

Together in Wellness

TRIPARTITE COMMITTEE ON FIRST NATIONS HEALTH ANNUAL REPORT APRIL 2019 – MARCH 2020

A report on the progress of the integration and improvement of health services for First Nations in British Columbia.



Tripartite First Nations Health Plan



To find this document online, search "Tripartite Committee annual report" on www.Canada.ca

Pour trouver ce document en-ligne, chercher les termes « rapport annuel du comité tripartite » sur www.Canada.ca

Également disponible en français sous le titre : Comité Tripartite sur la Santé des Premières Nations : Rapport Annuel 2019-2020

For further information or to obtain additional copies, please contact: First Nations Health Authority

B.C. Ministry of Health

©2020. Copyright for this publication is held jointly by the Tripartite partners.

This publication may be reproduced without permission provided the source is fully acknowledged.

English

Catalogue: H33-1/14E-PDF

ISSN: 2292-0536

Français

Catalogue: H33-1/14F-PDF

ISBN: 2292-0528

This publication is the result of a collaborative initiative among the First Nations Health Authority, the British Columbia Ministry of Health and Indigenous Services Canada.

Contents

| | |
|--|-----------|
| A MESSAGE FROM THE PARTNERS | 5 |
| A MESSAGE FROM THE FNHA CHIEF MEDICAL OFFICER AND THE PROVINCIAL HEALTH OFFICER | 6 |
| PURPOSE | 7 |
| What is the Tripartite Committee on First Nations Health? | 7 |
| TRIPARTITE COMMITTEE ON FIRST NATIONS HEALTH: REPORTING ON STRATEGIC PRIORITIES | 8 |
| Cultural Safety and Humility | 8 |
| Mental Health and Wellness | 19 |
| Joint B.C. First Nations/Ministry of Health Project Board | 25 |
| Evaluation of the Tripartite Framework Agreement on First Nation Health Governance | 25 |
| Indigenous Cancer Strategy | 26 |
| Maternal-Child Health | 26 |
| Barriers to Progress | 28 |
| THE TRIPARTITE PARTNERS REPORT ON PROGRESS | 29 |
| First Nations Health Authority | 29 |
| Indigenous Services Canada | 33 |
| B.C. Ministry of Health | 34 |
| RESPONSES OF THE TRIPARTITE PARTNERS TO THE COVID-19 PANDEMIC | 36 |
| REGIONAL PARTNERSHIP ACCORDS | 38 |
| Fraser Salish Region | 38 |
| Interior Region | 38 |
| Northern Region | 39 |
| Vancouver Coastal Region | 40 |
| Vancouver Island Region | 40 |
| MEASURING HEALTH OUTCOMES | 41 |
| LOOKING FORWARD | 42 |



A Message from the Partners

Since its inception in 2011, the Tripartite Committee on First Nations Health has been steadfast in its efforts to co-ordinate and implement positive, systemic change in the B.C. health-care system to support First Nations people. October 2019 marked the sixth year since transfer of responsibility of B.C. First Nations health programs and service delivery from the First Nations and Inuit Health Branch to the First Nations Health Authority. The tripartite partners continue to be firmly committed to working to improve First Nations health and wellness outcomes. This reporting period marks several important milestones in our shared journey to improve First Nations health and wellness.

During Gathering Wisdom for a Shared Journey X, January 14-16, 2020, the tripartite partners shared the first five-year evaluation on progress made toward the implementation of the 2011 *Tripartite Framework Agreement on First Nation Health Governance (Framework Agreement)*. This evaluation report focuses on key elements of the implementation of the Framework Agreement and gives the partners an opportunity to honour our collaborative successes, as well as learnings on where and how to continue improvements.

On Nov. 28, 2019, British Columbia celebrated a historic moment in reconciliation with the passing of the *Declaration on the Rights of Indigenous Peoples Act*. The act provides a framework through which the Province of B.C. aligns laws with the 2007 *United Nations Declaration on the Rights of Indigenous Peoples*, and builds on other achievements to advance reconciliation at all levels of government, including the *Draft Principles that Guide the Province of BC's Relationship with Indigenous Peoples*, the *Principles respecting the Government of Canada's relationship with Indigenous Peoples*, and the 2015 *Declaration of Commitment to Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in British Columbia*.

This report also marks the beginning of a period of unprecedented challenges for First Nations, the B.C. health system and Canada, with the onset of the novel coronavirus (COVID-19) pandemic. The COVID-19 public health emergency has heavily impacted the health-care system in B.C., highlighting or amplifying health system gaps and pressures that impact First Nations communities across the province. We recognize and honour the resilience of First Nations communities and the working relationships between the tripartite partners, which have been increasingly important to support response strategies at all levels. The First Nations Health Authority, the Province of British Columbia and the Government of Canada are committed to a collaborative partnership to continue to find ways to ensure the health, safety and well-being of Indigenous peoples across British Columbia.

The 2019-2020 TCFNH Annual Report outlines developments and progress made over the past year through our tripartite partnership. To align with our reporting timelines, actions to address the pandemic will be more comprehensively reported in the next annual report, covering the period from April 2020 to March 2021.

We are honoured to share this report with you, as part of our enduring commitment to the *Tripartite Framework Agreement on First Nation Health Governance*.

CO-CHAIRS OF THE TRIPARTITE COMMITTEE ON FIRST NATIONS HEALTH

COLLEEN ERICKSON

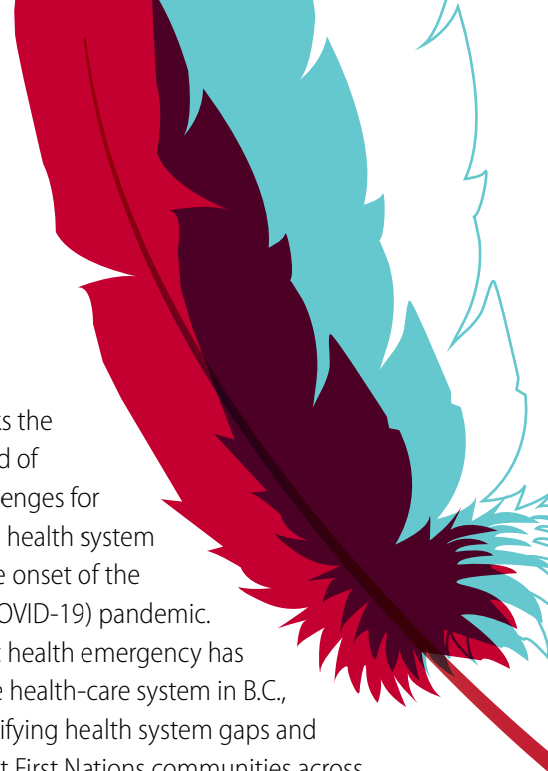
Board Chair, First Nations Health Authority

KEITH CONN

Acting Senior Assistant Deputy Minister, First Nations and Inuit Health Branch, Indigenous Services Canada

STEPHEN BROWN

Deputy Minister, B.C. Ministry of Health



A Message from the FNHA Chief Medical Officer and the Provincial Health Officer

The enduring partnership between the Province of B.C. and B.C. First Nations is exemplified by the collaboration of the provincial health officer (PHO) and the First Nations Health Authority (FNHA) chief medical officer (CMO). The PHO and the CMO have pursued health and wellness initiatives through a collaborative partnership and a commitment to work together to drive systemic change.

Two joint CMO-PHO partnership projects were scheduled for release this reporting period but have been delayed due to the impact of the COVID-19 pandemic. The Population Health and Wellness Agenda will present an overview of First Nations health and wellness in B.C. that is grounded in First Nations teachings, guided by reconciliation and relationship-building, with a strengths-based approach to highlight the resilience of First Nations. The First Nations Women and Girls' Health and Wellness Report is also under development, to be released in 2021.

The importance of this partnership has become even more significant with the COVID-19 pandemic. We share a strong commitment to ensure that B.C. First Nations have access to critical information to minimize the risk of infection and increase capacity for First Nations to successfully manage emergency response, protecting communities and families.

We would like to acknowledge Dr. Danièle Behn Smith – deputy provincial health officer and provincial Indigenous

health physician advisor – for her advocacy, compassion, and resolve in supporting and championing Indigenous health and wellness, as well as her leadership and steadiness during the pandemic.

Readers may be aware that in May 2020, FNHA chief medical officer (CMO) Dr. Evan Adams took a temporary appointment as deputy chief medical officer of public health at Indigenous Services Canada to support the national COVID-19 pandemic response, and Dr. Shannon McDonald has been appointed acting CMO. We raise our hands to Dr. Adams for his tireless leadership over the past six years as the first CMO of the FNHA. His vision, strength and dedication have been an inspiration and a comfort during these challenging times.

Dr. Henry and Dr. McDonald are committed to moving forward in partnership and trust to help drive the transformation of the health system to provide for the current and future needs of B.C. First Nations, and to support the overall health and wellness of all First Nations peoples.

DR. SHANNON MCDONALD

Acting Chief Medical Officer of the FNHA

DR. BONNIE HENRY

Provincial Health Officer

Purpose

THE APRIL 2019 – MARCH 2020 *Together in Wellness: Tripartite Committee on First Nations Health Annual Report* fulfills the commitment to report annually on the progress of the integration and improvement of health services for First Nations in B.C., as outlined in the 2011 Tripartite Framework Agreement on First Nation Health Governance.

What is the Tripartite Committee on First Nations Health?

The Tripartite Committee on First Nations Health (TCFNH) includes representatives of B.C. First Nations leadership and the federal and provincial governments. The committee establishes collective priorities, guides planning, and identifies and addresses health care and service delivery barriers to advance on the shared vision of improved health and well-being of First Nations people in B.C., in the spirit of reciprocal accountability and reconciliation.

The committee meets twice yearly to share respective progress on First Nations health and wellness initiatives, and to co-ordinate senior operational planning, programming and service delivery among the FNHA, the First Nations Health Directors Association (FNHDA), the B.C. regional health authorities, the B.C. Ministry of Health, the Office of the Provincial Health Officer (OPHO), the B.C. Ministry of Mental Health and Addictions (MMHA), and the First Nations and Inuit Health Branch (FNIHB) at Indigenous Services Canada.

Membership:

The Tripartite Committee on First Nations Health (TCFNH) is composed of the following members:

- *Three co-chairs:*
 - » *Chairperson of the board of FNHA;*
 - » *Senior assistant deputy minister of FNIHB, Indigenous Services Canada;*
 - » *Deputy minister, B.C. Ministry of Health;*
- *President/chief executive officers of each of the B.C. health authorities;*
- *Provincial health officer under the B.C. Public Health Act;*
- *Indigenous health physician advisor, Office of the Provincial Health Officer;*
- *Chief executive officer, FNHA;*
- *Chief medical officer, FNHA;*
- *President, First Nations Health Directors Association;*
- *Deputy minister, B.C. Ministry of Mental Health and Addictions and*
- *Any other non-voting, observer, or full members as agreed to by TCFNH.*





Tripartite Committee on First Nations Health: Reporting on Strategic Priorities

Cultural Safety and Humility

The importance of cultural safety and humility in the safe, effective and appropriate delivery of health care services cannot be overstated. Advancing cultural safety and humility in health service delivery is a priority of the tripartite partners. This transformative commitment has been integrated at all levels of government and between partners over the past several years, as demonstrated with the signing of the *Declaration of Commitment to Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in British Columbia in B.C.* Subsequent declarations have been signed involving the federal government (Indigenous Services Canada, Health Canada and Public Health Agency of Canada), B.C.'s health regulators, professional associations like the BC Coroners Service and Doctors of BC, MMHA and other health system partners.

