EVALUATION OF THE BC TRIPARTITE FRAMEWORK AGREEMENT ON FIRST NATION HEALTH GOVERNANCE

2018/19 to 2023/24

Final Report

First Nations Health Authority
Health through wellness

BRITISH COLUMBIA | Ministry of Health

Indigenous Services Canada | Services aux Autochtones Canada

ACKNOWLEDGEMENTS

The Tripartite Committee on First Nations Health acknowledges the unceded lands and territories of the self-determining First Nations where the work of this report took place in what is now known as British Columbia. We express gratitude to all those whose wisdom, knowledge and contributions are reflected.

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A MESSAGE FROM THE TRIPARTITE 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 British Columbia (BC) health-care system to support First Nations people.

This evaluation presents an opportunity to reflect on the fourteen years since the Government of Canada transferred the responsibility of First Nations health to the First Nations Health Authority (FNHA) in BC. Our Tripartite partnership has been and continues to be a vital part of our journey toward health transformation.

Much progress has occurred since 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 at Gathering Wisdom for a Shared Journey X in 2020.

During the five-year period covered under this evaluation, there have been countless historic moments. In 2023, the 10-year Canada Funding Agreement for the FNHA was renewed at $8.2 billion, making it the largest service transfer agreement to date across the Government of Canada. In 2022, the BC Cultural Safety and Humility Standard was launched and adopted by health services across BC to address anti-Indigenous racism and support cultural safety in health care systems and services. In 2023, the historic resolution passed on the 10-Year Strategy on the Social Determinants of Health at Gathering Wisdom, marking another important step towards decolonizing health care.

This report also documents a period of unprecedented challenges for First Nations, the BC health system and Canada, with the onset of the novel coronavirus (COVID-19) pandemic, the toxic drug supply crises and multiple climate-related health emergencies. The COVID-19 public health emergency has heavily impacted the health care system in BC, highlighting and in some cases 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 their persistence and commitment to inform response strategies at all levels. We also commend our staff and those who have supported the working relationships between the Tripartite Partners; these efforts are fundamental to our work and keep us both grounded and focused.

Evaluations give us a much-needed opportunity to look back; but equally importantly, they allow us to look forward and make evidence-informed changes. The Evaluation of the BC Tripartite Framework Agreement is especially timely, as the lessons learned from the past five years will be critical as we all continue to advance progress against the social determinants of health and address complex issues, including the toxic drug crisis, climate-related emergencies, First Nations food security and sovereignty, and the over-representation of unhoused First Nations individuals living in urban settings and away from their communities. 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.

We know there is much left to be done. Implementing the Framework Agreement brings many complexities, and we need to ensure systems change is meaningful for First Nations communities and Nations. We also want to acknowledge the enormous challenges and barriers that persist. Particularly, racism and discrimination are very real, affecting First Nations peoples' interactions with health care individually, among families and across communities.

As co-chairs of the Tripartite Committee on First Nations Health, we are committed to using the learnings from this evaluation to support progress in the coming years in partnership with First Nations in BC. The FNHA, the Province of BC and the Government of Canada are committed to a collaborative partnership to continue to find ways to champion and support the health, safety and well-being of First Nations peoples across BC.

Co-Chairs of the Tripartite Committee on First Nations Health

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DR. SHEILA BLACKSTOCK
Chair of the Board of Directors,
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LIST OF ACRONYMS

BC MoH	BC Ministry of Health
BC MMHA	BC Ministry of Mental Health and Addictions
BC TFA	British Columbia Tripartite Framework Agreement on First Nation Health Governance
CEO	Chief Executive Officer
DRIPA	*Declaration on the Rights of Indigenous Peoples Act*
FNHA	First Nations Health Authority
FNHC	First Nations Health Council
FNHDA	First Nations Health Directors Association
FNIHB	First Nations and Inuit Health Branch
ISC	Indigenous Services Canada
MHW MOU	Memorandum of Understanding: Tripartite Commitment for Improving Mental Health and Wellness Services with First Nations in British Columbia
MOU	Memorandum of Understanding
OCAP®	Ownership, Control, Access and Possession
PHSA	Provincial Health Services Authority
PHWA	Population Health and Wellness Agenda
RHA	Regional Health Authority
TCFNH	Tripartite Committee on First Nations Health
UNDRIP	United Nations Declaration on the Rights of Indigenous Peoples

TERMINOLOGY

This report follows a distinctions-based approach that recognizes the unique rights, histories and identities of First Nations, Inuit and Métis peoples.[1] In line with this approach, we use specific terms, such as First Nations, whenever possible to reflect and respect the diversity of the peoples served by the Tripartite Partners under the British Columbia Tripartite Framework Agreement on First Nation Health Governance. The term "Indigenous" is used selectively and intentionally throughout this report. It appears only in contexts where its use was necessary, such as when referencing data sources that use the term in their classifications or when citing the formal names of programs, policies or partner organizations.

The term "First Nations" is used frequently within this report. This term includes individuals with and without Status under the *Indian Act*.[2] This report uses a range of data sources, some of which rely on self-identification of ethnicity to identify Indigenous sub-populations, and others that are based on deterministic data linkages using the First Nations Client File. As per the protocol used in reporting by the Office of the Provincial Health Officer and the First Nations Health Authority Chief Medical Office, the term "Status First Nation" will be used in place of "Status Indian" in sections of this report that use the First Nations Client File, recognizing that the legal term "Indian" originates from a legacy of colonialism.[3]

The term "community-based" is used to refer to geographically based First Nations communities, whether they qualify as "reserves" under the *Indian Act* or whether the First Nation has signed a modern treaty or holds title to the land. The report also uses "urban and away from home" to describe First Nations individuals living outside their home communities.

The term "away from home" recognizes that many First Nations people have been displaced from their home communities or traditional territories due to the lasting effects of colonization or have moved to urban and rural areas in pursuit of economic, educational or other opportunities. The term "urban" is included to acknowledge that not all First Nations people living in cities consider themselves living away from home. For many, the city where they live is their home, whether or not that city is within their traditional territories, and several First Nations reserves are located within major urban centres across BC.[4]

The references to the Government of Canada's participation in this report is sometimes referred to as "Health Canada" and sometimes as "Indigenous Services Canada." This reflects that the work originated when the First Nations and Inuit Health Branch was within Health Canada and was then transferred in December 2017 to Indigenous Services Canada.

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[1] Government of BC, "Distinctions-based Approach", September 2024. https://www2.gov.bc.ca/gov/content/governments/indigenous-people/new-relationship/united-nations-declaration-on-the-rights-of-indigenous-peoples/distinctions-based-approach

[2] An act to amend and consolidate the laws respecting Indians, S.C. 1876, c. 18

[3] Office of the Provincial Health Officer, "Indigenous health and well-being: Final update," 2018. http://www.fnha.ca/Documents/FNHA-PHO-Indigenous-Health-and-Well-Being-Report.pdf

[4] FNHA, "Urban and Away-from-Home Framework", 2022, 10. https://www.fnha.ca/WellnessSite/WellnessDocuments/FNHA-Urban-and-Away-From-Home-Health-and-Wellness-Framework.pdf

1 INTRODUCTION

1.1 BACKGROUND

The British Columbia Tripartite Framework Agreement on First Nation Health Governance (BC TFA) was signed on October 13, 2011, by the Tripartite Partners represented by the Government of Canada, the Province of BC, and the First Nations Health Society endorsed by the First Nations Health Council (FNHC). This historic and unprecedented agreement created a new BC First Nations Health Governance Structure through which the First Nations Health Authority (FNHA) assumed responsibility for the planning, management, delivery and funding of health programs and services for First Nations in BC in 2013.[5] The FNHA is governed by a nine-member Board of Directors that provides strategic leadership and oversight of the FNHA's corporate activities through adherence to the FNHA constitution, bylaws, policies and procedures. The Office of the Chief Executive Officer provides leadership and oversight for the organization's functional areas.

In addition to the FNHA, partners within this unique BC First Nations Health Governance Structure include:

- The FNHC, which provides political leadership and advocacy for the implementation of tripartite commitments and supports health priorities for First Nations in BC.
- The First Nations Health Directors Association (FNHDA), which provides technical support to the FNHC and the FNHA and capacity development for health directors and managers.
- Tripartite Committee on First Nations Health (TCFNH), which acts as the forum for co-ordinating and aligning programming and planning efforts between the FNHA and its health system partners, including the provincial and regional health authorities (RHAs), the BC Ministry of Health (BC MoH) and Indigenous Services Canada (ISC).

[5] Government of British Columbia, Government of Canada, First Nations Health Council and First Nations Health Society, "British Columbia Tripartite Framework Agreement on First Nations Health Governance", 2011.https://www.fnha.ca/Documents/framework-accord-cadre.pdf

Within the network of relationships in the First Nations Health Governance Structure, the FNHA, FNHC and FNHDA work collaboratively to support the health and wellness aspirations and priorities of First Nations while upholding strong, but separate, governance and operational roles. The BC First Nations Health Governance Structure is further supported by Regional Caucuses, Sub-Regional Caucuses, regional tables, Regional Partnership Accord tables, operational tables, working groups, and community working groups, all of which help co-ordinate health planning and decision-making with First Nations across BC.

Collectively, this BC First Nations Health Governance Structure works within a Tripartite health partnership, consisting of First Nations in BC and the federal and provincial governments, to achieve the shared Vision for health system transformation as outlined in the BC TFA.

The first Evaluation of the BC TFA, completed in December 2019.

The first Evaluation of the BC TFA was completed in December 2019. Overall, the evaluation concluded that the Tripartite Partner's implementation of the BC TFA was successful in establishing a new BC First Nations Health Governance Structure and key partnerships, but that further work was needed to strengthen integration and accountability among the partners to foster health system transformation for First Nations in BC. See Chapter 2 for more information on the findings from the 2019 Evaluation.

1.2 PURPOSE OF THE EVALUATION

The 2024 Evaluation of the BC TFA assesses the purpose and intent of the BC TFA within the wider context of the health partnership with First Nations in BC. It tells the story of the progress since the previous 2019 Evaluation of the BC TFA by examining health indicators, governance, tripartite relationships and integration that includes the effectiveness of the BC First Nations Health Governance Structure and the effectiveness of the Tripartite health partnerships. The findings aim to support the Tripartite Partners in decision-making, continuous learning and quality improvement to better serve First Nations in BC.

Five-year evaluations of progress towards the implementation of the agreement is a legal requirement under the BC TFA.

- Section 10(1) of the BC TFA requires that the parties jointly evaluate the implementation of the Framework Agreement every five years. The evaluations are meant to consider the purpose and intent of the BC TFA and be carried out within the wider context of the health partnership with First Nations in BC.
- Section 10(2) sets out the data to be collected and tracked in two main categories: health indicators (including life expectancy from birth, mortality rates, information about practising First Nations health care professionals, and any other wellness indicators to be developed) and governance, tripartite relationships and integration (to include the effectiveness of the BC First Nations Health Governance Structure, and the effectiveness of tripartite relationships).

1.3 SCOPE

The 2024 Evaluation of the BC TFA covers fiscal years 2018/19 to 2023/24. The scope includes the mandatory requirements set out in the agreement, including Recitals, Section 2, Section 4, Section 6, Section 8 and Section 10; progress against the 2019 Evaluation of the BC TFA recommendations and response action plan; and strategic informational priorities of the FNHA, BC First Nations leadership and Nation and community needs. Out of scope are issues covered through the 2024 Evaluation of the FNHA and other evaluative processes completed or underway including the 2023 FNHC Evaluation and evaluations of jointly funded programs and services conducted by the FNHA (e.g. Indigenous Treatment and Land-Based Healing Fund, FNHA-Funded Treatment Centres and the First Nations-Led Primary Care Initiative).

The evaluation addresses four evaluation issues and 11 sub-issues, which are listed below in Figure 1.

Figure 1: Summary of evaluation issues

Effectiveness of the health governance structure

- Whether the health governance structure is meeting the mandate of the BC TFA and the needs of First Nations in BC
- How the Tripartite Partners have embedded cultural safety and humility in the health care system

Effectiveness of First Nations, federal and provincial relations

- Extent to which Tripartite Partners have met roles, responsibilities and commitments as defined within Section 6 of the TFA
- How the Tripartite health partnership has grown and evolved in the past five years
- Progress made by partners in addressing recommendations of the past evaluation
- How First Nations are involved in health decision-making related to the health services

Building an integrated health system

How partners have:

- Improved access to quality health care for First Nations in BC
- Built a more integrated health system reflecting cultures and perspectives of First Nations in BC and incorporating First Nations models of wellness

Improving health determinants and health outcomes

- Extent to which social determinants of health have improved for First Nations in BC
- Extent to which health and wellness outcomes have improved for First Nations in BC

1.4 METHODOLOGY

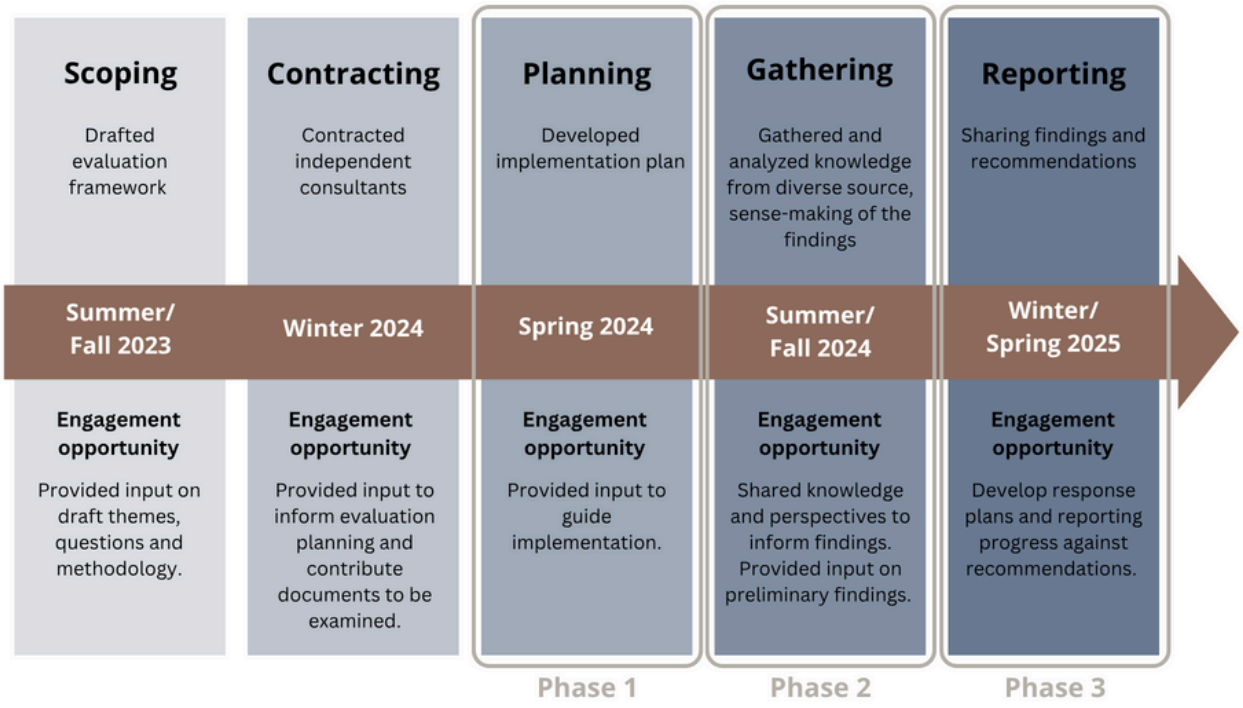
An extensive participatory scoping process was undertaken between February and December 2023 by the FNHA Evaluation Team. A draft evaluation framework and matrix was developed with input from BC First Nations health leadership, Tripartite Partners and partners within the BC First Nations Health Governance Structure. This framework formed the basis for the implementation plan, including the engagement pathways and processes.

In consultation with the Government of Canada and the Province of BC, following a competitive process, the FNHA hired the independent consulting firm Qatalyst Research Group Inc. to conduct the BC TFA Evaluation concurrently with a separate but complementary 2024 Evaluation of the FNHA. The two evaluations addressed interrelated issues, and Qatalyst consulted with many of the same organizations, First Nations leaders, communities, health service organizations, and the FNHA Board, executive leadership and staff members for both reports. To reduce the engagement burden on these groups and the potential for confusion, implementation of the two evaluations was closely co-ordinated.

The evaluation was undertaken in three phases:

- **Phase 1:** Planning (February to May 2024) focused on developing the implementation plan.
- **Phase 2:** Knowledge gathering (June to December 2024) included data collection and analysis, as guided by the implementation plan developed in Phase 1.
- **Phase 3:** Reporting (January to March 2025) involved drafting and finalizing the report.

Figure 2: Evaluation timeline and engagement overview



The following paragraphs summarize each phase of the evaluation.

Phase 1: Planning. Qatalyst developed a detailed joint implementation plan for the FNHA and BC TFA evaluations, that was informed by the draft evaluation frameworks and matrices developed by the FNHA Evaluation Team, and conducted scoping interviews with health leaders and a preliminary document review. The implementation plan included the data collection instruments, sampling strategies, and engagement pathways and processes required to implement the evaluation framework and matrix.

Phase 2: Knowledge gathering. Qatalyst conducted numerous knowledge gathering activities to gather primary and secondary data. These are summarized on the next page.

- ***Document and file review:*** Reviewed more than 1,800 documents to inform the evaluations of the BC TFA and FNHA. The review provided information on engagement input gathered during the previous five years from BC First Nations health leadership, the activities of the Tripartite Partners and partners within the BC First Nations Health Governance Structure, as well as insights into any important shifts or changes that occurred in operations during the period covered under the evaluation. Examples of documents reviewed include foundational documents, health and wellness plans, action plans, evaluations and reviews, TCFNH documentation and engagement summaries from Gathering Wisdom for a Shared Journey, Regional Caucuses and topic-specific standalone engagements.
- ***Data review:*** Examined narrative and financial reports and analyzed health outcome data from the FNHA Regional Health Survey Phase 3 (2015-2017), First Nations Population Health and Wellness Agenda, and health databases linked to the First Nations Client File, including the Health System Matrix, BC Coroners Service data, Canadian Census data and Cascade of Care data.
- ***Information and engagement sessions:*** Conducted 10 information and engagement sessions with 95 Chiefs, Health Directors and health leads from each of the FNHA's five health regions (two sessions per region) in May and June 2024. The sessions provided an overview of the two evaluations and the combined approach and then asked for participants' input on advancements or improvements in the delivery of health services and programs, factors that may be constraining the progress made, and changes that should be made to better meet the needs and priorities of First Nations in BC. A total of 95 people participated across all sessions. More information can be found in the Summary of What We Heard Reports produced for each region.
- ***Interviews with 37 key informants:*** Interviewed 11 provincial and federal government representatives associated with the BC TFA, nine representatives of the five RHAs (e.g., Chief Executive Officers [CEOs] or vice presidents of Indigenous health), 15 representatives from the FNHA including senior executives, representatives from regional offices and other staff, and two representatives from two First Nations political organizations (see Table 1).

Table 1: Key informants engaged

Role	#
Federal government (ISC)	4
Provincial government (BC MoH, Provincial Health Services Authority [PHSA], Ministry of Mental Health and Addictions)[6]	7
RHAs	9
FNHA representatives (Executive Strategy Team, vice presidents, regional operations and other regional representatives)	15
First Nation political organizations	2
Total	**37**

[6] The BC Ministry of Mental Health and Addictions was dissolved following the creation of a new cabinet after the 2024 BC election, with relevant services moved to the BC MoH. The BC MMHA was an active partner during the evaluation period and is referred to throughout this report.

- ***First Nations community engagement survey:*** Collected individual responses from 315 representatives of First Nations communities, including First Nations Chiefs, Health Directors, health leads and community members. Additionally, four individuals provided their feedback through a short online form available on the evaluation website.
- ***Case studies:*** Developed case studies that drew on key informant interviews and a review of related documentation gathered through other knowledge gathering activities. Three case studies were conducted for the BC TFA Evaluation:
  - ***The Health Emergency Management Case Study*** reviewed the Tripartite Partners' response to health emergencies over the past five years, including the COVID-19 pandemic, toxic drug crisis and extreme weather events.
  - ***The Regional Partnership Accords Case Study*** reviewed the impact of these accords in strengthening working relationships; facilitating communication and joint planning; improving the understanding of the role that each partner plays within the health system; improving engagement with First Nations in need identification and decision-making; and building a more integrated, culturally appropriate, safe and effective health system.
  - ***The Health Human Resource Case Study*** examined the effectiveness of the Tripartite Partners in meeting the health human resources needs of First Nations communities in BC. The availability, recruitment and retention of health care professionals and support staff is a recurring challenge to the delivery of effective health services.
- ***Group sessions with FNHA leadership and members of the BC First Nations Health Governance Structure boards of directors:*** Facilitated focus groups with the FNHA Executive Strategy Team (15 representatives) and FNHA regional offices (47 representatives). Facilitated five focus groups with members of the boards of the FNHA, FNHC and FNHDA (45 representatives).

Phase 3: Validation and reporting of findings. Evidence from all knowledge sources was analyzed and synthesized into a detailed presentation that contained the major findings from both the BC TFA and FNHA evaluations. Just as First Nations were the first to be engaged in the planning process for this evaluation, they were also the first to review the findings and provide feedback. From November 2024 to January 2025, the preliminary findings were shared with and validated by First Nations health leadership at presentations that included a Q&A session at five fall Regional Caucuses.

A validation session was conducted with the FNHA Evaluation Team (January 2025) and the draft BC TFA Evaluation report was prepared. Review and validation of the draft report was provided by TCFNH and the FNHA Board of Directors (March 2025) before the report was finalized and approved by the TCFNH co-chairs (April 2025).

1.5 EVALUATION CONSIDERATIONS AND CHALLENGES

The main strategy to ensure the findings are reliable has been to use multiple sources of evidence in the methodology. Interviews, focus groups, surveys and case studies were conducted with a broad cross-section of stakeholders involved in or affected by BC TFA activities and operations. In addition, an extensive literature, document and administrative data review was conducted. Case study methodologies allowed for a more in-depth assessment of specific areas of tripartite activities and functions. The key findings and conclusions presented in this report have been triangulated and confirmed with two or more lines of evidence to ensure reliability. As part of this step, the strengths and limitations of each line of inquiry were considered.

Despite these steps, it is important to acknowledge external factors and internal limitations. The major external factor is the COVID-19 pandemic, which disrupted the operations of each of the Tripartite Partners and partners within the BC First Nations Health Governance Structure and, along with the toxic drug crisis and other emergencies, constrained advances in health outcomes. Additionally, data from Phase 3 of First Nation Regional Health Survey (2015-2017) was used to assess health outcomes, as Phase 4 of the Regional Health Survey was not available during the evaluation period as data collection is ongoing.

The main internal limitation is the potential for respondent bias. Many of the respondents are direct beneficiaries of FNHA activities and programming, which can lead to possible bias in their responses. Several measures were implemented to reduce the effect of respondent bias, including: clearly communicating the purpose of this evaluation, its design and methodology and strict confidentiality of responses to respondents; having skilled interviewers conduct the interviews; and answers from each sample of respondents were cross-checked with the other groups for consistency and validation.

1.6 STRUCTURE OF THE REPORT

Chapter 2 provides an overview of the BC TFA, including the establishment of the agreement and the mandate, roles and responsibilities outlined in the BC TFA; key advances made within the timeframe of the 2019 evaluation; and the recommendations and response action plan from the 2019 evaluation. **Chapter 3** presents findings on the health governance structure by examining the alignment of Section 4 and Section 6 of the BC TFA and the five-year growth in relationships. **Chapter 4** presents health system improvements including advances in cultural safety and humility, access to integrated, quality and effective health care, and responsiveness to emergent needs and priorities. **Chapter 5** reviews the impact of those changes on the social determinants of health and health outcomes for First Nations in BC. **Chapter 6** summarizes key findings from this evaluation and **Chapter 7** presents the conclusions and recommendations arising from the evaluation.

2 OVERVIEW OF THE BC TFA

This chapter provides a brief overview of the BC TFA, including the establishment of the agreement and the mandate, roles and responsibilities outlined in the BC TFA, key advances made within the timeframe of the 2019 BC TFA Evaluation and the recommendations and response action plan from the BC TFA Evaluation.

2.1 ESTABLISHMENT OF THE BC TFA

Signed in October 2011, the BC TFA was the culmination of a process that began in 2005 when the three First Nations political organizations (the First Nations Summit, the Union of British Columbia Indian Chiefs and the BC Assembly of First Nations) came together with the objective of bringing about significant and substantive changes to government policy for the benefit all First Nations in BC. The three organizations signed the Leadership Accord in March 2005, agreeing to work together to establish the First Nations Leadership Council made up of their respective executives. The First Nations Leadership Council, the federal government and the provincial government jointly signed the Transformative Change Accord: First Nations Health Plan, which committed the parties to develop 10-year action plans in five key areas (relationships, education, housing and infrastructure, health and economic opportunities).[7]

On November 27, 2006, the First Nations Leadership Council, the federal government and the provincial government signed a Memorandum of Understanding (MOU) agreeing to develop and implement a 10-year First Nations health plan.[8] The resulting First Nations Health Plan was released in June 2007.[9] In the interim period, the First Nations Leadership Council was established as the FNHC to implement the plan. The first Gathering Wisdom for a Shared Journey, hosted by the FNHC, was held that year to obtain guidance on implementation from First Nations leadership.

[7] Government of British Columbia, Government of Canada and The Leadership Council, "Transformative Change Accord", 2005. https://www.fnha.ca/Documents/transformative_change_accord.pdf.
[8] Government of British Columbia, Government of Canada and The Leadership Council, "First Nations Health Plan Memorandum of Understanding", 2006. https://www.fnha.ca/Documents/TFNHP_MOU.pdf
[9] Government of British Columbia, First Nations Summit, Union of BC Indian Chiefs and BC Assembly of First Nations, "Transformative Change Accord: First Nations Health Plan Supporting the Health and Wellness of First Nations in British Columbia", 2007. https://Www.Fnha.Ca/Documents/Tca_Fnhp.Pdf

The First Nations Health Society (the predecessor to the FNHA), was created in April 2009 to serve as the operational arm of the FNHC. The FNHC appointed a board of directors to oversee operations, financial and staffing matters of the First Nations Health Society. The FNHDA was registered as a legal entity in April 2010, with the objective of supporting Health Directors and managers working with First Nations in BC through education, knowledge transfer, professional development and best practices and to act as a technical advisory body to the FNHC and the First Nations Health Society on research, policy, program planning and design, as well as health plan implementation.[10]

In July 2010, the FNHC, Government of Canada and the Province of BC signed the Basis for a Framework Agreement on Health Governance to negotiate what became the BC TFA.[11] The FNHC led the development of a Consensus Paper that defined the key elements of the BC First Nations Health Governance Structure and articulated the 7 Directives. The Consensus Paper 2011: British Columbia First Nations Perspectives on a New Health Governance Arrangement was approved at Gathering Wisdom for a Shared Journey IV (May 2011).[12] The BC TFA was the direct result of more than three years of discussions and negotiations with federal and provincial governments, supported by more than 120 regional and sub-regional discussions and negotiations to build consensus. Subsequently, the First Nations Health Society transitioned to become the FNHA.

Following the signing of the BC TFA:

- The relationship between the FNHA, FNHC and FNHDA was further defined in the 2012 Relationship Agreement.[13]
- Regional Partnership Accords were signed in 2011 and 2012 between the RHAs and their respective Regional Caucuses.
- In 2013, the FNHA began assuming the responsibilities, services and functions of the Government of Canada's First Nations and Inuit Health Branch (FNIHB), including the transfer of staff, assets, funding agreements and programs and services.

Representatives from the interim First Nations Health Authority and Vancouver Coastal Health hold up the newly signed Vancouver Coastal Partnership Accord at the Vancouver Coastal Regional Caucus on May 16, 2012.

[10] Government of BC, MoH, FNHA, FNHC, "British Columbia Tripartite Framework Agreement on First Nation Health Governance", 2011. https://www.fnha.ca/Documents/framework-accord-cadre.pdf
[11] Government of British Columbia, Government of Canada and the FNHC, "The Basis for a Framework Agreement on First Nations Health Governance", 2011. https://www.fnha.ca/Documents/BC-Tripartite-First-Nations-Health-Basis-for-a-Framework-Agreement-on-Health-Governance.pdf
[12] First Nations Health Council, "The Consensus Paper 2011: British Columbia First Nations Perspectives on a New Health Governance Arrangement", 2011. https://www.fnha.ca/Documents/FNHC_Consensus_Paper.pdf
[13] FNHC, FNHA and FNHDA, "Relationship Agreement", 2012. https://www.fnha.ca/Documents/FNHC_FNHA_FNHDA_Relationship_Agreement.pdf

2.2 MANDATES, ROLES, AND RESPONSIBILITIES OUTLINED WITHIN THE BC TFA

The BC TFA defines the new health governance structure and relationships to be established (including the roles and responsibilities of the various parties) and, through its various sections, identifies key areas for improvement in the health system for First Nations. Key sections of the BC TFA, particularly the Recitals, Section 2, Section 4, Section 6, Section 8 and Section 11 set out the changes expected to occur:

- The Recitals trace the steps and parties involved in developing the BC TFA and speak to the intent to build a new health governance structure in which First Nations will plan, design, manage and deliver certain health programs. They also speak to the intent to build a more integrated health system that features stronger linkages between First Nations and the provincial health system, reflects the cultures and perspectives of First Nations in BC, incorporates First Nations models of wellness, embraces knowledge and facilitates discussions in respect of determinants of health, and increases the access of First Nations across BC to quality health services at least comparable to those available to other Canadians living in similar geographic locations.
- Section 2 defines the purpose of the BC TFA, setting out specific commitments to transfer federal health programs to the FNHA, which will assume responsibility for planning, design, management and delivery and will build a more integrated health system for First Nations. In addition, the Government of Canada and the Province of BC commit to actively participating in the new health governance structure in partnership with BC First Nations.
- Section 4 of the BC TFA identifies the elements of the new BC First Nations Health Governance Structure, including the roles of the FNHA, FNHC, FNHDA and the TCFNH.
- Section 6 identifies the roles and responsibilities of the Tripartite Partners, including the FNHA, the Government of Canada and the Province of BC.
- Section 8 outlines the commitments of the parties to meet with each other individually and as a group at various levels of their organizations.
- Section 10 sets out the requirement of the parties to evaluate implementation of the BC TFA every five years. It also speaks to the expectation that the parties will report on a series of specific health indicators.

