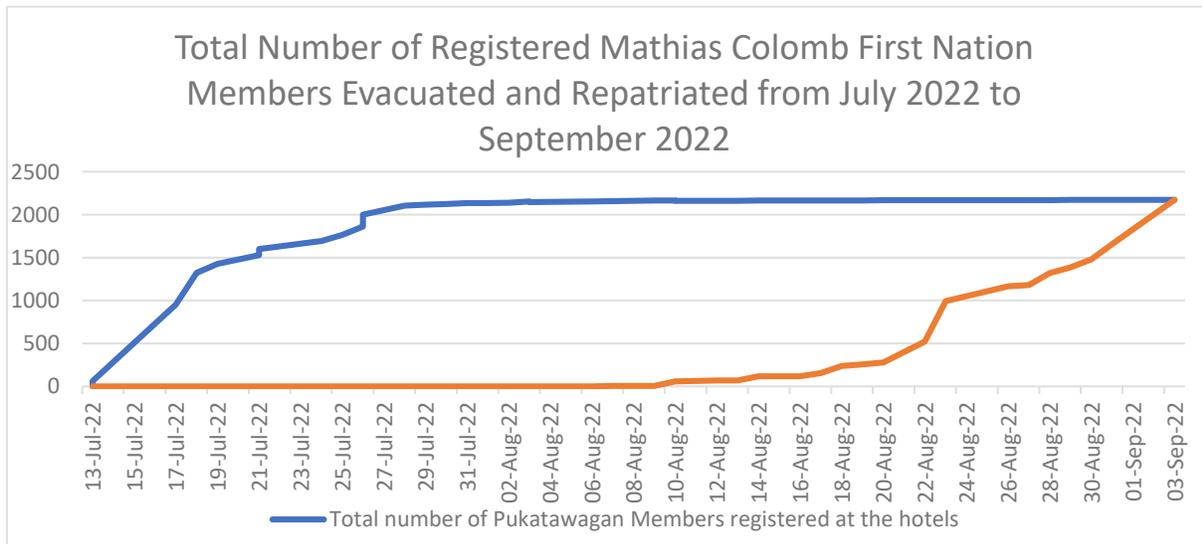


Evacuation Efforts

In addition, the Turtle Team has been heavily involved in supporting Peguis community members since they were evacuated in May 2022 due to overland flooding in their community. Canadian Red Cross (CRC) in collaboration with Indigenous Services Canada found temporary accommodations for evacuees across numerous hotels in Winnipeg, Portage la Prairie, Gimli, Selkirk and Brandon. The Turtle Team provided a range of supports including; childminding, advocacy, family support and counselling, touring, cultural support and ceremonies, and escort for health services at almost all these locations. Below is some of the work that the Turtles accomplished in Brandon:



Furthermore, the Turtle Team was also involved in evacuation efforts of Pukatawagan (Mathias Colomb First Nation) which was evacuated in July 2022 until they were repatriated in September 2022.



The Turtle Team is committed to seeking guidance from communities and leadership in identifying their health priorities and mitigating barriers experienced during isolation and/or evacuation. To do this well, the Turtle Team has invested time and resources in training and professional development to better equip the team for future endeavours. This has also involved visiting other service providers in Winnipeg not only to establish a working partnership with them but also to better understand the types of services they provide.

Training & Professional Development
1) Emergency First Aid & CPR/AED level c
2) Yellowquill University College Training (Word & Excel)
3) Opioid Poisoning Response Training (Naloxone)
4) Naloxone Injection Training
5) Safecheck- Canadian Food Safety Certification
6) Equity, Diversity, Inclusion of 2SLGBTQIA+
7) Two-Spirit Identity
8) Applied Suicide Intervention Skills Training (ASIST)
9) Non-violent Crisis Intervention (NVC)
10) Basic Self-Defense Training
11) EMO Emergency Management Training
12) Grief Education
13) Mental Health First Aid
14) Lateral Kindness for Trauma Informed Care & Practices in Indigenous Organizations
15) Security Training
Workshops & Seminars
16) Diabetes Integration Project (DIP) Presentation
17) Ownership, Control, Access, & Possession (OCAP®)
18) Substance Use Education & Awareness
Resource Site Tours
19) N'Dinawemak – Our Relatives' Place
20) Turning Leaf Services
21) Sunshine House
22) Siloam Mission
23) Main Street Project
Other
24) Equine Therapy
25) Blanket Exercise

NEXT STEPS AND CALL TO ACTION

The heart work of the Turtle Team is a commitment to the TRC Calls to Action by promoting cultural safety, advocating for Indigenous rights, and prioritizing the health and well-being of First Nation communities for a just and equitable future.



The Turtle Team has developed many AIA and Evacuation related processes and procedures with collaboration provided by our partners where appropriate and being mindful to respect communities' sovereignty. Process and procedures developed to date include:

- Client Privacy & Confidentiality
- Managed Alcohol & Cannabis
- Critical Incident Reporting
- Two Client Discharge Letters for COVID-Negative & COVID-Recovered Clients
- Client Evaluation & Questionnaires
- Wellness Check
- Safe Laundry
- Client Care Plan
- Childminding
- Elder Supports
- Consent-based Bag Search
- FNHSSM Turtle Team Mikinaak: Site Safety Services
- FNHSSM Turtle Team Mikinaak : Site Specific Procedures
- Daily activity logs and record keeping
- Electronic Equipment Devices Loan

During the 2022-23 fiscal year, the Turtle Team has continued to support community members despite the many challenges. The year included preparation and contracting work to collect the data to justify the significance of the work the Turtle Team provides. This work produced a Current State Analysis, a Research and Program Analysis and a Business Proposal for funding a 5-year Program. Presentations were made to the Assembly of Manitoba Chiefs, the FNHSSM Board of Directors and the Manitoba First Nations Health Directors. Direction was provided by way of a Chiefs' Resolution to move forward with submission of a Business Proposal for a program with permanent funding. The Turtle Team received a response to collaborate with the Assembly of Manitoba Chiefs in a unified approach and have subsequently submitted a revised proposal. As we await a decision, the Turtle Team continues to provide support for as long as they possibly can.

ACKNOWLEDGMENTS

The Turtle Team give acknowledgement to all our communities and the leaders who have supported the work we do. We give thanks to everyone for their gift of time they have spent with us and wish all a healthy and happy future.

IN LOVING MEMORY OF

**BRANDON
NORMAND**
"WALKING BEAR"

APRIL 6, 1995 · MARCH 23, 2023

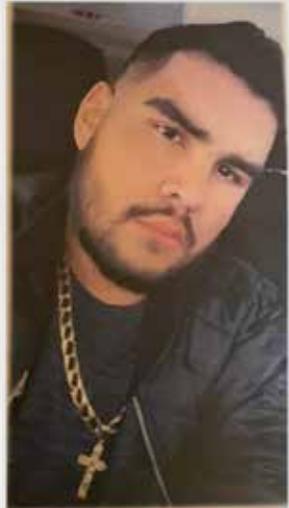
Brandon Normand "Walking Bear"
April 6, 1995 - March 23, 2023
Brandon was a respected hardworking individual who was loved and appreciated for his kindness and support, he was a true friend to all his FNHSSM Turtle teammates.

He was a gentle giant with the biggest heart. He showed his kindness in his actions and his words.

When he saw you, he would always acknowledge you, respect you, offer his support.

Brandon was well known for his humor and his teasing;
Brandon had a special way of making people laugh and feel important.

We are all grateful for having known Brandon and will continue to miss him dearly.



