



DISCUSSION PAPER

Ten-Year
Determinants
of Health Strategy



First Nations
Health Council

OCTOBER 2017





First Nations Health Council

501 - 100 Park Royal South
Coast Salish Territory
West Vancouver, BC
V7T 1A2

T. 604.693.6500

F. 604.913.2081

Toll Free 1.866.913.0033

info@fnhc.ca



The Opportunity

Health outcome disparities for First Nations people are unacceptable. In recent years, First Nations in BC have taken significant steps to improve health services by building the First Nations health governance structure. This structure supports First Nations to participate more fully in decision-making about health. Through planning and partnership, First Nations are designing a more integrated health system that draws upon the diversity, strengths and cultures of our communities and incorporates our philosophy of health and wellness.

Throughout discussions on the transfer of health services, many Chiefs, Health Directors and Elders spoke to the social determinants of health – the conditions in which people are born, grow, work, live, and age, and the wider set of forces shaping the conditions of daily life. They talked about the traditional systems of care their Nations used for thousands of years to ensure the safety, wellbeing and success of their children, youth and families. They talked about the need to revisit those traditions as we transform a sickness system into a wellness system that promotes health, resiliency and healing. Improving the lived experience of our children, youth and families will require us to improve the systems that serve them – both at home and away from home.

We as BC First Nations have an opportunity to advance a new relationship with the Government of Canada and the Province of BC. Canada has committed to build a Nation-to-Nation relationship with First Nations based on recognition, respect and partnership. BC has committed to build a new relationship and take action to advance reconciliation with First Nations.

The work to achieve a new Nation-to-Nation relationship belongs to the Nations.

It is not about building a new administrative structure or taking on new authority. It is about building new partnerships, envisioning new possibilities, and championing changes that will have a positive impact on the health and wellbeing of First Nations people in BC.


Each Nation is on its own journey toward self-governance. Each Nation is on its own journey to reclaim the health and wellbeing of their children, families and communities. The work of the FNHC is about supporting each Nation to achieve their vision of change. It is not about building a new administrative structure or taking on new authority. It is about building new partnerships, envisioning new possibilities, and championing changes that will have a positive impact on the health and wellbeing of First Nations people in BC.

In the past year, the FNHC has talked to First Nations at Sub-Regional Caucuses, Nation Assemblies and Regional Caucuses to develop the direction for the social determinants of health. Through these discussions, First Nations have been clear in their calls for:

- A true Nation-to-Nation relationship with the Government of Canada
- Desire for flexible funding envelopes that support Nations to plan, design, manage and deliver health and social services in a way that is coordinated and consistent with their vision, values and laws
- Desire to integrate health and social services by reducing silos, removing rules and significantly simplifying the process for accessing federal funding
- Desire for partnerships with provincial Ministries that add value and advance the vision and values of their Nation
- Evolve government role from a service provider to a partner in supporting and sustaining community-led change
- Build relationships that are based on recognition, respect and reciprocal accountability

The FNHC has called upon BC First Nations to work together to develop a ten-year strategy to address the social determinants of health. Through this process, we as BC First Nations have the opportunity to develop a roadmap that sets priorities for investment, partnership and policy change. We have the opportunity to advocate for the change we want to see. By 2028, we envision that First Nations:

- **Have sufficient, flexible and sustainable funding for health and social services.** The funding for community health and social programming has been enhanced and communities now have the flexibility to design, manage and deliver services in a way that works for them. A growing number of Nations now receive block funding from Canada through a new Social Transfer Payment that consolidates all available federal funding for social programs into a single flexible funding envelope.
- **Are rebuilding their Nations.** A large number of Nations are now engaged in a process



to reclaim and rebuild their traditional governance structures. Nations have new and sustainable funding to support individual and collective healing, culture and language, and the development of new institutions and infrastructure that support their vision of self-governance.

- **Are redesigning services to reflect the vision, values and laws of their Nation.** A number of Nations are implementing Nation-Based Health and Wellness Plans. First Nations communities have the capacity and autonomy to design their own systems of care that protect, incorporate and promote the vision, values and teachings of their Nation.
- **First Nations are full and equal partners in decisions about their health and wellness.** First Nations participate fully in the design, planning and delivery of health and social services at all levels of the system – no decision about First Nations is made without First Nations.
- **First Nations have the same access to services as other residents of BC.** First Nations children, youth and families are able to access a system of responsive, high quality, culturally safe and increasingly integrated services. A full continuum of care for mental health and wellness, substance use and trauma is accessible to First Nations.

This discussion paper has been prepared by the FNHC to support discussions on the vision for a ten-year strategy to address the social determinants of health. This discussion paper is a summary of what has been heard in the past year and presents proposals for long-term change. As we look toward the Gathering Wisdom for a Shared Journey forum in May 2018, we want to spark discussion with Chiefs, Leaders and Health Leads on the future state of First Nations health and social governance in BC. Through ongoing discussions with Chiefs, Leaders and Health Leads, we will build upon and strengthen the ideas presented here.

A NOTE ON TERMINOLOGY

Throughout this discussion paper, there is references to First Nations, Nation and Community. The term **First Nations** is used broadly to refer to the First Nations population in BC. The term **Community** refers to the 200 Bands in BC that administer programs and services under the statutes of the *Indian Act*. The term **Nation** refers to a collective of First Nations people and communities that possess a shared language, culture and sense of identity and constitutes the predominant population in a territory. It is important to note that these terms are intended to provide a common language to talk about the concepts presented in this paper and are without prejudice to the interests of First Nations, including their definitions of Nationhood or negotiations with the Crown relating to self-government.




BACKGROUND

WHAT ARE THE SOCIAL DETERMINANTS OF HEALTH?

The social determinants of health are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. The social determinants of health include:

- Culture and Language
- Social Support Networks
- Income and Social Status
- Employment and Working Conditions
- Physical Environment (Housing, Land, Water, Food Security)
- Personal Health Practices and Coping Skills
- Early Childhood Experience
- Access to Health Services
- Genetics and Gender
- Social Exclusion

This is not a new concept for First Nations. We as BC First Nations have always viewed health and wellness from a wholistic perspective. It is only more recently that mainstream science has adopted the view that health is largely determined by broader social, cultural, political, economic, and environmental factors.