2.3 ADVANCES MADE WITHIN THE PREVIOUS EVALUATION TIMEFRAME

The 2019 Evaluation of the BC TFA focused on activities occurring between October 2013 and December 2018. The evaluation told a story of change resulting from the implementation of the BC TFA, the work of partners in meeting their mandates and the broader health system.[14]

[14] First Nations Health Authority, Province of British Columbia and Indigenous Services Canada, "Evaluation of the British Columbia Tripartite Framework Agreement on First Nation Health Governance", December 2019. https://www.fnha.ca/Documents/Evaluation-of-the-BC-Tripartite-Framework-Agreement-on-First-Nations-Health-Governance.pdf

The following paragraphs summarize key progress achieved during the timeframe of the 2019 evaluation:

- ***Increased First Nations involvement in decision-making:*** The BC TFA emphasizes the need for BC First Nations to be involved in health-related decision-making. The 2019 Evaluation of the BC TFA found steps were being taken to include First Nations in decision-making, yet engagement was limited by resources and differing health priorities, and some First Nations felt their involvement was a "checkbox" exercise. Clearer definitions of engagement and shared decision-making were suggested.
- ***More integrated health system:*** The BC TFA aims for a co-ordinated health system involving the FNHA, the BC MoH, and provincial and RHAs. The 2019 evaluation noted early efforts to improve co-ordination, such as through Aboriginal patient liaisons, but found integration was still in its early stages.
- ***Increased regional collaboration:*** The BC TFA supports regional collaboration among First Nations and RHAs. The 2019 evaluation highlighted the role of the Regional Partnership Accords in fostering collaboration and the importance of regional health and wellness plans and First Nations representation on RHA boards.
- ***Increased access to health programs and services:*** The BC TFA seeks to ensure First Nations have access to quality health services. The 2019 evaluation noted improvements in accessibility, with investments in various health areas. However, identified challenges in accessing the health system included a lack of awareness of what services are or should be available, social determinants of health issues (e.g. costs, transportation and travel) and the existence of racism and gaps in services in certain geographic areas.
- ***Incorporation of the First Nations Perspective on Health and Wellness:*** The BC TFA partners are to integrate the First Nations Perspective on Health and Wellness into the health system. The 2019 evaluation highlighted regional health and wellness plans and increased First Nations representation on most RHA boards and funding for community-driven projects as contributing to increased integration, but recognized more work was needed.
- ***Advances in cultural safety and humility:*** Although not explicitly mentioned in the BC TFA, cultural safety and humility were highlighted in the 2019 evaluation as areas of commitment, with efforts in education, training and creating culturally safe spaces. Continued work was needed to address Indigenous-specific racism and systemic biases.
- ***Increased access to health data:*** The BC TFA involves the FNHA working with health authorities to improve health data collection. The 2019 evaluation noted the signing of the Tripartite Data Quality and Sharing Agreement and the creation of the First Nations Client File, enabling enhanced service planning and investments.
- ***Sharing of client records:*** The BC TFA is to support the development of patient record systems and protocols for sharing patient information to enable greater First Nations control, access and reporting of data. The 2019 evaluation found little progress in this area, citing issues with electronic systems, privacy concerns and information sharing.

- ***Quality standards:*** The FNHA was responsible for establishing quality standards for health programs. The 2019 evaluation highlighted collaboration through an emerging partnership: the First Nations, Métis, and Inuit Cultural Safety and Humility in the Patient Care Quality Program. This initiative, led by the BC MoH and the FNHA, is supported by a project collective that includes all RHAs, PHSA, the BC Association of Aboriginal Friendship Centres and the Métis Nation BC. Gaps in the patient complaint process were identified as an area for further progress. Specifically, it was identified that there was no clear mechanism to track complaints submitted at the health authority level or quantify how many complaints came from First Nations or Indigenous individuals.
- ***Advocacy:*** The FNHC is responsible for advocating for the implementation of the tripartite commitments and supports health priorities for First Nations in BC. The 2019 evaluation noted unclear roles and responsibilities on how political advocacy is carried out and by whom, and suggested clarifying the separation of business and advocacy roles.
- ***Professional development of Health Directors:*** Under the BC TFA, the FNHDA supports the professional development of and best practices for Health Directors. The 2019 evaluation noted efforts have been undertaken in inventorying health resources, expanding training opportunities and developing a certification program.
- ***Improvement in the determinants of health:*** The FNHA is expected to build partnerships to better address the social determinants of health. The 2019 evaluation highlighted the 2016 MOU on Social Determinants of Health as a major achievement.
- ***Improvements in health outcomes:*** The BC TFA refers to steps the FNHA and partners will take to improve health outcomes. The 2019 evaluation found that five years is insufficient time for significant changes to take place but noted small improvements in life expectancy.
- ***Reciprocal accountability:*** The BC TFA includes a framework for reciprocal accountability among Tripartite Partners and partners within the BC First Nations Health Governance Structure. The 2019 evaluation concluded that the governance structure and partnerships demonstrated this accountability and facilitated historic changes.

See Appendix 1 for a detailed summary of the results from the 2019 evaluation.

2.4 RECOMMENDATIONS IN RESPONSE TO THE 2019 EVALUATION

The 2019 Evaluation of the Tripartite Framework Agreement on First Nations Health Governance: Recommendations and Response Plan, published in February 2023, defined a series of recommendations and response actions developed collaboratively by the Tripartite Partners. The recommendations were not developed as part of the 2019 Evaluation of the BC TFA. Rather, they were developed based on engagement feedback gathered by the FNHA Evaluation Team between May 2021 and January 2022 from Chiefs, Health Directors and health leads, community members and health service providers. This feedback was collected through various channels, including Regional Caucuses, regional and Nation-level tables, provincial focus groups, Gathering Wisdom for a Shared Journey XI and an online survey.

Appendix 2 lists the recommendations noted below as well as response actions that were defined. As indicated, the recommendations were not characterized as concrete actions, but rather as key priorities where further progress was needed:

- ***First Nations vision and priorities for transformation:*** Cultivate a clear understanding of First Nations vision and priorities for health and wellness system transformation through meaningful engagement and enhanced partnerships with First Nations in BC.
- ***System transformation:*** Continue to prioritize health system transformation and support alignment with the perspectives and priorities of First Nations in BC and the First Nations Perspective on Health and Wellness Response Actions.
- ***Tripartite partnership:*** Advance and enhance the Tripartite partnership by strengthening relationships; continuing co-ordinated planning, programming and service delivery; and enhancing tracking and reporting processes to measure progress against commitments.
- ***Data, sharing, stewardship and access:*** Advance progress on building an equitable and culturally safe relationship around data sharing and data stewardship and supporting access to First Nations research and data to support planning and decision-making.
- ***Access to services:*** Continue co-ordinated efforts to enhance access to quality, wholistic, culturally safe and sustainable health and wellness services for First Nations in BC.
- ***Cultural safety and humility:*** Continue co-ordinated efforts to address Indigenous-specific racism and advance cultural safety and humility in the BC health system.

A summary of the key actions taken by the Tripartite Partners related to the recommendations can also be found in **Appendix 2**. These actions are discussed in the next three chapters and the overall progress made against the recommendations is analyzed in **Chapter 6**.

Dr. Valerie Gideon, former Associate Deputy Minister, ISC (left), and Richard Jock, former CEO, FNHA (right), presenting on the 2019 Evaluation of the BC TFA at Gathering Wisdom for a Shared Journey X, January 2020.

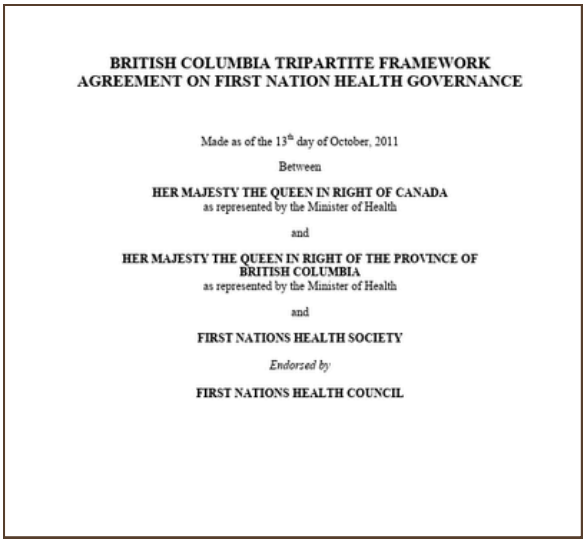
3 EVALUATION FINDINGS: HEALTH GOVERNANCE STRUCTURE

This chapter reviews the findings of the evaluation on the health governance structure by examining the alignment of partners with roles and responsibilities defined under Section 4 and Section 6 of the BC TFA and the five-year growth in relationships.

3.1 ALIGNMENT WITH SECTION 4 AND SECTION 6 OF THE BC TFA

Section 4 of the BC TFA defines the roles and responsibilities of the FNHA, the FNHC, the FNHDA and the TCFNH in the BC First Nations Health Governance Structure, while Section 6 outlines the roles of the FNHA, the Province of BC and Government of Canada in the Tripartite health partnership (see Figure 3).

A challenge in assessing the extent to which the parties have fulfilled their mandates and roles is that the BC TFA provides no clear direction regarding the expected level of effort or change. However, the document review and key informant interviews provide clear indication that the parties have taken at least some action on each element of their mandates and roles. This section highlights key areas of progress, notable achievements and areas of improvement for each party.



BRITISH COLUMBIA TRIPARTITE FRAMEWORK AGREEMENT ON FIRST NATION HEALTH GOVERNANCE

Made as of the 13th day of October, 2011

Between

HER MAJESTY THE QUEEN IN RIGHT OF CANADA
as represented by the Minister of Health

and

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA
as represented by the Minister of Health

and

FIRST NATIONS HEALTH SOCIETY

Endorsed by

FIRST NATIONS HEALTH COUNCIL

BC Tripartite Framework Agreement on First Nation Health Governance signed on October 13, 2011.

Figure 3: Sections 4 and 6 of the BC TFA

Under Section 4 of the BC TFA:

- The FNHA is responsible for the planning, management, service delivery and funding of health programs previously provided in the Pacific Region by FNIHB.
- The TCFNH serves as the forum for co-ordinating and aligning programming and planning efforts between the FNHA, RHAs, the PHSA, the BC MoH and Health Canada partners.
- The FNHC provides political leadership for implementation of tripartite commitments and supports health priorities for BC First Nations. The 15-member structure of the FNHC allows for three representatives from each of the five health regions to sit on the Council, engage in Regional Caucuses and Sub-Regional Assemblies, and build relationships with regional health authorities. It also acts as an advocacy body in health issues, for research, policy, program planning and design, and the implementation of the Health Plans.
- The FNHDA consists of Health Directors and managers working in First Nations communities. The FNHDA supports education, knowledge transfer, professional development and best practices for Health Directors and managers. It also acts as a technical advisory body to the FNHC and the FNHA on research, policy, program planning and design.

Under Section 6 of the BC TFA:

- The FNHA has a mandate to establish working relationships with the other parties; support a regional structure that allows First Nations to collaborate among themselves, provincial and regional health authorities and the FNHA; collaborate on the design and delivery of provincial health services available to BC First Nations to address gaps and to better co-ordinate health services; work with provincial and regional health authorities to supplement health data collection, status monitoring, and reporting systems; work with BC MoH and the provincial and regional health authorities to integrate First Nation models of wellness into the health care system, develop clinical information and patient record systems and protocols with the BC MoH and BC health authorities for the sharing of patient records, provide First Nations health program and policy advice, and build multi-sectoral partnerships to better address the social determinants affecting the health status of First Nations.
- The provincial government (BC MoH and BC health authorities) has a mandate to create and support the operations of the TCFNH; direct health authorities to work collaboratively with BC First Nations at the regional level to develop and review their regional health and wellness plans and community health and wellness plans to better co-ordination in health planning; collaborate on the delivery of health care services; discuss innovative arrangements for service delivery and, where appropriate, establish funding arrangements, direct BC health authorities to work with the BC MoH and the FNHA to explore options for record and patient information sharing agreements; and enter into funding agreements with the FNHA.
- The federal government has a mandate to provide funding to the FNHA to support the transfer of federal health programs and negotiate Canada funding agreements.

The FNHA has largely fulfilled, or is actively working to fulfil, all aspects of its mandate and roles and responsibilities as outlined in Sections 4 and 6 of the BC TFA. While significant progress has been made, further actions are needed in certain areas, including strengthening health system integration and co-ordination, advancing First Nations data sovereignty and information sharing, and embedding First Nations models of wellness into the broader health system.

The FNHA has worked to fulfil its mandate and roles and responsibilities with respect to:

- ***Planning, managing, delivering and funding health programs:*** In 2013, the FNHA assumed the programs, services and responsibilities formerly managed by the FNIHB, including both BC regional operations and the associated headquarter functions. The FNHA continues to manage, as well as fund and/or deliver, these programs. The FNHA has also worked to expand and improve this programming and to develop new programs. Communities report increased access to in-community health professionals, physicians, nurses, counsellors and specialty care providers. The First Nations Virtual Doctor, Virtual Substance Use and Psychiatry Service and planned establishment of up to 15 First Nations-led Primary Care Centres through the First Nations-led Primary Health Care Initiative are expanding access to primary and specialist care. New investments have funded in-community health infrastructure, and family and maternal health programming and services has been expanded (e.g., a $60-million investment in Aboriginal Head Start on Reserve program in over 150 communities). Services for the urban and away-from-home population have been enhanced through new frameworks, partnerships and research initiatives. Additionally, the FNHA has expanded mental health and wellness initiatives as part of the 2018 MHW MOU.[15] This work has included increased funding for community-based mental health services, investments in treatment centre infrastructure, the establishment of healing centres and the expansion of land-based healing initiatives.
- ***Accessing increased funding to carry out health and wellness functions:*** FNHA revenues have increased from $600 million in fiscal years 2018/19 to $919 million in fiscal years 2023/24, an increase of nine per cent annually. Of that, 91 per cent of the funding has gone into programs services, including 40.1 per cent in funding for direct community services, 28.7 per cent for health benefits, 20.0 per cent for health services and programs, and 1.6 per cent for regional operations. While the Government of Canada remains the primary sources of funding for the FNHA, funding from the Province of BC has increased from $60 million in fiscal years 2018/19 to $143 million in fiscal years 2023/24 (an average of 19 per cent per year), although multiple sources of provincial funding are short-term in nature and not all are not expected to continue (e.g., Health Actions). In April 2023, the FNHA finalized a new 10-year funding agreement with the Government of Canada, securing $8.2 billion in dedicated funding from fiscal years 2023/24 to 2032/33. The new Canada Funding Agreement allows for greater flexibility in how funding is allocated to align with community priorities. The FNHA also worked with non-governmental partners to access additional funding including funding from the LEGO Foundation and the Canadian Partnership Against Cancer.

[15] FNHC, FNHA, Province of BC, Government of Canada, "Memorandum of Understanding: Tripartite Partnership to Improve Mental Health and Wellness Services", 2018. First Nations Health Authority, Province of British Columbia and Indigenous Services Canada, "Evaluation of the British Columbia Tripartite Framework Agreement on First Nation Health Governance", December 2019. https://www.fnha.ca/Documents/Evaluation-of-the-BC-Tripartite-Framework-Agreement-on-First-Nations-Health-Governance.pdf

At the time of transfer, funding received by the FNHA from the Tripartite Partners was structured around sustaining services as they had historically been delivered under FNIHB and not structured to support transformation. This is believed by FNHA staff to have constrained progress against some of the health outcomes captured in the Population Health and Wellness Agenda (PHWA) (see Chapter 5). Beginning in 2024 and 2025, two new funding streams are expected to contribute to improvements. Through the Indigenous Health Equity Fund, the Government of Canada has committed to fund the FNHA with $18.1 million annually over 10 years to enhance access to quality and culturally safe health care services. Additionally, the FNHA, ISC and the Province of BC are providing funding ($5 million annually over 10 years from ISC and the FNHA, and $5 million annually through 2025/26 from the Province of BC) to support the 10-Year Strategy on the Social Determinants of Health, which includes a commitment to evolve the tripartite funding arrangement to be more sustainable and flexible. Following 2025/26, the Province of BC will consider a funding extension upon receipt of a workplan and progress reporting.

- ***Supporting a regional structure that allows First Nations to collaborate among themselves and with the PHSA, RHAs and the FNHA:*** The evaluation period has seen the creation of new vice president of regional operations roles with expanded portfolio scopes, the establishment of regional corporate-lite structures, and the regional leadership of elements such as nursing, health benefits, health emergency management, environmental public health, mental health and wellness, and the Aboriginal Head Start on Reserve program. The number of filled regional positions has grown by 81 per cent, increasing from 192 in fiscal year 2019/20 to 348 in fiscal year 2023/24. However, filling regional positions has remained a challenge as vacancy rates were higher in regional offices. Vacant positions in the regions increased from 23 per cent in 2019/20 to 30 per cent in 2023/24.
- ***Engaging First Nations in BC on community interests and health care needs:*** In partnership with its regional teams, the FNHA conducts hundreds of engagements every year with First Nations on important health priorities, such as the COVID-19 pandemic, healing, toxic drug crisis, medical transportation, wildfires and planning. These engagements help to align the FNHA's activities and programming with community needs and priorities. Additionally, the FNHA uses an ecosystem-based, ground-up approach in its strategic planning. Community input is used to inform the development of community, regional and FNHA plans. The goals and strategies of the FNHA align well with the needs and priorities identified by First Nations in BC. A comparative analysis of priorities at various levels indicated that the FNHA's strategic goals and objectives identified in its Multi-Year Health Plan aligned directly with the priorities identified by First Nations through Regional Caucuses and in community and regional health and wellness plans.

The FNHA's goals depicted in the annual Summary Service Plan.

- ***Incorporating First Nations knowledge, beliefs, values, practices, medicines and models of health and healing into its programs:*** The FNHA has continued to integrate the First Nations Perspective on Health and Wellness into its funded and delivered programs, as well as across the health system. Key efforts include funding 147 land-based healing initiatives, training Indigenous End-of-Life Guides, incorporating First Nations perspectives into cancer screening campaigns, and supporting community-led health and wellness events through various grants and funding streams. The FNHA has also undertaken an advocacy and facilitation role by working with health system partners to align their approaches with First Nations perspectives and priorities. This has included the review of partners' engagement plans, evaluation frameworks and research proposals to promote cultural safety and humility and the inclusion of First Nations knowledge systems. Additionally, the FNHA has worked to uplift the role of traditional healers and Knowledge Keepers by introducing remuneration policies and organizing gatherings to recognize their expertise. Further details can be found in Section 4.2.
- ***Conducting research and policy development on First Nations health and wellness and providing First Nations health program and policy advice to the Government of Canada, the BC MoH, the provincial and regional health authorities, service providers and agencies:*** The FNHA has leveraged First Nations health and wellness data to inform planning and priority-setting, collaborating with provincial partners, universities and others on research and data surveillance initiatives. The FNHA provides First Nations community leadership and others with status reports regarding the COVID-19 pandemic and the toxic drug crisis as well as data from the Health System Matrix. The FNHA is also undertaking Phase Four of the First Nations Regional Health Survey as well as periodic surveys with the urban and away-from-home population and various ad hoc surveys to produce reports such as the Sacred and Strong: Upholding our Matriarchal Roles — The Health and Wellness of First Nations in BC Women and Girls report.[16] The First Nations Population Health and Wellness Agenda is a key initiative developed in 2021 by the FNHA in partnership with the Office of the Provincial Health Officer of British Columbia.[17]

Crabbing during a Haisla Nation land-based healing camp.

Poster from the FNHA cancer screening campaign led in partnership with BC Cancer.

[16] FNHA and the BC Office of the Provincial Health Officer, "Sacred and Strong – Upholding Our Matriarchal Roles: The Health and Wellness Journeys of First Nations Women and Girls Living in BC," 2021. https://www.fnha.ca/Documents/FNHA-PHO-Sacred-and-Strong.pdf

[17] FNHA and the BC Office of the Provincial Health Officer, "First Nations Population Health and Wellness Agenda," 2021. https://www.fnha.ca/Documents/FNHA-PHO-First-Nations-Population-Health-and-Wellness-Agenda.pdf

Additionally, the FNHA regularly develops submissions, contributions and/or letters to inform legislation and policy in support of First Nations health and wellness from a service delivery perspective. Examples include submitting a letter to Health Canada as part of a national conversation on advance requests for medical assistance in dying, a submission to the Department of Justice Canada on the *United Nations Declaration on the Rights of Indigenous Peoples Act* Action Plan 2023-2028 progress, and a submission to the UN Special Rapporteur on human rights regarding safe drinking water and sanitation. The FNHA also created a University of British Columbia Chair in Cancer and Wellness and a Research Affiliation Agreement with Simon Fraser University, the first agreement of its kind, to access federal research funds through institutions to support research driven by First Nations communities.[18]

Dr. Nadine Caron named founding FNHA Chair in Cancer and Wellness at the University of British Columbia, June 2020.

Areas where the FNHA has taken steps to advance but where further efforts are needed include:

- ***Collaborating with the BC MoH and RHAs to co-ordinate and integrate respective health programs and services, address gaps and better co-ordinate health services to achieve improved health outcomes:*** The FNHA and BC MoH have worked together in providing more timely and equitable access to quality health care for First Nations in BC. However, various structural issues, constrain the progress made in achieving integration and equitable access to quality health care. Constrains include longstanding operating silos and complex operating systems, staffing shortages and high turnover rates, insufficient capacity at the community level, and program and service gaps for residents of remote communities, Elders and youth.
- ***Developing protocols with the BC MoH and RHAs to share patient records and information and enable greater First Nations control over use, collection and access to health data:*** While important steps have been taken towards improving data sharing and data sovereignty, more progress is needed to reduce the barriers to information sharing between the provincial health system and the system for the First Nations in BC, including improving system interoperability, data standardization and timely access to First Nations Client File data.
- ***Advocating and facilitating change with health system partners to integrate First Nations Perspective on Health and Wellness into the broader health care system:*** The FNHA has supported integration with health system partners through various efforts such as reviewing evaluation plans, developing the BC Cultural Safety and Humility Standard and setting guidelines around compensation of Elders and Knowledge Keepers. This work is an ongoing process given the effort needed to effect systems change, challenges in changing individual practices, continuing shortages in health care workers and time and resource pressures.

[18] Galang, Jessica, "Simon Fraser University partners with B.C.'S First Nations Health Authority to support Indigenous research", Research Money, 2020. https://researchmoneyinc.com/article/simon-fraser-university-partners-with-b-c-s-first-nations-health-authority-to-support-indigenous-research

The FNHC has provided important political leadership and advocacy on health matters, aligning with its mandate as outlined in Section 4 of the BC TFA. Highlights include drafting the joint Anti-Racism, Cultural Safety and Humility Framework and Action Plan, achieving endorsement of the 10-Year Strategy on the Social Determinants of Health and engaging First Nations on federal Indigenous distinctions-based health legislation. Opportunities exist to strengthen engagement, gain clarity on First Nations mandate for the FNHC relative to other political organizations and further separate business and politics within the FNHC.

The activities of the FNHC during the evaluation period aligned directly with its mandate of engaging with First Nations in BC; advocating on health issues and health services; providing a First Nations leadership perspective to research, policy and program planning processes related to First Nations health; and providing political leadership for implementing tripartite commitments.

The following are examples of the FNHC's contributions to health system improvements:

- ***Continuing engagement with First Nations to support the achievement of their community-driven, Nation-based health objectives:*** The FNHC engaged communities and Nations through Sub-Regional Assemblies, Regional Caucuses and Gathering Wisdom for a Shared Journey forums. These gatherings provide opportunities for health leadership, Health Directors and other health leads to hear updates and engage in discussions with the FNHC, the FNHDA and the FNHA. In January 2020, the FNHC launched its *Reclaiming Our Connections* guidebook and facilitated a discussion on the success and future of the BC First Nation Health Governance Structure.

- ***Collaborations with the FNHA, FNHDA, federal and provincial government, and other partners to advance joint priorities:***
  - The FNHC worked with the FNHA and the FNHDA to draft a joint Anti-Racism, Cultural Safety and Humility Framework and Action Plan.[19]
  - Through the 2018 MHW MOU, the FNHC, the FNHA, the Government of Canada and the Province of BC committed to increasing access to mental health and wellness programs and advancing a more flexible, wholistic funding model, including:
    - A flexible pooled investment of $30 million to support mental health and wellness planning, as well as community-driven, Nation-based models of service delivery that incorporate traditional values and a wholistic approach.
    - A joint investment to renovate and build First Nations treatment centres in BC. The FNHC also separately secured $60 million in funding to repair, build and improve treatment centre infrastructure in the province. [20]
    - Working with First Nations to develop a Tripartite Mental Health and Wellness Framework, ensuring that reporting is streamlined and relevant to First Nations priorities.
    - Working with First Nations to develop a Tripartite Social Determinants of Health Strategy.

[19] FNHA, FNHC, FNHDA, "Anti-Racism, Cultural Safety & Humility Action Plan", April 22, 2021. https://www.fnha.ca/Documents/FNHA-FNHC-FNHDA-Anti-Racism-Cultural-Safety-and-Humility-Action-Plan.pdf
[20] FNHC, "Review the FNHC Fact Sheet", 2023. https://fnhc.ca/review-the-fnhc-factsheet/

- Since the signing of the MHW MOU in 2018, progress has been made: [21]
  - In 2019, the Province of BC provided $20 million to support the building and revitalization of eight First Nations treatment centres across the province and contributed $10 million to support planning and implementation of Nation-based health and wellness plans and initiatives. In fiscal year 2022/23, the Province of BC contributed $5 million to the FNHA to support the Tripartite health partnership in advancing the MHW MOU.
  - In 2023, a further $35 million has been allocated to support completion and operationalization of the eight treatment centre projects.
- The 10-Year Strategy on the Social Determinants of Health[22] was endorsed by Chiefs and leaders at Gathering Wisdom for a Shared Journey XII in 2023. The 10-Year Strategy is a collective approach and roadmap for system change. It offers a way forward to decolonize and transform health care for First Nations in BC.

- ***Providing a BC First Nations leadership perspective to research, policy and program planning processes related to First Nations health in BC:*** For example, in January 2021, ISC launched an initiative to engage with Indigenous peoples on the development of federal Indigenous distinctions-based health legislation as it worked to align federal laws to the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). In response, the FNHC used federal funding to conduct engagement with First Nations in BC in 2021 and 2022 and report back to the federal government.[23]

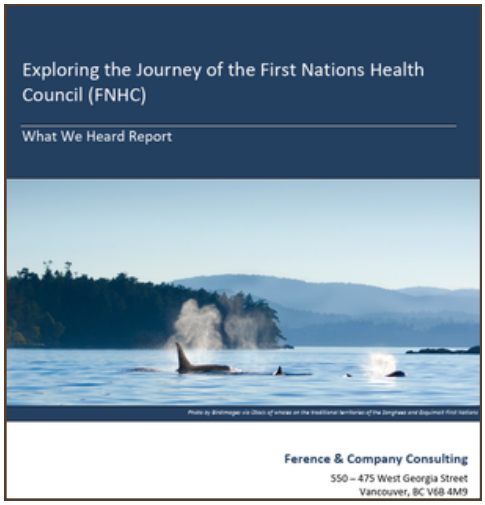
Chiefs and Leaders endorsed the 10-Year Strategy on Social Determinants of Health at Gathering Wisdom for a Shared Journey XII, March 2023.

BC Premier David Eby and Wade Grant, Member of Parliament, Province of BC, and former Chair, FNHC, discuss provincial support for the 10-Year Strategy on the Social Determinants of Health at Vancouver Coastal Regional Caucus, November 2024.

[21] Ministry of Health, "TFA Eval 2020-2023 Progress Reporting Template PROVBC MOH MMHA DM APPROVED", 2024.
[22] FNHC, "10 Year Strategy on Social Determinants of Health", 2023. https://gathering-wisdom.ca/wp-content/uploads/2024/11/GWXIII_10-year-strategy.pdf
[23] FNHC, "FNHC's Engagement Report to inform the Development of Federal Indigenous Distinctions-Based Health Legislation", 2023., https://fnhc.ca/fnhcs-engagement-report-to-inform-the-development-of-federal-indigenous-distinctions-based-health-legislation/

A 2023 evaluation of the FNHC found that almost all respondents reported that the FNHC, in partnership with the FNHA and FNHDA, has carried out its intended work and fulfilled its roles and responsibilities.[24] Rather than providing concrete recommendations for changes to the FNHC, the evaluation highlighted feedback provided by evaluation participants and suggestions for moving forward.[25] These suggestions focused largely on:

- Strengthening engagement (i.e., better reflect the unique size, structure and needs of regions and communities, increase reporting and accountability to First Nations and provide more opportunities for community-level feedback). Key informants who were interviewed as part of this evaluation also spoke about the importance of strengthening engagement.
- Updating the mandate of the FNHC (i.e., to reflect regionalization and the FNHC's leadership in implementing the 10-Year Strategy on the Social Determinants of Health). When questioned about the mandate of the FNHC, some key informants interviewed as part of this evaluation also suggested that the FNHC could expand its capabilities to advise government on policy and advocate for service improvements.



Evaluation of the FNHC, released November 2023.

- Strengthening internal processes and procedures regarding how the FNHC separates business and politics, examining the dual role of FNHC representatives as members of the FNHA Society. Under the FNHA Society's Constitution and Bylaws, FNHC representatives will serve as members of the FNHA Society appointing the FNHA Society's Board of Directors, officers and auditors. Key informants interviewed as part of this evaluation also commented on the need to refine this relationship to ensure that FNHA decisions are informed by operational rather than political considerations.

The 2023 evaluation suggested that the FNHC will use these findings over the next two years to guide discussions on the evolution of the BC First Nations Health Governance Structure, including the structure, roles and governance of the FNHC. This work would inform a Consensus Paper for decision at Gathering Wisdom for a Shared Journey XIII.

During engagements for this evaluation, Chiefs and First Nations leadership raised concerns about perceived interference from First Nations political organizations in BC in health-related matters. Examples included the BC Assembly of First Nations resolution against the FNHA's renewal of the Canada Funding Agreement and First Nations Leadership Council's opposition to the 10-Year Strategy on the Social Determinants of Health. Leadership emphasized the importance of obtaining clarity from First Nations in BC on the respective mandates of elected First Nations organizations in BC with respect to health. Opportunities to address these concerns include ongoing efforts to update the mandate of the FNHC to reflect the evolution of the BC First Nations Health Governance Structure.

[24] FNHC, "Exploring the Journey of the First Nations Health Council: What We Heard Report", 2023. https://fnhc.ca/wp-content/uploads/2023/11/Exploring-the-Journey-of-the-FNHC-What-We-Heard-Report-2023.pdf
[25] The recommendations were categorized as preliminary because participation from Chiefs and leaders in the evaluation had been low. https://fnhc.ca/wp-content/uploads/2023/11/Letter-FNHC-Chair-Executive-Summary-FNHC-Evaluation-Report-31Oct2023.pdf

The FNHDA has advanced its mandate under Section 4 of the BC TFA by supporting capacity building, best practices and knowledge transfer of planning and design of operations among Health Directors and managers. With additional resources, the FNHDA could provide further support to Health Directors and play a more substantial role in providing technical advice on research, policy, program planning and design, the implementation of health plans and agreements, and addressing health human resource challenges at the community level.

The FNHDA's strategic priorities, as outlined in its current strategy plan, align directly with its mandate under Section 4 of the BC TFA.

Particularly, the FNHDA has made considerable progress in prioritizing capacity-building for Health Directors and managers through learning and skills-building opportunities. It supports networking, information sharing, and access to training, professional development and support. Between 2021 and 2024, the FNHDA offered 27 wellness webinars on varied topics including traditional tobacco use, substance use and harm reduction, and Indigenous food security and sovereignty. In 2021, the FNHDA introduced the Health Director Certificate Program, designed by Health Directors for Health Directors to integrate their perspectives into the curriculum. The program consists of eight courses and was completed part-time over two years by up 25 Health Directors, which enables them to continue their work while enhancing their skills and knowledge. The FNHDA also provided training through an Annual General Meeting and professional development forums. The FNHDA worked closely with the FNHA and FNHC to develop the 2021 Anti-Racism, Cultural Safety and Humility Framework and Action Plan.

