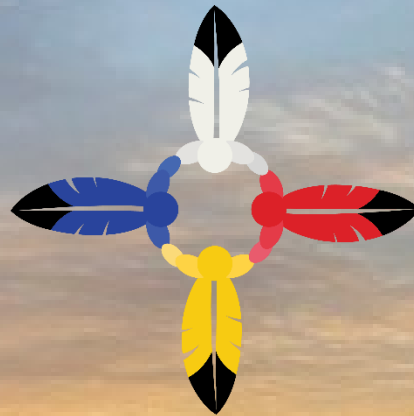


2021-2022
FIRST NATIONS HEALTH AND
SOCIAL SECRETARIAT OF MANITOBA
ANNUAL REPORT



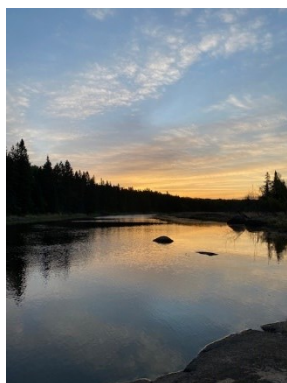
FIRST NATIONS HEALTH AND SOCIAL
SECRETARIAT OF MANITOBA

LEADING IN
HEALTH TOGETHER

FNHSSM 2021-2022 Annual Report

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This year's Annual Report cover image is from our Nibi (Water) Gathering taken near Bannock Point.

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



It is with great pleasure to provide the First Nations Health and Social Secretariat of Manitoba (FNHSSM) 2021-2022 Annual Report. As Chairperson and a member of the FNHSSM Board of Directors, I have the responsibility to ensure the vision and mandate of our organization are followed and achieved.

First, I would like to acknowledge the professionalism of the FNHSSM staff and their hard work in achieving the targets and project deliverables. FNHSSM deals with, among other things, engagement on health issues, research on health policy, compiling statistical information and exploring best practices on health delivery and program development. I would also like to acknowledge FNHSSM for working with educational institutions, federal and provincial health departments, these partnerships generally benefit First Nations health programs at the regional and local levels.

As Chairperson of FNHSSM, I sit with the National Chiefs Committee on Health at the Assembly of First Nations. I work diligently to ensure there is strong representation in the area of First Nation health. The issue of developing a Canada-wide Indigenous health legislation and new delivery health systems has become a focal point lately.

Since November 2021, I have been directly involved with the new initiative by the government of Canada regarding the development of a distinct Indigenous legislation. The following motion became the springboard in our involvement.

“The Board of Directors direct FNHSSM Chairperson to meet with Minister Patty Hajdu on an urgent basis to discuss the proposed the Indigenous Health Legislation that should be based on Treaty and Inherent Rights and our preferred process; to ensure the legal interests of member First Nations are adequately represented; to implement a distinction-based health system that reflects First Nations values and culture; to implement transformation of health services; to ensure it complements UNDRIP and that it does not infringe on the rights of our future generations.”

At this juncture, the federal government continues to engage First Nations, Metis, and Inuit on the proposed Indigenous health legislation. The drafting of the bill is expected to start this fall (2023) and the introduction of the bill in the winter of 2024. We are pushing for extension of time and FNHSSM continues to be involved in the process with reservation. FNHSSM are engaging with our people through seminars and meetings.

As Chairperson, I want to take this opportunity to thank the FNHSSM Board of Directors and the Personnel and Finance Committee for their commitment in ensure there is good management and governance at FNHSSM.

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



Another year has come and passed, which means it is time for the FNHSSM Annual Report for the 2021-2022 fiscal year to the Membership of FNHSSM at the Annual General meeting. The 2021-2022 was another year filled with challenges and obstacles due to COVID-19 which continued to come in larger waves and harsher strains compared to last fiscal.

FNHSSM once again partnered with several organizations including the Assembly of Manitoba Chiefs (AMC), the Manitoba Keewatinowi Okimakanak (MKO) / Keewatinohk Inniniw Minoayawin Inc (KIM), the Southern Chiefs Organization (SCO), and Ongomiizwin Health Services to share the resources in helping support our nations as COVID-19 continued to attack the Nations we serve. The last year was a humbling experience and proved once again that when we work together, we can achieve great things for the people and our Nations. I'd like to thank each of the organizations along with their employees for the continued collaboration during the 2021-2022 year.

The first half of the year, FNHSSM allowed its nurses to continue working on volunteer deployments with Ongomiizwin Health Services. Our nurses went into communities to provide vaccinations for community members. The second half of the year FNHSSM nurses were able to begin planning for a somewhat return to normalcy. Our Diabetes Integration Project began plans for their return into communities.

FNHSSM also began a huge undertaking of a full legal review of our By-laws. FNHSSM was able to retain Paul Chartrand who worked along side our in-house legal team to review and revise the By-Laws at the recommendation of our Board of Directors. These new By-laws were passed during our 7th Annual General Meeting. Thank you, Paul, for your continued support!

The Alternative Isolation Accommodation site wraparound services, also known as the FNHSSM Turtle Team was originally planned to be a 3-month project during the 2020-2021 year. Due to the success of the team and the revolutionary culturally relevant services they provided the Turtle Team continued during the entire fiscal year. I am so proud of the entire team and wish them all the best.

Our Board of Directors provided excellent guidance and leadership throughout the year. Without their dedication FNHSSM would have had a more difficult time navigating through the pandemic. Our Board of Directors were selfless to ensure our nations were supported and the safety of both the citizens and employees were always at the forefront of their decisions. It is always rewarding to listen to the wisdom of our leaders, and I look forward to learning more from them in the upcoming year.

Although I hold the role as the Executive Director, none of my success would be possible without the employees of FNHSSM. I am fortunate to work alongside the brightest and the best. All FNHSSM employees deserve reward and recognition for their accomplishments during the year. I hope you enjoy reading their accomplishments in this report.

Moving forward FNHSSM will continue to ensure we are putting the needs of our nations at the forefront, and we will continue to navigate all the challenges that are put in front of us. With that I humbly thank you all for your time and I wish you happiness and health in the upcoming year!

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.” This mandate allows First Nations Health and Social Secretariat of Manitoba (FNHSSM) to work and to address all matters relating to health including full participation in the planning and development of new programs, policies, and governance on health. Initially, the mandate originates 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 which are regarded as foundational documents that guide the work of FNHSSM.

Background

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

FNHSSM BOARD OF DIRECTORS

The Board of Directors are appointed by the membership of FNHSSM representing each of the Tribal Councils, one Independent Northern First Nation, and one Independent Southern First Nation. The following are the Board Members for the 2021/2022 fiscal year:

- **Board Chairperson** Chief Sheldon Kent, Black River First Nation, Southeast Resource Development Council
- **Board Vice-Chairperson** Chief Francine Meeches, Swan Lake First Nation, Dakota Ojibway Tribal Council
- **Board Treasurer and Chairperson of Personnel & Finance (P&F) Committee** Chief Garnet Woodhouse, Pinaymootang First Nation, Interlake Reserves Tribal Council
- **P&F Committee Member** Chief Larson Anderson, Norway House Cree Nation, Northern Independent
- **P&F Committee Member** Chief Nelson Genaille, Sapotaweyak Cree Nation, Swampy Cree Tribal Council
- **Board Secretary** Chief Derrick Henderson, Sagkeeng First Nation, Southern Independent
- Chief Evan Yassie, Sayisi Dene First Nation, Keewatin Tribal Council
- Chief Betsy Kennedy, War Lake First Nation, Keewatin Tribal Council
- Chief Eugene Eastman, O-Chi-Chak-Ko-Sipi First Nation, West Region Tribal Council

CURRENT PROGRAMS

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

- i. Health Consultation
- ii. Strengthening Families- Maternal Child Health
- iii. Diabetes Integration Project
- iv. Anti-Racism Training
- v. Foot Care
- vi. I-K Health
- vii. eHealth
- viii. National Indigenous Information Technology Alliance (NIITA)
- ix. Governance
- x. Intergovernmental Committee on Manitoba First Nations Health and Social Development (ICMFNHSD)
- xi. National Aboriginal Youth Suicide Prevention Strategy (NAYSPS)
- xii. Research
- xiii. Alternative Isolation Accommodation Wrap-Around Services (Turtle Team)

ACTIVITIES UPDATE

The Board of Directors and the P&F Committee meets regularly during the year to get updates and progress on each of the programs at FNHSSM and to make recommendations, provide direction, and make decision as required. The Board of Directors and the P&F Committee provide oversight of FNHSSM operations. They are the governing body of the organization. FNHSSM management is responsible to ensure good governance that includes good management and administration at FNHSSM. As part of the operations, FNHSSM has a human resources department, an internal legal support service, a fully operational finance office, and a communications department. Further to the mandate of FNHSSM, major work involves policy, research, and development on First Nation health.

The governance activities involve mostly internal matters relating to programs and dealing with COVID-19 that continued to impact FNHSSM programs and operations in the 2021/2022 fiscal year. Again, this year there was a heavy reliance on the FNHSSM Board of Directors around decisions related to planning program activities that involved gatherings. The experienced Senior Management staff at FNHSSM assist with the governance activities at the Board of Directors and the P&F levels. In addition, the Senior Management Team (SMT) manages the day-to-day operations at FNHSSM and is comprised of the Directors of the various departments, the Executive Director and her assistant, Manager of Finance, Director of Human Resources, Communications Manager, In-House Legal Counsel, and Senior Policy Advisor. The role of the Senior Management Team is to act on the direction given by the Members-at-Large, the Board, and P&F Committee. The SMT meets on a weekly basis to implement the direction given by the Board of Directors. They also manage the organization and oversee the different programs and projects at FNHSSM.

One of the major collective efforts between the Board of Directors, the P&F Committee, and FNHSSM Management was guidance on planning the implementation of program activities that now needed to integrate COVID-19 safety measures while catching up with necessary in-person meetings, consultations, and more that were significantly delayed during the height of the pandemic and community COVID-19 lockdowns. The Board guided internal policies within the FNHSSM such as COVID-19 policy, Return to Office Safety Plans, staff retention efforts, annual membership meetings, and more. Moreover, the Board provided guidance around the future of COVID-19 specific programs like the Turtle Team and the COVID-19 Tracking System lead by the Research Department.

ACCOMPLISHMENTS

The Board of Directors of FNHSSM as supported by their P&F Committee, were involved with the following activities, and achieved the following accomplishments for the fiscal year 2021-22:

- Held FNHSSM's 7th Annual General Meeting in March 2022.
- Meeting with Minister Hajdu to discuss the federal government's "distinctions-based health legislation co-development" process, namely
 - to ensure it is based on Treaty and Inherent Rights;
 - that the legal interests of member First Nations are adequately represented;
 - that the objective is to implement a distinction-based health system that reflects First Nation values and culture;
 - to ensure transformation of health services that result to First Nation-led health services; and
 - to ensure the process complements UNDRIP and that it does not infringe on the rights of our future generation.
- Provided oversight and guidance on the collection of Rapid Antigen Tests (RAT) (*Take Home Tests*) and support in the entry of the results into Public Health Information Management System (PHIMS) to continue to monitor the immediate and long-term impacts of COVID-19 to ensure First Nations have access to treatment options and measuring the effectiveness of COVID-19 vaccinations.
- Approve project proposals and final reports including:
 - a proposal to Health Canada to enhance and expand the Strategy for Patient- Oriented Research (SPOR) Anti-Racism Training Curriculum
 - the Pandemic Response Coordination Team (PRCT) Evaluation Report.
- Approve the selection of external contractors for support for the eHealth Transformation Sessions Analyses and for the i-HeLTI Project coordination.
- Ongoing oversight on the development of the FNHSSM Personnel Policy.
- FNHSSM Return to Office Safety Plans.
- Revising internal COVID-19 policies and procedures as the pandemic progressed and changed.
- Deciding an option for staff retention efforts via Annual Long-Term Incentives.

STATUS AND LINKAGES

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

- eHealth, Telehealth, PHIMS, Mustimuhw
- Research
- Health Information Research Governance Committee (HIRGC)
- Manitoba First Nations Health & Wellness Strategy – A 10 Year Plan of Action – ongoing
- Strengthening Families - Maternal Child Health (SF-MCH)
- Intergovernmental Committee on Health and Social Development (ICMFNHSD)
- World Indigenous Suicide Prevention (WISP) Strategy
- Diabetes Integration Project (DIP)
- Diabetes Research and Care
- Foot Care and Chronic Disease
- Ongoing Community Engagement
- Substance Use and Addictions Program (SUAP)
- Manitoba First Nations Personal Care Home (PCH) Networking Group
- Regional Representative / Participation on National Health Committees
- First Nations Information Governance Center (FNIGC)

- Assembly of First Nations (AFN) Chiefs Committee on Health
- AFN National First Nations Health Technicians Network (NFNHTN)

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

NEXT STEPS AND CALLS TO ACTION

FNHSSM Board of Directors continue to prioritize the implementation of the Truth and Reconciliation Commission of Canada (TRC) Calls to Action on Health. FNHSSM will focus on recommendations which focuses on closing the gap on health with respect to First Nations; long-term trends on health determinants; recognizing distinct health needs of off-reserve First Nations; addressing sustainable funding; recognizing Indigenous healing and knowledge; and the recruitment and retention of health-care professionals including advocating for more medical and nursing students in health-related faculties. FNHSSM’s next steps will involve the continuation and implementation of our Mission Statement, development of a multi-year strategic plan, and ensuring short- and long-term goals as they pertain to each of our programs and projects.

ACKNOWLEDGEMENTS

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

- The Grand Chiefs of AMC, Southern Chiefs Organization (SCO), Manitoba Keewatinowi Okimakanak (MKO) and the AFN Regional Chief.
- The First Nations Knowledge Keepers, Elders, Grandmothers, and Grandfathers who have stepped up every time to guide us in our work, with special recognition to the AMC Elders Council and the Turtle Lodge.
- The Chiefs who make up the membership of FNHSSM.
- The Health Directors and staff at the seven Tribal Councils in Manitoba for providing solid advice and leadership – Cree Nation Tribal Health Services (CNTHS), Dakota Ojibway Health Services (DOHS), Interlake Reserves Tribal Council (IRTC), Island Lake Tribal Council (ILTC), Keewatin Tribal Council (KTC), Southeast Resource Development Council (SERDC), Swampy Cree Tribal Corporation (SCTC), and West Region Treaty 2 & 4 Health Services.
- The Health Directors of all First Nations in Manitoba – for the continual guidance, grassroots perspective, and participation in FNHSSM initiatives.
- All our partner organizations, such as Saint Elizabeth Health Care, the Assembly of First Nations and the AFN Chiefs Committee on Health, Indigenous Services Canada (ISC), Shared Health Manitoba, Ongomiizwin Health Services, and the many partner universities and researchers regionally, nationally, and internationally.