Developing a Long-Term Strategy to Support Health, Healing and Nation Rebuilding

This discussion paper is divided into three sections. In section 1, we share a short history of First Nations health and wellness in BC. As we remember the path we have taken to get to here, we acknowledge and honour the work First Nations have done in recent decades to improve the health and wellness of their children, families and communities.

In Section 2, we present a summary of what we have heard this past year. We describe the current realities that many communities across BC face and the fundamental changes that communities are calling for.

In Section 3, we propose ideas and a possible roadmap for improving the coordination of funding for First Nations health and wellness in a way that advances a renewed Nation-to-Nation relationship between Nations and the Government of Canada. This section proposes a two-track strategy:

- In the short-term, advocate for new investments to address the most immediate health and wellness needs of First Nations communities.
- In the long-term, support First Nations to transition to a new relationship with Canada and BC where Nations have the full autonomy and authority to make decisions about the health and wellness of their communities.

BACKGROUND

A NEW POLITICAL CONTEXT

The Government of Canada has committed to achieve reconciliation with First Nations through a renewed Nation-to-Nation relationship based on the recognition of rights, respect, cooperation and partnership. In July 2017, the Minister of Justice and Attorney General, Jody Wilson-Raybould, announced ten principles that will guide the Government of Canada in its review of laws, policies and operational practices related to Indigenous people in Canada. The ten principles are guided by the United Nations Declaration on the Rights of Indigenous People and informed by the Truth and Reconciliation Commission and Royal Commission on Aboriginal Peoples.

1. All relations with Indigenous peoples need to be based on the recognition and implementation of their right to self-determination, including the inherent right of self-government.
2. Reconciliation is a fundamental purpose of section 35 of the Constitution Act, 1982.
3. The honour of the Crown guides the conduct of the Crown in all of its dealings with Indigenous peoples.
4. Indigenous self-government is part of Canada's evolving system of cooperative federalism and distinct orders of government.
5. Treaties, agreements, and other constructive arrangements between Indigenous peoples and the Crown have been and are intended to be acts of reconciliation based on mutual recognition and respect.
6. Meaningful engagement with Indigenous peoples aims to secure their free, prior, and informed consent when Canada proposes to take actions which impact them and their rights on their lands, territories, and resources.
7. Respecting and implementing rights is essential and that any infringement of section 35 rights must by law meet a high threshold of justification which includes Indigenous perspectives and satisfies the Crown's fiduciary obligations.
8. Reconciliation and self-government require a renewed fiscal relationship, developed in collaboration with Indigenous nations, that promotes a mutually supportive climate for economic partnership and resource development.
9. Reconciliation is an ongoing process that occurs in the context of evolving Indigenous-Crown relationships.
10. A distinctions-based approach is needed to ensure that the unique rights, interests and circumstances of the First Nations, the Métis Nation and Inuit are acknowledged, affirmed, and implemented.

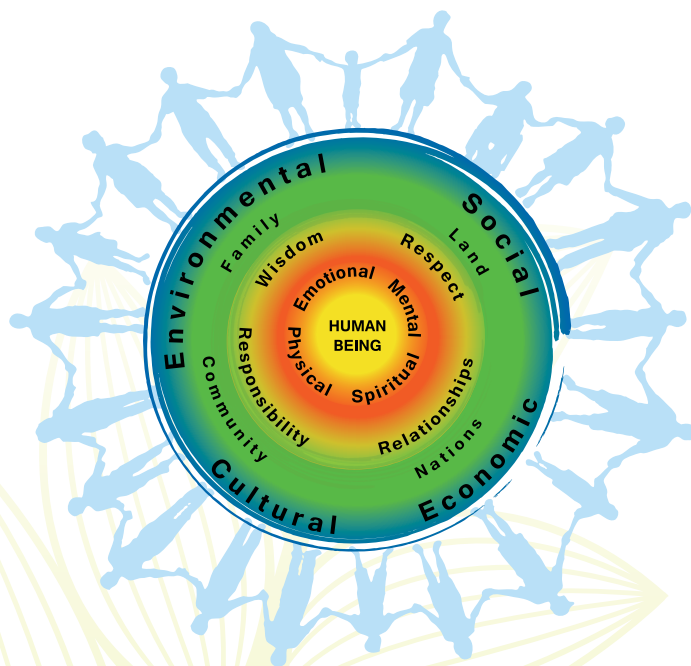
These principles provide a path for Nations to define a new relationship with the Government of Canada. The work on the social determinants of health can be guided by these same principles and serve to advance First Nations right to self-determination.

Part 1

Remembering the Path to Here

We as BC First Nations have always viewed health from a wholistic perspective. Each Nation has stories, teachings and traditions that speak to a perspective of health and wellness – a perspective that reflects the connection between the mental, physical, emotional and spiritual dimensions of wellbeing that are key to a healthy and balanced life. From time immemorial, bound by love and responsibility, First Nations have worked to ensure the health, safety and wellbeing of their children, families and communities.

First Nations
Perspective
on Health and
Wellness



While we as First Nations have held on to our languages, cultures and traditions, colonialism has left a deep and long lasting impact on our Nations. The Indian Act set out policies and programs that aimed to eradicate Indigenous ways of living, knowing, governing and being. The Indian Act imposed the Indian Band system on First Nations, which broke relationships between communities and dismantled the sophisticated governance systems that had sustained communities for thousands of years. In many cases, the result was small, semi-isolated communities with limited power over their own affairs. The damaging legacy of colonialism and dispossession endures in the form of intergenerational trauma, lateral violence, health and wellness inequities and top-down paternalistic decision-making over First Nations affairs at federal and provincial levels. The governance system imposed by the Indian Act is at odds with the governance systems that had ensured the health, safety and wellbeing of children, families and communities for millennia.

Despite this history, First Nations in BC are leading the way in returning health and wellness programs, policies and governance structures to a Nation-based, community-driven and family-focused model. Starting in the 1970s, First Nations took control over their Band Offices. In the 1980s and 1990s, First Nations started to build their own institutions for health, education, child welfare, and skills training. By the 2000s, an increasing number of First Nations in BC had health transfer agreements, education agreements and delegated agencies for children and family services. For decades, First Nations in BC have been building capacity to re-center their voices in decisions about the health and wellness of their children, families and communities.


Since 2005, BC First Nations have made significant progress in health. In 2011, we as BC First Nations made a historic decision to assume responsibility for the design and delivery of health programs and services for First Nations. This decision built on decades of work by BC First Nations to take a larger role in the design and delivery of community health services.

