

Peace, Unity and Wellness



FIRST NATIONS HEALTH AND SOCIAL
SECRETARIAT OF MANITOBA

2018-2019 Annual Report





FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT OF MANITOBA

2018-2019 ANNUAL REPORT



About the Cover Art:

*“Rainbow Warrior Women –
Bring Good Medicine”*

By Jackie Traverse

The First Nations Health and Social Secretariat of Manitoba (FNHSSM) would like acknowledge and thank artist Jackie Traverse for providing the artwork for FNHSSM’s 5th Annual Report cover.

Traverse is an Anishinabe woman from Lake St. Martin First Nation and is a University of Manitoba School of Art alumna. She works in a range of mediums including sculpture, mixed media and video. Her work is recognized across Canada.

Traverse’s works speak to the realities of being an Indigenous woman. She is moved by the injustices faced by First Nation people. Through her art Traverse strives to inspire dialogue to address her people’s social issues.

Art is where Traverse’s heart lies, feeling the strongest spiritual connection with all that she creates. Making art is where Traverse finds some of her happiest moments.

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FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT OF MANITOBA

2018-2019 ANNUAL REPORT

Message from the Chair of the FNHSSM Board



This has been a tremendous year of hard work and many achievements at the First Nations Health and Social Secretariat of Manitoba (FNHSSM). First, I acknowledge the dedication of FNHSSM staff for meeting all the assignments and expectations of the Board of Directors this past year. All the tasks have been achieved to date.

The many programs and research projects described in this Annual Report are the focus of the mandated activities of FNHSSM. The 46 staff members and programs are managed by the Executive Director and the FNHSSM management team, which includes the Director of Human Resources, In-House legal counsel, and Program Managers.

This year, one of the major tasks was the creation of the FNHSSM finance office, which ended the management of FNHSSM finances by the Assembly of Manitoba Chiefs (AMC).

The transitioning of finances between the two organizations was not an easy task as it involved legal and technical aspects and agreements. This task was completed in July 2019.

Another milestone was the creation of the Personnel and Finance Committee and the ongoing work of the committee that reduced the work and meeting schedules of the Board of Directors. Further to this, the Board of Directors has recommended an amendment to the FNHSSM By-Law to allow “proxies” at the board level. The amendment will be introduced at this Annual Meeting.

I want to report that the FNHSSM Annual Audit for this year has been reviewed and approved by the Board of Directors and will be distributed upon request. The audit is a “clean audit”. We saw a reduction in revenue of \$1,352,110 this year attributed to a reduction in funding streams due to programs being completed and/or entering into their final year.

FNHSSM supports regional initiatives by the Southern Chiefs Organization (SCO), Manitoba Keewatinowi Okimakanak (MKO) and AMC. In particular, FNHSSM senior staff have been directed to work closely with the AMC Universal Health Accord to achieve the new structures, mechanisms and authorities on health for Manitoba First Nations. This work is ongoing.

Last, but not least, I would like to reiterate the announcement of the re-establishment of the Chiefs Task Force on Health at AMC, which I support as a welcome change. This will result in the collaboration of expertise and experience between the organizations.

I wish everyone the best of the winter months to come.

Chief Sheldon Kent, Black River First Nation

Chairperson, First Nations Health and Social Secretariat of Manitoba



GOVERNANCE

FNHSSM Mandate

FNHSSM mandate is derived from the Assembly of Manitoba Chiefs-in-assembly resolution JULY-13.08 in which the Chiefs created a separate health organization to pursue a tripartite process to achieve a Unified Health System in Manitoba. The Chiefs-in-assembly then recognized, in AMC Resolution JUN-18.04, "...that the Chiefs-in-Assembly fully supports and endorses the recognition of the FNHSSM as a permanent entity..."

The Chiefs directed that the membership of FNHSSM be comprised of the Chiefs-in-assembly, with the Assembly of Manitoba Chiefs (AMC) Chiefs Task Force on Health (CTFoH) assuming the role of the Board of Directors of FNHSSM.

The mandate of FNHSSM is to address matters related to health, and to ensure First Nations have increased participation in the planning and development of new programs, policies and governance structures to achieve a Unified Health System in Manitoba. The mandate originates from the *Manitoba First Nation Health and Wellness Strategy: a 10-year Plan of Action and Beyond* and the *AMC Grand Chief's Health Renewal Strategy*, which are foundational documents that guide the work of FNHSSM.

FNHSSM Affiliate of the Assembly of Manitoba Chiefs

FNHSSM is an affiliate of AMC such that the AMC Executive Council of Chiefs appoints the Board of Directors of FNHSSM. The FNHSSM By-Law states:

18 Appointment of Directors: The following is the procedure to be followed for the appointment of Directors

d) The Executive Council of Chiefs shall review, select and appoint the members to the FNHSSM Board of Directors whose terms shall take effect on the date of the appointment.

e) The FNHSSM Board of Directors will present the member designate to the Members at the Annual Meeting for ratification and each Annual Meeting thereafter.

Moreover, FNHSSM works closely with the Tribal Council Health Directors, community Health Directors and workers, and regional organizations, such as Manitoba Keewatinowi Okimakanak and Southern Chiefs Organization.

FNHSSM Board of Directors

FNHSSM was incorporated in 2014. The current Board of Directors as appointed by AMC is comprised of Chiefs from each of the Tribal Councils, one independent northern First Nation, and one independent southern First Nation. The current Board of Directors is:

- **Board Chairperson Chief Sheldon Kent**, Black River First Nation, Southeast Resource Development Council
- **Board Vice-Chairperson Chief Francine Meeches**, Swan Lake First Nation, Dakota Ojibway Tribal Council
- **Board Treasurer and Chairperson of P&F Committee Chief Walter Spence**, Fox Lake Cree Nation, Keewatin Tribal Council
- **P&F Committee Member Chief Gilbert Andrews**, God's Lake First Nation, Keewatin Tribal Council
- **P&F Committee Member Chief Garnet Woodhouse**, Pinaymootang First Nation, Interlake Reserves Tribal Council
- **Board Secretary Chief Derrick Henderson**, Sagkeeng First Nation, southern Independent
- **Chief Nelson Genaille**, Sapotaweyak Cree Nation, Swampy Cree Tribal Council
- **Chief Eugene Eastman**, O-Chi-Chak-ko-Sipi First Nation, West Region Tribal Council
- **Chief Larson Anderson**, Norway House Cree Nation, northern Independent (Pending ECC Appointment)





FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT OF MANITOBA

2018-2019 ANNUAL REPORT

Current Programs and Activities

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

- **eHealth**
- **Panorama**
- **Regional Health Survey & Regional Early Education Employment Survey**
- **First Nations Labour and Employment Development Survey**
- **Inter-governmental Committee on Manitoba First Nation Health and Social Development**
- **Community-Based Primary Health Care Research Project**
- **Strengthening Families – Maternal Child Health**
- **Partners for Engagement and Knowledge Exchange**
- **Health Information Research Governance Committee**
- **Diabetes Integration Project**
- **Foot Care and Chronic Diseases**
- **Innovation Supporting Transformation in Community-based Primary Healthcare Research Project**

Update on Governance Activities

The FNHSSM Board of Directors and management work diligently to ensure the operations of FNHSSM meet the standards of a robust and effective health organization. The Board of Directors meets regularly on governance issues and guides the direction of FNHSSM management.

The management is comprised of the directors of the various departments, the Finance Director, Human Resources Generalist, Communications Specialist, and In-House Legal Counsel. The group meets on a regular basis to implement the direction given by the Board of Directors. They have the knowledge and

expertise on the delivery of health services and programs and the health trends and statistical data on First Nation health.

Recently, an event took place that will have a significant value in the governance of FNHSSM. The AMC adopted a resolution (2016) to re-establish the Chiefs Task Force on Health (CTFoH), which had been dormant for many years. (There was no motion to dissolve the CTFoH when they became members of the FNHSSM Board of Directors.) To this end, the members of the FNHSSM Board of Directors have resumed their role as the CTFoH, which met on July 31, 2019. Please be advised that the membership of the CTFoH will have a broader representation than just the members of the FNHSSM Board of Directors. In other governance activities, due to an increased demand for decision making, the FNHSSM Board of Directors formalized the Personnel and Finance Committee, which is comprised of the following:

Chairperson Chief Walter Spence,
Fox Lake Cree Nation
Chief Garnet Woodhouse,
Pinaymootang First Nation
Chief Gilbert Andrews,
God's Lake First Nation

The Board of Directors is apprised of the work performed by the P&F Committee. One of the major tasks of the P&F Committee in 2018-19 was the creation of fully functional finance office, which was achieved as of July 2019. It involved negotiating and executing a Service Purchase Agreement to transfer all data from AMC finance to FNHSSM finance. P&F Committee reviews all budgetary matters in detail and is responsible for the clean audit of 2018-19. The work of the P&F Committee is an important component to the governance of FNHSSM and is also involved in all human resources issues and hiring of new staff.





FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT OF MANITOBA

2018-2019 ANNUAL REPORT

MANAGEMENT AND ADMINISTRATION

Staff

Ardell Cochrane, Executive Director

Jerilyn Huson, Executive Assistant

Candace McCorrister, Intermediate Accountant

Deborah Simmons, Director of Human Resources

Louis Harper, Senior Legal/Technical Advisor

Michelle Audy, Health Policy Analyst/Researcher,

Human Resources Generalist/Governance Strategist

Renata Meconse, Communications Specialist

Accomplishments

The Management and Administration departments are responsible for the organization's fiscal and financial accountability, human resources, internal and external communications, legal support, and policy and research. Staff have worked diligently and contributed to the following endeavours:

- ✓ Successful recruitment and growth of the Management and Administration team which increased FNHSSM's capacity, productivity, resource expansion, and management capabilities.
- ✓ Hosted a Truth and Reconciliation Workshop in partnership with the National Centre for Truth and Reconciliation in April 2018.
- ✓ Hosted an Indigenous Nurses Day for Indigenous Nurses in May 2018
- ✓ The Senior Management Team and staff supported PEKE and Research departments as they led organizing and hosting of the NIBI Water Gathering in June 2018.

- ✓ The FNHSSM had another successful year of a sound Financial Audit.
- ✓ The FNHSSM Strategic Plan Development was initiated and developed.
- ✓ Human Resources completed a full review and update of FNHSSM staff job descriptions, salary scales and HR policies.
- ✓ The Director of Human Resources returned from maternity leave after successfully writing the National Knowledge Exam to earn the designation Chartered Professional in Human Resources Candidate.
- ✓ Human Resources revised and re-vamped the Annual Employee review process.
- ✓ Human Resources provided Management training to all Managers on how to do effective employee reviews.
- ✓ Senior Management organized and hosted quarterly FNHSSM Board Meetings.
- ✓ FNHSSM's Management and Administration began the process of creating their own internal Finance Department by performing a detailed analysis of the needs for FNHSSM.

Status and Linkages

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

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





FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT OF MANITOBA

2018-2019 ANNUAL REPORT

This includes priority areas as identified by communities through research, engagement and regional health meetings.

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

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

- **Met with the AMC Council of Elders regarding the vision and regional strategic priority areas.**
- **Presentation at forums including the KTC Health Forum**
- **eHealth, Telehealth, Panorama**
- **Health Information & Research**
- **Intergovernmental Committee on Manitoba First Nations Health (ICMFNH) – Technical Working Group and Senior Officials Steering Committee**
- **Manitoba First Nations Health & Wellness Strategy – A 10 Year Plan of Action – Report Card – ongoing**
- **Maternal Child Health**
- **Diabetes**
- **Foot Care and Chronic Disease**
- **Community Engagement**
- **Statement of Principles on a Tripartite Process to Transfer Health Services to First Nations in Manitoba**
- **Pinaymootang Advisory Committee on Jordan's Principle**
- **Assembly of Manitoba Chief's Regional Jordan's Principle Forum**

- **Drianna Ross Inquest Recommendations Review Committee**
- **Senior Advisory Committee on the Provincial Clinical and Preventative Services Planning for Manitoba**
- **Regional Representative/Participation on National Committees**
- **Assembly of First Nations (AFN) National Public Health Committee**
 - **AFN National First Nations Health Technicians Network**
 - **AFN Chiefs Committee on Health**
 - **AFN and FNIHB Joint Steering Committee on NIHB**
 - **National Joint Steering Committee on the Review of the Non-Insured Health Benefits Program**
 - **Manitoba First Nations Personal Care Home Networking Group**
 - **National First Nations Health Technicians Network**
 - **National Indigenous STBBI (Sexually Transmitted Blood Borne Infection) Stakeholder Meeting**

Next Steps and a Call to Action

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





FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT OF MANITOBA

2018-2019 ANNUAL REPORT

advocate for medical and nursing students Aboriginal health education.

We pledge to incorporate the spirit and intent of the Calls of Action into all aspects of the organization, which is to “redress the legacy of residential schools and advance the process of Canadian reconciliation.”

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

Acknowledgements

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

- The Elders, Knowledge Keepers, Grandmothers, and Grandfathers who provide guidance and advice on how FNHSSM can execute its mandate and be partners in healthy communities to the highest benefit of First Nations in Manitoba;
- The Grand Chiefs and staff of the Assembly of Manitoba Chiefs, Manitoba Keewatinowi, and Southern Chiefs Organization, as well as AFN Regional Chief, for their assistance and voices in helping FNHSSM to advocate for the best health outcomes for our people;
- The leadership of all First Nations in Manitoba, the Chiefs who make-up the membership of FNHSSM;
- The Health Directors and staff at the seven Tribal Councils in Manitoba for providing solid advice and leadership – Cree Nation Tribal Health Services, Dakota Ojibway Health Services, Interlake Reserves Tribal Council, Island Lake Tribal Council, Keewatin Tribal Council, Southeast

Resource Development Council, Swampy Cree Tribal Corporation, and West Region Treaty 2 & 4 Health Services;

- The local, grassroots-level health experts – the Health Directors of all First Nations in Manitoba – for the continual guidance, grassroots perspective, and robust participation in FNHSSM initiatives;
- All of our partner organizations, such as Saint Elizabeth Health Care, the Assembly of First Nations and the AFN Chiefs Committee on Health, Indigenous Services Canada, Shared Health Manitoba.

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





FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT OF MANITOBA

2018-2019 ANNUAL REPORT

RESEARCH

Staff

- Leona Star, Director of Research**
- Wanda Phillips-Beck, Primary Health Care Nurse Manager**
- Stephanie Sinclair, Indigenous Doula Research Coordinator**
- Shravan Ramayanam, Statistical Analyst**
- Wendy McNab, PEKE Coordinator, SPOR Research Assistant**
- Vanessa Tait, PEKE Research Assistant**
- Carla Cochrane, Regional Research Coordinator**
- Leanne Gillis, Community Liaison/Administration**
- Donna Toulouse, Research Administrative Assistant**

First Nations Labour and Employment Development Survey



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

The FNLED team is currently seeking signed agreements of participant or BCRs for communities to take part.

The FNLED team is currently seeking signed agreements of participant or BCRs for communities to take part.

Survey collection will begin in fall and will allow for employment for one or two people within the participating communities.

The team would like to acknowledge the FNLED Advisory Committee who were key in developing this survey.

Health Information Research Governance Committee (HIRGC)

Since 1996, the Assembly of Manitoba Chiefs (AMC) Chiefs-in-Assembly mandated the Manitoba First Nations Health Information Research Committee (HIRGC) to be the Manitoba Regional Ethics Board, reviewing proposals, and encouraging First Nations leadership and partnership in research according to First Nations priorities and values.



RESEARCHER APPLICATION
First Nations Health and Social Secretariat of Manitoba
Health Information Governance Committee (HIRGC)

Date of Application:			
Purpose of Application (What are you seeking from HIRGC) Please Circle One:			
Advice	Letter of Support	Partnership/Collaboration	Other (Please State):
Contact Information			
Name of Researcher:			
Address:			

In 2007, the AMC Chiefs-in-Assembly provided further guidance for Respectful Research Relationships with and led by First Nations:

- Free Prior Informed Consent (on collective and individual basis);
- First Nations OCAP principles that First Nations have Ownership, Control, Access, and Possession of their own data;
- First Nations ethical standards (whether Cree, Dakota, Dene, Anishinaabe or Oji-Cree).
- Benefits to First Nations within and after research is undertaken.





FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT OF MANITOBA

2018-2019 ANNUAL REPORT

In 2013, AMC Chiefs-in-Assembly established the First Nations Health and Social Secretariat of Manitoba with the vision to restore holistic health of First Nations people, communities, and Nations.

HIRGC has broadened its mandate to holistic health research other than health care determining our health - including all that impacts our lives:

- The health of Mother Earth and all the gifts of the Creator.
- The four spheres of physical, mental, emotional, and spiritual health.
- Social determinants such as housing, education, income, etc.
- Impacts of colonization and ongoing colonialism, racism, oppression, etc.

The HIRGC members are:

Doris Young, Opaskwayak Cree Nation
Rene Linklater, O-Pipon-Na-Piwin Cree Nation
Guy Gosselin, Roseau River Anishinabe First Nation
Gloria Rach, Dakota Ojibway Tribal Council
Elvin Flett, St. Theresa Point First Nation
Vanessa Tait, Academic
Youth Representative, Vacant

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

Innovation in Community-based Primary Health Care (CBPHC) Supporting Transformation in the Health of First Nation and rural/remote communities in Manitoba, Canada – (iPHIT) is a 5-year research partnership (2013-2018) between the University of Manitoba, FNHSSM and 8 First Nations (FN) which

aimed to understand FN perceptions & experiences with Primary Health Care (PHC); and use this knowledge to provide information for FN communities document or improve the scope and delivery of CBPHC services in their respective communities. We are presently into the second extension year of the project focused on knowledge exchange and writing.