Management and Administration

STAFF

Ardell Cochrane, Executive Director
Nancy Sanderson, Senior Executive Assistant
Rhiana Cook, Director of Finance
Deborah Simmons, Director of Human Resources
Louis Harper, Senior Legal/Technical Advisor
Mary Jayne Armstrong, Legal Assistant
Renata Meconse, Manager of Communications
Destiny Williams, Finance Officer
Caleigh Hocaluk, Finance Assistant
Karlee Anderson, Human Resources Assistant

ACCOMPLISHMENTS

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

The COVID-19 pandemic continued to impact our daily lives in all aspects. Many staff continued to work remotely and virtually to ensure programs and projects were still being delivered to communities in a healthy and safe way. Staff worked on ongoing COVID-19 related initiatives and programs such as the First Nations Pandemic Response and Coordination Team (PRCT), assisted in the First Nation COVID-19 Rapid Response Teams (RRT) and the Alternative Isolation Accommodation (AIA) program all while continuing to work on their daily program initiatives and responsibilities. A few of our most notable achievements this year are:

- 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 PRCT as one of the four Leads on behalf of FNHSSM coordinating the Social Support Teams.
- Director of HR participated as a sitting member of the Accessing Financial Supports & Food Security team.
- Human Resources was involved in heavy recruitment as the organization grew from 60 to 110 employees due to the Alternative Isolation Accommodation team growth.
- The Management and Administration department supported FNHSSM nurses as they continued to travel into communities for Rapid Response COVID-19 vaccinations and testing deployments.
- The Executive Director, Director of Finance and Director of HR worked diligently through the winter break to ensure the AIA wraparound services were fully supported as it grew during the fiscal year.
- The Director of Finance developed and delivered tutorials for new and existing staff to learn about the fundamentals on different aspects of accounting and the new purchase order software.
- Finance continues to introduce processes to ensure greater financial controls and to modernize our processes due to COVID-19 and needing to work virtually.
- The Director of Finance is continuing to review and create policies and procedures to ensure FNHSSM standards and practices are clearly outlined to all.
- The Director of Finance conducted a number of finance training sessions 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.

- Finance continued to process more direct deposit transactions so payees could receive payments more quickly, which was especially valuable as programs sought to rapidly catch up on activities that had been delayed in the earlier stages of the pandemic.
- 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.
- With the advice and guidance of the Board of Directors, FNHSSM hosted the 2020-21 Annual General Meeting (AGM) virtually.
- 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.
- Negotiated with FNIHB – MB Region to carry over unexpended funding to the 2021-22 fiscal year.
- FNHSSM's Senior Management Team (SMT) met regularly to develop recommendations for leadership, operational plans, and group planning of initiatives and activities.
- FNHSSM's Administrative Support Team (FAST) met regularly for training, to bring recommendations to SMT, and to plan organizational events.
- Fun Committee planned internal virtual events to boost morale.
- 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.
- Assist with Human Resources issues which has avoided legal liability on all cases. Legal research done on employment law specific to the circumstances of each case.
- Supported the Legal Assistant in obtaining her license to practice as a lawyer in 2021.
- Standing Member of the Public Safety and Policing Support Team during the Covid-19 Pandemic.
- Communications has been an important part of the FNHSSM Team. Working with different units and programs, it helps share the work FNHSSM does as an organization with and for First Nations.
- Communications has, for over the past year, 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 and/or developed are 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 and responded to by the PRCT.
- 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.

Intergovernmental Committee on Manitoba First Nations Health and Social Development (ICMFNHSD)

INTRODUCTION

Amanda Meawasige, Director of Intergovernmental Relations & Community Engagement
Marsha Simmons, Policy Analyst and Researcher
Dean Parisian, Project Coordinator
Tracy Thomas, Executive Assistant

ACCOMPLISHMENTS

During the 2021-2022 fiscal year, the Intergovernmental Committee on Manitoba First Nations Health and Social Development (ICMFNHSD) was continually evolving efforts to accommodate the COVID-19 pandemic while also catching up on activities that had been delayed in the earlier days of the pandemic. Despite the ongoing challenges and limitations for community-based in-person engagement, the ICMFNHSD Secretariat capitalized on the use of technology to continue with the coordination of Manitoba Leadership and Health Technician Meetings by facilitating a hybrid means of attending (in-person and virtual).

The ICMFNHSD staff continued to manage project specific initiatives supported by external funding resources that included: Supporting the Gifts of Adults with Disabilities Research Project, the National Aboriginal Youth Suicide Prevention Strategy, and the Development of Anti- Racism in Health Curriculum. These projects were created in response to leadership resolutions seeking the involvement of intergovernmental stakeholders and Manitoba First Nations to develop collaborative solutions and approaches to achieve optimum health and wellness across the initiatives.

At the end of the fiscal year, staff also developed plans to implement a First Nations-led Long-Term Care Engagement Process on behalf of the federal government, as well as a preliminary plan for approaching a new process being driven by the federal government for “distinctions-based Indigenous Health Legislation co-development.” Both initiatives are planned for implementation to begin in the next fiscal year.

STATUS AND LINKAGES

The ICMFNHSD Secretariat serves as a communication and engagement conduit between multi-level intergovernmental partners and Manitoba First Nations. Regular meetings with the Manitoba First Nations Health Technicians Network, Health Directors and Leadership enables consistent policy dialogue through the identification of community-based health priorities and systemic barriers with the aim of advancing collective solutions that support First Nation self-determination in health.

All priority areas of the ICMFNHSD 2021-2022 work-plan were based on intergovernmental coordination and cooperation. The work of ICMFNHSD is meant to support and create linkages between all levels of government; be it First Nation, Provincial and/or Federal. ICMFNHSD staff 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:

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

Several of ICMFNHSD's projects are ongoing and will continue into the next fiscal year. The Supporting the Gifts of Adults with Disabilities Research Project involved conducting interviews and collecting data, which will be analyzed into a final report in the next fiscal year. This project aims to provide key insight into the lived experiences of First Nations living with disabilities and the challenges they face accessing services and supports. The outcomes of this work will serve as evidence in a legal case brought forward by the Public Interest Law Firm for federal government to provide equitable disability services and supports for First Nations adults living on-reserve.

The National Aboriginal Youth Suicide Prevention Strategy involves a multi-year project for a culturally safe and inclusive suicide gatekeeper training. This training curriculum is intended to be transformative; underpinned by Indigenous worldviews and ways of knowing and being and backed by Western knowledge around effective gatekeeper interventions; incorporating Indigenous understandings of suicide and approaches to wellness alongside those from a Western, biomedical orientation (two-eyed seeing); and rooted in strength, life promotion, and community-defined and prioritized approaches. We anticipate the resulting culturally appropriate and safe training curriculum to better equip First Nations so that they can effectively support those at risk of suicide in their communities. This presentation will review the process to-date of the development of this training and the next steps in piloting, evaluating, and designing the program administration and dissemination plan.

ICMFNHS submitted a proposal to Health Canada to upscale FNHSSM's National Training in Cultural Safe Education Project to provide anti-racism training to a broader range of healthcare practitioners (e.g., nurses, physicians, mental health workers, etc.) and to provincial and federal bureaucrats who influence health decisions. This proposal also seeks to engage First Nations to identify options for complaint pathways within the healthcare system for instances of racism and discrimination. This work seeks to make health providers better informed of First Nations culture and history, ensure improved cultural safety for First Nations in the health system and provide an effective mechanism for First Nations to report incidents of racism and discrimination so that health service providers are held accountable.

NEXT STEPS AND A CALL TO ACTION

The ICMFNHSD Secretariat is excited to continue building on the work of the Suicide Intervention Gatekeeper Training. Next steps in this work include further drafting of a training manual and accompanying materials, conducting a pilot training session and completing a comprehensive evaluation of training outcomes.

The ICMFNHSD Secretariat also looks forward to completing the Suicide Prevention and Anti-Racism curriculum in collaboration with Manitoba First Nation communities and stakeholders. The Secretariat is eager to pilot-test these training opportunities with interested communities, academic and governance institutions. Eighteen Dietetic Interns completed the Anti-First Nation Racism Training this fiscal year, and in second year (2022-2023) of the Anti-First Nation Racism Training which started on September 19, 2022, with 17 Dietetic Interns. We currently have nine facilitators, three returning from last year and six in training, from various departments at FNHSSM. Next steps include hiring a coordinator for this project through a funding partnership with the University of Manitoba.

ICMFNHS staff are anticipating a very busy schedule in the next fiscal year conducting province-wide engagement to document First Nations' vision for FNIHB/ISC's future long-term care strategy. We will be holding sessions in each tribal area and with other key stakeholders. Moreover, staff will be implementing the first phase to understand how First Nations in Manitoba may want to proceed around Indigenous Health Legislation co-development with the federal government. We have thus planned educational sessions with Health Directors and key PTO staff, with Elders and Knowledge Keepers, and with leadership. These sessions aim to ensure First Nations have the information needed to proceed with informed decision-making around health legislation development. There is also a special meeting planned in early 2023 with leadership to determine how the First Nations wish to proceed in Indigenous health legislation co-development.

ACKNOWLEDGEMENTS

The work of ICMFNHSD could not happen without the participation of numerous intergovernmental partners whose priority is to improve the health status of Manitoba First Nations. The ongoing communication and guidance from our Communities, Youth, Elders and Leadership is crucial to developing responsive and practical solutions to the issues impacting First Nation communities. ICMFNHSD relies on the fiscal resources provided by a cross-section of Provincial and Federal departments that allow for a collective and inclusive process for all.



Strengthening Families - Maternal Child Health (SF-MCH)

INTRODUCTION

Elizabeth Decaire– Nurse Program Advisor

Joyce Wilson– Peer Resource Specialist

Ashley Starr – Administrative Assistant/Training Coordinator

ACCOMPLISHMENTS

- 15 years of SF-MCH service in First Nation communities across Manitoba.
- Expansion of SF-MCH program services from 24 to 34 SF-MCH communities, all Keewatin Tribal Council (KTC) communities funded for SF-MCH as a stand-alone program.
- Additional Peer Resource Specialist role added to the Regional SF-MCH team at FNHSSM to support program framework and communities.
- Development of Traditional Parenting Curriculum, last phase of format development near completion.
- Partnership with Manitoba Centre of Health Policy (MCHP) to evaluate outcomes for First Nations receiving home visitation, through the Envision Study, completed. Writing of study findings are in development.
- In partnership with Healthy Child Manitoba, we successfully transitioned mandatory in-person training to virtual platform, due to the pandemic.
- First in person Supervisor meeting hosted October 2021, since beginning of the pandemic, positive feedback from MCH staff, staff appreciated the reconnection with each other and felt supported moving forward.
- In partnership with Roseau River, FNHSSM E-Health, Mustimuhw and FNHSSM SF-MCH, first phase of pilot project commenced; the project is looking at Information Management System for SF-MCH.

CHALLENGES

- Lack of reliable connectivity in communities is an ongoing challenge for community SF-MCH to maintain electronic database documentations and to participate in virtual mandatory training.
- Pandemic restrictions impacted home visitation services to all program sites.
- Pandemic restrictions have impacted community peer support site visits. Restricted to providing only virtual support while communities were in lock down.

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. FNHSSM partnered and cost shared with Healthy Child Manitoba and independently coordinated one of the four curriculum sessions, training 15 new SF-MCH staff.
- **Sacred Babies Training for all Early Childhood Cluster:** SF-MCH Regional team provided a two-day training in safe sleep for First Nations families. The manual is in the process of updates. Hosted first in person training session with 32 staff over a two-day period, participants included SF-MCH staff and Indigenous Doulas.
- **Manitoba Indigenous Doula Initiative Training:** Training postponed due to COVID-19 and lack of available venues to host training session.
- **FNHSSM partnership with Manitoba Advocate for Children and Youth (MACY):** Safe sleep report released 2021 by MACY with recommendations to expand Maternal Child Health program services to all First Nation communities in Manitoba.

- **The Quarterly Meetings and Bi-annual Gatherings** of all community-based SF-MCH staff, continues to be a space for professional development. Regional staff were able to successfully bring together SF-MCH staff into Winnipeg on two separate occasions for face-to-face meetings. Our focus for our gathering was to provide cultural teachings, update program staff on current program status and space to reconnect with all SF-MCH staff.

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). The First Nations Health and Social Secretariat of Manitoba and SF-MCH program are 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 (FN) 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.”*

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

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 15 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, and 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.

Research

INTRODUCTION

Leona Star, Director of Research

Bryden Bukich, Research Assistant/Coordinator, iChair

Carla Cochrane, Regional Research Coordinator

Chyloe Healy, iHeLTI Research Coordinator, Blackfoot Confederacy

Donna Toulouse, Research Administrative Assistant

Leanne Gillis, Community Liaison/Administration

Muriel Scott, iHeLTI Research Associate, Pimicikamak Cree Nation

Shravan Ramayanam, Statistical Analyst

Stephanie Sinclair, Doula Research Coordinator

Tara Petti, iHeLTI Research Coordinator

Taylor Wilson, MFN Research Ethics Coordinator

Valentina McKay, iHeLTI Research Associate, Misipawistik Cree Nation

Vanessa Tait, PEKE Research Assistant

Wanda Phillips-Beck, BN, MSc. RN, PhD., Seven Generations Scholar, Indigenous Research Chair in Nursing

William Wadsworth, Research Manager

Health Information Research Governance Committee (HIRGC)

Since 1998, the Assembly of Manitoba Chiefs (AMC) Chiefs-in-Assembly have supported the mandate for the Health Information Research Governance Committee (HIRGC) as the First Nations Research Ethics Board to:

- Oversee the Regional Health Survey (RHS 1997-98, 2002-03, 2008-10, 2016-17).
- To review research proposals and to ensure First Nations' ownership and control of health research with First Nations.
- To review proposals and encourage First Nations leadership and partnership in research according to First Nations priorities and values.