A key strength of the work to establish the new health governance structure has been engagement. Since 2008, Regional Caucuses have served as the main forum for discussions on health governance. Before the decisions in 2011 and 2012, First Nations leaders engaged in the discussion through Sub-Regional Caucuses, Regional Caucuses and the province-wide Gathering Wisdom forum. The community engagement exercise that led to these decisions was about informing communities, building a common understanding of issues, compromising, building consensus and upholding reciprocal accountability.

Through these discussions, many Chiefs, Health Directors and Elders spoke to the social determinants of health – the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. They talked about the traditional systems of care their Nations used for thousands of years to ensure the safety, wellbeing and success of their children, youth and families. They talked about the need to revisit those traditions as we transform a sickness system into a wellness system that promotes health, resiliency and healing. They talked about the need to improve health services and address the social determinants of health to eliminate health inequities.

When BC First Nations endorsed Consensus Paper 2011 and Resolution 2011-01, Chiefs called upon the FNHC to continue as a province-wide political and advocacy body with the mandate to:

- Provide political leadership for the implementation of the health plans
- Support First Nations to achieve their health and wellness priorities
- Build partnerships to make progress on the social determinants of health
- Ensure communication, transparency, cost-effectiveness and accountability of the FNHC to First Nations



The *Framework Agreement on First Nation Health Governance* (2011) called for the creation of high-level tables between the FNHC and Deputy Ministers for Canada and BC to discuss health and issues related to the social determinants of health. These tables provide a platform to develop a government-wide approach to address the health and wellness priorities of First Nations in BC. It is an acknowledgement by Canada and BC that government needs to be more responsive to the health and wellness priorities of First Nations and that this will require a more coordinated approach to planning, programming and funding at federal and provincial levels.

In the past year, through new agreements with Canada and BC, the FNHC has supported a discussion at the Regional Caucuses to form the direction for the social determinants of health. Informed by these discussions, the FNHC has called upon BC First Nations to work together to develop a long-term strategy to address the social determinants of health. While this process is familiar to the governance process in 2011 and 2012, the destination will be different from health. Through ongoing dialogue ahead of the Gathering Wisdom for a Shared Journey forum in May 2018, we as BC First Nations have opportunity to develop a long-term roadmap that sets priorities for investment, partnership and policy change. This discussion paper represents an important step in this process. It introduces ideas and proposals for long-term change. We want to hear from Chiefs, Leaders and Health Leads as we chart a new course for this work.



BACKGROUND

SELF-DETERMINATION IS A SOCIAL DETERMINANT OF HEALTH

First Nations self-determination is a social determinant of health. There is a connection between self-governance and improved socio-economic conditions in First Nations communities.

In 1996, the Royal Commission on Aboriginal Peoples (RCAP) put self-government at the top of its priorities for improving health outcomes. The report recommended that four principles guide future work:

- **HOLISM**, that is, attention to the whole person;
- **EQUITY**, that is, equitable access to the means of achieving health and equality of outcomes in health status;
- **CONTROL** by Aboriginal peoples of the lifestyle choices, institutional services and environmental conditions that support health; and
- **DIVERSITY**, that is, accommodation of the cultures and histories of Aboriginal peoples that make them distinctive.

In 1998, Chandler and Lalonde found that there were lower rates of suicide in communities that exhibited higher levels of cultural continuity – a higher level of sustained control over the cultural and political processes in the community.

To put it simply, without community voice at the center of decisions that influence health and social services, the First Nations perspective on health and wellness is lost, the role of health care is divorced from the day-to-day reality of life in community, and the authority of individuals over their health own wellbeing is diminished.



Part 2

Current Realities for Communities in BC

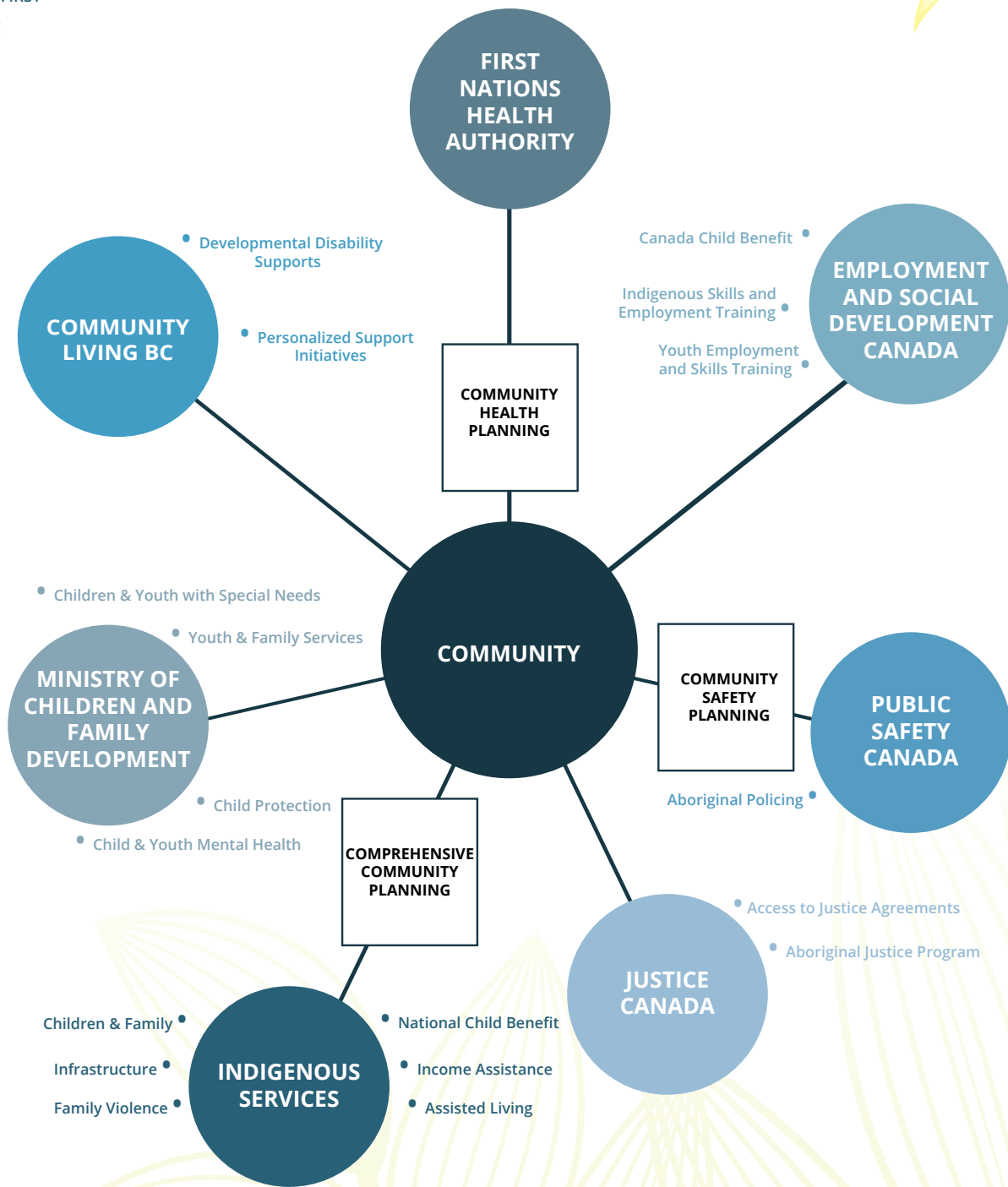
First Nations communities in BC must contend with a complex system of health and social services driven by a mix of legislation, regulation, policy and service standards developed by different levels of government. For many communities, a significant amount of time, energy and resources is expended navigating this system. While progress has been made to improve the availability, accessibility and quality of health services in BC as a result of new partnerships built by First Nations in BC, the health system is only one part of the picture.