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

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

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

The Core Research Team includes:

Dr. Alan Katz, Principle Investigator, University of Manitoba
Dr. Josée Lavoie, University of Manitoba
Dr. Kathi Avery Kinew, FNHSSM

Key issues that arose this fiscal year was relatively minor and involved coordinating schedules of team members to meet regularly.





FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT OF MANITOBA

2018-2019 ANNUAL REPORT

Key Accomplishments for the iPHIT Research Project

Wanda Phillips-Beck presented or participated at the following conferences:

- **Canadian Association for Health Services for Policy Research Conference (CAHSPR);**
- **Canadian Association for Public Health conference;**
- **Pacific Region Indigenous Doctors Conference (PRIDOC);**
- **International Congress on Circumpolar Health;**
- **Northern Health Conference;**
- **International Data Linkage Conference;**
- **Modelling Outcomes for TB research;**
- **Society for Research in Child Development;**
- **North American Primary Health Care Research Group (NAPCRG);**
- **Community-Based Primary Health Care Initiative 12 teams meeting of the Canadian Institute of Health Research.**

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

The iPHIT team also published the following articles this year:



Kyoon-Achan, G., Lavoie, J., Kinew, K., Phillips-Beck, W., Ibrahim, N., Sinclair, S., Katz, A. Innovating for Transformation in First Nations Health Using Community-Based Participatory Research. *Qualitative Health Research* 2018, Vol. 28(7) 1036–1049.

Partners for Engagement and Knowledge Exchange (PEKE)



The overall all goal of the PEKE is to create platforms to share, exchange and/or create partnerships across Manitoba, Canada and

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

This year's past accomplishments include:

- Summer Institute on Indigenous Ethics and Research – PEKE, FNHSSM research unit & University of Winnipeg;
- Nibi Gathering, Bannock Point, Whiteshell, MB – FNHSSM research unit, Treaty 3 and University of Ottawa;
- Co-hosting the CIHR Annual Pathways Gathering, Lethbridge, AB – PEKE and Alberta First Nations Information Governance Centre (AFNIGC). Hosted on the traditional territory of the Siksikaitisapi (Blackfoot Confederacy).





FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT OF MANITOBA

2018-2019 ANNUAL REPORT

The FNHSSM Director of Research and PEKE Coordinator attended a meeting in Lethbridge, Alberta. Following the direction and instructions of our partners, AFNIGC, we were privileged to meet with four members of their sacred society (traditional leadership of the traditional territory) of the Kainai Tribe. This was the second step towards requesting permission and blessings to host the 2018 PAG.

Firelight Group Inc. conducted an Indigenous Mapping Workshop for FNHSSM staff, UWinnipeg Students, community members with the intentions of learning how to use mapping as data collection tool and presented at the Summer Institute on Indigenous Ethics and Research.

Our partners University of Winnipeg Masters in Development Practice: Indigenous Development partnered with the FNHSSM Research and PEKE to cohost the first time ever Summer Institute on Indigenous Ethics and Research (credit and certificate course) for graduate, undergraduate and community members.

Thank you to all the FNHSSM Staff and their families that volunteered for the 2018 NIBI Gathering!

Regional Health Survey (RHS)

Since the mid 1990's the RHS has been a renowned survey of choice, uniquely designed by First Nations for First Nations and implemented by First Nations across Canada. The First Nations Regional Health Directors who developed RHS also developed the Traditional Code of Ethics, the cultural framework for interpretation, and the First Nations OCAP principles, that First Nations have Ownership, Control, Access and Possession of their own data.

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

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

Phase 3 of the Regional Health Survey (RHS) was successfully completed in 2016 in where we hired and trained 62 data collectors in 35 Manitoba First Nations and surveyed 3509 adults, youth and parents/guardians of children to achieve 85.50% of the targeted sample of 4104 surveys.

The Manitoba First Nation Regional Report 2015-16 is available online or by request to the First Nations Health and Social Secretariat of Manitoba Research Department.

Phase 4 of the RHS is scheduled to launch in 2020-21.





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



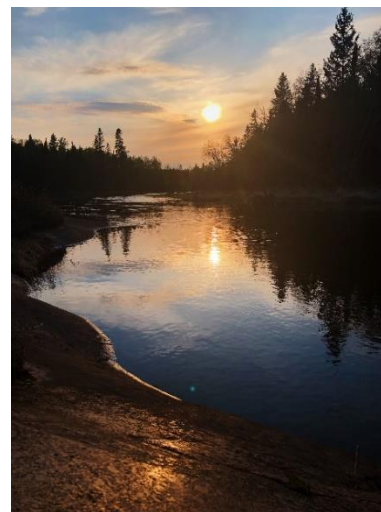
Indigenous Doula Initiative is a partnership with Manitoba Indigenous Doulas Initiative (MIDI) and Dr. Jaime Cidro, University of Winnipeg. This project is a culturally based health intervention where expectant mothers in a three First Nation communities will be paired with a local Indigenous doula (birth helpers) who has undergone a five day culturally specific doula. The Indigenous birth helpers receive continued support and mentoring. To date this project has provided support to 70 families. The data collected in this project will be used to advocate for comprehensive supports for families as they welcome new life into their nations. The project is in the third year of five years of funding and is working with the communities to examine ways to sustain the Indigenous doulas beyond the project funding.

The FNHSSM research team applied in an LOI application process under the CIHR grant called “Indigenous Healthy Life Trajectories Initiative (HeLTI) Development Grant”. Applying as an all Indigenous research team, our submission called “Indigenous Birth Rites as Intervention - Cree Birth:

Starting Life in a Good Way Creating Sustainable Prevention” was successful.

This project is led by an all Indigenous (Neheweyak, Anishinabe and Metis) research team, with demonstrated partnerships and relationships that interconnect across disciplines and knowledge that support wellness of our Nations. As a research unit, we are committed to self-determination in research, and ensuring First Nations are healthy and home at all stages of the life journey.

The project hosted two land-based meetings with Cree knowledge keepers, grandmothers, birth helpers, midwives, researchers and families. The gatherings provided the opportunity for participants to share their knowledge on Indigenous birthing practices, develop relationships, and create a path forward. The participants identified the following as Cree Indicators of wellness across the lifespan; ceremonies to support wellness, growing up with life-long connections, language and the connection to the land and waters. The videos created that the gatherings are available on the website.



We are developing a two-year grant to continue this work in partnership with the Blackfoot Confederacy and the three Cree communities in Manitoba. The project is entitled:

Supporting the trajectories of our spirit: Living Cree and Blackfoot Miipaataapiisii (Our spiritual way of life), Cree Pimatisiwin (our spiritual way of life).





FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT OF MANITOBA

2018-2019 ANNUAL REPORT



World Indigenous Suicide Prevention Conference

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

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

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

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

Devotion

Under the direction of the Grandmother's Council and Indigenous partners within Manitoba the overall goal of supporting wellness of children and families was identified as a priority. The "Wellness" of our children and families would be achieved by working towards bringing back our own teachings, values of Pimatziwin, "Living a good life". Based on their direction the research team at FNHSSM has worked to support initiatives that are creating space and opportunity to re-establishing traditional women's and men's roles to support healthy pregnancy and raising healthy children. We are also providing supports to Manitoba First Nations in developing their own research governance processes, providing the tools through data to tell their own stories, lead their own research according to their priorities.