RESEARCH

INTRODUCTION

Leona Star, Director of Research
April Seenie, Nibi Gathering Coordinator
Bekelu Negash, Research Coordinator, iChair
Bryden Bukich, Research Assistant/Coordinator, iChair
Carla Cochrane, Data Sovereignty Implementation Lead
Chyloe Healy, Research Coordinator/Statistical Analyst
Dean Parisian, Regional Health Survey Coordinator
Donna Toulouse, Research Executive Assistant
Erin Ringland, Front End Application Developer
Jillian Waruk, PhD, MPH, BSc, Public Health Epidemiologist
Joanna Thich, Knowledge Exchange Coordinator
Leanne Gillis, Data Collection Training Coordinator
Sidney Leggett, Student- Data Analyst
Shannon Bear, Student- Nibi Gathering Assistant Coordinator
Stephanie Sinclair, Data Sovereignty Executive Lead
Tashina Monias, Regional Health Survey Administrative Assistant
Taylor Morriseau, PhD, Postdoctoral Fellow
Taylor Wilson, MFN Research Ethics Coordinator
Valentina McKay, Research Associate, Misipawistik Cree Nation
Wanda Phillips-Beck, PhD, Seven Generations Scholar, Indigenous Research Chair in Nursing
William Wadsworth, Research Manager, Indigenous Epidemiology Master's Program

Anishinaabe Nibi (Water) Gathering

The Anishinaabe Nibi (water) Gathering was scheduled to be held on May 26 – 29, 2022 in Treaty 3 Territory also known as Manito Api, Bannock Point in the Whiteshell Provincial Park. Throughout the year the planning committee met to plan, set the agenda, and invited guests to attend the annual event. Unfortunately, this year came with tremendous amounts of rain that resulted in flooding within the Whiteshell area, and we collectively made the decision to postpone the gathering until the following year in 2023. We were fortunate to have made the decision to postpone the event because shortly after Manitoba Parks had closed off the area as all entrances to the area were flooded including entrances to the Nibi site.

The 2023 Anishinaabe Nibi (water) Gathering will be held in May, and further details will be included in the 2023-24 Annual Report.



COVID-19 Reporting

Ongoing COVID-19 PRCT Reports

Throughout the pandemic, FNHSSM partnered with Health Information Research Governance Committee, Manitoba Health, FNIHB, Ongomiizwin Indigenous Institute of Health as the Manitoba First Nations COVID-19 Data Working Group. The Working Group shared daily reports of COVID-19 First Nations cases that were reported at the regional, RHA and Tribal Council level. These results were also shared with the Manitoba First Nation (MFN) COVID-19 Pandemic Planning and Response Team, First Nations leadership, Health Directors, and provincial counterparts [Manitoba Shared Health, First Nations Inuit Health Branch (FNIHB), Regional Health Authorities (RHAs)] to inform their planning processes. Currently the following reports continue to be shared on a weekly basis:

- First Nations Daily Report (active, recovered, new COVID-19 cases on and off reserve, hospitalizations, intensive care unit cases, and deaths).
- First Nations Tribal Council Report (new, active, recovered cases, hospitalizations, and deaths in Tribal areas).
- First Nations Vaccination Report (vaccination by doses on and off reserve, total doses, administered, and total doses by Tribal area)

The reports are shared via email and online on the [FNHSSM website](#).



COVID-19 Self-Reporting Tool

To ensure that quality data is still available to help First Nations plan as the Province of Manitoba has slowed down tracking the cases of COVID-19, FNHSSM developed a COVID-19 self reporting tool to enable all First Nations citizens to self-report their COVID-19 rapid antigen test (RAT) results, positive or negative.

First Nations citizens can share their COVID-19 rapid test results by completing an online form at <https://www.fnhssm.com/covid-reporting-form> or calling 1-833-639-2068.

Urban Indigenous COVID-19 and Flu Pop-Up Vaccine Clinics

Vaccinations have been shown to prevent severe outcomes associated with COVID-19. This year, FNHSSM received funding from Manitoba Shared Health to provide culturally safe vaccination sites for urban Indigenous populations. Three pop-up clinics took place, two of which were paired with Health Fairs with different health organizations: Nine Circles, Manitoba Keewatinowin Okimakanak (MKO) Traditional Healer Program, Cancer Care Manitoba, Manitoba Renal Program, Diabetes Integration Project (DIP), Winnipeg Regional Health Authority (WRHA) Healthy Aging Team, Assembly of Manitoba Chiefs (AMC) Eagle Urban Transition Centre Status Card Registration, MKO Client Navigators, and Knowledge Keepers. Overall, over 100 people attended to receive health care information and 46 people were vaccinated.

Data Sovereignty

The formation of the Data Sovereignty team began this year with the selection of team leads. The Executive Lead and Implementation Lead initially began to prepare for the first year of roll out. Additional staff were hired at the beginning of 2023. The Data Sovereignty project will run three to four years and will connect with communities, organizations, and leadership to find out what is needed in our region to assert control over our own First Nations data. The Data Sovereignty Governance Strategy Resolution passed by Chiefs-in-Assembly (Mar.22.03) have provided us with the support and mandate to carry out this work alongside First Nations.

WHAT IS DATA SOVEREIGNTY?

Data Sovereignty is asserting authority:

- to control our own narratives and
- to determine how we tell our stories.

Storytelling means making a safe and sacred space for our people in our communities to have a voice, on and off reserve.

It means telling our own truths.

WHY IS IT IMPORTANT?

First Nations leading Data Sovereignty means:

- We will no longer be misinterpreted
- We will no longer be misused.
- High standards of what we want to achieve.
- Bring all the legal mechanisms together to protect from harm.

Data Sovereignty

**Our data
Our truths
Our voice**

HOW IS THE REGION MOVING FORWARD?

At a national level, FNIGC was directed by Chiefs in Assembly to develop a strategy with regional partners.

FNHSSM is facilitating the way in the Manitoba region.

National level

First Nations Information Governance Centre (FNIGC)

Regional level

First Nations Health and Social Secretariat of Manitoba (FNHSSM)

There will be 2 phases to this process:

Phase 1- Create a team to engage with communities and partners to start building the blueprint

Phase 2- Bring the blueprint to life and to build a Data Governance Centre in the region.



FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT OF MANITOBA

ACCOMPLISHMENTS

- Hosted a Data Sovereignty Visioning session with FNHSSM staff
- Engagement sessions were held with:
 - Youth
 - Elders/Knowledge Keepers and
 - Health Directors
- Reports were completed for each session
- Held initial meeting with our first demonstration project- Giigewigamig Traditional Healing Centre

NEXT STEPS AND A CALL TO ACTION

- The team will expand to hire positions as needed
- The next fiscal year, the team will continue to engage more youth, urban entities, 2SLGBTQIA+ relatives, Tribal Councils, Provincial Territorial Organizations (PTOS) and nations
- The Data Sovereignty team will provide updates to the Health Information Governance Committee (HIRGC)
- The team will expand to have at least 6 demonstration projects to develop tools, training, and templates for all First Nations
- The team will work with partners from other regions and the First Nations Information Governance Centre (FNIGC)

ACKNOWLEDGEMENTS

- We would like to acknowledge the individuals who have shared their knowledge through the engagement sessions

Indigenous Epidemiology Master's Program

INTRODUCTION

We currently have less than 10 trained Indigenous epidemiologists in Canada; the next generation of leaders requires exceptional Indigenous community engagement skills and a solid grounding in local Indigenous ways of knowing and doing; mentoring a culturally safe and enriched environment for Indigenous health researcher trainees, Knowledge Keepers and knowledge users across Canada to grow world-class knowledge and skills in health information sciences, applied epidemiology, and health services evaluation. To address and close this gap, FNHSSM brought forward a resolution to the AFN Assembly in 2018 that, *“Call[ed] on the Government of Canada to support and direct Tri-Council agencies to support Indigenous communities and organizations to develop, implement, and evaluate a national Indigenous training and mentorship network to train and support a cadre of 100 + Indigenous health information specialists, applied epidemiologists, and health service researchers who can lead the required transformation of Indigenous health and social information systems in Canada”*. FNHSSM is now taking a lead role in developing an Indigenous Epidemiology Master's program that will train our own Indigenous Epidemiologists who are grounded in an Indigenous worldview in a way that recognizes the strength and protective factors that will support the well-being of our children and families.

