



# FIRST NATIONS HEALTH AND SOCIAL SECRETARIAT OF MANITOBA

## 2017-2018 ANNUAL REPORT



## Our Vision

The objectives of the FNHSSM is to carry out business in the areas of health and social development for First Nations in Manitoba that are founded in the Treaty and inherent right to health and that are culturally appropriate, holistic and community-based. To these ends, FNHSSM will:

- i. Develop strategies and initiatives to promote and increase the participation of First Nations in Manitoba in the control and delivery of health;
- ii. Pursue tripartite collaboration for a unified health system in Manitoba;
- iii. Promote understanding of the health and social issues that affect First Nations through partnerships, research and collaboration;
- iv. Affirm, protect and incorporate First Nations traditional knowledge and wellness practices; and,
- v. Provide innovative programs and services for the well-being of Manitoba's First Nations communities and individuals regardless of their place of residency.

## Our Mission

The FNHSSM mission is to support Manitoba First Nations in achieving and maintaining total well-being by:

- i. Developing innovative Program & Policy Development that incorporates best practices and that supports First Nations communities in the delivery of high quality holistic services;
- ii. Upholding & Protecting the Indigenous values and systems that reflect and respect the voice and knowledge of First Nations people and communities;
- iii. Supporting Education & Training that supports delivery in First Nations communities, including governance, financial services, planning and evaluation; and
- iv. Supporting First Nations controlled and administered Research & Evaluation that informs government and leadership decisions.

## First Nations Health and Social Secretariat's (FNHSSM) Goal

The goal of the FNHSSM is for First Nations in Manitoba to have increased opportunities to participate in: the planning and development of a Unified Health System in Manitoba; influence regional and national health policy; health system changes; program development in areas including, but not limited to: health consultation, maternal child health, e-Health/Panorama, youth suicide, mental health, inter-governmental health, research and health governance.



**NANAANDAWEWIGAMIG**  
FIRST NATIONS HEALTH AND SOCIAL  
SECRETARIAT OF MANITOBA

# Message from the Chair of the FNHSSM Board

Aaniin, Boozhoo, Tansi, Wotziye, Greetings;



It is my pleasure to extend greetings on behalf of the Board and Staff of the First Nations Health and Social Secretariat of Manitoba and to share the 2017-2018 Annual Report with you. This is the fourth fiscal year of incorporation and one of collaboration, involvement and partnerships to the realization of FNHSSM's Vision, Mission and Goals.

The organization's sustainability and achievements depend on the continued support, guidance and collaboration with all stakeholders invested in Manitoba First Nations health. By working together, we have and continue to work towards a unified health system, promote and increase First Nations-led restoration and excellence of health and wellness, in a holistic environment preserving our traditional customs, culture and languages.

As part of our Annual Report, I am pleased to present the FNHSSM's financially sound operations within this year's financial audit. The FNHSSM team has successfully concluded the fiscal year contributing their strong attributes of professionalism, education and dedication to a high standard of accountability and transparency.

As the Board Chair, I would like to acknowledge and congratulate the staff of FNHSSM and Senior Management Team on their accomplishments and sound leadership throughout the past year. We would like to thank the staff for their continued commitment and personal sacrifices made to ensure their contributions are done efficiently and effectively. To my fellow Board of Directors, Kinanaskomitin for your shared vision, wisdom and application of your home fires to the spirit and intent of First Nations health into FNHSSM and First Nations across Manitoba. Your contributions apply to a legacy of advancement in health for our people.

In closing, I would like to extend my best wishes to the Manitoba First Nations communities, organizations and members in health and prosperity, and to the continued balance of seven sacred teachings throughout the upcoming year.

Kinanaskomitin – Masi-cho –  
Wopida – Miigwetch – Ekosani.

In the Spirit of Truth and  
Reconciliation,

Chief Cathy Merrick,

Pimicikamak Cree Nation



**NANAANDAWEWIGAMIG**  
FIRST NATIONS HEALTH AND SOCIAL  
SECRETARIAT OF MANITOBA

# Governance

Board of Directors:	First Nation	Date Appointed
Chief Walter Spence	Fox Lake Cree Nation	January 22, 2014
Chief Cathy Merrick, Chairperson	Cross Lake Band of Indians	March 6, 2014
Chief Gilbert Andrews	God's Lake First Nation	May 12, 2015
Chief Nelson Genaille	Sapotaweyak Cree Nation	September 17, 2015
Chief Francine Meeches	Swan Lake First Nation	September 17, 2015
Chief Sheldon Kent	Black River First Nation	November 28, 2016
Chief Garnet Woodhouse	Pinaymootang First Nation	December 20, 2017
Chief Cameron Catcheway	Skownan First Nation	December 20, 2017
Chief Derrick Henderson	Sagkeeng First Nation	December 20, 2017

Past Board of Directors:	First Nation	Term End
Chief Barry Anderson	Pinaymootang First Nation	October 29, 2017
Chief Nelson Houle	Ebb and Flow First Nation	November 23, 2016
Chief Eugene Eastman,	O-Chi-Chak-Ko-Sipi First Nation	May 12, 2016
Chief Jackie Everett, Co-Chairperson	Berens River First Nation	November 12, 2015
Chief Frank Abraham, Secretary	Black River First Nation	March 6, 2015
Chief Nelson Bunn	Birdtail Sioux Dakota Nation	March 30, 2015
Chief Arlen Dumas	Mathias Colomb Cree Nation	March 30, 2015
Chief David Crate	Fisher River Cree Nation	November 27, 2014
Chief Donovan Fontaine	Sagkeeng First Nation	August 3, 2014
Chief Louis Constant	York Factory First Nation	March 6, 2014
Chief Alex McDougall	Wasagamack First Nation	March 6, 2014

## ACCOMPLISHMENTS

- ✓ The Board of Directors created a Personnel and Finance Committee and the P&F held their first official meeting on March 8, 2018.
- ✓ The Board of Directors representation satisfied the First Nations Health and Social Secretariat of Manitoba (FNHSSM) bylaw to ensure representation from each of the seven tribal areas including representation from the North and South independent First Nations by 90%. One vacant seat held for Island Lake Tribal Council.
- ✓ FNHSSM hosted the Unity Accord signing event in October 2017 which included a Press Release, honorary delegates from AMC, SCO and MKO, representatives from the different levels of government, and the media.
- ✓ A 5-year Strategic Plan process was initiated and is underway seeking input for a renewed and enhanced vision and purpose in serving the Manitoba First Nations. The goal was to reach the

stakeholders of FNHSSM and gather their input for a guiding document that will lead the work, mission and vision of FNHSSM.

- ✓ An Organizational Review was completed in October 2017. It was a document that outlined the current state of FNHSSM, identified challenges faced by the organization, with recommendations to support continued growth and effective operations.
- ✓ The Board of Directors met with Health Canada (HC) to successfully negotiate and reverse a HC notice of claw back regarding unexpected funds. It was a negotiation based on set precedence with an understanding of the change in process going forward.

## STATUS AND LINKAGES

### The Pillars of FNHSSM

FNHSSM was created through an Assembly of Manitoba Chiefs Chiefs-in-Assembly Resolution JUL-13.08 Re: Interim Manitoba First Nations Health Incorporated Entity to Pursue Tripartite Collaboration for a Unified Health System.

- First Nations Health and Social Secretariat of Manitoba (FNHSSM) was mandated and created effective April 1, 2014.
- The *Memorandum of Understanding*, November 2014, between The Assembly of Manitoba Chiefs Executive Council of Chiefs and FNHSSM Board of Directors states “AMC recognizes that the work the AMC Health and Social Development Team has supported greater autonomy, decision-making, and control over health and wellness; and that, further advancement and opportunities could be pursued through the FNHSSM.”
- *Manitoba First Nation Health and Wellness Strategy: A 10 Year Plan of Action and Beyond*, as well as the *Assembly of Manitoba Chiefs (AMC) Grand Chief's Health Renewal Strategy* are monumental to the work of the FNHSSM.
- The First Nations Health and Social Secretariat of Manitoba's logo was influenced by the spirit name “*Healing Place*” meaning Nanaandawewigamig in Ojibwe. Holistically the logo represents health, healing, learning, growth and sacredness.