Research projects and initiatives supported during 2018-2019:

- First Nations Community Health Profiles (all MFNs will receive community profile of their Nation)
- 4 Provincial Deliverables (First Nations Atlas, Diabetes, TB, Children's Atlas) in partnership with Manitoba Centre for Health Policy (MCHP)
- Manitoba First Nations Research Handbook (HIRGC requirements for respectful research relationships with MFNs)
- Indigenous Birth Rites as Intervention - Cree Birth: Starting Life in a Good Way Creating Sustainable Prevention – ongoing
- Summer Institute on Indigenous Ethics and Research – PEKE, FNSHHM research unit & University of Winnipeg May 1-5, 2018
- Nibi Gathering, Bannock Point, Whiteshell MB – FNHSSM research unit, Treaty 3 and University of Ottawa May 24-27, 2018
- Canadian Institute for Health Research's Annual Pathways Gathering – FNHSSM research unit,





FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT OF MANITOBA

2018-2019 ANNUAL REPORT

Alberta First Nations Information Governance Centre, Lethbridge, Alberta June 25-27, 2018

- World Indigenous Suicide Prevention Conference 2018 – Perth, Australia November 22-23, 2018
- Manitoba First Nations Health Technicians Network meeting – Winnipeg, MB December 13-14, 2018
- Nisichawayasihk Cree Nation's Public Health Conference in Thompson, Manitoba February 13-14, 2019

STRENGTHENING FAMILIES MATERNAL CHILD HEALTH



Staff

Rhonda Campbell, Nurse Program Advisor
Adele Sweeny, Peer Resource Specialist
Elizabeth Decaire, Peer Resource Specialist
**Joyce Wilson, Administrative Assistant/
Peer Support Worker**

Accomplishments

- Incorporating traditional parenting and Indigenous Doula (birth workers) training for staff, which was initiated in 2016 and has been ongoing each year. The purpose is to educate program staff on traditional ways of knowledge and to support culturally appropriate care in communities.
- Partnership with Manitoba Centre of Health Policy to evaluate outcomes for First Nations receiving home visitation is almost in completion, through the ENVISION Study.
- Three communities are part of a pilot project for combined MCH/STAR program in the KTC region. Hollow Water received partial funding from FNHIB to support its SF-MCH program.
- Train the Trainor model for Growing Great Kids curriculum was started in 2017 in partnership with Healthy Child Manitoba to train two provincial staff, ensuring our SF-MCH staff have required training to meet program needs. SFMCH is only allowed to train MCH staff and no other FNHIB children's program as they are not under SF-MCH supervision and the quality assurance of our program cannot be monitored.

Status and linkages

- *FNHSSM/Healthy Child Manitoba Joint Training Initiative:* FNHSSM and the SF-MCH Administrative Assistant continue to facilitate the Strengthening Families First Nation communities to support families in the program sites. The FNHSSM partnered with Healthy Child Manitoba and the Regional Health Authorities in coordinating and supporting mandatory curriculum training. The FNHSSM partnered and cost shared with Healthy Child Manitoba and independently coordinated 3 of the 9 curriculum sessions, training 21 new SFMCH staff.





FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT OF MANITOBA

2018-2019 ANNUAL REPORT

- *Sacred Babies training for all Early Childhood Cluster:* SF-MCH Regional team provides a two-day training in safe sleep for First Nations families, 16 participants were certified in SFMCH.
- *Manitoba Indigenous Doula Initiative Training* – all current SFMCH trained.

The Quarterly Meetings and Bi-annual Gatherings of all community based MCH staff continues to be a forum for professional development. The FNHSSM Strengthening Families Maternal Child Health Team organizes quarterly workshops and educational sessions on various themes that are identified through Peer Support visits. Our focus was on refreshers on program standards and policies, case management, documentation, and research updates. Regional staff organized the Blanket Exercise for SFMCH to understand the effects of colonization. This activity was very powerful and moving according to the staff that participated.

Next Steps and a Call to Action

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

The support and transfer for children’s program from FNHIB to FNHSSM is a major priority for SFMCH to ensure quality programs are supported in each First Nation community.

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.





FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT OF MANITOBA

2018-2019 ANNUAL REPORT

Acknowledgements

SFMCH would like to extend gratitude to our champions who advocate for closing the gap in maternal child health services in First Nation communities. We thank our SFMCH community supervisors and home visitors that continue to strive towards excellence in achieving the vision of having healthy holistic and balanced families living in FN communities. We also, thank the First Nations Chiefs, Councillors, Health Directors, research partners, in the year's accomplishments. Without the support of these individuals, groups, and organizations we would have difficulty achieving our goals.



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FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT OF MANITOBA

2018-2019 ANNUAL REPORT

DIABETES INTEGRATION PROJECT (DIP)

Staff

Caroline Chartrand, RN, Director, DIP
Lorraine McLeod, RN, Associate Director
Thompson Team – Vacant
Thompson Team - Vacant
Patricia Currie, RN, Dauphin Team Lead
Alice Asham, LPN, Dauphin Team
Sharon Flett, LPN, Winnipeg Team Lead
Melissa Gustafson, RN, Winnipeg Team Lead
Belinda Harper, LPN, Winnipeg Team
Monique Lavallee, Administrative Support
Kayla Perry, Dietitian
Dr. Barry Lavallee, Medical Consultant

The Diabetes Integration Project had a busy year in the provision of mobile diabetes care and treatment services in 20 First Nations communities in the Manitoba Region. The Diabetes Integration Project is supported through a number of partnerships with the First Nations communities, Tribal Councils, Manitoba First Nations Diabetes Leadership Council and the various health professionals in the key specialty areas.

Key Issues/Challenges

Addressing the epidemic of type 2 diabetes in the First Nation communities requires an increase in funding to increase the wages/salary level for nursing staff and to increase the number of communities receiving DIP services. Increasing the resource base for DIP and influencing both provincial and federal governments to incorporate a screening,

location of disease and treatment platform in the current health care system are necessary and proven best approach. Poverty is a major contributing factor to the epidemic of diabetes and eliminating poverty is central to reducing complications for those living with type 2 diabetes.

Linkages to First Nation Communities

Winnipeg Team

Hollow Water
Peguis
Roseau River (Discontinued services Oct 2018)
Long Plain
Sandy Bay
Swan Lake

Dauphin Team

Pine Creek
Skownan
O-Chi-Chak-Ko-Sipi
Ebb & Flow
Keeseekoowenin

Thompson Team

God's River
God's Lake
Bunibonibee
Tataskweyak (Split Lake)
Nisichawayasihk (Nelson House)
Chemawawin

Status of Activities

DIP continues to provide mobile diabetes care and treatment services in nineteen (19) First Nation communities in Manitoba. DIP utilizes the Diabetes Canada's Clinical Practice Guidelines for the Prevention and Management of Diabetes (2018) as





FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT OF MANITOBA

2018-2019 ANNUAL REPORT

the “Gold Standard of Care” which provides a framework for the diabetes care and treatment activities provided by the Mobile Diabetes Health Care Service Delivery Teams.

DIP 10 Year Review and Business Case Development

DIP has been providing services since 2008 and will be conducting a 10 year program review. What is evident is the need to review the services, what works well, where improvements are needed, and to hear directly from the clients currently receiving services. The information/feedback collected will assist us to better understand the current and potential future state of DIP programming in Manitoba and to develop a strong, evidence based, business case to support the expansion of services to all First Nations communities in Manitoba utilizing a Tribal Council/First Nation approach to service delivery.

The FNHSSM hired Cynthia Carr, an epidemiologist to complete the project. Ms. Carr solicited input and feedback; by surveys and focus groups, from Tribal Council & community health staff, clients receiving DIP services and program staff to better understand program benefits to clients and community, current capacity and program challenges. This information along with information obtained from key informant interviews; held with physicians, specialists, First Nations and Inuit Health Branch (FNIHB) and DIP staff, will be used to develop the business case.

The expansion of the Diabetes Integration Project into the 43 remaining First Nations communities remains a challenge as there are higher rates of diabetes, kidney dialysis, and amputation rates. Type 2 diabetes rates in our children are also increasing exponentially.

Diabetes/kidney screening has been recognized as a gap and there is ample evidence available that stresses the need for change as the current system is not meeting the needs.

Accomplishments

The DIP Model of Care utilizes a one-to-one anti-racist, anti-colonial approach and builds on the strength of the First Nation communities in its delivery of care to its’ citizens. The one patient to one provider model allows DIP to work with each client individually to meet the needs of each client and allows for the development of a therapeutic relationship. DIP has demonstrated the success of this approach in the clients’ ability to manage their diabetes improves thereby reducing the progression of diabetes related complications.

Training and capacity development activities are a very important aspect of mobile diabetes care and treatment service delivery. One priority is to develop and support a workforce that is fully aware of the unique history, knowledge of the cultural values and belief system, as well as to ensure the DIP Team nurses have the skills necessary to conduct the clinical assessments. Through training and capacity development activities, the DIP Team Nurses are supported to engage with clients from an anti-racist, anti-colonial and strength based approach. Clients are supported to make changes in their diets, physical activity, taking their medication and managing their disease.

All DIP Team nurses are experts in type 2 diabetes care and treatment services. All nurses are trained in “Point of Care Testing” to assess diabetes management, kidney damage/kidney function.