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

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

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

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

In 2021, The FNHSSM Board of Directors approved by way of motion at their November 19, 2021, meeting the selection of current HIRGC members:

- Doris Young, Opaskwayak Cree Nation, Knowledge Keeper/Elder Member
- Corrine Clyne, Kinosao Sipi (Norway House Cree Nation), Youth Member
- Taylor Morriseau, Peguis First Nation, First Nations Academic Advisor - South Member
- Dr. Ramona Neckoway, Nisichawayasihk Cree Nation, First Nations Academic Advisor – North Member
- Garry Munro, Cree Nation Tribal Health Centre Inc., Tribal Council Health Director – North Member
- Gloria Rach, Dakota Ojibway Tribal Council, Tribal Council Health Director – South Member
- Melissa Hotain, Sioux Valley Dakota Nation, First Nations Advisor - Environment and Socio-Economic Issues – South Member

The HIRGC would like to acknowledge the dedication, contribution, and commitment of Garry Munro, who we sadly lost this year.

Garry served on the Health Information Research Governance Committee since it's inception for over 20 plus years.

His guidance and insight will be missed.



Garry Munro (SCTH), Helga Hamilton (Cross Lake), Carla Cochrane (AMC), Caroline Bercier (DOH), Cindy Garson (Fisher River)



Celebration of HIRGC's 20th Anniversary: late Elder William Easter (Chemawawin Cree Nation), Ardell Cochrane (FNHSSM), Gary Munro (SCTH),

Indigenous Research Chair (i-Chair) in Nursing 2020-21

The overall goal of the Manitoba iChair is to address the Truth and Reconciliation Calls to Action by supporting the development of wise knowledge practices in nursing practice, education, research, and administration. The iChair program of research supports graduate students and research that translates knowledge into action that aim to improve the health and wellbeing of First Nation, Inuit, and Métis people, in nursing education and any health systems, services and policies affecting them. It also aims to define and promote the development of Indigenous health nursing, and nursing workforce that delivers culturally safe care. This is accomplished by supporting the development of nursing leaders and researchers in Indigenous health and addressing racism in education and in health systems. The goals of the i-Chair align with the vision and mission of the FNHSSM to participate fully in health system improvement to improve the health and wellbeing of First Nation people in Manitoba.

ACCOMPLISHMENTS

Indigenous Research Chair in Nursing Circle of Knowledge Keepers/Grandmothers

Coordinated a gathering of the Knowledge Keepers and Grandmothers at Cedar Lake Ranch in July 2021. The purpose of this meeting was to update them on the progress of the research and obtain their guidance in moving forward.

Indigenous Research Chair in Nursing Reconciliation Award/Scholarships

The research program lead created a scholarship to support graduate nursing students who intended on focusing their studies and research on Indigenous health. No applications were submitted this year.

Indigenous Research Chair in Nursing – Creation of a Western Hub

Coordinated and participated in monthly meetings with two other Indigenous Research Chairs: Dr. Lisa Bourque-Bearskin, Thompson Rivers University, BC; and Dr. Holly Graham, University of Saskatchewan. In 2021, the monthly meetings expanded to include the other three Chairs, Jason Hickey from University of New Brunswick, Margot Latimer, Dalhousie University and Amélie Blanchet-Garneau, University of Montreal. The purpose of the bi-weekly meetings was to work on our common goals to advance research and policy in Indigenous Health. The Research Assistant coordinated and documented each of the meetings.

Knowledge Translation/presentations and publications

Presented virtually at the CAHSPR (Canadian Association for Health Services and Policy Research) Conference. The topic was Confronting Racism in the Canadian Health Care System. We also completed the scoping review on the topic of nursing education and how nursing schools in Canada have met the Call to Action #24 and began writing up the results and preparing the manuscripts for publication.

STATUS AND LINKAGES

The iChair, in addition to *Thompson Rivers University, University of Saskatchewan, University of Montreal, University of Dalhousie, University of New Brunswick and University of British Columbia Birthplace Lab*, continued to network and collaborate with several researchers at the University of Manitoba and community research partners with the aim of eliminating racism and advancing knowledge to improve the health and wellbeing of First Nations in Manitoba and Canada. As such, participated in meetings on the following committees:

- UM College of Nursing, Nursing Strategy Steering Committee
- UM Rady Faculty Antiracism Community Engagement Advisory Committee
- UM Rady Faculty Post Medical Graduate Antiracism Curriculum Development Committee

An active member of several research teams that meet either weekly or bi-weekly. These research teams are:

Opioid and Substance Usage Amongst First Nations, Counting the Truth to Affect Change –in partnership with the UM Manitoba Centre for Health Policy, looking at opioid and substance use in our First Nation population. This is a population health research project and analysis. Planning meetings commenced this year, and the report is currently in draft.

First Nations Child Atlas - Co-Investigator in partnership with the UM Manitoba Centre for Health Policy, on a research team looking at health, social and educational outcomes of First Nations children in Manitoba.

ENVISION – Co-Investigator in partnership with the UM Manitoba Centre for Health Policy, on a research team evaluating the Families First Program in Manitoba with a focus on the cohort of Indigenous women.

STRENGTH – Co-Investigator, in partnership with the UM Manitoba Centre for Health Policy, on a research team evaluating the Strengthening Families program in Manitoba.

RESPECCT – Co-Investigator on a B.C. SPOR grant in partnership with Dr. Saraswathi Vedam and Dr. Rachel Olson (Firelight Research Group), on a project located at the Birthplace Lab at the University of British Columbia (UBC). The RESPECCT is a national survey looking at respectful in care and maltreatment and the experiences of childbearing women in seeking care in pregnancy and birth.

Decolonizing Birth – Co-investigator on a CIHR funded grant in partnership with Dr. Saraswathi Vedam (UBC) and Dr. Rachel Olson working with five First Nations in Canada: four in BC and one community in Manitoba to create a roadmap for respectful childbirth research.

COVID-19 Surveillance and modelling – Co-investigator along with FNHSSM Director of Research, in a CIHR funded grant working in partnership with Dr. Josee Lavoie and the UM working toward the development of a First Nation controlled COVID-19 surveillance modelling platform.

COVID–19 Testing and Equity - co-investigator on a CIHR funded grant working in partnership with Dr. Nathan Nickel and the UM Centre for Health Policy examining COVID-19 testing patterns and outcomes of First Nation citizens in Manitoba.

Storytelling as an Indigenous Methodology – collaborator on the research project in partnership with Dr. Kendra Rieger and Katherine Whitecloud at UM to produce a scoping review of storytelling as an Indigenous Methodology.

NEXT STEPS AND A CALL TO ACTION

Section 24 of the Truth and Reconciliation Commission (TRCC) calls upon the Federal government, in consultation with Aboriginal peoples calling for *all* medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism. The iChair and team will work with partners and the University of Manitoba School of Nursing in partnership on realizing their strategic vision to *“Honour and Integrate Traditional Indigenous Worldviews, Ways of Knowing, Knowledge and Practices About Health and Healing to Promote Cultural Safety”* and finding strategies to meet the TRCC Call to Action #24.

ACKNOWLEDGEMENTS

The Manitoba Indigenous Research Chair in Nursing would like to acknowledge the following for their commitment and support to the work of the iChair:

- Grandmothers/Knowledge Keepers/Elder Advisors – Sherry Copenace, Geraldine Beck, Matta Palmer, Geraldine Shingoose, Debra Beach Ducharme (UM).
- Manitoba Indigenous Nurses Inc. - Caroline Chartrand and Karen Perch-Anderson.
- UM research partners - Dr. Annette Shultz, Dr. Josee Lavoie, Dr. Kelly Thiessen, Janice Linton.
- Dr. Julianne Sanguines (MMF) and Dr. Jaime Cidro with the University of Winnipeg.

Network Environments for Indigenous Health Research (NEIHR)

The Network Environments for Indigenous Health Research (NEIHR) is a partnership between the FNHSSM research team and the University of Winnipeg, funded by the Canadian Institute for Health Research (CIHR). This is a continuation of previous Network Environments for Aboriginal Health Research (NEIHR) and Aboriginal Capacity and Developmental Environments (ACADRE) grants that went through the University of Manitoba (UofM). This is a collaborative grant led through Dr. Jaime Cidro (University of Winnipeg), supported by FNHSSM, Manitoba Metis Federation (MMF), the Manitoba Association for Friendship Centres (MAFC) and the Manitoba Inuit Association (MIA). Current team members include Taylor Wilson (previously Vanessa Tait) as the Research Ethics Coordinator and Joanna Thich as the Knowledge Exchange Coordinator.

The grant supports the development of research lodges at the Indigenous community level that are supported in developing research governance policy that is culturally appropriate and that support 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.

Despite the ongoing COVID-19 pandemic, the NEIHR team continued towards their goal of developing pathways for Indigenous scholars to work towards self-determination in research, specifically engaging in meaningful research utilizing First Nations ethics. The primary area of NEIHR work is through the Health Information Research Governance Committee (HIRGC).

In addition, the NEIHR team hosted and participated in several events throughout the year including presenting the HIRGC and First Nations research ethics to the Maternal Child Health team and the College of Rehabilitation, Eagle Staff Teachings, RiTHIM, Our Health Counts, and the FNHSSM Research Ethics Retreat. They also held several meetings with the University of Winnipeg (UofW), UofM, Aboriginal Health and Wellness, First Nations Information Governance Committee, and Manitoba Research Alliance to discuss First Nations research ethics, OCAP, copyright, data access, information sharing agreements, and research ethics review. These knowledge-sharing and cultural activities, which are important components of decolonizing research, emphasize the importance of relationships in the research environment.

Throughout the year, the NEIHR team made note of the incredible work being done at all levels of First Nations health research to ensure self-determination remains foundational to First Nations health including the beginning stages of developing a Research Ethics policy at FNHSSM, a framework for online training for First Nations and non-First Nations researchers to engage in meaningful and respectful research, negotiating an update of the Information Sharing Agreement between FNHSSM and the Manitoba Centre for Health Policy (MCHP) to house the Manitoba First Nations Research File. We were also able to host a student from the Master's in Development Practice-Indigenous Development to develop a database of Manitoba First Nations specific community-based research.

Moving into the 2022-2023 year, the NEIHR team hopes to re-develop the HIRGC application process to better align with First Nations research ethics and make the HIRGC and First Nations research ethics information more accessible to researchers and communities through the development of a HIRGC database and resource for tools and resources.

All of this would not have been possible without the support of NEIHR partners UofM, UofW, MMF, MAFC, and MIA, the HIRGC members, Manitoba First Nations communities who continue to push for respectful research within their nations, and researchers who are putting in the work and effort to decolonize health research spaces.

Manitoba First Nations COVID-19 Data Working Group

The Manitoba First Nations COVID-19 Data Working Group was formed by the FNHSSM research team in March 2020 once the Manitoba First Nation COVID-19 Pandemic Response and Coordination Team (PRCT) received the mandate from the Assembly of Manitoba Chiefs Executive Committee to bring together key leads from various First Nations organizations to support communities in their pandemic responses to COVID-19. As a member of the PRTC team, the FNHSSM research unit worked in partnership with HIRGC to negotiate an information sharing agreement (ISA) between FNHSSM) and the Province of Manitoba.

Based on the ISA, FNHSSM formed a First Nations COVID-19 Data Working Group that includes representatives from HIRGC, FNHSSM research team, Manitoba Health, FNIHB and Ongomiizwin Indigenous Institute of Health, this group has met weekly since the ISA was signed in April 2020. The First Nations Data Working Group is hosted by FNHSSM’s Director of Research, supported by HIRGC members and members of the Province’s and FNIHB Epidemiology team. This collaborative effort resulted in the 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 (MB Health, FNIHB, RHAs) to inform their planning processes. The ISA also included a section that accommodates changes and requests for additional data fields in the reporting template. This reporting template has also been included as a schedule within the Information Sharing Agreement. The shared daily reports included active, recovered, new COVID-19 cases, age, gender, pre-existing conditions, on and off reserve according to MB health card information, location of diagnosis (where care is accessed), hospitalization, ICU cases and deaths.

MFN COVID-19 reports resulted in further investment from the federal governments to support the on and off reserve population throughout the pandemic in 2020 and continues to inform vaccination planning tables based on the severity and disproportionate outcomes seen amongst our communities.

The first vaccine, made by Pfizer-BioNTech was approved for use in Canada on December 9, 2020. Another vaccine made by Moderna was authorized on December 23, 2020.

As vaccinations continue to be carried out, the First Nations COVID-19 Data Working Group and PRTC have shared weekly updates of the vaccinations reporting specific to First Nations who live on reserve and within an urban or rural setting by the type of vaccination, age, and gender demographics, like the COVID-19 testing and cases these reports are shared directly with Manitoba First Nations to inform their planning and responses.

All daily and weekly reports can be found online at www.fnhssm.com, www.manitobachiefs.com. Weekly vaccination report specific to Manitoba First Nations are also uploaded within a dashboard on the Province of Manitoba’s website: <https://www.gov.mb.ca/covid19/vaccine/reports.html#fndata>.



Regional Health Survey (RHS)



The First Nations Health and Social Secretariat of Manitoba (FNHSSM) has started to facilitate the Regional Health Survey (RHS) Phase 4 in the Manitoba region.

The First Nations Regional Health Survey (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 demographic.

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

The plan for the RHS 4 is to start in early 2021.

- 38 Manitoba First Nation communities have been randomly selected for total of 4030 surveys to be collected. (Communities have been randomly generated by the First Nations Information Governance Centre (FNIGC)
- To get statistically significant numbers, looking at possibility of topping up numbers.
- Feedback has been provided from HIRGC and from other regions in the review of RHS 4. Slight changes have been made along with some additions.

Our team is looking at developing a plan to move forward. The challenge for RHS 4 was COVID-19. The data collection was supposed to start earlier but due to regional restrictions and increased cases, the timing was postponed.