The FNHSSM works collaboratively with the 63 member First Nations of Manitoba, the seven (7) Tribal Councils and the three (3) Regional Provincial Territorial Organizations (PTO) in Manitoba. The Membership, at all times, consists of the Chiefs of each First Nation in Manitoba.

The FNHSSM focuses on macro level services and those initiatives that can only be provided based on economies of scale and regional in focus. FNHSSM facilitates and hosts meetings, conference, teleconference and/or Telehealth sessions, to ensure regional technical input, leadership direction and support into planning as a two-way process to address health priority areas, challenges and successes.

### FNHSSM Annual Membership Meeting

- September 19 & 20, 2017

## FNHSSM Board of Directors

- April 24, 2017
- May 31, 2017
- June 8, 2017
- June 28, 2017
- July 6, 2017
- August 10, 2017
- September 12, 2017
- October 6 & 11, 2017
- October 26, 2017 Meeting with AMC, SCO, MKO Grand Chiefs re: Signing of Political Unity Accord
- November 2, 2017
- November 24, 2017
- February 28, 2018
- March 8, 2018 Meeting with AMC Grand Chief Arlen Dumas

## Manitoba First Nations Health Technicians Network (MFNHTN)

- June 19 & 20, 2017
- July 27, 2017 (via telehealth)
- August 22 & 23, 2017
- January 23 & 24, 2018

## NEXT STEPS AND A CALL TO ACTION

The FNHSSM stand committed and will dedicate the work to address Section 18 to 24 of the *Truth and Reconciliation Commission (TRCC) Calls to Action* call upon the government to address the Health needs of Indigenous Peoples.

*Section 18 to 24 of the Truth and Reconciliation Commission (TRCC) Calls to Action* call upon the government to:

- Recognize and implement the health-care rights of Aboriginal people;
- Establish measurable goals to identify and close the gaps in health outcomes of Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends;
- Recognize, respect, and address the distinct health needs of Metis, Inuit and off-reserve Aboriginal peoples;
- Provide sustainable funding for Aboriginal healing centres and ensure funding is a priority;
- Recognize the value of Aboriginal healing practices and use them in treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders as requested;
- Recruitment, retention and cultural competency training in health-care;

- Require all medical and nursing students take a course dealing with Aboriginal health issues, including history and legacy of residential schools, the *United Nations Declaration on the Rights of Indigenous Peoples*, Treaties and Aboriginal Rights, and Indigenous Teachings.
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## Management and Administration

### STAFF

Ardell Cochrane, Executive Director of Health

Jerilyn Huson, Executive Assistant

Amanda Meawasige, Health Policy Analyst/Researcher

Candace McCorrister, Intermediate Accountant

Deborah Simmons, Human Resources Generalist/Governance Strategist

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 department 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 the Indigenous Nurses Day Proclamation luncheon and honourable speakers, May 2017.
- ✓ Hosted the Auditor General of Canada forum, June 2017.
- ✓ The Senior Management Team supported and hosted an annual staff gathering, August 2017.
- ✓ The FNHSSM had another successful year of a sound Financial Audit.
- ✓ The FNHSSM Strategic Plan Development was initiated and near completion.
- ✓ 360° Performance Evaluations of senior managers were conducted and completed October 2017.
- ✓ Organizational Review was completed in October 2017.
- ✓ Our Intermediate Accountant was appointed as a Board Member for the AFOA of Manitoba chapter, January 2018.
- ✓ Committee members and contributors of the Pinaymootang First Nation Health and McGill University project: *Access to equitable services for First Nations children with complex medical needs in Pinaymootang, Manitoba.*

## STATUS AND LINKAGES

The FNHSSM had undertaken the development of a Strategic Plan. This included the input and feedback of the FNHSSM Board of Directors, FNHSSM Membership consisting of Manitoba Chiefs and Councillors/Proxies, Manitoba First Nations Health Technicians Network and staff. The activities included the following:

- June 19, 2017 – SWOT Analysis conducted with the Manitoba First Nations Health Technicians Network.
- August 23, 2017 – a follow-up SWOT Analysis and PATH session was held with the MFNHTN and invited Chiefs with Portfolios.
- August 30, 2017 – a SWOT Analysis and PATH session was conducted with FNHSSM staff.
- September 2017 – Update was provided at the FNHSSM Annual Membership Meeting in Long Plain, Manitoba.
- October 2017 and March 2018 – met with the AMC Council of Elders regarding the vision and regional strategic priority areas.
- March 28, 2018 – Draft Strategic Plan was presented at the Manitoba Health Directors Gathering.

A continued focus was placed on the health priorities that have been consistently identified over the years through various research projects as well as by the Chiefs, community health workers, and the MFNHTN. The MFN Health and Wellness Strategy continues to be a directional document that guides the work of the FNHSSM with assistance of other projects and initiatives within FNHSSM, federal and provincial partners, as well as universities and other stakeholders. Areas covered during this reporting period include:

- Home and Community Care @Your Side Colleague - Partnership with St. Elizabeth
- eHealth, Telehealth, Panorama
- Health Information and Research
- Intergovernmental Committee on Manitoba First Nations Health (ICMFNH) – Technical Working Group and Senior Officials Steering Committee
- Manitoba First Nations Health and Wellness Strategy – A 10 Year Plan of Action – Report Card – ongoing
- Maternal Child Health
- Diabetes
- 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
- National Assembly of First Nations (AFN)
  - AFN 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 Indigenous STBBI (Sexually Transmitted Blood Borne Infection) Stakeholder Meeting

## NEXT STEPS AND A CALL TO ACTION

FNHSSM is committed to the advocacy, influence, and participation in fulfillment of Truth and Reconciliation *Calls to Action* Sections 18 – 24 based on recognizing Indigenous health-care rights; closing the gaps of health outcomes and publish annual progress and long-term trends; recognize distinct health needs of off-reserve First Nations; provide and prioritize sustainable funding; recognize Aboriginal healing; recruitment, retention and cultural competency training in health-care; and advocate for medical and nursing students Aboriginal health education. We pledge to incorporate the spirit and intent of the Calls of Action into all aspects of the organization which is to “redress the legacy of residential schools and advance the process of Canadian reconciliation.”

## ACKNOWLEDGEMENTS

It is an honour and a privilege to work with amazing Manitoba First Nations stakeholders dedicated to the support and improvement of Indigenous health and well-being. Thank you to Pinaymootang First Nation Health for the opportunity to be a part of the Jordan’s Principle McGill University research project. Your resilience, strength and dedication is admirable and is a true reflection of the spirit and intent of upholding our treaty and inherent right to health.

STAFF:

Ardell Cochrane, Executive Director of Health



Amanda Meawasige,  
Health Policy Analyst / Researcher



Jerilyn Huson, Executive Assistant



Candace McCorrister,  
Intermediate Accountant



Deborah Simmons, Human Resources  
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Louis Harper, Senior Legal / Technical Advisor



# Research

Health Information Research Governance Committee (HIRGC)  
Regional Health Survey (RHS)  
First Nations Labour and Employment Development (FNLED) Survey  
DEVOTION  
Partners for Engagement and Knowledge Exchange (PEKE)

## STAFF

Kathi Avery Kinew, Manager of Social Development and Research Initiatives  
Leona Star, DEVOTION Indigenous Research Lead  
Wendy McNab, PEKE Coordinator  
Venkata Ramayanam, Statistical Analyst  
Carla Cochrane, FNLED Regional Coordinator  
Leanne Gillis, Community Liaison/Administrative Assistant  
Donna Toulouse, Research Administrative Assistant

## INTRODUCTION

First Nations well-being has been measured against urban, Non-First Nations and Canadian standards, such measures of progress counted First Nations as “deficit white people”. The FNHSSM research team have continuously and collectively pushed back against such a western model of illness through the development of their own research centres to accurately identify First Nations with datasets according to our own indicators of wellbeing that reflect the strengths and values of our Nations.