CHANGE LEADERSHIP STRATEGY

In March 2018, the TCFNH championed the development of a change leadership strategy, to be developed in partnership between the FNHA, provincial health authorities and the Ministry of Health, with the support of the BC Patient Safety & Quality Council, MMHA, BC Association of Aboriginal Friendship Centres, Métis Nation BC and other health system partners. The committee works to uphold the principle of reciprocal accountability in its work, and recognizes the collective impact and respective capacities of the partners in driving system change to promote cultural safety and humility.

The strategy is intended to define ways to advance collective commitments in cultural safety and humility, and will focus on driving, accelerating and enhancing systemic, structural change across multiple organizations. To this end, the Ministry of Health and the FNHA have co-funded a dedicated cultural safety 'backbone team' to co-ordinate with all health system partners. This team will have a pivotal role in supporting knowledge exchange and communication on best practices across the health system to support innovation, quality improvement and create efficiencies as we all learn together how best to make meaningful change across the health system.

“Advancing cultural safety and humility in health service delivery is a priority of the tripartite partners.”



CULTURAL SAFETY AND PRIMARY CARE

Through the implementation of the provincial primary care strategy, cultural safety has been a key focus across all phases of development to advance the successful design and delivery of culturally safe and appropriate health services to Indigenous peoples across the province. In September 2019, the Ministry of Health and the FNHA, in partnership with other health system partners, released the *Indigenous Engagement and Cultural Safety Guidebook: A Resource for Primary Care Networks*¹. This guidebook acts as a resource for primary care network (PCN) developers, providing guidance and recommendations for supporting Indigenous partnership and engagement in the development process, embedding cultural safety as a core attribute of PCNs, and enabling communities to build meaningful relationships and trust with service providers.

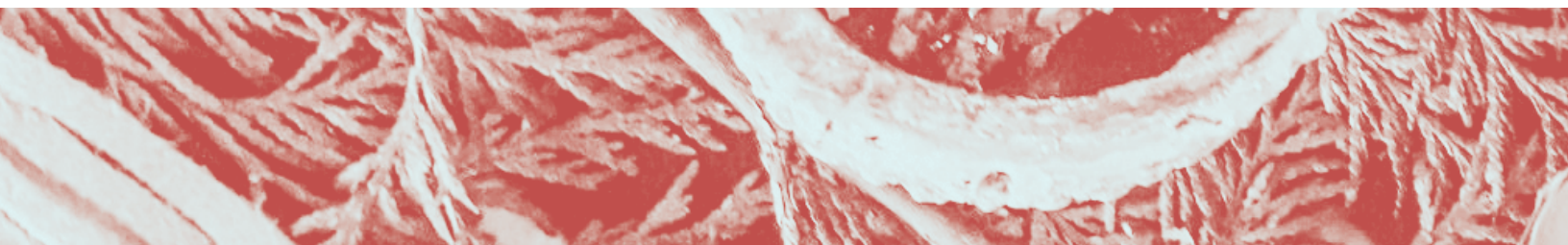
Partners continue to champion cultural safety and humility across provincial and federal health and social services. New declarations of commitment to cultural safety and humility have been signed with the National Federation of Optometric Regulatory Authorities of Canada, Emergency Management B.C., the B.C. Patient Safety & Quality Council, the B.C. College of Family Physicians and Doctors of BC. Following the signing of a joint declaration of commitment to cultural safety and humility on April 3, 2019, Indigenous Services Canada, the Public Health Agency of Canada and Health Canada developed a joint action plan to advance cultural safety and humility in health and wellness services. Other advances include finalizing a memorandum of understanding with the National Collaborating Centre for Indigenous Health to support system-wide knowledge exchange, and launch of the Indigenous Engagement and Cultural Safety Guidebook as an important resource for primary care networks.


¹ www.pcnbc.ca/media/pcn/PCN_Guidebook-Indigenous_Engagement_and_Cultural_Safety_v1.0.pdf

CULTURAL SAFETY – TCFNH MEMBER ORGANIZATIONS AND REGIONS

The following section summarizes new and ongoing initiatives and practices supporting cultural safety and humility led by the TCFNH members and B.C. health authorities:

| REGION/ ORGANIZATION | EXAMPLE OF ACTION(S) FOR CULTURAL SAFETY AND HUMILITY |
|---|--|
| <p>FRASER SALISH PARTNERSHIP: First Nations Health Authority and Fraser Health Authority</p> | <ul style="list-style-type: none"> ➤ Approval has been granted by the BC Human Rights Tribunal for an Aboriginal Special Program Exemption pursuant to s. 42(3) of the <i>Human Rights Code</i>. Fraser Health is now permitted to preferentially hire qualified persons who self-identify as Indigenous for specific positions associated with the Aboriginal health program and mental health and substance use. ➤ FNHA and Fraser Health have designed several Indigenous cultural protocols to inform the delivery of health services. Protocols include end of life, spiritual transition (dying and palliative care), traditional healing, spiritual illness and traditional birthing practices. Protocols will be used as educational resources for Fraser Health staff to deliver culturally informed and safe care. ➤ The Aboriginal health liaison program has expanded to ensure improved access to health services across the region. Liaisons work with health authority staff, patients, families and community service partners to support clear communication, health literacy and seamless transitions in care. ➤ Fraser Health and the FNHA are collaborating with Lower Mainland Facilities Management on Indigenous design guidelines to support the creation of welcoming and culturally safe physical spaces within Fraser Health sites. ➤ Fraser Health and the FNHA have expanded in-person training and professional development opportunities for health authority employees, volunteers, physicians and students. ➤ 590 staff completed San'yas Indigenous Cultural Safety training in 2019/20. |




| REGION/ ORGANIZATION | EXAMPLE OF ACTION(S) FOR CULTURAL SAFETY AND HUMILITY |
|---|---|
| <p>INTERIOR PARTNERSHIP: First Nations Health Authority and Interior Health Authority</p>  | <ul style="list-style-type: none"> ➤ Interior Health continues to support employee cultural safety training. 93% of staff have completed the Aboriginal cultural safety education modules. 324 employees completed San'yas Indigenous Cultural Safety training in 2019/20. ➤ As of March 31, 2020, 6.0% (1,247) of active staff have self-identified as Aboriginal, an increase of 15.2% from the previous year. ➤ The journey to Aboriginal cultural safety education plan 2020-2024 underwent organization-wide consultation in spring 2020 and was approved by the Interior Health senior executive team (August 2020). ➤ A graphic storyboard titled 'Cultural Safety in Practice – How to be an Ally' was developed and launched on the Interior Health YouTube channel. The video provides practical advice for staff on how to integrate cultural safety into their practice. ➤ The Aboriginal patient navigator (APN) program celebrated its ten-year anniversary in January 2019 and recognized the work of three APNs who have been with the program since its establishment. ➤ Welcoming and safe environments are integral to patients and families accessing care, and are a priority for Interior Health and Aboriginal partners. Examples of collaboration include: <ul style="list-style-type: none"> » <i>Sacred Space Deni House</i> – Cariboo Memorial Hospital » <i>Butterfly Room</i> – Royal Inland Hospital Emergency Room » <i>Lytton Art Initiative</i> – St. Bartholomew's Health Centre » <i>Kakawaqanmituk</i> – Elk Valley and Sparwood Health Centers » <i>Eagle Feather</i> – Penticton Regional Hospital » <i>Emergency department</i> – Nicola Valley Hospital ➤ The 'forest to fork' pilot project is the result of a partnership between the Tsilhqot'in Nation and Interior Health to turn attention to prevention and health promotion activities, as increasing access to traditional diets is part of the journey towards wellness. Program expansion is currently being considered. |




| REGION/ ORGANIZATION | EXAMPLE OF ACTION(S) FOR CULTURAL SAFETY AND HUMILITY |
|--|--|
| <p>NORTHERN PARTNERSHIP: First Nations Health Authority and Northern Health Authority</p> | <ul style="list-style-type: none"> ➤ Eight Aboriginal/Indigenous health improvement committees (A/IHICs) were hosted by the Northern Health Indigenous Health team in Prince George at the end of May 2019. Over 130 participants from across the North attended. The theme of the event this year was: Cultural Safety – A Journey of Partnership, Reflection, and Understanding. ➤ The Indigenous reconciliation group led a workshop on “Being in good relationships,” which focused on building cultural safety and knowledge in health care, including how to confront racism and positive actions in being an ally. ➤ A/IHICs have developed over 60 culturally and geographic-specific resources that can be used in the training. The goal is to engage A/IHIC members themselves along with community members in the delivery of the curriculum in each region in a partnered effort between communities, Northern Health and the FNHA whenever possible. ➤ In September 2019, the Indigenous health team delivered a three-hour workshop (Introduction to Cultural Safety and Cultural Humility) to all incoming health-care students at the College of New Caledonia in Prince George. A similar session was provided for nursing students at Coast Mountain College in Terrace in late September. ➤ A week-long Indigenous summer science camp was co-ordinated and co-hosted by the Health Arts Research Centre at UNBC, the FNHA and Northern Health, bringing Indigenous youth from across the north to participate in a wide range of activities, and learn about potential health careers and educational pathways. This is work with a long-term view to meeting goals of establishing a more representative workforce in the North and supporting northern Indigenous youth in seeking health careers. |



| REGION/ ORGANIZATION | EXAMPLE OF ACTION(S) FOR CULTURAL SAFETY AND HUMILITY |
|---|--|
| <p>VANCOUVER COASTAL PARTNERSHIP: First Nations Health Authority and Vancouver Coastal Health Authority</p>  | <ul style="list-style-type: none"> ➤ Vancouver Coastal Health (VCH) held 89 Indigenous Cultural Safety training sessions that reached 1,395 total participants. Overall, more than 3,300 VCH staff and physicians have now completed this training since we began providing it in 2016. ➤ VCH hosted an Indigenous cultural safety information table at Vancouver General Hospital in April 2019, promoting access to events and Aboriginal patient navigators and Elders. ➤ Curriculum development & facilitators: VCH Aboriginal health program has implemented an Indigenous cultural safety initiative with two units at VGH to improve the experience of Aboriginal patients and clients. Aboriginal Health brought on and trained eight new ICS facilitators; created a new curriculum for learning circles for the VGH pilot units. ➤ 300 participants joined the Aboriginal health team at the VCH All Staff Forum to discuss Indigenous cultural safety, featuring First Nations patients and Elders. ➤ VCH co-hosted the Indigenous women’s pre-conference to Women Deliver 2019, with subject matter experts participating on panels and helping to facilitate dialogues. The Indigenous Women’s Declaration was an outcome of this event and has been widely distributed to our partners and leaders. ➤ Several food security/sovereignty/healthy eating/tobacco reduction-cessation initiatives were implemented or took place during the reporting period. ➤ The fourth annual nācamat Urban Indigenous Women’s Village of Wellness Event was held in November 2019 to support the health and wellness of Indigenous women living in Vancouver’s Downtown Eastside. |