ACCOMPLISHMENTS

One of the key accomplishments this year was establishing a governing body which will oversee the project. Initially, the governing partners were those who created and presented the resolution which brought to life the intent to create 100 Indigenous epidemiologists. Over the summer, after having undergone extensive dialogue amongst the governing partners, it was concluded that there needs to be a concerted focus on the First Nations and Metis and Inuit groups. This means that there will be two streams of focus which will enable the project manager(s) to be culturally specific in the design of the program. Further, this will enable a more culturally distinct focus to occur with respect to curriculum development and nation-based knowledge amongst First Nations, Metis, and Inuit.

Some of the key issues and challenges included a network of Indigenous curriculum designers to develop the curriculum and working on accrediting the program within Red Crow Community College (RCCC) located in Alberta.

In terms of curriculum development, it has been the intention to create an epidemiology program that is grounded in Indigenous worldviews and practices. We are currently working alongside Indigenous epidemiologists who are rooted in Indigenous lifeways and are able to see through an Indigenous lens as we develop and design the program. In building the relationship with the RCCC President Roy Weaselfat and his research department have offered to assist in the curriculum design and to provide human resources and administrative support as needed during the developmental phase of the program. The RCCC currently has its own accreditation process for programs that are not typically offered in mainstream universities and colleges. For example, the RCCC has a program called Indigenous Language and Culture Diploma (ILCD) whereby graduates receive a diploma recognized by the RCCC and nowhere else in the world does this diploma get granted.

As the Indigenous Epidemiology Master's Program will be the first of its kind in Canada, we are creating a few options for accreditation and to further recognize the graduates of this program. In the spirit of First Nations Inherent Sovereignty, we are suggesting that this program receive acknowledgement from the Assembly of First Nations (AFN) Chiefs as an attachment to their current epidemiology programs that are received at any of their institutions in addition to RCCC's "Eminent Scholar" recognition process where graduates are also recognized by a Faculty of Elders from the Kainai Nation.

This program will help to cultivate Indigenous learners who are empowered in a way that truly honours the First Peoples of this land now referred to as Canada. Moving forward, as we reclaim our Indigenous ways; our people are at a point where we are reclaiming Indigenous pathways in a way that brings forward and honours our ancestral ways on knowing, doing and being. This degree will be honoured by the people who it will serve, from the Chiefs and Elders on to our people who will be benefitting from the health research and practices of the graduates of this program.

STATUS AND LINKAGES

Key projects areas include:

- Curriculum development
- Official Memorandum of Understanding (MOU) with Red Crow Community College
- Data Sharing Agreements (i.e., Intellectual property and privacy)
- Course design and description
- Intake process
- Accreditation
- Projected start date Fall of 2024

Graduates of the program will contribute to the growing cohort of Indigenous people needed to implement Indigenous worldviews into the field of health research. As we train the next generation of Indigenous epidemiology students, they will strengthen their connection to Indigenous worldviews and methodologies in a way that enables them to analyze data with a decolonial lens that reveals the protective factors and indicators that support wellness within our Nations.

NEXT STEPS AND A CALL TO ACTION

The next steps include identifying Indigenous epidemiologists who will assist in the development and design the Indigenous Epidemiologist Master's program. As RCCC will be the host site for the program, we will be entering into a MOU with the college and drawing up their established processes that recognize and accredit the newly

established program that are grounded in their local context. A framework will also be developed that includes intellectual property and supports expected outcomes of the program. The FNHSSM team will also secure additional resources to help support the curriculum development and program design.

The Truth and Reconciliation Commission of Canada, Call to Action #19, *calls 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 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.*

To ensure that annual reports on health outcomes are relevant and meaningful to First Nations, we require our own Indigenous epidemiologists to be the ones to analyze First Nations data to ensure our worldview, context and understanding of root causes of health outcomes are considered during analysis to help inform reports that provide evidence for further investment into First Nations-led initiatives.

ACKNOWLEDGEMENTS

FNHSSM research team acknowledges the vision of the Health Information Research Governance Committee (HIRGC), Manitoba First Nation Health Directors and Chiefs-in-Assembly who provided their support to build the next generation of Indigenous Epidemiologists who are grounded in Indigenous worldviews and examine the strengths within First Nations data to support the well-being of our children and families. We would also like to acknowledge our external partners, including the Blackfoot Confederacy, Red Crow Community College and the University of Toronto, Well-Living House, for their guidance, expertise, and ongoing support in establishing the program.

Indigenous Research Chair (i-Chair) in Nursing

ACCOMPLISHMENTS

- Work closely with the Advisory Circle created to guide the work of the Chair. The circle consists of Knowledge Keepers and grandmothers representing the three distinct groups: First Nation, Inuit, and Metis. We hosted a two-day gathering of the Advisory Circle at Cedar Lake Ranch in the summer of 2022. The Advisory Circle is important to inform the findings of a scoping review of the literature on nursing education and the methods and strategies the Schools of Nursing in Canada are using to teach students about Indigenous people and history.
- In collaboration with PhD student, Amanda Fowler-Woods, and Dr. Annette Schultz, co-developed and delivered the Master/PhD of Nursing graduate course (NURS 7110) Indigenous People, Health, and Research: Doing research in a good way. This was the first graduate course offered in nursing with a focus on Indigenous peoples. The inaugural course was delivered in the Spring term of 2022 and was attended by six graduate students. A \$5,000 teaching award was provided to support the development/delivery of the course.
- In support of the development of graduate students, a \$20,000 scholarship (Reconciliation Award) was provided to a Master's of Graduate Student whose studies focus on Indigenous health and wellbeing. Another \$5,000 Master's of Nursing Nurse Practitioner Award was provided to a Nurse Practitioner student to support her clinical placement at the Percy E. Moore Hospital in Peguis Manitoba.

- In support of the development of graduate research whose work focuses on Indigenous health and wellbeing, co-supervises two graduate students and is a voting member on another ten graduate students' thesis committees.
- In collaboration with the five other funded Chairs across the country (BC, Saskatchewan, Quebec, New Brunswick, Newfoundland, and Labrador), the Indigenous Research Chairs in Nursing (IRCN) successfully advocated for the inclusion of Truth and Reconciliation Commission's (TRC) Call to Action #24 into the Canadian Association of Schools of Nursing (CASN) Education Standards. This will require all Schools of Nursing across the country to implement measures to provide training on the history of Indigenous people and antiracism into their nursing curriculum.
- The six Indigenous Research Chairs in Nursing with additional support from the CIHR and the CASN, co-designed and co-delivered a five-part workshop series to support anti-racism and decolonial practices in nursing education in 2022, as a collective response to implementing the TRC Calls to Action. The first three workshops focused on Indigenous specific racism, cultural humility, and cultural safety, exploring how educators play a crucial role in developing culturally safe practitioners. The final two workshops presented case studies with exemplary approaches for responding to TRC Calls to Action 23 and 24 in nursing education.
- In partnership with FNHSSM, research staff and the Manitoba Centre for Health Policy (MCHP), University of Manitoba, as lead author, released the *Opioid and Substance Usage Amongst First Nations in Manitoba Counting the Truth for Change Report* at the annual Chiefs Assembly in February 2023.
- Attended and presented on the Manitoba Indigenous Research Chair in Nursing (IRCN) at the International Indigenous Nursing Conference in July 2022.
- The Manitoba IRCN initiated partnerships with First Nation communities in Manitoba, the University of Manitoba, and Red River Community College Polytech to develop clinical placement opportunities in Manitoba.
- Sit as co-chair, along with Dr. Wayne Clark, with the University of Alberta on the Indigenous Health Engagement Committee, Accelerating Clinical Trials Consortium (ACT). In early 2023, the CIHR committed \$39 million over three years to the newly created national consortium, ACT. The goal of the ACT is to accelerate, optimize, and facilitate the conduct, implementation, and results translation from high-quality, high impact randomized controlled trials to improve health in Canada and around the world. The goal of the Indigenous Health Engagement Committee, on the other hand is to support the development of respectful guidelines and practices that address challenges and mobilize the ACT Consortium's Objective #10 to *"Improve the process of involving Indigenous Peoples in trials and establish a process to identify Indigenous Health Priorities and interventions for evaluation."*

STATUS AND LINKAGES

- In addition to First Nation communities in Manitoba, key partnerships have been developed with the University of Manitoba, Red River Community Polytech, Manitoba Centre for Health Policy, Mahkwa omushki kiim: Pathway to Indigenous Nursing Education (PINE), Dr. Wayne Clark, University of Alberta, and the Manitoba Indigenous Nurses Inc.