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 Kinonjicshtegon 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 Bumbonabee 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 Saugeeng 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 Wuskwi Siphik First Nation | West Region Tribal Council Ebb and Flow First Nation Keeseekoowenin First Nation O-Chi-Chak-Ko-Sipi First Nation Pine Creek First Nation Rolling River First Nation Skowanan First Nation Tootinaowaziibeeng First Nation |

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 to the 38 randomly selected communities to Leadership and Health Directors.

NEXT STEPS AND A CALL TO ACTION

- Connect with the 38 randomly selected communities to obtain Band Council Resolutions or Statement of Participations to carry out the RHS 4.
- Start data collection end of June 2022.
- Aim to have 4030 surveys done with possibility of topping up numbers at community's request.

ACKNOWLEDGEMENTS

We would like to acknowledge the hard work of the Health Information Resource Governance Committee (HIRGC). We are truly grateful for their insight and guidance.

Supporting the Trajectory of our Spirit: Living the Cree Pimatisiwin and Blackfoot Kiipaataspiisii (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 across Canada from the Canadian Institute for Health Research (CIHR) under their Indigenous Healthy Lifestyles Trajectory Initiative (I-HeLTI).

ACCOMPLISHMENTS

This project will support 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?

The project supported the established Indigenous Doula programs in Misipawistik Cree Nation (MCN) *aka Grand Rapids* and Pimicikamak Cree Nation (PCN) *aka Cross Lake*, as well as partner and support the Blackfoot Nation to develop their own Doula Training program. The project funded birth helpers to provide care for 30 families in each community annually.

The Cree and Blackfoot communities worked with Knowledge Keepers to identify what makes us well across the lifespan. The indicators of wellbeing were identified with the language and have been validated by the Cree and Blackfoot Knowledge Keepers. From previous work done in Alberta and Manitoba, it was found that there were always issues of measuring wellness and even defining well-being from an Indigenous perspective. The indicators of wellness historically were from a western, deficit-based measurement and were not relevant to how the First Nation people perceived their well-being as a First Nation person.

MCN community members participated in focus groups that lead to the emergence of the eleven indicators. Their words and histories conveyed deeply rooted truths on all aspects of the eleven indicators of: Community life, pregnancy and childbirth, food security, spirituality, safety, education, communication, language, land, medicine, and purpose. It was also found across all focus groups another common theme which was entitled "disruptions." This indicator of wellness or unwellness pinpointed disruptions to the community's environment that change individuals and families' lives. These disruptions are events such as Residential Schools, Day schools, Sixties Scoop, the building of the hydroelectric dam, the bar for hydro employees which introduced alcohol to the community, the attempted abduction of our language, and modern technology such as the internet. These events and more have all disrupted our Cree way of life and have shoved us off our paths.

A thematic analysis of the Blackfoot information was conducted, and the following overarching themes were found: knowing your family history, clan, and Blackfoot names; feeling connected to the land, ceremonies, and people, and having access to the Blackfoot knowledge by knowing someone with ceremonial transfers and being able to

understand and speak the language. The Nation-based indicators are still being finalized by BCTC. The next steps for testing the Nation-based indicators are to turn the themes and Blackfoot Wellness framework concepts into measurable indicators by developing questions and determining the appropriate ways to measure the concepts be it survey responses or focus group participation.

STATUS AND LINKAGES

An advisory circle was put together in each First Nation at the start of the project helps the project understand the history and present times of birthing within the community.

The MCN Prenatal Doula program works along side community Doulas who were trained in 2019 by Wiji'idiwag Ikwewag an organization based in Winnipeg Manitoba that provides support that promotes traditional Indigenous childbirth and parenting teachings capable of supporting Indigenous families and especially mothers in a traditional way. The birth helper program provides services to 30 families each year. The community birth helpers were provided with additional training sessions. The research associate also completed the Traditional Parenting Train the Trainer program.

MCN holds an annual Women's Gathering in September of each year. This past gathering in 2021 saw the FNHSSM team members and Blackfoot partners attend the gathering. It was a time for renewal, bonding and finally meeting each other face to face. Knowledge and partnership were established and built during this time out on the land together. The FNHSSM team members and MCN's own research associate also traveled to Blackfoot territory to witness their Aakoka' tssini annual ceremonies. These knowledge and cultural exchanges are a part of maintaining partnerships. The team also participated in online star teachings, creation stories and Cree language workshops.

Knowledge Translation:

Knowledge translation activities have been limited due to COVID-19 restrictions which prevented in-person conferences. The team has presented at the following conferences in the last two years in addition to numerous updates to Health Directors and leadership:

- PEKE Webinar 2020
- World Indigenous Suicide Prevention Conference 2021
- International Meeting on Indigenous Child Health 2019, 2020
- Indigenous Knowledge and Epigenetics Training, 2022
- Kana-Wain-Dida Conference 2021
- MCN Video Project

NEXT STEPS / CALLS TO ACTION

The next steps include submitting funding proposals to continue the joint work. Additional funding proposals will be submitted to create permanent birth helper programs, this includes advocating for provincial and federal governments to support birth helpers in all First Nations.

To explore the issues of biobanking and biological sampling

Next steps to explore the issues of biobanking and biological sampling to develop nation-based protocols. The next step is to coordinate discussion circles with the Nations' Knowledge Keepers to begin understanding DNA and blood memory from First Nations knowledge first, and then provide information about the scientific concepts in this area of research.



ACKNOWLEDGEMENTS

FHNSSM acknowledges the support of partners, such as First Nations Communities, National Aboriginal Council on Midwives, Wijiidiwag 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, a sense of identity and belonging for First Nation children, youth, and families.

World Indigenous Suicide Prevention Conference



The First Nations Health and Social Secretariat of Manitoba (FNHSSM) is honoured to have virtually hosted the 3rd World Indigenous Suicide Prevention Conference on August 23-26, 2021, from the heart of Turtle Island – Winnipeg, Manitoba, Canada in Treaty 1 territory. Approximately 900 participants from Canada, the United States, Australia, and Aotearoa- New Zealand, amongst other countries attended the virtual conference.

The theme of the conference was “Strengths in our Communities” and focused on:

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

Conference themes included:

- Culture/Language/Land
- Data & Policy
- 2SLGBTQQA+
- Youth
- Elders
- Creative Expression through Arts
- Healing
- Lived Experiences
- Intergenerational Connections
- Community Collaborations & External Partners

In addition, FNHSSM hosted:

- Engagement sessions with Indigenous Youth, 2SLGBTQQA+ people, and community members, on August 17, 18, and 19, 2021, respectively and the first day of the conference.
- 28 Days of Self-Care held from August 9 to September 5, 2021. Information was shared on social media and a 28 Days of Self-Care group was started and linked to the main 2021 WISPC Facebook page.

ACCOMPLISHMENTS

Some highlights from WISPC include:

- International Advisory Committee comprised of:
 - A community representative and youth representative from Aotearoa- New Zealand, Australia, United States and Canada.
 - Representation from: Inuit community, Metis community, 2SLGBTQQIA+ community and Elders/Knowledge Keepers.
- Local Planning Committee made up of various organizations to represent First Nations, Metis, Inuit and 2SLGBTQQIA+ community.
- 900 attendees from all over the world virtually.
- Representation from 18 countries.
- Engagement sessions focusing on youth, 2SLGBTQQIA+ and community.
- 6 keynote speakers- Joe Williams (Australia), Michael Naera (Aotearoa- New Zealand), Jordin Tootoo (Canada), Tanaya Winder (United States), Dr. Carol Hopkins (Canada), Honourable Murray Sinclair (Canada).
- The event held 23 sessions, 14 workshops, 3 Film/Video sessions, Youth panel, 3 engagement sessions and 3 self-care activities.
- Portal was created to access during the week to allow for different time zones to take part.
- Final report was completed which highlighted 11 Calls for Action.
- Implemented strategies to ensure the safety of delegates, held self-care sessions and safety supports online available while portal was open all week.

NEXT STEPS AND A CALL TO ACTION

- 11 Calls for Action that were put forward by people who took part in engagement sessions prior and during the event.
- Find a host to coordinate the 2023 World Indigenous Suicide Prevention Conference.

ACKNOWLEDGEMENTS

Miigwech! Ekosi! Pidamaya do! Mahsi Cho! Nakurmiik! Marcee! Thank you to our helpers for the 2021 World Indigenous Suicide Prevention Conference. A big thank you to all our attendees who joined us online.

Planning Process

- International Advisory Committee
- Local Planning Committee

Engagement Sessions

- Indigenous Leadership Development Institute Inc.
- Two-Spirited People of Manitoba Inc.

Sacred Fire

- Anish Corporation

Graphics & Website

- Vincent Design



Technical & Production Teams

- Reveal Events Group
- Park Digital

Conference

- Emcee Tina Keeper
- Mental Wellness Supports
- Elders/Knowledge Keepers
- Keynotes
- Speakers

We would like to extend our gratitude and recognize our sponsors and funders for the 2021 World Indigenous Suicide Prevention Conference:

- Red Cedar Sponsor - Thunderbird Partnership Foundation
- Poplar Sponsor - First Peoples Wellness Circle, Mental Health Commission of Canada
- Maple Sponsor - Winnipeg Suicide Prevention Network, CN Rail
- Birch Sponsor - South Beach Casino
- Willow Sponsor - Centre for Suicide Prevention, Artic Co-operatives Ltd., Government of Manitoba
- Funder – Government of Canada



eHealth

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INTRODUCTION

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 First Nations Health and Social Secretariat of Manitoba (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.

Our eHealth department has been focused on supporting our communities through the pandemic by ensuring technological transitions such as the ability of health centre staff to work from home with timely access to electronic systems to input and retrieve data required to provide timely care.



ACCOMPLISHMENTS

Kihew Utin eHealth Transformation Project



KIHEW UTIN TRANSFORMATION WORKPLAN

This project is mandated by the joint Assembly of Manitoba Chiefs (AMC) and FNHSSM Chiefs-in-Assembly Resolution **MAR-16.05**, which directed FNHSSM to develop a devolution plan to transition the FNIHB-MB eHealth Solutions Unit to FNHSSM over a phased 3-year period.

A newly adopted FNHSSM Chiefs Assembly Resolution, **MAR-22.06**, directs FNHSSM as the lead in First Nations Inuit Health Branch (FNIHB) eHealth devolution and transition implementation plan; directs Indigenous Services Canada (ISC) FNIHB to collaborate, acknowledge funding associated with the transition and be made available in the next 12 months without administrative or bureaucratic processes; and the FNHSSM Board of Directors provide oversight, guidance, advocacy and leadership for the Kihew Utin eHealth Transformation Roadmap – FNIHB eHealth Devolution and FNHSSM Transition Implementation Plan.

Phase II was the Visioning period. This entailed gathering vital information required to develop the transformation roadmap. The stakeholders consisted of the Manitoba First Nations, Tribal Councils, Provincial Territorial Organizations (PTOs), federal government, provincial government, and external stakeholders, namely, Broadband Communications Network and Clear Sky Connections. The governance model for the transformation projects consists of the Kihew Utin eHealth Transformation Steering Committee, eAniskopitak, and the FNHSSM Board of Directors.

The Transformation team implemented Phase II with the following successes:

- Visioning Workshops comprised of 30 MFNs via Microsoft Teams
- Visioning Workshops comprised of 4 MFNs in-person
- 15 Community Readiness Assessments
- FNHSSM departmental Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis
- Current State Analysis

| Visioning Workshops | | | | |
|---------------------|---------------|------------------|-----------------|------------------|
| Berens River | Fisher River | Marcel Colomb | Pinaymootang | Skownan |
| Brokenhead | Gambler | Misipawistik | Pine Creek | St Theresa Point |
| Buffalo Point | Garden Hill | Mosakahiken | Red Sucker Lake | Wasagamack |
| Canupawakpa | God's River | Nisichawayasihk | Roseau | Waywayseecappo |
| Cross Lake | Keeseekowenin | Northlands | Sagkeeng | Wuskwi Sipiik |
| Dauphin River | Lake Manitoba | O-Pipon-Na-Piwin | Sapotaweyak | York Landing |
| Ebb and Flow | Long Plain | Peguis | Sioux Valley | |

Mustimuhw Community Electronic Medical Record (cEMR)

10-Years of Mustimuhw cEMR in Manitoba First Nations

In the 2021-22 fiscal year, we reached an exciting milestone: ten years of partnering with Mustimuhw Information Solutions (MIS) to support First Nations in the deployment of the cEMR. eHealth's deployment team works with interested First Nations to:

- Help determine if the cEMR aligns with their priorities.
- Provide oversight of the cEMR projects.
- Provide remote management services and training support.
- Overcome the barriers of inadequate internet connectivity by implementing on-premises solutions with a dedicated server on-site.

The cEMR is presently deployed in twenty-one First Nations in Manitoba; sixteen of which were deployed directly by FNHSSM.

Mustimuhw cEMR Integration

In the context of patient care in First Nations health centers, multiple healthcare providers chart in multiple eHealth applications. This increases time and effort and creates a clinical information gap. 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, improving the delivery of healthcare with the use of technology, and helping to establish longitudinal medical records.

We are working with provincial and federal partners as well as MIS to integrate the cEMR with eChart, Client Registry, and PHIMS, by implementing a single sign-on (SSO) integration between client records and clinics.

cEMR Hardware Upgrades

eHealth was successful in securing funding to upgrade aging and outdated hardware at the health centers in Cross Lake (Pimicikamak) and Keeseekoowenin. This included replacing around 50 desktop computers and laptops and related hardware between the two health centers.

cEMR Hardware Upgrades for Jordan's Principle Sites

During the 2021-22 and 2022-23 fiscal years, FNHSSM eHealth will coordinate a three-phased implementation of hardware upgrades for nine First Nations in Manitoba that are constrained by internet connectivity. The eHealth Project Lead and the IT team continue to liaise with Jordan's Principle sites to:

1. Secure user lists of all staff requiring access to a computer for charting
2. Order, prepare, and install the hardware.
3. Coordinate with MIS for Service Level Agreements (SLAs) and training and full implementation.

Maternal Child Health Pilot Project

In this pilot project, eHealth is collaborating with MIS and FNHSSM's Strengthening Families - Maternal Child Health (SF-MCH) department on a pilot project to deploy the cEMR in one First Nation. This will enable community and FNHSSM staff to document client interactions into the cEMR, once again breaking down silos of work and connecting systems to improve patient care.