| REGION/ ORGANIZATION | EXAMPLE OF ACTION(S) FOR CULTURAL SAFETY AND HUMILITY |
|---|--|
| <p>VANCOUVER ISLAND PARTNERSHIP: First Nations Health Authority and Island Health Authority</p>  | <ul style="list-style-type: none"> ➤ Four new facilitators have been hired for the Island Health cultural safety team to support leadership, and staff with cultural safety education, coaching, mentoring and feedback, and embed cultural safety principles into projects at Island Health. The cultural safety team supported the following: <ul style="list-style-type: none"> » Worked with the mental health and substance use (MHSU) core addiction practice team, trauma- and violence-informed practice and harm reduction team to embed Indigenous cultural safety into education materials and curriculum. » Developed and piloted ‘train-the-trainer’ workshops for Island Health educators and key leaders with organizational development, MHSU, communications and public health. » Increased the number of staff and physicians in communities/circles of practice that support participants to enact and deepen their understanding of Indigenous cultural safety. ➤ In-person ‘train-the-trainer’ education sessions, and online Indigenous cultural safety and humility training continues to be prioritized for Island Health staff. ➤ 680 staff took Indigenous Cultural Safety training in 2019/20. ➤ The West Coast General Hospital Cultural Safety Committee completed an All Nations Room, the result of a partnership between Tseshaht, Hupačasath, Uchucklesaht, Ditidaht and Huu-ay-aht First Nations; the Nuu-chah-nulth Tribal Council; three local health service providers, the FNHA and Island Health, and reflects a commitment from Island Health to ensure that First Nations people and other Indigenous peoples feel welcomed and respected when they come to West Coast General Hospital. ➤ The Tofino General Hospital Cultural Safety Committee began discussions to strengthen connection between remote community first responders and hospital staff. An initial first responder community of practice meeting was held in partnership with the Nuu-chah-nulth Tribal Council in Hesquiaht on August 30, 2019. |

| REGION/ ORGANIZATION | EXAMPLE OF ACTION(S) FOR CULTURAL SAFETY AND HUMILITY |
|--|---|
| <p>PARTNERSHIP: First Nations Health Authority and Provincial Health Services Authority</p> | <ul style="list-style-type: none"> ➤ The San'yas Indigenous Cultural Safety training program has delivered training to 111,783 participants, including 47,376 people across many sectors in British Columbia. ➤ Provincial Health Services Authority (PHSA) Indigenous Health completed deliverables in the 2019/20 service plan that align with responses to Indigenous cultural safety and adoption of UNDRIP and the TRC 94 <i>Calls to Action</i>. PHSA continues to build on these projects: <ul style="list-style-type: none"> » Drafting of <i>Indigenous Peoples: Developing Respectful Relations, Recognition Protocols and Language Guidelines</i> document; » Supporting and guiding human resources to develop an Indigenous recruitment and retention plan; » Season 3 of the Indigenous youth podcast <i>Teachings in the Air</i>; and, » Signing of letters of commitment between PHSA, BC Association of Aboriginal Friendship Centres (BCAAFC) and Métis Nation B.C. to be held in the 2020/21 fiscal year. ➤ PHSA Indigenous health worked with BCAAFC, the FNHA, BC Centre for Disease Control's clinical prevention services (Chee Mamuk and TB Clinic) and PHSA Safety and Quality Improvement to address discriminatory behaviour that Indigenous patients/families may experience. ➤ PHSA Indigenous health worked on finalizing a PHSA-wide anti-Indigenous racism response training curriculum intended to improve patient care and quality. ➤ Clinical prevention services, YouthCo and Elder Syexwaliya Whonnock collaborated on the "Making Space for Health Equity and Cultural Safety Project," an interactive community dialogue to explore and share best practices on improving appropriate accessibility for Indigenous populations. ➤ Chee Mamuk provides policy development and leadership support across the BC Centre for Disease Control's clinical prevention services to ensure provincial public health policies stand "in good relations," work from a non-colonial lens and incorporate anti-racist policy. ➤ BC Emergency Health Services continues to work with PHSA Indigenous health to ensure services and systems are developed, assessed, adapted and improved with and for Indigenous people. |

| REGION/ ORGANIZATION | EXAMPLE OF ACTION(S) FOR CULTURAL SAFETY AND HUMILITY |
|---|--|
| <p>PARTNERSHIP: Office of the Provincial Health Officer and FNHA Office of the Chief Medical Officer</p> | <ul style="list-style-type: none"> ➤ The Office of the Provincial Health Officer (OPHO), in partnership with the FNHA Office of the Chief Medical Officer (OCMO), continues to promote and support the 2015 <i>Declaration of Commitment to Cultural Safety and Humility</i> with health system partners. ➤ The offices developed and will soon be releasing the First Nations Population Health and Wellness Agenda, a partnership initiative between the two offices. The joint report provides an overview of First Nations health and wellness in B.C. and is grounded in First Nations teachings, guided by two-eyed seeing and incorporates a strengths-based approach. |
| <p>FIRST NATIONS HEALTH DIRECTORS ASSOCIATION</p> | <ul style="list-style-type: none"> ➤ FNHDA is continuing to demonstrate leadership in the area of cultural safety and humility by incorporating tradition, culture and ceremony into all facets of its work. ➤ The FNHDA annual general meeting and conference was held Sept. 25-27, 2019, supporting the FNHDA strategic plan goal 1, to “provide professional development, training, networking and support services for health directors, supporting their well-being and success in their community roles, and enabling their participation in the improvement of the broader health system.” ➤ FNHDA is taking active steps to support communities with the retention of qualified community health directors/leads. These include: measuring the rate of turnover; development of a standardized health directors job description and hiring toolkit; performance management tools linked to the FNHDA standards of excellence; FNHDA-FNHA human resource webinar series; the development of a health director certification program; the FNHDA ‘Head to Heart’ mental wellness campaign to reduce health director stress and turnover; and the development of a FNHDA mentorship program. ➤ FNHDA continues to organize professional development sessions implementing the FNHDA training plan to build capacity for health directors and launched the new FNHDA orientation video for health directors during the FNHDA AGM and conference in September 2019. ➤ Measuring progress: The tripartite evaluation report measures the effectiveness of the First Nations health governance structure (including the FNHDA). First Nations health directors were invited to participate in key informant interviews as a part of the tripartite evaluation and share their perspectives on the effectiveness of the health governance structure and relationships. |

| REGION/ ORGANIZATION | EXAMPLE OF ACTION(S) FOR CULTURAL SAFETY AND HUMILITY |
|--|---|
| MINISTRY OF HEALTH | <ul style="list-style-type: none"> ➤ The Ministry of Health continues to participate in the PHSA San'yas Indigenous Cultural Safety training program as a foundation for essential cultural safety education, as well as supporting other experiential learning opportunities. ➤ Ongoing participation in the Indigenous youth internship program, a program created in partnership with Indigenous leaders and youth organizations to encourage Indigenous youth to pursue careers in the public service. ➤ The ministry continues to support the cultural safety and humility change leadership strategy in partnership with the FNHA, providing funding to co-ordinate and leverage wise practices and innovation within the system, including patient care quality, development of a cultural safety and humility accreditation standard, and revision of the B.C. Health Quality Matrix. ➤ The ministry continues to hardwire cultural safety and humility across all policy development and implementation, as exemplified in the primary care initiative and First Nations-led primary-care projects. |
| MINISTRY OF MENTAL HEALTH AND ADDICTIONS | <ul style="list-style-type: none"> ➤ In April 2018, the FNHA and MMHA signed a <i>Declaration of Commitment to Cultural Safety and Humility</i> to improve mental health and wellness services for Indigenous peoples in British Columbia. They have described a set of priorities to advance these commitments in the 2020/21 FNHA MMHA Letter of Understanding. ➤ MMHA has taken steps to promote cultural safety and humility, including: supporting new Foundry centres operated by First Nations lead agencies (Carrier Sekani Family Services in Burns Lake, Ktunaxa-Kinbasket Child and Family Service Society in Cranbrook, Cariboo Chilcotin Child Development Centre Association in Williams Lake); and continued resourcing for First Nation-led approaches to overdose response and mental health and wellness. ➤ Consistent with the commitments outlined in the <i>Declaration of Commitment</i>, San'yas Indigenous Cultural Safety Training continues to be mandatory for all ministry staff. Once finalized, the Métis cultural wellness curriculum will be included in this training. ➤ MMHA is working with the Ministry of Health, the FNHA and other health partners on the cultural safety and humility change leadership strategy. |
| INDIGENOUS SERVICES CANADA, FIRST NATIONS INUIT HEALTH BRANCH | <ul style="list-style-type: none"> ➤ ISC, Health Canada, the Public Health Agency of Canada and the FNHA signed their <i>Declaration of Commitment to Advance Cultural Safety and Humility in Health and Wellness Services in British Columbia</i> on April 3, 2019. A joint action plan was developed to guide implementation of key commitments to cultural safety and humility. ➤ The FNIHB has developed mandatory cultural safety and humility training for all employees, which has been piloted over the past year. ➤ ISC participates in the development of the Canadian quality and patient safety framework for health and social services with the Canadian Patient Safety Institute and Health Standards Organization to ensure cultural safety and that First Nations needs and perspectives are considered. |



FEATURED REGION: VANCOUVER ISLAND
Elder-in-Residence Program

Island Health and FNHA have launched a new Elder-In-Residence program for the North Island Hospital campuses in Campbell River and the Comox Valley to embed local Indigenous perspectives, knowledge and approaches to wellness, and to honour the hereditary keepers of these traditional territories. The program began in these facilities on August 12, 2019.

In addition to providing cultural and emotional supports to Indigenous patients and families, Campbell River Hospital provided two smudging workshops for hospital staff to support understanding of cultural significance of this cultural practice.



FEATURED REGION: INTERIOR
Interior Voices

The Interior Health Aboriginal health and wellness communications group launched a podcast titled “Interior Voices” in 2018. Over the course of the 2019/20 fiscal year, 20 podcasts were produced. Interior Health plans to issue a new episode every two weeks, exploring the intersection of health and culture in the workplace, the everyday lives of Indigenous people in the Interior region, and patient care. The podcast is primarily directed to Interior Health staff; however, it is available publicly for transparency and broader learning opportunities.