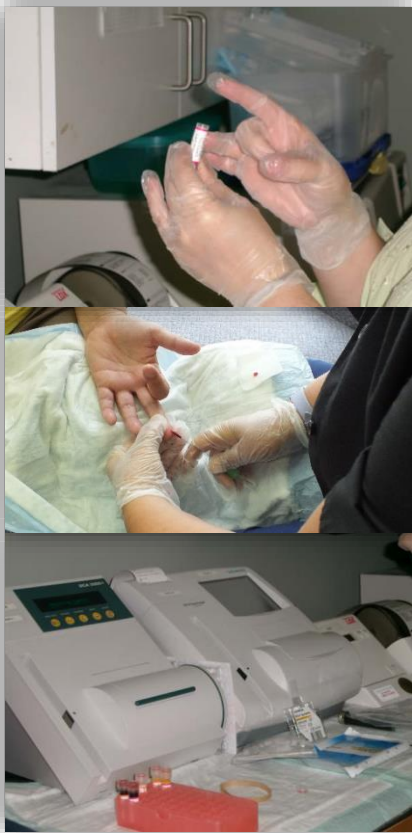


FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT OF MANITOBA

2018-2019 ANNUAL REPORT

Testing produces quick results in 6 - 12 minutes. Client education is provided based on the results, which creates an opportunity for education to increase awareness of their condition and what clients need to do to improve their health. Clients have advised they like the fact that results are obtained immediately and the education is tailored to the individual client.

All DIP Team nurses are trained on how to collect finger poke samples for Point of Care Testing, Quality Assurance and Point of Care Testing protocols.



Calls to Action

The Truth and Reconciliation Report recommendation # 23 calls upon all levels of government to increase the number of Aboriginal professionals working in the health care field; ensure the retention of Aboriginal health care providers in Aboriginal communities; and provide cultural competency training for all health care professionals. The Diabetes Integration Project Model of Care provides an “anti-racist, anti-oppressive approach to diabetes care and treatment services. All DIP Teams have been provided with skills-based training and capacity development to ensure the nurses are aware of our culture and history.

Conclusion

Addressing diabetes and other chronic diseases in First Nation communities requires a two pronged approach as the best means to reduce the impact of diabetes and its complications. Increasing the resource base to incorporate a screening, location of disease and treatment platform in the current health care system are necessary and proven best approach.

Acknowledgement

We thank the FNHSSM Board of Directors, Senior Management and all FNHSSM staff for their ongoing support. We also thank Dr. Barry Lavallee, who provides the guidance and direction in the application of mobile diabetes care and treatment services in Indigenous populations. We'd also like to thank the Manitoba First Nations Diabetes Leadership Council, Tribal Councils, Health Directors, the First Nations communities, Independent First Nation communities, FNIHB, and the University of Manitoba specialists for their continued support.



RESEARCH PROJECT: SPOR DIABETES STRATEGIES FOR PATIENT ORIENTATED RESEARCH – National Training in Culturally Safe Diabetes Education

This research project builds on the success of the DIP Model of Care, which builds upon the anti-racist, anti-colonial, strengths-based approach developed by the Diabetes Integration Project.

Partners

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

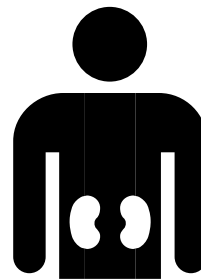
Work to be undertaken

The goal is to develop an education program to train healthcare practitioners and students in a novel culturally appropriate and safe model of First-Nations community-based diabetes care. This training program will focus on reaching primary care providers across Canada who care for both Indigenous and non-Indigenous vulnerable persons living with diabetes.

Benefit to First Nations

Increased awareness of racism and its impact on the health of Indigenous people. Research data and analysis that will assist leadership at the Chief and technical level to advocate for changes in the provincial and federal levels.

RESEARCH PROJECT: I-KHEALTH - IMPROVING RESPONSIVENESS ACROSS THE CONTINUUM OF KIDNEY HEALTH CARE IN RURAL AND REMOTE MANITOBA FIRST NATION COMMUNITIES



This partnership-based program of research brings together community-based researchers from the FNHSSM Diabetes Integration Project, First Nation patients with lived experience of renal disease, University of Manitoba university-based researchers and health care professionals (kidney specialists, nurses, dietitian, and social worker). The research project will focus on the continuum of renal care (from presenting renal health to expanding treatment options). The proposal has been successful and is expected to start in September 2018.

Partners

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

Work to be undertaken

There are four studies that make up the overall research project. Mapping patient journeys in rural and remote areas;

- Assessing primary health care's role in kidney health;
- Evaluating and developing appropriate kidney health education; and
- Exploring alternative models of dialysis treatment delivery.





FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT OF MANITOBA

2018-2019 ANNUAL REPORT

Benefit to First Nations

A diagnosis in an earlier stage of chronic kidney disease (CKD) can lead to interventions that help manage the disease and reduce the possibility of progressing to later stages and the need for dialysis.

RESEARCH PROJECT: SPOR KIDNEY “CAN-SOLVE CKD – OPTIMAL APPROACHES TO CKD CASE FINDING IN INDIGENOUS COMMUNITIES

The SPOR - Kidney application is an extension of the FINISHED Project (2012-2015) and is co-lead by Dr. Adeera Levin, University of British Columbia and Dr. Paul Komenda (Manitoba Renal Program) and Dr. Barry Lavallee (Indigenous Lead). This is a 5 year initiative which will run from September 2016 – March 2021.

Partners

University of British Columbia and Manitoba Renal Program

Work to be undertaken

Working with 3 – 4 rural/remote First Nations communities in MB to plan and implement screening for diabetes, blood pressure and kidney health checks.

Benefit to First Nations

Individual

- Education and support
- Helping keep kidneys healthy and prevent or delay kidney health problems or the need for dialysis

Community

- Community based & community guided screening

Health Care System

- Improving early detection rate and reducing need for urgent/emergency dialysis
- Sustainability moving forward

RESEARCH PROJECT: TYPE 2 DIABETES IN MANITOBA (Diabetes Atlas)

Partners

Request from MB Health, Centre for Health Policy

Work to be undertaken



Another project that DIP is involved in is based on the previous work done by Dr. Pat Martens in 2002 entitled, “The Health and Health Care Use of

Registered First Nations People: A Population Based Study.” This research project will provide an analysis of major trends in type 2 diabetes prevalence and incidence in Manitoba from 1983 to 2015. It will look at health service use, physician visits, hospitalization, prescription drug use, changes over time, as well as provide an overall picture of diabetes complications. This project is expected to provide a “snapshot” of diabetes within the Manitoba Region and is expected to wrap up in the fall of 2019.

Benefit to First Nations

Analysis of major trends in type 2 diabetes, prevalence, incidence, complications and mortality in Manitoba from 1979 – 2015. Data to support program planning.





FNHSSM REGIONAL FOOT CARE PROGRAM

Introduction

Donna Saucier, RN/BN MHS is working as the Regional Foot Care Program Coordinator, based out of the KTC Building in Thompson, started working full-time on September 25, 2017. Alyssa Cook, part-time administrative assistant currently on maternity leave.

Overall goal is to reduce diabetes-related foot complications in Manitoba First Nations Communities. Support is provided to all First Nation communities and Tribal Councils to ensure that they hire nurses who have successfully completed the Assiniboine Community College (ACC) basic foot care course and are qualified to provide safe and competent foot care services in the communities.

Key Issues and Challenges

The development of Data/Methodology/Storage/Management Framework includes the following:

- September 27, 2018 -on-going discussions with Dr. Komenda, Dr. Embil and Dr. Lavallee on the development of a clinical decision-making tool to support the Foot Care nurses in the field. Data to be captured utilizing an iPad application.
- January 31, 2019- A follow-up (teleconference) meeting was held to determine the costs associated, ongoing support requirements and maintenance.
- Moving-forward, we will continue to explore other data management systems.

Data Collection

The foot care data collection tool has been developed in consultation with a number of key stakeholders and foot care nurses using an excel spreadsheet to capture relevant data until an acceptable data management system is in place.

Training was provided via telehealth sessions in August and October for the foot care nurses on how to complete the data tracking excel spreadsheet. Sessions were open to any person who wanted to learn. More telehealth training sessions will be planned for the coming fiscal year.

Sterilization Procedures (on-going)

Sterilization with the autoclave is considered best practice. Currently reviewing the literature around chemical sterilants.