NEXT STEPS AND A CALL TO ACTION

- The Learning Where We Live Clinical Placement Evaluation Study in collaboration with several First Nation communities in Manitoba, the University of Manitoba and Red River Community Polytech will continue to work together to provide opportunities for nursing students in our First Nation communities. We continue to work with our First Nation communities and Health Centres to facilitate clinical placement opportunities for the next two years. Through the IRCN, students will be provided a stipend to offset the costs of travelling to the First Nation communities.
- The IRCN will continue to support graduate students through scholarships and awards whose focus is on improving the health and wellbeing of Indigenous people in Manitoba/Canada.
- In partnership with the University of Manitoba, and the Mahkwa omushki kiim: Pathway to Indigenous Nursing Education (PINE), the clinical placements evaluation study will extend to Indigenous Students as an exchange program in collaboration with the Māori in New Zealand.
- We continue to work with Dr. Wayne Clark and the University of Alberta to advocate for the inclusion of Indigenous voices to inform the development of respectful guidelines for Indigenous people's involvement in clinical trial studies in Manitoba.

ACKNOWLEDGEMENTS

- The IRCN would like to acknowledge the Health Directors in the communities hosting nursing students for the clinical placements, the MCHP, community members as partners in the year's accomplishments. This shows how important their support is to your success.

Network Environments for Indigenous Health Research (NEIHR) & Health Information Research Governance Committee (HIRGC)

The Network Environment for Indigenous Health Research (NEIHR) is a partnership between the FNHSSM research team and the University of Winnipeg (UW), funded by the Canadian Institute for Health Research (CIHR). This is a continuation of previous Network Environments for Aboriginal Health Research (NEAHR) and Aboriginal Capacity and Developmental Environments (ACADRE) grants that went through the University of Manitoba (UM). This is a collaborative grant led by Dr. Jaime Cidro (UW), supported by FNHSSM, Manitoba Metis Federation (MMF), the Manitoba Association for Friendship Centres (MAFC) and the Manitoba Inuit Association (MIA).

The grant supports the development of research lodges at the Indigenous community level. These lodges support developing research governance policy that is culturally appropriate and the development of Indigenous health scholars. It also supports the development of infrastructure to support community specific policy development such as research ethics and knowledge governance, ways to engage with universities to support self-determination in research, and community driven research and community collaboration mechanisms.

Health Information Research Governance Committee

The NEIHR supports the work of the Health Information Research Governance Committee, a regional First Nations Health Research Ethics Board. The HIRGC consists of six members, including four new members, from the Northern and Southern First Nations regions of Manitoba comprised of youth, Elder, academic, environment, and Health Director roles. Throughout the year, the HIRGC met several times reviewing 30 unique applications with a 44% application acceptance rate. Additionally, the HIRGC updated their Research Ethics Application and developed an

accompanying guide to assist researchers in completing the application. The HIRGC also held a meeting with the Manitoba Centre for Health Policy (MCHP) to better understand how to support each other to uphold and maintain Data Sovereignty with the Manitoba First Nations Research File held at the MCHP.

WHAT IS HIRGC?

The Health Information Research Governance Committee is a Manitoba Chiefs mandated committee that acts as:

- the gatekeepers of First Nations data at a regional level.
- an advisory body to offer guidance to regionally based research.
- the body to ensure that respectful research is carried out for and by First Nations.

For more information or to apply, please contact: hirgc@fnhssm.com.
www.fnhssm.com

The infographic features a dark blue background with a stylized First Nations figure at the top. A hand in a green sleeve holds a yellow megaphone on the right side, with white lines indicating sound waves. A small purple circle is at the bottom left.

WE ARE LOOKING FOR NEW MEMBERS

JOIN OUR TEAM

Are you First Nations and passionate about First Nations-led research?

Consider joining the Health Information Governance Committee (HIRGC)

For more information or to apply, please contact: hirgc@fnhssm.com.
www.fnhssm.com

The infographic features a dark blue background with a stylized First Nations figure at the top. A hand in a green sleeve holds a yellow megaphone on the right side, with white lines indicating sound waves. A small purple circle is at the bottom left.

INFORMATION SHARING

In addition, the NEIHR team has:

- Supported the Data Sovereignty team by attending the Data Sovereignty visioning session and engaging in conversations around how to best support the work of both teams as they are both interconnected as it relates to governance of information data and research.
- Participated in Anti-Racism Training, offered by FNHSSM, supporting several interns from the University of Manitoba.
- Presented and shared the role of HIRGC requirements of First Nations research ethics and review, the Principles of OCAP®, copyright, data access, information sharing agreements with the Government of Manitoba, the University of Manitoba, the University of Winnipeg, Shared Health Manitoba, Four Arrows Regional Health Authority, the First Nations Information Governance Centre, and a variety of academic and community researchers.

The Research Ethics Coordinator was elected to the Canadian Association of Research Ethics Board; a national membership organization aimed at representing the interests of Research Ethics Boards in Canada; bringing the important work of the HIRGC and Manitoba First Nations Research Ethics to a national platform. This continues the NEIHR team’s goal of relationship building to engage in decolonizing the research environment.

Throughout the year, the NEIHR team continued to support the amazing work being done in all areas of First Nations health research by:

- Continuing our work to develop a Research Ethics Policy at FNHSSM that includes the work of our Data Sovereignty team,
- Developing HIRGC Research Application Database that compiles all applications submitted to and supported by the HIRGC, and
- Working with our Front-End Developer to create an online HIRGC application process.

The NEIHR team was also able to support First Nations self-determination in research by successfully applying to become a Canadian Institute of Health Research (CIHR) eligible institution where FNHSSM is able to receive direct funding from the CIHR to support First Nations research based on the needs and priorities of Nations.

STATUS AND LINKAGES

As demonstrated by the First Nations pandemic responses, timely access to data has proven valuable to inform First Nation based responses to COVID-19, like community borders and checkpoints, curfew, and lower age categories for vaccination status. Moving forward, we have received a resolution (Mar-22.08) and funding to undertake an evaluation of the pandemic response and develop a dashboard for timely COVID-19 and health data access.

NEXT STEPS

Moving into the 2023-2024 year, the NEIHR team hopes to:

- Continue partnering with the Data Sovereignty Team to develop training and toolkits for First Nations communities looking to engage in ethics and data sovereignty,
- Launch the HIRGC online application platform and database, and
- Compile a history of the HIRGC outlining the amazing work that has been done in the space of First Nations Research, Ethics, and Data Sovereignty over the last 30 years in Manitoba.

ACKNOWLEDGEMENTS

All this work would not have been possible without the ongoing support of the members of HIRGC, Manitoba First Nations communities and First Nations leadership who provided HIRGC with the mandate of overseeing ethical research with Manitoba First Nations, and allied researchers who are working along side us to decolonize health research spaces.

Regional Health Survey (RHS)

The First Nations Health and Social Secretariat of Manitoba (FNHSSM) launched the Regional Health Survey (RHS) Phase 4 in Manitoba.

The First Nations RHS focuses on the health and well-being of First Nations in a holistic way, addressing physical, mental, spiritual, and emotional aspects.

- Looks at specific health issues and the following areas:
 - housing
 - employment
 - education

- residential school
- community development
- services and
- other priority areas
- Focuses on the child, adolescent, and adult demographics.

The RHS Phase 4 is led with the governance and guidance of the Health Information Research Governance Committee (HIRGC).

The RHS Phase 4 began in 2022 and has been extended to 2024 due to pandemic.