Mental Health and Wellness

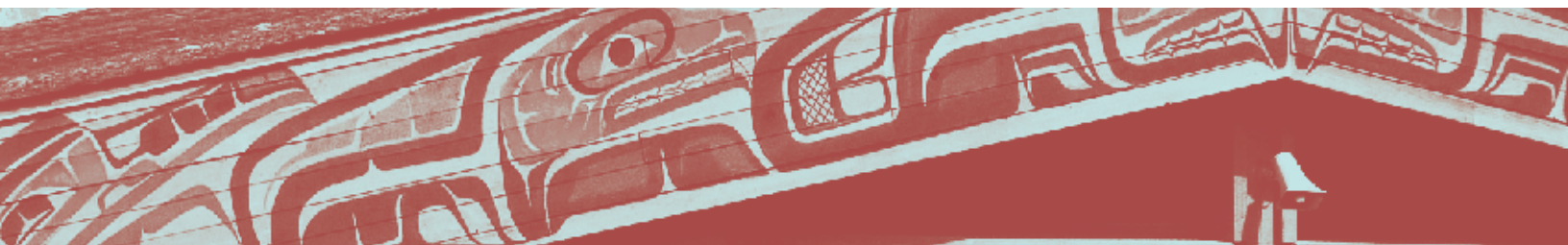
The tripartite partners champion and support mental health and wellness initiatives across B.C., and in partnership with health system providers and First Nations communities. Building on the successes and outcomes from the 2018 *Memorandum of Understanding – Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness*, 2019 and 2020 have continued to advance transformative change and improvements in access to mental health services.



The tripartite partners recognize the importance of critical investments in mental health and wellness resources and community capacity. The memorandum of understanding supports the design, planning, and delivery of mental health and wellness services and supports to meet the needs and priorities of Nations and communities. The flexible funding is administered through a tripartite mental health and wellness table. This table enables First Nations to plan, collaborate, design and demonstrate community-driven, Nation-based mental health and wellness programs and services.

The Province and the FNHA have also each supported building and revitalizing First Nations-run treatment centres throughout the province. Planning is underway for the construction of two new treatment centres and the repair, expansion and renovation of others. These treatment centres will continue to support access to mental health, wellness and substance use services for First Nations people in British Columbia. Elders and traditional healers are directly involved in delivering care alongside clinical counsellors and addictions specialists.

“... design, planning, and delivery of mental health and wellness services and supports to meet the needs and priorities of Nations and communities.”





“The FNHA has partnered with the Ministry of Mental Health and Addictions to increase funding for land-based healing initiatives.”

Land-based healing investments have been made at community, Nation and sub-regional/family levels, achieving the target of establishing ten land-based healing sites across the province. Examples of community-level initiatives include culture-based day treatment programs, youth camps and traditional harvesting programs. Nation-level projects include engaging traditional wellness coordinators to support each Nation’s unique cultural approaches to land-based healing. Sub-regional initiatives include an annual land-based healing gathering with all seven northeastern regional communities. The FNHA has partnered with the MMHA to increase funding for land-based healing initiatives.

In June 2019, MMHA released *A Pathway to Hope: A Roadmap for Making Mental Health and Addictions Care for People in BC*² (the roadmap). With a focus on supporting Indigenous-led solutions, the roadmap outlines priority actions aimed at improving mental health and wellness outcomes for First Nation peoples in British Columbia.

In January 2020, at Gathering Wisdom for a Sharing Journey X, the First Nations Health Council announced the launch of the *Reclaiming Our Connections*, a guidebook to support engagement with communities, First Nations leadership, health and wellness leads, and Elders around the continued approach to the social determinants of health and wellness.

² www2.gov.bc.ca/assets/gov/british-columbians-our-governments/initiatives-plans-strategies/mental-health-and-addictions-strategy/bcmentalhealthroadmap_2019web-5.pdf



HARM REDUCTION AND OVERDOSE RESPONSE

British Columbia is currently addressing two significant public health emergencies. The more recent was the March 17, 2020 declaration of the COVID-19 emergency, but the first was previously declared on April 14, 2016 regarding escalating overdose-related harms that resulted from a highly toxic and unregulated drug supply. Evidence suggests that public health measures introduced to limit the transmission of COVID-19 measures have had unintended, negative consequences for people who use substances, and may ultimately increase risk of overdose and death. This relates to both increased drug toxicity and the context of use (patterns of use and settings). During the pandemic, people may be less likely to access harm reduction services and supports and may be using alone, when they otherwise would not have. The strength of community and cultural connection is a resiliency factor for First Nations people; however, the overdose emergency continues to disproportionately impact First Nations. The overdose emergency is a severe and growing threat to the health and wellness of First Nations people and communities.

Responding to the overdose emergency remained a key priority in 2019-20 as the tripartite partners worked together to escalate response efforts. An important

development over the past year has been the repositioning of the response to address the acute and disproportionate impact of the overdose public health emergency on First Nations women and First Nations people living in urban areas. The FNHA remains hardwired into all levels of the provincial response, including the joint steering committee, the clinician advisory committee and the overdose emergency response centre. This has ensured that First Nations' perspectives on health and wellness and cultural safety and humility are at the forefront of decision-making and planning relating to the response. MMHA is committed to supporting the FNHA with the implementation of the *Framework for Action on Responding to the Overdose/Opioid Public Health Emergency for First Nations*.

Regional health authorities have also stepped up as change leaders in harm reduction. In addition to partnering with First Nations communities to pilot and advance harm reduction services, health authorities are focusing on intensive supports, including: substance use education and programming; in-community opioid agonist treatment; counselling and outreach services; culturally-safe trauma- and violence-informed therapy services; co-ordination with emergency department training; and substance use anti-stigma campaigns. Like all health system partners, B.C. health authorities have also pivoted to develop safe methods to deliver these services during the pandemic.



FEATURED REGION: FRASER HEALTH

Fraser Mental Health and Wellness Five-Year Service Plan

The FNHA Fraser Salish region developed a Mental Health and Wellness Five-Year Service Plan to help organize regional planning and service provision. Through the updated 2020 Fraser Partnership Accord, Fraser Health, FNHA and the Fraser Salish Regional Caucus will work to integrate First Nations mental health and wellness services and planning in alignment with the service plan. Through a joint work plan, the partners will promote mental wellness and prevent substance use harms in First Nations community settings, guide development of trauma-informed, full-spectrum wrap-around services, work to destigmatize mental health and substance use, and support wise practices and professional standards in the field.



FEATURED REGION: NORTHERN HEALTH

Northern Partnerships

Several community-based initiatives demonstrate the strengths of strong, diverse northern partnerships, including:

Fort St. John: Actions by partners include service reviews, gap analysis report, and a workplace harm reduction program by Northern Sun Helpers.

City of Quesnel: Partners have supported the health services review project team to address community partnerships and local oversight structures; and implemented integrated wrap-around health service delivery model and service hubs, housing services and supports, harm reduction and other community engagement plans.

Central Interior Native Health: Partners have focused on overdose monitoring, naloxone training and drug testing to decrease the number of overdose deaths of people using substances alone through strengthening engagement with individuals using substances outside an overdose prevention site.

Prince George: The New Hope Society has implemented naloxone training and overdose prevention, safer use approaches and expansion of psycho-social supports, with culturally appropriate discussions on addiction, loss and healing.

Dawson Creek: Positive Living North continues peer engagement to provide low-barrier, peer-led health promotion and harm reduction services; and increase awareness and risk-reducing behaviours, skills and capacity building to enable further peer-led support and education, and harm reduction.



First Nations Primary Health Care

The new provincial primary health care strategy announced in 2018³ has enabled improved, integrated, team-based primary care services. The Province of B.C., as represented by the Ministry of Health, has led close collaborations with the FNHA and other health system partners to make high-quality primary health care more accessible to B.C. First Nations. Actions include the establishment of primary care networks, urgent and primary care centres, and community health centres, along with additional human resources and supportive technologies.

The FNHA and the Ministry of Health have also recognized the opportunity to embed Indigenous care approaches and cultural safety in this provincial strategy in meaningful ways. A First Nations-led primary care project has been launched to connect First Nations people to culturally safe and appropriate primary health care, and uphold First Nations' self-determination to development, design and delivery of primary health care approaches. This effort includes the recent expansion of the Lu'ma Medical Centre⁴ in the greater Vancouver area, the first of the First Nations-led projects to be unveiled. The FNHA and the ministry will support Lu'ma Medical Centre through ongoing funding to expand wrap-around services and supports, including additional health-care professionals. Lu'ma is expected to be able to provide care to 2,900 patients, including 1,750 new patients. In addition, the partners will be working to support new First Nations-led initiatives that will provide community-based and culturally safe care.

The Province prioritizes opportunities to improve Indigenous peoples' primary health-care access and build integrated capacity in patient care networks and health-care sites. This includes partnerships with local First Nations on projects and service planning that will incorporate Indigenous perspectives, care models, professionals and traditions into the primary healthcare system.

“The FNHA and the Ministry of Health have also recognized the opportunity to embed Indigenous care approaches and cultural safety in this provincial strategy in meaningful ways.”



³ <https://news.gov.bc.ca/releases/2018PREM0034-001010>

⁴ <https://news.gov.bc.ca/releases/2019HLTH0129-001783>

FEATURED REGION: VANCOUVER ISLAND

Ditidaht primary care team and Nuu-Chah-Nulth oral health project

The Ditidaht primary care team was formed to provide a health-care service delivery model reflective of the needs of First Nations patients within the Cowichan Valley. This model looks to enhance access to care for individuals living on- and off-reserve by increasing access to an intra-multidisciplinary team. The team includes a pharmacist, respiratory therapist, occupational therapist, physiotherapist, chiropractor, emergency medical technician, vocational rehabilitation, medical doctor, medical office assistant, and registered nurse/licensed practical nurse/nurse practitioner.

GOALS OF THE PROJECT:

1. To provide weekly patient care on reserve through personal visits or telehealth.
2. A multidisciplinary care team that can provide referrals to occupational therapists, physiotherapists, chiropractors, vocational rehabilitation facilitators and counselling.
3. To provide community members with clinics in Duncan, consistent with on-reserve services.
4. To provide professionals with a common communication base.
5. To provide access to comprehensive care on- and off-reserve.

The Nuu-chah-Nulth (NCN) Tribal Council, FNHA and Island Health are also working together to improve oral health for NCN community members and reduce the costs of providing care. The Nuu-chah-nulth oral health teamlet is working to improve the access to quality and culturally safe dental services for NCN people of Vancouver Island. Currently in Phase 2, teamlet activities include:

1. Assessing the feasibility of bringing dentists to provide care in Ahousaht and Kyuquot, including contractual terms, potential dates and other conditions; and
2. Developing and communicating appropriate channels to accessing services

FEATURED REGION: FRASER SALISH

Fraser West and Sts'ailes community care centre First Nation primary care initiatives

The Fraser West and Sts'ailes community care centre First Nation primary care initiatives will provide culturally safe team-based care services to additional outreach sites, including First Nation communities, Indigenous housing units and urban service providers. The preliminary analysis reports for the initiatives have been submitted for approval and sign-off to the FNHA executive leadership and the Ministry of Health.

Under the ten regional primary care networks, strong joint partnerships have occurred. First Nation communities, the divisions of family practice, Fraser Health and First Nations Health Authority are jointly working towards the implementation of local Indigenous resources. This includes the Fraser North West patient care network (PCN) and Kwikwetlem First Nation, the Ridge Meadows PCN and Katzie First Nation, the Mission PCN and Leq'a:mel First Nation and the 22 First Nation communities under the Chilliwack PCN.

Joint work is occurring with Fraser Health's team-based care education program to ensure a culturally safe training includes traditional practitioners.