The two objectives of this project are:

- To enable the use of the Mustimuhw cEMR for the SF-MCH program and interested member communities, and
- To repatriate historical SF-MCH data to the interested member communities as First Nations' data is often held without First Nations' consent and governance.

Information Technology (IT)

FNHSSM's IT department doubled its number of managed endpoints and had to refine many longstanding practices to emphasize efficiency as capacity becomes a challenge.

Other accomplishments included:

- Rapid deployments of Information Technology (IT) infrastructure necessitated the requirement for short preparation windows to accommodate the aggressive rollout of hardware.
 - We have implemented many improvements based on our previous years of project deployment experience, including the creation of technical documentation to ensure a uniform baseline.
- Supporting a Work from Home (WFH) model for FNHSSM and throughout our Health Centres (HC) has been a continued success.
- Nine First Nation (FN) communities now have access to their own cEMR instance of Mustimuhw, which includes access to eChart and PHIMS (Provincial Health Information Management Systems), formally Panorama, on desktop personal computers (PC). Utilizing these single-use devices to access these tools we have upheld and protected the Indigenous values and systems that respect and integrate the knowledge of FN communities. Every new instance of Mustimuhw has also included the benefit of our full support when it comes to their IT infrastructure, greatly enhancing the quality of work every HC 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.
- As part of our support model, FNHSSM IT provides end-user support through nightly backups of the community's HC data and medical records to assure the integrity of the community data is maintained in line with Ownership, Control, Access, and Possession (OCAP) principles.

Public Health Information Management System (PHIMS)

As connectivity improves in Manitoba, we are seeing an increase in communities requesting and using PHIMS. To date, the First Nations PHIMS team has deployed overall to 26 First Nations and one Tribal Council, with four more communities currently in progress.

For the 2021-22 fiscal year, our PHIMS accomplishments include:

- The PHIMS team deployed to two new communities, Lake St. Martin First Nation, and Mathias Colomb First Nation.
- Designing and deployed the first iteration of the COVID-19 Rapid Antigen Test phone system (now called COVID-19 test tracking system) to improve the availability of COVID-19 data for use by First Nations communities and leadership.
- In partnership with FNIHB, we engaged with three Tribal Councils to work on transferring COVID-19 vaccine data entry for communities who don't use PHIMS onsite from FNIHB.
- Re-engaged discussions on PHIMS Communicable Disease Investigations (CDI) with FNIHB and the province.

National Indigenous Information Technology Alliance (NIITA)

A NIITA Symposium was held from November 5th to November 7th, 2019. The Symposium was the first ever for Indigenous IT professionals. In addition to networking opportunities and seminars provided by industry experts, workshops were used to gather information from the IT professionals and produce an evidence-based report about Indigenous IT systems. One of the symposium workshops focused on the potential and future of NIITA. The workshop revealed that a national office could benefit First Nations organizations and communities in the following areas:

- IT procurement
- IT training
- Networking and communications
- Policy and standards development
- IT technical services

Hilltop Business Solutions, in collaboration with the NIITA steering committee, developed a business case and framework to determine the justification for a NIITA National Office and to provide recommendations on how it may be established and In December 2021, the Assembly of First Nations (AFN) passed a resolution for the establishment of a NIITA Office.

A NIITA Coordinator has recently joined eHealth FNHSSM Team to aid in the efforts to bridge inequities in connectivity and help facilitate a space in which information on innovative IT supports geared towards First Nation communities can be shared.

Privacy

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

Inclusive interpretation of the privacy requirements needed under 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 is essential in navigating the privacy terrain.

For the 2021-22 fiscal year, our privacy accomplishments include:

- Providing reviews, assessments, and recommendations regarding compliance with privacy requirements in the *Personal Health Information Act (PHIA)* and the *Freedom of Information and Protection of Privacy Act (FIPPA)* for community and FNHSSM.
- Engaging with communities to discuss and identify privacy needs and priorities, for the structuring of privacy and information management program to meet community concerns.
- Providing communities with support and assistance on issues pertaining to privacy and information management on request.
- Preparing summaries and reports on federal documents, letters, budgets, bills, legislation, and regulations.
- Preparing and reviewing resolutions for proposed actions on issues relating to health.
- Reviewing agreements to ensure compliance with privacy legislative requirements and to ensure the First Nations principles of Ownership, Control, Access, and Possession (OCAP[®]) are met.
- Reviewing and providing recommendations on Information Sharing Agreements, Service Level Agreements, and Non-Disclosure/Confidentiality Agreements.
- Developing the site Privacy Statement and Terms and Conditions for the eHealth Website.

First Nations Housing Database

- FNHSSM received incubation funding to develop a proof-of-concept for the Canada Mortgage and Housing Corporation (CMHC) Housing Supply Challenge, Round 1: Data-Driven. The Housing Supply Challenge is a CMHC goal to increase housing supply by 3.5m units before 2030 to address affordability for all. The purpose of the Data Drive Round is to design and implement technological solutions or methodologies that could improve the collection, sharing, analysis and integration, and/or presentation of data.
- The Housing team completed the proof-of-concept by:
 - Human Resourcing: staffed the positions of Housing Project Coordinator (lead) and Policy Analyst.
 - Meeting with Steering Committee for eight meetings over the first year to receive guidance and direction for proof-of-concept.
 - Developing an initial design for the “First Nations Housing Knowledge Base” with a Steering Committee of First Nations housing experts and technical partner ID Fusion, an Indigenous-majority-owned software development company located in Winnipeg.
- FNHSSM was one of 14 applicants (out of 136) to be funded by the CMHC Housing Supply Challenge, Round 1, to proceed with the proof-of-concept for an ‘FNHSSM eHealth Housing Database’.

STATUS AND LINKAGES

Kihew Utin eHealth Transformation Project

Due to the ongoing impacts of the COVID-19 pandemic, most activities and deliverables were completed virtually on MS Teams and via telephone except for four Visioning Workshops that we completed in person. As most have adapted to the pandemic work environment, the community engagement virtual redesign plan was successfully implemented.

As the project progressed through the Phase 2 Visioning process, we strived to capture the stakeholder insights to ensure the roadmap is fully encompassing and representative of a unified transition and transformation. The Visioning process also identified strategies to be used in implementing the eHealth transfer. The crucial information received through the Visioning Phase will be fully analyzed, validated, and presented in the next year. The next phase consists of Roadmap Development & Community Engagement Validation.

cEMR

Health Centers and Jordan’s Principle Programs

The eHealth Project Lead works with First Nations to ensure they’re maximizing their use of the cEMR and other digital health applications, like Telehealth, eChart and, eConsult. While we can request from Mustimuhw user audits to view sites’ rates of usage, we never see patient data and all sites must provide permission to Mustimuhw to provide the audits to FNHSSM. We use user audits to validate the number of licenses required by each site and to identify needs for additional or refresher training.

Integration Steering Committee

The commitment of our partners – Mustimuhw Information Solutions, Shared Health, and Canada Health Infoway – 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.

Jordan's Principle Data Management and Reporting Project

This has been a key project in this fiscal year that will continue into the 2022-23 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 centers, adopting this solution for Jordan's Principle is a natural fit.

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. We also review new site requests, utilization & training statistics, and we receive updates from our sub-committees.

Quality Improvement Working Group (QIWG)

This sub-committee is comprised of Digital Health (Shared Health), ISC-FNIHB, and FNHSSM, and community representatives. Its purpose is to improve the quality and quantity of eHealth applications and services by troubleshooting processes, identifying gaps, and generally making sure processes are running smoothly.

Communications Sub-Committee

This sub-committee includes eHealth professionals and communications specialists from partner organizations. Its goal is to support the health and well-being of First Nations individuals and communities through the timely and consistent sharing of eHealth information.

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.

Information Technology (IT)

Support Model

By streamlining our existing processes, we can get our end-users back to their work with minimal downtime, which in turn increases the efficiency of the workforce in their community.

Every new Mustimuhw deployment in a community is packaged with the full support of FNHSSM IT; 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.

Our support model encourages the community to actively pursue new projects based on their own specific needs while safeguarding their rights as First Nations people to implement solutions according to their cultural traditions. Every efficiency gained by optimizing our resources is passed along to the communities allowing us to take on more projects or implement increasingly ambitious projects to create new avenues of community development. And, as we further optimize our resource allocation, we can pursue new community-initiated projects without compromising the top-tier support we provide to our expanding list of supported communities.

Refining our existing processes to encourage efficiency has permitted us to engage meaningfully with more communities and to provide a greater range of services like Service Level Agreements (SLA) and Disaster Recovery Plans (DRP) which are both customized to a community's needs. Leveraging industry best practices and ensuring a baseline of service, we provide a consistent support experience that our communities can rely on throughout these challenging times.

Jordan's Principle

As more communities choose Mustimuhw as their cEMR, FNHSSM IT supports and deploys instances of Mustimuhw to Jordan's Principle sites.

Deployment Process

Our improvements to integrate avenues of automation have empowered us to pursue a more aggressive deployment schedule and increase our number of possible deployments per year. We have undertaken a bold deployment plan to double the number of minimally supported sites and enable eChart access to more communities

Working From Home (WFH)

Our support staff utilize a WFH framework, and it has encouraged us to change how we interact with the technology we maintain. It has also provided us with opportunities to expand ease of use when we are integrating traditional models of support. We have enhanced our ability to support the WFH framework, while also reducing the time it takes to resolve the most common problems our users face. We use multiple protocols that we've developed through an ongoing collaborative effort with our end users.

Public Health Information Management System (PHIMS)

Partnering with FNIHB to assist Tribal Councils who wish to help support their communities through PHIMS data entry. This has the potential to be a great benefit to First Nations, as it puts more control in the hands of communities and their Councils, offers additional funding and support opportunities to Tribal Councils, and is an excellent showcase of collaboration between FNHSSM, FNIHB, Tribal Councils and communities. This work initiated late into the current fiscal year and will carry on into next fiscal.

Collaborating with Research to collect and report COVID-19 Rapid Antigen Test (Take Home Test) results, to fill the data gap left by reduced access to Polymerase Chain Reaction (PCR) testing. We know that COVID-19 is disproportionately impacting First Nations, this initiative will provide better data which can then be used to make better decisions for communities and organizations protecting First Nations during this pandemic.

Working with FNIHB and the Province of Manitoba to deploy Communicable Disease Investigations (CDI) to First Nation communities. The availability of these modules to First Nations is critical to realizing equality in healthcare for First Nations and Truth and Reconciliation.

National Indigenous Information Technology Alliance (NIITA)

The 2020 and 2021 NIITA Symposiums had to be cancelled due to COVID-19. The next Symposium is being planned for November 2022 in Vancouver, BC. In order to avoid cancelling again, the 2022 NIITA conference will be able to move to a hybrid or virtual conference if COVID-19 restrictions will be implemented. The NIITA coordinator will be working to facilitate a NIITA membership meeting March 2022, to decide what the content and theme will be for the 2022 Symposium. This symposium provides access to vendors who can provide insight to new technological advances in the eHealth field, and they will be able to take that back to the community and HC team.

We acknowledge with the deepest gratitude our partners at Indigenous Services Canada and the Northern Intertribal Health Authority. It is with their support that we will host the 2022 NIITA Symposium. Also, we thank Chief Derrick Henderson of Sagkeeng First Nation. It is with the support of our Manitoba Chiefs that the AFN Resolution to establish a National NIITA office, was passed.

Privacy

The eHealth Privacy Officer has been developing a Privacy and Security Policies and Procedures Manual. The Manual is expected to be completed in the next year and will be distributed as a general guide and information resource for Manitoba First Nation community Health Centres, Nursing Stations, and Health Care Facilities. The Manual is intended 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 Database

- FNHSSM recognizes that housing and housing-related issues is a social determinant of overall health of First Nations (FNHSSM 7th AGA, Resolution Mar-22.07).
- First Nations lack access to a centralized database with Indigenous-specific housing information that can improve proposals and complex projects that meet the unique needs of First Nations (FNHSSM 7th AGA, Resolution Mar-22.07).
- FNHSSM seeks to provide data, knowledge, resources, and solutions related to housing and housing-related needs of Manitoba First Nations, Tribal Councils, and PTOs while meeting higher standards consistent with established technological, security, and privacy guidelines.

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.

The devolution process is guided by the spirit and intent of the spirit name provided in ceremony, Kihew Utin, meaning Eagle Wind. The eagle is the symbol of courage and opportunities. The eagle will fly through any storm knowing beyond any challenge is the ability to succeed.

To honour a process of recognizing and implementing the healthcare rights of First Nations in Manitoba to achieve total well-being through technology. Through this process, our team will seek, gather, and analyze the valuable input on Manitoba First Nations (MFNs) eHealth needs to provide quality care at the point of contact.

cEMR

Integration with Provincial Systems

Responding to the direction of Health Directors, healthcare providers, and leadership, FNHSSM eHealth will continue leading the charge for the integration of the cEMR with provincial systems.

Sustainable Funding Model

FNHSSM Resolution SEPT-19.07 asserts that the current funding model for digital health apps does not include aspects that are vital to the maintenance and upgrading of the cEMR, such as funding escalators that account for increased adoption by new sites and increased use among existing sites. The resolution calls on Indigenous Services Canada to authorize an ongoing, augmented funding envelope as this infrastructure is an essential service.

New Site

Another goal for the 2022-23 fiscal year is to deploy the cEMR to one additional First Nations Health Center.

Information Technology (IT)

We will greatly expand our umbrella of coverage to a larger number of communities and continue to collaboratively aid them in their efforts with models such as the Disaster Recovery Plan that take into consideration their specific needs.

We are implementing an aggressive deployment schedule, that will greatly increase the number of annual site deployments possible than under the previous IT Management.

We have coordinated with FNHSSM eHealth to create the NIITA 2022 conference which will be held in Vancouver, BC and open to all Canadian Healthcare IT 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 not only does their community continue to operate smoothly, but that we can also expand the services available as the new equipment brings with it new functionality.

We are actively pursuing the expansion of our internal IT team, while also creating initiatives for the development of IT resources at a community level and bring more awareness to the Science, Technology, Engineering and Mathematics (STEM) field as a viable career option.