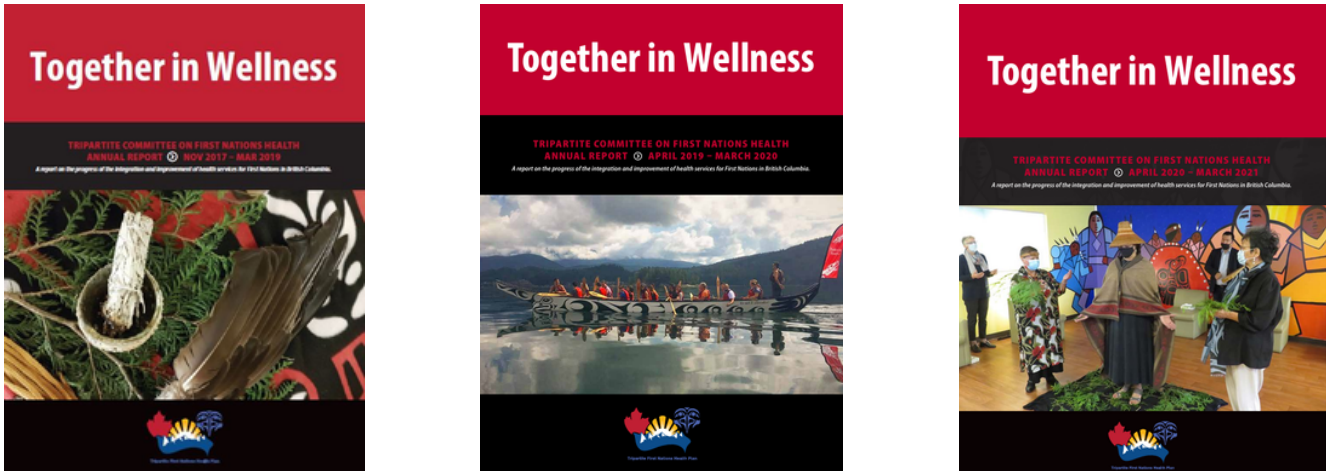
Findings from the evaluation, including input from Health Directors and other community health staff, indicate that the FNHDA could enhance its support by providing additional onboarding, training and resources to assist Health Directors in their complex roles (e.g., proposal writing, researching funding options, reporting, following best practices, administration and recruitment). The evaluation also identified gaps that the FNHDA could address, such as creating roadmaps for community members to become Health Directors, administrators and health workers; further analyzing labour market conditions and challenges at the community level; and developing and overseeing health human resource strategies to facilitate increased access, development and retention of needed workers at the regional level. Additionally, participation in higher-level governance roles could be strengthened to better bridging community-level issues with strategic planning. The evaluation also highlighted that, unlike the FNHA and FNHC, the FNHDA has not undertaken an evaluative process.

BC First Nations Health Governance Structure partners at Gathering Wisdom for a Shared Journey X, January, 2020.

The TCFNH has served as an important forum for discussion and information sharing between the FNHA, regional and provincial health authorities, the BC MoH and ISC. However, in part due to the COVID-19 pandemic and concurrent public health emergencies, the TCFNH did not fully meet its mandate under Section 4 with respect to working to co-ordinate the align planning, programming and service delivery between the parties.

Under the BC TFA, the TCFNH is mandated to meet twice annually. However, the schedule was disrupted, in part due to the COVID-19 pandemic. The committee met twice annually in 2019 and 2020, and once in the spring of 2021, the spring of 2022 and the fall of 2023. Key informants noted that the participation and commitment of some parties within the TCFNH has wavered over time, depending on the members and competing priorities. However, more work is being conducted outside of the committee (e.g., CEO-to-CEO meetings between the FNHA and provincial and regional health authorities) than may have been the case in prior years.

The TCFNH is expected to report annually on the progress made on integrating and improving health services for First Nations in BC, as outlined in the BC TFA. Progress reports (Together in Wellness: Tripartite Committee on First Nations Health) were prepared in advance of the semi-annual meetings from October 2018 to March 2021. However, the TCFNH has not reported on the progress made following March 2021. The parties also committed to reporting on the progress made against implementing the recommendations that arose from consultations following the 2019 Evaluation of the BC TFA. In 2024, the FNHA, the Province of BC and the Government of Canada each prepared a report covering the period from April 2020 to March 2023 that outlined the progress made. A joint version of this multi-year progress report is publicly available on the FNHA website.



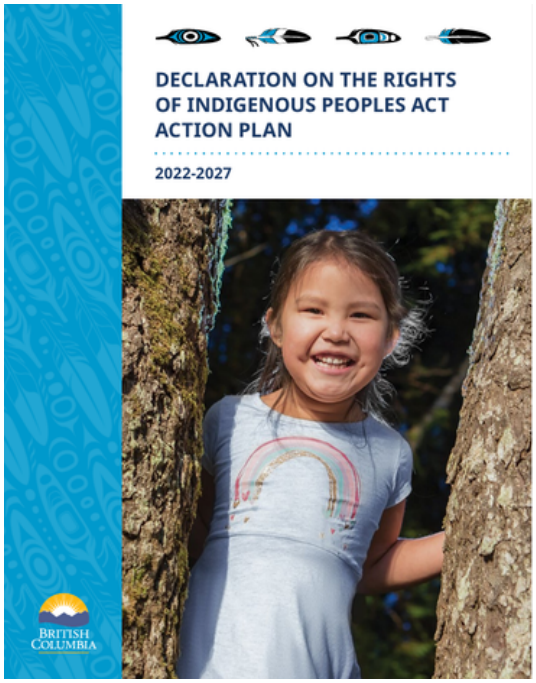
The three most recent Together in Wellness reports. These reports highlight collaborative progress of the Tripartite Partners in advancing First Nations health and wellness across BC from November 2017 to March 2021.

According to some key informants, the TCFNH has served mostly as a forum for discussion and general information sharing, rather than an active body working to co-ordinate and align planning, programming and service delivery between the parties. Key informants suggested that the structure would benefit from being better able to translate communication into action, having clearly articulated goals with respect to the intended progress under the BC TFA and reporting regularly against those goals.

In alignment with its mandate under Section 6 of the BC TFA, the BC MoH, in collaboration with the regional and provincial health authorities, has supported the operations of the TCFNH, directed the health authorities to work collaboratively with First Nations in BC, collaborated with the FNHA in the delivery of health care services, and provided additional funding. However, more work remains to be done to bring about the transformation to the health system envisioned in the BC TFA, particularly with respect to information sharing.

More specifically, the Province of BC:

- *Continues to support the operations of the TCFNH as the chair of the TCFNH Secretariat.*
- *Has directed the RHAs and PHSA to work collaboratively with First Nations in BC*. The current mandate letters issued by the Province of BC to the RHAs instructs them to work with Indigenous communities and leadership to improve health outcomes for Indigenous peoples in the province. The 2023 mandate letter to the PHSA and the RHAs includes 14 common references to Indigenous people and communities. These references cover various contexts, including the COVID-19 pandemic, ongoing toxic drug crisis, climate-related natural disasters and global inflation. The letter also emphasizes:
    - The *Declaration on the Rights of Indigenous Peoples Act* (DRIPA) Action Plan.[26]
    - Collaboration with the FNHA and other health service providers to ensure a high-quality, culturally safe, integrated, and well co-ordinated systems of care for Indigenous people.
    - Continued action on In Plain Sight report recommendations, working towards the elimination of Indigenous-specific racism.
    - Working collaboratively with Indigenous partners in service planning, delivery activities and implementation of plans.
    - Addressing gaps in health and mental health and substance use care services experienced by Indigenous people.
    - Supporting Indigenous-led solutions to improve culturally safe services grounded in traditional practices.



DRIPA Action Plan released on March 30, 2022.

The 2023 RHA mandate letters also direct the RHAs to ensure culturally safe primary care and mental health and substance use services across BC, including in rural, remote and Indigenous communities, while strengthening linkages between FNHA on-reserve services and broader health systems. They were also tasked with supporting Indigenous-led solutions to enhance culturally safe mental health and substance use services grounded in traditional practices in collaboration with the BC MoH, BC MMHA and Indigenous partners. However, RHAs do not publicly report on their progress in these areas.

[26] Ministry of Health, 'Declaration Act Annual Report', 2024. https://www2.gov.bc.ca/gov/content/governments/indigenous-people/new-relationship/united-nations-declaration-on-the-rights-of-indigenous-peoples/annual-reporting

- *Refreshed their annual Letter of Mutual Accountability with the FNHA*. The Letter of Mutual Accountability outlines the approach to partnership, performance measurement and reporting. It provides information on regular meetings and collaborative shared priorities across both organizations, as reflected in the FNHA's Multi-Year Health Plan and the BC MoH's Service Plan. The BC MoH and the FNHA are currently working to update the Letter of Mutual Accountability to renew partnered commitments, strengthen the relationship and improve accountability.
- *Provided $143.9 million in funding in fiscal year 2023/24 for the FNHA*, up from $60 million in fiscal year 2018/19. This increase in funding reflects significant investments in the First Nations-led Primary Health Care Initiative, Aboriginal Health Start on Reserve and responding to the toxic drug crisis.
- *Achieved some improvements in collaboration regarding the delivery of health services.* However, as will be discussed later in the report, the provincial health system and the First Nations health system continue to operate largely in silos and little progress has been made with respect to record and patient information sharing.

The Government of Canada has advanced its mandate under Section 6 of the BC TFA by renewing the Canada Funding Agreement; in 2023, Canada signed an $8.2-billion 10-year Canada Funding Agreement with the FNHA. Some federal government representatives suggest that there may be further opportunities for Canada to enhance leadership, collaboration and accountability to further advance the goals of the BC TFA, including through greater involvement with Tripartite Partners on the development of new national policies, legislation and standards and leveraging wise and innovative health practices identified through national Indigenous health forums.

Under the BC TFA, the continuing responsibilities of the federal government focus primarily on providing funding for First Nations health programs and related administrative, policy and other support functions. In 2023, The Government of Canada negotiated a renewed 10-year Canada Funding Agreement of $8.2 billion in funding with the FNHA, and additionally committed to fund the FNHA $5 million annually over the next 10 years to support First Nations mental health and wellness and the 10-Year Strategy on the Social Determinants of Health. As of this renewed agreement, the Government of Canada agreed to a five per cent escalator per annum as well as a rebasing of some Canada Consolidated Contribution Agreement funding into the Canada Funding Agreement to strengthen sustainability in certain areas.

Leaders from the Government of Canada, the FNHA and FNHC announce the signing of a renewed 10-year Canada Funding Agreement to deliver better health care for First Nations in BC, April 2023.

In addition, the Government of Canada has committed to provide the FNHA $18.1 million annually over 10 years (Indigenous Health Equity Fund) to support access to quality and culturally safe health care services. The Government of Canada has also expanded its partnerships with the Tripartite Partners, such as including the FNHA in the development of new and emerging national policies including engagement around Indigenous health legislation, the Indigenous Health Equity Fund, Indigenous-specific racism initiatives and in national Indigenous health forums.

Some federal government representatives suggested that the federal government could become more of an active participant in the process, providing guidance and leadership in setting standards and strategies to advance shared priorities and areas of collaboration under the BC TFA. The federal government could also do more to facilitate lateral knowledge translation and exchange of wise and innovative practices in First Nations and Indigenous health service provision. Lastly, federal government representatives felt the federal government could support setting expectations and accountabilities for the achievement of the goals of the BC TFA.

First Nations community representatives have called on the federal government to provide equitable support for cultural and traditional skills training and education, recognizing that these pathways are critical to sustaining and expanding First Nations health and wellness practices. Unlike most western health education and training programs, training on traditional and cultural practices remains largely unfunded, despite requiring years of mentorship and learning.

First Nations leaders emphasized the need for dedicated federal support. They highlighted that the federal government has an opportunity to provide financial assistance through student stipends and by adapting funding arrangement terms and conditions to allow for dedicated community funding for Elders and Knowledge Keepers, and the integration of cultural and traditional wellness into health services.

Now that the BC TFA has been operational for over a decade, it may be an appropriate time to revisit and refine the mandates, roles and commitments of the Tripartite Partners and the partners within the BC First Nations Health Governance Structure.

Originally established in 2011, the BC TFA was primarily focused on facilitating the successful transition of the health system from the FNIHB to First Nations in BC. With this milestone achieved, several key informants suggested that it is time to revisit and, where necessary, redefine the roles and responsibilities outlined in the BC TFA to better reflect current needs, contexts and capacities. Others recognized that there is a need to refine the roles and responsibilities of the parties but suggested that this be done through other means (e.g., MOUs between parties) rather than pursue the challenge of renewing the BC TFA.

Some key areas that could be addressed include:

- ***Clarifying the relative roles of the FNHA and the Province of BC*** (more specifically, the RHAs) with respect to engaging with First Nations and serving the urban and away-from-home population, noting that progress has been made by the province on building engagement pathways and opportunities through its commitment to implement the recommendations in the In Plain Sight report and actions in the DRIPA Action Plan.
- ***Maintaining an appropriate separation between the political and business functions inherent in the governance structure.*** Key informants expressed concerns that, at times, political considerations interfere with operational decisions. For example, the 2023 evaluation of the FNHC identified opportunities for the FNHC to strengthen its practices of separating business and politics, including adopting and following a formalized process for maintaining separation in future structures of the FNHC, providing education to leaders, community members and the FNHA on the distinction between the roles of the FNHA and FNHC, and outlining a clear process for selecting board members.[27]

[27] FNHC, "Exploring the Journey of the First Nations Health Council: What We Heard Report", 2023. https://fnhc.ca/wp-content/uploads/2023/11/Exploring-the-Journey-of-the-FNHC-What-We-Heard-Report-2023.pdf

- ***Define the roles and responsibilities of the parties involved in the BC TFA with respect to the social determinants of health.*** There were some concerns expressed that the "operational" and funding mandate is being expanded beyond health to include other factors (e.g., education, poverty and food security) that impact health outcomes. However, key informants noted it is important to recognize that the FNHA has a mandate under the BC TFA to build multi-sectoral partnerships to better address the social determinants affecting the health status of First Nations. Recent funding arrangements have evolved to reflect the full spectrum of the social determinants of health (e.g., 10-Year Strategy on the Social Determinants of Health).

"A key constraint limiting us from making changes to the health system… is that it's not just about the health system. The journey we're on with Canada, British Columbia, and the Crown in relation to First Nations people involves economic development, self-determination, education, improving housing, and food income security. These issues are not within the purview of a health service delivery organization… stable housing, grow up in abusive situations, or in poverty, these are big issues that we haven't sorted through as a country. These are driving factors. They intersect with mental illness, serious addiction, chronic disease, and other health indicators where people interact with the health system to treat and respond to problems that have developed." **– Regional health authority representative**

- ***Expand the role of the Government of Canada.*** Federal government representatives suggested that the Government of Canada take a more active role in facilitating horizontal knowledge translation and exchange across First Nations communities in Canada to identify wise and innovative practices to advance shared priorities and areas of collaboration under the BC TFA. Additionally, the federal government could support the co-development of key performance indicators to measure progress under the BC TFA to ensure alignment with First Nations health priorities and system transformation efforts.
- ***Improve performance reporting and metrics against which progress is analyzed.*** Health system transformation would benefit from the definition of clearly defined and measurable goals and regular reporting against those goals.

Key informants also recommended that the Regional Partnership Accords and terms of reference be refreshed regularly to address changes in the operating environment. Four of the five accords were updated between 2018/19 to 2023/24 (one in 2019, one in 2020 and two in 2022). These updates could be used as a mechanism to clarify evolving roles and responsibilities of the parties, adjust the objectives to align with new programming directions, and refine the roles of leadership and technical tables to better reflect the evolving health system. Regularly revisiting these foundational agreements and the terms of reference would ensure they remain relevant, effective and aligned with the ongoing health system transformation for First Nations in BC.

Representatives from the FNHA, Stó:lō Tribal Council, Fraser Health Authority and Métis Nation BC sign the renewed Fraser Salish Partnership Accord on February 1, 2024. Pil'alt Warriors dancers honour the work.

3.2 FIVE-YEAR GROWTH IN RELATIONSHIPS

The BC TFA has proven effective in fostering continuing relationships and collaboration among partners.

Key informants report that the BC TFA has led to increased communication and collaboration, enhanced awareness and understanding of First Nations health needs and strengthened co-ordination among partners. It has also facilitated substantial increases in both federal and provincial health funding for First Nations in BC. Joint initiatives have further highlighted the collaborative nature of the relationships. For example, the co-ordinated responses to the COVID-19 pandemic and the toxic drug crisis demonstrated the ability of the Tripartite Partners and partners within the BC Health Governance Structure to work together effectively to address urgent health challenges. Additionally, the BC TFA has improved the understanding of the roles and responsibilities of each partner within the health system, enabling more co-ordinated efforts to address systemic health inequities.

Since 2018/19, significant new multi-lateral agreements were developed, facilitated through the structure of the BC TFA. For example, in May 2018, the FNHA, FNHC and FNHDA signed a renewed Relationship Agreement, designed to ensure that the partnership is based on shared values and an understanding of collective and respective roles, responsibilities and accountabilities, and to provide processes for co-ordination and collaboration.[28] In July 2018, the Province of BC, Government of Canada and the FNHC (with the FNHA as a supporter) signed the MHW MOU with the objectives of transforming mental health and wellness services and improving mental health and wellness outcomes through the development and implementation of community-driven and Nation-based approaches. In April 2021, the FNHA along with FNHC and FNHDA drafted a joint Anti-Racism, Cultural Safety and Humility Framework and Action Plan. Looking ahead, the Government of Canada, the Province of BC and First Nations in BC have committed to collaborate on achieving progress on the social determinants of health and wellness under the 10-Year Strategy on the Social Determinants of Health.[29]

Regional Partnership Accords are critical to the success of the BC TFA. They are important mechanisms for facilitating greater awareness of the health needs and priorities of First Nations as well as increasing communication and collaboration between First Nations communities and the health system, particularly as represented by the Regional Caucuses, the FNHA and the RHAs.

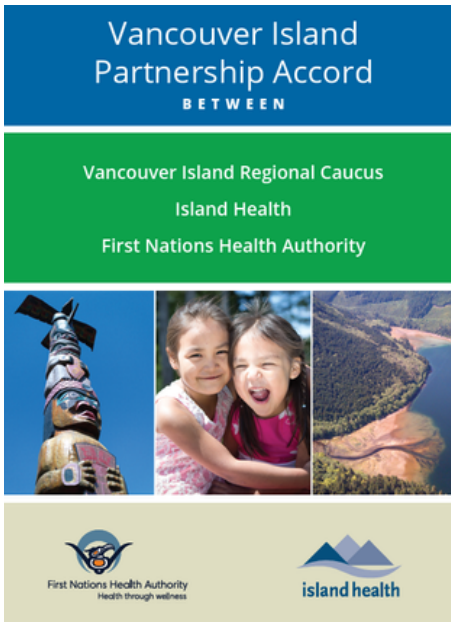
Regional Partnership Accords serve as formal agreements between the regional FNHA structures and RHAs, fostering collaboration and shared accountability at the regional level. Through the Regional Partnership Accords, the Regional Caucuses, the FNHA and the RHAs established principles, shared goals and a vision for working together respectfully. These agreements enable the parties to align on health priorities, co-develop plans and implement joint initiatives that address the unique needs of First Nations in BC. Joint work plans have been developed in four of the five regions.

[28] FNHA, FNHC, FNHDA, "Relationship Agreement Amongst First Nations Health Authority, First Nations Health Council, First Nations Health Directors Association", 2018. https://fnhda.ca/wp-content/uploads/FNHA_FNHC_FNHDA_RelationshipAgreement_Signed-May-2018.pdf

[29] FNHC, "10-Year Strategy on the Social Determinants of Health", 2023. https://gathering-wisdom.ca/wp-content/uploads/GWXII_10-year-strategy_FINAL-online.pdf

The regional tables associated with the Regional Partnership Accords bring together stakeholders at various levels, facilitating stronger relationships and joint decision-making. The Regional Partnership Accord Case Study conducted as part of this evaluation found that the accords have fostered an increased recognition that the parties share many of the same interests and values around health care and are each working to improve the health outcomes of the First Nations they collectively serve. The presence of consistent leadership structures has helped the parties, including representatives from different First Nations, to work together and strategize on addressing system-wide issues. Without the Regional Partnership Accords, it would have been more difficult to gain traction in these areas.

The Regional Partnership Accords take a somewhat different form in structure and approach in each region. This flexibility is key to enabling the structures established under the BC TFA to adapt to best reflect the needs, priorities and interests of the First Nations and other parties in the region.



Renewed Vancouver Island Partnership Accord, signed on April 28, 2022.

Apart from the structures established through the BC TFA, formal and informal bilateral relationships between the parties have been formed, strengthening the co-ordination and service delivery for First Nations in BC.

These evolving relationships have led to strengthened collaboration, improved service co-ordination and enhanced responsiveness to the emerging health and wellness needs of First Nations in BC. For example, RHA and FNHA representatives indicated that RHAs have strengthened their working relationship with the FNHA, which has led to increased engagement with First Nations to identify emerging needs and inform the delivery of health services. The FNHA has also developed letters and memorandums of understanding and joint work plans with various government bodies. A few examples of these many partnerships are highlighted below:

- ***Relationship between the FNHA and ISC:*** During the evaluation period, the FNHA and ISC renewed and signed their annual Shared Vision and Common Understanding). This executive letter and agenda outline how both organizations work together to advance joint commitments and priorities in key areas such as emergency management, organizational governance, fiscal relationships, joint policy development, corporate governance, innovation and transformation, and ongoing monitoring of shared initiatives. The most recent Shared Vision and Common Understanding for fiscal years 2024/25 to 2025/26, signed in January 2024, provides a framework to guide collaboration and align efforts over the next two years.
- ***Relationships between the FNHA and RHAs.*** The CEOs of the RHAs engage with the FNHA CEO both as peers in the health care system and as members of the CEO Table and the TCFNH. This CEO-level engagement was considered helpful in responding to emerging needs and informing provincial strategies during the COVID-19 pandemic. Key informants stated that this strategic involvement has been critical in facilitating quicker mobilization during states of emergency and further noted the importance of engagement between the provincial and regional health authorities and the FNHA at the board, vice president and other management levels.

- ***Relationships between the FNHA and provincial ministries or other provincial organizations:*** Relationships with various parties have been formalized through Letters of Understanding and joint plans. Key examples include:
    - Letters of understanding between the FNHA and the BC MMHA were developed to prioritize culturally safe, co-ordinated mental health services, address anti- Indigenous racism, and coordinate responses to emergencies like the toxic drug crisis and COVID-19 pandemic.
    - A Letter of Understanding signed in 2023 between the FNHA and the Ministry of Emergency Management BC (Ministry of Emergency Management and Climate Readiness as of 2022) outlines priority areas related to cultural safety and humility; embedding FNHA staff into various bodies; collaboration on preparedness, disaster mitigation and climate adaptation for First Nations; and roles and responsibilities of the partners in providing services to First Nations in all phases of emergency management as well as joint engagement, planning, monitoring and reporting. A Letter of Understanding was also signed in 2023 between the FNHA and the First Nations' Emergency Services Society to clarify emergency response roles and responsibilities.
    - The FNHA and the BC MoH created a joint workplan to ensure First Nations benefit from primary health care transformation and refreshed their annual Letter of Mutual Accountability for 2022/23. A new Letter of Mutual Accountability is currently under development to strengthen collaboration and provide a longer-term framework for the partnership.
    - Partnerships with the PHSA and the BC Coroners Service, which include a commitment to meet regularly with the FNHA to advance cultural safety and humility and First Nations data initiatives.
    - A Memorandum of Understanding between the FNHA and the BC Cancer Agency outlining shared commitments and priorities to develop, analyze and report on First Nations specific cancer data to better understand and address gaps in First Nations cancer care experiences and outcomes.
- ***The Joint Project Board:*** The Joint Project Board was established in 2012 to oversees the regional investment of funds available through the Agreement Regarding Payments in Lieu of Medical Services Plan premiums on behalf of First Nations people resident in BC. Although the Government of BC eliminated Medical Services Plan premiums for BC residents effective January 1, 2020, the FNHA continues to receive annual funding for Joint Project Board projects from BC MoH under a renegotiated agreement.
- ***Direct relationships between the RHAs and First Nations:*** RHAs often undertake extensive consultation with First Nations as part of their own planning processes. For example, Vancouver Coastal Health engaged with six First Nations as part of an 18-month engagement process (Health Vision Sea to Sky) to develop an integrated high-level master plan for health services in the Sea to Sky corridor. Similarly, some RHAs have actively involved First Nations at an early stage of large infrastructure projects, such as the development of a hospital in Richmond.

The pandemic was a major catalyst for improved communication and collaboration between the Tripartite Partners, but it delayed some transformation priorities.

The COVID-19 pandemic was widely recognized by the RHAs, the FNHA and First Nations representatives as a period when the RHAs "stepped up in terms of breathing life into the commitments." Community decision-making was upheld, resources were allocated to address urgent needs, and steps were taken to improve "access to care that would never have been in place years ago."

For example, new clinical pathways were developed to support community-based testing in remote and isolated communities. Clinical guidelines and standards for patient transport were established, along with early referral and transport options to bring First Nations to acute and critical care services. Additionally, community-based, self-isolation solutions were established, and communities were provided with accelerated access to vaccines.[30]

In some regions, the work undertaken during the COVID-19 pandemic left a legacy of stronger relationships and collaboration that continued beyond the pandemic. However, in other regions, key informants reported that communication levels returned to pre-COVID-19 levels following these heightened response efforts.

While the pandemic resulted in improved communication and collaboration, it was also a period when regular activities were disrupted, and the progress made on many broader initiatives slowed or stalled. The FNHA activated an emergency response structure and reassigned many staff from their regular activities. In its report on the progress made against the recommendations arising from the 2019 evaluation, the BC MoH noted that certain initiatives were delayed or deprioritized as resources were redirected to pandemic-related efforts. Additionally, joint reports and key agreements that help define and track collaborative priorities among the partners, such as progress reporting on the 2019 evaluation, TCFNH annual reports and various formalized partnership agreements, were stalled, delayed or not completed due to pandemic-related disruptions.

The strength of the working relationships among the Tripartite Partners has tended to ebb and flow over time, influenced by various factors such as health or environmental emergencies and leadership capacity and engagement.

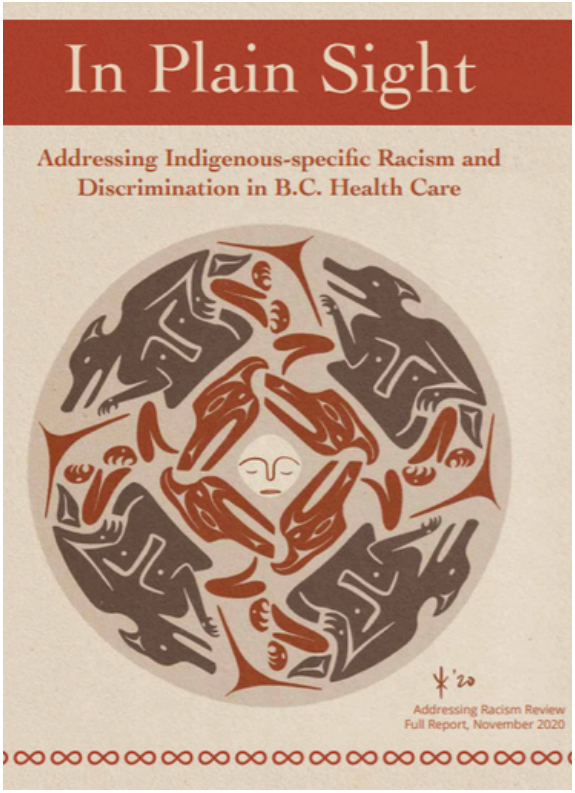
Key factors that influence the strength of the working relationships include: the presence of committed and consistent leadership and strong champions; positive relationships across each of the parties; continuity in the membership of committees; the ability of the parties to meet regularly and devote sufficient time and resources and not being sidetracked by other immediate priorities; and the parties' effectiveness in translating communication into action and accountability. Key informants noted that turnover in membership, caused by people changing positions or leaving their organization, tends to slow tripartite progress and can, in some instances, require processes to restart.

According to key informants, a key challenge is to continually improve the process by finding more efficient and effective ways to deliver on the vision and commitments as found in the Regional Partnership Accords. Some noted the need for improved progress reporting on the implementation and evaluation of the Regional Partnership Accords, citing the importance of regular reporting for accountability and transparency. Progress reporting will lead to further reflection, dialogue, refinement and improvements in activities and outcomes.

[30] BC Ministry of Health, "Rural, Remote, First Nations and Indigenous COVID-19 Response Framework", 2020. https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/gdx/rural-and-remote-covid-19-response-framework.pdf

The release of the independent provincial In Plain Sight report has helped drive changes to policy, legislation and incorporation of cultural safety and humility and anti-racism practices in health care.

According to most RHA representatives, the In Plain Sight reportwas the primary catalyst for the increased focus on the health and wellness of First Nations in BC, with the Regional Partnership Accords playing a supporting role. Commissioned by the BC MoH and completed in 2020, the report investigated and reported on Indigenous-specific racism and discrimination in the BC health care system and provided recommendations for addressing systemic racism against Indigenous peoples in health care (see section 4.3 for more details). The landmark report found widespread Indigenous-specific stereotyping, racism and discrimination in the health system, which limited access to medical treatment and negatively affected the health and wellness of Indigenous peoples in BC. The report further highlighted the disproportionate impact on Indigenous women and girls given the dual experience of racism and sexism when accessing highly sensitive care including sexual, reproductive and pregnancy care. It also noted the lack of clear accountability for eliminating Indigenous-specific racism in the BC health care system.



In Plain Sight Report, released in November 2020.

The report included 24 recommendations for action and created an urgency for the health partners to respond. In response, the Province of BC committed to enhancing access to high-quality, culturally safe and sustainable health care to First Nations in BC in partnership with the Tripartite Partners. To that end, the Province of BC:

- Took primary responsibility for responding to the 24 recommendations of the In Plain Sight report as well as the health-related Calls to Action of the Truth and Reconciliation Commission and implementation of the UNDRIP.
- Established the Indigenous Health and Reconciliation Division within the BC MoH, which has a mandate to improve the health and well-being of Indigenous peoples in BC. The division provides an Indigenous lens to strategic priorities, legislation, policy and program development.
- Created an Associate Deputy Minister of Indigenous Health and Reconciliation position within the BC MoH with responsibility for implementing recommendations from the In Plain Sight report in collaboration with Indigenous organizations, health system and other partners.
- Defined a clear mandate for the RHAs to work with First Nations in delivering quality, culturally safe and sustainable health care to First Nations in BC. The RHAs and the PHSA have each established a vice president of Indigenous health and expanded the size of their Indigenous health teams.

Key informant interviews with RHA and FNHA representatives indicated that the RHAs are increasingly involved in working with the FNHA and, directly and indirectly, engaging with First Nations to identify emerging needs and inform strategy, policy and decision-making related to the planning, design, management and delivery of health services.

Both RHA and FNHA representatives identified the need to further clarify the relative roles and responsibilities of the FNHA and the RHAs in engaging directly with First Nations.

Since its establishment, a focus of the FNHA has been to ensure that the First Nations Perspective on Health and Wellness is incorporated into health care planning and delivery. Under the Regional Partnership Accords, the FNHA has played a key role as a conduit between the RHAs and communities, providing information and community engagement pathways for the RHAs to engage with First Nations.

However, conditions have changed significantly since the Regional Partnership Accords were originally developed, with much of that change occurring since 2022. According to the RHAs, the respective roles and responsibilities of the RHAs and the FNHA have become more "muddled" as their focus on the health and wellness of First Nations in BC and the size of their internal Indigenous health teams has increased. Each RHA has greatly expanded its own capacity to engage First Nations and embed First Nations perspectives within their organizations. While the position of many FNHA representatives is that they should be leading or at least involved in any First Nations engagement, some RHA representatives argue that this can be challenging, given that the FNHA has a small team (particularly in comparison to the size of the RHA teams), which can limit their capacity to partner on that work.

Representatives from both parties expressed concern that the increasing levels of direct communication between RHAs and First Nations, in the absence of the FNHA, can create tensions and lead to overlap and duplication of efforts at a time when the capacity of communities to engage is already stretched. It was suggested that there is a need to take a step back and review the structure of these relationships, given the developments in recent years. This would involve assessing not only the respective roles of the FNHA and the RHAs with respect to First Nations engagement, but also broader roles including the roles of the leadership tables and technical tables in each region. This could include further defining the roles, responsibilities and accountabilities and articulating how interactions with First Nations will be communicated with one another.