Joint B.C. First Nations/Ministry of Health Project Board

The Joint Project Board (JPB), a senior bilateral forum between the Ministry of Health and the FNHA, continues to support identifying and removing systemic barriers across the health system, as well as advancing access and quality of primary care for First Nations who reside in British Columbia.

JPB continues to operate as a key mechanism to enhance partnerships and co-ordination between the FNHA, the Ministry of Health, regional health authorities and partner organizations. These partnerships ground integration across the provincial health system, spanning many program areas and levels, including the health system standing committees. The key priorities of the JPB are laid out by the annually renewed Ministry of Health-FNHA Letter of Mutual Accountability that identifies roles and responsibilities regarding First Nation health governance, health and wellness strategies, primary care, cultural safety and humility, and data and information management. The JPB partners are also working closely to help build First Nations perspectives into provincial health workforce planning processes.

To date, 27 projects have been implemented across B.C., with a commitment to ongoing, annualized funding. These projects provide a variety of primary care, mental health and wellness, and other shared services to numerous First Nations across the five B.C. health regions and province-wide.

⁵ www.fnha.ca/Documents/framework-accord-cadre.pdf

⁶ www.fnha.ca/Documents/Evaluation-of-the-BC-Tripartite-Framework-Agreement-on-First-Nations-Health-Governance.pdf

Evaluation of the Tripartite Framework Agreement on First Nation Health Governance

The 2011 *Tripartite Framework Agreement on First Nation Health Governance*⁵ is the foundation of the B.C. tripartite partnership, defining the roles and responsibilities between B.C. First Nations, the Government of B.C. and the Government of Canada for health system transformation, which led to the development of the First Nations health governance structure. The Implementation Committee oversees the implementation of the Framework Agreement. The ongoing purpose of the implementation committee is to strategize, monitor progress and provide direction on commitments under the Framework Agreement, and resolve issues that impact the partners, with the ultimate goal of improving First Nations health and wellness systems and outcomes.

A key component of the Framework Agreement was the requirement to evaluate the effectiveness of the transfer of authority of First Nations health and wellness programming and service delivery to the FNHA in 2013, and assess progress made against the commitments of the health governance structure. In January 2020, the first evaluation report was released at Gathering Wisdom of a Shared Journey X, covering the first five years of the partnership since the transfer. The publicly available tripartite evaluation report⁶ was developed through engagement, collaboration and participatory discussion with First Nations communities, health system partners, the tripartite key

informants, quantitative data, and further supplemented by other lines of evidence, including content-specific case studies and evaluations of the regional partnership accords. Over 1,000 people participated in this inaugural evaluation.

The tripartite evaluation was organized around three themes: 1) Governance, Tripartite Relationship and Integration; 2) Health and Wellness System Performance; and 3) Health and Wellness Outcomes. The report identifies a set of key findings, successes, barriers and challenges associated with each of these themes. The full report and associated sub-reports are publicly accessible on the FNHA website. The process to develop formal recommendations is still forthcoming but will include engaging with BC First Nations on the findings to identify recommendations and actions moving forward. The Tripartite Committee on First Nations Health has committed to integrating the lessons learned from the evaluation to advance First Nations health and wellness priorities.

Indigenous Cancer Strategy



The advancement of *Improving Indigenous Cancer Journeys: A Road Map*⁷ (also known as the Indigenous Cancer Strategy), developed in 2017 by BC Cancer, the FNHA, Métis Nation BC and the BC Association of Aboriginal Friendship Centres, continued in 2019-2020. The Indigenous Cancer Strategy, guided by the First Nations and Métis Nation perspectives on wellness, seeks to integrate cultural safety into all stages of the cancer journey and is grounded in partnership, prevention, supporting Indigenous

survivorship and improving knowledge of Indigenous cancer experiences.

BC Cancer has been working diligently to align their plan with the Indigenous Cancer Strategy through partner engagement and collaboration. The partners have collectively identified alignment between the plans as a key priority, and are supporting PHSA's work with regional health authorities and health system partners to appropriately champion and support the Indigenous Cancer Strategy.

Maternal-Child Health



The health and well-being of children and families is an enduring priority of the tripartite partners. Infant mortality was identified as a health indicator in *The Transformative Change Accord: First Nations Health Plan*⁸. The Population Health And Wellness Agenda reinforces the importance of child and family health with an expanded, comprehensive set of indicators including: healthy birth weight; healthy teeth and body mass index; youth indicators; physical activity; diabetes; and mental health and wellness measures.

⁷ www.fnha.ca/WellnessSite/WellnessDocuments/improving-indigenous-cancer-journeys-in-bc.pdf

⁸ www.health.gov.bc.ca/library/publications/year/2006/first_nations_health_implementation_plan.pdf

While there have been improvements in some areas of First Nations child health, infant mortality and certain morbidities (incidence of illness) remain on average disproportionately higher for First Nations communities. The tripartite partners recognize that every instance of First Nations infant mortality represents a heartbreaking experience for families and communities, and we honour these stories as we advance meaningful work for maternal and child health improvements. The tripartite partners, PHSA, regional health authorities and other partners will continue to work together to improve maternal and child health in British Columbia.

- **FRASER HEALTH:** *The Fraser Health primary care lead is participating in a newly developed child health working group under the ongoing process on primary care networks. In an effort to revitalize and reconnect Indigenous birthing practices and traditional knowledge, Fraser Health, the FNHA, the Stó:lō Service Agency and Seabird Island Health have made space for the development of a multidisciplinary Regional Fraser Salish Indigenous midwifery program that supports in-community and away-from-home care. This program will also build an Indigenous primary care orientation for physicians to foster familiarity with Fraser First Nations and support cultural safety training.*
- **INTERIOR HEALTH:** *The Interior Nurse-Family Partnership is an evidence-informed community health program that helps transform the lives of vulnerable, low-income mothers pregnant with their first children. There are six First Nation communities (on-reserve) where the program is offered based on location of the program's public health nurse.*
- **NORTHERN HEALTH:** *Northern Health and the FNHA have formed a maternal child health working group with early partnership work that focuses on the assessment of children with growth and development concerns, and supporting mothers who must travel during the perinatal period. There is also significant planning being undertaken to explore ways to increase and support the number of midwives across the North.*
- **VANCOUVER COASTAL HEALTH:** *The Provincial Perinatal Substance Use Project is establishing a blueprint for a perinatal substance use continuum of care that will initiate and expand services from community to acute care and back to community across the province. This 3-year project is funded by the ministries of Health and Mental Health and Addictions. The project team will work with partners across the province to strengthen the health-care system to better serve expectant women or new mothers using substances.*
- **VANCOUVER ISLAND:** *Initiatives include: 1) The Kwakwaka'wakw primary maternal, child and family health collaborative team (funded through the Joint Project Board) provides high quality, culturally safe, accessible and close-to-home care in the Kwakwaka'wakw territory of North Vancouver Island. It allows access to differing levels of support and care, location of care, and type of care based on clients' needs and preference. 2) The Island Health Baby Bed program, re-established as a universal program in Central and North Vancouver Island as of fall 2019 through a Children's Health Foundation grant, works to establish an early connection between families and care providers to support a healthy pregnancy and infancy, to increase awareness about the importance of safe sleep in infancy and to provide a safe sleep surface for babies (classified and approved as a bassinette) for the first 4-5 months of infancy.*

“The Population Health And Wellness Agenda reinforces the importance of child and family health with an expanded, comprehensive set of indicators...”

Barriers to Progress

The tripartite partners remain deeply committed to working in unity to improve First Nations health and wellness in British Columbia. The partners acknowledge that there is a long way to travel on the shared journey of First Nations health and wellness and system transformation. The Tripartite Committee on First Nations Health acknowledges its collective achievements but prioritizes addressing existing and new challenges that impact progress.

As part of their mandate, the TCFNH works to identify and remove policy barriers to improving the health and well being of B.C. First Nations, through direct engagement with communities and partners, and through other avenues including the tripartite evaluation process. During this reporting period no new systemic barriers were identified; however, partners noted that the COVID-19 pandemic

was a significant barrier that has impacted opportunities for face-to-face engagement, training, and events. Other ongoing barriers include limited progress on advancing traditional foods regulation, service gaps, and compensation options for Indigenous engagement.

Systemic racism and discrimination are pervasive issues that continue to be a concern. The tripartite evaluation report acknowledges system-wide advancements in cultural safety and humility, such as organizational training and initiatives, but also recognizes the work needed to meaningfully embed those learnings into practice. B.C. health authorities are working to develop more robust and culturally appropriate patient care quality complaint processes to better support Indigenous patients to share their concerns. They are collaborating with the cultural safety and humility backbone team to co-ordinate efforts across the system.



ABORIGINAL HEAD START ON-RESERVE

The Aboriginal On-Reserve Head Start (AHSOR) program shares resources and provides guidance and training to newly AHSOR-funded First Nation communities in the Vancouver Coastal region. During 2019/20, an AHSOR advisor partnered with Nations to deliver workshops to front-line staff, and co-develop and support early learning screening and program evaluation. The advisor partnered with healthy child and youth specialists to deliver and co-facilitate a workshop for newly expanded programs; 'train-the-trainer' workshops were also held in communities to provide orientation to the program.

The Tripartite Partners Report on Progress

First Nations Health Authority (FNHA)

FEDERAL PARTNERSHIPS

In April 2019, a joint *Declaration of Commitment to Advance Cultural Safety and Humility in Health and Wellness Services and Organizations* was signed by the FNHA, Indigenous Services Canada (ISC), Public Health Agency of Canada and Health Canada. Following this, a *Joint Action Plan on Cultural Safety and Humility 2019-2021* was developed to guide implementation of commitments to cultural safety and humility.

The FNHA and ISC renewed and signed their annual Shared Vision and Common Understanding in May 2019. The protocol agreement between the FNHA and ISC-BC Region was last refreshed and signed in May 2018. A joint priorities plan for 2019/2020 was drafted, focusing on strategically and proactively aligning planning, programming and engagement to improve co-ordination in service design, management and delivery.

Administration of Jordan's Principle transitioned from the FNHA to ISC-BC region in February 2019. The Letter of Understanding on Jordan's Principle, signed in 2019, remains in effect and the FNHA continues to play a role in navigation functions. First Nations in B.C. continue to express significant concerns and advocate for changes to how Jordan's Principle is being implemented.

The FNHA and Health Canada continue to collaborate on cultural safety and humility, cannabis and the Canada Food Guide. The FNHA and the Public Health Agency of Canada signed a Joint Executive Agenda in November 2019, which includes joint priority areas of maternal and child health, research and surveillance, cultural safety and humility, social determinants of health and wellness, First Nations self-determination and First Nations health governance.



“... aligning planning, programming and engagement to improve co-ordination in service design, management and delivery.”

PROVINCIAL PARTNERSHIPS

The Ministry of Health and the FNHA refreshed their Letter of Mutual Accountability for 2019/2020 and developed a corresponding work plan that cascades into agreements/ service plans with the B.C. health authorities. The FNHA and the ministry have worked together to identify opportunities for First Nations to lead in the planning and development of primary health-care service delivery models, including collaboration in provincial primary care networks and leading the First Nations-led primary health care initiative. This work is part of the provincial primary health-care strategy, bringing care closer to home.