- 38 communities will be sampled for total of 4030 surveys to be collected. (communities have been randomly selected according to population size)
- Review and approval of the RHS Phase 4 was provided by HIRGC. The other regions across Canada have also provided their feedback and approved the survey to move forward within their regions.



The data collection was delayed due to regional and community-based COVID-19 restrictions. As COVID-19 cases increased, the RHS team postponed the launch of the data collection phase to ensure the continued safety of children and families who were randomly selected to participate.

STATUS AND LINKAGES

- Meetings were held with the HIRGC which is comprised of representatives from Tribal Council Health Directors (North and South), First Nations Director of Health/Education/Economic Development (North and South), First Nations Academic Advisor (North and South), First Nations Advisor (Environment and Socio-Economic Issues), in addition an Elder/Knowledge Keeper and Youth.
- Introduction letters and follow up emails were sent Manitoba First Nations leadership and Health Directors within 38 randomly selected communities, see lists below:

RHS4 COMMUNITIES

Dakota Ojibway Tribal Council Birdtail Sioux Dakota Nation Dakota Tipi First Nation Long Plain First Nation Roseau River Anishinabe First Nation Sandy Bay First Nation Swan Lake First Nation Waywayseecappo First Nation	Interlake Reserves Tribal Council Dauphin River First Nation Kinonjeoshstegon First Nation Lake Manitoba First Nation Little Saskatchewan First Nation Pinaymootang First Nation Peguis First Nation	Island Lake Tribal Council Garden Hill First Nation Red Sucker Lake First Nation St. Theresa Point First Nation Wasagamack First Nation	Keewatin Tribal Council Barren Lands First Nation Burntwood Lake Cree Nation Fox Lake Cree Nation God's Lake First Nation Manto Sipi Cree Nation Northlands Denesuline First Nation Sayisi Dene First Nation Shamattawa First Nation Tataskweyak Cree Nation War Lake First Nation York Factory Cree Nation	
Northern Independent First Nation Cross Lake Band of Indians Marcel Colomb First Nation Nisichawayasihk Cree Nation O-Pipon-Na-Piwin Cree Nation Norway House Cree Nation	Southeast Resource Development Council Berens River First Nation Black River First Nation Bloodvein First Nation Brokenhead Ojibway Nation Hollow Water First Nation Little Grand Rapids First Nation Pauingassi First Nation Poplar River First Nation	Southern Independent First Nation Canupawakpa Dakota Nation Dakota Plains Wahpeton Nation Fisher River Cree Nation Lake St. Martin First Nation Sagleeng First Nation Sioux Valley Dakota Nation	Swampy Cree Tribal Council Chemawawin Cree Nation Mathias Colomb First Nation Misipawistik Cree Nation Mosakahiken Cree Nation Opaskwayak Cree Nation Sapotaweyak Cree Nation Wuskwil Sipiik First Nation	West Region Tribal Council Ebb and Flow First Nation Keeseekoowenin First Nation O-Chi-Chuk-Ko-Sipi First Nation Pine Creek First Nation Rolling River First Nation Skowman First Nation Tootinawaziibeeng First Nation

NEXT STEPS AND A CALL TO ACTION

- Provide training for two community-based data collectors in each of the 38 randomly selected communities who will begin data collection in the fall of 2023 once the Band Council Resolution or Statement of Participation is received by the RHS team.
- We aim to have 4030 surveys completed within Manitoba.

ACKNOWLEDGEMENTS

We would like to acknowledge the ongoing oversight and guidance of HIRGC and the participation of communities as they recognize the importance of the RHS and how their participation contributes to the continued investments into community-based programming and services in First Nations across Canada. We also acknowledge the support received from the First Nation Information Governance Center (FNIGC) as we work together to support community-based data collectors in each participating community.

Regional Social Survey (RSS)

FNHSSM will be facilitating the First Nations Regional Social Survey (RSS) within Manitoba in the new year. This is a new survey focusing on the well-being of First Nations children and families living on reserve in Manitoba. More information will be provided in the next fiscal year.

Supporting the Trajectory of our Spirit: Living the Cree Pimatisiwin and Blackfoot Kipaitaiiwahsinnooni (Our Spiritual Way of Life)

FNHSSM, in partnership with the communities, academic institutions, First Nation community organizations and the Blackfoot Confederacy, was successful in obtaining one of three grants from the Canadian Institute for Health Research (CIHR) under their Indigenous Healthy Life Trajectory Initiative (iHeLTI). This is the final year of this project.

ACCOMPLISHMENTS

This project supports the trajectories of our spirits by ensuring our children have access to their spiritual way of life from birth. The impact of colonization has disrupted the transmission of birth knowledge and practice. The research question is: How do cultural, spiritual, land-based and community connection from the time of birth impact the health and wellness of children as defined by our nations?

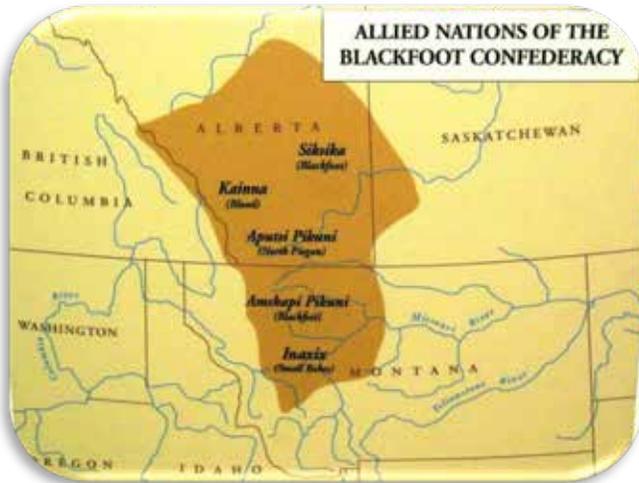


Elders at Summer Solstice



The project supported the established Indigenous Doula Program in Misipawistik Cree Nation (MCN) for three years as well as supported the Blackfoot Confederacy to develop their own Birth Helper Curriculum. The project funded birth helpers to provide care for 30 families in each community annually. The outcomes of the research project in MCN were shared at conferences and will be published. MCN was successful in securing funding to continue providing the Doula Program in their community. The Blackfoot Confederacy will be training their doulas using the curriculum they develop with their grandmothers in January 2024.

The Cree and Blackfoot communities worked with Knowledge Keepers to identify what makes us well across the lifespan. The indicators of wellbeing were identified in the language and have been validated by the Cree and Blackfoot Knowledge Keepers. The nation-based indicators have been developed into frameworks for each nation and will be utilized to measure wellness. This work has been shared with other First Nations who are interested in developing their own wellbeing indicators through presentations at conferences and will be published.



Blackfoot Territory

STATUS AND LINKAGES

The project is in the final year and will work with the engaged communities to develop the summary of the research, publications, and resources for other communities wanting to have a birth helper program to reference. The summary of the research findings will also be provided to Wijiidiwag Ikwewag, University partners, and the First Nations in Manitoba and Alberta.

The project is based on a spiritual relationship and shared responsibilities, focusing on the reciprocal support and exchange between the Blackfoot and Cree communities, highlighting their nation-to-nation partnerships. Misipawistik Cree Nation holds an annual Women’s Gathering in fall of each year. This past gathering in 2022 saw the FNHSSM team members and Blackfoot partners attend this gathering. Knowledge exchange and partnership are maintained during this time out on the land together. The FNHSSM team members and Misipawistik’s own

Research Associate also traveled to Blackfoot territory to witness their Aakoka'tssini annual ceremonies in the Summer of 2022. These knowledge and cultural exchanges are a part of continuing partnerships. The work will continue with a new grant to further develop and use the nation-based indicators of wellbeing.