On a day-to-day basis, First Nations work with a network of funders and service providers to support the delivery of health and social services in their communities – this can include primary health care, health promotion, mental health, early learning, education, language, childcare, Elders care, assisted living, public safety, restorative justice, children and family supports, income assistance, and employment and skills training to name a few. In some cases, such as children and youth mental health, the service is available through MCFD but it is often difficult to access. In other cases, such as family-focused prevention programming, the service may not be available at all. In the end, the availability and accessibility of key social services play a significant role in determining health and wellness outcomes.

In the past year, a number of federal and provincial agencies attended Sub-Regional Caucuses and Regional Caucuses to talk about children and family supports and services, early learning and childcare, education and post-secondary education, public safety and justice services, and poverty.

Through these discussions, many communities noted that the current landscape of federal and provincial programming is administratively complex and makes it difficult to coordinate care for children and families in their communities. The illustration below visually depicts the current reality for many communities.

CURRENT NETWORK OF
FUNDERS AND SERVICE
PROVIDERS TO FIRST
NATIONS IN BC





This next section is presented as a summary of a high-level issues identified by communities during the Regional Caucuses.

Problems with Program Design and Decision-Making

The funding provided by Canada and BC for the delivery of social programs and services is inequitable, unpredictable and often not based on the real needs of communities. The funding is based on program authorities that have been developed by Canada and BC without the input or involvement of First Nations in the decision-making process. These program authorities are developed in silos and do not provide communities with the flexibility to design services that will best serve children and families in their communities. On top of this, Canada and BC maintain a policy and planning orientation that prioritizes risk management over the wellness-focused and family-centered care First Nations are calling for. This approach ultimately leads to the top-down design of programs that act as makeshift solutions to complex and interconnected health and wellness issues.

Planning and Funding

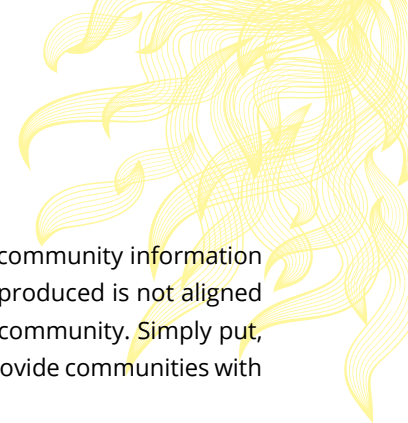
While funding for planning, such as comprehensive community planning and health and wellness planning, has increased in the last decade, funding mechanisms still focus on financing individual programs. As a result, there are cases where communities have developed plans with no federal funding to implement them. This can create a harmful cycle where communities invest in a process of planning and establish expectations for change only to find out that there are no resources available to support the implementation of the plan that the community has created.

This planning is made more complicated by the different types of plans that funders require. In BC, communities can apply for funding to develop comprehensive community plans, health and wellness plans, and community safety plans. This is in addition to workplans that communities are required to complete as part of funding proposals. In certain cases, plans are developed to fulfill a reporting requirement or meet the criteria of a funding proposal. As a result, project-specific plans can be disconnected from larger community development processes and do not always align well with the longer-term vision of the community.

There is a need to design new approaches to planning that support community development through a comprehensive, strength-based, and community-led process.

Burdensome Reporting Requirements

The silo-based approach to health and wellness funding and programming creates a significant reporting burden on local administrations. A significant proportion of staff hours are spent applying for limited pools of program funds with no guarantee of success, and reporting on program outcomes according to external priorities and measures of success. The need to produce individual program reports often leads to redundant and overlapping reporting. The system is rigid and unresponsive to local community rhythms, calendars, priorities and needs. The data



that is required often fulfills external organizational requirements, not community information needs, and is made more problematic by the fact that the information produced is not aligned with the vision of the community, and is therefore of little value to the community. Simply put, the current reporting system is administratively complex and does not provide communities with the information they need to plan and improve programs.

The federal government has been aware of these widespread issues since at least 2002, when the Auditor General of Canada reported that communities were, on average, required to complete upwards of 168 reports per calendar year. Yet, program managers and service staff indicate that there has been limited change in the volume and complexity of reporting requirements in fifteen years. Making improvements in this area remains a key priority.

Culturally Appropriate and Safe Services

In many cases, the services provided by provincial agencies and authorities do not reflect distinct First Nations views or perspectives in design. At times, those that provides services to First Nations people, such as social workers, have a limited understanding of the unique histories or cultural context of the communities in which they are working. This is further complicated by a lack of trust in the system, causing apprehension and limiting access to preventative services.

For practitioners working within First Nations communities, mandatory cultural safety training and using a trauma-informed approach is essential to the effective delivery of service. This requires regular communication with the community and a renewed focus on relationship building at the local level.