The responsibilities of service delivery models for children and youth have evolved in the past five years. ISC resumed the responsibility for the administration of Jordan's Principle in BC from the FNHA in 2019. At the request of some regions, the FNHA is exploring new service delivery models to meet the needs of children and youth.

Jordan's Principle is a child-first initiative designed to ensure that First Nations children receive necessary health, educational and social services without jurisdictional gaps or delays. In February 2019, the administration of Jordan's Principle transitioned back to ISC as part of a mutually agreed-upon shift toward an Enhanced Service Coordination model for funding.

In fiscal year 2022/23, the ISC BC Region approved over 7,500 requests under Jordan's Principle. Health sector requests accounted for the majority (54 per cent) of approvals, followed by social services (26 per cent), education (18 per cent) and infrastructure (one per cent). Over $10 million was allocated to health-related requests this fiscal year, reflecting the continued need for enhanced health services for First Nations children and youth.[31] Yet, there remains a backlog in requests and First Nations continue to request FNHA's support in areas covered within Jordan's Principle.

First Nations in several regions have taken steps to advocate for improved service delivery under Jordan's Principle. Regional Caucus motions in the Interior Region (2020), Fraser Salish Region (2020) and Vancouver Coastal Region (2019) called for the FNHA to collaborate with ISC to explore new service delivery models tailored to the needs of First Nations children and youth. Recognizing ongoing barriers, the FNHA conducted a situational analysis in January 2023 on First Nations Children and Youth Health and Wellness. This analysis found significant service gaps in maternal and child health, as well as in broader children and youth services. It recommended that the FNHA undertake further financial analysis and explore opportunities to expand and improve programming both internally and in partnership with other organizations.

The FNHA is currently working to clarify its mandate in child and youth health and wellness services and to identify opportunities to enhance its role in this area. Jordan's Principle services in BC are delivered through a network of community-based service co-ordinators who work directly with Indigenous children and families. These co-ordinators are supported by the Jordan's Principle Service Coordination Hub hosted by the BC Aboriginal Child Care Society.

[31] ISC, Internal briefing material shared at Jordan's Principle Committee meeting, 2023.

4 EVALUATION FINDINGS: HEALTH SYSTEM IMPROVEMENTS

This chapter reviews the findings of the evaluation with respect to the improvements in the health system for First Nations in BC, with a focus on First Nations involvement in decision-making; hardwiring the First Nation Perspectives on Health and Wellness into the health system; advancing cultural safety and humility; increasing access to integrated, quality and effective health care; improving data stewardship, sharing and sovereignty; increasing the responsiveness of the system to emergent needs and priorities; and accessing health human resources.

4.1 FIRST NATIONS INVOLVEMENT IN DECISION-MAKING

First Nations in BC were engaged on a wide range of health system priorities by the FNHA, FNHC, FNHDA, ISC, BC MoH and the RHAs.

These engagements largely focused on health governance and policy, health system transformation and planning, and service delivery and program improvements. From 2018/19 to 2023/24, key examples of engagement include:

- ***Health governance and policy development:*** At Gathering Wisdom for a Shared Journey X in 2020, the FNHA facilitated discussions on strengthening First Nations health governance in BC, evaluating progress and planning for the future. This forum provided an opportunity for First Nations to engage in dialogue with health system partners on factors that influence the health and wellness of their children, families and communities. In 2021 and 2022, one of the primary topics of engagement was the development of federal distinctions-based Indigenous health legislation. This work was led by ISC with the FNHC facilitating regional discussions with First Nations. First Nations provided input on the legislative framework, which was compiled into a summary report shared with ISC to inform policy development. Another area of engagement was the renewal of the Canada Funding Agreement, where First Nations provided input on funding priorities during the spring 2023 Regional Caucus engagements that influenced the FNHA's strategic planning and funding negotiations with the Government of Canada.

- ***Health system transformation and planning:*** The FNHC and the FNHA, in collaboration with the BC MoH and the BC MMHA, facilitated engagement on the 10-Year Strategy on the Social Determinants of Health, which was approved by First Nations Chiefs at Gathering Wisdom for a Shared Journey XII in 2023. Additionally, the BC MoH and the RHAs engaged First Nations in discussions on cultural safety and humility as well as Indigenous-specific racism to ensure their perspectives were embedded into Indigenous health plans and broader service delivery commitments. The First Nations Leaders Gathering, hosted by the Province of BC and held in 2021, 2022 and 2023, provided another opportunity for First Nations to discuss health and social policy issues directly with provincial leadership.
- ***Service delivery and program improvements:*** Between 2020 and 2021, the FNHA carried out extensive engagements with First Nations and other partners on health matters such as COVID-19, healing, toxic drug crisis, wildfires, planning and transformation of health programs and services. In 2022, the FNHA engaged health staff from 139 First Nations communities to co-develop a continuum of culturally safe long-term and continuing care. Another example of engagement on program transformation was the 2019 Phase II Health Benefits program transition of dental, vision, medical supplies and equipment and some pharmacy item to be administered by Pacific Blue Cross. The FNHA conducted 51 engagement sessions with 97 communities to identify critical challenges and improve service delivery. Moreover, in 2020, FNHA Health Benefits initiated the Medical Transportation Transformation Project to improve the Medical Transportation program and conducted nine engagement sessions.[32] Additionally, the FNHA continues to engage First Nations on regionalization through discussions at regional tables and other forums.

Results of engagements with First Nations in BC have been incorporated into strategic planning, policy development and health system improvements at the regional, provincial and federal levels.

The FNHA's Multi-Year Health Plan aligns with priorities identified through Regional Caucuses and regional health and wellness plans, demonstrating that input from these engagements has been meaningfully incorporated into the FNHA's strategic planning. The Multi-Year Health Plan incorporates key themes raised during these engagements such as maternal, child, and family health; cultural safety and humility; mental health and wellness; primary care and nursing; the urban and away-from-home population; and anti-Indigenous racism. Similarly, there is close alignment between the issues raised during the spring 2023 Caucus engagements regarding the renewal of the Canada Funding Agreement and the themes incorporated into the Multi-Year Health Plan. This reinforces that First Nations concerns and priorities have been actively considered and translated into the FNHA's planning and decision-making.

Engagements related to the BC TFA and FNHA Evaluations have also played a critical role in shaping evaluative, reporting and accountability measures. Between May 2021 and January 2022, the Tripartite Partners engaged First Nations to develop recommendations and response actions based on the 2019 Evaluation of the BC TFA findings, which were subsequently incorporated into the BC TFA and FNHA evaluation response plans. In 2023, the FNHA Evaluation Team conducted scoping engagements with First Nations health leadership to inform the priority areas of the mandatory evaluations of the FNHA and BC TFA in 2024.

[32] FNHA, "Medical Transportation Transformation Project: Engagement Summary", 2022. https://www.fnha.ca/Documents/FNHA-Medical-Transportation-Transformation-Project-Engagement-Summary.pdf

At the regional level, RHAs have integrated First Nations priorities into their strategies, strengthened partnerships and advanced shared decision-making based on engagement input. The RHAs have implemented priority actions aligned with the Indigenous health plans, BC TFA, MOH-FNHA Letter of Mutual Accountability, regional health and wellness plans, and Regional Partnership Accords. For example, the Interior Health's Indigenous Health & Wellness Strategy (2022–2026) integrates priorities from key documents, including Nation Health and Wellness Plans, by emphasizing stronger partnerships with Nations and reducing barriers to care. Northern Health's Strategic Plan prioritizes Indigenous participation in health planning, workforce representation and culturally safe service delivery. Similarly, Fraser Health, Vancouver Coastal Health and Island Health have formalized commitments to shared decision-making with Indigenous peoples in service planning and delivery.

At the federal level, ISC has incorporated First Nations feedback into policy development efforts and legislation. Learnings from the long-term and continuing care engagements are actively shaping ISC's policy options for a distinctions-based long-term care framework. The summary report from Indigenous health legislation engagements serves as a reference point in ongoing federal discussions on First Nations-specific health legislation. Additionally, the 10-Year Strategy on the Social Determinants of Health, informed by extensive engagement, has strengthened intergovernmental collaboration, guiding provincial and federal commitments to addressing social and economic conditions affecting First Nations health outcomes.

A range of engagement approaches were undertaken with First Nations in BC, from making use of long-standing regional structures to adopting newer mechanisms such as surveys and digital platforms.

Regional Caucuses and Sub-Regional Caucuses are held each spring and fall. These forums bring together First Nations Chiefs, Health Directors and health leads as well as representatives from the FNHC, FNHA and FNHDA, to share information, discuss health and wellness priorities, and make decisions regarding health services and priorities. A review of Regional Caucus summaries over the evaluation period indicates that these forums are effective in providing updates and progress reports, facilitating discussions on key initiatives, and providing a platform to vote on important resolutions. Another forum, Gathering Wisdom for a Shared Journey, held every 18 months, brings together First Nations leadership, front-line health workers and federal and provincial partners to share insights and contribute to health system transformation.

The seven Interior Nations represented at the Interior Region Caucus held on Sylix Territory, October 2019.

In addition to structured regional engagements, First Nations contribute input on their health and wellness priorities via community and regional health and wellness plans. Community health and wellness plans outline health priorities, goals and initiatives developed by and for a First Nations community, while regional health and wellness plans are developed in each of the five regions through engagement with Elders, Chiefs, council members, Health Directors, health leads, community health staff and community members, as well as representatives from regional and provincial health authorities.

Beyond these structured mechanisms, the FNHA has expanded engagement efforts with First Nations through events, town halls, evaluations, surveys, research projects and digital platforms such as through its website and social media. Additionally, ongoing feedback mechanisms, such as the FNHA's Voices application, provide continuous opportunities for First Nations to share insights and influence health policies and programs. These engagement pathways have created more opportunities for First Nations to provide input; however, this expansion has also led to a proliferation of ad hoc engagements, raising concerns about co-ordination, redundancy and engagement fatigue among communities.

While the level of engagement is higher than in the past, and there has been progress made in reporting back to communities, First Nations leaders and those using the results of the engagement believe the process could be further improved. Concerns include redundancy across engagements and engagement fatigue, potential over-reliance on Regional Caucuses, engagements being perceived as a formality rather than a meaningful process, and lack of translation of results into concrete actions. Addressing these concerns would enhance the effectiveness of activities and strengthen trust in the process.

Representatives from First Nations health leadership, RHAs and the FNHA acknowledge that engagement efforts have expanded and that process for reporting back to communities have improved. Chiefs, Health Directors and health leads generally feel that their concerns are being acknowledged and there is awareness of the challenges they face. Areas where improvements are needed include:

- ***Reducing redundancy and engagement fatigue:*** Many First Nations leaders called for a more streamlined consultation process to reduce redundancy and overlap between engagement sessions, which has contributed to engagement fatigue. Frequent consultations can be time-consuming and resource-intensive for communities. The RHAs and the FNHA were encouraged to work collaboratively with communities to develop joint engagement strategies, with the FNHA enhancing its co-ordination capacity.
- ***Diversifying engagement platforms:*** There was an acknowledgment of a potential over-reliance on Regional Caucuses. Leaders suggested expanding engagement opportunities beyond existing structures to support a more inclusive approach with broader representation and input from diverse First Nations communities.
- ***Ensuring meaningful participation:*** Engagements must be meaningful. At times, communities feel that engagements are a formality in which the participants are being informed, rather than engaged as real decision-makers. There is a need for clearer articulation of the decision-making authority and process and greater transparency in how community input is to be used.

- ***Providing clear feedback on implementation:*** Concerns persist that the same issues are raised year after year without clear responses or follow-up. First Nations seek greater accountability from engagement partners to ensure that their concerns are not only heard but also acted upon. First Nations leaders emphasized the need for clearer communication on how engagement learnings are being translated into concrete actions, as well as regular updates on progress and outcomes.

The COVID-19 pandemic also significantly disrupted engagement opportunities, limiting the ability to hold events and in-person discussions that are essential for relationship-building and collaborative decision-making. Public health measures, travel restrictions and emergency response demands shifted priorities, diverting both resources and community capacity away from engagement with health system partners. Many First Nations leaders and health staff were focused on pandemic response efforts, reducing their availability for policy discussions and long-term health system planning. While virtual engagements helped maintain some level of communication, these were not always an effective substitute for in-person dialogue, particularly in rural and remote communities. Additionally, virtual events do not always align with First Nations ways of relationship-building.

Other structural and operational challenges also impacted the effectiveness of engagements:.

- ***Balancing consultation demands:*** Some partners faced challenges engaging directly with First Nations due to the large number of communities, the existing regional and political structures and competing demands on key informants such as Chiefs and Health Directors. Finding the right balance of who, how and when to engage on critical issues remains a challenge.
- ***Ensuring timely flow of information to decision-makers:*** Results from Regional Caucuses and other engagements do not always reach key decision-makers in a timely manner (e.g., to provincial teams working on strategic policy or planning), which can limit impact on broader decision-making.
- ***Addressing implementation barriers:*** The FNHA, the RHAs and other partners often struggle to act on engagement feedback due to competing priorities and the complexity of systemic health challenges. Even when priorities are identified, developing and implementing solutions takes time. Many leaders emphasized that health system transformation should be seen as a journey rather than a destination, requiring sustained commitment over time.

FNHDA engages attendees at the Northern Region Caucus to inform priorities for the FNHDA, June 2024.

4.2 HARDWIRING THE FIRST NATIONS PERSPECTIVE ON HEALTH AND WELLNESS

The First Nations Perspective on Health and Wellness continues to be a foundational pillar guiding system-wide transformation, influencing policy, planning and service delivery at multiple levels.

The First Nations Perspective on Health and Wellness is a wholistic concept that encompasses physical, spiritual, mental, economic, emotional, environmental, social and cultural wellness at the individual, family and community levels.[33] The BC TFA supports a governance structure that reflects the cultures and perspectives of BC First Nations and incorporates First Nations models of wellness. The FNHA collaborates with the BC MoH and RHAs to embed First Nations models of wellness into health care services. These efforts have influenced the development of joint workplans, legislation and collaborative partnerships that contribute to system-wide transformation. Examples of joint efforts include:

- The FNHA and BC MoH joint workplans, created to ensure First Nations benefit from primary health care transformation.
- The FNHA and BC MoH development of the Indigenous Engagement and Cultural Safety Guidebook, which aims to embed cultural safety within primary care networks.[34]
- The FNHA's co-development of distinctions-based Indigenous health legislation is a step toward embedding Indigenous perspectives in health care policy. While the FNHC is supporting further engagement on this issue, the Government of Canada is no longer providing support to advance this work at the time of this report.
- The FNHA collaborated with ISC to engage First Nations in BC on opportunities and gaps in long-term and continuing care. Through a report submitted to ISC, the FNHC and the FNHA provided several recommendations to improve access to quality, culturally safe, long-term and continuing care services.[35]

A place to gather around the First Nations Perspective on Health and Wellness at Gathering Wisdom for a Shared Journey X, January 2020.

[33] FNHA, "First Nations Perspective on Health and Wellness", 2025. https://www.fnha.ca/wellness/wellness-for-first-nations/first-nations-perspective-on-health-and-wellness
[34] FNHA and Ministry of Health, "Indigenous Engagement and Cultural Safety Guidebook: A Resource for Primary Care Networks", 2023. https://www.pcnbc.ca/media/pcn/PCN_Guidebook-Indigenous_Engagement_and_Cultural_Safety.pdf
[35] FNHC and FNHA, "Submission to Standing Committee on Indigenous and Northern Affairs on the Study of Long-Term Care on Reserve", 2018. https://www.ourcommons.ca/Content/Committee/421/INAN/Brief/BR10002932/br-external/FirstNationsHealthAuthority-e.pdf

The FNHA has continued to champion the integration of the First Nations Perspective on Health and Wellness within its programs and services as well as within the provincial health system by supporting its partners in integrating traditional knowledge and cultural practices into their policies, programs and services.

The FNHA has prioritized funding initiatives that support the integration of cultural and traditional approaches into programs and services. Key examples include:

- From fiscal years 2018/19 to 2022/23, with funding from the BC MMHA, the FNHA provided over $30 million through the Indigenous Treatment and Land-Based Healing Fund. This supported 147 initiatives province-wide focused on implementing unique cultural approaches to land-based healing, involving activities such as traditional food harvesting, medicine walks and nature-based therapies.[36]
- Every year the FNHA provides Indigenous Peoples Day of Wellness and Winter Wellness grants to hundreds of communities to support community-led health and wellness events, initiatives such as Elder and youth dialogues, crafting workshops, video or podcast storytelling, educational webinars and online community games.
- In 2019, in partnership with Douglas College, the FNHA created the Indigenous End-of-Life Guide training program. The guides support those at the end of their life's journey and encourage respectful and culturally appropriate conversations that help to remove the stigma of discussing and planning for end-of-life. Between 2019 to 2023, the program has trained 446 participants from 163 First Nations communities who provide culturally appropriate end-of-life care for community members.
- In 2022, the FNHA launched a Cancer Screening Campaign focused on breast screening, cervix screening, colon screening and lung screening. The campaign brought a First Nations perspective into screening and awareness of cancer.
- The FNHA Office of the Chief Medical Officer has collaborated with the BC Office of the Provincial Health Officer on a number of reports highlighting health and wellness stories of First Nations, including Answering The Call: Calls to Action from First Nations Community Members to Improve the Rural and Remote Birthing Journey (2024)[37] and Sacred and Strong – Upholding Our Matriarchal Roles: The Health and Wellness Journeys of First Nations Women and Girls Living in BC (2021).[38] Additionally, they released joint reports on the First Nations Population Health and Wellness Agenda in 2021 and 2024.[39]
- Through $148 million in Health Actions funding from the Province of BC, the FNHA supported a range of innovative community initiatives that support the First Nations Perspective on Health and Wellness. For example, funding was used to facilitate annual wellness events, crisis response and outreach, and fund traditional wellness co-ordinators. Health Actions funding was not renewed post 2022/23, presenting a significant gap in services related to traditional and cultural wellness and a step back in the commitment to embed First Nations models of wellness in the health system. Further details on Health Actions funding are included in the 2024 Evaluation of the FNHA.

[36] FNHA, "Implementation of the Indigenous Treatment and Land-Based Healing Fund: Evaluation Report", 2024. https://www.fnha.ca/Documents/FNHA-Implementation-of-the-Indigenous-Treatment-and-Land-Based-Healing-Fund-Report.pdf

[37] FNHA, "Answering The Call: Calls to Action from First Nations Community Members to Improve the Rural and Remote Birthing Journey", 2024. https://www.fnha.ca/Documents/FNHA-Answering-The-Call.pdf

[38] FNHA and BC Office of the Provincial Health Officer, "Sacred and Strong – Upholding Our Matriarchal Roles", 2021. https://www.fnha.ca/Documents/FNHA-PHO-Sacred-and-Strong.pdf

[39] FNHA and BC Office of the Provincial Health Officer, "First Nations Population Health and Wellness Agenda: First Interim Update", 2024. https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/special-reports/phwa_report_fnha_opho_web.pdf

The focus on First Nations culture and traditions is having a positive impact on service delivery within communities. Seventy-five per cent of Chiefs (n=10) and 60 per cent of Health Directors and health leads (n=68) surveyed for this evaluation reported improved integration of cultural and traditional approaches into service delivery in their communities. Community case studies identified many examples of efforts to integrate community traditions into programs and services and ensure existing programs are culturally safe. These include requiring newly hired doctors and nurses working in communities to complete cultural safety and humility courses, incorporating traditional languages into programs and services, using traditional medicine, involving traditional healers and Knowledge Keepers and organizing events or creating new programs that reflect community culture and traditions.

The FNHA also provided an advocacy and facilitation role, working with provincial, regional and federal health system partners to align their approaches with First Nations perspectives and priorities. This included reviewing partners' engagement plans, evaluation frameworks and research proposals to promote cultural safety and the inclusion of First Nations knowledge systems. For example, FNHA staff provided input to inform evaluation frameworks for the BC MMHA's and Health Canada's evaluations of the decriminalization of illicit drugs and pharmaceutical alternatives, the BC MMHA's Evaluation of BC's Registered Nurse/Registered Psychiatric Nurse Prescribing Initiative, and the BC Centre for Disease Control's Safer Inhalation Supplies Program. Additionally, the FNHA organized healing ceremonies with partners after major health emergency response activations to discuss actions taken, share concerns and show empathy for each other and plan how to move forward together.

A key obstacle for incorporating traditional approaches into health care in BC has been the lack of recognition of the roles of traditional healers and Knowledge Keepers. To address this challenge, the FNHA began the process of uplifting the status of traditional healers and Knowledge Keepers and bridging the gap between conventional and traditional medicine. For example, the FNHA introduced policies and practices to provide remuneration for Knowledge Keepers and traditional healers for their time and expertise. It has organized regular gatherings to validate their expertise. The FNHA also supported initiatives that focused on integrating traditional services and supports alongside other health service providers. Furthermore, the FNHA has reviewed and provided input on the terms and conditions of new provincial funding sources to ensure greater inclusivity and eligibility for those offering traditional and cultural practices.

Participants in FNHA's 'What's Your Tobacco?' initiative gather traditional medicines as part of cultural wellness activities, January 2024.

The BC MoH and the BC MMHA have integrated the First Nations Perspective on Health and Wellness at a strategic level by implementing governance and leadership changes, policies and funding commitments that drive system transformation.

A significant advancement in provincial health governance has been the creation of the Associate Deputy Minister of Indigenous Health and Reconciliation within the BC MoH, demonstrating a dedicated leadership role for advancing Indigenous health priorities and reconciliation. Additionally, vice presidents of Indigenous health have been established in the PHSA and RHAs to further integrate Indigenous perspectives into provincial health governance and service planning.

The FNHA vice presidents of regional operations engage with the health authority vice presidents of Indigenous health at the Regional Partnership Accord tables, although the FNHA has identified a concern regarding the degree and consistency of engagement between regions. The FNHA was briefly a participant in a vice president of Indigenous health table chaired by the BC MOH Associate Deputy Minister from late-2021 to mid-2023. The FNHA has not been regularly engaged since then and is concerned about the lack of FNHA representation in this space. Further to provincial work under DRIPA and the evolution of the provincial health landscape, and with feedback from the FNHA and the health authorities, the Province of BC is working to develop and convene an expanded Indigenous health partnership table inclusive of FNHA and Métis Nation BC.

In 2019, the Province of BC became the first jurisdiction in Canada to enshrine UNDRIP into law with the passage of DRIPA. The DRIPA Action Plan (2022) outlines 89 priority actions that provide a roadmap for integrating Indigenous rights into provincial laws and policies, including social, cultural and economic well-being.[40] In 2022, the Declaration Act Secretariat was established to guide alignment with the UN Declaration, ensuring transparency and accountability in decision-making. The Province of BC reports annually on progress made to implement the action plan and align provincial laws with the UN Declaration.

As part of DRIPA's commitments, as well as alignment with the UNDRIP, the federal UN Declaration Act, BC TFA and the Health Partnership Accord, the Province of BC has prioritized First Nations-led health system transformation, including the expansion of primary care networks and the First Nations-led Primary Health Care Initiative. Since 2019, the province has partnered with the FNHA to implement a team-based primary care strategy, which aims to increase patient attachment and access to culturally safe care for First Nations in BC. These initiatives seek to improve care management and health outcomes by supporting First Nations to exercise self-determined approaches as the ultimate decision-makers of planning, development, implementation, operationalization and governance of their own health. Additionally, the Province of BC has provided over $30 million in funding to the FNHA to support land-based healing initiatives. Building on these efforts, the BC MoH and the FNHA are currently developing an implementation plan to integrate traditional wellness supports into First Nations housing and rent supplement programs. This work is informed by detailed engagement and planning with RHAs.

The Province of BC has also integrated the First Nations Perspective on Health and Wellness into key policies, frameworks and strategies. These include:

- The Rural, Remote, First Nations and Indigenous COVID-19 Response Framework,[41] developed in collaboration with the FNHA and health system partners, which prioritized culturally safe and community-driven approaches to support Nations and communities in managing the pandemic health crisis.

[40] Government of BC, "Declaration on The Rights of Indigenous Peoples Act Action Plan (2022-2027)", March 2022. https://www2.gov.bc.ca/assets/gov/government/ministries-organizations/ministries/indigenous-relations-reconciliation/declaration_act_action_plan.pdf

[41] Government of BC, "Rural, Remote, First Nations and Indigenous COVID-19 Response Framework", May 2020. https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/gdx/rural-and-remote-covid-19-response-framework.pdf

- The BC MMHA's 10-year mental wellness strategy, A Pathway to Hope,[42] which explicitly incorporates First Nations perspectives into mental health and substance use care planning.
- BC's Climate Preparedness and Adaptation Strategy,[43] which acknowledges First Nations health and wellness perspectives in climate resilience planning.
- A harm reduction and decriminalization strategy, including the evaluation of the decriminalization of illicit drugs and pharmaceutical alternatives, which incorporates the First Nations Perspective on Health and Wellness in assessing impacts and outcomes.

The PHSA and RHAs have integrated the First Nations Perspective on Health and Wellness into their operations by incorporating Indigenous thought leadership into facility and infrastructure design, policy development and revisions, enhancing culturally responsive programs and services, and expanding Indigenous workforce representation.

Key examples are provided below.

- ***Facilities and infrastructure:*** The PHSA and RHAs have engaged with First Nations in BC to incorporate cultural considerations into the design of new health facilities. In some cases, First Nations representatives have been involved in planning spaces within hospitals, including opportunities for community members to tour new facilities before final commissioning to familiarize themselves with hospital environments. One RHA noted that they have worked with local First Nations to establish traditional healing gardens into every new development. Additionally, hospitals and health care facilities are increasingly adapting infrastructure to accommodate traditional medicines and cultural practices, such as installing ventilation systems that support smudging in individual patient rooms. First Nations culture is also being woven into health care spaces through Indigenous artwork, territorial acknowledgments, bilingual signage, wayfinding markers, and the naming of buildings and departments in Indigenous languages.

Members from Tsartlip First Nation perform a traditional song during the unveiling of sign given to Saanich Peninsula Hospital, March 2020.

[42] Government of BC, "A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia", 2019. https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/initiatives-plans-strategies/mental-health-and-addictions-strategy/bcmentalhealthroadmap_2019web-5.pdf
[43] Government of BC, "Climate Preparedness and Adaptation Strategy Actions for 2022-2025", 2021. https://www2.gov.bc.ca/assets/gov/environment/climate-change/adaptation/cpas.pdf

- ***Programs and services:*** The PHSA and RHAs are working to embed Indigenous ways of being into service delivery by recognizing the value of traditional healing practices and partnering with First Nations healers to support patient care. In some regions, Elders have been engaged to help patients navigate emergency departments, explaining triage processes and addressing concerns about discrimination as well as providing cultural supports and ceremony. The PHSA has developed free online educational resources, including Cuystwi quests and Ask Auntie, an online and community-based wellness programs for girls designed to support Indigenous youth by promoting wellness and cultural connection on their journey to adulthood. Additional support has been provided to communities to run youth programming in conjunction with on the land learning. The PHSA also operated a podcast with Elder Gerry Oleman, called Teachings in the Air, which ran for seven seasons and Indigenous youth-targeted social media channels focused on providing culturally safe and relevant health and wellness information. These programs offer guidance on identity, mental wellness, learning about colonialism and ways to deal with racism and navigating life transitions. Additionally, some RHAs have established Indigenous health improvement committees to identify practical ways to improve the cultural safety of services and enhance First Nations patient experiences.

Screenshot from the Ask Auntie program developed by the PHSA.

- ***Human resources and workforce development:*** The RHAs have established Indigenous recruitment and retention teams to implement Indigenous human resource plans aimed at addressing anti-Indigenous racism, fostering diversity and inclusion and increasing Indigenous workforce representation. Each RHA also participates in the BC Health Authority Roundtable, which meets every two months to share best practices, network and discuss current projects across the RHAs. RHAs have also encouraged employees to self-identify as Indigenous to create Indigenous employee networks and personalize supports available for Indigenous staff. However, recruiting and retaining Indigenous health professionals remains a challenge due to personal experiences and observations of anti-Indigenous racism and discrimination within the RHAs. Indigenous peoples have faced historical trauma while accessing health care in BC, including racism, discrimination and forced medical procedures at institutions such as the Indian Hospitals. This history has led to ongoing mistrust, trauma and triggers not only while accessing health care, but also when working within the health care system. While cultural safety and humility have long been priorities for the RHAs, many are now placing a stronger focus on anti-Indigenous racism for both staff and patients.

Northern Health hosts a booth at the Saulteau First Nations Education, Jobs and Career Fair, March 2024.

In addition to the efforts of the FNHA, BC MoH and the RHAs, several health system partners have worked to embed the First Nations Perspective on Health and Wellness by strengthening Indigenous representation in the health workforce and advancing culturally responsive public health initiatives.

Post-secondary institutions across the province have expanded their efforts to train and retain Indigenous health professionals and increase opportunities for community-based learning experiences to strengthen understanding of First Nations health and wellness. The University of British Columbia has implemented targeted programs, including the Indigenous MD Admissions Program, Indigenous Family Medicine Residency Program and Indigenous Public Health certificate programs, providing mentorship, orientation and Elder support for Indigenous students.[44] Simon Fraser University is collaborating with the FNHA and Fraser Health to integrate First Nations community-based training into its new School of Medicine.[45] Additionally, the Northern Medical Program at the University of Northern BC, in partnership with FNHA and Northern Health, has introduced a First Nations community immersion initiative, enabling medical students to gain first-hand experience in northern First Nations communities.[46]

The University of British Columbia celebrates the graduation of nine Indigenous medical students from the Class of 2023.

Other health system partners, including the BC Centre for Disease Control and the BC Centre on Substance Use, have implemented Indigenous-specific programs addressing sexual health, substance use and harm reduction. The BC Centre for Disease Control 's Chee Mamuk[47] is an Indigenous health program that integrates traditional teachings with public health strategies, offering initiatives such as:

- ***Around the Kitchen Table:*** A train-the-trainer program where Indigenous women facilitate sexual health education in their communities, incorporating traditional cultural activities.
- ***Encouraging Strong Paths:*** A men's wellness program covering prostate health, HIV and AIDS prevention and land-based learning.

'Humility, Respect, Connection and Love' poster series on substance use, launched in 2024 by BC Centre for Disease Control and Chee Mamuk in partnership with FNHA, Métis Nation BC, and the BC Association of Aboriginal Friendship Centres.

[44] University of British Columbia, "Indigenous Health." https://www.med.ubc.ca/about/indigenous-health/
[45] Simon Fraser University, "The SFU School of Medicine will add critical capacity to B.C.'s health care system." https://www.sfu.ca/medicine/plan/vision.html#:~:text=The%20SFU%20School%20of%20Medicine%20will%20partner%20with%20Fraser%20Health,to%20pursue%20a%20career%20in
[46] University of Northern British Columbia, "First Nations Community Education Program, Northern Medical Program." https://www.unbc.ca/northern-medical-program/first-nations-community-education-program
[47] BC CDC, "Chee Mamuk." http://www.bccdc.ca/our-services/programs/chee-mamuk

The FNHA and BC Centre on Substance Use have collaborated to improve access to substance use treatment and harm reduction services in First Nations communities. Programs such as Courageous Conversations on Substance Use and expanded opioid agonist treatment services aim to reduce stigma and increase culturally safe treatment options, supporting First Nations individuals affected by the toxic drug crisis.[48]

Despite these efforts, many First Nations community representatives report that the health system has not adequately integrated cultural and traditional practices into service delivery. Greater equity in support for cultural skills training and education is needed to ensure First Nations communities can preserve, sustain and expand traditional knowledge systems. The provincial and federal governments can help bridge this gap through dedicated funding and adapted funding arrangements to strengthen training pathways and further embed traditional healing practices within the broader health system.