The data that currently exists and is collected is used to measure the assimilation of the Indigenous Nations into the larger Canadian society, until the data and measurements reflect the values and realities of the Original peoples of Turtle Island, the Neheweyak, Anishnaabe, Oji Cree, Dakota and Dene, etc., our traditional systems that we have used to care for our people since time immemorial will continue to overlooked and undervalued within a society that uses policies and positions of power and privilege to impose Canadian and western value systems. Through community-led partnerships and projects we will continue work towards research that supports that strength of our Nations, focuses on the outcomes of wellbeing rather than the presence of illness, focus on indicators that are culturally rooted and relevant to First Nations.

## Health Information Research Governance Committee (HIRGC)

As the only First Nations Regional Research Oversight Committee within Manitoba, the HIRGC provided guidance, support, and advice to more than 120 research projects over the span of 20 years since the 1990's.

In 2016, the mandate of HIRGC was revised to provide oversight and guidance to holistic health research rather than focusing on health care systems to determine our health and wellbeing. HIRGC's new mandate includes all factors 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.

In July 2017, FNHSSM Research sent a call out for all First Nations citizens with a background in First Nations health, culture, education, housing, economic development/business, or environment to apply and become a new HIRGC member. The new HIRGC members met for the first time in January 2018 with their new expanded mandate.



**NEW HIRGC Members:**

L – R: Elvin Flett, St. Theresa Point; Patricia Dorion, SCTC; Vanessa Tait, M.D.P Community Economic Development Consultant; Doris Young, Opaskwayak, Rene Linklater, O-Pipon-Na-Piwin, Missing: Gloria Rach, DOTC, Sarah Samuel, Northlands Denesuline, , Guy Gosselin, Roseau River, Haley Spence-Lemay, Lake St. Martin, Youth Representative.

### Regional Health Survey (RHS)

The RHS is unique in the world in being designed and delivered by First Nations with our cultural framework and code of ethics and collecting and interpreting data in a valid and reliable way, according to academic standards. Our first phase of RHS data led to the national First Nations anti-tobacco strategy being funded and now continues to provide evidence (data) that developed programs and continued investment for the following: Home & Community Care, Aboriginal Head Start Program, Children's Oral Health Initiative, and the Aboriginal Diabetes Initiative. In the 4th round, in 2015-16, we have collected evidence through interviews - and now enables trend analysis for leadership to lobby for increased resources and change toward self-determination. A total of 62 data collectors from 35 participating Manitoba First Nations were hired and trained by the FNHSSM research team. This team of data collectors completed data collection in May 2017. Collectively the 62 data collectors surveyed

3509 adults, youth and parents/guardians of children achieving 85.50% of the targeted sample of 4104 surveys.

### **First Nations Labour and Employment Survey (FNLED)**

The (FNLED) is a national survey of First Nations that will focus on the labour and employment of First Nations living on reserve in 250 First Nations across Canada. The FNLED is nationally coordinated by the First Nations Information Governance Centre (FNIGC) and supported by regional coordination within 10 regions across Canada. Within Manitoba, FNHSSM is taking the lead in the coordination and support to participating communities based on the success of the Regional Health Survey since the 1990s.

The intent of FNLED is to collect and report on indicators of labour, employment, and economic security from First Nations living on reserve. This project will be carried out during 2016-2020 under the guidance of a regional Manitoba First Nations advisory committee.

### **DEVOTION**

The Developmental Origins of Chronic Disease in Children Network (DEVOTION), is a multidisciplinary cluster of investigators, policy makers, and provincial stakeholders integrated to advance translational research and understanding of the developmental origins of health and chronic disease (DOHaD) in children. Under the leadership of Dr. Jon McGavock, a partnership with FNHSSM was established to hire an Indigenous lead to enhance their relationships with Indigenous communities across the province by providing support to the primary cohort studies, iCARE and NextGen, by strengthening relationships and facilitating the work between the larger DEVOTION teams and Manitoba First Nations to support wellness in children and families.



### **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.

## LINKAGES



### First Nations Information Governance Centre (FNIGC)

The Assembly of Manitoba Chiefs (AMC) is one of the founding partners of the First Nations Information Governance Centre, which originated from the First Nations Health Directors across Canada meeting as an Assembly of First Nations (AFN) technical committee, the First Nations Health Information Governance Committee in the early 1990s. Reporting to the AFN Chiefs Committee on Health, these intrepid people, including the late Audrey Leader of Pinaymootang First Nation, led the development of the Regional Health Survey (RHS) and the foundational principles of First Nations [OCAP](#) (Ownership, Control, Access and Possession). FNIGC as an incorporated entity negotiates the national surveys which are collected in each region for regional reports, and then rolled up into a national report. Each First Nation controls its own data, which is kept securely on a server at FNHSSM. No one can access First Nations data without First Nation permission. Partnering regions such as the FNHSSM continue to take the lead to ensure national surveys like the Regional Health Survey (RHS) and Regional Early Childhood Development, Education and Employment (REEES) meet the guidelines of our own Manitoba First Nations (MFNs) research ethics as set out by the AMC Chiefs in Assembly (2007) and our own First Nations Regional ethics board, the Health Information Research Governance Committee.

### Regional Health Survey (RHS)



First Nation data collectors are hired and trained to collect RHS data (research methodologies, ethics & confidentiality, Principles of OCAP, Free, Prior and Informed Consent) over the span of one year during the data collection phase. Community profiles will be sent to participating communities based on the RHS data collected in their communities which can be used to inform and update community plans, proposals, community-based initiatives, etc. Regional RHS dataset will contribute to a national dataset that will support renewal of upstream investments for FNs (Aboriginal Diabetes Initiative, Home and Community Care, Maternal Child Health, National Aboriginal Youth Suicide Prevention Strategy (NAYPS), Aboriginal Head Start, etc.). Analysis is being undertaken and datasets are being prepared to be returned to participating MFNs. A Regional Lessons Learned Gathering held in Winnipeg January



30-31, 2018 to inform the next round of the RHS. The next phase of the RHS, Phase 4 proposal is being finalized by FNIGC for submission to Health Canada to fund the next wave of the RHS.

### First Nations Labour and Employment Survey (FNLED)



### **FNLED Advisory Committee**

The FNLED Advisory Committee consists of 2 Aboriginal Skills and Employment Training Strategy representatives (North and South), 2 Social Advisors Technical Group representative (North and South), 2 Community representatives (North and South), 2 Youth representatives (North and South) and a Knowledge Keeper. In Manitoba, 34 First Nations communities have been randomly selected, the FNLED coordinator will begin the engagement process once the FNLED survey is finalized. Once all

feedback is gathered from regions, a copy of the survey will be available for review once again. The Advisory Committee will review and provide recommendations. The FNLED survey will go through ethics protocol, internal testing and field testing. Contact will be made with First Nations communities for approval and Band Council Resolution, once survey is approved. Data collectors will be sought from each of the participating communities. A plan will be made with the Advisory Committee on roll-out in communities. This will include information gathered from the RHS Lessons Learned Conference and MKO ASETS Conference. Training will be provided to data collectors. Data collection will begin later in 2018.

### DEVOTION

Under the direction of the Grandmother's Council and Indigenous partners within Manitoba the overall goal of supporting wellness of children and families would be achieved by working towards bringing back our own teachings, values of Pimatiziwin, "Living a good life". The team at FNHSSM will work towards 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.