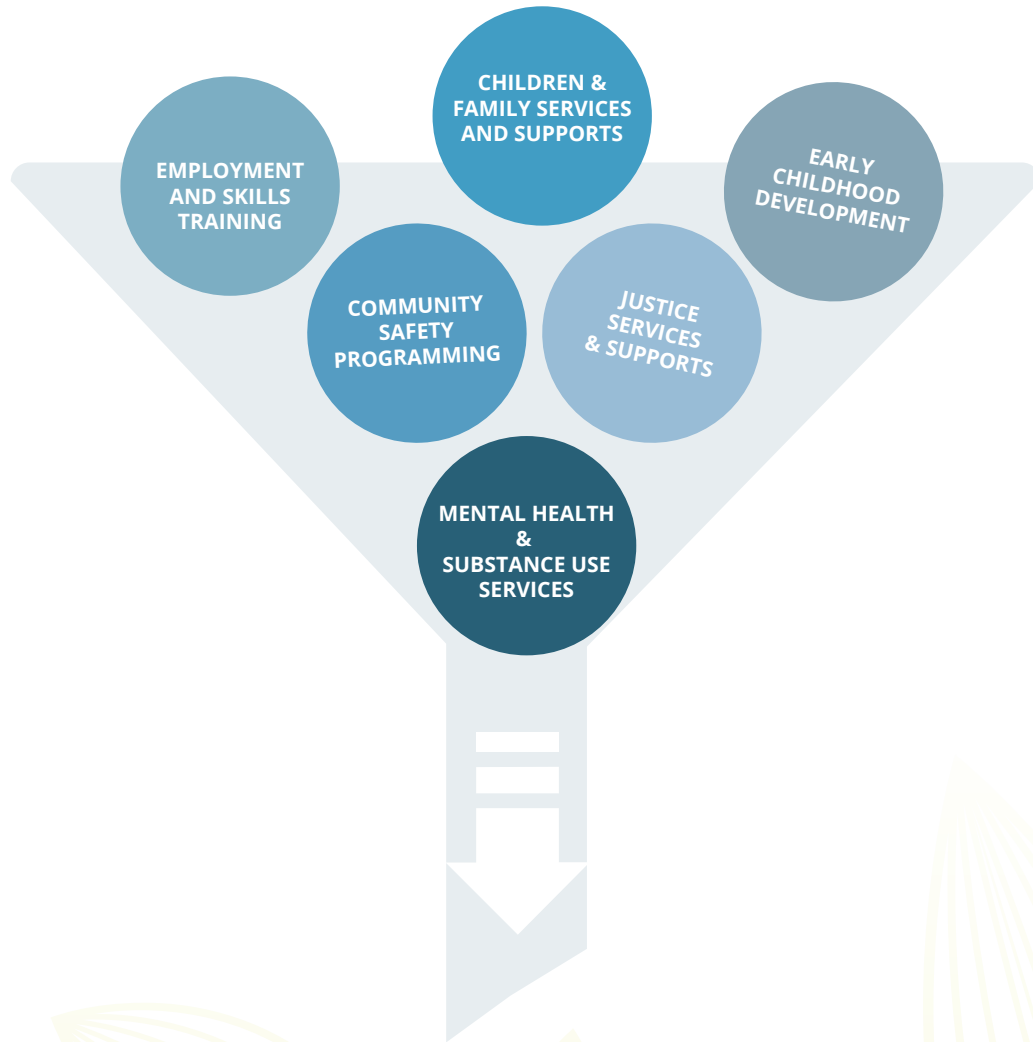
Proposing a Path Forward

Based on discussions to date, the FNHC is proposing a two-track strategy that guides this work for the next ten years.

- In the short-term, BC First Nations are calling for immediate investments by Canada and BC to address the most pressing issues facing their communities, build local capacity, and increase opportunities for collaboration across communities. These priority areas and strategies can be addressed within the current program-based system and provide a way of aligning the current system with strategies identified by First Nations.
- In the long-term, there is a need to improve the coordination of funding for First Nations health and wellness in a way advances a renewed Nation-to-Nation relationship between Nations and the Government of Canada. As we look ahead, it will be important that all provincial institutions support First Nations to transition to a new relationship with Canada and BC where Nations have the full autonomy and authority to make decisions about the health, safety and wellness of their communities. The work on health and the social determinants of health is one part of a much broader strategy to support Nation Rebuilding.

The ideas and proposals introduced in this next section are presented in a spirit of looking forward, side-by-side, in search of the best health governance system for all First Nations in BC.

GOVERNMENT OF CANADA



FIRST NATION SOCIAL TRANSFER



COMMUNITY & NATION HEALTH & WELLNESS PLANS

NATIONS

REDUCED REPORTING | FLEXIBLE FUNDING | NATION-BASED PLANNING | COMMUNITY-DRIVEN PROGRAMMING



INTRODUCING THREE IDEAS FOR CHANGE

Nations with Complete Authority over Funding Decisions

By 2028, as a recognised order of government, Nations have a new fiscal relationship with Canada through a new funding and accountability approach that has been designed and endorsed by First Nations in BC. Under this framework, a number of Nations receive funding through a Social Transfer Payment (akin to the Canada Health Transfer and Canada Social Transfer that Canada negotiates with the Province of BC). This Social Transfer Payment consolidates all federal programming available to First Nations into a single, multi-year funding agreement. In the same way that provinces have full authority over their health and social development funding decisions, Nations have full authority over how they use and allocate funding. The funding that each Nation receives is allocated with sensitivity to the unique factors affecting the health and wellness of their children, families and communities.

The Social Transfer Payment allows Nations to advance priorities according to their Nation Health and Wellness Plan and address program, service and infrastructure in a way that works for them. The Social Transfer Payment significantly reduces administrative pressures to apply for individual funding packages. Nations have reallocated time previously spent on reporting toward building local capacity to address health needs and collaborating on health and wellness service delivery with funders and partners.

Nation-Based Planning and Service Delivery with and for All Families

By 2028, each Nation is fully self-determining in terms of its decisions over health and wellness in its communities. A well-designed, phase-in approach has been created and implemented and all necessary capacities developed for each Nation to be running a full range of health and social services. Nations in need of support to make this transition have been provided with the support they need to succeed.