Capital Requirements

Issues surrounding having capital to build an extension to accommodate a dedicated sterilization room

Recruitment and Retention of Foot Care nurses, including accommodations

Linkages to First Nation Communities 2018/19

Foot Care Program re: presentations, updates and discussions at the following:

- May 10th- Tribal Home & Community Care Coordinators meeting via teleconference
- June 6th -MFNDLC via teleconference
- June 26th – ISC (FNIHB) via teleconference
- September 11th -DIP Winnipeg office via teleconference
- September 12th & 13th -MFNDLC program updates via teleconference





FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT OF MANITOBA

2018-2019 ANNUAL REPORT

- September 18th - DIP Winnipeg office (face to face)
- October 14th -Meeting at FNHSSM with HD and DIP
- October 25th -Meeting at FNHSSM with HD, DIP and ISC
- November 14th -World Diabetes Day, program updates for FNHSSM staff via telehealth
- November 20th -Meeting with ISC, FNHSSM & SIL via teleconference re: foot care nurse
- November 27th -KTC ADI foot care presentation
- December 6th -Admin Week -CPR recert and program updates in Winnipeg
- December 11th -MFNDLC program updates via teleconference
- December 13th -Health Techs meeting-presentation via teleconference
- January 15th -IRTC Health Directors - program updates via teleconference
- January 21st – IRTC & SERDC nurses- program updates via teleconference
- January 24th – Tribal Diabetes Coordinators- program updates face to face in Winnipeg.
- February 6th -eHealth Conference -program presentation in Winnipeg.
- February 20th – MFNDLC program updates via teleconference
- February 27 & 28- FNHSSM Chronic Diseases Workshop for CHRs in Winnipeg – part of planning committee and presented in one of the break-out sessions.
- On-going communication with First Nations communities via phone, emails and face-to-face meetings

Status of Activities

Development of a Foot Care Evaluation Framework Training and Capacity Development

- Nurses are requesting “refreshers” on the ABPI and autoclave. Recommendation: To look at

doing these refreshers during the ADI, Home & Community Care or other health-related program quarterlies/meetings at the TC or Community level.

- It would be beneficial to train other staff (CHR, HCAs, ADI workers, etc.) so they are knowledgeable and comfortable using the autoclave to sterilize equipment & then it is not only the responsibility of the nurse.

Accomplishments

Basic Foot Care Training (North) – University College of the North (UCN), Thompson

- # 2 training session in the North
- Completed through a contract with ACC.
- Training dates: Nov 13, 2018 – January 24, 2019
- Graduates: 9 nurses successfully complete the course

South Basic Foot Care Training – Brandon

- Completed through a contract with ACC
- Training dates: March 12, 2018- April 27, 2018
- Graduates: 9 nurses successfully completed the course

Foot Care Supplies/Equipment

- Replaced all Dremels with a rotary device that is designed to be used on the human body-specifically the feet.

Foot Care Nurses

- Autoclave Training (Sterilization)
- Basic Foot Care Standards, Policies and Procedures Manual
- Ankle Brachial Pressure Index (ABPI)
- Training dates: April 10-12, 2018 (20 nurses) and May 27 -30, 2018 (10 nurses).

Telehealth Training Sessions-How to Complete the Data Tracking Tool, an excel spreadsheet

- 4 sessions held in August 2018
- 6 sessions held in October 2018





FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT OF MANITOBA

2018-2019 ANNUAL REPORT

INTER-GOVERNMENTAL COMMITTEE ON MANITOBA FIRST NATION HEALTH (ICMFNH)

Introduction

Amanda Meawasige, Director of Inter-Governmental Relations

Marsha Simmons, Policy Analyst/Researcher

Tracy Thomas, Administrative Assistant

Accomplishments

The Intergovernmental Committee on Manitoba First Nations Health (ICMFNH) was established to achieve greater coordination and collaboration among First Nations, Federal and Provincial governments to address common health issues specifically affecting First Nations in Manitoba.

The ICMFNH Secretariat provides daily administrative support, coordination, and developmental assistance to the Working Group and Senior Officials Steering Committee who work in partnership towards the following key objectives:

1. Collectively develop evidence-based, innovative solutions and recommendations that:
 - Promote and advance wholistic population health approaches; and

- Engage communities, Elders, Grandmothers, and traditional healers and incorporates traditional healing methods into health and well-being approaches.
 - Support and advance First Nation control and management by linking partners, health and social organizations and communities to engage in decisions affecting First Nation health, well-being and social development.
2. Collectively develop and champion the implementation of policy options to advance the goal of a sustainable and seamless continuum of care.

This fiscal year the ICMFNH staff also sought alternate sources of funding to support the 2018-19 work-plan and beyond in the areas of; climate change, youth suicide prevention, substance use and addictions. Research and proposal development resulted in successful submissions with some projects being multi-year in scope.

Status and Linkages

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

Intergovernmental Collaboration is the primary activity for the ICMFNH. All priority areas of the 2018-





FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT OF MANITOBA

2018-2019 ANNUAL REPORT

2019 Work Plan are based on intergovernmental coordination and cooperation. The work of ICMFNNH is meant to support, enhance and create linkages between all levels of Government; be it First Nation, Provincial and/or Federal. ICMFNNH staff and Secretariat have been involved with supporting and participating in various tables with the mandate of improving the health and well-being of Manitoba First Nations that include but not limited to:

- ICMFNNH Working Group Meetings and related sub-committees
- ICMFNNH Senior Officials Steering Committee (SOSC) Meetings
- Manitoba First Nations Health Technicians Network meetings
- Standing Council of Elders/Grandmother's Gatherings
- Assembly of First Nations Chiefs Committee on Health (AFN CCoH)
- Assembly of First Nations National Health Technicians Network (AFN NFNHTN)
- Assembly of Manitoba Chiefs Jordan's Principle Technical Advisory Group
- Assembly of First Nations Chiefs Jordan's Principle Action Table
- Assembly of Manitoba Chiefs Universal Health Accord Project and Technical Advisory Group (PTO Health Technicians)
- First Nation Suicide Prevention Gatekeeper Steering Committee
- Manitoba First Nation Personal Care Homes Network

Next Steps and a Call to Action

The ICMFNNH Secretariat is excited to begin exploratory work into substance use and addictions. Manitoba First Nation communities have been actively seeking resources to address the high rates of opioid and substance abuse that contribute negatively to health and social outcomes of citizens. The ICMFNNH will be looking to engage First Nation communities to participate in regional forums to inform the development of a Manitoba First Nation Harm Reduction Strategy and Resource Series that will aim to educate both health providers and community members on substance abuse that is community-driven and culturally and linguistically appropriate. The ICMFNNH Secretariat and Staff look forward to continuing to support First Nation governance, policy and advocacy efforts where possible.

Acknowledgements

The work of ICMFNNH could not happen without the participation of numerous partners with a priority focus being the First Nation communities we serve. The on-going communication and guidance from our communities, youth, elders and leadership is crucial to developing responsive and practical solutions to the issues impacting First Nation communities. ICMFNNH relies on the fiscal resources provided by a cross-section of Provincial and Federal departments that allow for a collective and inclusive process for all.





NATIONAL ABORIGINAL YOUTH SUICIDE PREVENTION STRATEGY (NAYSPS) 2018-2019

Introduction

Amanda Meawasige, Director of Engagement and Intergovernmental Relations
Marsha Simmons, Policy Analyst and Researcher

Accomplishments

Project Description

The strategy is based on four elements of prevention (primary, secondary and tertiary prevention and knowledge development) to ensure individual, family and community mental health.

The Applied Suicide Intervention Skills Training (ASIST) has been in existence since 1983 and is the standard suicide intervention training in Manitoba. Manitoba First Nations, Tribal Council's and PTO's have utilized the ASIST for the past 20+ years and in this time have encountered cultural-sensitivity and logistics issues in the delivery of the program as intended by Living Works. FNHSSM is undertaking the development of a suicide prevention gatekeeper training to better equip families, front-line staff and volunteers on the topic of suicide.

Project Objective

1. Design a community-driven suicide intervention training program that integrates First Nations culture, language and history and incorporates

individual-level intervention strategies with guidance on community-level intervention strategies

2. Pilot and evaluate the new suicide intervention training program
3. Design a system for administration, training, and on-going evaluation/quality assurance of the new suicide intervention training program

Status and Linkages

1. Steering Committee:

- Assembled in June 2018 with First Nation ASIST Trainers and Traditional Knowledge Keepers to ensure an all-encompassing effort that includes: body, mind and spirit as it relates to protective factors and treatment options for people at risk of suicide with representatives from each Manitoba Tribal Region.
- Meetings were held August 14-15, 2018, December 3, 2018 and February 4-5, 2019 with the following First Nation experts with the purpose to identify priorities, discuss culture as it relates to suicide prevention and bridging the latest information with traditional ways of being:
 - Pam Whitehead, CNTHC
 - Peter Constant, CNTHC
 - Hector Spence, KTC
 - Chris Chubb, KTC
 - Mary Azure-Laubmann, KTC
 - Shannon McKay, WRTC
 - Tyrone Munroe, FARHA
 - Cheyanne Gould, IRTC
 - Marcie Tavares, IRTC
 - Dora Simmons, SERDC
 - Nelson James, Roseau River First Nation
 - Elder Irvin Wilson, Peguis First Nation
 - Elder Grandmother Dolly Wilson, Peguis First Nation
 - Erynne Sjoblom, Contractor





FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT OF MANITOBA

2018-2019 ANNUAL REPORT

2. Development of a First Nation-Specific Suicide Intervention Training inclusive of the latest scientific and mental health research with Traditional Knowledge to ensure cultural safety of curriculum.
3. Youth Focus group held March 26, 27 and 28, 2019 with 47 Eagle's Nest participants in attendance who provided their guidance and insight into the draft materials that was then incorporated into the subsequent draft.