PATH Process held with DEVOTION team



### Partners for Engagement and Knowledge Exchange

The PEKE team has started planning to co-host the 2018 Canadian Institute of Health Research (CIHR) & Institute of Aboriginal Peoples Health (IAPH) Pathways annual gathering for all three PEKEs, CIHR researchers and Indigenous communities with the Alberta First Nations Information Governance Centre (AFNIGC). This year’s annual Pathways gathering is to be held in June 25-27, 2018 in Blackfoot Territory at the University of Lethbridge. Monthly webinars #PEKEwebinars will continue be hosted by FNHSSM staff and will also continue to assist partners with Knowledge Translation (KT) and Knowledge, Translation, Exchange into Action (KTEA) tasks, in conferences and community gatherings related to First Nation health, wellness and research, providing network with the support via interactive map online. The research team is also working collaboratively with the University of Winnipeg to co-host a summer institute that focuses on Indigenous Research and Knowledge Translation on May 1-5<sup>th</sup>, 2018.

### ACCOMPLISHMENTS

#### 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 few First Nation communities will be paired with a local Indigenous doula (birth helpers) who has undergone culturally specific doula training with an Indigenous Midwife.





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.

Our proposal will be Neheweyak/Cree Nation based, as these are the First Nations who are committed to Return Birthing Home and face the immense obstacles of a provincial and federal system of health care delivery whose policies mean any child of parents living north of 53rd parallel have to be evacuated for birth to larger centre hospitals, i.e. Winnipeg, Thompson, The Pas, and/or Brandon. This project will begin to bring birth helpers and knowledge keepers together during the spring of 2018 to start the discussion of a pathway to bring birthing back to our Cree Nations.

## “Returning Birthing back to Communities”





## Nibi (Water) Gathering

This four-day gathering centers around one foundational theme: *Nibi Onje Biimaadiziwin* (“Water is life” or “Everything needs water to live”), while reflecting on three themes found throughout the last four years of research: *Mino-biimaadiziwin* (living a good life), *Nindigaweminadoog* (all of my relations), and *Anishinaabemowin* (the language). Creating an interactive art installation led by award-winning Indigenous visual artist KC Adams reinforced the water teachings. Adams’ vision revolved around how art connects to Indigenous peoples’ survival. Adams used clay from the Anishinaabe territory in southern Manitoba to make pottery using the methods of Anishinaabe ancestors, acknowledging that it was primarily a women’s responsibility to create these vessels. The participants made pinch pots throughout the first two days of the gathering. The third day was reserved for the clay to dry and firing the pots in a fire. There were approximately 150 participants attending on each of the four days.



## DATA GOVERNANCE AND DATA LINKAGES

As members of FNHSSM, Chiefs in Assembly passed resolution of support for moving forward with Key Linked File under FNHSSM and HIRGC oversight at Long Plain First Nation on September 19-20, 2017.

Information Sharing Agreements were signed to outline the process of linking the Indian Status Registry with Manitoba Personal Health Identification Numbers that was approved by Chiefs in Assembly and HIRGC for the following purposes:

- First Nations Community Health Profiles (all Manitoba First Nations will receive a community profile of their Nation by end of 2018)
- Four Provincial Deliverables (First Nations Atlas, Diabetes, TB, Children's Atlas) in partnership with Manitoba Centre for Health Policy (MCHP)

### Events:

- Summer Institute on Indigenous Ethics and Research – PEKE, FNHSSM 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)
- Co-hosting the CIHR Annual Pathways Gathering, Lethbridge, AB – PEKE and Alberta First Nations Information Governance Centre (AFNIGC) (June 25-27, 2018)

## A Tribute to William Easter

The FNHSSM research team would like to acknowledge the work, dedication and commitment of one of our knowledge keepers who we sadly lost this year, William Easter of Chemawawin Cree Nation. William was a knowledge keeper who was an advisor on our First Nations Research Ethics Board, the Health Information Research Governance Committee. He provided ongoing guidance to ensure ethical research was undertaken in his role as a knowledge keeper and member of the HIRGC. His presence and gentle guidance will be missed amongst the research team at FNHSSM. As one of our Knowledge Keepers, he was always willing to share many teachings with us and our partners. Thank you William, for the time you took to teach and guide our team and partners and thank you to your family for sharing him with us.



Elder William Easter (Chemawawin Cree Nation), Ardell Cochrane (FNHSSM), Gary Munro (SCTH)



STAFF:

Kathi Avery Kinew, Manager of Social Development and Research Initiatives



Wendy McNab, PEKE Coordinator



Leona Star, DEVOTION Indigenous Research Lead



Venkata Ramayanam, Statistical Analyst



Leanne Gillis, Community Liaison /Administrative Assistant



Carla Cochrane, FNLED Regional Coordinator



Donna Toulouse, Research Administrative Assistant

# Strengthening Families

## Maternal Child Health (SF-MCH)

### INTRODUCTION

Rhonda Campbell – Nurse Program Advisor

Elizabeth Decaire – Peer Resource Specialist

Joyce Wilson – Administrative Assistant/Peer Support Worker

### ACCOMPLISHMENTS

- Incorporating traditional parenting and Indigenous Doula (birth workers) training for staff was initiated in 2016 and continually ongoing each year, to educate program staff on traditional ways of knowing and support culturally appropriate care in communities.
- Partnership with Manitoba Centre of Health Policy to evaluate outcomes for First Nations receiving home visitation is underway i.e. ENVISION Study.
- KTC region has been provided funding to support a combined STAR/FASD and SF/MCH program for some of the 11 communities. Hollow Water received partial funding from FNHIB to support its SF-MCH program.
- The Train the Trainor model for Growing Great Kids curriculum was started in 2017 in partnership with Healthy Child Manitoba to train two provincial staff to ensure our SF-MCH staff have required training to meet program needs. SF-MCH is only allowed to train MCH staff, not other FNHIB children's program as they are not under our supervision.
- One of the main challenges for communities was the lack of a supervisor/coordinator in three of the communities. SF-MCH have offered support and direction to the health directors in finding innovative ways to find solutions.

### STATUS AND LINKAGES

- FNHSSM/Healthy Child Manitoba Joint Training Initiative: FNHSSM and the SF-MCH Administrative Assistant - Peer Support Worker 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.
- Sacred Babies training for all Early Childhood Cluster: SF-MCH Regional team provides a two day training in safe sleep for First Nations families.

- Manitoba Indigenous Doula Initiative Training for Maternal Child Health Staff and Community Workers – April 24- 28, 2017 where 15 SF-MCH community staff and 3 regional staff were trained.
- The Quarterly Meetings and Bi-annual Gatherings of all community based MCH staff continues to be a forum for professional development. The FNHSSM SF-MCH Team organizes quarterly workshops and educational sessions on various themes that are identified through the Peer Support visits. Our focus was on refreshers on program standards and policies, case management, documentation, and sacred babies’ resource manual.
- FNHSSM/Great Kids Inc.: FNHSSM partnered with Great Kids Inc. to deliver REMAP – “A Model for Supervising Home Visitors” training to 14 SF-MCH Supervisors to strengthen and further support them in their roles.

STAFF:

Rhonda Campbell – Nurse Program Advisor

Elizabeth Decaire – Peer Resource Specialist



Joyce Wilson – Administrative Assistant / Peer Support Worker



# Community Engagement



## STAFF

Amanda Meawasige, Interim Director, Engagement and Collaboration / Intergovernmental Relations

Marsha Simmons, Community Engagement (CE) Lead Facilitator

Dion Mclvor, Community Engagement Liaison Coordinator

Vanessa Tait, Policy Analyst/Researcher

Erin Egachie, Administrative Assistant

## INTRODUCTION

First Nations Health and Social Secretariat of Manitoba (FNHSSM) - Nanaandawewigamig, with support from Health Canada – First Nation Inuit Health Branch (FNIHB) have commenced a 3-year First Nations Community Engagement Initiative, entitled First Nations Coming Together: A Community Engagement Framework, with First Nation communities, Provincial Territorial Organizations (PTOs) and Tribal Councils (TC) in Manitoba.