Nation Health and Wellness Plans have evolved such that First Nations are equal decision-makers with Canada and BC. Nations have full authority over health and wellness decisions and families participate in decision-making for their own health and wellness. The policy-making environment is sensitive and responsive to individual Nations' needs and priorities and supports communities to develop systems of care that are wholistic and honour the vision, values and laws of their Nation. The silos between health programming and social programs and services have been reduced. The quality of these services matches or exceeds that of mainstream health and social services in the rest of BC while offering culturally relevant and safe care options for First Nations people. First Nations are full partners in negotiating Federal-Provincial agreements (e.g., the INAC-MCFD Service Agreement or INAC-EMBC Agreement) and have developed values-based relationships with provincial Ministries that support families to be healthy, resilient and independent. Nations have the time and resources to meaningfully engage in Nation-to-Nation relationships with one another as Nations and with Canada.

1

2

3

Reporting that Matters to Nations and Families

By 2028, reporting requirements have evolved away from program-based, process-focused evaluations determined by the federal government. Instead, Nations have the tools to track wellbeing indicators related to the social determinants of health. Through their own processes, Nations measure connection to culture, language use and retention, stewardship, sustainable development, and shared decision-making. The reports that Nations do provide to Canada and BC focus on the health and wellbeing of the Nation and evaluate whether government partners and funders are fulfilling their commitments consistent with the principle of reciprocal accountability.

BACKGROUND

SETTING GOVERNANCE STANDARDS

In establishing the health governance structure, BC First Nations set high standards for its operations. These standards are strategic-level expectations and requirements for how the health governance structure and process operates at the community, regional and provincial levels. These standards guide the work of the FNHC and decision-making within the health governance structure. As we widen the health discussion to include the social determinants of health, these same standards and expectations will guide the work.

1. Community-Driven, Nation Based
2. Increasing First Nations Decision-Making and Control
3. Improve Services
4. Foster Meaningful Collaboration and Partnership
5. Develop Human and Economic Capacity
6. Be Without Prejudice to First Nations Interests
7. Function at a High Operational Standard



TRANSITIONING TO A NEW RELATIONSHIP

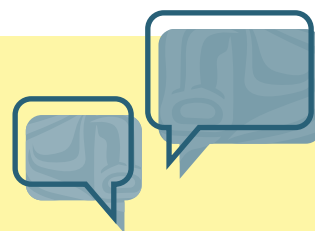
Designing a New Funding and Accountability Approach

POSSIBLE STEPS

1. Support First Nations to define a set of governance standards and principles that can underpin a new funding and accountability approach for federal and provincial programming in BC.
2. Support First Nations to assess the current state of health and social services in their communities and options for delivering additional services that currently fall under provincial authority (e.g. services for adults with developmental disabilities to assist them to live in their community).
3. Secure a commitment from the Province of BC to articulate guiding principles for a Government-to-Government relationship (similar to the relationship principles released by Canada) with the view to evolve the role of the provincial government from that of a service provider to a funder and service partner.
4. Secure a commitment from the Government of Canada to evolve its role from that of a program designer to a funder and partner in supporting and sustaining community-led change.
5. Secure a commitment from the Province of BC and the Government of Canada to undertake a review and inventory of relevant programs, services and funding in full partnership with First Nations in BC with the view to reallocate resources to First Nations and, where appropriate, to collaborate with First Nations in the development of new service delivery models.
6. Based on the above, develop an implementation plan with concrete commitments and milestones to be achieved by Canada and BC to transition to a new funding and accountability approach.
7. Secure financial commitments from Canada and BC to provide adequate funding for First Nations to engage in discussions on equal footing regarding the evolution of roles, responsibilities and accountabilities. This will require Canada to fund planning processes that allow communities to define how they want other orders of government to relate to them and to develop governance structures and standards that define how they will or want to work together as a Nation in the area of health and wellness.

DISCUSSION QUESTIONS

- Do you think this is the right step for us to take?
- If yes, what action(s) should be taken? If no, what step should be taken instead?



Designing a Social Transfer Payment

POSSIBLE STEPS

1. First Nations define what Community-Driven and Nation-Based health planning and implementation means on their own terms, with the understanding that some Nations will want to deliver services and some will want to support individual communities to administer services – it is up to the Nation to determine a structure that will work best for them.
2. First Nations are supported by Canada and BC to define governance structures and standards as Nations or collectives of communities.
3. First Nations assess institutional capacity and infrastructure needs, build capacity where needed in pursuit of taking control of all community health and wellness as a Nation Government.
4. The Government of Canada and the Province of BC, as partners, fund Indigenous health and wellness equitably, with the primary goal of closing social and health gaps between Indigenous and non-Indigenous communities in Canada.
5. In pursuit of health and wellness equity, BC First Nations design the Social Transfer Payment – a multi-year funding agreement between the Nation and the Government of Canada that serves to consolidate all available sources of federal program funding.
6. Develop the technical aspects of the funding formula in line with the Canada Health Transfer and Canada Social Transfer currently in use by the government of Canada but with culturally appropriate characteristics and responsive to each Nations' needs and circumstances. The Social Transfer Payment will be indexed to inflation and is sensitive to population growth projections.
7. First Nations define a new reporting relationship with Canada and BC that is based on the principle of reciprocal accountability. As part of the transition, Canada and BC make relevant data available to First Nations to support Nation-based decision-making. Over time, Nations track a set of wellness indicators that are based on the social determinants of health.
8. Develop a process to assess and support First Nations as they on-board into the Social Transfer Payment. The process should involve options for a phased approach to on-boarding, which allows each Nation to receive the right supports to succeed within this type of funding arrangement based on the Nation's readiness, both during and after the transition to this approach.

DISCUSSION QUESTIONS

- Do you think this is the right step for us to take?
- If yes, what action(s) should be taken? If no, what step should be taken instead?