We are proud that, at the 2022 Annual General Meeting (AGM), we were mandated to provide First Nations-led IT solutions to meet the needs of First Nations in Manitoba. We will continue to focus on established cultural traditions throughout our future engagements to reaffirm the importance of First Nations values.

Public Health Information Management System (PHIMS)

We will continue to engage with the Province of Manitoba and FNIHB to progress the deployment of the Communicable Disease Investigations (CDI).

We will support Tribal Councils who wish to take on data entry support for their First Nation communities.

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 2022-2023 fiscal year, we plan to work towards:

- Distributing a Privacy and Security Policies and Procedures Manual, as an information resource for communities.
- Developing 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 Database

The CMHC funding will cover three milestones that need to be completed by end of the fiscal year 2024/2025: (1) Milestone One (Finalizing the design and work plan), Milestone Two (Developing the solution), and Milestone Three (Adding new key features and/or Replication). FNHSSM will begin undertaking these Milestones in 2022/2023.

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 and Inuit Health Branch, Digital Health – Shared Health, Manitoba Health, the Canada Mortgage and Housing Corporation, and the Northern Inter-Tribal 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.

**PROTECT YOURSELF.
PROTECT OUR PEOPLE.**

Protect our little ones

- Get fully vaccinated
- Physically distance from others outside of your household
- Wear masks indoors and when you cannot physically distance
- When you're with others outside of your immediate household, assess everyone's risk and comfort level.



FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT OF MANITOBA

Make self care and your mental health a priority.



FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT OF MANITOBA




Take care of yourself and your mental health

It is normal to be anxious about the lifted restrictions.
Be kind to those around you.
Don't assume someone's level of comfort — ask them instead.

Would you prefer if I kept distance between us?

Yes, thank you for asking!



Diabetes Integration Project (DIP)

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INTRODUCTION

As COVID-19 remains in our communities, the future has never felt so unpredictable. These are challenging times for us all. We have displayed hard work and dedication to sustain daily operations and provide services to our community. It goes without recognition, as we continue to strive to slow the spread of COVID-19. Travel to all communities has been suspended. The team has worked collaboratively to find creative effective ways to reach out to our communities and clients via virtual care. The Diabetes Integration Project (DIP) staff also committed time in partnership with the Pandemic Response Coordination Team (PRCT), participating in administration, social support, clinical support, and deployment efforts.

DIP SERVICES

Due to public health restrictions throughout our communities, it was not easy for community members living with diabetes to access support and health advice. The DIP will be working closely with the local Aboriginal Diabetes Initiative (ADI) workers to further develop strategies to successfully connect with clients. This fiscal year, we have conducted phone and telehealth appointments to provide support to clients. This method of support has presented some new challenges which we continue to address. We are currently exploring different means of managing appointments, identifying online platforms, and mapping digital services by community.

DIP MOBILE TEAMS

DIP services are delivered by three (3) mobile teams comprised of two (2) nurses and a dietitian who provide nutritional advice and support to all communities. The nursing teams are situated in sub-offices located in Dauphin and Winnipeg and the dietitian works out of the Winnipeg office.

The Thompson team, situated out of the Winnipeg office, will continue to provide services to the communities in the north until new delivery options have been identified. The Winnipeg team will provide services to Chemawawin.

DIP Model of Care

The DIP Model of Care utilizes a client-centered approach with an ongoing focus on the development and maintenance of a therapeutic relationship. It is recognized that a relationship built on trust is integral to the delivery of culturally safe and efficient client care. Moreover, the client-centered approach is fundamental to meet client needs, goals and to support self-management practices.

The DIP teams provide diabetes care and treatment services that are guided by *Diabetes Canada 2018 Clinical Practice Guidelines 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.

During the 2020-21 fiscal year, in response to COVID -19 and public health restrictions, the mode of service delivery changed to telephone and/or telehealth consultation. The assessment process and program forms were thus revised to accommodate these changes.

Telephone Consultation

Typically, a comprehensive clinical assessment, which takes approximately 1 – 1.5 hours, is completed during the initial client encounter with a post visit follow up assessment.

Clients receive on-going support and education based on findings of the clinical assessments. Any need for referral is discussed with the client. Referrals are sent for retinal screening, a dietitian, a foot care nurse, a community nurse, community services, mental health services, a family physician and specialists based on identified client needs.

Face-to-face assessments have been replaced with telephone consultations due to public health guidelines regarding social distancing and reducing non-essential contact. DIP nurses and the dietician created the Client Telephone Consultation form as a guiding document for making client calls. The Consultation record includes client health history, mental health, lab work review, home supports, lifestyle management and any referrals if needed.

Point of Care Testing (POCT)

Pre-pandemic the Point of Care Testing (POCT) analyzers were transported to community and used to test urine and blood samples during the client encounter. Due to public health travel restrictions, DIP staff have been accessing lab results on Manitoba eChart during the client telephone/telehealth encounter.

The POCT instruments typically used in community are the Siemens DCA Vantage analyzer which measures the Urine ACR and the Glycated Hemoglobin (HgBA1c) and the Abaxis Piccolo Express analyzer which measures the estimated Glomerular Filtration Rate (eGFR).

Quality Assurance Program

CEQAL Inc. a reference laboratory based out of Vancouver, British Columbia provides products and professional consulting services to support testing at the “point of care” using POC analyzers. CEQAL Inc. monitors the performance, assure quality, and promote the standardized operation of the First Nations Health and Social Secretariat of Manitoba (FNHSSM)/DIP “point of care” analyzers. During this period services have been limited.

Information Management – DIP Database

Information management and technology has been a challenge; however, the DIP database has been an important component of the project. The database developer continues to manage and support database operations. We recognize that work on the database is needed to support accuracy of data and data management.

Staff Development

To support workforce development, administrative meetings are held weekly via Microsoft Teams. Discussion during these meetings concern community updates, current information in relation to the pandemic, virtual care planning, and continuous support as a team. Three face-to-face meetings occurred in compliance with Public Health orders. Topics on the agenda included case studies, virtual care planning, policy, and procedure revision, and recertification on the equipment and devices.

Human Resources

Staff were provided with access to web-based tools to support communications and team meetings. Human resources (HR) activities this fiscal year included the following: revision or creation of position descriptions, position postings, orientation, performance evaluations and policy/guideline development. The following positions were filled during the fiscal year:

- Thompson Team 1.0 FTE

DIETITIAN TEAM

Overview of the Dietitian role

The FNHSSM Dietitian provides direct supports to all 19 of the Diabetes Integration Project (DIP) communities. Due to the COVID-19 pandemic, in-person community visits did not take place in the 2021-2022 fiscal year and support was provided via telephone, Microsoft Teams, and Telehealth. Since Kayla Perry's return from maternity leave, Joanna started to provide exclusive support to the North Team and communities in the North (Tataskweyak Cree Nation, Nisichawayasihk Cree Nation, God's Lake Narrows, Manto Sipi Cree Nation, and Bunibonibee Cree Nation).

Service Provided to Clients

The dietitian has access to MyMBT and Microsoft Teams and has offered these options to clients, however uptake has been minimal and phone calls are the primary form of contact with clients. From September 2021 onward, the dietitian was available by referral from the nursing teams and communities to prioritize the research and development for the *First Nations Diabetes Care for Health and Wellness* business case.

The dietitians will develop and implement a meal kit series and distribute approximately 2000 meal kits to the communities' DIP supports along with a video to post on social media.

Future Plans/Goals

The dietitians will act as a preceptor to 1-2 students from the Manitoba Partnership Dietetic Education Program in the coming year for a 3-week placement per student. To lead anti-racism work in the field of dietetics in Manitoba, the FNHSSM dietitians hope to facilitate and offer an anti-Indigenous racism training to cohorts of dietitian students and practicing dietitians to promote cultural humility in the profession.

DIP Dauphin Team

Dauphin Team Lead Nurse, Alison Ballantyne, RN, BN

Dauphin Team Nurse, Destiny Nepinak LPN

List of Communities

- Pine Creek First Nation
- Skownan First Nation
- Ebb & Flow First Nation
- O-Chi-Chak-Ko-Sipi First Nation
- Rolling River First Nation
- Keeseekoowenin First Nation
- Gambler First Nation
- Tootinaowaziibeeng Treaty Reserve

Introduction

The Diabetes Integration Project (DIP) Dauphin team provide care and treatment services in eight (8) First Nations communities in the western region of Manitoba. The Dauphin office is in the West Region Treaty 2 Health center in Dauphin. All communities are accessible by road.

DIP Clinics

DIP clinics have been in operation via virtual care since the start of the COVID-19 Pandemic fiscal year 2019-2021.

Future Goals

We strive to remain current and up to date with knowledge pertaining to Type 2 Diabetes and virtual care. Through participation in educational webinars and attending virtual conferences when available and being active in our knowledge seeking, we will ensure that we are providing the most recent and accurate information to our clients.

DIP WINNIPEG TEAM

Muriel Sinclair RN – Mosakahiken Cree Nation

Belinda Harper LPN – Tataskewayak Cree Nation

List of Communities

- Peguis First Nation
- Long Plain First Nation
- Swan Lake First Nation
- Hollow Water First Nation
- Sandy Bay First Nation
- Chemawawin First Nation

Introduction

The Diabetes Integration Project (DIP) Winnipeg team provides care and treatment service to six (6) First Nations communities. The office base is in Winnipeg at the FNHSSM location. All communities are accessible by road.

Next Steps

- Explore expanding virtual visits to include video-chat via Microsoft Teams application and utilizing Tele-health when community facilities allow access.
- Working with the ADI worker to set-up virtual client visits.

DIP THOMPSON TEAM

Alison Ballantyne RN, BN, DIP North Team Lead

Merrick Garrioch, LPN DIP

List of Communities

- Bunibonibee Cree Nation (Oxford House)
- God's Lake First Nation
- Manto Sipi Cree Nation (God's River)
- Nisichawayashik Cree Nation (Nelson House)
- Tataskweyak Cree Nation (Split Lake)

Introduction

The Thompson team, now situated out of the Winnipeg office, has continued to provide services to the communities in the north until new delivery options have been identified.

The Winnipeg team has provided services to Chemawawin. Client visits have been virtual during this fiscal year.

STATUS & LINKAGES

Plan to build on the bridges already established with our community support systems to ensure that the connections made with each of my client's is both meaningful and successful in such a way that those living with Type 2 Diabetes achieve their highest quality of life.

NEXT STEPS

Bringing forth knowledge and understanding as an Indigenous Nurse leader I will strive to help close the gaps in health outcomes for our community members by assessing the individual needs of each client and utilizing the tools and resources at my disposal to manage, treat and or refer for further assistance as required.

NURSING RAPID RESPONSE TEAMS

Since March 2020, COVID – 19 (SARS -2) has impacted our work environment as First Nations Health and Social Secretariat of Manitoba (FNHSSM) staff. Nurses continued to provide “surge support” with the vaccination roll out.

With the shortage of health care professionals in the system, DIP nurses will be focusing on the surge support in Rapid Response and Vaccination clinics for the upcoming weeks.

DIP 10-YEAR REVIEW & BUSINESS CASE DEVELOPMENT

It was resolved in September 2019 at the FNHSSM Annual Membership Meeting that FNHSSM work with the Manitoba First Nations Diabetes Leadership Council (MFNDLC) to develop a business case for the expansion of diabetes services for First Nations peoples in Manitoba to address the diabetes epidemics that continues to grow.

NEXT STEPS

- Review feedback sessions finding with MFNDLC.
- Complete third draft and budget adjustments based on feedback received.
- Send out third draft and budget adjustments for review.
- Develop strategies to present and advocate for this business case to federal government.

Dip Research Updates 2021-2022

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

The FNHSSM IK-Health staff works in partnership with Ongomiizwin Research, University of Manitoba, the Manitoba Renal Program and the Chronic Disease Innovation Center, Seven Oaks General Hospital. Together they are supported by the DIP's leadership team DIP Director and DIP Associate Director.

Principal Investigator

- Dr. Josee Lavoie, PhD, Director, Ongomiizwin Research, University of Manitoba

Co-Investigators

- Dr. James Zacharias, Nephrologist, Manitoba Renal Program (MRP), UM
- Lorraine McLeod, RN, BN, Associate Director Diabetes Care & Research

Contract Data Analyst

- Reid Whitlock, Chronic Disease Innovation Center, Seven Oaks General Hospital

FNHSSM Staff

The IK Health Project is a research program joining First Nation community members who have a lived experience of kidney disease and an outstanding team of clinicians with three main goals:

1. To understand where the gaps in services are and how to create better access to timely care for patients who are at low and medium risk of chronic kidney disease.
2. To consider dialysis options that may be made available to First Nations people through the creation of a First Nations-centric, community based assisted home dialysis model.
3. To develop meaningful and culturally appropriate education materials and support services to patients and their families.

STATUS AND LINKAGES

Our team consists of members from the Manitoba Renal Program, Ongomiizwin Health Services at the University of Manitoba, the Diabetes Integration Project at FNHSSM and the Chronic Disease Innovation Center. The IK Health team has partnered with Australian colleagues at South Australia Health and Medical Research Institute (SAHMRI) and the University of Adelaide, who have allowed our group to adapt a mapping technique to analyze and improve the patient journey of Indigenous Australians for our own projects needs. The team is aspiring to present our work again at the Health Services Research Association of Australia and New Zealand (HSRAANZ) conference. However, attendance will depend upon COVID-19 related travel restrictions.

NEXT STEPS AND A CALL TO ACTION

This project is currently within the third year of its five-year plan. The project was expected to end in March 2025; however, it has received approval for a one-year extension due to COVID-19.

Preliminary results which will be communicated in multiple forms including writing, presentations, and graphical representation. As the project continues to add qualitative interviews with First Nation individuals who have experienced or cared for an individual with End Stage Kidney Disease (ESKD) the statistical data is strengthened by firsthand accounts. This project is guided by the Truth and Reconciliation Commission Call to Action Section 19.

Canadians Seeking Solutions and Innovations to Overcome Chronic Kidney Disease (CanSOLVE CKD) Kidney Check – Diabetes, Blood Pressure & Kidney Health Checks & Care

The FNHSSM Kidney Check staff works in partnership with the University of British Columbia (UBC), University of Manitoba (UofM), Chronic Disease Innovation Center (CDIC), the Manitoba Renal Program (MRP) and First Nations Communities.