The goal for the community engagement is to inform three key areas that will shape our organizational structures, functions, and priorities:

- Supporting First Nations to determine their own knowledge processes to lead improvements in health;
- Defining the structures and processes of FNHSSM to ensure that the regional organization functions to influence positive developments and opportunities at the community level; and
- Determining the goals and objectives for engagement with the Province of Manitoba and Federal government as it relates to collaboration and tripartite actions that will support First Nation governance and funding requirements for the delivery of health and wellness services to First Nations.



## ACCOMPLISHMENTS

### Previous Accomplishments:

- Previously obtained 29 Band Council Resolutions/Letters of Support and engaged with 57/63 First Nations in Manitoba with community engagement sessions, forums, and/or gatherings;
- Southern Forums: Brandon and Winnipeg Engagement Forum – February and March 2017; and
- Manitoba First Nations Health Directors Gatherings – October 2016 and April 2016

### Accomplishments 2017-2018:

- Northern Forums: Thompson & Opaskwayak Cree Nation (The Pas) Engagement Forum – March 2018
- Manitoba First Nations Health Directors Gathering – March 2018
- Presented to various tables, including the Manitoba First Nations Health Technicians Network

Manitoba First Nation Leadership and Health Directors have consistently expressed a desire for change to the current health service delivery systems. This is evident through the numerous Leadership resolutions and the feedback received through the Community Engagement sessions and gatherings held regionally and at the community level in addition to FNHSSM Board of Directors meetings, Manitoba First Nations Health Technicians Network meetings and through dialogue at other leadership tables.

The role of FNHSSM will continue in the capacity of collating and analyzing the data and feedback received to date that will help to continue generating the discussions and formal mechanisms to be compiled into the discussion paper. The discussion paper is an overview of all the dialogue to date that can be used and adapted by First Nations, PTOs, Tribal Councils and First Nations mandated organizations to further inform their work and direction for First Nations health and wellness. It is anticipated this work will also inform regional projects being undertaken by various First Nations, PTO's and Tribal Councils.

## STATUS AND LINKAGES

### The Benefits to First Nations:

- Connect and unify all data and information gathered into a formal written document that will help guide and inform the process for community direction for improved health and wellness outcomes and provide insight into regional and national discussions in this area.



- First Nations can utilize the document in their proposals, community profiles, community health plans, policies, etc..
- It is hoped that this document can be utilized as a resource by PTO's, tribal councils, and First Nations to inform their decision making when it comes to health transformation and charting a path forward.
- Relationship building and greater system collaboration; empowering the voice of First Nations people to drive health and wellness in their communities; and provide that space for community discussions on health and social solutions based on actual need.

The Community Engagement team attended other FNHSSM/PTO/TC/Community events, gatherings and conferences where they assisted with presentations, facilitation, notetaking for reports, Elders and knowledge keeper helpers, and other duties as required. The team used these opportunities to engage in discussions and conversations in relation to the themes and information for the written document being compiled. This on-going engagement allowed for the gathering of added research, information and documents that may assist in providing regional and community context for the paper. An internal inventory of community engagement and health related research will be conducted at FNHSSM to assist with providing the historical context for the discussion paper.

Relationships established and or enhanced with First Nation Health Directors and Chiefs-in-Assembly via the Community Engagement project have allowed for formal endorsement of Community Engagement activities and recommendations. There is a strong indication that communities are seeking to be informed by progressive best practices in health. It was also stated by multiple communities the need to enhance and formalize partnerships and working relationships. The discussion paper being compiled will provide historic and current information that will be a resource for FNs, PTOs and TCs to utilize as they see fit in making informed decision when it comes to First Nations health and wellness in Manitoba.

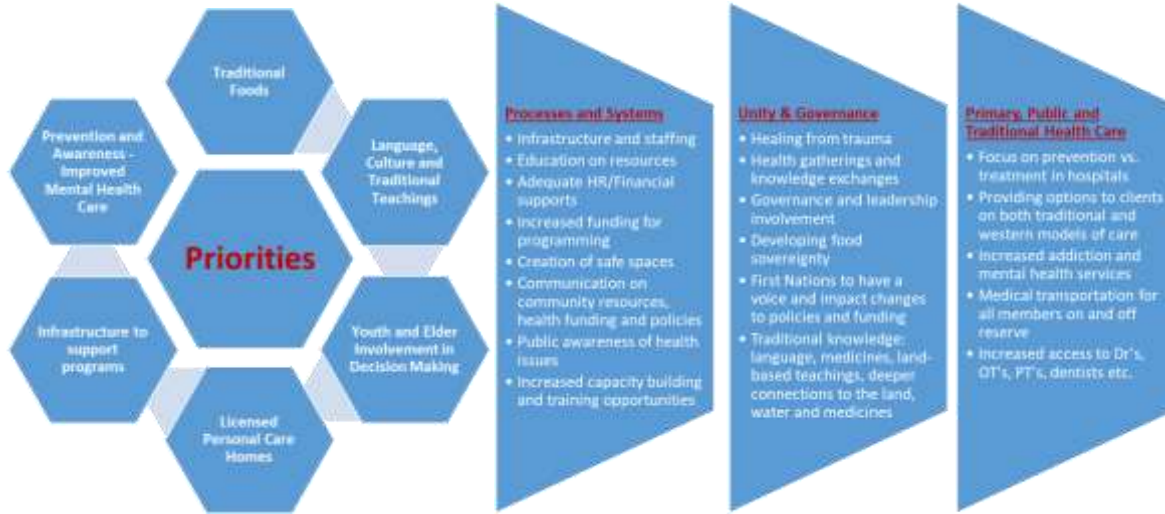
The Director of Community Engagement participates in bi-weekly meetings of the Health Technical Advisory Group (TAG), which was mutually established by AMC, MKO, SCO and FNHSSM, to initiate and enhance communication and partnership.

## STATUS OF ACTIVITIES and ACCOMPLISHMENTS

There were two community engagement forums completed in Thompson and Opaskwayak Cree Nation (The Pas), where First Nations health representatives and leadership for the health portfolio were invited to attend. The agenda items included:

- History and Overview of FNHSSM (PowerPoint Presentation)
- Community Engagement Update (PowerPoint Presentation)
- Setting the Stage, Determining Priorities (Activity)

- Community Walk Exercise – Roles in the Community (Activity)
- Conversation Café Process – Focus Group Questions
- Community Mapping Exercise (Activity)



Currently, the community engagement team is in the process of compiling the discussion paper, based on the feedback from the forums, gatherings and other engagements; the three themes of that have been identified to focus the paper on are:

- Health Governance and Unity Dialogue
- Primary, Public and Traditional Health Care
- Understanding Processes and Navigating through the Health Care system.

However, other chapter topics in the discussion paper will include:

- Understanding Health and Wellness of First Nations in Manitoba
- Health Laws, Policies, Legislations, Acts, Resolutions, and Legal Documents
- Other FN Models in Canada: British Columbia – First Nations Health Authority, First Nations of Quebec and Labrador Health and Social Services Commission Health and Social Services Governance Process, Ontario - Sioux Lookout – Mino Ya Win Health Centre and Sioux Lookout Health Authority, Alberta – Health Co-Management Framework, and Saskatchewan - Fort Qu'Appelle – All Nations Healing Hospital and File Hills Qu'Appelle Health Services
- Discussion: Next steps – Road Map that will identify where we are at and where we may want to go and what the next steps in identifying the three goal areas mentioned above.

The community engagement initiative would like to have further community visits for follow-up discussion and interviews to get added input on the discussion paper and to fill in any gaps that may not have been addressed in the previous forums, gatherings and initial visits to community.