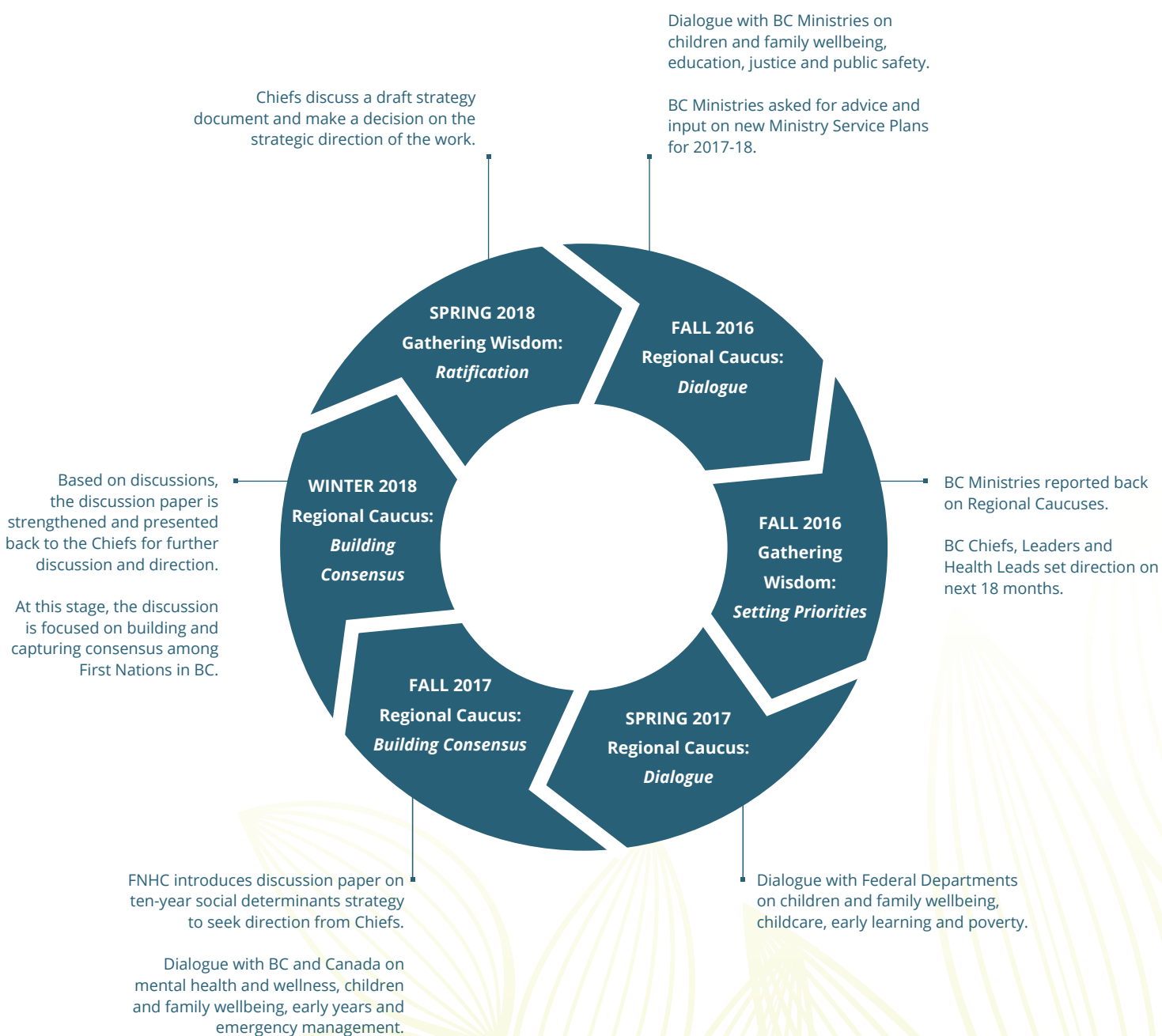
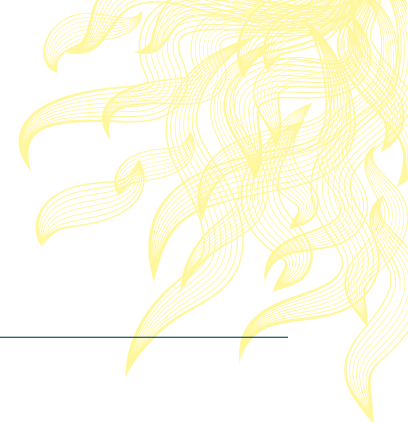
Next Steps

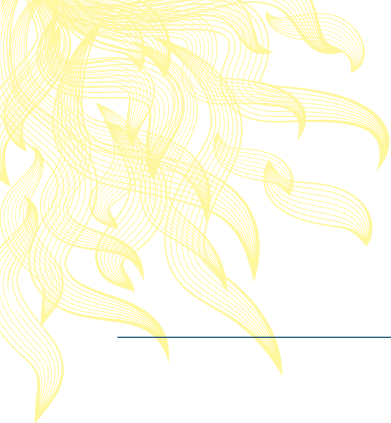
BC First Nations are set to come together at the province-wide Gathering Wisdom for a Shared Journey forum in May 2018. At this forum, First Nations Chiefs will be asked to make a decision on the direction of this work.

This Regional Caucus is about introducing ideas and proposals for long-term change. This Regional Caucus provides an opportunity to build upon and strengthen the ideas presented in this discussion paper. Based on the discussion and direction provided by Chiefs, Leaders and Health Leads, the FNHC will improve upon the ideas presented in this discussion paper.