In alignment with their letter of understanding and joint agenda, renewed in 2019/2020, the FNHA and MMHA continued to work closely on the overdose emergency response. Based on findings from the 2018 First Nations opioid overdose data release⁹, the partners worked to pivot the response to key First Nations urban priority areas and greater supports for First Nations women.

The FNHA collaborated with Emergency Management BC and other partners to integrate First Nations emergency management within the broader emergency management discourse, structures and processes in the province. In May 2019, Emergency Management BC and the FNHA signed a letter of understanding to improve emergency management, preparedness, response and recovery with First Nations in the province. Emergency Management BC and the FNHA signed a Declaration of Commitment to Cultural Safety and Humility and developed a joint action plan to support strategic improvements and collaboration within emergency response in British Columbia.

CULTURAL SAFETY AND HUMILITY

The FNHA continued to collaborate with health system partners to advance cultural safety and humility in the health-care system, including joint efforts to draft a Change Leadership Strategy for Cultural Safety and Humility. The strategy addresses approaches and plans across the B.C. health system (consistent with each partner's action plans), enhances support and co-ordination to the multiple pieces of work and initiatives currently underway, and identifies additional strategies required to consolidate the gains to date and permanently embed cultural safety within the health system. A shared FNHA- Ministry of Health cultural safety and humility backbone team of five staff was created to support this work, housed within the FNHA.

Partners continue to champion cultural safety and humility across provincial and federal health and social services. New declarations of commitment to cultural safety and humility were signed in 2019/2020 with the National Federation of Optometric Regulatory Authorities of Canada, Emergency Management BC, BC Patient Safety & Quality Council, BC College of Family Physicians and Doctors of BC. FNHA worked with Indigenous Services Canada, Public Health Agency of Canada and Health Canada to develop a Joint Action Plan to Advance Cultural Safety and Humility in Health and Wellness Services 2019/2021. Other advances include finalizing a memorandum of understanding with the National Collaborating Centre for Aboriginal Health to support system-wide knowledge exchange and launch of the *Indigenous Engagement and Cultural Safety Guidebook* as an important resource for primary care networks.

The FNHA also continued to advance the complaints and complements process. They partnered with the Health Standards Organization to develop a cultural safety and humility standard, specifically for B.C., with the purpose to embed cultural safety and humility in all aspects of health service planning and delivery. A technical committee continues to support this work.

⁹ www.fnha.ca/about/news-and-events/news/first-nations-opioid-overdose-deaths-rise-in-2018



GATHERING WISDOM FOR A SHARED JOURNEY X

On Jan. 14-16th, 2020, Gathering Wisdom for a Shared Journey X was hosted by the First Nations Health Council (FNHC), First Nations Health Directors Association (FNHDA), and FNHA in Vancouver. It celebrated the ten-year milestone of Gathering Wisdom for a Shared Journey forums and the evolution of the B.C. First Nations health governance structure.

The Gathering Wisdom X forum featured discussions on health, mental health and the social determinants of health. It was an opportunity for leaders, health directors and wellness leads to hear updates and engage in discussions with the FNHC, FNHDA, and FNHA. The FNHC launched

its *Reclaiming Our Connections* guidebook and facilitated a discussion on the success and future of the First Nation health governance structure in British Columbia. It was also an opportunity for First Nations to engage in direct dialogue with health system partners on factors that influence the health and wellness of their children, families and communities.

Importantly, the 2020 Gathering Wisdom forum featured the results from several evaluations, including the two mandatory evaluations required under the *Tripartite Framework Agreement* and the *Canada Funding Agreement*, giving attendees the opportunity to socialize and understand the findings to help shape collective plans for the next five years.



RESEARCH AND KNOWLEDGE EXCHANGE & DATA SHARING

Leading and partnering on research allows the FNHA an opportunity for self-determination, working directly with community-identified priorities and taking an Indigenous approach to scientific inquiry. The FNHA is developing an Indigenous, community-oriented approach to research and research ethics. In 2019/2020, the FNHA partnered on 32 research projects, totaling \$31 million. Most are multi-year projects with significant progress made each year. Establishing a research executive committee and entering the provincial research ethics system has enabled progress on the goal of decolonizing research and ethics, and advancing First Nations self-determination.

In February 2020, the FNHA and Simon Fraser University signed a research affiliation agreement that will increase access to federal government funds for research into Indigenous health and help the FNHA build capacity to receive federal grants directly in the future. This first-of-its-kind agreement between a post-secondary educational institution and the FNHA allows the two organizations to shape their growing research relationship. The agreement centers on First Nations principles governing how data are collected, protected, used and shared.



Dr. Nadine Caron, Canada's first female First Nations general surgeon, was selected as the FNHA chair in cancer and wellness at the University of British Columbia (UBC). Dr. Caron's research aims to address the disparity in cancer health outcomes between Indigenous and other peoples

in British Columbia. As the founding chair, Dr. Caron will examine the journeys and unique priorities of Indigenous cancer patients, survivors and their families through a wellness lens embedded in Indigenous traditional learnings. The position is supported by a \$1.5 million contribution from the FNHA, with matching funds from UBC. Dr. Caron is also an integral member of the multi-year partnership between BC Cancer, the FNHA, Métis Nation British Columbia and the BC Association of Aboriginal Friendship Centres that developed B.C.'s Indigenous cancer strategy, *Improving Indigenous Cancer Journeys in BC: A Road Map*, released in 2017.

The FNHA continues to develop internal capacity to advance work in the area of data governance. This includes enhanced internal data governance practices and training FNHA staff on implementing ownership, control, access and possession (OCAP®) principles in January 2020.

MENTAL HEALTH AND WELLNESS

Partnerships with provincial and federal partners, as well as good working relationships with the FNHC and FNHDA, have contributed to progress in mental health and wellness, including implementation of the tripartite investments. Progress in 2019/2020 included: expansion of land-based healing sites at the community, Nation, sub-regional and provincial levels; ongoing transformation of the treatment centre model to a healing centre model; and supporting Nation-developed mental health and wellness planning projects and initiatives. The FNHA continued to implement initiatives and approaches in its responses to the overdose public health emergency and the legalization of non-medical cannabis, as well as the use of substances, including commercial tobacco and alcohol.

HEALTH BENEFITS

The FNHA introduced coverage for the zoster vaccine Shingrix as a reimbursement process and has since worked with benefits partner Pacific Blue Cross to enable direct payment. The FNHA is the first health authority in Canada to cover Shingrix, and over the past year, worked to enable that clients have access to the vaccine, without having to pay up front. Coverage of a shingles vaccine has been an important and recurring part of discussions with chiefs, health directors and other First Nations health leaders to protect the health of Elders.

FNHA continues to work with our partners on quality improvement of pharmacy benefits, including implementing learning from the Evaluation of *FNHA's Health Benefits – Pharmacy Program for BC First Nations*⁹ and the transition to Plan W, which covers eligible prescription costs and other medical supply and pharmacy services for First Nations people.

Indigenous Services Canada

The Government of Canada continues to place the highest importance on its relationship with Indigenous peoples. While significant progress has been made on supporting self-determination, improving service delivery and advancing reconciliation, ISC is focused on accelerating and building on progress with First Nations, Inuit and Métis peoples to fundamentally improve health and wellness outcomes¹⁰.

EMERGENCY MANAGEMENT

ISC continues to work with the FNHA to ensure a four-pillar approach (preparedness, mitigation, response and recovery) to emergency management on reserve in British Columbia. In 2019, ISC established a National Health Emergency Management Network that meets monthly to discuss and address health emergency management needs for First Nations. The FNHA is actively engaged in this network, participating and presenting at the network's two-day gathering in Ottawa in January 2020.

ISC-BC Region and FNHA staff communicate closely on the health aspect of emergency management and the pre-planning for seasonal events (i.e., wildfires and floods), and work with First Nations on specific response or recovery needs. They also continue to develop emergency management guidelines to better articulate each partner's roles and responsibilities in emergency management.

CULTURAL SAFETY AND HUMILITY

Canada is continuing to advance efforts to ensure that Indigenous peoples are able to access culturally safe and appropriate health-care services and supports, further to the *Federal Declaration of Commitment to Advance Cultural Safety and Humility in Health and Wellness Organizations* that was signed in April 2019 between ISC, Health Canada, Public Health Agency of Canada and

the FNHA. The partners are developing an action plan to operationalize and achieve the commitments set forth in this declaration.

To promote enhanced cultural safety across the health system, many federal departments are mandating training and collaborating with First Nations, Métis, Inuit and urban Indigenous organizations, including those representing LGBTQIA2S+ people, to develop specific training for all public servants who work with Indigenous communities. To foster a culturally safe environment, Indigenous Services Canada is developing cultural safety and inclusion training for all employees, as well as a more specific curriculum for those working in implementing Jordan's Principle and child and family services reform, and for federally funded registered nurses and nurse practitioners working in Indigenous communities.

LONG-TERM CARE

Members of First Nations communities who live on-reserve and have chronic illnesses or disabilities (mental and physical) may receive help through Indigenous Service Canada's assisted living program, which provides daily living supports that help people maintain their independence and stay in their own homes and communities. This program supports over 10,000 people each year, providing services that include in-home care, adult foster care and nursing home care.

With a growing and aging client population, the demand for in-home care is increasing. Canada's Budget 2019 announced a \$35 million investment for 2019-20 to ensure the assisted living program continues to help meet the needs of seniors and people with disabilities. To better support First Nations individuals and Inuit living with chronic illnesses and disabilities now and in the future, Budget 2019 committed to provide an additional \$8.5 million over two years, starting in 2019-20, to work with communities on developing a new and more holistic long-term care strategy. This will include engagement with First Nations and the Assembly of First Nations to co-develop options to move forward on a seven generations' continuum of care of health, economic and social services. These efforts will advance and improve long-term care services and services for persons with mental and physical disabilities in First Nations and Inuit communities.

10 www.fnha.ca/Documents/Evaluation-of-FNHAs-Health-Benefits-Pharmacy-Program-for-BC-First-Nations.pdf

JORDAN'S PRINCIPLE

Addressing the needs of First Nations children by increasing access to government services is a top priority for Canada. ISC works with a variety of Indigenous partners, communities and organizations across the country to ensure First Nations children have access to services such as mental health, special education, dental, physical therapy, speech therapy, medical equipment and physiotherapy. In February 2019, ISC assumed responsibility of the administration of Jordan's Principle in B.C. from the FNHA. The partners have continued to work closely to ensure efficient service co-ordination.

In the coming year, ISC will be working with B.C. communities and the FNHA to further improve administrative processes and delivery of Jordan's Principle, including implementation of an expanded service co-ordination model.

RELEASE OF RECLAIMING POWER AND PLACE: THE FINAL REPORT OF THE NATIONAL INQUIRY INTO MISSING AND MURDERED INDIGENOUS WOMEN AND GIRLS

In 2016, the national inquiry into missing and murdered Indigenous women and girls was launched as a key government initiative to end the disproportionately high levels of violence faced by Indigenous women and girls.