## KEY ISSUES AND CHALLENGES

The Community Engagement Initiative had to develop a refocused work plan, as funding was significantly decreased in 2016/2017, which also resulted in the reduction of community engagement staff. The final output for this project is to collate all information and feedback collected to date that will be shared with communities, to utilize as they deem appropriate. It is anticipated this work will also inform regional projects being undertaken by various First Nations, PTO's and Tribal Councils.

Based on the initial visits, forums, and gatherings the team will compile the data and information and identify any gaps and recommendations with the community engagement initiative. It is hoped that additional resources be accessed to be able to do a formal presentation of the information and final written document to the First Nation communities, health representatives, leadership and other partners, such as the PTOs and Tribal Councils in a public forum.

STAFF:

Amanda Meawasige, Interim Director, Engagement  
And Collaboration / Intergovernmental Relations



Marsha Simmons, Lead Facilitator - CE



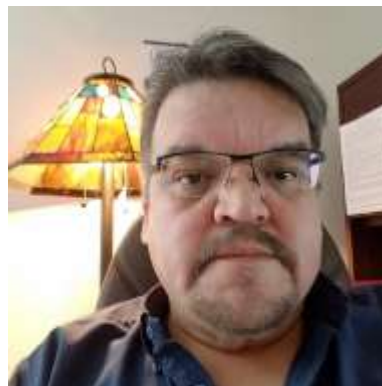
Vanessa Tait, Policy Analyst/Researcher



Erin Egachie, Administrative Assistant



Dion McIvor, Community Engagement Liaison Coordinator



# Diabetes Integration Project (DIP)

## STAFF

Caroline Chartrand, RN, Director, DIP  
Lorraine McLeod, RN, Province Wide Coordinator  
Glenda Gray, BN, Thompson Team  
Ardith Hatley, BN, Thompson Team  
Patricia Currie, RN, Dauphin Team  
Alice Asham, LPN, Dauphin Team  
Sharon Flett, LPN, Winnipeg Team Lead  
Belinda Harper, LPN, Winnipeg Team  
Melissa Gustafson, BN, Winnipeg Team  
Monique Lavallee, Administrative Support  
Kayla Farquhar, 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 resource base to hire additional 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

Winnipeg Team	Dauphin Team	Thompson Team
Hollow Water	Pine Creek	God's River
Peguis	Skownan	God's Lake
Roseau River	O-Chi-Chak-KoSipi	Oxford House
Long Plain	Ebb and Flow	Tataskweyak (Split Lake)
Sandy Bay	Keeseekoowenin	Nisichawayasihk (Nelson House)
Swan Lake	Rolling River	Chemawawin
	Gambler	
	Tootinaowaziibeeng (Valley River)	

### Meetings with Tribal Councils/First Nations/Health Authorities

Numerous meetings/presentations have been held to provide information on the DIP Project, discuss issues/concerns and to collaborate on the coordination of diabetes care and treatment services.

### Training and Capacity Development Sessions



CPR – Recertification Session December 2017



DIP Admin Week Session – December 2017



Dr. Barry Lavallee – Anti-Racism Workshop  
November 30, 2017



Anti-Racism Workshop – Indigenous Nurses



## Anti-Racism Elders Gathering - March 14, 2018

### STATUS OF ACTIVITIES

DIP continues to provide mobile diabetes care and treatment services to 20 First Nation communities in Manitoba. DIP utilizes the Canadian Diabetes Association Clinical Practice Guidelines for the Prevention and Management of Diabetes (2013) as 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.

### 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 DIP Project is based on a one to one patient to one provider model. 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. 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 immediately obtained, 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.**

#### **Research - Strategies for Patient Oriented Research (SPOR) – CANSolve CKD**

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

#### **Research - Strategies for Patient Oriented Research (SPOR) – Diabetes**

The Diabetes Integration Project partnered with the University of Manitoba in a joint application to the Canadian Institutes for Health Research (CIHR) over the next five years. The Diabetes Integration Project will be involved in the development of "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. 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.

#### **Research – Type 2 Diabetes in Manitoba**

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 use of health services, social services, educational outcomes as well as provide an overall picture of diabetes complications. This project is expected to provide a “snapshot” of diabetes within the Manitoba Region. This project is expected to wrap up in the fall of 2018.

### **Research – “Improving responsiveness across the continuum of kidney health care in rural and remote Manitoba First Nation**

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.

## **NEXT STEPS AND CALL 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 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. As a social determinant of health, eliminating poverty is central to reducing complications for those living with type 2 diabetes.

The expansion of the Diabetes Integration Project into the 43 remaining First Nations communities remains a challenge. If DIP receives additional funding, the communities’ funding will be directly impacted. Political support and advocacy is required to negotiate additional Aboriginal Diabetes

Initiative funds to allow for expansion without jeopardizing the community based funding or resources.

## 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.

### STAFF:

Caroline Chartrand, RN, Director, DIP



Kayla Farquhar, Dietitian



Belinda Harper, LPN, Winnipeg Team



Dr. Barry Lavallee, Medical Consultant



Monique Lavallee, Administrative Support



Not in Photos:

Lorraine McLeod, RN, Province Wide Coordinator

Patricia Currie, RN, Dauphin Team

Alice Asham, LPN, Dauphin Team

Sharon Flett, LPN, Winnipeg Team

Thompson Team – Vacant

Thompson Team - Vacant

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## Regional Foot Care Program

### STAFF

Donna Saucier, RN/BN, MHS - Regional Foot Care Program Coordinator, Thompson Team (based out of the KTC Building in Thompson, started working full-time on September 25, 2017.)

Glenda Gray, BN, Thompson Team

Ardith Hatley, BN, Thompson Team

### INTRODUCTION

The 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.

The Regional Foot Care Program is an extension of the Foot Care and Chronic Diseases Unit which will come to an end in March 2018.

## KEY ISSUES AND CHALLENGES

### Development of Data Methodology/Storage/Management Framework

- Initial Data Management session held on November 28th with Home and Community Care Nurses; and
- 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 on an iPad application.

### Data Collection

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

### Sterilization Procedures

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.

## LINKAGES

Ongoing support and capacity building is provided to the foot care nurses in the field. Short program-updates presentations at the following:

- DIP Admin Week December 8, 2017 and March 21, 2018 in Winnipeg
- KTC Home and Community Care Program quarterlies, December 13<sup>th</sup>, 2017 in Thompson
- KTC ADI Geographical Training, January 29<sup>th</sup>, 2018 in Thompson
- FARHA Home and Community Care Program via teleconference March 15, 2018
- Updates via teleconference with MFNDLC as requested, on-going.
- 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 – Foot Care Nurses

- Autoclave Training (Sterilization)
- Basic Foot Care Standards, Policies and Procedures Manual
- Ankle Brachial Pressure Index (ABPI)
- This training was scheduled for March 6-8, 2018 but due to weather was postponed to April 10-12, 2018
- Nurses are requesting “refreshers” on the ABPI and autoclave. Recommendation: To look at doing these refreshers during the ADI, Home and Community Care or other health-related program quarterlies/meetings at the TC or Community level.
- It would be beneficial to train other staff (CHRs, 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) – Keewatin Tribal Council, Thompson

- Completed through a contract with ACC
- Training dates: Nov 20 – December 15, 2017
- Graduates: Eight nurses successfully completed the course

### South Basic Foot Care Training – Brandon

- March 12<sup>th</sup> start date. One-week-on, one-week-off schedule
- Completion date of April 27<sup>th</sup>, 2018
- Graduates: Nine nurses successfully completed the course

### Resource Binder with USB will be made available to all FN communities

- Resources have been developed to support the hiring of foot care nurses – Job Posting, Job Descriptions, Interview Questionnaires and Reference Check templates.
- Return for Service Agreement (draft)
- Foot Care Assessment/Follow Up
- Consent
- Referral and documentation forms.
- Best Practice Foot Care Guidelines

## Foot Care Supplies/Equipment

- FNIHB purchased all Foot Care instruments/supplies and shipped out to Tribal Councils/Communities
- DIP purchased the autoclaves and dopplers. Supplies received and in the process of shipping

STAFF:

Donna Saucier, RN/BN, MHS, Regional Foot Care Program Coordinator



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## Foot Care and Chronic Disease

STAFF

Jocelyn Bruyère RN, BScN, BA, MSc., Regional Foot Care and Chronic Disease Coordinator

Darlene Spence, Foot Care Assistant



## INTRODUCTION

The Regional Foot Care and Chronic Disease Unit was part of the Diabetes Integration Project. This program has come to an end as of March 31<sup>st</sup>, 2018.