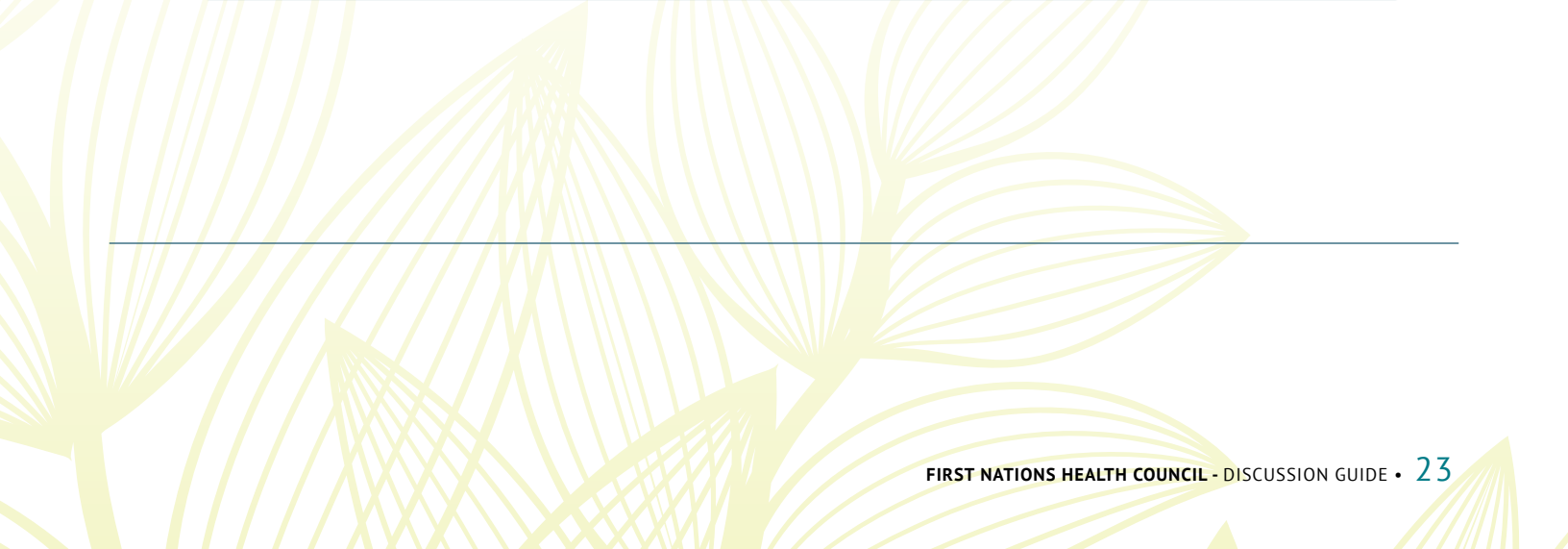
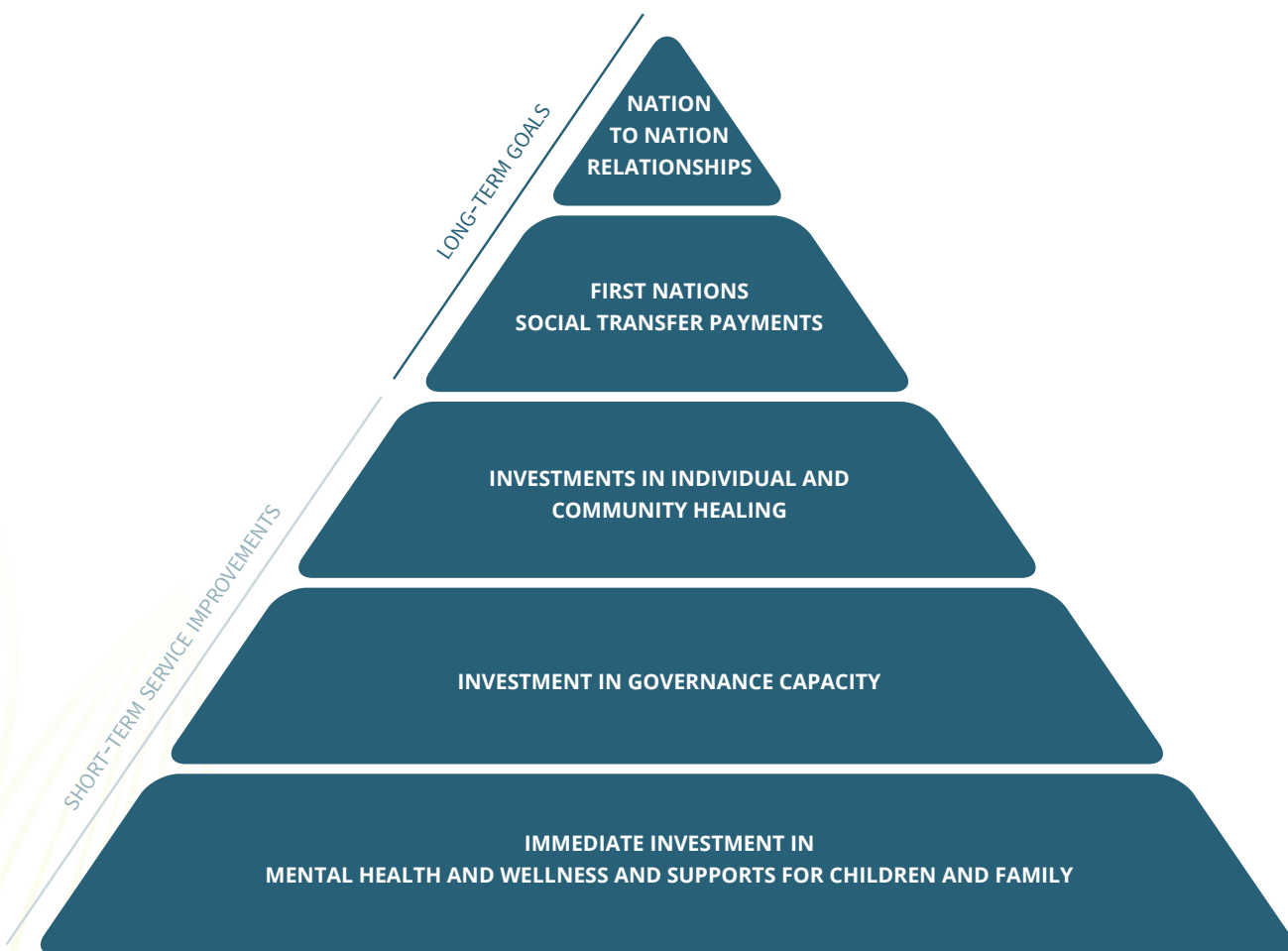
The FNHC will present a revised discussion paper to BC First Nations through the Sub-Regional Caucuses, Nation Assemblies and Regional Caucuses in early 2018. This revised discussion paper will present areas of common agreement among First Nations as it relates to this work.

As we approach the Gathering Wisdom forum in May 2018, the FNHC will focus on communicating with communities, building a common understanding of issues, and building consensus on proposals for long-term change. At the Gathering Wisdom forum, Chiefs will be asked to consider a draft strategy and make a decision on the strategic direction of this work.





WALKING FORWARD TOGETHER:
The Path Forward





First Nations Health Council

The FNHC welcomes feedback from First Nations on this discussion paper. To provide input, we encourage your community to email info@fnhc.ca with comments and feedback. The members of the FNHC are available to meet with Chiefs, Leaders and Health Leads to discuss this discussion paper in more detail. The FNHC welcomes opportunities to meet directly with First Nations to advance this important discussion.



First Nations Health Council

501 - 100 Park Royal South
Coast Salish Territory
West Vancouver, BC
V7T 1A2

T. 604.693.6500

F. 604.913.2081

Toll Free 1.866.913.0033

info@fnhc.ca



First Nations Health Council

*"Healthy, Self-Determining and
Vibrant BC First Nations Children,
Families and Communities."*