Knowledge Translation:

The team has presented at the following conferences:

- Chiefs of Ontario Health Forum 2022
- Indigenous Maternal Child Health Gathering 2022
- Blackfeet Research Conference 2022
- International Meeting on Indigenous Child Health 2023
- Health Directors Conference 2023



Graduation Day- Doula Training 2023

NEXT STEPS / CALLS TO ACTION

- To explore the issues of biobanking and biological sampling.
- Submit funding proposals to continue the joint work. Additional funding proposals will be submitted to assist other communities to develop nation-based indicators of wellbeing.
- In Manitoba, coordinate discussion circles with the nations' Knowledge Keepers and the HIRGC to develop protocols for research with First Nations that uses a biological sample.
- Host a two-day birth helper conference with speakers from across Canada to create awareness about existing programs, training, funding opportunities and research about birth helpers. A final report will be completed.

ACKNOWLEDGEMENTS

FHNSSM acknowledges the support of partners such as First Nations Communities, National Aboriginal Council on Midwives, Wiji'idiwag Ikwewag, Community Programs and Thunderbird Partnership Foundation and the University and Academic partners. Lifelong impacts in restoring First Nation birth practices and knowledge will reverse the negative impacts of colonization. Restoring culture and wellness in communities based on community knowledge and recollection will re-establish lifelong connections, and a sense of identity and belonging for First Nation children, youth, and families.



Future Birth Helper

STRENGTHENING FAMILIES - MATERNAL CHILD HEALTH (SF-MCH)

INTRODUCTION

Elizabeth Decaire, Nurse Program Advisor

Joyce Wilson, Peer Resource Specialist

Adele Sweeny, Clinical Peer Resource Specialist

Ashley Starr, Administrative Assistant/Training Coordinator

ACCOMPLISHMENTS

- 17 years of Strengthening Families – Maternal Child Health service in First Nation communities across Manitoba.
- Celebrated 15 years of program services in communities in Winnipeg when public health orders lifted, and it was safer to gather. All SF-MCH staff came into Winnipeg for a Gala supper and an evening of entertainment and long-standing acknowledgements for service were awarded.
- SF-MCH program services are currently funded in 34 of 63 First Nation communities.
- Final phase of manual development near completion for both Traditional Parenting and Safe Sleep Guide.
- Additional Peer Resource Specialist role added to the Regional SF-MCH team at FNHSSM to support expansion of the program framework and communities.
- Partnership with Manitoba Centre of Health Policy (MCHP) to evaluate outcomes for First Nations receiving home visitation, through the Envision Study, with written study findings in development.
- In partnership with Healthy Child Manitoba, we continue to successfully train new program staff for two weeks of mandatory training. Our core evidence-based curriculum changed from 'Classic Curriculum' to 'Next Generation'. Training on a virtual platform continues, some communities struggle with internet connection, regional office support is required to bring staff to Winnipeg or larger urban settings with internet connection, to ensure a successful training session. Our regional team provides required resources for training and send back all resources to the community when training is completed. Information shared and created throughout the training week is beneficial and recommended to use as teaching tools with program families when providing program information during a home visit, in a group session or at an information booth.
- In partnership with Roseau River, FNHSSM eHealth, Mustimuhw, FNHSSM research and Regional SF-MCH, first phase of pilot project completed, project looking at Information Management System for SF-MCH, next phase to commence in the fall 2023.
- The regional team hosted an in-person larger group training session on Sacred Babies Safe Sleep Resource Training. Staff appreciated the refresher and the newest updated information. SF-MCH staff are aware that a new version of the safe sleep manual will be released in the near future.



Maternal child
Health Program
in First Nations Communities

- Attended the first in-person Manitoba Child Advisory Committee meeting for First Nation children. We provided a program update at this time and guidance moving forward with the expansion to all Manitoba First Nation communities. The support for expansion was approved by the committee, leadership, partnership, staff, and research.
- Community staff participated in Indigenous Doula Training (in-person) in May 2022. Due to the pandemic this training had been delayed for two years.
- Regional support site visits continued as restrictions were lifted and communities welcomed outside visitors into communities, with a total of ten site visits. Support through virtual platforms is always available for programming services. Peer support staff are readily available through virtual platforms, email, and phone.

SF-MCH COMMUNITIES:

Barren Lands	Manto Sipi	Sapotaweyak
Brokenhead	Mathias Colomb	Sagkeeng
Bunibonibee	Nisichawayasihk	Sayisi Dene
Cross Lake (Pimicikamak)	Northlands	Shamattawa
Dakota Tipi	Norway House	Tataskweyak
Ebb &Flow	Opaskwayak	Tootinaowaziibeeng
Fox Lake	O-Pipon-Na-Piwin	War Lake
Garden Hill	Peguis	Wasagamack
God’s Lake Narrows	Pinaymootang	Waywayseecappo
Hollow Water	Pine Creek	York Factory
Keeseekoowenin	Rolling River	
Long Plain	Roseau River	

CHALLENGES

- Lack of reliable connectivity in communities is an ongoing challenge for SF-MCH to maintain electronic database documentations and to participate in virtual mandatory training.
- As restrictions were lifted, engaging families and planning home visitation services restarted in all program sites. It was challenging for SF-MCH staff to engage families into the program due to the hesitancies caused by the pandemic.
- One of the challenges for SF-MCH staff was scheduling a routine day and helping families with similar activities that were done previously prior to the pandemic.
- Staff were feeling overwhelmed by mental health crisis occurring with program families due to challenges faced during the pandemic. Staff requested training around mental health responses and support.

STATUS AND LINKAGES

- **FNHSSM/Healthy Child Manitoba Joint Training Initiative:** FNHSSM and the SF-MCH Administrative/Training Coordinator continue to facilitate training needs of the Strengthening Families First Nation communities to assure mandatory training of SF-MCH staff to support families in program sites. The FNHSSM partnered with Healthy Child Manitoba and the Regional Health Authorities in coordinating and supporting mandatory curriculum training. As well as coordinating transition dates for existing staff to transition from classic curriculum to a newer version of the curriculum, called the Next Generation. The FNHSSM partnered and cost shared with Healthy Child

Manitoba and independently coordinated one of the four curriculum sessions, training 23 new community staff and 30 staff that transition into the new curriculum. Moving forward, all new SF-MCH staff will be trained with the Next Generation Curriculum training manuals.

- **Sacred Babies Training for all Early Childhood Cluster:** SF-MCH regional team along with community staff and guided by current evidence, are creating a new second version of the Sacred Babies manual. The new manual is in the last phase of development and the new version will be known as “Babies are Sacred”. This new version of the manual will include an updated two-day training session with staff. Dates to be determined. The regional office is working in partnership with Healthy Child to expand resources to other areas for other child development providers to access when required.
- **Manitoba Indigenous Doula Initiative Training:** Training was hosted in Winnipeg with Melissa Brown, Indigenous Midwife and Candace Neumann, Indigenous Doula. Thirty staff were trained in four days. Staff appreciated the training. Due to COVID-19 and lack of available venues to host training session, this training was postponed on several occasions.
- **Quarterly Meetings and Bi-annual Gatherings** of all community-based SF-MCH staff continues to be a forum for professional development. Our regional staff were able to successfully bring together SF-MCH staff into Winnipeg on two separate occasions for face-to-face meetings. Our staff gathered to celebrate 15 years of service in First Nation communities, with a dinner, appreciation, and entertainment, to acknowledge the success of the program throughout the years. Our focus for our gathering was to provide cultural teachings, update program staff on current program status, provide a space to reconnect with all SF-MCH staff and celebrate successes. We hosted a supervisor only meeting where supervisors and regional support team reviewed and noted changes to program forms. We also provided wellness reflexology by a registered nurse which was thoroughly enjoyed by all staff.
- **Pilot project with Mustimuhw, e-Health Regional SF-MCH team and community:** First Phase looking at current state of Information Management System for SF-MCH completed and guides the future state assessment for Phase 2. Phase 2 to commence fall 2023. The project piloting Mustimuhw as an Information Management System will be with a SF-MCH community.

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 the SF-MCH program is fully prepared to move forward with these recommendations, as we are fully aware of our traditional knowledge in parenting, child rearing, medicines and languages which are vital to improving health and social outcomes for First Nation populations.