Principal & Co-Investigators

- Dr. Andeera Levin, Nephrologist, University of British Columbia
- Dr. Aminu Bello, Nephrologist, University of Alberta
- Dr. Barry Lavallee, Indigenous Lead, FNHSSM

FNHSSM Staff

- Merrick Garrioch, LPN, BN
- Ashley Starr, Health Care Aide/Administrative Assistant
- Caitlyn Lockhart, Health Care Aide
- Lorraine McLeod, RN BN, Nurse Manager

This project is part of the Strategies for Patient Oriented Research (SPOR) Canadian Seeking Solutions and Innovations to overcome chronic kidney disease (CanSolve CKD) Network and is bringing kidney, diabetes, and blood pressure checks to First Nations communities across western Canada. It was intended that the FNHSSM team would conduct

mobile screening for diabetes and chronic kidney disease activities and follow-up care as required for up to 5 First Nation communities across Manitoba and offer support and Point of Care Testing (POCT) training to other provinces.

TRAINING

Quality Management in Kidney Check POCT presentation was provided virtually to participants in the Kidney Check – BC Three Corners Nurse Training held on March 28, 2022.

STATUS AND LINKAGES

The project team held discussions about providing support for Kidney Check screening in two communities with the available human resources to conduct screening. The Kidney Check project team and nurse manager planned to provide clinical resources, training, and support to the communities. Letters were sent to the community leadership of Fisher River Cree Nation and Pimicikamak Cree Nation (Cross Lake) to extend the offer and to explore community interest.

In addition to this work FNHSSM continued to participate in monthly meetings with Knowledge Keepers, patients, researchers from the western provinces to guide network activities:

- Indigenous Peoples' Engagement and Research Council (IPERC); and
- Wabishki Bizhiko Skaanj Working Group responsible for working on the development of a learning pathway to enhance researchers' knowledge and awareness of racial biases, Indigenous voices and stories, the impact of colonization on Indigenous health, and culturally safe health research practices.

NEXT STEPS AND A CALL TO ACTION

The Project Team made the decision to wait for the opportunity to re-start once the pandemic response allowed and we could safely go into communities.

Principal Investigators

- Dr. Barry Lavalley, Medical Consultant, FNHSSM
- Dr. Jon McGavock, University of Manitoba

FNHSSM Staff

- Stephanie Sinclair, Research Associate
- Alyson Ross, Program Support
- Alexandra Nychuk, Graduate Student (Summer)
- Lorraine McLeod, Associate Director Diabetes Care & Research

Objectives

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

The project team trained eighteen (18) dietetic interns; divided into three cohorts, over an 8-week period, from September to December 2021. The dietetic interns (students) were required to complete the course as part of the Manitoba Partnership Dietetic Education Program. The facilitators ran three sessions per week for 8 weeks and worked in pairs to lead the discussion with the students. Participants learn in groups and individually. The material was taught through online platforms including both audio and video components, individual time of about one hour for reading of articles, the debrief occurs in real time and asynchronously as well.

Participants were asked to complete a consent and registration form which asked about any previous training in anti-racism, cultural competency, or Indigenous studies.

EVALUATION ACTIVITIES

Evaluation pre- and post-surveys were completed by all participants and preliminary analysis demonstrates that the training has had an impact. The evaluation included feedback session on the course content and delivery with the trainees upon completion and many of the statements also demonstrated very impactful on their professional and personal attitudes and actions. They also reported advocating in professional settings and educating others within their personal lives.

STATUS AND LINKAGES

The team has presented the work to Leadership, Health Directors, and at Tribal Councils in Manitoba. The team presented at two conferences, this resulted in the request by other organizations to have the training. The team was interviewed to produce a video on the training to be shared at conferences, meetings and on the website. This video can also be used in the orientation session for new students. The team also successfully applied for additional grant funding to produce two more videos to enhance the training sessions.

NEXT STEPS AND A CALL TO ACTION

Due to the experiences that First Nations people face, the need for anti-racism training has increased and become urgent. The team has applied for additional funding to expand and enhance this work. With the remaining funding we are committed to provide facilitator training to four additional staff to provide the training to two more groups in the next fiscal year and will include collection of further data for the evaluation. The first group will be the next cohort of dietetic interns and the second group is a small group of emergency room physicians.

Virtual Kidney Check & Follow-up

Principal Applicant

- Dr. Paul Komenda, Nephrologist, Chronic Disease Innovation Centre (CDIC), Seven Oaks General Hospital (SOGH)
- Dr. Barry Lavallee, Medical Consultant, FNHSSM

Co-Applicants

- Dr. David Collister, Nephrologist, CDIC, SOGH
- Leona Star, Director of Research, FNHSSM
- Abdul Sokoro, Shared Health Diagnostic Services
- Dr. Navdeep Tangri, Nephrologist
- Lorraine McLeod, Associate Director Diabetes Care & Research, FNHSSM

The Kidney Check project team and FNHSSM submitted a proposal to Boehringer Ingelheim (Canada) Ltd. and Research Manitoba funding call supports community-based research and innovation projects focused on improving diabetes-related health outcomes within urban, rural, and remote Indigenous communities in Manitoba. The proposal *'Optimizing First Nations Chronic Kidney Disease and Diabetes Care'* will focus on the early identification and management of chronic kidney disease (CKD) and diabetes via Virtual Kidney Check and Follow-up. Successful submission funding to be announced in April 2022.



In utero exposure to Type 2 Diabetes and Long-Term risk of renal disease in offspring: analysis of prospective cohort data from the CARE LONGITUDINAL FOLLOW-UP STUDY AND THE MANITOBA CENTER FOR HEALTH POLICY DATA REPOSITORY

Principal and Co-Investigators

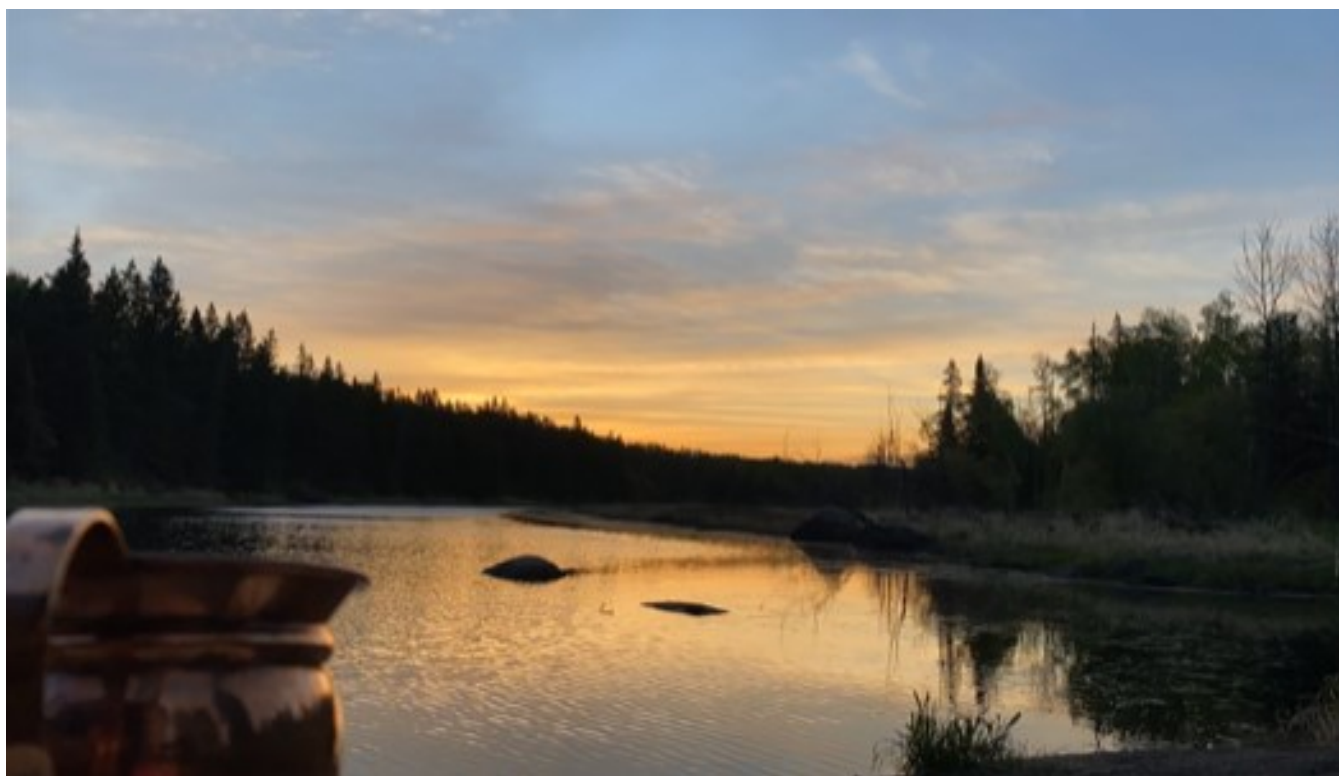
- Dr. Brandy Wicklow, Pediatric Endocrinologist – Principal Applicant
- Dr. Elizabeth Sellers, Pediatric Endocrinologist – Co-Investigator
- Dr. Allison Dart, Pediatric Nephrologist – Co-Investigator
- Lorraine McLeod RN, BN, Associate Director Diabetes Care & Research, FNHSSM – Co-Investigator

STATUS AND LINKAGES

Researchers met with the Manitoba First Nations Diabetes Leadership Council (MFNDLC) in June 2021 and Four Arrows Regional Health Authority in October 2021 to present projects and to provide an update on the iCare cohort (Improving renal Complications in Adolescents with type 2 diabetes through Research) and Next Gen projects.

NEXT STEPS AND A CALL TO ACTION

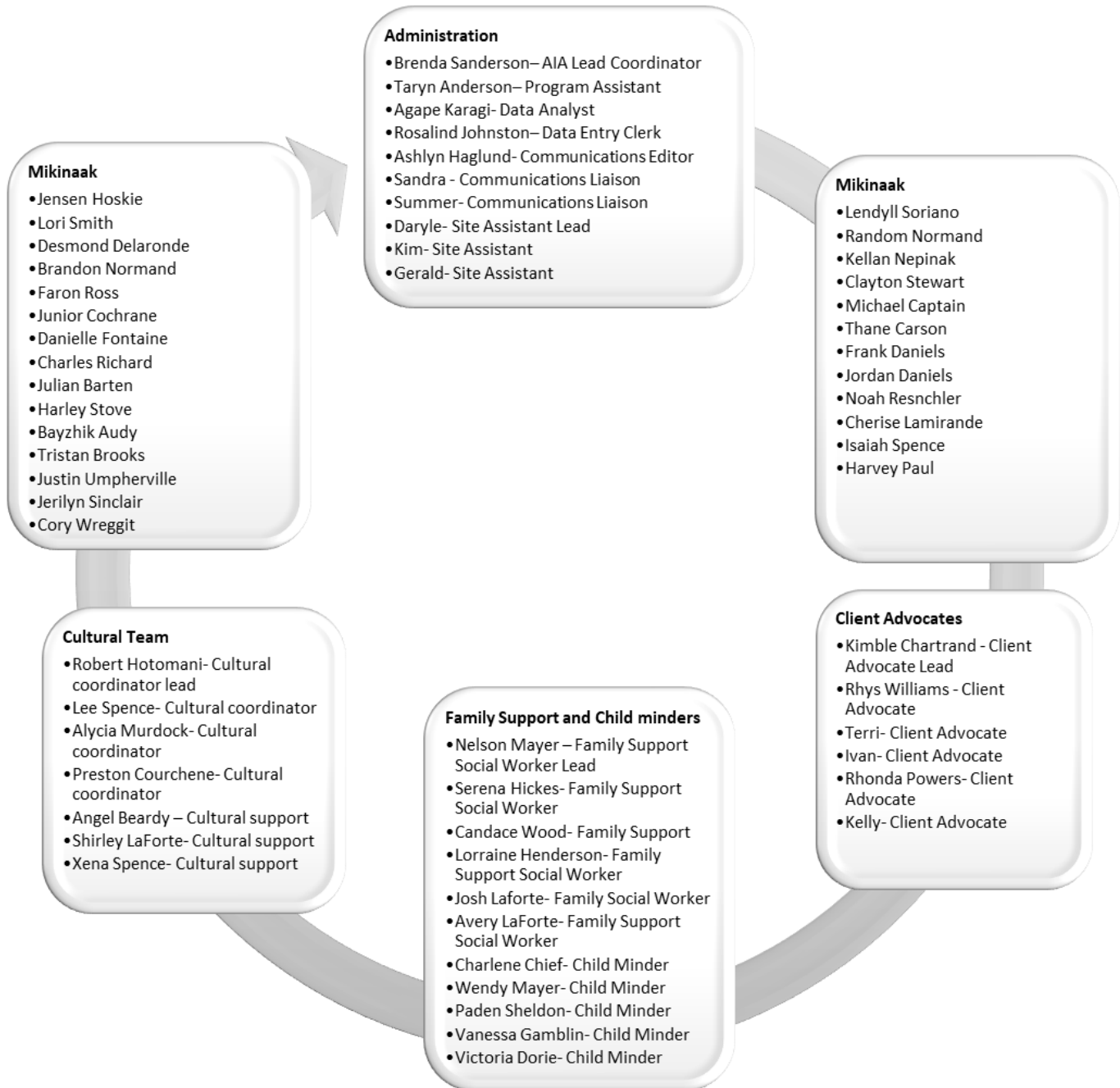
Data analysis will continue, study findings will be presented and published.



FNHSSM Alternative Isolation Accommodations (AIA) Project

The FNHSSM AIA Project has been intense, exhilarating, challenging, and rewarding. The team began in January 2021 with a handful of individuals and has grown substantially to accommodate the ever-increasing demands, ensuring the needs of First Nation communities are met with respect and love. The Turtle Team provides client advocacy, family and cultural support and safety ambassadors. We call it “heart work”.