Funding was granted for the fiscal year 2017/2018 to carry out the following objectives:

- To ensure Home and Community Care regional capacity exists to support planning, coordination, and implementation of the foot care and chronic disease management
- To provide for the continuation of the development of Home and Community Care regional capacity at the community level in consultation with First Nations
- To develop partnerships with FNIHB and First Nations to address the development of human resources for foot care and chronic disease management
- To enhance the knowledge and skills of Home and Community Care nurses on best practices utilizing the Canadian Diabetes Association Clinical Practice Guidelines
- To provide basic foot care training for the First Nations who have not had a Home and Community Care nurse trained to provide foot care to clients
- To conduct an “Environmental Scan of the Continuing Education of Health Resources” needs in the First Nations, identify the gaps and develop a Regional Training and Capacity Development Plan
- Provide for a survey to assess and document the present state of HCCP FN Foot care
- Collaborate with the Personal Care Home Network for foot care training
- Develop a case for a data management system in foot care service delivery

## KEY ISSUES / CHALLENGES

A proposal entitled *First Nation Basic Foot Care Program: A Solution to Reduce Diabetes Foot Complications and Amputations Rates* (2008) was updated and revised (2016) and submitted to the FNIHB, Manitoba Region in October 2016 by the First Nations Health and Social Secretariat of Manitoba. This was approved as a part of the Branch Operational Plan (BOP) in June 2017.

## LINKAGES

**Foot Care Training for First Nation Home and Community Care Nurses:**

91 completed the Basic Foot Care Training course as follows:

1. Foot Care Grads 2010/2011 = 24
2. Foot Care Grads 2011/2012 = 37
3. Foot Care Grads 2012/2013 = 0 (no funding)
4. Foot Care Grads 2013/2014 = 0 (no funding)
5. Foot Care Grads 2014/2015 = 0 (no funding)
6. Foot Care Grads 2015/2016 = 10
7. Foot Care Grads 2016/2017 = 10



## 8. Foot Care Grads 2017/2018 =10

Training of foot care nurses for the Home and Community Care Program for each First Nation is a positive step for the First Nations communities.

### STATUS OF ACTIVITIES

#### Assiniboine Community College – Basic Foot Care Training:

The foot care training for the Home and Community Care Nurses for this fiscal year took place at the Assiniboine Community College in Brandon on the following dates:

- Course 1 & 2                      September 19-25, 2016
- Course 3 & 4                     October 17-23, 2016
- Course 5, 6 & 7                November 16-22, 2016

Unlike other courses, this was a “blended course which means that part of the course was delivered online. The Basic Foot Care Training course requires 148 hours of instruction in the following:

Course #1 HLTH-0218 Nursing Foot Care Introduction	24 hours
Course #2 HLTH-0219 Foot Assessment and Intervention	32 hours
Course #3 HLTH-0228 High Risk Feet – Theory	20 hours
Course #4 HLTH-0229 High Risk Feet – Clinical	16 hours
Course #5 HLTH-0230 Diabetic Feet – Theory	20 hours
Course #6 HLTH-0231 Diabetic Feet – Clinical	16 hours
Course #7 HLTH-0232 Foot Care – Small Business	20 hours

#### 2017-2018 Basic Foot Care Graduates:



Left to Right top row: The Instructor, Janice Dalton. Students: Hanna Matiowski (Birdtail Sioux First Nation), Teresa Jensen (Black River First Nation), Melanie Stangeland (Opaskwayak Cree Nation), Karol Suzie Bouchie (Little Grand Rapids First Nation), Arla Tait (KTC Strategy), Lucille Manoakesik (Garden Hill First Nation), Gwen Kaye (Birdtail Sioux First Nation). Front: Tina Kozak (Rolling River First Nation), Danette Blacksmith (Nisichawayasihk First Nation), Donna Spence (Fisher River Cree Nation)

Following graduation, the foot care nurses are provided with additional capacity development and training in the following areas:

- Basic Foot Care Standards, Policies and Procedures Manual
- Ankle Brachial Pressure Index Training (lower limb assessment)
- Autoclave Training (sterilization of foot care instruments)



## Micheline Berard of the Dakota Tipi First Nation does lower limb assessment (ABPI)

### ACCOMPLISHMENTS

- 1) There were ten graduates from the DIP Foot Care Program through the Assiniboine Community College (ACC). Further to their 148 hours of basic foot care instruction, they were provided with additional training in the Basic Foot Care Standards, Policies and Procedures Manual. Most First Nation Home and Community Care clients now receive foot care and will be monitored for diabetes complications.
- 2) Manitoba First Nations Health Worker Continuing Education on Diabetes and Chronic Disease: An Environmental Scan.
- 3) Nursing Consultation for the Continuing Education of Home and Community Care Nurses in First Nations: A Follow up to the Environmental Scan (Report)
- 4) Foot Care and Chronic Diseases Capacity Building Workshop

The Workshop on Chronic Disease and Foot Care by the FNHSSM Diabetes Integration Project, the theme of which was Mino Pimatziwin "Being Alive Well". This workshop was held at the Victoria Inn in Winnipeg on November 28 and 29, 2017. The participants were the First Nation Home and Community Care Nurses, Public Health Nurses, Foot Care Nurses, Health Care Aides, ADI Workers, Tribal Home and Community Care Nurse Coordinators, Tribal Nursing Officers and Tribal Diabetes Coordinators.

Introductory and welcoming remarks were made by Ardell Cochrane, Director of Health and Chief Cathy Merrick, Chair of the FNHSSM Board of Directors.



Chief Cathy Merrick,  
Board of Directors, Chair  
FNHSSM



Ardell Cochrane,  
Executive Director of Health  
FNHSSM



## Dr. John Embil, MD

Presentation by Dr. John M. Embil, Professor, Director of Health Sciences Centre, Infection Prevention and Control

*Presentation: "The Foot in the Person with Diabetes"*

- Diabetes in many Manitoba First Nations communities remains a significant problem.
- Diabetes among Manitoba First Nations people represents an inequity.
- Diabetes incidence will only be halted once causes for First Nations are addressed.
- Require decolonizing approaches to address the epidemic.

Conclusion: The Foot Care and Chronic Disease Unit completes its operations as of March 31, 2018, however FNHSSM will receive ongoing funding to host a workshop for the training and capacity development of First Nations health care workers.

# eHealth

## STAFF

Lisa Clarke, Director of eHealth

Brenda Sanderson, Interim Director of eHealth / eHealth Nurse Manager

Tatenda Bwawa, First Nation Panorama Project Coordinator

Gwen Gillan, First Nation Panorama Trainer / Change Management Support

Rhonda Ross, eHealth Trainer

Bill Murdoch, ICT Network Liaison

Jonathan Fleury, Project Manager, Manitoba First Nations Technology Council (MFNTC)

Ehigie Agbator, Business Development Manager

Lindsay Catcheway, eHealth Program Assistant

Margaret Flett, eHealth Program Assistant

Darlene Spence, eHealth Administrative Assistant

Tosin Kolade



## INTRODUCTION

eHEALTH can be the key to the health care we receive in our community. It is a relatively recent healthcare practice (1999) supported by electronic processes and communication. The eHealth unit at FNHSSM is committed to be a source of support and advocacy, working hard to ensure First Nation communities have the same opportunity for access to health care as all other Manitobans.