TRCC item #5 *“We call upon the federal, provincial, territorial and Aboriginal governments to develop 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.”

SF-MCH/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. We are reminded that children are our future, the future well being depends on the relationships our children have to their caregivers, environment, language, and culture.

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 Nation communities. We appreciate the years of service SF-MCH community supervisors and home visitors have done and continue to do to strive towards excellence in achieving the vision of having strong, healthy, supportive First Nation families living a holistic and balanced lifestyle in First Nation communities across Manitoba. We would also like to 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 the goals of the program.

Strengthening Families Maternal Child Health would also like to acknowledge our First Nation children, without them, there is no future. Every Child Matters and as the late Elder Elmer Courchene stated, “In all that we do, we must never forget that we work for the little ones”, for their future well being; mentally, physically, emotionally, and spiritually.



INTERGOVERNMENTAL RELATIONS & COMMUNITY ENGAGEMENT UNIT

INTRODUCTION

Amanda Meawasige, Director of Inter-Governmental Relations & Community Engagement

Marsha Simmons, Policy Analyst and Researcher

Erynne Sjoblom, Senior Policy Advisor

Alyson Ross, Administrative Assistant

ACCOMPLISHMENTS

The Inter-Governmental Relations & Community Engagement Unit was established to achieve greater coordination and collaboration among First Nations, federal and provincial governments to address common health issues specifically for First Nations in Manitoba. The Unit also supports planning, coordination, engagement, research, and participation of First Nations at the regional level. Current and on-going work in this area are described in more depth below.

In 2022-2023, the Unit supported planning, coordination, and participation in intergovernmental collaboration in the following areas:

- a. Manitoba First Nations Health Technicians Network
- b. Assembly of First Nations Chiefs Committee on Health & Assembly of First Nations National Health Technicians Network
- c. National Aboriginal Youth Suicide Prevention Strategy
- d. Manitoba First Nation Personal Care Homes Network
- e. Long-Term and Continuing Care Strategy Engagement
- f. Distinctions-based Indigenous Health Legislation Co-development
- g. First Nations Adults Living with Exceptionalities Study
- h. Anti-Racism Project: “Disrupting Anti-Indigenous Racism: Moving beyond cultural sensitivity in health care”

The sections below describe each project/activity in more depth, highlights notable outcomes, and indicates current status and/or next steps of each project/activity.

Manitoba First Nations Health Technicians Network (MFNHTN)

The Manitoba First Nations Health Technicians Network is comprised of Manitoba First Nations Tribal Council and Independent First Nations Health Directors. The network meets three to four times per year (when resources are secured and cost-shared between departments at FNHSSM). The meetings serve as a forum for communication and dialogue on collective health issues, research, knowledge exchange, priority development and advocacy efforts.

2022-2023 Outcomes

Network meeting was held on March 7 and 8, 2023 and concerned the following agenda items:

- Indigenous Research Chair in Nursing Update and Discussion
- Opioid and Substance Usage Amongst First Nations in Manitoba Report
- Alternative Isolated Accommodations (AIA) Turtle Team Business Plan
- Data Sovereignty Update & Discussion
- eHealth Department Update
- First Nations Housing Update
- Transformation Project Update
- Indigenous Health Legislation
- Long-Term Care Update

The Network was engaged on separate occasions for specific initiatives including co-development of Indigenous Health Legislation and long-term and continuing care strategy development. The next Manitoba First Nation Health Technicians Network meeting is planned for 2023-2024.

Assembly of First Nations (AFN) Chiefs Committee on Health (CCoH)

The AFN Chiefs Committee on Health (CCoH) works to promote social progress and an improved quality of life and health for First Nations in Canada by; advocating for the protection, recognition and implementation of First Nations Treaty Rights in Health; analyzing policies legislation, programs and research. Establishing and carrying out effective communication and liaison strategies with First Nations and other networks. The AFN CCoH provides policy and governance advice to the Assembly of First Nations National Executive Council of Chiefs.

Assembly of First Nations National Health Technicians Network

The National First Nations Health Technicians Network (NFNHTN) supports and is accountable to the AFN CCoH. The mandate of the NFNHTN is to utilize technical expertise and knowledge of regional and community level health issues to provide recommendations, develop positions, and technical expertise for First Nations health. To provide technical support for the CCoH members.

On-going intergovernmental communication and relations between the Joint AFN and First Nations and Inuit Health Branch (FNIHB) Senior Management Committee Meeting with participation by the CCoH and the NFNHTN is a continued success with regions having direct access to policy authorities within the Federal Health spectre.

National Aboriginal Youth Suicide Prevention Strategy (NAYSPS)

Through limited funding received from Canada under NAYSPS, our unit coordinates the development of a community-based suicide prevention gatekeeper training called *Na Ki Chi Toon Pimatiziwin* that utilizes a “two-eyed seeing” approach, integrating First Nations culture, language, history, and learning approaches with western, biomedical best-practices in suicide intervention and gatekeeper training. This work is guided by a steering committee comprised of First Nation experts in mental wellness and life promotion/suicide prevention from all tribal areas in Manitoba.

2022-2023 Outcomes

The following components of the training curriculum have been completed or are almost at completion:

- Accompanying materials are mostly complete, including:
 - Pre-Training Preparation Guide
 - Journey to Safety Document
 - Participant Workbook
- Storyteller videos (seven out of ten) Evaluation & Pilot Plan is complete, including:
 - Na Ki Chi Toon Pimatiziwin Evaluation Plan
 - Health Information Research Governance Committee Submission-Complete & Approved
 - Participant Evaluation Form

On-going Tasks:

- T4T Manual
- Trainer Report Form
- Administration Plan
- Two culturally relevant suicide scenario videos
- Four remaining Storyteller videos
- Regular Steering Committee meetings

Manitoba First Nation Personal Care Homes Network (MFNPCHN)

The Manitoba First Nation Personal Care Home Working Group is represented by Administrators from the eight First Nation personal care homes on-reserve. On a rotating basis, Administrators are accompanied by Board Members, so they are better informed of emerging issues. The facilities have been in operation since the mid 1970's with the latest home opening in 1989. Each home strives to meet the cultural uniqueness of its First Nation people.

2022-2023 Outcomes

Our Unit provides technical and administrative support including:

- A technician/policy analyst available to provide advice, solicit feedback for any given topics for discussion and resolution.
- Our staff work to elevate the Personal Care Home Working Group to political levels where necessary.
- Other supports include:
 - facilitating linkages that contribute to priorities
 - provision of regional and national status updates
 - distribution and sharing of information
 - networking
 - identify opportunities for collaboration and professional development
 - provision of research and training technical expertise with the impending PCH Resident Satisfaction Survey rollout and data analysis

Distinctions-based Indigenous Health Legislation (IHL) Co-development

Staff are part of a Legal and Technical Working Group leading work on Distinctions-based Indigenous Health Legislation Co-development to promote participation of Manitoba First Nations in control and delivery of health through this health legislation “co-development” process.

2022-2023 Outcomes

In 2022/2023, the working group and partners/stakeholders have completed Phase I aimed to conduct extensive research into issues pertinent to the health legislation co-development/co-drafting process and ensure First Nations are equipped with the information required for informed decision-making.

In 2022-2023, the following activities were undertaken:

- Preliminary Inquiry & Research
- Indigenous Health Legislation Education Seminars
- Assembly of Manitoba Chiefs (AMC) – First Nations Health and Social Secretariat of Manitoba (FNHSSM) Joint Special Chiefs’ Assembly
- Completion of a Manitoba First Nations Indigenous Health Legislation Phase 2 Proposal
- Participation as observers at the National IHL Co-Development Table
- Collaboration & information sharing with other First Nation partners in Saskatchewan, Quebec, Alberta, and Political Territorial Organizations (PTOs) within Manitoba

In May 2023, the FNHSSM and AMC submitted a joint proposal outlining Phase II of this work.