Despite progress, many First Nations community representatives report that the health system has not fully integrated cultural and traditional practices into service delivery and health programming. First Nations individuals, both in communities and those living away from home, surveyed for this evaluation indicated that the FNHA and community-delivered health programs and services do not adequately address their cultural and traditional needs. Incorporating Knowledge Keepers and Elders into day-to-day service delivery, alongside medical health staff, remains an ongoing challenge. Additionally, provincial partners and RHAs often rely heavily on the FNHA to lead efforts in embedding First Nations perspectives and traditions into health services, placing additional strain on FNHA resources rather than fostering system-wide responsibility for integrating the First Nations Perspective on Health and Wellness.

Chiefs, Health Directors and community health leads emphasized the need for equitable support for cultural and traditional skills training and education, similar to how most western health education and skills training programs are funded. A key challenge in building a sustainable labour force to meet growing demand is that training in cultural and traditional skills, which often take years, is currently unpaid. They highlighted that First Nations communities should retain ownership of their traditional knowledge and determine who apprentices, while federal and provincial governments have an opportunity to provide more meaningful support. This could include financial assistance through student stipends and adjusting funding arrangements to ensure terms and conditions allow for dedicated community funding to support Elders, Knowledge Keepers and the integration of traditional and cultural wellness into health services. This also aligns with FNHA's efforts to ensure that Elders and Knowledge Keepers are appropriately recognized and compensated. Addressing these systemic barriers would not only strengthen integration of cultural and traditional care but also reinforce alignment between First Nations health priorities and the broader health system.

[48] FNHA, "Courageous Conversation's on Substance Use", 2022. https://www.fnha.ca/Documents/FNHA-Courageous-Conversations-Tool-Kit.pdf

4.3 ADVANCES IN CULTURAL SAFETY AND HUMILITY

The release of the In Plain Sight report in 2020 documented the impact of Indigenous-specific racism and discrimination in the BC health care system. The recommendations call for significant changes, which has resulted in greater awareness and prioritization of cultural safety and humility across the Tripartite Partners. This presents an evolution from the original vision of the BC TFA, which did not include a mandate for cultural safety and humility.

Funded by the BC MoH, the independent provincial In Plain Sight report consulted with 2,780 Indigenous people and 5,440 health care workers, reviewed health sector data and investigated allegations of racism. The final report documents evidence of ongoing, system-wide Indigenous-specific racism, stereotyping and discrimination across BC. Eighty-four per cent of Indigenous people reported experiences of racism and discrimination in the BC health care system, which discouraged them from accessing care and subsequently impacted their health and well-being. The report further highlighted the disproportionate impact on Indigenous women and girls given the dual experience of racism and sexism when accessing highly sensitive care including sexual, reproductive and pregnancy care. In addition to raising awareness about widespread systemic Indigenous-specific racism, the report called for improved cultural safety across health care and increased Indigenous leadership in health services.[49]

Following the release of the In Plain Sight report, partners across the BC health care system have placed greater emphasis on identifying and addressing Indigenous-specific racism; however, direct responses to the disproportionate impact on Indigenous women, girls and 2S/LGBTQQIA+ individuals has been limited. An examination of FNHA complaints and compliments data, engagements with First Nations health leadership and the findings from the First Nations community engagement survey suggest the most frequent challenges associated with Indigenous-specific racism and cultural safety and humility include limited access to culturally safe care and inequitable or poor treatment. The most frequent complaints received by the FNHA are related to quality of care, personnel issues and access to services. Significant issues include communication, discrimination, Indigenous-specific racism, culturally unsafe environments, unreasonable delays and confidentiality.

Health care providers often lack the cultural safety and humility required to effectively serve First Nations communities. Unsafe experiences contribute to mistrust and underutilization of available services among some First Nations in BC. Community leaders reported that members do not feel seen or heard when accessing health services. Remembering Keegan: A BC First Nations Case Study Reflection, completed by the FNHA Fraser Salish Region, is a documented example of a culturally unsafe encounter with the health system that resulted in a preventable death of a First Nations individual.[50]

As described by one community leader:

> ***"The biggest concern we hear from our communities around health care is that they don't feel heard or seen. They've experienced racism, especially when it comes to getting supports like pain management. Sometimes they are labelled as just seeking drugs rather than seeking comfort from pain."***
>
> **– Community health staff**

[49] Dr Mary Allen Turpel-Lafond, "In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Health Care", 2020. https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Summary-Report.pdf

[50] FNHA, "Remembering Keegan: A BC First Nations Case Study Reflection" , 2022. https://www.fnha.ca/Documents/FNHA-Remembering-Keegan.pdf

During community visits conducted for this evaluation, First Nations leadership highlighted that Elders face significant challenges in accessing health care. It was reported that Elders often feel uncomfortable due to a lack of cultural safety and humility and respect in health care settings, which leads to a lack of engagement with health care providers. Concerns were also expressed about the mistreatment of urban and away-from-home First Nations individuals. The inclusion of families in care was also highlighted as common issue, with one FNHA representative reporting:

> ***"Our communities interact with us when they're in the health system because they're not feeling like they're getting access for their family members. They'll reach out to us, and then we reach out to the RHA executive to see how we can make that family feel like they're getting what they need."***
>
> **– FNHA representative**

The Tripartite Partners have made individual and collaborative progress in addressing Indigenous-specific racism and integrating cultural safety and humility across the BC health system.

Notable changes to policy, legislation and the development of standards have contributed to the hardwiring of cultural safety and humility in health care. The Tripartite Partners have made individual and collaborative efforts to implement the 24 recommendations of the In Plain Sight report. Consistent with Recommendation 24, the In Plain Sight Task Team was established to provide oversight of the implementation of the recommendations, with members representing a range of partners across the health system. The Task Team's mandate was for a minimum 24-month term and concluded on June 27, 2023, with a progress report towards implementation of the 24 recommendations being publicly released in October 2024.[51] Monitoring progress towards full implementation of the In Plain Sight recommendations will continue under the DRIPA Action Plan, which includes annual progress reporting to ensure accountability for this work going forward.

'Fluidity' by Rob Pross, featured in the In Plain Sight Task Team 24-Month report, symbolizes the flow, connection and unity needed to eradicate racism within the health care system.

Policy, Legislation and Development of Standards

The Government of BC has made several legislative revisions, including updating the Human Rights Code of BC [52] to include Indigenous identity as a protected characteristic, enacting the *Health Professions and Occupations Act* to improve access to culturally safe health care, passing the *Anti-Racism Data Act* to help identify service gaps, passing of the *Public Interest and Disclosure Act* to protect public sector employees who report misconduct, and improving patient complaints processes.

[51] In Plain Sight Task Team, "24-Month Report", 2023. https://news.gov.bc.ca/files/IPS2YearReport.pdf

[52] Read more about human rights protections in BC at: https://www.bchrt.bc.ca/human-rights-duties/

In response to Recommendation 8 of the In Plain Sight report, the FNHA collaborated with the Health Standards Organization, with funding from Health Canada, to develop the BC Cultural Safety and Humility Standard.[53] The Standard was developed following public consultation in 2021, which received over 1,100 comments, before being released in mid-2022. The Standard supports governing bodies, organizational leaders and the workforce of health authorities and health and social services organizations to address Indigenous-specific racism and identify, measure and achieve culturally safe systems and services. Organizations are required to collaborate with First Nations people, communities and the workforce to ensure culturally safe and accessible reporting mechanisms on health care quality, offering trauma-informed training to the workforce and promoting First Nations-led feedback processes. The FNHA is continuing to partner with the Health Standards Organization to progress the standard to an assessment standard and to develop a national cultural safety and humility standard.

Monica McAlduff, CEO, FNHA and former Chief Nursing Officer, blankets Elder Gerry Oleman of the St'at'imc Nation during a gathering to honour the Cultural Safety and Humility Standard, October 2022.

The implementation of the BC Cultural Safety and Humility Standard is an ongoing process. The standard has been adopted by RHAs, health profession colleges and provincial health services and is in the process of being implemented. Organizations are using the standard to review current cultural safety practices and inform staff training priorities. For example, one RHA noted that they leveraged the standard in creating an anti-racism work plan addressing women, girls and Elders. The FNHA continues to champion the standard across the health care system.

Collaborative Strategies and Frameworks

Multiple collaborative strategies and frameworks have been developed to address systemic racism, enhance cultural safety and improve the quality of care for First Nations in BC.

In 2019, PHSA Indigenous Health convened a think tank on anti-Indigenous racism and advancing cultural safety and humility within the BC health care system.[54] The think tank brought together 35 representatives from the RHAs, FNHA, Métis Nation BC, BC MoH, BC Patient Safety and Quality Council, Simon Fraser University and the BC Association of Aboriginal Friendship Centres, along with health leaders from Ontario and Manitoba.

In 2021, the FNHA, FNHC and FNHDA jointly adopted the Anti-Racism, Cultural Safety and Humility Framework and Action Plan. The framework emphasizes First Nations-led responses, regionally driven innovation and continuous improvement through meaningful collaboration with partners across the health system to improve patient care quality and develop culturally safe complaints processes.[55]

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[53] FNHA and Health Standards Organization, "BC Cultural Safety and Humility Standard", June 2022. https://healthstandards.org/standard/cultural-safety-and-humility-standard/

[54] PHSA, "Dismantling Anti-Indigenous Racism Within the Health Care System: Final Report of the 2019 Think Tank on Anti-Indigenous Racism", June 2020. Retrieved from: https://www.documentcloud.org/documents/6954454-Think-Tank-on-Anti-Indigenous-Racism-2019-v1/

[55] FNHA, FNHDA and FNHC, "Anti-Racism Cultural Safety and Humility Framework", April 2021. https://www.fnha.ca/Documents/FNHA-FNHC-FNHDA-Anti-Racism-Cultural-Safety-and-Humility-Framework.pdf

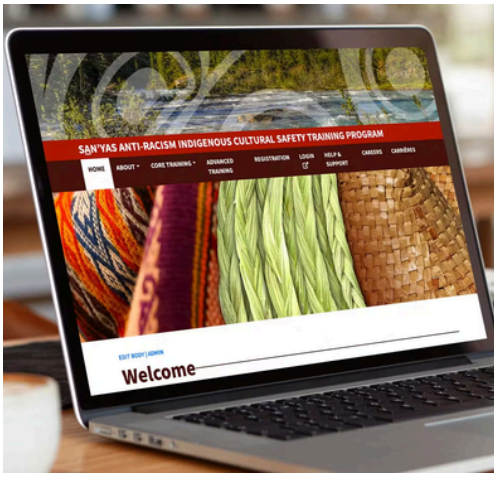
The FNHA has implemented region-specific strategies to enhance complaints and compliments processes in association with their respective RHA. These initiatives focus on providing clients and families with wrap-around care, supported by restorative practices and trauma-informed approaches and driven by Indigenous knowledge. For example, the Fraser Salish Region created the Truth-Telling and Healing Framework in partnership with Fraser Health. Interior Health implemented the Indigenous Patient Care Quality and Systems Improvement Collaborative and developed an evaluation framework for the Indigenous Patient Care Quality Office program. Northern Health's Indigenous Health department created an Indigenous Patient Experience team consisting of one team lead and two advisors to support Indigenous-specific complaints.

PHSA Indigenous Health, Quality & Safety and Risk initiated the development of the Indigenous-specific Racism and Discrimination Response and Review process to review patient safety events involving Indigenous patients. This process enables Indigenous patient- and family-led resolution and is intended to be transparent, trauma- and violence-informed and culturally safe.

The Province of BC has embedded its commitment to addressing systemic anti-Indigenous racism in strategy documents such as BC's Health Human Resources Strategy: Putting People First and legislation such as DRIPA. The province has also contributed funding to the National Collaborating Centre on Indigenous Health to support their role as a centre for anti-racism, cultural safety and trauma-informed standards, policy, tools and leading practices.

Improvements in Staff Onboarding and Training

The RHAs, the BC MoH and the BC MMHA reported working to improve onboarding and training provided to employees regarding reconciliation and cultural safety. San'yas Anti-Racism Indigenous Cultural Safety Training,[56] which is mandatory for staff working at the FNHA, PHSA and the BC MMHA, has been delivered to over 70,000 people in BC. Several RHAs noted that by educating staff on cultural safety and Indigenous ways of being, they have improved the inclusivity and responsiveness of the health system. For example, Interior Health has required all staff to complete four Indigenous Cultural Safety training modules to become job ready. The federal government, through these training modules, is implementing an approach to addressing racism and discrimination, which includes a call to action and mandatory cultural training of 15 hours.



Homepage of the San'yas Anti-Racism Indigenous Cultural Safety Training website.

In fiscal year 2022/23 the PHSA Board passed an Indigenous-specific anti-racism staff policy, a first-of-its-kind policy in a health authority. The policy also makes the completion of the Anti-Indigenous Racism Response Training and San'yas Anti-racism Indigenous Cultural Safety Training mandatory for all staff. The policy opens the door for Indigenous-led and -centred reviews of reports involving anti-Indigenous racism in the workplace.

[56] More information on the San'yas Anti-Racism Indigenous Cultural Safety Training Program can be found on their webpage: https://sanyas.ca/.

The PHSA and the RHAs have expanded the presence of Indigenous patient navigators and liaison workers, who act as resources and support for Indigenous patients, and who address and interrupt anti-Indigenous racism. They facilitate warm handoffs between hospitals and community-based care. Depending on the health authority, some navigators and liaisons also promote cultural safety and humility training and education for staff and employees. One RHA reported growing its Indigenous patient navigator workforce from eight to 36 staff, enabling the service to reach more locations and extend its availability.

Reporting and Accountability

The In Plain Sight Task Team, led by a joint-chair model with representatives from Métis Nation BC, the FNHA and the Province of BC, oversaw the implementation of the 24 recommendations from the In Plain Sight report. Established in May 2021 (Recommendation 24), the Task Team has focused on building relationships and guiding the implementation of the recommendations under the DRIPA Action Plan. In 2021, the In Plain Sight Task Team released a 24-month progress report, confirming that all 24 recommendations are underway.[57] Despite this progress, the evaluation identified an opportunity for the BC MoH to place greater emphasis on addressing the disproportionate impacts on Indigenous women and girls (Recommendation 16).

In early 2022, FNHA retained legal counsel to assess whether the FNHA's governance structure and service model are compliant with UNDRIP. The report concluded that the design and governance structure of the FNHA complies with the principles of UNDRIP and, in fact, is frequently referenced as a model for the implementation of UNDRIP.[58]

In December 2022, the FNHA initiated a 10-month comprehensive self-assessment against the BC Cultural Safety and Humility Standard to determine alignment of its programs, services, policies and operations.[59] The self-assessment methodology was developed by the FNHA's Quality Team and the Sisemó:ya Change Champions, a group of representatives from across the organization. The self-assessment project was guided by Elder Th'et-simiya (Wendy Ritchie) from Skowkale First Nation who shared the word "Sisemó:ya" with the group, which translates to "bee" in Halq'eméylem, the language of the Stó:lō people. The assessment showed that despite progress there are areas of improvement for the FNHA across all subsections of the standard, producing over 90 recommendations. The FNHA will continue to regularly assess alignment with the standard and share results to support transparency and accountability.

First Nations Chiefs, Health Directors and health leaders reported that, despite progress, many First Nations community members continue to experience anti-Indigenous racism when accessing health care in BC. This is attributed to difficulties changing well-established systems and the tremendous pressure on the health system and health human resources. First Nations health leadership suggest further progress can be achieved through changes to policy, training, further employment of liaison staff, and greater reporting and transparency on cultural safety.

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[57] BC Ministry of Health, 2023, In Plain Sight Task Team 24-Month Report. https://www2.gov.bc.ca/assets/gov/government/ministries-organizations/ministries/health/office-of-indigenous-health/in_plain_sight_report.pdf

[58] FHNA and Gowling WLG, "FNHA UNDRIP Compliance", 2023. https://www.fnha.ca/Documents/FNHA-UNDRIP-Compliance.pdf

[59] Laurie Edmundson, Alex Fraess-Phillips, Th'et-simiya (Wendy Ritchie), and Suzanna Ho, July 2024. The First Nations Health Authority's Self-Assessment Aligning with the British Columbia Cultural Safety and Humility Standard. Healthcare Quarterly 27(2): 56-61.doi:10.12927/hcq.2024.27429. https://pubmed.ncbi.nlm.nih.gov/39492739/

While over two-thirds of Health Directors and health leads reported that at least some progress has been made in building a more integrated, culturally appropriate, safe and effective health system, about half of Chiefs reported no or little integration of culturally appropriate services.

"[There has been progress in] training and dialogue around cultural safety and humility in the nine years since I've been here, but we struggle getting beyond that to actually changing care - changing the experience of care." – **FNHA representative**

First Nations health leadership spoke to the challenge of changing well-established systems, acknowledging that change will take time. There is support from health system leadership for advancing cultural safety and humility; however, it will take time and significant investment for this to be reflected at the organizational and individual staff level. Furthermore, the health care system in BC remains under ongoing pressure due to the concurrent public health emergencies and health human resource shortages across the sector.

First Nations community leadership identified the following specific suggestions to address ongoing challenges regarding cultural safety and humility in health care:

- ***Discharge policies:*** First Nations patients are reportedly being discharged late at night when they have nowhere to stay and no transportation home. Interior Health's Indigenous Health & Wellness Strategy (2022-26) identified this issue and noted that it will work to address it by providing First Nations community health nurses with access to their clinical information systems and identify and address other barriers to transitions in care. It was suggested similar practices should be adopted across the province.
- ***Access to patient navigators:*** There were calls to increase the number of Indigenous patient liaisons or navigators to meet the demand for services. The employment of such positions in the RHAs has been well-received by First Nations community leadership; however, it was noted that these roles need to reflect local First Nations communities through increased training on community needs and priorities or by employing community members where possible.
- ***Community protocols and trauma-informed care:*** First Nations community leadership noted that health professionals often lack an understanding of specific community protocols when visiting communities and are not incorporating trauma-informed care that reflects the understanding of historical and ongoing trauma experienced by First Nations communities. The cultural safety training received by RHA medical and nursing staff is important, but there is a need for a deeper understanding and more meaningful engagement about trauma, truth and reconciliation and what it means to provide culturally safe services. This could include more extensive onboarding about community traditions, protocols and history for RHA nurses and other health practitioners serving First Nations communities to facilitate stronger relationship-building with community members.

"In the medical world, there's only one way to scientifically deliver traditional western medicine. But what about traditional Indigenous medicine? How can you bring that into the educational system so that an Indigenous person can choose to go to school and learn both? I think it's something we struggle with." **– FNHA representative**

- ***Transparency:*** There is a need for greater tracking, reporting and reflection on the behaviours and attitudes of staff within the health system as well as increased documentation of how cultural safety and humility are being implemented and how complaints are being resolved.A planned framework to track progress in building cultural safety and humility has not yet been completed. Use of the RHA and FNHA complaints processes has been constrained by low awareness of the process, a lack of confidence in the complaints process, a sense that the complaints process is not culturally safe, and a perception that any issues reported may not be addressed. A recent FNHA analysis of complaints and compliments noted that "an effective complaints process should incorporate regional First Nations beliefs, traditions and values, including restorative justice, oral methods of submitting complaints, and incorporations of ceremony." [60]

4.4 ACCESS TO INTEGRATED, QUALITY AND EFFECTIVE HEALTH CARE

Important advancements have been made to increase access to quality and effective health care for First Nations in their communities. Key areas of progress include improved access and quality of primary care, greater integration and provision of traditional and cultural healing practices, supporting communities and health service providers to implement harm reduction, supporting mental health and wellness and building/improving treatment centres, and investing in early childhood development and family health and wellness.

Over two-thirds of First Nations health leadership surveyed reported improvements in access, quality and effective health care for First Nations communities. Key areas where improvements have been made include:

- ***Primary care:*** Barriers are being addressed to improve access to primary care, especially for rural and remote areas, by implementing mobile clinics and telehealth services such as the FNHA Virtual Doctors of the Day, the Virtual Psychiatric and Substance Use Services and the Maternal and Babies Advice Line. In addition, implementation of the First Nations-led Primary Health Care Initiative is expected to improve access to culturally safe, wholistic primary health care for First Nations people. Led by the FNHA, this initiative involves establishing up to 15 First Nations-led Primary Health Care Centres across urban and rural BC, which will blend western medicine with Indigenous healing practices. Two centres are operational as of January 2025: Lu'ma Medical Centre in Vancouver which was scaled up from a pre-existing clinic in 2019, and the All Nations Healing House in Williams Lake which was established in 2022. The Tripartite Partners have advanced work to improve the quality of primary care for First Nations in BC by developing a provincial Cultural Safety Project Collaborative through the Patient Care Quality program in 2022.

Adrian Dix, former Minister of Health, Province of BC, and Richard Jock, former CEO, FNHA, announce the expansion of the Lu'ma Medical Centre, September 2019.

[60] FNHA, "Situational Analysis: Complaints & Compliments", Updated July 5, 2024.

- ***Traditional healing:*** Following the In Plain Sight report, funding was provided by the province for the FNHA to develop a provincial traditional healing strategy. Traditional healing practices are being integrated into primary care settings to support culturally safe care that is grounded in community needs (e.g., the Indigenous Treatment and Land-Based Healing Fund). The fund has supported the healing of diverse population groups through language revitalization, traditional hunting and gathering practices, traditional medicine gathering and use, and ceremony and culture.
- ***Targeted harm reduction grants:*** Funded bythe BC MoH and administered by the FNHA, the First Nations harm reduction grants are provided to support First Nations communities and health service providers in implementing a range of harm reduction events and community-led interventions.
- ***Mental health and wellness:*** The $30-million Mental Health and Wellness Fund was created in fiscal year 2018/19 to support First Nations in planning, designing and delivering w mental health and wellness services. The fund was activated by the MHW MOU signed in 2018. The FNHC also secured $60 million in funding from the partners to repair, build and improve treatment centres in BC.[61]
- ***Aboriginal Head Start on Reserve:*** Approximately $60 million has been invested in the program in over 150 communities. The Aboriginal Head Start on Reserve program is designed to enhance early childhood development, school readiness and overall family health and wellness for First Nations children between birth to six years of age living in First Nations communities.

To improve access to quality and effective health care, the RHAs have launched community-based health programs including mental health and wellness initiatives, chronic disease management, and maternal and child health services. In addition, RHAs made progress towards incorporating First Nations health service providers in the RHA circle of care. Some continuing difficulties remain in accessing services, particularity for residents of remote communities, Elders and youth.

Several RHAs have launched community-based health programs initiatives. For example, in its Indigenous Mental Wellness Plan, Interior Health committed to improving public awareness of mental health and wellness programs, increasing access to mental health and substance use services to meet the needs of Indigenous individuals and families, and advancing key initiatives in partnership with Nations and Indigenous service providers to respond to the toxic drug crisis. Island Health reported the development of new partnerships to deliver community-based virtual and in-person counselling services and the opening of new intensive treatment beds. Fraser Health is working to improve access to comprehensive, culturally appropriate primary care services based on patient and community population needs, including care for patients with chronic illnesses, complex medical needs and frailty, as well as Indigenous peoples and communities. Northern Health and Interior Health are providing accessible mental health and substance use mobile support services across northern BC, with a focus on rural and Indigenous communities. Vancouver Coastal Health is developing an integrated high-level master plan for health services in the Sea-to-Sky Corridor, where they engaged with six First Nations as part of an 18-month engagement process called Health Vision Sea to Sky.

Progress has been made in incorporating some First Nations health service providers into the RHA circle of care. Key examples include:

- facilitating shared access to patient information;
- establishing shared positions with individual First Nations;

[61] FNHC, "Review the FNHC Fact Sheet", 2023. https://fnhc.ca/review-the-fnhc-factsheet/

- funding pilot projects with First Nations communities offering joint and shared services;
- delivering selected RHA services (nurse practitioners, medical staff and other health care providers) in the community;
- partnering with First Nations in remote areas to expand services;
- providing wrap-around services for children; and
- investing in joint initiatives and improvements in areas such as additional treatment beds, stabilization beds and culturally safe detox and after-care services and supports.

Chiefs, Health Directors and health leads identified continuing difficulties in accessing services through the RHAs, particularly for those residing in remote communities as well as for specific sub-populations (e.g., Elders and youth). Some challenges in accessing quality care include:

- issues related to cultural safety and humility;
- shortages and turnover of health care professionals (e.g., community doctors, nurse practitioners, specialized care providers);
- gaps in programming and services (e.g., mental health and addictions supports, long-term care, after-hours support, treatment aftercare);
- infrastructure (e.g., in-community lab services, accommodation for health professionals in community, closure of regional facilities);
- challenges with travel;
- lack of awareness of services; and
- long wait times.

First Nations living in community reported greater improvements in access to care than those living in urban areas and away from home. While the FNHA, the BC MoH, the RHAs and other organizations are actively working to increase access to quality and effective services for the urban and away-from-home population, their respective roles and responsibilities are not clearly defined.

Due to systemic, institutional, clinical and individual barriers, mainstream health services are not always accessible for First Nations living in urban areas and away from home. The FNHA, the BC MoH, the RHAs and other organizations are working both independently and collaboratively to expand access to culturally safe and effective services. Over the period covered by the evaluation, several frameworks, initiatives and programs have been implemented to improve health and wellness for the urban and away-from-home population.

In 2020, the FNHA released the Urban and Away-From-Home Health and Wellness Framework, with an updated version shared in November 2022.[62] Developed through extensive engagement, the framework outlines high-level principles and strategic directions for expanding the FNHA's support for First Nations who live in urban areas and away from home. It aligns with the BC MoH's Integrated Primary and Community Care Strategy and advocates for First Nations-led health initiatives. The framework outlines the collaborative responsibilities of the FNHA, the Province of BC and the Government of Canada in supporting the 72 per cent of First Nations people in BC who live away from home. Additionally, it recognizes the FNHA's unique role in the health system, operating at multiple levels and overlapping with the BC MoH, RHAs and First Nations communities in strategic policy, planning and service delivery.

[62] FNHA, "Urban and Away-from-Home Framework", 2022. FNHC, "Review the FNHC Fact Sheet", 2023. https://fnhc.ca/review-the-fnhc-factsheet/

To strengthen engagement with the urban and away-from-home population, the FNHA conducted the Urban and Away-From-Home Survey in 2021, gathering insights from more than 700 participants on their access to wellness information. These results helped to inform the development of the FNHA's communications pathways with the urban and away-from-home population.[63] In 2023, based on the direction of the Urban and Away-From-Home Health and Wellness Framework, the FNHA launched a series of regional engagements to develop an Urban and Away-From-Home Engagement Framework to better understand how to communicate and engage with the urban and away-from-home population. As part of this engagement, a Health and Wellness Service Needs Report will also be developed to better understand the service needs of the urban and away-from-home population. Engagement has been completed in the Northern Region with ongoing engagement occurring in three other regions.

FNHA Urban and Away-From-Home Team lead an engagement session, Prince George, BC, June 2023.

Beyond these initiatives, the FNHA also collaborated and, at times, partnered with organizations such as Friendship Centres, Foundry and other service providers to distribute health and wellness information and materials to support the urban and away-from-home population in accessing services. In April 2024, the FNHA and the Aboriginal Housing Management Association signed a new historic Memorandum of Partnership that establishes their shared commitment to improve the wellness of First Nations people living in BC.[64] The FNHA and the Aboriginal Housing Management Association will develop a collaborative work plan to advance health and housing outcomes for First Nations people in BC.

In response to the Urban and Away-From-Home Health and Wellness Framework, the BC MoH has introduced several changes to align BC's health system with the framework's vision. A key focus has been the transition to team-based models of care integrated through Primary Care Networks. Additionally, the RHAs support Friendship Centres in delivering health-related services to Indigenous peoples in urban areas. Investments in nursing and community-based supports are also being made to enable Elders to remain close to home. The BC Association of Aboriginal Friendship Centres receives funding from the FNHA, the Province of BC, provincial health organizations and the Government of Canada.

Resource constraints are a major challenge for the FNHA in serving the urban and away-from-home population, limiting its ability to provide consistent and comprehensive health care services. A key challenge is delineating the respective roles of those serving the urban and away-from-home population. While the FNHA is responsible for First Nations health services, the RHAs are the primary providers of health services to First Nations people living in urban areas and away from home, leading to gaps in service coordination, and inconsistencies in cultural safety standards across different regions.

[63] Urban and Away-From-Home Survey 2021 Results Report. https://www.fnha.ca/Documents/FNHA-urban-and-away-from-home-survey-2021-results-report.pdf

[64] Memorandum of Partnership Between: Aboriginal Housing Management Association and the First Nations Health Authority. April 2024. https://ahma-bc.org/wp-content/uploads/2024/05/News-Release_AHMA-and-FNHA-MoP_FINAL-2May2024.pdf

There are promising examples of health care integration. At the same time, more progress is needed to achieve structural integration and equitable access to health care. Several challenges to integration still exist, including a lack of collaboration between system partners, complex operating systems that create resistance to change, community capacity and resource constraints, staffing shortages in communities and insufficient communication of available services by the RHAs.

Several challenges were identified by representatives from the FNHA, RHAs and other health system partners. These included:

- ***Longstanding operating silos:*** The health system has traditionally been, and continues to be, largely siloed with multiple players planning and delivering services independently. Even within each silo, there are many players operating largely independently. While some collaboration is occurring, integration is very limited.

> *"Nations still have their services, the FNHA has its services, and the RHA has its services."*
> **– FNHA representative**

- ***Complex operating systems:*** Bringing about change in the RHAs is challenging, in part, because they are nestled within service models that serve a broad range of communities. The complexity of the systems creates resistance to change. Each RHA is trying to balance the differing priorities of Nations, priorities of the BC MoH and priorities of other groups it serves or with whom it works.
- ***Community capacity and resource constraints:*** Challenges related to administrative capacity, infrastructure and staffing can impact communities' ability to fully leverage available funding and implement programs. In some cases, program funding has been available but difficult to access due to these structural barriers. Providing flexible funding and greater access to support for program implementation and execution can help alleviate these challenges.
- ***Staffing shortages and high turnover rates:*** Staffing shortages and turnover are commonly viewed as a significant barrier to delivering equitable health care services. High turnover impedes continuity and quality of care and undermines trust and effectiveness of health programs in communities. While the recruitment and retention of health care workers tends to be particularly challenging in rural and remote communities, all regions reported shortages in health human resources across a wide range of positions. A common recommendation was that the RHAs, the FNHA and the FNHDA should work together to address staffing shortages at the community level.
- ***Awareness of services:*** Community members are not always made aware of the range of services that are available to them. Additionally, the RHAs may have limited familiarity of the services that are available to a community, the gaps that exist, and how the services of the RHA could complement local services and help to address gaps.

4.5 DATA STEWARDSHIP, SHARING AND SOVEREIGNTY

Substantial progress has been made, both in terms of increasing access to data relevant to First Nations health in BC and strengthening the control of First Nations over their health data.

The report entitled Disaggregated demographic data collection in British Columbia: The grandmother perspective, prepared by BC's Office of the Human Rights Commissioner in 2020, spoke to the need to balance two sometimes competing considerations:[65]

1. The importance of increasing access to disaggregated data (e.g., by ethnic group, gender, occupation or educational status) to uncover systemic racism and inequalities.
2. The importance of maintaining data sovereignty; protecting against community harm that may result from the use, collection and disclosure of disaggregated data during the research process; and embedding responsibility and reciprocity by ensuring meaningful community governance and capacity building in disaggregated data initiatives.

The results of this evaluation indicate that important progress has been made in both respects.