The inquiry conducted in-depth study and analysis between September 2016 to December 2018 on missing and murdered Indigenous women and girls, including LGBTQIA2S+ people. It collected information from community and institutional hearings, past and current research, and forensic analysis of police records. The inquiry also gathered evidence from witnesses, including survivors of violence, the families of victims, and subject-matter experts and Knowledge Keepers.

The inquiry presented its final report to families, survivors, Indigenous leaders, as well as federal, provincial and territorial governments at a televised closing ceremony in Gatineau, Quebec on June 3, 2019. At this event, the Prime Minister stressed the Government of Canada's commitment to addressing violence against Indigenous women, girls and LGBTQIA2S+ people. The Government of Canada is working with Indigenous partners to develop and implement a national action plan to address the recommendations of the report and help bring about real, meaningful, Indigenous-led action.

As these actions are rolled out, ISC will continue to work with the FNHA and the Province of B.C. to ensure that client healing journeys are supported through aftercare health support services for survivors, family members and those affected by the issue of missing and murdered Indigenous women and girls. This includes mental health counselling, emotional support and community-based cultural support services.

B.C. Ministry of Health

The Ministry of Health is strongly committed to Indigenous health and wellness as part of our shared journey toward reconciliation. The 2020/21–2022/23 Ministry of Health Service Plan¹¹ reflects this commitment and the importance of working in partnership with the FNHA to improve health and wellness of B.C. First Nations, supporting the tripartite governance structure to promote self-determination, and embedding the *Declaration of Commitment to Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in B.C.* to advance and strengthen cultural safety and humility in the B.C. health system.

The overall strategic goals of the service plan remain consistent with previous years: ensuring a focus on service delivery areas through strategic positioning, including advancing the provincial primary health-care model that

¹¹ www2.gov.bc.ca/assets/gov/government/ministries-organizations/ministries/health/hlth_sp_2020.pdf

provides integrated, team-based care, and encompasses a collaborative relationship with the FNHA and Indigenous services partners; supporting the health and well-being of British Columbians through the delivery of high-quality health services; and delivering an innovative and sustainable public health-care system.

DECLARATION ON THE RIGHTS OF INDIGENOUS PEOPLES ACT

In November 2019, the Government of B.C. enacted the *Declaration on the Rights of Indigenous Peoples Act*, which affirmed the progressive application of the *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP) to the laws of British Columbia. The act requires the Government of B.C. to develop, in consultation and co-operation with Indigenous peoples, an annual action plan to guide UNDRIP implementation.

As part of the Government of B.C.'s ongoing commitment to reconciliation with Indigenous peoples, the ministry will work in partnership with the FNHA to review policies, programs, regulations and legislation to determine how to bring the articles of UNDRIP into action. Regional health authorities and PHSA will conduct strategic reviews of their policies and programs, in co-operation with the FNHA and other Indigenous partners. The Ministry of Health will report annually on progress. As well, the service plan reflects the act as a key tool to advance legislative and regulatory changes over time and with Indigenous partners, to underpin lasting improvements to Indigenous health and wellness.

The act and tripartite commitments are milestones that capture the spirit of reconciliation and reciprocal accountability, and align with the First Nations-developed seven directives¹² by encompassing First Nations perspectives into health system change and honouring self-determination.

¹² www.fnha.ca/about/fnha-overview/directives

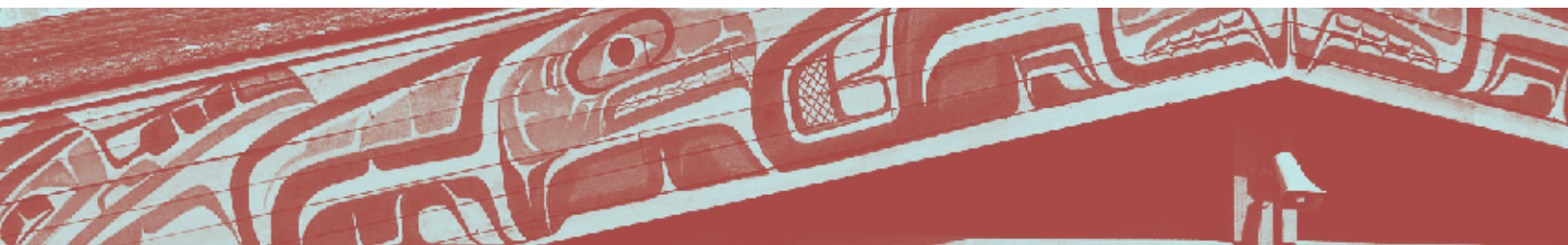
SOCIAL DETERMINANTS OF HEALTH

In 2018, the Ministry of Health joined other provincial ministries in representing the Province of B.C. as a signatory to the *Memorandum of Understanding – Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness* that supports Nation rebuilding and a community-driven, Nation-based approach to the design, planning and delivery of mental health and wellness services. The ministry has made it a priority to advance progress on the social determinants of health through a whole-of-government approach that meets communities where they're at to support self-governance and self-determinants in mental health and wellness planning and implementation.

MINISTRY OF MENTAL HEALTH AND ADDICTIONS

The Province of B.C., through the Ministry of Mental Health and Addictions, released *A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia* in June 2019. The pathway was developed in full collaboration with First Nation and Métis partners. The ten-year vision and priority actions in the pathway have been influenced by an Indigenous perspective on health and wellness, and has ensured that Indigenous partners are full and equal partners in the design, implementation and evaluation of new initiatives.

The pathway reaffirmed the MMHA's approach to partnerships with Indigenous peoples, with a focus on strengthening the cultural safety and humility of the mental health and substance use system; supporting self-determination by enhancing the role of Indigenous peoples in the design, planning and delivery of services and supporting Indigenous-led initiatives; and adopting a distinctions-based approach that recognizes the distinct interests, priorities and perspectives of First Nations and Métis peoples in British Columbia.





Responses of the Tripartite Partners to the COVID-19 Pandemic

“...the tripartite partners, PHSA, regional health authorities and all health system partners have been working diligently to respond to and mitigate the impacts of the crisis in B.C.”

On March 17, 2020, the provincial health officer of B.C., Dr. Bonnie Henry, declared a public health emergency in response to the COVID-19 pandemic¹³. The pandemic is an unprecedented and global health crisis, impacting the scope of health services available to all Canadians, including residents of B.C. First Nations communities. It has caused delays in service, restricted the availability of medical supplies, isolated communities and families, and strained health system capacity in all regions.

From the onset of the pandemic, the tripartite partners, PHSA, regional health authorities and all health system partners have been working diligently to respond to and mitigate the impacts of the crisis in B.C., including local outbreaks. The FNHA activated to Emergency Response Level 3 on March 30, devoting a significant portion of their operational capacity towards pandemic response. The FNHA, Emergency Management BC, B.C. First Nations, and other regional, provincial and federal partners have worked to mobilize, co-ordinate and navigate the response. Indigenous Services Canada has also secured financial supports, medical supplies, masks and sanitizer, and other resources for deployment in First Nations communities. First Nations communities themselves also responded swiftly to the impacts of COVID-19, with many closing their administrative offices and implementing travel restrictions. As a result, First Nations communities across B.C. experienced notably low rates of COVID-19 transmission in comparison to neighbouring local governments.

The Province published a *Rural, Remote, First Nations and Indigenous Framework*¹⁴ in April 2020 (outside of this reporting period), which linked in with regional health authorities and service providers to co-ordinate relief efforts and pandemic response strategies, mirrored and supported by system partner working groups.

The tripartite partners raise our hands in gratitude to the tremendous and inspiring work being done by all of those providing care and essential services during the pandemic, and to First Nations communities and leadership who have been instrumental in pandemic planning and response to date.

¹³ <https://news.gov.bc.ca/releases/2020HLTH0089-000505>

¹⁴ <https://news.gov.bc.ca/releases/2020PREM0020-000725>



COVID-19 MANAGEMENT IN THE NORTH: *Northern Rural and Remote and First Nations COVID-19 Response Framework*

In late March 2020, the FNHA-Northern Health COVID-19 working group was formed under the auspices of the Northern Emergency Operations Centre. This working group, comprised of representatives from FNHA, Northern Health, Red Cross, and northern physicians, planned and developed the Northern Rural and Remote and First Nations COVID-19 Response Framework. The framework provides a guide for communities, administrators, service providers and policy makers to address the care management needs related to COVID-19 of people residing in rural and remote British Columbia. It served as a key input into the provincial Rural, Remote, First Nations and Indigenous Framework.

COVID-19 MANAGEMENT IN THE INTERIOR: *Response Partnership with FNHA*

Emergency Operations Centres (EOC) have been operational to address pandemic response needs within the health authority and the Interior FNHA team. Beginning March 2020, Interior FNHA representatives were invited to participate in Interior Health's EOC to strengthen relationships and improve communication.

An environmental public health protocol, a first in B.C., was drafted between FNHA and Interior Health. Collaboration between Interior First Nations, Interior Health EOC testing and assessment leads and FNHA resulted in the examination of specimen collection in all 54 Interior First Nation communities and/or First Nation health service organizations.

Interior Health and FNHA have been working in close partnership on implementing the deliverables outlined by the Ministry of Health in the Rural, Remote, First Nations and Indigenous Framework. Guided by principles developed by Interior Nations, FNHA and Interior Health through a working group, weekly engagement occurs with the seven Interior First Nations (Syilx, Ktunaxa, Däkelh Dené (Ulkatcho), T̓silhqot'ín, Secwépemc, Nlaka'pamux and Northern St'át'imc Nations). Additionally, Interior Health engages with Métis Nation BC through a separate forum.

Regional Partnership Accords

The functional relationships between the regional health authorities and First Nations enable, guide, transform and enhance First Nations community health and wellness. These relationships are built upon the Framework Agreement and continue to be supported by the Tripartite Committee on First Nations Health, while the regional partnership accords outline goals and directives at community, Nation and regional levels, and help direct the overall provincial health strategy.

The regional partnership accords outline the joint commitments of the health authorities to work together in the spirit of reconciliation and collaboration with regional First Nations communities and peoples. These accords have been informed and shaped by the principles under the health plans and agreements, including the 2006 *Transformative Change Accord: First Nations Health Plan*, the 2007 *Tripartite First Nations Health Plan*, the *Framework Agreement*, the 2012 *Health Partnership Accord*, and other First Nations health governance foundational documents.

The regional health authorities have their own governance structures to manage strategic operations that support the work of the partnership accords.

Fraser Salish Region

The Fraser Salish governance structure includes the Aboriginal Health Steering Committee (AHSC). Fraser Health membership includes: Fraser Health board chair, chief executive officer, medical director, vice-presidents, and the executive director of Aboriginal health; the FNHA board chair, chief executive officer, chief operating officer, chief medical director, chief nursing officer, vice-president of population and public health, and the executive director of the FNHA Fraser Salish Region; and representatives from the FNHC. Additionally, the Aboriginal Health Operations Committee (AHOC) is responsible for discussion on new initiatives, and identifies key issues and successes to raise

to the AHSC. The AHOC is chaired by the chief operating officer of FNHA and the Fraser Health vice-president of population and public health. Membership includes the executive directors of Aboriginal health and the FNHA Fraser Salish Region, along with Fraser Health and FNHA subject matter experts when required.