Phase I aimed to conduct extensive research into issues pertinent to the health legislation co-development/co-drafting process and ensure First Nations are equipped with the information required for informed decision-making.

Phase II aims to validate with First Nations leadership proposed content for health legislation, build consensus on a clear definition of co-development/co-drafting from a First Nations’ perspective, and generate detailed procedures for embarking on co-development.

AMC to split up the original Phase II proposal into Phase II and Phase III to better align with Canada’s stages and funding amounts: Phase II will cover existing expenses related to work of the IHL Legal & Technical Working Group and meetings with Knowledge Keepers on IHL from April to August 2023 and Phase III will align with the legislative process.

Anti-Racism Project

The FNHSSM is dedicated to addressing all forms of racism in the health care system to ensure First Nations Peoples have equitable access to care and to close the existing health gaps between First Nations and all other Manitobans. A team of dedicated FNHSSM staff, including staff from our unit, have researched, delivered and continue to evaluate the ten-week training for health care providers entitled, *“Disrupting Anti-Indigenous Racism: Moving beyond cultural sensitivity in health care”*. The training seeks to address systemic racism in healthcare. Through the interruption of knowledge transfer from preceptors to trainees.

This ten-week program enhances cultural competency in one's practice through the:

- understanding colonial effects on Indigenous Health
- use of reflexivity as a mode of recognizing stereotyping
- sharing of tools that can be used to address and combat stereotyping in the field

2022-2023 Outcomes

In 2022-2023, a total of 16 dieticians and ten gold surgeons participated in and completed the training.

Long-Term and Continuing Care (LTCC) Strategy Engagement

Our Unit developed an approach to facilitate regional engagement in partnership with Manitoba First Nations and Indigenous Services Canada (ISC) to co-develop a comprehensive First Nation Holistic Continuum of Long-Term Care. This project involved three phases: Phase I: Planning & Preparation; Phase II: Community Engagement; and Phase III: Final Report, Validation, Dissemination, & Knowledge Translation.

2022-2023 Outcomes

Our Unit hosted a total of seven engagement sessions on how First Nations in Manitoba envision a Long-Term and Continuing Care Strategy that identifies community-defined challenges, needs, priorities, approaches, and recommendations. One additional session was facilitated with representatives from various departments across the Government of Manitoba to provide preliminary results of engagement and to discuss how to best serve First Nations between both federal and provincial government-delivered services. Overall, input was garnered from 103 community-designated experts in long-term care, Elders, seniors, and persons with disabilities from across First Nations in Manitoba about gaps, challenges, strengths within current long-term care services and supports and how they might envision a better system.

The outcomes of this engagement project were compiled into a comprehensive draft report. Unit staff are currently planning a virtual validation session to present and validate outcomes to stakeholders. In May 2023, the FNHSSM submitted a proposal to the Short-Term Capacity Building Project Funding opportunity from ISC/FNIHB.

The proposed three-year project, titled "Translating First Nations' Expertise into Action and Practice for The Care of our Relatives," aims to:

- Build upon the above engagement outcomes on Long-Term and Continuing Care (LTCC) and engage key partners to develop Manitoba First Nations LTCC standards.
- Pilot implementation of Manitoba First Nations LTCC standards and document challenges and successes.
- Validate Manitoba First Nations LTCC standards with key partners and identify pathways for integration of these standards within legislation.

Just prior to submitting this report, we were notified that our proposal was successful, and are thus planning for immediate implementation.

First Nations Adults Living with Exceptionalities Study

The objective of this qualitative study was to explore the lived-experiences of First Nations adults living with exceptionalities in Manitoba, with a particular focus on their experiences and perspectives around on- and off-reserve disability services, programs, and supports. A comprehensive exploration of the lived-experiences of First Nations adults living with exceptionalities and accessing disability services and supports on- and off-reserve would give invaluable insight into avenues for system changes to better meet needs and priorities; reduce gaps and barriers; and foster improved quality of life for these individuals and their families.

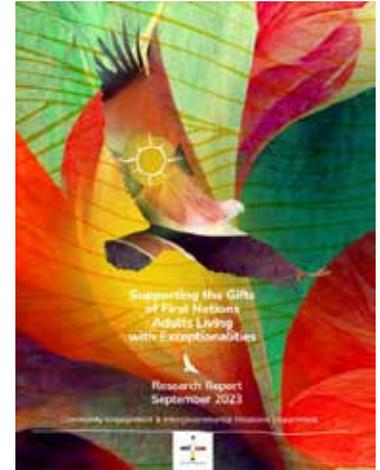
2022-2023 Outcomes

The study is complete, with a total of 32 participants. The findings revealed three overarching and intertwining thematics. These themes centered around (1) the design, structure, and administration of federal government programs; (2) inadequate resources, services, and supports; and (3) failure to deliver culturally and stigma-safe services/supports to First Nation persons with exceptionalities on-reserve. The final report offers 32 concrete recommendations to Canada grounded in the experiences of participants to inform a strategy for systemic changes to improve the well-being and quality of life of First Nations adults living with exceptionalities. The final report was submitted for graphic design. Staff are now planning a press conference for the public release of the report in September 2023.

STATUS AND LINKAGES

All priority areas of the Intergovernmental Relations and Community Engagement Unit 2022-2023 work plan were based on intergovernmental coordination and cooperation. The work of the Unit is meant to support and create linkages between all levels of government; be it First Nation, Provincial and/or Federal. Our staff have been involved in various First Nation Health tables with the mandates of improving health and well-being that include but are not limited to:

- Intergovernmental Committee on Manitoba First Nations Health and Social Development (ICMFNHSD) Working Group / Senior Officials Committee
- First Nation Health and Social Secretariat of Manitoba Annual General Membership Meeting of Chiefs
- Manitoba First Nation Health Technicians Network and Health Directors
- Assembly of First Nations Chiefs Committee on Health
- Assembly of First Nations National First Nations Health Technicians Network
- Assembly of First Nations Pandemic Working Groups, Vaccination & Re-opening
- Assembly of First Nations Jordan's Principle Action Table
- Manitoba First Nation Suicide Prevention Gatekeeper Steering Committee
- Manitoba First Nation Personal Care Homes Network
- Adults with Disabilities Research Advisory Group
- Manitoba First Nation Social Development Advisory
- Manitoba First Nation Pandemic Response and Coordination Team
- First Nation Information, Research & Governance Committee



NEXT STEPS AND A CALL TO ACTION

Our Unit is excited to continue building on the work of the suicide intervention gatekeeper training. Next steps in this work include further drafting of the training manual and accompanying materials, conducting a pilot training session, and completing a comprehensive evaluation of training outcomes. We are currently working on a manuscript to publish outcomes of the First Nations Adults Living with Exceptionalities Report in an academic journal. A peer reviewed publication will make sure more eyes see the report and bolster its standing to support the human rights complaints.

We also look forward to completing the Suicide Prevention and Anti-Racism curriculum in collaboration with Manitoba First Nation communities and stakeholders. The Unit is eager to pilot-test these training opportunities with interested communities, academic and governance institutions.

The engagement conducted by the department to co-develop a comprehensive First Nation Holistic Continuum of Long-Term Care led to the development of a proposal to translate the knowledge shared into action and practice for the care of our relatives. Our proposal was successful and involves a 2-year project to develop First Nations driven Long-Term and Continuing Care standards and to identify pathways for integration of these standards into legislation. Specifically, the objectives of this project are to:

- 1) Build upon FNHSSM engagement and engage key partners to develop Manitoba First Nations driven standards;
- 2) Pilot implementation of Manitoba First Nations standards and document challenges and successes; and
- 3) Validate Manitoba First Nations standards with key partners and identify pathways for integration of these standards within legislation.

ACKNOWLEDGEMENTS

The work of Intergovernmental Relations and Community Engagement Unit could not happen without the participation of numerous intergovernmental partners whose priority is to improve the health status of Manitoba First Nations. 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. We rely on the fiscal resources provided by a cross-section of Provincial and Federal departments that allow for a collective and inclusive process for all.