Next Steps and a Call to Action

Program Development Plan

- Culturally safe and informed First Nation specific Suicide Intervention Training to be developed based on key informants leading the process.
- Ongoing testing and validation of curriculum by key stakeholders.
- Accreditation of curriculum by an education body and Traditional Elders approval.
- Delivery of trainings to commence in fiscal year 2020/2021.

ECO ACTION PROGRAM/PROJECT

First Nations Addressing Climate Change Adaptation Utilizing Indigenous Knowledge

Project Description

This project brought together Indigenous peoples to discuss climate change impacts and ways to adapt including the planting of specific Indigenous plants

that are of importance to the First Nations in the region and the development of an educational tool to document the project and share the importance and ways to use the Indigenous plants for health and wellbeing.

Activities:

- The project will contribute to the achievement of the Eco Action Community Engagement Program Objective by planting a number of Indigenous plants by volunteers from the Sagkeeng First Nation, Black River First Nation, Bloodvein First Nation and Hollow Water First Nation.
- FNHSSM worked collaboratively with the four identified First Nations, the Giigewigamig Traditional Healing Centre, Pine Falls Hospital and the Turtle Lodge. Together, they worked to engage First Nation youth from these First Nations to provide knowledge translation from Elders to Youth. The youth learned traditional knowledge, on the land teachings pertaining to climate change and the importance of preserving and protecting Indigenous plants important to the health and wellbeing of First Nations.
- During the planning session, Elders recommended best locations for the planting and determining which Indigenous plants to plant – up to four species per location.
- The benefits of this project will be the preservation of traditional knowledge, knowledge translation, protection of plant species, teaching the next generation how to care for the plants, to document how to use the plants for the health and wellbeing of the people and environment.





FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT OF MANITOBA

2018-2019 ANNUAL REPORT

eHEALTH and INFORMATION COMMUNICATIONS and TECHNOLOGY (ICT) UNIT

STAFF

Jonathan Fleury, Director of eHealth
Brenda Sanderson, eHealth Nurse Manager
Tatenda Bwawa, First Nations PHIMS Project Manager
Gwen Gillan, PHIMS Trainer
Michelle Audy, eHealth Project Lead
George Sribljanin, Senior IT Lead
Tylan Dumas, System Administrator,
Patrick Bruyere, Service Desk Technician
Andre Grzadka, Service Desk Technician
Kristy Young, Program Assistant
Erin Egachie, Administrative Assistant

Introduction

OUR PURPOSE

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

OUR VISION

We see a world where all Manitoba First Nations are achieving holistic benefit from access to timely,

excellent health care and traditional healing; and seeing all the positive socio-economic aspects of being connected through current technology, by First Nations, for First Nations.

OUR MISSION

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

eHealth Long Term Strategy – A Plan for Action 2012-2022

The eHealth Long Term Strategy – A Plan for Action 2012-2022 was passed in March of 2012 at Brokenhead Ojibway Nation by the AMC Executive Council of Chiefs, on behalf of the Chiefs in Assembly. This document encompasses an extensive plan specific to eHealth.

Six Goals of the eHealth Long Term Strategy (January 2017)

Overall Goal #1: First Nations to define and prioritize long & short-term objectives for eHealth in general and align these with the MFNs eHealth Long Term Plan 2012-2022 drawn from MFNs Health & Wellness Strategy "A 10 Year Plan for Action 2005-2015".

Overall Goal #2: Use eHealth infostructure to build better healthcare services in MFN communities to provide more adequate and appropriate healthcare service delivery to FN peoples.

Overall Goal #3: Every First Nation in Manitoba will have High-speed Industrial Strength Connectivity by 2022.

Overall Goal #4: Improve communication networks and FNs involvement in eHealth planning; ensuring FNs have access to eHealth services comparable to the rest of Manitoba and Canada.

Overall Goal #5: e-ANISKOPITAK Stewards Circle maintain their alignment with First Nations rights to self-determination and governance.





FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT OF MANITOBA

2018-2019 ANNUAL REPORT

Overall Goal #6: Continue to advance the ICT (Information and Communication Technology) Capacity Development Strategy.

eAniskopitak Stewards Circle

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

Our current members are:

2 Co-chair Chiefs:

- Onekanew Christian Sinclair, Opaskwayak Cree Nation
- Derrick Henderson, Sagkeeng First nation

7 Tribal Council Reps:

- Caroline Bercier, DOTC
- Grace McDougall, Four Arrows Regional Health Authority
- Liz Bone, Interlake Reserves Tribal Council
- Wilma Cook, Swampy Cree Tribal Council
- Trena Raven, SERDC
- West Region Tribal Council, Vacant
- Keewatin Tribal Council, Vacant

2 Northern Independent Reps:

- Lisa Thomas, Cross Lake Band of Indians
- Rene Linklater, South Indian Lake

2 Southern Independent Reps:

- Cindy Garson, Fisher River
- Stephanie Blackbird, Crane River

1 MKO Rep:

- Vacant

1 SCO Rep:

- Vacant

1 Elder Advisor:

- Harry Bone, Keeseekoowenin Ojibway Nation

2 Youth Advisors; 1 north, 1 south:

- Carson Robinson, Sagkeeng First Nation

During the 2018-2019 fiscal year we hosted two eAniskopitak meetings on the following dates:

- September 18, 2018
- December 20, 2018

Accomplishments

The successful rebuilding of the EHEALTH TEAM was a priority this year. The newest members to the FNHSSM eHealth team are:

Jonathan Fleury, Director of eHealth
Michelle Audy, eHealth Projects Lead
Kristy Young, Program Assistant,
Erin Egachie, Administrative Assistant
George Srbljanin, Senior IT Lead
Tylan Dumas, System Administrator,
Patrick Bruyere, Service Desk Technician
Andre Grzadka, Service Desk Technician

The FNHSSM eHealth team is ready, willing and able to support communities in their eHealth needs for the future. We may be reached at any time for assistance or inquiries about PHIMS, Telehealth, eChart, and/or Mustimuhw Information Solutions.

Public Health Information Management System (PHIMS)

PHIMS – the electronic public health record that manages immunizations, inventory, communicable diseases, and outbreaks has been established in all provincial sites in Manitoba. PHIMS has been deployed in all First Nations sites that have adequate connectivity. First Nations and Inuit Health Branch, Health Canada and West Region Treaty 2 and 4 Health Services are included in the Phase 1 deployment as bridging service organizations entering data on behalf of the First Nations communities that do not have





FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT OF MANITOBA

2018-2019 ANNUAL REPORT

adequate connectivity. The First Nation Communities that have access to PHIMS are as follows:

- **Birdtail Sioux First Nation**
- **Brokenhead Ojibway First Nation**
- **Canupawakpa Dakota Nation**
- **Chemawawin Provincial Nursing Station**
- **Cross Lake Federal Nursing Station**
- **Dakota Tipi First Nation**
- **Ebb and Flow First Nation**
- **Fisher River First Nation**
- **Grand Rapid Provincial Nursing Station**
- **Keeseekoowenin First Nation**
- **Lake Manitoba First Nation**
- **Little Black River First Nation**
- **Long Plain First Nation**
- **Moose Lake Provincial Nursing station**
- **Nisichawayasihk First Nation**
- **Norway House First Nation**
- **Opaskwayak First Nation**
- **Peguis First Nation**
- **Roseau River First Nation**
- **Sandy Bay First Nation**
- **Sapotaweyak First Nation**
- **Sioux Valley Dakota Nation**
- **Tootinaowaziibeeng First Nation**
- **Waywayseecappo First Nation**

The FN PHIMS Project Manager continues to work with Provincial Shared Health PHIMS Operational Team to support the various First Nation sites where PHIMS has been deployed.

Community Electronic Medical Record – Mustimuhw Information Solutions

The Mustimuhw Community Electronic Medical Record (cEMR) is an electronic medical record and

charting system used at a First Nation health facility. This cEMR is currently deployed in 18 Manitoba First Nations. 14 of those communities are directly supported by FNHSSM. Within the fiscal year 2018-2019, four First Nations deployed the cEMR and are now electronically charting their community medical information.