2020 FRASER PARTNERSHIP ACCORD

In January 2020 at Gathering Wisdom for a Shared Journey X, Fraser Health, the FNHA and the Fraser Salish Regional Caucus, representing the 32 Nations in the Fraser Salish Region, signed a renewed Partnership Accord. The Accord was developed following substantial discussion and the release of the *Fraser Salish Partnership Accord Evaluation Report*, which evaluated the relationship between Fraser Health and Fraser Salish First Nations, assessed progress since signing the 2011 *Fraser Partnership Accord*, and outlined milestones, successes, challenges, barriers and recommendations. The evaluation of the regional Partnership Accord provides a line of evidence to support the evaluation of the Tripartite Framework Agreement.

The updated accord upholds the principles of the original 2011 Fraser Partnership Accord but also reflects the priorities and considerations that have evolved over the past decade, with a focus on six key priorities:

- *Primary health care;*
- *Public health and health literacy;*
- *Maternal child and family health;*
- *Mental health and wellness;*
- *Cultural safety and humility, and traditional wellness; and,*
- *Social determinants of health.*

Interior Region

The Interior governance structure is comprised of seven Nation-Interior Health letter of understanding joint committees, Partnership Accord Leadership Table, Partnership Accord Technical Table, Interior Region Nation executive, the Interior Region Technician's Table, Nation Health assemblies and the Interior Caucus.

INTERIOR 2012 REGIONAL PARTNERSHIP ACCORD EVALUATION AND THE 2019 REGIONAL PARTNERSHIP ACCORD

On June 5, 2019, the seven Interior Nations and Interior Health committed to work together to improve Aboriginal

health outcomes and ensure cultural safety across the health system by endorsing the rejuvenation of the *Interior Region Partnership Accord* through 2024. The re-signing of the partnership accord signifies Interior Health's commitment to provide Aboriginal people with equitable access to quality and culturally safe care that meets the needs of patients and families. Leaders from the Nlaká'pamux, Dākelh Dené, Secwepemc, Tsilhqot'in, St'át'imc, Ktunaxa and Syilx Nations joined the Interior Health board chair, and president and chief executive officer for the signing ceremony. The partnership accord was re-signed following the release of the *Interior Partnership Accord Evaluation Report* in January 2019. As part of the commitment under the Framework Agreement, the evaluation report assessed progress on the goals outlined in the original 2012 accord in terms of governance, tripartite relationships and integration, health and wellness system transformation, and health and wellness outcomes. It also identified key findings and recommendations.

The updated partnership accord incorporates the recommendations of the evaluation report, and clarifies the roles and responsibilities of the partners, building on the substantial work done to address health and wellness for Interior First Nations since 2012. It commits the partners to working together through a unity declaration that promotes the values of collaboration, trust, inclusion, celebration and innovation to support:

- *Continuous quality improvement;*
- *Cultural safety & humility;*
- *Equity;*
- *Wholistic wellness approaches;*
- *Respect & acknowledgment; and,*
- *Improved health & wellness outcomes.*

The accord sets out a structure, action plan, commitments and success indicators to guide this work over the next five years.

A Partnership Accord Technical Table (PATT) strategic planning session was held in January 2020 with Nation representatives, the FNHA and Interior Health staff. The outcomes of this session included discussing and clarifying the purpose of PATT, identifying Nation priorities and actions in alignment with objectives from the renewed partnership accord, and seeking feedback regarding an engagement approach and processes. Next steps include the development of engagement principles to provide

guidance to Interior Health, revising the PATT terms of reference, and a more strategic approach to PATT meetings to ensure that Nations are directing agendas and meeting outcomes.

During the 2019/2020 fiscal year, Interior Health re-signed letter of understandings with the Tsilhqot'in Nation in May 2019 and the Northern St'át'imc Nation in November of 2019. Letters of understandings are the foundation of Interior Health's commitment to engage with Nations to advance co-developed objectives to improve health disparities that exist for Aboriginal peoples in the interior.

Northern Region

The northern governance structure is comprised of the Northern First Nations Health Partnership Committee, the operations committee and five working groups.

2019 NORTHERN PARTNERSHIP ACCORD EVALUATION

In November 2019, the FNHA, Northern Health and the North Regional Health Caucus released the evaluation of the 2012 *Northern Partnership Accord*. This evaluation provides an update on the progress of the goals and objectives outlined in the partnership accord, as part of the commitment under the Framework Agreement. It examines the relationship between Northern Health, the FNHA and northern First Nations, with the intent of increasing involvement of northern First Nations. The evaluation report provided recommendations around:

- *Governance;*
- *Roles and responsibilities;*
- *Communication;*
- *Engagement;*
- *Relationships;*
- *Collaboration and partnerships;*
- *Integration and co-ordination of health services;*
- *Cultural safety and humility;*
- *The First Nations perspective on wellness;*
- *Accessibility, availability and quality of services;*
- *Resource and capacity building; and,*
- *Monitoring of progress, and evaluation.*

The evaluation report will help strengthen and focus the innovative work in the northern region and will guide the next iteration of the partnership accord.

Vancouver Coastal Region

The Vancouver Coastal Health (VCH) governance structure is comprised of the Aboriginal Health Steering Committee (AHSC), AHSC executive committee and Vancouver Coastal Caucus.

VANCOUVER COASTAL PARTNERSHIP ACCORD EVALUATION

In July 2019, the FNHA, VCH and the First Nations Health Council released the *Vancouver Coastal Partnership Accord Evaluation*. This evaluation provides an update on the progress of the goals and objectives outlined in the 2012 *Vancouver Coastal Partnership Accord* as part of the commitment under the Framework Agreement, and examines the evolution of the relationship between VCH, the FNHA and Vancouver Coastal First Nations. The evaluation report provided recommendations around:

- *Governance;*
- *Roles and responsibilities;*
- *Relationships;*
- *Collaboration and partnership;*
- *Communication;*
- *Engagement;*
- *First Nations decision-making and influence;*
- *Co-ordination and integration of health services;*
- *Resources;*
- *Monitoring of progress and evaluation;*
- *Cultural safety and humility;*
- *First Nations perspective on health and wellness;*
- *Service accessibility; and,*
- *Other opportunities to refresh and update the partnership accord.*

Vancouver Island Region

The *Vancouver Island Partnership Accord*, renewed in 2016, outlines the commitments of the Vancouver Island Regional Caucus, the FNHA and Island Health. The parties have established a Partnership Accord Steering Committee and a Partnership Accord Executive Committee to oversee the implementation of the accord.

2019 ISLAND HEALTH PARTNERSHIP ACCORD EVALUATION

On June 6, 2019, the FNHA and Island Health released the evaluation of the *Vancouver Island Partnership Accord*. This evaluation provides an update on progress of the goals and objectives outlined in the 2016 *Vancouver Island Partnership Accord*, as part of the commitment under the Framework Agreement. The evaluation encompassed over a year of engagement and surveys with Island First Nations and caucus participants, and a comprehensive review of patient-reported-experience data. The report outlined preliminary findings around successes, innovation, system transformation, governance structures, communication between the partners and with First Nations, engagement, relationships and collaboration, and service integration/co-ordination. The evaluation also reviewed the partnership accord alignment with the First Nations perspective on wellness, cultural safety and humility, decision making, and overall access, availability and quality of health services.



Measuring Health Outcomes

The 2018 *Indigenous Health and Well-Being*¹⁵ report released by the Office of the Provincial Health Officer and the FNHA Office of the Chief Medical Officer outlined the status and progress on improvements for seven key First Nations health and performance indicators identified in the *Transformative Change Accord: First Nations Health Plan*¹⁶, including life expectancy, age-standardized mortality, youth suicide, infant mortality, diabetes prevalence, childhood obesity, and the number of practicing, certified First Nations health-care professionals.

The findings of the 2018 report have helped shape the evolution of reporting on First Nations health outcomes. The First Nations Population Health and Wellness Agenda was developed in partnership between the offices of the FNHA chief medical officer and the provincial health officer. The agenda was presented to B.C. First Nations leadership at Gathering Wisdom for a Shared Journey X and is slated for release in the coming year. It presents an eagle-eye view of First Nations health and wellness in B.C., grounded in First Nations teachings and guided by reconciliation and relationship-building. The agenda uses a strengths-based approach to focus on wellness and resilience, and two-eyed seeing to bring together First Nations and Western ways of knowing.

The First Nations Population Health and Wellness Agenda identifies an expanded set of 22 wellness-focused indicators that reflect our increasing awareness of the social determinants of health as basic, intrinsic elements of wellness:

- *Self-determination, connections to land, and cultural wellness;*
- *Supportive systems including food security, acceptable housing, and education; and*
- *The factors that support physical, mental, spiritual and emotional wellness of children and families.*

These indicators will be monitored over the next ten years to guide the offices of the FNHA chief medical officer and the provincial health officer, and health system partners to work with First Nations organizations and communities to nourish the First Nations roots of wellness:

- *Advance and support First Nations self-determination;*
- *Advance the roots of health and wellness of the next generation: First Nations babies, children, and youth;*
- *Work collaboratively to build supportive, culturally safe systems, with a focus on fostering connections to the land;*
- *Advance First Nations data governance;*
- *Embed First Nations wellness approaches in policies, programs, and services;*
- *Commit to cultural safety and humility across systems; and,*
- *Increase access and attachment to culturally safe primary health care.*

These data are enabled through the First Nations Client File, which is currently administered by the Tripartite Data and Information Planning Committee and aligned with the First Nations health information governance structure. Ongoing monitoring of these wellness indicators will help guide the partners in more fulsomely achieving the vision of healthy, vibrant, self-determining children, families and communities.

¹⁵ www.fnha.ca/Documents/FNHA-PHO-Indigenous-Health-and-Well-Being-Report.pdf

¹⁶ www.health.gov.bc.ca/library/publications/year/2006/first_nations_health_implementation_plan.pdf



Looking Forward

The 2019-2020 reporting period for the Tripartite Committee on First Nations Health marks tangible progress and momentous achievements in supporting improved First Nations health and wellness. The same period has also seen an unprecedented global health crisis that has affected the B.C. health-care system and limited efforts to advance existing key collaborative priorities. The strong, well-established tripartite partnership has made our collective progress possible and has allowed the partners to be responsive to the challenges presented by the COVID-19 pandemic.

The tripartite partners are proud to move forward and continue advancing the vision elaborated in the B.C. *Tripartite Framework Agreement on First Nation Health Governance*. The participant-driven findings of the first tripartite evaluation report will help the partners in developing a cross-sectoral roadmap to guide the way for ongoing improvements in First Nations health and wellness, supported by alignment with the population health and wellness agenda, and collaborative agenda on social determinants of health. It is our hope that these tools will continue to drive system change throughout the health and social sectors in the years to come. The tripartite partners look forward to continuing this shared journey in partnership with B.C. First Nations.

“ It is our hope that these tools will continue to drive system change throughout the health and social sectors.”





Canada 