Access to data relevant to First Nations health in BC has increased. Progress made includes reporting of public health emergency data to inform community leadership and create action plans, providing health system data to communities to assist with health planning, and conducting surveys to provide insight into the health and wellness of First Nations peoples.

Examples of areas where access to data has increased include:

- ***The reporting of COVID-19 data for First Nations in BC:*** The First Nations Client File is a cohort of BC resident First Nations people registered under the *Indian Act* and their unregistered descendants born after 1986 for whom entitlement to register can be determined and is linkable to their BC Personal Health Number. The First Nations Client File was transferred to the BC Centre for Disease Control and used to identify First Nations in BC who were diagnosed with COVID-19. Beginning in 2020, the FNHA used data from the First Nations Client File to inform First Nations community leadership in BC of the number of cases, clusters and outbreaks, as well as vaccination distribution planning.
- ***Reporting on the toxic drug public health emergency:*** The FNHA has worked closely with health partners (BC Centre for Disease Control, BC Coroners Service, BC Emergency Health Services and the BC MoH) to gather data about the impacts of the toxic drug crisis on First Nations in BC. The FNHA publishes monthly situation reports and data infographics on a semi-annual and annual basis. Concurrently, the FNHA developed a Framework for Action: Responding to the Overdose/Opioid Public Health Emergency for First Nations, based on four pillars: prevent people who overdose from dying; keep people safer when using; create an accessible range of treatment options; and support people on their healing journey. Each pillar has one or more action plans to tackle the overdose crisis among First Nations people in BC.[66]

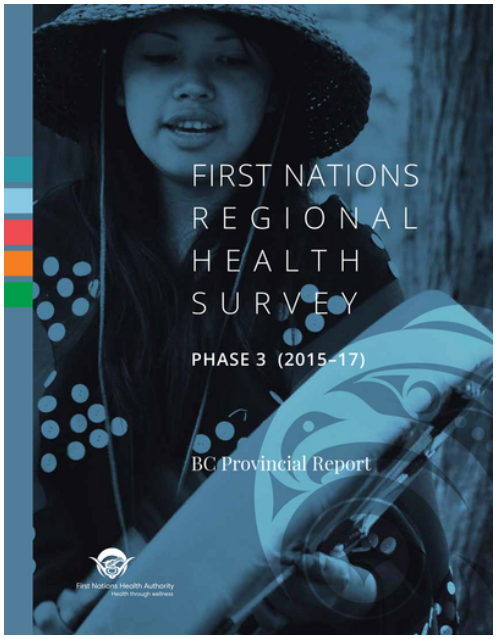
[65] BC Office of the Human Rights Commissioner, "Disaggregated demographic data collection in British Columbia: The grandmother perspective", 2020. https://bchumanrights.ca/wp-content/uploads/BCOHRC_Sept2020_Disaggregated-Data-Report-FINAL.pdf

[66] FNHA, "Framework for Action: Responding to the Overdose/Opioid Public Health Emergency for First Nations", 2017. https://www.fnha.ca/Documents/FNHA-Overdose-Action-Plan-Framework.pdf

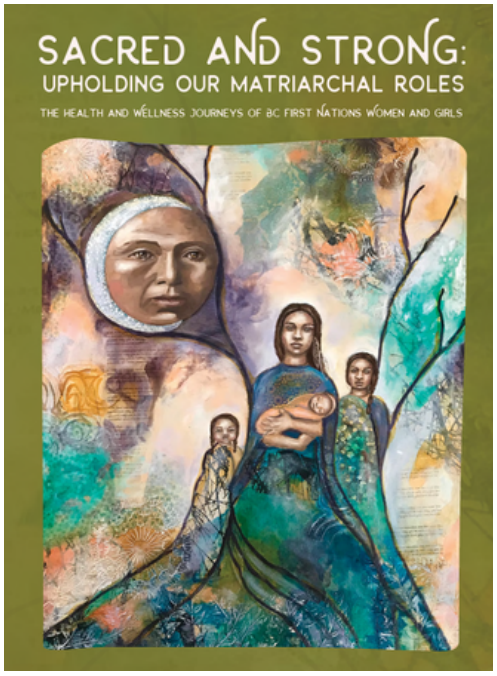
- ***Data from the Health System Matrix*** has been provided by the FNHA to communities to help with health planning. The Health System Matrix is a data set that includes information on hospital services, physician services, other services and chronic conditions. The data is used to analyze health service utilization and expenditures for First Nations and non-First Nations residents in BC's RHAs.
- ***Phase Four of the First Nations Regional Health Survey*** is currently underway. Conducted by and for First Nations, the survey provides a snapshot of the health and wellness of First Nations peoples living in communities across Canada. The FNHA prepares a survey and report that is focused on First Nations in BC. Initially mandated by the Assembly of First Nations Chiefs in 1996, three previous phases of the survey were also conducted with First Nations in BC: Phase One (2002– 2003), Phase Two (2008–2010) and Phase Three (2015–2017).[67] The survey is unique in that community leadership consent is required to participate in the survey, data collection is driven by champions in the community, and community members are hired to support data collection.

- ***Ad hoc or one-time surveys and reports*** have been published. For example, the Sacred and Strong: Upholding our Matriarchal Roles — The Health and Wellness of First Nations in BC Women and Girls report, released by the FNHA in 2021, provides insight into the health and wellness of First Nations women and girls living in BC. The report reflects First Nations perspectives of wellness and contains data as well as stories and teachings about the different facets of the health and well-being of First Nations women at every stage of their life.[68]

Most community representatives welcomed the additional health data and information they received from the FNHA (e.g., related to the Health System Matrix, COVID-19 and toxic drug crisis). However, some questioned whether the FNHA should have access to that information, suggesting that it should be accessible only with the express permission of each First Nation community.



Provincial results from Phase Three (2015-2017) of the First Nations Regional Health Survey, released in August 2019.



Sacred and Strong: Upholding our Matriarchal Roles — The Health and Wellness of First Nations in BC Women and Girls report, released in July 2021.

[67] FNHA, "Framework for Action: Responding to the Overdose/Opioid Public Health Emergency for First Nations", 2017. https://www.fnha.ca/Documents/FNHA-Overdose-Action-Plan-Framework.pdf
[68] FNHA, "Health Surveys", 2025. https://www.fnha.ca/what-we-do/research-knowledge-exchange-and-evaluation/health-surveys

The importance and protection of data sovereignty is vital to the health and well-being of First Nations people. Improvements are being advanced to increase the Ownership, Control, Access and Possession (OCAP®) principles the implementation of the *Anti-Racism Data Act* that supports First Nations right to control information about their communities, the establishment of a working group to improve data sharing across the health system, the collaborative efforts made between the FNHA, the BC MoH and ISC to enhance data quality, sharing and data stewardship, and provincial work under the DRIPA Action Plan to address data sovereignty. While the FNHA is working to become a data steward for First Nations in BC, there is a need for increased expertise and capacity in this area.

Examples of advances that have been made related to data sovereignty include:

- ***Increased recognition of the principles of OCAP® (Ownership, Control, Access, and Possession) and respect for health data stewardship and sovereignty.*** The FNHA Health Data and Information Stewardship Policy, effective May 9, 2022, sets out principles for managing First Nations health data in BC. It applies to FNHA employees and external parties handling identifiable and non-identifiable health data. The policy emphasizes OCAP® principles to safeguard data, promote First Nations perspectives and support their data management capacity. It mandates culturally informed data analyses and respectful reporting, with data access regulated by committees requiring appropriate approvals. Adherence to First Nations data governance principles and protocols has improved, especially in the public health community.

Trademarked logo for the First Nations Principles of OCAP®.

"First Nations are able to exercise greater control and ownership over their data than they were five and 10 years ago." – FNHA representative

- ***In 2022, the Province of BC signed into law the Anti-Racism Data Act, based on extensive engagement with Indigenous peoples and communities.*** The act aligns with the provincial commitment to DRIPA, recognizes the unique identity of First Nations communities in BC, emphasizes continued collaboration with Indigenous peoples, and supports First Nations data sovereignty and the right of First Nations to control information about their communities. The act mandates increased transparency and accountability in data collection and use, while also focusing on preventing and reducing harms to Indigenous peoples. It allows for the collection and use of personal information for the purposes of identifying and eliminating systemic racism and requires the provincial government to release statistics annually.
- ***An Indigenous Cultural Safety Measurement Working Group was established to improve data sharing across the health system.*** It is co-chaired by PHSA and Providence Health Indigenous leadership and includes representatives from all health authorities, BC MoH and subject matter experts. Its objectives include developing indicators to measure cultural safety and monitoring performance. The group's efforts are part of a broader initiative to ensure that health services are culturally appropriate and respectful of First Nations perspectives, thereby enhancing the quality of care provided to Indigenous communities.

- ***Tripartite Data Quality and Sharing Agreement:*** Signed in 2010, the agreement mandates the preparation of an annual report to summarize the progress made by the Tripartite Partners in building an equitable and culturally safe relationship around data sharing and data stewardship. The agreement was originally scheduled to expire in April 2020, was first extended to April 2021 and then subsequently extended for an additional three years, expiring in April 2024. Annual reports of the Tripartite Data Quality and Sharing Agreement outline the collaborative efforts between the FNHA, the BC MoH and ISC to enhance data quality and sharing. Key elements include the data access request process, roles of the Data and Information Planning Committee and the Data Management Working Group and the First Nations Client File. Each annual report highlights significant events, policy work and progress in data sharing, governance and health service improvements. Important initiatives in 2021included COVID-19 data sharing through the First Nations Regional Health Survey, accepting and completing data requests for the First Nations-led Primary Care Initiative site planning, and data access for four First Nations Client File toxic drug crisis-related projects. Additionally, the First Nations Client File was linked with the BC Cancer Registry to create ongoing data linkages to support surveillance and the Data and Information Planning Committee reviewed a total of 65 First Nations Client File data access requests since its creation in November 2011.
- ***BC Declaration on the Rights of Indigenous Peoples Act Action Plan, Action 3.14:*** Developed in 2021, the DRIPA Action Plan is a cross-governmental plan to implement UNDRIP, outlining specific actions in areas of health, mental health, self-determination, resource management and more. Action 3.14, led by the BC Ministry of Citizens' Services, focuses on advancing the collection and use of disaggregated demographic data, guided by a distinctions-based approach, to support Indigenous data sovereignty. This work aligns with the development of a national First Nations Data Governance Strategy, as well as development of a First Nations regional data governance centre.

Currently, the BC MoH continues to serve as steward for the First Nations Client File and provides epidemiological support to the FNHA. The ultimate goal is for the FNHA to become the data steward for First Nations in BC (housing the data on an FNHA data server), but there is a need to first expand the FNHA's capacity to take responsibility for this data.

Service planning and service delivery would benefit from reducing the barriers to clinical information sharing between the provincial health system and the medical records system for First Nations in BC.

Issues with system interoperability combined with the complex nature of jurisdictional and privacy issues have largely restricted the efficient and effective sharing of clinical information between health service providers. There have been some integration efforts, such as providing First Nations health service providers with access to patient information through systems like Meditech, which enhances the continuity of care. This access allows health professionals to stay informed about the health care journeys of their clients, contributing to a more integrated approach. However, there are many barriers to achieving greater integration, such as the costs, gaps in interoperability standards, the lack of standardization in data formats and core data sets, and security and privacy concerns. The FNHA has a strong interest in seeing the development of a First Nations-led provincial medical records system with interoperability, which could be an important step towards greater integration.

Without access to the First Nations Client File, the RHAs have been restricted in their ability to report on the services they provide to Indigenous people. Furthermore, the RHAs noted that data is not necessarily shared with them or shared in a timely manner. As a result, the RHAs argue that they do not have access to data that would better enable them to partner with First Nations and develop action plans where there are gaps.

> *"The continuum of care is really fractured, especially at the community level."*
> **– Community health staff**

The ongoing introduction of First Nations identifiers by the RHAs is designed to help First Nations people better access services and may help to inform future planning and understanding patient demographics. The information collected can be used to connect Indigenous patients with Indigenous-specific services available at their care site, such as Indigenous patient navigators or liaison nurses, help health care providers deliver more culturally sensitive care, and integrate traditional practices into care plans. One RHA noted that the identifier has significantly increased the number of patients referred to its patient navigators. It can also enable the RHAs to develop a better understanding of the clients they serve. However, identifiers have been implemented more slowly than expected. Training must be delivered first and the rollout across facilities is occurring in stages. Even once implemented, there are concerns regarding its effectiveness in that registrants may be hesitant to ask people to self-identify and, when asked, people may be hesitant to self-identify as First Nations.

> *"We struggle with getting the different privacy impact and data sharing agreements to bring it all together. We don't have a common clinical information system that everyone's using. The data quality and the data elements we're gathering are all very different and gathered in different ways using different products. We are talking about how to get some different type of use and rollout of a common clinical information system, which would take us light years ahead if we were all collecting data the same way and pulling from the same information system."* **– Regional health authority representative**

4.6 RESPONSIVENESS TO EMERGENT NEEDS AND PRIORITIES

The Tripartite Partners have made efforts to have a collaborative response to needs and priorities emerging from concurrent public health emergencies, including the COVID-19 pandemic, the toxic drug crisis, worsening mental health and wellness, uncovering of unmarked graves at residential schools, and environmental disasters. There is a need for long-term sustainable funding to support these new priority areas.

The Tripartite Partners' ability to respond to concurrent public health emergencies demonstrated the importance of the current health governance structure, established relationships and ways of working that enable the FNHA, the BC MoH and ISC to collectively respond to the needs and priorities of First Nations communities. However, several initiatives reflect a reactive approach with short-term programming and funding. There are calls from First Nations communities for access to more sustainable services to address the ongoing needs of community members exacerbated by ongoing emergencies.

COVID-19 Pandemic

The COVID-19 pandemic tested the Tripartite partnership's ability to respond rapidly to an emerging health crisis. The FNHA, BC MoH and ISC collaborated to co-ordinate a First Nations-specific response, which include:

- Accelerated vaccine rollouts ensuring priority access for First Nations communities.
- Support for community-driven decision-making and First Nations-led public health responses.
- Expansion of virtual health services, including the scaling of the First Nations Virtual Doctor of the Day and the Virtual Substance Use and Psychiatry Service to address gaps in care.
- Mobilization of the Health Emergency Management BC Executive Steering Committee to co-ordinate pandemic responses across jurisdictions.

While the response has transitioned to an endemic management phase, efforts continue, including rapid testing in rural and remote areas, booster shot access advocacy and continued pandemic preparedness planning. The FNHA supported communities to update their community pandemic plans and strengthened co-ordination through an internal Health Emergency Management Community of Practice.

Toxic Drug Public Health Emergency

The Tripartite Partners have undertaken multiple initiatives to address the toxic drug crisis, which disproportionately impacts First Nations communities.

The Province of BC has continued to expand and deliver overdose prevention sites and supervised consumption sites across the province. In 2020, the province released the Provincial Episodic Overdose Prevention Service Protocol, providing guidance for the establishment of new episodic overdose prevention sites in places where operating a continuous prevention site is not feasible or necessary. FNHA representatives participated in the development, with the FNHA in 2022 releasing a service delivery framework outlining how the FNHA will establish episodic overdose prevention sites, referred to as Raven's Eye Sage Sites.[69]

The Province of BC and the FNHA have expanded naloxone distribution programs, with the FNHA providing the Not Just Naloxone Program, which is a two-day virtual or in person train-the-trainer program. Opioid Agonist Therapy treatment has expanded with registered nurses and registered practical nurses prescribing for substance use treatment in remote and rural communities. Indigenous-led harm reduction programs have been developed in partnership with First Nations organizations, such as the Nuu-Chah-Nulth Tribal Council.

In 2022, the FNHA secured $14.3 million in provincial funding over three years to support Indigenous-specific harm reduction and detox initiatives. This includes the FNHA's Indigenous Harm Reduction grants which provide direct funding to communities to develop culturally appropriate harm reduction initiatives, supporting local responses to the toxic drug crisis through education, peer support and safer substance use strategies. Gaps remain in long-term treatment access, culturally safe detox and recovery programs, and sustained funding for harm reduction workers.

[69] FNHA, "Raven's Eye Sage Sites", 2022. https://www.fnha.ca/Documents/FNHA-Ravens-Eye-Sage-Sites-Service-Delivery-Framework.pdf

Mental Health and Wellness

The MHW MOU signed between the Tripartite Partners in 2018 has guided several key investments:

- $95 million has been allocated since 2019 to support the construction and revitalization of eight First Nations-operated substance use treatment centres, which are now in various stages of completion.
- Culturally grounded mental health programming has expanded, including the establishment of the Indigenous Treatment and Land-Based Healing Fund.
- Indigenous-led crisis response teams and trauma-informed counselling services have been introduced, particularly in response to the toxic drug crisis and the uncovering of unmarked graves at residential schools.

Despite these advances, gaps remain in the mental health workforce, with significant shortages of counsellors in First Nations communities and long wait times for care. First Nations leaders continue to advocate for stable, long-term funding and greater accessibility to trauma-informed and culturally safe services.[70]

Tsow-Tun-Le-Lum Society, Duncan, BC.

Uncovering of Unmarked Graves at Residential Schools

The uncovering of unmarked graves at residential schools prompted a co-ordinated response from the Tripartite Partners. Key actions taken include:

- $12.5 million in federal funding allocated for the development of a Healing House at T̓kemlúps te Secwépemc, designed to support survivors and their families.
- The FNHA administers the federal Indian Residential Schools Resolution Health Support Program in BC, which provides mental health and well-being support to former students and their families.
- The Province of BC established the BC Residential School Response Fund in 2021 to support communities in implementing a range of mental health and wellness programs, research and commemoration.

First Nations leaders have noted ongoing concerns regarding the sufficiency and sustainability of federal and provincial commitments to fund long-term healing programs, as many communities continue to struggle with the intergenerational impacts of residential schools.

[70] In April 2024, the FNHA curtailed access to mental health and wellness counselling services due to increased demand and budget pressures. As part of these changes, eligibility was updated to include only First Nations people with Status who live in BC. More information about these changes can be found on the FNHA website. https://www.fnha.ca/benefits/health-benefits-news/updates-to-mental-health-counselling-programs#:~:text=Effective%20immediately%20only%20First%20Nations,supports%20at%20the%20link%20here

Environmental Disasters

The increasing frequency and severity of climate-related disasters – wildfires, floods and extreme heat events – have disproportionately affected First Nations communities. The Tripartite Partners have responded through:

- Letters of understanding between the FNHA, First Nations Emergency Services Society and the BC Ministry of Emergency Management and Climate Resilience, which were signed in 2023 to clarify emergency response roles and responsibilities.
- The FNHA embedding climate resilience strategies into health emergency planning and incorporating traditional knowledge into disaster response strategies.
- Increased emergency co-ordination efforts, including community-driven evacuation and relocation planning.

While these efforts have improved emergency preparedness, there are still challenges in securing long-term funding for climate resilience initiatives, as well as ensuring First Nations have direct decision-making power over emergency response planning.

To respond to these issues, the roles and responsibilities of the FNHA with respect to health emergency management have evolved significantly since 2018/19. The organization is now better able to focus on all pillars of health emergency management and bring a culturally responsive lens to health emergencies involving First Nations communities. There remains an ongoing need for greater clarity regarding roles and responsibilities of health emergency management partners and a stronger integration of cultural safety and wellness approaches.

At the time of transfer, the health emergency capacity held by FNIHB and inherited by the FNHA was limited. Environmental emergencies in 2017 and 2018, followed by the COVID-19 pandemic, the toxic drug crisis, and resurfaced trauma due to the uncovering of unmarked graves at residential schools, tested that limited emergency response capacity.

The FNHA, with support from Tripartite Partners, was able to effectively respond to the needs of First Nations communities during the COVID-19 pandemic; however, an internal after action review identified the need for more structured and sustainable emergency response operations within the FNHA.[71] Additional internal reviews highlighted an opportunity to apply learnings and wise practices from the pandemic response to address other emergencies in communities and a need to adopt preparedness rather than reactive response to emergency management, particularly for ongoing emergencies around climate change.[72]

Squamish Nation community vaccine clinic. The FNHA and the Province of BC adopted a culturally based whole-community vaccine prioritization approach for First Nations in BC grounded in health outcome data, June 2021.

[71] FNHA, "The FNHA's Response to COVID-19. After Action Review," 2021.
[72] FNHA, "HEM Structure Leadership Interim Report", 2024.

In 2022, the FNHA established a permanent public health response structure with an expanded scope to respond to communicable diseases, the toxic drug crisis, and environmental public health encompassing natural disasters, floods and civic emergencies. The public health response structure also included the evolution of emergency management, adopting an all-hazards approach. The FNHA's role in emergency management has grown from a minimal mandate to a comprehensive response framework with three levels of response to emergencies such as wildfires, flooding and pandemics.[73] Additional considerations around division of roles and responsibilities and resourcing are required. Staff within the FNHA health emergency management structure noted that they often must step into roles beyond their scope and capacity to respond to increasing community needs. Key informants suggested that the role of the FNHA in relations to its partners needs to be clarified and there needs to be more communication, co-ordination and clarity around roles and responsibilities across the different health emergency management partners.

Progress has been made in embedding cultural safety and humility within the FNHA health emergency management structure although key challenges remain. The FNHA works with a range of federal, provincial, non-profit and volunteer organizations in responding to health emergencies, playing a key role in promoting cultural safety and humility by leading conversations with partners, showing up to address specific needs, addressing complaints, and educating partners regarding the importance of incorporating culturally safe practices when responding to emergencies. Continuous efforts have been made by the FNHA to inform partners of the importance of cultural safety and humility, including through collaborative development of provincial training programs. Cultural safety and humility training has helped raise awareness among partner agencies when responding to emergencies in First Nations communities and the need for communities to lead the response. Trauma-informed training for emergency support services has enabled more culturally safe assistance for evacuees, recognizing First Nations historical trauma.

Firefighters honoured at Chawathil First Nation during the "Healing our Heroes" event, hosted by the FNHA and attended by firefighters, First Nations members and BC Wildfire Service Staff, October 2023.

Due to the increasing frequency of emergencies and their disproportionate impact on First Nations communities, more work is needed to prepare communities for emergencies. The federal government has contracted emergency response managements to the BC Ministry of Emergency Management and Climate Readiness; however, the funding model is considered insufficient to provide on-reserve emergency management to all First Nations communities across BC. There is a need for significant investments in resources and infrastructure for First Nations communities to undertake emergency planning and preparation. Gaps highlighted by key informants include human resources, investments to address water quality issues, improve housing (inadequate or precarious housing increases vulnerability to emergencies, including infectious disease outbreaks and larger-scale events like wildfires), and access to necessary equipment and supplies to support responses.

[73] Health Emergency Management & Business Continuity Program, "Internal Audit Report", 2024.

4.7 HEALTH HUMAN RESOURCES

The provincial and national health human resource shortage is a primary barrier to the delivery of equitable health care services in First Nations communities.

Key informants identified health human resource shortages as a primary barrier affecting the accessibility and quality of health care for First Nations in BC. Health care accounted for 11.2 per cent of provincial employment in 2021, up from 9.3 per cent in 2011.[74] However, since 2016, the number of health human resources vacancies has doubled, and the number of vacancies lasting over 90 days tripling.[75] Some of the contributing factors include:

- an aging population, with an increasing percentage of workers nearing retirement and fewer young people entering the workforce;
- education and training requirements affecting how quickly new staff can enter the workforce;
- national and international migration of health professionals remains constrained by licensing and immigration hurdles; and
- impact of concurrent public health emergencies.

Retention rates are declining as competition between health care organizations increases regarding compensation and benefits. Public health emergencies such as the COVID-19 pandemic and the toxic drug crisis have placed significant strain on the workforce, leading to a high turnover of staff.

> ***"There is an intention to deliver equitable access to everybody, but we just can't do it with the current staffing challenges."*** **– Regional health authority representative**

Over 90 per cent of First Nations health leaders surveyed indicated that it was challenging to recruit and retain health care professionals and support staff in their community. All regions reported shortages in health human resources across a wide range of positions, with communities in rural and remote areas noting additional challenges due to long travel distances and a lack of accommodation and amenities. There may also be fewer professional development opportunities as well as more limited employment opportunities for spouses and family supports. Gaps in staffing and high turnover were stated as impacting service continuity and quality of care for community members.

[74] Government of Canada, "British Columbia Sector Profile: Health Care", 2021. https://www.jobbank.gc.ca/trend-analysis/job-market-reports/british-columbia/sectoral-profile-health-care

[75] Canadian Institute for Health Information, "Go in depth: 2022 health workforce data", 2024. https://www.cihi.ca/en/the-state-of-the-health-workforce-in-canada-2022/go-in-depth-2022-health-workforce-data

The provincial and federal governments, the FNHA and various professional associations have launched strategies to help mitigate the health human resource shortages over the medium- to longer-term.

The Health Human Resources Tripartite Strategic Approach, originally drafted in 2013, calls on Tripartite Partners to facilitate and support the development of a culturally competent workforce and increase the number of First Nations people in health careers.[76]

The Province of BC launched BC's Health Human Resources Strategy in 2022, aimed at optimizing the health system, expanding education and training opportunities and improving recruitment and retention of health care professionals. The BC MoH, in partnership with professional associations such as Doctors of BC, has implemented programs to attract and retain clinicians to rural and remote areas. The Health Career Access Program, funded by the BC MoH in partnership with RHAs, provides pathways for applicants with little to no experience in health care to undertake job training to become a health care assistant or mental health addictions worker. In 2023, the Allied Health Strategic Plan highlighted 42 actions in the Health Human Resources Strategy and introduced 15 new initiatives that benefit the allied health workforce. It included an investment of more than $30 million over three years to establish new senior allied health leadership and clinical educator roles throughout BC's health authorities and Providence Health Care and expand health education opportunities. An additional $15 million over three years has been allocated to fund training bursaries for priority programs, with the goal of attracting for students to nursing and allied health programs and strengthen Indigenous-student recruitment. As of September 2023, 238 of the 322 seat expansions have been implemented, with remaining seat expansions on track to be fully implemented by September 2026.[77]

Infographic depicting the key strategies from the BC's Health Human Resources Strategy, released in September 2022.

[76] WorkPlace BC, "Province supports allied health workforce, improves patient care", 2023. https://workbccentre-mapleridge.ca/province-supports-allied-health-workforce-improves-patient-care/#:~:text=The%20AHSP%20is%20a%20multi,%2C%20redesign%2C%20recruit%20and%20train

[77] FNHA and the BC Office of the Provincial Health Officer, "First Nations Population Health and Wellness Agenda: First Interim Update", 2024, https://www.fnha.ca/Documents/FNHA-PHO-First-Nations-Population-Health-and-Wellness-Agenda-First-Interim-Update-2024.pdf

In 2023, the federal government created Health Workforce Canada to improve the collection and sharing of health workforce data and share practical solutions and innovative practices. The federal government has launched a range of comprehensive strategies and initiatives focusing on improving the supply of health workers through student loan forgiveness programs, integration of internationally educated health professionals, enhancing retention, and optimizing workplace conditions. Key actions include expanding training opportunities, improving workforce data collection, and implementing regulatory changes to broaden the scope of practice for health professionals.

The FNHA continues to provide guidance across the province to support partners, professional bodies and universities in developing health human resource strategies to increase the number of First Nations people in health careers and develop a culturally safe workforce. The FNHA Health Careers Guidebook, launched in 2016, provides an overview of health careers. The FNHA developed a First Nations Student Program, facilitating pathways into health care for First Nations students during and post-tertiary education. Additionally, virtual services play a vital role in supporting access to specialized care amid health human resource shortages. The FNHA developed the First Nations Virtual Doctor of the Day and Virtual Substance Use and Psychiatry Service. These services can help bridge gaps in access, particularly for rural and remote communities where recruitment and retention remain ongoing challenges.

Graduates from the Raising the Canoe: First Nations Student Program at the FNHA, August 2023.

Indigenous representation within the BC health workforce remains very low. In BC, as of 2023 only 0.39 per cent of physicians, 1.72 per cent of midwives and 1.54 percent of nurses self-identify as First Nations.[78] Within the FNHA, approximately 35 per cent of staff self-identify as Indigenous, a figure that has remained consistent since 2019. These statistics demonstrate the need to address systemic barriers to entry into the health care workforce in BC. Doing so may help create pathways for greater Indigenous participation in health professions by supporting efforts to ensure Indigenous people are meaningfully included, celebrated and respected as leaders in shaping the health care system. Some progress has been made through initiatives such as Indigenous-specific recruitment programs, partnerships with post-secondary institutions and targeted scholarships.

Provincial and federal government health human resource strategies are expected to reduce shortages at the system level in the medium- to longer-term. However, there is an immediate need for direct support and collaboration on recruitment and retention in First Nations communities through community-driven approaches.

Provincial and federal government health human resource strategies are expected to address shortages at the system level in the medium- to longer-term. However, given the timelines associated with development and licensing health professionals, system-level staffing challenges are expected to continue for at least some time.

[78] FNHA and the BC Office of the Provincial Health Officer, "First Nations Population Health and Wellness Agenda: First Interim Update", 2024, https://www.fnha.ca/Documents/FNHA-PHO-First-Nations-Population-Health-and-Wellness-Agenda-First-Interim-Update-2024.pdf

At the community level, First Nations communities require more direct collaboration and support in recruiting and retaining health human resources. Health Directors reported that the Tripartite Partners health human resource efforts focus on the system-wide challenges but have limited direct impact on individual communities in attracting and retaining health care workers. Only a few communities indicated that they had successfully collaborated with RHAs in recruiting professionals, highlighting a need for stronger, more targeted and co-ordinated support.

There are opportunities to implement an enhanced community-driven approach to recruitment and workforce development. Potential strategies include First Nations-centred awareness campaigns to promote health care careers, multi-community recruitment initiatives with targeted incentives and financial supports such as subsidies, scholarships and bursaries. Expanding housing and community-based supports would also make health care positions in First Nations communities more attractive to health care professionals. Additionally, mentorship programs, partnerships with educational institutions for Indigenous-focused training and the adoption of flexible care models using new technologies could help address workforce shortages.

Increased access to training and other professional development opportunities may help in attracting and retaining staff. Professional staff working in community-operated facilities tend to have less access to training, education and resources than those working in health centres operated by the FNHA or the provincial health system.

Key informants suggested that a formal strategy be developed specifically focused on assisting communities in addressing health human resources shortages in the short-term. Development of such a strategy could include a comprehensive labour market analysis, identifying critical workforce shortages and the key factors contributing to those shortages. The strategy would mitigate the impact of health human resources shortages in the short- to medium-term, with strategic directions that are community-driven and tailored to the specific needs of First Nations communities.

The FNHDA has played an important role in supporting the Health Directors of community health organizations. Key informants suggested that the FNHDA could expand its role in providing onboarding, training and resources to further support Health Directors in their roles, help establish clear career paths for prospective and existing Heath Directors, and broaden its mandate to take a more active role in supporting the development and implementation of labour market strategies designed to help address health care staff shortages at the community level. Exploring opportunities for the FNHDA to partner with professional organizations to facilitate training and advice may address current gaps in the FNHDA's capacity

"There is a need for the FNHDA to provide more training and resources to support Health Directors in the important and complex roles they hold (e.g., proposal writing, funding options, report, best practices, administration and recruitment). There is also a need for more opportunities for Nation-to-Nation learning and for Health Directors and Chiefs to share best practices and solutions implemented in other communities." **– Community health staff**

5 EVALUATION FINDINGS: HEALTH DETERMINANTS AND OUTCOMES

The aim of the Tripartite Partners and partners within the BC First Nations Health Governance Structure is to improve the health and well-being of First Nations individuals and communities in BC. This section explores the currently available performance indicators and data relating to health and wellness outcomes. It is important to acknowledge that during the evaluation period, two public health emergencies occurred: the global COVID-19 pandemic and the toxic drug crisis, both of which disproportionately affected First Nations populations. Available health outcomes data demonstrates that these crises had significant and disproportional negative effects on First Nations in BC.