Connectivity has been a huge barrier to the success of eHealth. It is imperative all First Nations are adequately connected with robust connectivity to support health care needs. As we move forward to establish robust connectivity in the rural First Nation communities we must also realize the importance of partnership and establishing relationships that will support and achieve our goals. Manitoba First Nation communities want and need access to health care services that are accurate, timely and culturally safe. It is our duty and our responsibility to ALL work together to build the world we wish to be. Part of the building is understanding, communicating and advocating the needs and the benefits. Honour and respect for all cultures is required and will remain the backbone of the eHealth unit and its work.

## ACCOMPLISHMENTS

### Change Management

The eHealth unit has evolved through many changes this year and is dedicated to rebuilding an eHealth team for communities to rely on and to seek out assistance and resources as they build their networks and the subsequent connections.

Clearsky Connections (CSC), working to build the fibre optic project was born in the FNHSSM eHealth unit. CSC made the transition to their own entity and space this year. Lisa Clarke, Jonathan Fleury, Ehigie Agbator, Lindsay Catcheway and Tosin Kolade relocated office space to 1075 Portage Avenue in Winnipeg as of April 2018.

The Youth project recruited over 30 youth from Manitoba First Nation communities and were a part of the eHealth team from September 2017 to March 2018. The team was led by two Mentors and four Coordinators. The youth participated in many opportunities and learning experiences from web design to grieving and loss workshops. A graduation was held at the end of March and graduates were presented with certificates and gifts. Many of the graduates have gone on to further their education with some successfully gaining employment in their home communities.

Both Gwen and Tatenda Bwawa, the First Nations Panorama Project Coordinator, are working diligently to ensure the training updates and training information is readied for deployment.

### Data Management

- Panorama is the public health electronic tool being deployed in Manitoba to track immunizations, inventory of vaccines and the eventual tracking of communicable disease. Before Panorama could be deployed to First Nation communities it was essential that an Information Sharing Agreement (ISA) be developed inclusive of the principles of OCAP (Ownership, Control, Access and Possession). Legal teams working on behalf of First Nations, FNIHB and MB Health were engaged throughout the development of the agreement over several years. The agreement was recently finalized and sent by Manitoba Health to communities for their review and signature. Once signed and returned to MBHealth, training is scheduled. It is expected deployment of the Phase 1 communities will transpire through the coming months into the later part of the fiscal year. Phase 1 communities include the communities who have adequate connectivity in place. Communities who do not meet the connectivity requirements will utilize a bridging organization who has been trained to submit information into Panorama on behalf of the community and with the community direction.
- Health Information Management is an area the eHealth team has been engaged with. Many communities are reaching out to the FNHSSM eHealth team to look for information and advice on eHealth solutions and what solution is the best for the community's need. There are many applications out there and it can be confusing. A proposal was submitted to look at what are the various e-Health applications being utilized and available to First Nation communities in Manitoba.

The project looked at several areas and compiled the results in an environmental scan. The Health Directors were invited to meet to brainstorm next steps. The report was shared with all communities. A proposal for Phase II has been drafted in preparation for additional development of Health Information Management.

- Mustimuhw, the community electronic medical record (cEMR) developed by Cowichan for First Nations is currently in nine communities supported through FNHSSM. An additional two communities have deployed Mustimuhw on their own. There is an opportunity to obtain the cEMR along with an interoperability tool, Citizen Health Portal (CHP) in communities under the National Expansion Project. This Project is supported by Canada Health Infoway. The opportunity is time sensitive and will have some costs to it beyond the initial year. Communities are encouraged to reach out to gain an understanding of the possibilities of these tools. The evolving opportunity has presented some challenges as communities are unclear as to the risks and it is important we work to ensure all risks are mitigated and understood by everyone involved.
- The “Quality of Life” Conference held in February 2018 was a great success. The eHealth conference, now in its third year, brings together representatives from across the country and from communities to share their stories, their challenges and their successes. It was well attended with representation from 57 Manitoba First Nation communities. Chiefs, Health Directors, Health Staff, Tribal Health Staff, Federal and Provincial counterparts participated and worked together to discuss and strategize for the future.

## STATUS AND LINKAGES

### eAniskopitak

- eAniskopitak’s mission is to guide the way and clear the path for the fast, effective and meaningful adoption of eHealth technology, capacity and sustainability in every First Nation community in Manitoba.
- Meetings are held quarterly with FNHSSM.
- Interoperability and decisions facing community’s regarding which eHealth application(s) meet the community needs are at the forefront.
- Gevity Consulting were contracted to work on the environmental scan and have provided the background for communities and eAniskopitak membership to assist in planning for health information management.

### MFNERC

- Support nine communities utilizing Mustimuhw through FNHSSM eHealth unit.
- Support Panorama preparation activities for the identified deployment to First Nation communities.
- Work to identify gaps in support and collaborate with partners to mitigate challenges we continue to face in connecting communities with eHealth tool.

## NEXT STEPS

### Human Resources

- Rebuilding a solid eHealth team is a priority this year.
- The Director of eHealth, the eHealth Project Lead, the Senior IT positions are significant positions and the time and effort is being extended to ensure the team is committed, passionate and knowledgeable.
- All challenges are opportunities and we look forward to the opportunities before us.

### Mustimuhw

- eHealth Project Lead will work with the communities and eAniskopitak to confirm the identified three sites for deployment and coordinate the deployment with Mustimuhw to all identified sites this fiscal year.

### Community IT Support

- IT Support for each First Nation community has long been outstanding. The need for First Nation identified requirements and standards must be addressed. Identification of infrastructure needs, requirements and a collaborative effort to planning the work required must be accomplished.

### eHealth Conference

- Conference planning is underway with the dates tentatively identified for the first week of February 2019.
- Working group will be identified to begin to work on the theme, details, speakers etc..

### Youth Leaders of Tomorrow

- A proposal has been submitted to support another youth project this year.
- Focus is on Promoting Health and Wellness for the youth, building a secure foundation to expand their careers and to develop mentorship skills they can bring back to their respective communities.

## ACKNOWLEDGEMENTS

Much work, time and effort are necessary to create a path to success. The communities are leading the way! eAniskopitak is commended for their commitment to ensuring voices are brought to the table. The work accomplished at the FNHSSM eHealth unit is immense. The skill sets required are unique and the challenges overwhelming at times. But we must look at each challenge as an opportunity. Opportunities which we can identify and support. The FNHSSM Board of Directors, eAniskopitak and the FNHSSM staff are all committed to ensuring their utmost efforts in all activities. Each and every person is commended for their work and their passion.

Meegwetch! Ekosani! Wopida! Mahsi!

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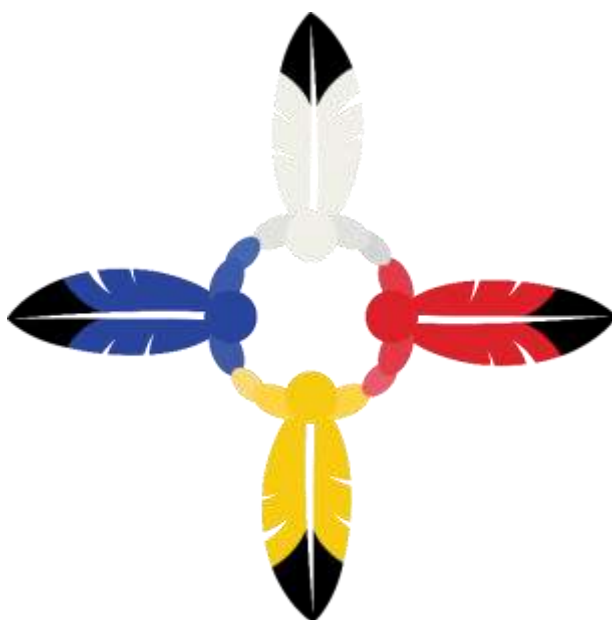


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