TURTLE TEAM



ACCOMPLISHMENTS

- **RACISM** was and is a key issue in the work the team faces. Profiling of team members by the Winnipeg Police Department, profiling of First Nations organizations who are trying to support their communities, profiling of First Nations community members with addiction issues, stigmatizing First Nations' guests and declining supports for First Nations families struggling in isolation. These are some of the challenges the Turtle Team faced during the 2021-22 year. Advocacy, Family Support and Cultural teams worked diligently to speak to and on behalf of our relatives daily. Education sessions such as cultural teaching, blanket exercises and sharing of our experiences with the media were some of the works accomplished to address these challenges. The communities responded with gratitude and in cases refused to only isolate where the Turtle Team was present.
- **SECURITY** was and is a challenge. Relatives were not treated well by the hotel security companies. The FNHSSM project hired Bear Clan initially for a 3-month period. Subsequently, a team was hired by FNHSSM as Mikinaak Safety Ambassadors. The AIA site is supported 24/7, seven days per week by Mikinaak.
- **MEDICAL** needs were a challenge at the AIA sites operated by the CRC. There were initially no provision of medical supports and community members were forced to call 911 for medical problems. Advocacy, Family Support worked with Northern Connections to provide medical support and eventually the paramedics assigned at Shared Health AIA site also supported as needed.
- **HOMELESSNESS** was evident for many individuals isolating in the AIA site. Advocacy and Family Support teams worked diligently with organizations to secure housing and a plan for individuals once released from isolation.

Respect for other organizations and their protocols were challenging. The team developed and adopted a mutually agreed upon discharge letter which could be provided to all community members going home to prove their isolation and safety to go back to their communities. The team struggled to adopt various PPE protocols which differed between the Provincial Shared Health team and the CRC team. Hotel food and food security has been a challenge from the beginning. Hotels did not allow community members to purchase through Skip the Dishes, they were only allowed hotel food which in some cases was intolerable. FNHSSM Turtle Team engaged the Diabetes Integration Project Dietician to provide advice and consultation to hotel chefs and to assist community members in menu selections. Pest control was challenging. Laundry services were initiated and provided.

Intensive PPE requirements



Bedbugs in guest rooms



Hotel food



Cockroaches in rooms



STATUS AND LINKAGES

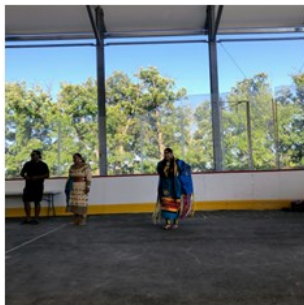
About 415 AIA clients were received at the FNHIB-CRC site during its four months of operation (November 2021 to March 2022). They represented over 30 First Nation communities in Manitoba.

The average age of clients at this site was 25 years old, with the youngest person being only a few months old and the oldest was 71 years old. The female population was relatively younger compared to males. All clients admitted to the site self-identified as being Indigenous.

The impact of COVID-19 was not just a physical isolation but also secluded individuals from participating in ceremonies. The Cultural Team creatively hosted numerous virtual events each week that not only enabled community members to stay connected to traditional ways of knowing but also gave some the opportunity to participate in culture for the first time.



Grief Camp



Turtles CPR Training



National Day for Truth and Reconciliation



Ukrainian Egg Decoration



Turtles at the Petroforms



Easter celebrations



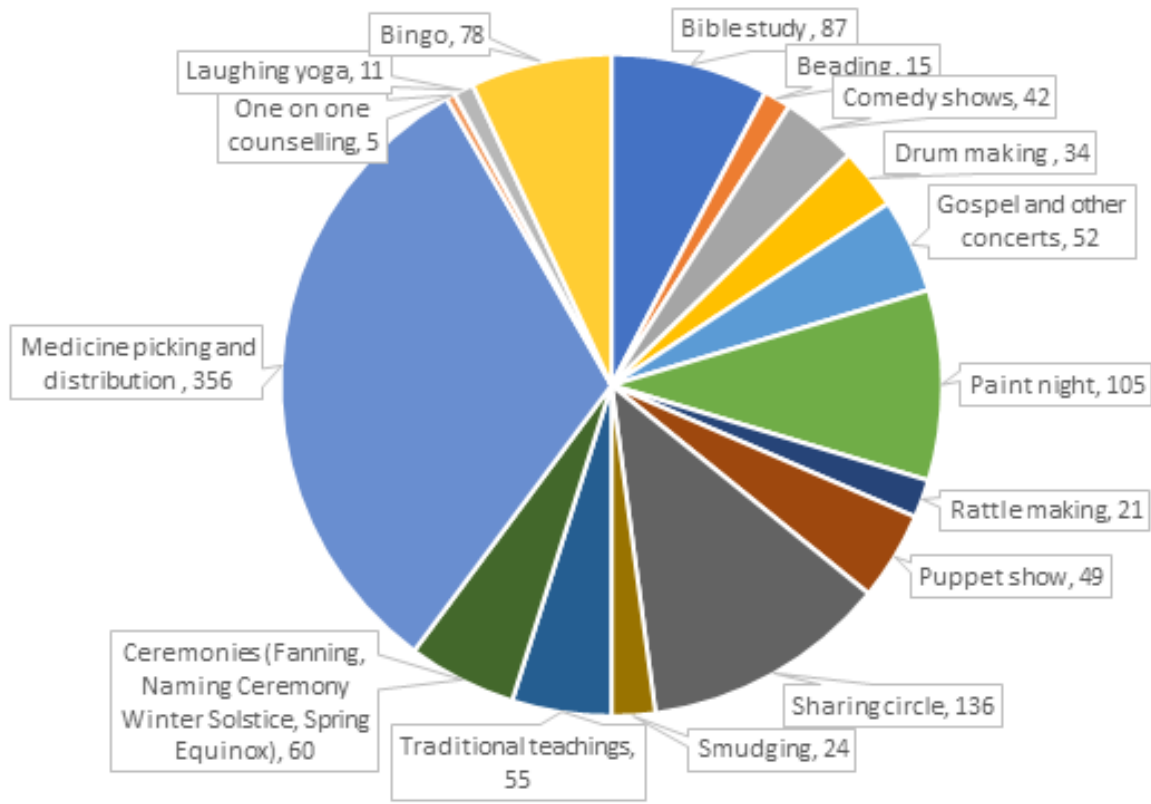
Halloween celebration



FNHIB-CRC Farewell



Events hosted by Turtle Team for both AIA Guests and Staff from April 2021 to March 2022 (event and the total number of people in attendance)



Many activities to support the communities, colleagues and the Turtle Team have been accomplished throughout the year. Events such as the Easter Bunny, Santa Claus, Mother’s Day and Father’s Day, National Day of Truth and Reconciliation, Grief Camp, Halloween, Farewell -giveaway with CRC are only a few of the events that have been planned and supported community work.

The Turtle Team has been committed to doing things differently and this has involved inviting our partners like Shared Health and Red Cross into exercises and teachings that foster reconciliation and decolonization of systems of care:

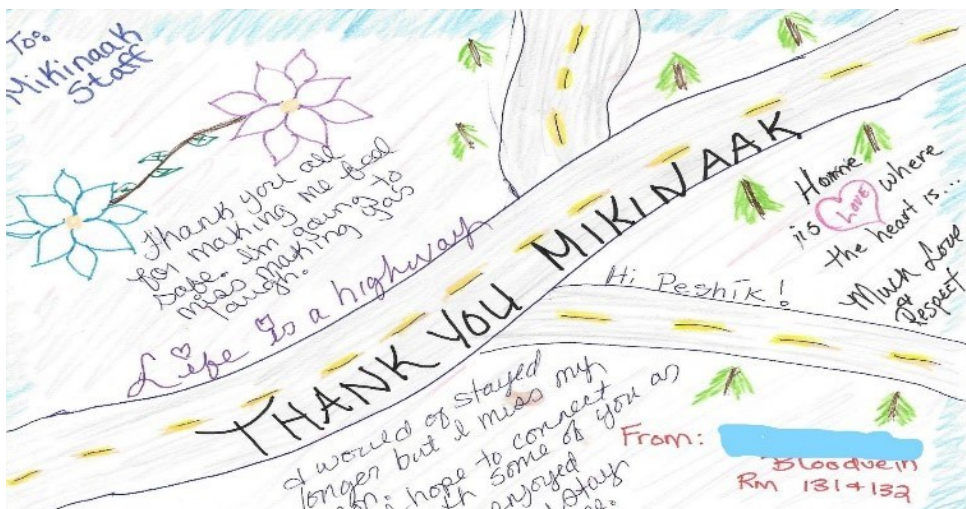


NEXT STEPS AND CALL TO ACTION

The Turtle Team will be submitting a business proposal to FNIHB and ISC for consideration of funding for an ongoing program to support communities in connecting the dots, closing the gaps and in evacuation support. It is anticipated the Turtle Team will be at a crossroads in the future. The work is there, the will is there, and the possibilities are endless. The TRC Calls to Action call upon each and everyone of us to work together to close the gaps and to focus on healthier communities. The Turtle Team have proven over the course of the past year that “heart work” is effective and most needed by all.

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.



COVID-19 Response

BACKGROUND

The Assembly of Manitoba Chiefs (AMC) Executive Committee declared a state of emergency in response to the emerging COVID-19 global pandemic and created the First Nations Pandemic Response and Coordination Team (PRCT) on March 17th, 2020, via resolution in order to begin the work of collective planning and response. Taking from lessons learned from the previous experience with H1N1, First Nations leadership along with various government and non-government partners have worked together to address issues, challenges, and logistics to effectively respond to the COVID-19 pandemic and associated challenges.

Thus, the Manitoba First Nations Pandemic Response Coordination Team (MFN PRCT) formed, consisting of a collaborative partnership between the Assembly of Manitoba Chiefs, Manitoba Keewatinowi Okimakanak (MKO), the newly formed Keewatinohk Inniniw Minoayawin (KIM), and the First Nations Health and Social Secretariat of Manitoba (FNHSSM). The MFN PRCT worked with Ongomiizwin Health Services at the University of Manitoba, the Canadian Red Cross, Indigenous Services Canada/First Nations and Inuit Health Branch, Shared Health, Manitoba Health, Manitoba Regional Health Authorities, and the Public Health Agency of Canada to contribute to a collective Manitoba process on preparedness, mitigation, and pandemic planning efforts.

Under the MFN PRCT, the FNHSSM provided executive direction on PRCT pandemic planning and response and undertook the role of coordinating social supports to communities, conducting outreach to southern First Nations, and lending nursing supports to community Rapid Response Teams, in vaccination clinics, and more. FNHSSM coordinated efforts among Social Supports Teams in the following areas:

- Policing & Public Safety
- Child & Family Services
- Community Wellness
- Accessing Financial Resources/Food Security & Supplies
- Information Technology & Telecommunications
- First Nations Identifiers & Data Linkage
- Domestic Violence & Women's Shelters
- Harm Reduction

These teams consisted of staff from AMC, MKO, KIM, and the FNHSSM but are coordinated and lead by FNHSSM staff.

ACCOMPLISHMENTS

Much of the work conducted by the Social Supports Teams began to wind down in the 2021-2022 fiscal year, with teams moving to less frequent meetings. Larger PRCT meetings continued to occur weekly into 2021-2022 but slowed in the fall of 2022. Meeting dates were as follows:

- April 6, 13, 20, 27, 2021
- May 4, 11, 28, 25, 2021
- June 22, 2021
- August 17, 24, 2021

Additional meetings were held January 11 and January 18, 2022, to plan response to the emerging Omicron Variant.

In 2021-2022, FNHSSM led an internal evaluation of the PRCT during Year 1 (March 2020-March 2021). The evaluation documented the journey throughout COVID-19 pandemic, highlighting challenges and innovative First

Nations led responses to mitigate the spread of COVID-19. The evaluation also demonstrated the importance of First Nations leading the way with assistance from partners, provincial and federal governments. The PRCT evaluation was complete by January 2022 and the report was subsequently shared with the public following the FNHSSM Annual General Meeting (AGM) in March 2022.

The FNHSSM also continued to lead the provision of wrap-around supports to First Nations at Alternative Isolation Accommodations (AIA) via the Turtle Team. The Turtle Team comprised of 50 members as of March 31, 2022. The Turtles provide client advocacy, family support, cultural, communication, site assistance and administrative supports. Guests from 33 First Nation communities resided at the AIA site during the 2021-2022 fiscal year. Many were also dealing with chronic conditions. This intensive project required FNHSSM to provide extensive, on-going management, legal, HR, IT, finance, and administration support. The Turtle Team also hired a Data Analyst and Data Clerk and began work to fully evaluate the project and develop a business plan for the future evolution of the project into a longer-term program.

When the province moved away from Polymerase-Chain Reaction (PCR) testing, it resulted in a significant loss to the data that First Nations relied upon for making informed decisions around planning COVID-19 responses. In spring 2022, FNHSSM launched a voluntary COVID-19 tracking system to collect COVID-19 at-home Rapid Antigen Test (RAT) results to try to make up for some of this data loss, particularly for individuals living off-reserve who do not benefit from community level COVID-19 test results collection efforts.

Lastly, the FNHSSM continued to lead many COVID-19 report communications in 2021-2022, especially through the production of regular data bulletins, including:

- Daily MB First Nations COVID-19 Bulletins;
- Weekly Bulletins;
- Tribal Council Reports;
- Vaccination Reports; and
- Internal reports specific for First Nations that would be shared with their leadership and Health Directors.

Bulletins and Reports were sent to Chiefs, Health Directors, Tribal Councils, and other key community contacts.

STATUS AND LINKAGES

The Turtle Team continues to provide supports at AIA sites and, at the request of communities, has begun providing wrap-around supports to flood and wildfire evacuees. At present, the Turtle Team exists as a *temporary project* to provide care and support to First Nations in COVID-19 Alternative Isolation Accommodation and emergency support services to First Nations fire & flood evacuees. The Team will next seek to develop a proposal for a continuing plan to become a more *permanent program* that provides emergency assessment along with response planning and implementation support and Emergency Social Services to First Nations experiencing an emergency and/or evacuation. The plan will also propose additional intermediary supports between emergencies/evacuations. The Team will also complete a comprehensive evaluation of the project to measure and report on its impacts.

The voluntary COVID-19 tracking system to collect COVID-19 at-home Rapid Antigen Test (RAT) results will continue into the next fiscal year. The COVID-19 tracking call center launched in May 2022, followed shortly by the online tracking system which became available in August 2022.