5.1 SOCIAL DETERMINANTS OF HEALTH

The First Nations Population Health and Wellness Agenda (PHWA) is a key initiative developed by the FNHA in partnership with the BC Office of the Provincial Health Officer.

The PHWA expands on the original seven indicators monitored over the preceding 10 years by the BC TFA. Of the original seven indicators, five had been previously reported (life expectancy at birth, age-standardized mortality rate, youth/young adult suicide rate, infant mortality rate, and diabetes prevalence) while two had not been reported (childhood obesity and practicing number of certified First Nations health care professionals).[79]

The PHWA was designed to create a more wholistic suite of measures and uses two-eyed seeing to bring together First Nations and western ways of knowing. By incorporating 15 additional indicators, the PHWA now outlines 22 indicators with targets within three main spheres of health and wellness that will be monitored over 10 years: Healthy, self-determining Nations and communities; supportive systems; and healthy, vibrant children and families.

Dr. Bonnie Henry, Provincial Health Officer, Province of BC, provides a joint update with the FNHA on the PHWA indicators, August 2024.

[79] FNHA and the BC Office of the Provincial Health Officer, "The First Nations Population Health and Wellness Agenda", 2021. https://www.fnha.ca/Documents/FNHA-PHO-First-Nations-Population-Health-and-Wellness-Agenda.pdf

The PHWA takes a strength-based approach, establishing a series of key indicators related to self-determination, connection to land and cultural wellness among First Nations in BC. The PHWA moves away from identifying ethnicity as a "risk factor" to better recognize that risk factors are determined by pressures from external forces, especially colonial policies and processes. It sets a baseline for each indicator (based on the most recently available data) and targets to be achieved over the next 10 years to be measured by the FNHA and the BC Office of the Provincial Health Officer.

An interim report for the PHWA was published in 2024, indicating improvements against some indicators, although First Nations continue to experience lower levels of wellness compared to other residents in BC.

This first 2024 interim report provides an overview of progress on 14 of the 22 PHWA indicators (see Table 2). Measures for certain indicators have not yet been defined, while in other cases, current data is not available from public sources or from the Regional Health Survey, which would enable reporting against the indicator. The FNHA and the BC Office of the Provincial Health Officer are working to establish a consensus on how to measure specific First Nations indicators such as self-determination and cultural wellness. Future reports will report on indicators not included in the 2024 interim report.

Table 2: First Nations population health and wellness indicators, updated in 2024

Indicator	Measurement
HEALTHY, SELF-DETERMINING NATIONS AND COMMUNITIES	
Self-determination	Measure under development
Connection to land Theme 1: Ancestral knowledge Theme 2: Land and water wellness Theme 3: Accountability	Measure under development
Cultural wellness	Knowledge of a First Nations language, participation in cultural activities, importance of traditional spirituality, use of traditional medicine, consuming traditional food
SUPPORTIVE SYSTEMS	
Food insecurity	Proportion of households who could not afford to eat a balanced meal
Acceptable housing	Proportion of households with acceptable (adequate, suitable, affordable) housing
Education	The proportion of students who complete high school within eight years of starting Grade 8
Avoidable hospitalizations	Rate of avoidable hospitalizations per 10,000 population

Indicator	Measurement
SUPPORTIVE SYSTEMS	
Cultural safety and humility in the health care system	Percentage of First Nations people who report that their care provider was respectful of their culture and traditions
Registered First Nations health care providers	Percentage of physicians, midwives and nurses in BC registered with their respective colleges who self-identify as First Nations
HEALTHY, VIBRANT CHILDREN AND FAMILIES	
Infants born at a healthy weight	Percentage of singleton babies born at a healthy birth weight for their gestational age and sex
Infant mortality rate	Rate of infants who die within 365 days of birth (five-year aggregate)
Children with healthy teeth	Percentage of Indigenous kindergarten children who are cavity-free
Youth/young adult death by suicide	Suicide mortality rate of youth/young adults aged 15–24 (five-year aggregate)
Diabetes incidence	Age-standardized diabetes incidence
Serious injuries	Rate of serious injuries requiring hospitalization
Life expectancy	Life expectancy at birth
Mortality rate - Deaths due to all causes	All-cause age-standardized mortality rate
Healthy childhood weights	Percentage of children aged 2–11 with a healthy/ moderate body mass index
Alcohol-attributable mortality	Rate per 10,000 population
Smoking commercial tobacco	Percentage who smoke commercial tobacco
Mental and emotional well-being	N/A

The PHWA report includes data on First Nations people and other residents in BC to exemplify persisting health disparities. The 2024 interim report demonstrates there are some indicators where First Nations health outcomes have worsened since the baseline report, and there are other indicators that demonstrate improvements for First Nations while also showing that substantial gaps remain between the health and wellness outcomes of First Nations people and those of other residents in BC, including some cases where the gaps have widened.[80]

[80] FNHA and the BC Office of the Provincial Health Officer, "The First Nation Population Health and Wellness Agenda", 2021. https://www.fnha.ca/Documents/FNHA-PHO-First-Nations-Population-Health-and-Wellness-Agenda.pdf

First Nations people experienced improvements in the social indicators of education, language and cultural wellness.

- ***Education:*** From 2016/17 to 2019/20, the percentage of Indigenous students who completed high school within eight years of enrolling in Grade 8 significantly increased from 69.9 per cent to 74.2 per cent.
- ***Language:*** First Nations language learners make up 12.2 per cent of the total population (17,103 learners) which is an increase of 3,106 learners since 2018. The number of early childhood facilities (language nest) has tripled since 2018.[81]
- ***Self-reported cultural wellness:*** From 2008-10 to 2015-17, the cultural wellness index increased from 3.3 to 3.5, suggesting that cultural wellness is increasing. The cultural wellness index combines five domains of wellness into a single composite number with a scale from 0 to 5.

First Nations continue to experience lower health and wellness levels compared to other residents in BC in the following social indicators:

- ***Food insecurity:*** This indicator varied by region across BC, but First Nations experience food insecurity six times the BC average. The 2024 interim PHWA report did not report on food insecurity, but the baseline was 43.5 per cent across BC in 2015-2017, a decline from 46.7 per cent in 2008-2010.
- ***Housing:*** According to the Assembly of First Nations National First Nations Homelessness Action Plan published in December 2023, one in 38 First Nations individuals face homelessness each night – a rate 23 times higher than their non-Indigenous counterparts. People in First Nations communities are four times more likely to live in crowded housing and six times more likely to live in housing in need of major repairs than non-Indigenous people, according to Canada's 2021 Census.
- ***Income:*** Median individual income for individuals aged 25 to 64 was lower for all Indigenous groups compared to the non-Indigenous population ($50,400) according to Canada's 2021 Census.
- ***COVID-19 vaccines:*** In BC, rates of COVID-19 cases among First Nations people living in community surpassed rates among other residents.[82] As of January 2023, 83.5 per cent of First Nations aged 12 or older had received at least one dose of the COVID-19 vaccine, and 78.8 per cent had received at least two doses.[83] However, the Statistics Canada Canadian Community Health Survey found that vaccination coverage for at least one dose of a COVID-19 vaccine was lower among people who self-identify as off-reserve First Nations.

[81] First Peoples' Cultural Council, "Report on the Status of B.C. First Nations Languages", 2022. https://fpcc.ca/wp-content/uploads/2023/02/FPCC-LanguageReport-23.02.14-FINAL.pdf
[82] FNHA and the BC Office of the Provincial Health Officer, "First Nations Population Health and Wellness Agenda: First Interim Update", 2024, https://www.fnha.ca/Documents/FNHA-PHO-First-Nations-Population-Health-and-Wellness-Agenda-First-Interim-Update-2024.pdf
[83] FNHA, "Coronavirus disease (COVID-19) community situation report", 2023. https://www.fnha.ca/Documents/FNHA-COVID-19-Public-Health-Response-Community-Situation-Report-January-23-2023.pdf

- ***Tuberculosis rates:*** Although the incidence rate of tuberculosis has decreased for First Nations people (with the rate now sitting at 13.7 for 100,000 people) through prevention and health promotion initiatives, this is not enough to end tuberculosis. Individuals with a history of substance use, chronic medical conditions and those aged over 60 are at higher risk of tuberculosis.[84]
- ***Alcohol rates:*** While national data suggest that First Nations are less likely to not consume alcohol (31 per cent) compared to other residents of Canada (24 per cent), the rate of heavy drinking (five or more drinks on one occasion at least once a month) is higher among the First Nations population (35 per cent) than among the non-First Nations population (23 per cent).[85] The first PHWA report described that the alcohol-attributable mortality rate (deaths attributed to alcohol) has increased among First Nations, from 10.6 per 10,000 population in 2011, up to 14.2 per 10,000 in 2015. This rate is more than three times higher than the rate for other residents. The 2024 interim PHWA report does not provide updated rates, but the target is to decrease alcohol-attributable mortality among First Nations by at least 30 per cent by 2031.
- ***Smoking tobacco:*** The baseline sourced from the First Nations Regional Health Survey (2015-2017) reports that the percentage of First Nations people who smoke commercial tobacco is 12.9 per cent for youths and 40.4 per cent for adults. No updates were included in the 2024 interim PHWA report.

Future PHWA reports will provide further insights on smoking, physical activity and alcohol-related deaths, ensuring that health system planning continues to be informed by First Nations-led data and priorities.

First Nations continue to experience challenges accessing physicians, particularly physicians who self-identify as Indigenous.

First Nations individuals in BC had slightly lower rates of physician attachment across most age groups in 2021/22 compared to the other resident population, highlighting ongoing challenges in accessing consistent primary care. Indigenous representation within the physician workforce remains critically low, with First Nations physicians making up only 0.39 per cent of all registered physicians in BC in 2023 – a slight increase from 0.32 per cent in 2019, reflecting a net gain of 16 First Nations physicians over four years.[86]

To address these disparities, the FNHA and the BC College of Physicians and Surgeons introduced a self-identification option in 2019 as part of the annual licensing renewal process, providing a clearer picture of Indigenous representation in the profession. Looking ahead, the opening of a new medical school at Simon Fraser University in 2026, developed in partnership with the FNHA and Fraser Health Authority, is expected to support greater Indigenous participation in medical education and contribute to a more representative health care workforce.

[84] FNHA, First Nations Peoples and Tuberculosis in BC, www.fnha.ca/Documents/FNHA-First-Nations-Peoples-and-Tuberculosis-in-BC-Infographic.pdf

[85] Statistic Canada, "Aboriginal Peoples Survey", 2012. https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&Id=109115; "Canadian Community Health Survey", 2012. https://www.statcan.gc.ca/eng/statistical-programs/instrument/3226_Q1_V9-eng.pdf

[86] The increase may (at least in part) reflect increased self-identification or other factors rather than simply a greater number of physicians. It is also possible that some First Nations physicians may choose not to self-identify with the regulatory college.

The 10-Year Strategy on the Social Determinants of Health, endorsed by Chiefs and leaders at Gathering Wisdom for a Shared Journey XII in 2023, represents a whole-of-government approach that seeks to accelerate progress on the social determinants of health.

Eighty-six percent of Chiefs and leaders voted in favour of the 10-Year Strategy on the Social Determinants of Health, the highest approval level for any FNHC resolution to date. It lays out four primary strategies for systemic change: healing approaches, cultural infrastructure, financial sustainability and Nation-based governance. To set this strategy in motion, Nations, the FNHA, FNHC and FNHDA developed a two-year implementation plan (2023–2025) that specifies timelines, deliverables, engagement priorities and principles of the strategy.

5.2 HEALTH AND WELLNESS OUTCOMES

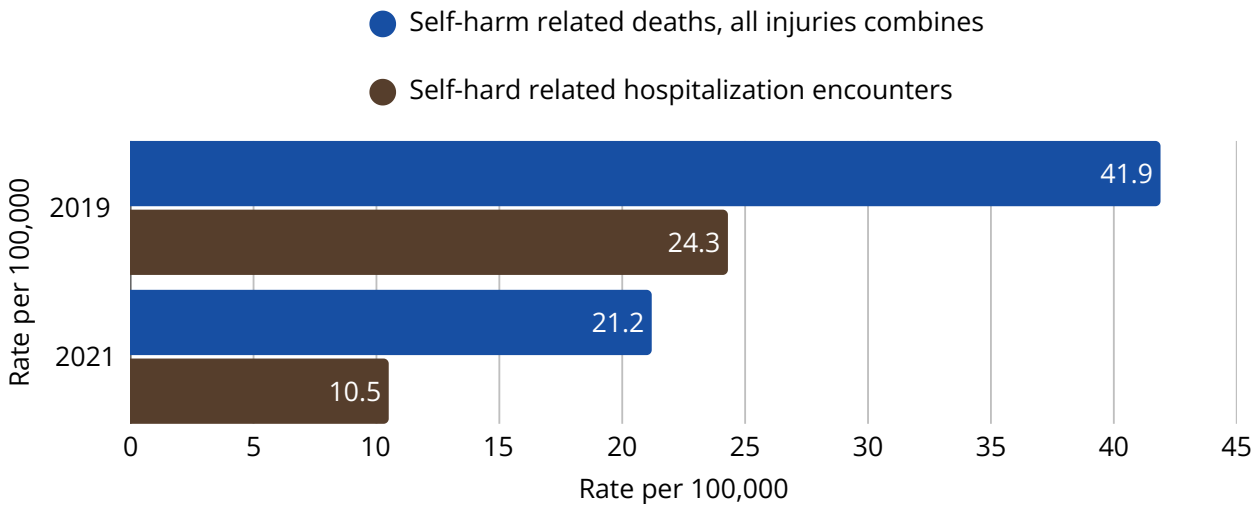
Most key informants anticipate that the improvements in service access and quality that have been made in the health system for First Nations in BC will be effective in improving health outcomes. However, other factors, including the COVID-19 pandemic, toxic drug crisis and demographic changes, have constrained the improvements in health outcomes that they believe would otherwise have been made. This subsection provides an overview of the trends noted in terms of key indicators related to First Nations in BC health and wellness outcomes.

Improvements are noted in youth suicide rates and self-reported rates of First Nations mental health.

There have been modest improvements in five indicators for First Nations in BC:

- ***Self-harm-related deaths***: There were 87 self-harm-related deaths among First Nations people in BC between January 1, 2019, and December 31, 2021, which represent a decline in self-harm-related crude mortality rate from 21.2 per 100,000 in 2019 to 10.5 per 100,000 in 2021, see Figure 4.

Figure 4: Crude rates of improving indicators for First Nations in BC



Source: First Nations Population Health and Wellness Agenda: First Interim Update, 2024; FNHA Health Surveillance, Injury Surveillance Indicators - All injuries combined except poisoning [87, 88]

- ***Self-harm related hospitalization encounters (all causes excluding poisoning):*** Between 2019 and 2021, rate of self-harm-related hospitalization encounters among First Nations people declined from 41.9 per 100,000 in 2019 to 24.3 per 100,000 in 2021 (see Figure 4). This represents a decline across all age groups, and specifically for men.
- ***Youth suicide rates:*** The overall suicide rate for First Nations youth has declined since 2015–19, from 3.3 per 10,000 population in 2015–19 to 2.8 per 10,000 population in 2017–21.
- ***Self-reported physical, emotional, mental and spiritual wellness:*** From the most recently published First Nations Regional Health Survey in 2015-2017, the percentage of First Nations adults who report feeling balanced physically, emotionally, mentally and spiritually has improved since 2002-03, but has seen a small decrease since the 2008-20 survey. First Nations individuals living on-reserve were more likely to report higher rates of balance than those living off-reserve.
- ***Perceived mental health by Indigenous identity:*** Gathered by the Canadian Social Survey, perceived mental health has improved since 2021, with the percentage of First Nations reporting poor mental health falling from 31.4 per cent to 26.1 per cent in 2023.

Many health outcomes of First Nations in BC are worsening compared to those of other residents in BC. Health outcomes continue to be impacted by the toxic drug crisis and the COVID-19 pandemic, which disproportionally impacted First Nations in BC. Additional details are provided below:

- ***Toxic drug poisonings and deaths:*** Between 2019 and 2023, there were 15,194 paramedic-attended toxic drug poisoning events among First Nations. This rate does not include toxic drug poisoning deaths or events where paramedics were not called. In 2023 alone, there were 3,446 toxic drug events experienced by First Nations people, a 12.3 per cent increase over 2022.[89] There were 1,628 toxic drug poisoning deaths between 2019 and 2023, with 458 deaths in 2023.[90, 91]

  The rate of toxic drug poisoning deaths was more than six times higher for First Nations people than for other residents of BC. The rate is even more disproportionate among females, with First Nations females dying from toxic drugs at 11.7 times the rate of other resident females. In 2023, 11,793 take-home naloxone kits were ordered by First Nations sites or friendship centres to prevent toxic drug deaths.[92]

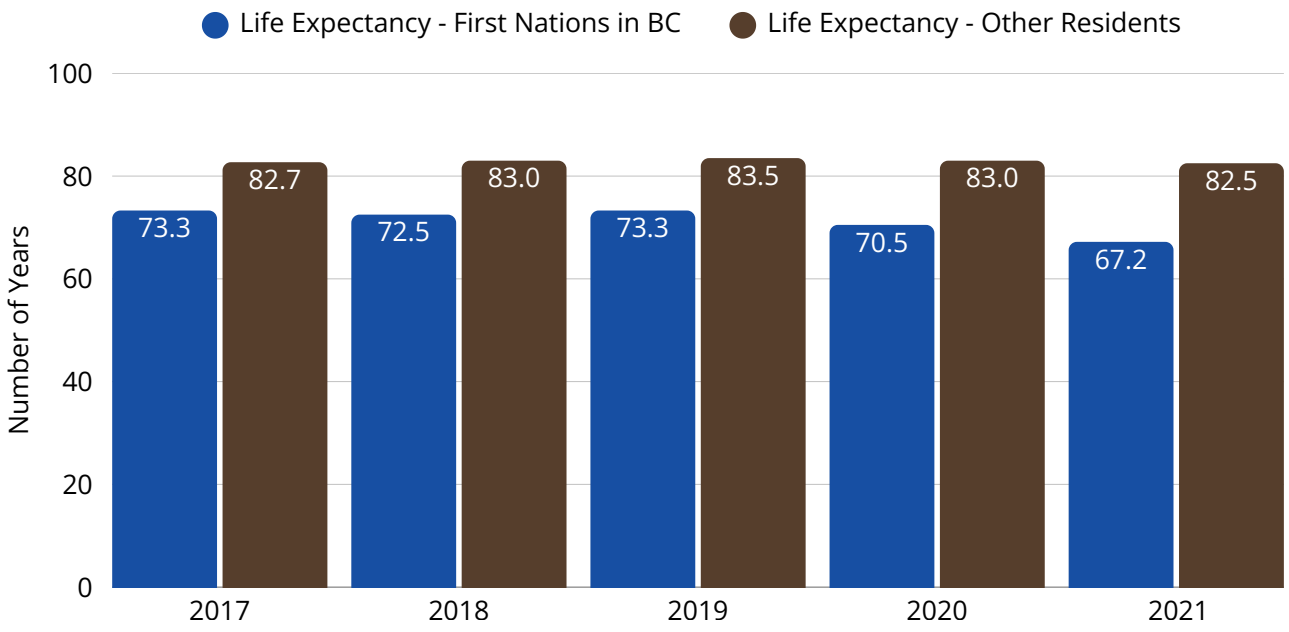
[87] Self-harm related deaths, all injuries combined: Due to data lag from BC Coroners Service, results from 2020 and 2021 are an underestimation of the actual counts in these two years; and there is up to a two-year delay in the reporting of deaths by suicide in BC; suicide deaths may therefore be underrepresented in the 2020 and 2021 data because deaths from these years may still be under investigation.
[88] There could be missing data due to non-linkable PHNs (17% of injury-related deaths data missing due non-linkable PHNs), resulting in underestimation of the actual number of injury-related deaths and mortality rates.
[89] Paramedic-attended event data is sourced from BC Emergency Health Services. The majority of events are non-fatal. Only events where 911 was called and paramedics responded are captured, and drug poisonings reversed in communities where paramedics were not called in are therefore not captured.
[90] FNHA Health Surveillance, "Toxic Drug Data", 2024.
[91] Toxic drug death data is sourced from BC Coroners Service. Toxic drug poisoning deaths include illicit substances and non-prescribed medications. Both open and closed cases are included.
[92] This data only reflects kits that were ordered, and not all ordered kits may have been distributed or used. First Nations people can also access kits from non-First Nations designated sites.

- ***COVID-19 cases:*** First Nations have also navigated the COVID-19 pandemic and its resulting impacts. While First Nations initially had lower cases of COVID-19, additional waves of the virus resulted in a surge of cases for First Nations, eventually surpassing rates of cases among other residents in BC. As of January 2023, there were 21,249 confirmed COVID-19 cases, 2,556 hospitalizations and 825 critical care admissions among First Nations in BC.[93]

First Nations in BC have experienced a worsening of certain core health outcomes that impact health, wellness and longevity. This includes life expectancy, mortality rate, potential years lost, suicide rate and the prevalence rate of diabetes.

- ***Life expectancy*** for Status First Nations people in BC decreased from the baseline PHWA report of 73.3 years in 2017 to 67.2 years in 2021, with a substantial decrease of 6.1 years between 2019 and 2021 (see Figure 5). There was a small decrease for other residents, but it is minimal in comparison to the decrease seen in First Nations people. The dual public health emergencies of the COVID-19 pandemic and the toxic drug crisis have had a significant impact on life-expectancy, with the toxic drug crisis having the greatest impact due to a greater number of deaths and a lower age at the time of death.[94]

Figure 5: Life expectancy at birth, Status First Nations and other residents



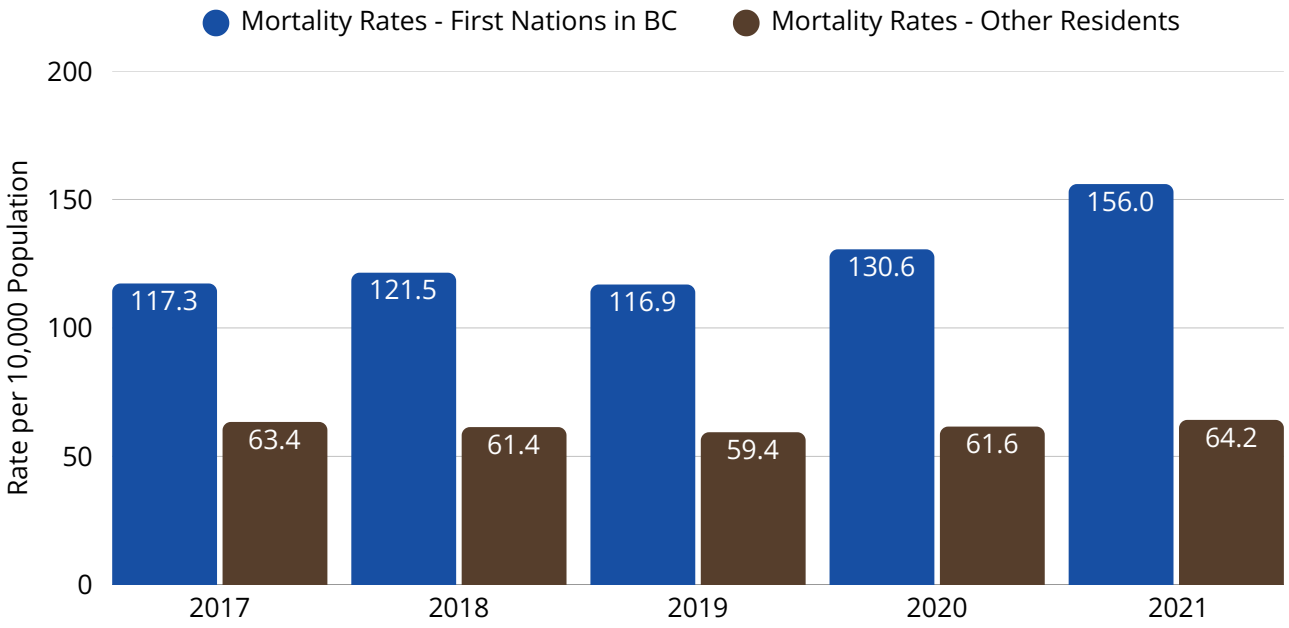
Source: First Nations Population Health and Wellness Agenda: First Interim Update, 2024

[93] FNHA and the BC Office of the Provincial Health Officer, "First Nations Population Health and Wellness Agenda: First Interim Update, 2024" 2024. https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/special-reports/first_nations_phwa_full_report.pdf

[94] FNHA, "First Nations life expectancy in BC drops due to toxic drug poisonings and COVID-19", February 20, 2024., https://www.fnha.ca/about/news-and-events/news/first-nations-life-expectancy-in-bc-drops-due-to-toxic-drug-poisonings-and-covid-19

- ***The mortality rate*** increased since the base PHWA in 2017 from 117.3 per 10,000 population to 156 per 10,000 in 2021 and continues to be substantially higher than other BC residents (see Figure 6). While both life expectancy and mortality rate are important indicators, they do not indicate the quality of the end-of-life passage for the individual, the family or First Nation community. As with life expectancy, the toxic drug crisis and COVID-19 have both had a substantial impact on mortality rates.

Figure 6: Mortality rates: First Nations in BC compared to other residents



Source: First Nations Population Health and Wellness Agenda: First Interim Update, 2024

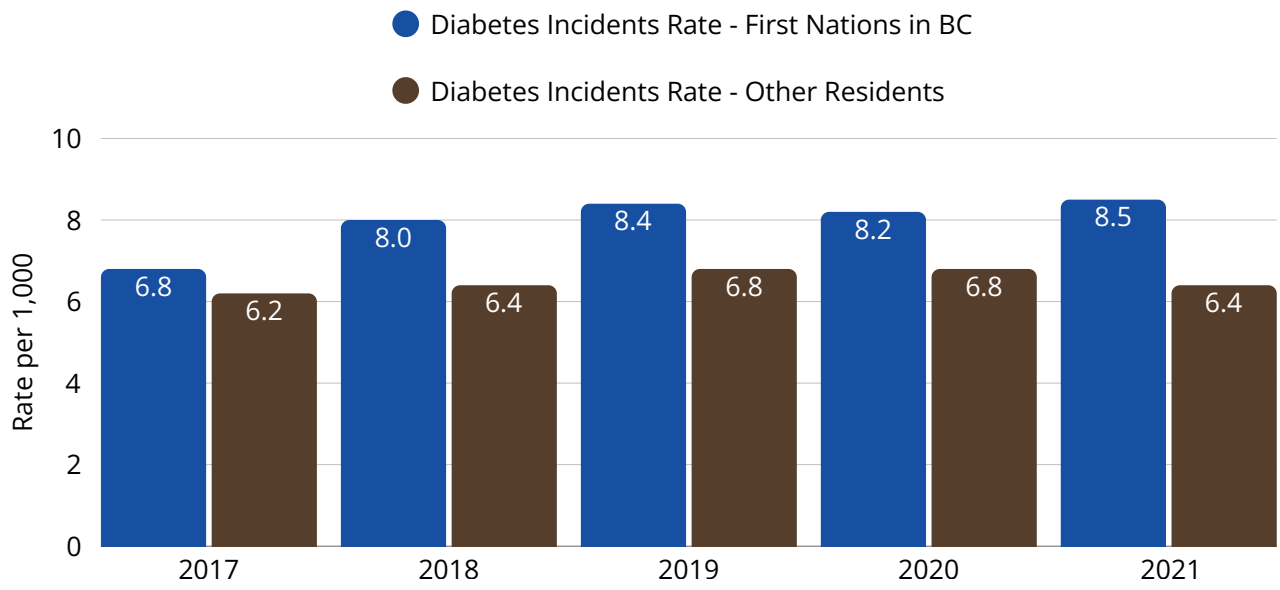
- ***The potential years of life lost*** represents the average number of years of life lost due to premature death before age 86 by any cause, per 1,000 residents. While no updates are available since the PHWA baseline report, data from the FNHA and Office of the Provincial Health Officer looked at the ongoing impact of COVID-19 and the toxic drug crisis on potential years of life lost.[95] First Nations continue to lose more years than other residents (244.8 compared to 104.9 in 2017), particularly in the areas of cancer (39.0 compared to 30.0), cardiovascular diseases (23.0 compared to 12.9), digestive diseases (17.3 compared to 3.5) and self-harm and interpersonal violence (11.1 compared to 4.4).
- ***Suicide rate:*** The multiple concurrent public health emergencies, including the COVID-19 pandemic, the toxic drug crisis, worsening mental health and wellness, uncovering of unmarked graves at residential schools and environmental disasters, contributed to decreased access to community services, family support and cultural gatherings and activities, which compounded pre-existing inequities rooted in settler colonialism. While youth suicide rates have marginally decreased since 2017, the mortality rate for First Nations youth and young adults is more than three times the rate of other residents in BC; death by suicide accounts for one-third of all First Nation youth and young adult unexpected deaths.[96]

[95] FNHA, "First Nations life expectancy in BC drops due to toxic drug poisonings and COVID-19", February 20, 2024. https://www.fnha.ca/about/news-and-events/news/first-nations-life-expectancy-in-bc-drops-due-to-toxic-drug-poisonings-and-covid-19

[96] FNHA and the BC Office of the Provincial Health Officer, "First Nations Population Health and Wellness Agenda: First Interim Update, 2024", 2024. https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/special-reports/first_nations_phwa_full_report.pdf

- ***Diabetes rate:*** Despite increased investments in diabetes through new screening initiatives, culturally safe diabetes education and awareness and traditional healing, diabetes prevalence rates among First Nations people continue to be higher than other residents of BC (28.6 per cent compared to 24.8 per cent in 2021/22). Diabetes incidence rates are also higher among First Nations (8.5) compared to other residents in BC (6.4), in 2020/21 (see Figure 7).

Figure 7: Age-standardized diabetes incidence rate



Source: First Nations Population Health and Wellness Agenda: First Interim Update, 2024

Other indicators also demonstrate the worsening of First Nation health outcomes:

- As reported in the Canadian Social Survey, Indigenous peoples' perceived health (mental and physical health) is lower than that in the non-Indigenous population (29.6 per cent of Indigenous people perceived their health to be in poor standing, roughly 13 per cent higher than non-Indigenous people in 2023).
- The National Health Inequalities Data Tool indicates that between 2015-2018, high alcohol use and suicide ideation and attempts were higher nationally among First Nations living off-reserve than among non-Indigenous people.[97]
- For all ages, injury-related age-specific mortality rate among First Nation in BC has increased between 2019 and 2020, with more prominent increase in 40+ years age group.[98]

Minimal improvements are noted in available infant and child health outcomes. However, there are multiple indicators that do not have updated data or clear tracking measures.

Table 3 provides an overview of improvements noted in infant and child health outcomes.

[97] The National Health Inequalities Data Tool uses data for First Nations (off-reserve), Inuit and Métis collected through Statistics Canada surveys. Corresponding data for First Nations living on reserve are collected through the First Nations Regional Health Survey.
[98] FNHA Health Surveillance, Injury Surveillance Indicators, 2022.

Table 3: Infant and child health outcomes

Indicator	Change
Infant mortality rate	• Improved from 5.3 per 1,000 live births in 2013-2017 to 4.6 per 1,000 in 2015-2019. Small but not a statistically significant improvement. • Small narrowing of the gap between First Nations babies and other resident babies, with a difference of 1.9 per 1,000 live births in 2013–17 to 1.3 in 2015–19.
Infants born at a healthy weight	• Decreased slightly from 73.8 per cent in 2017 to 72.1 per cent in 2019. • The gap between First Nations babies and other resident babies widened slightly (by 1.7 percentage points) between 2017 and 2019.
Childhood obesity	• Indicator will be included in future PHWA reports using updated data from Phase 4 of the Regional Health Survey, which began collecting data in 2023.
Children with healthy teeth	• Not available due to a lack of consistent, appropriate, respectful and distinctions-based data sources. A more robust data source(s) will be used in future PHWA reports.
Vaccine rates[99]	• When controlled for socioeconomic factors, Indigenous identity is not associated with lower child immunization rates. • The Statistics Canada Childhood National Immunization Coverage Survey 2021 found no significant difference in vaccination rates between Indigenous and non-Indigenous children aged 2 years.