FNHSSM eHealth team currently supports the following First Nations with the cEMR:

- **Brokenhead Ojibway Nation**
- **Cancupawakpa Dakota Nation**
- **Ebb and Flow First Nation**
- **Opaskwayak Cree Nation**
- **Peguis First Nation**
- **Pimicikamak Cree Nation**
- **Pinaymootang First Nation**
- **Sagkeeng First Nation**
- **Black River First Nation**
- **Skownan First Nation**
- **Sapotaweyak Cree Nation**
- **Waywayseecappo First Nation**
- **Little Saskatchewan First Nation**

Deployments

The FNHSSM eHealth IT department successfully deployed Mustimuhw cEMR to Skownan and Sapotaweyak in February of 2018, Waywayseecappo and Little Saskatchewan in March of 2018. To deploy the Mustimuhw cEMR the health centres needed to upgrade their equipment in order to meet current IT infrastructure standards. By ensuring the health centre meets these standards is vital to the accuracy of patient health files stored within the building on the server. The FNHSSM IT department deployed a server to host the cEMR and a Windows domain, as well as new workstations for the staff to use. Once this was complete the cEMR went live.





FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT OF MANITOBA

2018-2019 ANNUAL REPORT

Below you can see the before and after pictures of the deployments in the four Manitoba First Nation health centres.

Skownan First Nation



Sapotaweyak Cree Nation



Waywayseecappo First Nation



Little Saskatchewan First Nation



Challenges

One of the largest challenges we currently face and will continue to face is funding. Technology is always changing and always requires updating of equipment. Server and workstations are used well past end of life in Manitoba First Nation communities and are often only updated when forced to by deadlines of ending support. As an example, Microsoft will be ending support for all old version of Windows.

A challenge we foresee for Manitoba First Nation communities and health centres is the cost of licensing. Licensing is regarding software which require subscriptions. Technology companies are moving towards a subscription-based model. Meaning you are paying a certain amount per user, per month. This is a renewing yearly cost that increases with each user we bring onto the FNHSSM IT support system, sustainable funding models are required in order to keep up with the growing demand of IT support and cEMR usage

Ongoing Support

The FNHSSM eHealth IT department formed in September of 2018. To date we have received 275 service tickets for health centres from Oct 2018 to March 31, 2019.

We made 15 site visits to Manitoba First Nation health centres for a total of 26 days of travel from November to March 31, 2019.

Now that these health centres are live, we provide ongoing IT support to them as we do for our originally deployed health centres. This ongoing IT support is a crucial part of our work as ensuring the safety and security of the data is our top priority.





FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT OF MANITOBA

2018-2019 ANNUAL REPORT

The health centres are always going through changes whether it be staff or physical building expansion. We can support health directors to navigate the IT world.

“Your Connection to the World”

3rd Annual National First Nations eHealth Conference
4th Annual Regional First Nations eHealth Conference

February 4th – 7th, 2019

Viscount Gort Hotel, Winnipeg, Manitoba



This year’s event hosted approximately 250 delegates from across Manitoba and Canada. Keynote addresses and presentations covered a range of eHealth information from personal experience, community experience, and First Nations ehealth advances.

There was a total of 30 youth from various communities in Manitoba who attended this conference. They made every effort to participate every day during the conference. We arranged a learning workshop for the youth at Interactive Design Inc./Nu Media Films which allowed any youth who may be interested in filming to participate in a movie production. The feedback we received were positive and they enjoyed their experience.

The three themes were:

1. The Power of Connection (partnerships, networking),

2. Making the NET-WORK for you (how can eHealth work for our communities), and
3. Looking beyond and into the future of eHealth for our First Nations (long-term).

Special thanks to Grand Chiefs, Chiefs, Elected Officials, Elders, Grandmothers, Knowledge Keepers, drum singers, two co- Master of Ceremonies, keynote addresses, presenters, youth, community at large, government representatives, sponsors, and our staff who made this year’s conference a huge success.

Status and Linkages

The FNHSSM eHealth IT department is working with health centres to ensure their IT infrastructure is up to date. By working towards purchasing and deploying new servers and workstations.

We also work closely with PHIMS (Public Health Information Management Systems) Project Manager to ensure the users of the PHIMS (Public Health Information Management Systems) application have as little issues with technology as possible. This includes consolidating access to the application to their primary workstation. This way the user does not have two workstations to use daily. We are also working on improving the support structure between FNHSSM IT and Shared Health MB.

The Senior IT Lead is also involved with creating a new national technology group called the National Indigenous Information Technology Alliance (NIITA). The focus of this group is to bring together IT professionals that work with First Nation health centres across the country. In the field of IT, technicians all experience the same problems, this will provide a platform for them to share their challenges and work towards solutions with one another.





FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT OF MANITOBA

2018-2019 ANNUAL REPORT

Next Steps and a Call to Action

Truth and Reconciliation Commission of Canada: Call to Action 19. We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.

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

In the upcoming year the FNHSSM IT department would like to continue to expand its network of support to more First Nation health centers that require IT support. We want to ensure that any health centre that needs our services can receive it. This includes supporting all the main eHealth applications, as well any general IT needs. We are in the perfect position to provide a single point of contact for health centres to call if they need support. Our team has over twelve years of experience providing direct support to communities. With this experience we can quickly and efficiently solve problems. Where local IT might have to troubleshoot an issue for the first time, chances are our team already knows a fix.

To continue and expand this support we need communities to talk about their challenges with IT support. Often it is something that gets overlooked and forgotten about. As more eHealth applications are deployed in communities this will become a larger problem. Proper IT support is essential for eHealth to be a success.

PHIMS next steps include the revisions of the Information Sharing Agreements to include Investigation Outbreak Management, subsequent approval by communities and the deployment. Once communities are connected by high speed internet then the deployment of all the PHIMS modules will be required in those communities.

Health Information Management

Health Information Management is the maintenance and care of health documentation, health records. The challenge is the lack of interoperability; hence, the information is not shared between applications. Therefore, your health care provider is challenged with having to access records from various sources to plan and provide care to you. Service providers must document in various applications. We are pursuing this challenge and looking for options to close this gap and to ensure ALL your health information is available at the point of care.

The Health Information Management environmental scan was completed in 2018. To move forward, progressively with health information management, the following must be considered and are assets to the system:

- Interoperability
- Fibre Optic
- OCAP
- Data Protection – Information Sharing Agreements
- Costs, sustainability
- Many different FN data bases



The chart below identifies the various applications currently being used in First Nation communities.



Name (Organization)	Objectives & Scope	Where Used	Pros	Cons
cEMR (Mustimuhw Information Systems)	Community health record of First Nation community services	13 First Nation communities	FN own data (OCAP) Communities can maintain accurate records of activities Continuity of Care Reports generated for FNIHB funded programs Canada Health Infoway (CHI), FNIHB, supportive of a regional plan for MBFN at a lesser cost Can be used for JP	Integration options with PHIMS require changes to Manitoba PHIMS solution;
Citizen Health Portal (RelayHealth/Mustimuhw Information Systems)	Allows citizens to have secure access to personal health record and to engage with providers	Ready to be deployed in Manitoba	Citizen provides consent to allow for communication between self and providers CHI and FNIHB supportive of a regional plan for MBFN Minimal cost Opens the door for interoperability	Success based on provider and patient participation; information sharing is limited to integration capabilities established between Citizen Health Portal and each vendor.
Accuro EMR	The primary Electronic medical record used for clinical practice in MB	Physician and Nurse practitioner clinics	Clinical record FNIHB has provided some financial support for communities to deploy	Focus on clinical Not for all community health programs OCAP dependant on whether EMR is Regional or FN initiative
Database (Diabetes Integration Project)	Provision of mobile screening, testing and care	20 First Nation communities	Patients and communities can access data; comprehensive community testing and care	Specific for DIP Limited integration capacity
SF-IMS (Maternal Child Health)	Logging of home visits	14 First Nation communities	Tracks required FNHSSM program information	Specific for MCH Users need to chart separately in SF-IMS
Manitoba Adolescent Treatment Centre Youth System	Track patients from first point of contact to post-discharge and through readmissions	Five sites in Winnipeg (community and hospital sites)	System operates as both an ADT and a patient record	Specific for MATC
Electronic Service Delivery Reporting Template (eSDRT)	Reporting of essential and supportive home care services	First Nation communities	Tracks required FNIHB program information; content is important and flexible	Does not address both care and program planning
CRW Medical Transportation System (CRW Systems)	Non-Insured Health Benefits medical transportation	First Nation communities	Logs all external referrals	Does not link well with other systems

Privacy

The use of digital software systems in health care raises concerns about safety, effectiveness, privacy, and security. The FNHSSM eHealth unit has been working on establishing a Privacy and Information Management Advisory Office. The intent of the Advisory Office is to provide regional, coordinated support and empower all 63 Manitoba First Nations communities' endeavours to enhance local privacy and information management.

Acknowledgement

FNHSSM IT would like to acknowledge the multiple partners we work with. Starting with the communities and the Manitoba First Nation health directors that we work closely with. We'd also like to acknowledge the other support teams we work with, Mustimuhw, Shared Health Manitoba, Broadband Communications North, and local IT support in the Manitoba First Nation communities.





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