Source: First Nations Population Health and Wellness Agenda: First Interim Update, 2024

First Nations in BC continue to use emergency departments and physician services at a higher rate than other residents in BC.

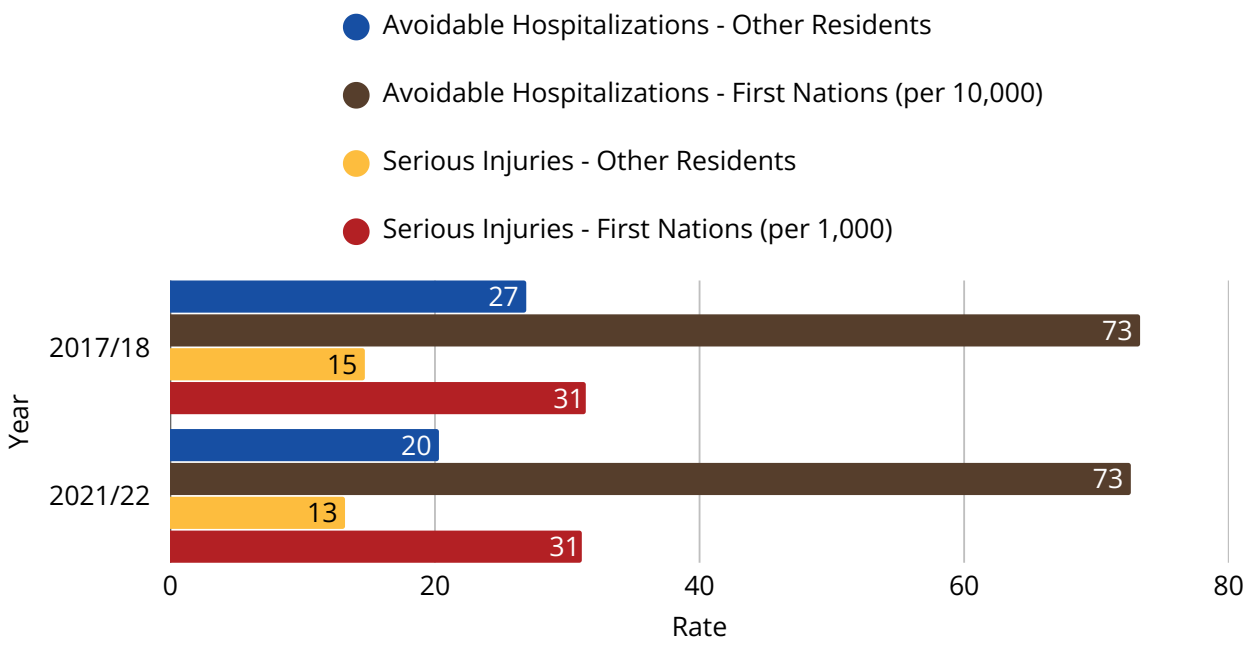
Indigenous people experience inequitable access to primary preventative care services, which results in a disproportionate and avoidable reliance on emergency services.[100] Use of physician services among First Nations in BC increased slightly for both mental health and substance concerns between 2018/19 and 2021/22.[101] In 2021/22, physician use and hospital use rates for mental health and substance use concerns were higher among First Nations than other residents in BC. The Canadian Community Health Survey also reported a higher percentage (29 per cent) of First Nation residents in BC consulted with a mental health professional in 2019/20 than other residents (16 per cent).

In 2021/22, First Nations utilized emergency departments at a higher rate than other residents in BC (35.7 per cent compared to 24.8 per cent).[102] The indicator of avoidable hospitalizations is one of three ways that the PHWA continues to monitor the experience of First Nations people with the BC health care system.

[99] First Nations children may not be completely captured in BC's registry system, as on-reserve birth records and immunizations may not be entered into electronic medical systems (e.g., Panorama or iPHIS); and may be under-represented in the datasets because some First Nations schools are not registered with the BC Ministry of Education and are therefore not captured in the provincial list of schools.
[100] Turpel-Lafond and Johnson, "In Plain Sight: Addressing Indigenous-Specific Racism and Discrimination in BC Health Care", 2020.
[101] Health System Matrix Version 14, 2; linked to First Nations Client File 2022.
[102] Health System Matrix, Version 14, 2; linked to First Nations Client File 2022.

There were minimal changes in the rate of avoidable hospitalizations per 10,000 population for First Nations between 2017/18 and 2021/22 (see Figure 8). However, the gap between First Nations and other residents in BC widened from 73.3 compared to 26.9 in 2017/18 to 72.6 compared to 20.3 in 2021/22, respectively. The rates of avoidable hospital rates for some conditions (e.g., diabetes) among First Nations are double or triple that of other residents.[103] Similarly, the gap between First Nations and other residents in BC for serious injury requiring hospitalization has also widened.

Figure 8: Rate of avoidable hospitalization (per 10,000) and serious injuries (per 1,000) between 2017/18 to 2021/22



Source: First Nations Population Health and Wellness Agenda: First Interim Update, 2024

Systemically high hospital user rates among First Nations in BC may suggest a gap in access to primary health care services or an issue with the appropriateness or effectiveness of that care.

The PHWA also describes the percentage of First Nations people who reported that their care provider was respectful of their culture and traditions. The 2024 interim report does not provide updated data on patient-reported experience measures, but the baseline data from 2016/17 reported that 68.8 per cent of First Nations in BC reported respectful treatment for acute care and 69.5 per cent reported respectful treatment within the emergency department.[104] Recent publications, notably the In Plain Sight report, have highlighted the large number and rate at which First Nations continue to experience substandard and/or culturally unsafe care in BC, and that these experiences are underreported.

[103] FNHA and the BC Office of the Provincial Health Officer, "First Nations Population Health and Wellness Agenda: First Interim Update, 2024", 2024. https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/special-reports/first_nations_phwa_full_report.pdf

[04] BC Ministry of Health, "British Columbia Patient-Centred Measurement, Reporting and Improvement, 2016/17 Acute In-patient Care Survey and 2017/18 Emergency Department Visits Survey; Client Roster and First Nations Client File (Release 2017)". Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, July 2019.

6 KEY FINDINGS

6.1 GOVERNANCE STRUCTURE AND TRIPARTITE RELATIONSHIPS

1. The partners within the BC First Nations Health Governance Structure and the Tripartite Partners have largely fulfilled, or are actively working to fulfil, all aspects of their respective mandates, roles and responsibilities as outlined in Sections 4 and 6 of the BC TFA.

Section 4 of the BC TFA identifies the elements of the BC First Nations Health Governance Structure, including the roles of the FNHA, the FNHC, the FNHDA and the TCFNH. Section 6 identifies the roles and responsibilities of the Tripartite Partners including the FNHA, the Province of BC and the Government of Canada.

The **FNHA** has taken responsibility for the design, management, delivery and funding of health programs formerly administered by Health Canada and has taken steps to expand programming and carry out health and wellness-related functions. Consistent with its mandate, the FNHA has developed regional structures to facilitate collaboration, engaged First Nations on community interests and health care needs, championed the integration of the First Nations Perspective on Health and Wellness into its programs and the provincial health system, conducted research and policy development on First Nations health and wellness, and provided First Nations health programs and policy advice to its partners.

The **FNHC** has provided important political leadership and advocacy on health matters. It has worked with governance partners to draft a joint Anti-Racism, Cultural Safety and Humility Framework and Action Plan, developed and gained endorsement of the 10-Year Strategy on the Social Determinants of Health, engaged First Nations on federal Indigenous distinctions-based health legislation and continued to advance progress on the MHW MOU.

The **FNHDA** has supported capacity building among Health Directors and managers by facilitating networking and information sharing as well as providing opportunities for First Nations Health Directors to access professional development, training and support. In 2021, the FNHDA introduced the Health Director Certificate Program.

The **Province of BC** has supported the operations of the TCFNH as the chair of the TCFNH Secretariat, directed the regional and provincial health authorities to work collaboratively with First Nations in BC, collaborated in the delivery of health care services and provided additional funding to the FNHA.

The **Government of Canada** provided funding to the FNHA through the renewed Canada Funding Agreement and the Canada Consolidated Contribution Agreement.

The **TCFNH** continued to serve as an important forum for discussion and sharing information between the Tripartite Partners; however, in part due to the COVID-19 pandemic and concurrent public health emergencies, the TCFNH did not fully meet its mandate with respect to working to co-ordinate and align planning, programming and service delivery between the parties.

2. The BC First Nations Health Governance Structure and the Tripartite health partnership established through the BC TFA have been effective in bringing the partners together at the provincial and regional levels to work collectively towards their shared Vision of health system transformation.

At the provincial level, when actively meeting, the TCFNH has served as an important forum for discussion and information sharing between the FNHA, provincial government bodies and the federal government. Despite not fully meeting its mandate, the committee remains central to the relationship between the Tripartite Partners. There are some differences in perceptions regarding the TCFNH among members: while some view it as an information-sharing forum, others believe the TCFNH should play a more active role in the co-ordination and alignment of planning, programming and service delivery between the parties.

At the regional level, the Regional Partnership Accords and regional tables have been critical to the success of the BC TFA. The Regional Partnership Accords serve as formal agreements between regional structures and RHAs, fostering collaboration and shared accountability. The regional tables associated with the Regional Partnership Accords bring together stakeholders at various levels, strengthening relationships and enabling alignment and co-development of health priorities and plans, as well as the implementation of joint initiatives. Through this structure, the Regional Caucuses, the FNHA and the RHAs establish principles, shared goals and a vision for working together respectfully. A key element of the governance design is that the structure of the Regional Partnership Accords and tables can be adapted to meet the needs of each region.

The Regional Partnership Accords and regional tables facilitated greater awareness of First Nations health needs and priorities, and increased communication and collaboration between First Nations communities and the health system partners, particularly as represented by the Regional Caucuses, the FNHA and the RHAs. The Regional Partnership Accords fostered an increased recognition that the parties share many of the same interests and values around health care and are each working to improve the health outcomes of the First Nations they collectively serve. Examples of advancements at the Regional Partnership Accords and regional tables include:

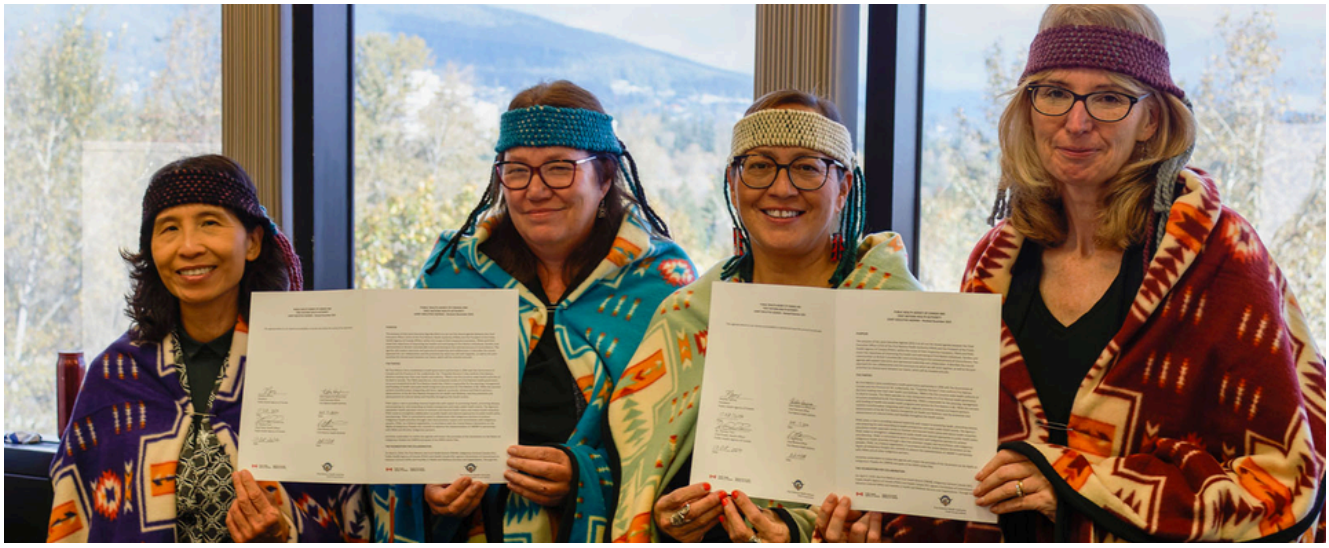
- The RHAs and the PHSA have each established a new position of vice president of Indigenous health and expanded the size of their Indigenous health teams.
- Fraser Salish Region and Vancouver Island Region have committed to preparing an annual progress report and presenting it at Regional Caucus and other related committees.
- Joint work plans have been developed in four of the five regions.

As the structure has evolved, work is also being conducted outside of the TCFNH and the regional tables. For example, there is ongoing communication between the FNHA, FNHDA, FNHC, provincial ministries or other organizations through bilateral meetings and other forums, and the FNHA CEO meets regularly with the RHA CEOs. Numerous bilateral agreements have also been established between many of the parties. Examples include:

- The Shared Vision and Common Understanding between the FNHA and ISC, is refreshed annually to outline how both organizations work together to advance joint commitments and priorities.
- Letter of Mutual Accountability between the FNHA and the BC MoH, refreshed annually to outline the shared health system transformation commitments and priorities, as reflected in the FNHA's Multi-Year Health Plan and the BC Ministry of Health's Service Plan.
- Letters of understanding between the FNHA, First Nations' Emergency Services Society, and the BC Ministry of Emergency Management and Climate Resilience signed in 2023 to clarify emergency response roles and responsibilities.
- Letters of understanding between the FNHA and the BC MMHA developed to prioritize culturally safe, co-ordinated mental health services, address anti-Indigenous racism, and co-ordinate responses to emergencies like the toxic drug crisis and the COVID-19 pandemic.

(Left to right) Colleen Erickson, former Board Chair, FNHA, Richard Jock, former CEO, FNHA, and Andrew Wray, Executive Director, BC Patient Safety & Quality Council, with the newly signed Declaration of Commitment to Cultural Safety and Humility for First Nations in BC, December, 2019.

- Partnerships with the PHSA and the BC Coroners Service, which include a commitment to meet regularly with the FNHA to advance cultural safety and humility and First Nations data initiatives.
- A MOU between the FNHA and the BC Cancer Agency, outlining shared commitments and priorities to develop, analyze and report on First Nations specific cancer data to better understand and address gaps in First Nations cancer care experiences and outcomes.



Executives from the FNHA and the Public Health Agency of Canada celebrate the signing of a Joint Executive Agenda, October, 2024.

- The Joint Project Board bilateral forum between the BC MoH and the FNHA that oversees the regional investment of funds available through the Agreement Regarding Payments in Lieu of Medical Services Plan Premiums on behalf of First Nations people resident in the province of BC (Agreement in Lieu of MSP 2013).
- Development of a Vancouver Coastal Health integrated master plan for health services in the Sea to Sky corridor, which included an 18-month engagement progress with six First Nations.

3. The strength of the working relationships between the Tripartite Partners has tended to ebb and flow over time, influenced by various factors such as health or environmental emergencies and leadership capacity and engagement.

The working relationships between the Tripartite Partners have tended to be strongest during periods of health or environmental emergencies. For example, during the COVID-19 pandemic, collaboration among the partners was instrumental in implementing a health emergency response that supported community decision-making, allocated resources, accelerated access to vaccines and implemented strategies to support continued access to essential health programs and services. Additionally, the Tripartite Partners jointly developed the Rural, Remote, First Nations and Indigenous COVID-19 Response Framework, which served as a guide for addressing COVID-19 care management for First Nations residing in rural and remote regions and established the Community-Based Testing Program for rural and remote First Nations communities facing challenges accessing laboratory testing.

For some regions, this provided a legacy of improved relationships that continued beyond the COVID-19 pandemic. However, other regions reported that communication with the Tripartite Partners returned to pre-COVID-19 levels following these heightened response efforts. Key factors that have influenced the strength of the relationships among partners include the presence of committed leadership and strong champions, positive inter-relationships, continuity in committee membership, the ability to meet regularly and devote sufficient time and resources, the effectiveness of the partners in translating communication into action, and accountability.

4.Now that the BC TFA has been operational for over a decade, it may be an appropriate time to revisit and refine the mandates, roles and commitments of the Tripartite Partners and the partners within the BC First Nations Health Governance Structure.

The BC TFA has achieved its primary focus of facilitating the successful transition of the health system from the FNIHB to First Nations in BC. With this milestone achieved, the Tripartite Partners and the partners within the BC First Nations Health Governance Structure have advanced their responsibilities and commitments to service delivery and the evolution of their partnership through the signing of a renewed Relationship Agreement by the FNHA, FNHC and FNHDA in 2018; the MHW MOU by the Province of BC, Government of Canada and the FNHC (with the FNHA as a supporter) in 2018; a joint Anti-Racism, Cultural Safety and Humility Framework and Action Plan by the FNHA, FNHC and FNHDA in 2021; and their joint commitment to implement the 10-Year Strategy on the Social Determinants of Health.

Areas that have evolved, or were not articulated in the BC TFA mandates, roles and commitments, and could benefit from further review include:

- ***Engagement:*** As they have expanded their Indigenous health teams, the RHAs are now much more able and interested in engaging directly with First Nations communities. There is some uncertainty regarding the relative roles of the FNHA and RHAs in engaging with First Nations and the potential for overlap and duplication in engagement has increased. Similarly, there is some uncertainty regarding the roles and responsibilities between the FNHA, FNHC and FNHDA when engaging with First Nations.
- ***Urban and away from home:*** The FNHA has increased its focus on serving the urban and away-from-home population, increasing the need for co-ordination with RHAs. While the FNHA is responsible for First Nations health services, the RHAs are the primary providers of urban health care.

FNHA Urban and Away-from-Home Team lead an engagement session in Prince George, BC, June 2023.

- ***Social determinants of health:*** Under the BC TFA, the FNHA has a mandate to build multi-sectoral partnerships to better address social determinants affecting the health status of First Nations. There is an opportunity to further clarify roles and responsibilities for implementing the 10-Year Strategy on the Social Determinants of Health, including the development and implementation of a more flexible, sustainable funding model. There is some uncertainty regarding the roles of the FNHA and FNHC when dealing with issues beyond health (e.g., education, poverty and food security).
- ***Cultural safety and humility:*** The release of the In Plain Sight report documented the impact of anti-Indigenous racism and discrimination in the BC health care system. The recommendations call for significant changes, which has resulted in greater awareness and prioritization of cultural safety and humility across the Tripartite Partners and partners within the BC First Nations Health Governance Structure, including a joint Anti-Racism, Cultural Safety and Humility Framework and Action Plan released by the FNHA, FNHC and FNHDA in 2021. This presents an evolution from the original vision of the BC TFA, which did not include a mandate for cultural safety and humility. There may be further opportunities to embed these principles more intentionally across the health system.

BC Patient Safety and Quality Council present at Gathering Wisdom for a Shared Journey Shared Journey XII, March 2023.

- ***Jordan's Principle:*** Jordan's Principle is a child-first initiative designed to ensure that First Nations children receive necessary health, educational and social services without jurisdictional gaps or delays. In 2019, administration of Jordan's Principle transitioned from the FNHA to ISC as part of a mutually agreed-upon shift toward an Enhanced Service Coordination model for funding, yet there remains a backlog in requests and First Nations continue to request the FNHA's support in areas covered within Jordan's Principle. There is a need to clarify the FNHA's mandate in child and youth health and wellness services with First Nations encouraging the FNHA to enhance its role in this area.
- ***Relationship between the FNHC and FNHA:*** An evaluation of the FNHC identified the need to strengthen internal processes and procedures regarding how the FNHC separates business and politics. One objective is to ensure that FNHA decisions are informed by operational rather than political considerations. There is an opportunity to clarify and strengthen their respective operational and governance roles and mandates (such as by updating the 2018 FNHA-FNHC-FNHDA Relationship Agreement).
- ***Expanding mandates:*** The BC First Nations Health Governance Structure and the Tripartite health partnership could benefit from expanding the mandates of the FNHDA, FNHC and federal government. With additional resources, the FNHDA could provide further support to Health Directors by helping to address health human resource challenges at the community level. Similarly, the FNHC could expand its capabilities in the areas of policy development, political leadership and advocacy on health matters. The federal government could play a more active role in providing guidance and leadership in setting standards and, in collaboration with First Nations, setting directions and vision for improving health care for First Nations.
- ***Accountability:*** The BC TFA defines the roles and responsibilities of the parties. Transformation would benefit from the establishment of clearly defined and measurable goals and regular reporting against those goals. The RHAs play a critical role in building a more integrated health system and taking action to improve access to services, advance cultural safety and humility and incorporate First Nations models of health and wellness. However, RHAs do not currently have a responsibility to report annually on the results or undertake periodic evaluations. The FNHDA has also not undertaken an evaluation.
- ***Regularly refreshing the Regional Partnership Accords*** (e.g., every five years)***:*** This would help to ensure the accords remain relevant, effective and aligned with the ongoing transformation of First Nations health governance in BC. Four of the five accords were updated during the time covered by the evaluation (one in 2019, one in 2020 and two in 2022). Updates help to clarify the evolving roles and responsibilities of the parties, adjust the objectives to align with new programming directions, and refine the roles of leadership and technical tables to better reflect the evolving health system.

While changes to the mandate, roles and commitments could be achieved through revisions to the BC TFA, it may be easier to achieve changes through mechanisms outside of the agreement itself (e.g., MOUs, funding agreements). The objective is to mitigate potential areas of overlap and broaden the roles and mandates of some partners to better reflect the current environment in which the BC TFA operates.

6.2 ADVANCES UNDER THE BC TFA

5. Substantial advances have been made towards building a more equitable and effective health system for First Nations in BC.

Key informants stressed the importance of recognizing and celebrating the significant steps forward that have been taken over the past five years. As highlighted in Table 4 below, key advancements have been made in the follow areas: funding for First Nations health; First Nations involvement in decision-making; regionalization of health services; access to health services; incorporation of First Nations models of health and wellness; cultural safety and humility; access to health data; health human resources strategies; and responses to emergent need and priorities.

Table 4: Key areas of advancements

Advances	Descriptions
Funding for First Nations health	• **Health funding for First Nations individuals and communities has increased.** The FNHA's revenues increased from $600 million in fiscal year 2017/18 to $919 million in fiscal year 2023/24, an increase of nine per cent annually, due to the FNHA's ability to leverage significant new funding from provincial and federal sources. Of that, 91 per cent of the funding has been invested into programs and services, including 40 per cent in funding for direct community services, 29 per cent for health benefits, 20 per cent for health services and programs and 2 per cent for regional operations. While the federal government remains the primary source of funding for the FNHA, provincial government funding has increased from $60 million in fiscal year 2018/19 to $143 million in fiscal year 2023/24 (an average of 19 per cent per year), although multiple sources of provincial funding are short-term in nature, and not all are not expected to continue. At the same time, RHAs report having increased their focus on First Nations health services, including services for the urban and away-from-home population.
First Nations involvement in decision-making	• **Extensive engagements with First Nations and alignment of community and regional health and wellness plans have informed changes to health governance and policy, health system transformation and planning, and service delivery and program improvements.** A variety of engagement approaches, including long-standing regional structures and newer pathways such as surveys and digital platforms, have been used to incorporate First Nations priorities into health system strategies. The FNHA, the FNHDA, the FNHC, the BC MoH, the BC MMHA, the RHAs and other health system partners have integrated First Nations priorities into their strategies, strengthened partnerships and advanced shared decision-making based on engagement input. At the federal level, ISC has incorporated First Nations feedback into policy development efforts and legislation, such as a distinctions-based long-term care framework. Despite increased engagement, First Nations leaders have raised concerns about engagement fatigue, redundancy and a lack of concrete outcomes. Addressing these concerns would enhance the effectiveness of engagement activities and strengthen trust in the process.

Advances	Descriptions
Regionalization of health services	• **The FNHA has substantially increased its regional presence.** The FNHA created vice presidents of regional operations roles with expanded portfolios in each region, established corporate-lite structures within regional offices, and established regional leadership of elements such as nursing, health emergency management, environmental public health, mental health and wellness and the Aboriginal Head Start on Reserve program. The number of filled regional positions has grown by 81 per cent, increasing from 192 in fiscal year 2019/20 to 348 in fiscal year 2023/24. However, filling regional positions has remained a challenge as vacancy rates were higher in regional offices. Vacant positions in the regions increased from 23 per cent in 2019/20 to 30 per cent in 2023/24. • **RHAs have also substantially increased their focus on Indigenous health.** Motivated in large part by the In Plain Sight report, the RHAs and the PHSA have each established a vice president of Indigenous health and expanded the size of their Indigenous health teams.
Access to health services	• **Over two-thirds of First Nations health leadership surveyed report increased access to quality and effective health care for First Nations, particularly in community.** Notable improvements were reported in primary care (e.g., implementation of the First Nations-led Primary Care Initiative is expanding access to primary and specialist care), traditional healing, mental health and wellness (e.g., $30 million though the MHW MOU to support mental health and wellness planning and models of service delivery that incorporate traditional values and a wholistic approach; investment to renovate and build First Nations treatment centres in BC); expansion of telehealth (e.g., First Nations Virtual Doctor of the Day for primary care and the Virtual Substance Use and Psychiatry Service for specialist care); and child development (e.g., the $60 million investment in the Aboriginal Head Start on Reserve program). In addition, RHAs have launched community-based health programs and initiatives in areas such as mental wellness initiatives, chronic disease management and maternal and child health services. Progress has also been made in areas such as integrating some First Nations health service providers into the RHA circle of care, establishing shared positions, funding pilot projects with First Nations communities and delivering selected RHA services in communities. • **There has also been a focus on increasing access to services for the urban and away-from-home population.** Since 2020, the FNHA launched the Urban and Away-From-Home Health and Wellness Framework, an Urban and Away-From-Home Survey, the Urban and Away-from-Home Funding Initiative and the Mobile Device Initiative. RHAs have taken action to improve the appropriateness and effectiveness of their programming and services for the urban and away-from-home population as well as providing support to Friendship Centres in delivering health-related services to Indigenous peoples in urban areas.

Advances	Descriptions
Incorporation of First Nations models of health and wellness	• **The First Nations Perspective on Health and Wellness continues to drive system-wide transformation, shaping policy, planning and service delivery. The FNHA has played a central role in embedding this perspective into its funded and delivered programs, as well as across the health system.** In collaboration with the BC MoH and RHAs, the FNHA has supported the integration of traditional knowledge and cultural practices into engagement plans, evaluation frameworks and research proposals, while also advocating for the meaningful inclusion and recognition of traditional healers and Knowledge Keepers. • **In alignment with DRIPA and UNDRIP commitments, the BC MoH and BC MMHA have made strategic-level changes by embedding First Nations health and wellness principles into governance, policy, and service planning.** Key actions include the creation of the Associate Deputy Minister of Indigenous Health and Reconciliation, the expansion of First Nations-led Primary Care Networks, and investments in land-based healing programs and other services that incorporate culture and traditional practices. Additionally, the BC MoH has integrated First Nations models of health and wellness into key action plans and frameworks. • **The PHSA and RHAs have integrated First Nations models of wellness into facility and infrastructure design, enhancing culturally responsive programs and services and expanding Indigenous workforce representation.** This includes co-designing health care spaces with First Nations, creating dedicated spaces for cultural practices, working to embed Indigenous ways of being into service delivery and implementing Indigenous human resource plans. Other health system partners have contributed through training programs and Indigenous-focused public health initiatives, further embedding First Nations models of health and wellness into BC's health care system. • **Despite progress, many First Nations individuals report that the health system has not fully integrated cultural and traditional practices into service delivery and health programming.** Greater equity in support for cultural skills training and education is needed to ensure First Nations communities can preserve, sustain and expand traditional knowledge systems. The provincial and federal governments can provide more meaningful support to integrate traditional and cultural wellness into the broader health system.

Advances	Descriptions
Cultural safety and humility	• **Improving cultural safety and humility has been a high priority**. Advances include the development of a joint Anti-Racism, Cultural Safety and Humility Framework and Action Plan by the FNHA, FNHC and FNHDA as well as the collaboration between the FNHA and the Health Standards Organization in developing the BC Cultural Safety and Humility Standard. The RHAs and the BC MoH affirmed their commitment to cultural safety and humility in their strategic and service plans, report improvements in onboarding and staff training, and are working to increase Indigenous representation in their organizations. From a legislation perspective, revisions were made to the *Human Rights Code of BC* to include Indigenous identity as a protected characteristic, the *Health Professions and Occupations Act* was enacted to improve access to culturally safe health care, the *Anti-Racism Data Act* was passed to help identify service gaps, and the *Public Interest and Disclosure Act* was passed to improve the patient complaints processes.
Access to health data	• **Substantial progress has been made in terms of increasing access to data relevant to First Nations health in BC.** Progress includes reporting of public health emergency data to inform community leadership and create action plans, providing health system data to communities to assist with health planning, and conducting surveys to provide insight into the health and wellness of First Nations peoples. • **Progress is also being made in strengthening the control of First Nations over their health data.** Examples of progress include the development of the FNHA Health Data and Information Stewardship Policy as well as the passing of the *Anti-Racism Data Act* by the Government of BC which mandates increased transparency and accountability in data collection and use, while also focusing on preventing and reducing harms to Indigenous peoples. In implementing DRIPA Action 3.14 further advances include the collection and use of disaggregated demographic data, guided by a distinctions-based approach to Indigenous data sovereignty and self-determination, including supporting the establishment of a First Nations-governed and mandated regional data governance centre in alignment with the First Nations Data Governance Strategy.
Health human resources strategies	• **The provincial and federal governments, the FNHA and various professional associations have launched strategies to mitigate shortages in health human resources over the medium- to long-term.** Staffing shortages and turnover are commonly viewed as the primary barrier to delivering equitable health care services. For example, the provincial and federal governments have launched comprehensive strategies aimed at expanding education and training opportunities, increasing the forgivable amount of student loans for health care workers who work in rural and remote communities, integration of internationally educated health professionals, and improving workplace conditions.

Advances	Descriptions
Responding to emergent needs and priorities	• **Tripartite Partners co-ordinated efforts in responding to unforeseen and/or rapidly worsening circumstances, including the COVID-19 pandemic, the toxic drug crisis, worsening mental health and wellness, unmarked graves identified at residential schools, and environmental crises. However, partners took on new roles when responding to these and other emergencies, and there is now a lack of clarity about each partner's responsibilities.** Examples of co-ordinated efforts include the federal funding for the Healing House at Tk̓emlúps te Secwépemc, a joint COVID-19 response framework, and accelerated access to community-based testing for First Nations living in rural and remote communities. Additionally, with the establishment of a permanent public health response structure, the FNHA is now better able to focus on all pillars of health emergencies and to bring a culturally responsive lens to health emergencies involving First Nations communities. At the same time as co-ordination has increased, the evolution of roles in relation to responding to emergencies, particularly within health emergency management, has made less clear the responsibilities of each partner.

6. While progress is being made in evolving the health system, further work is needed to achieve health system transformation and measurable improvements in many health determinants and outcomes for First Nations in BC.

Most key informants anticipate that the improvements made in the health system for First Nations in BC will be effective in improving health outcomes over the medium- to long-term. However, in the short-term, other factors, including the dual public health emergencies of the COVID-19 pandemic and toxic drug crisis, have constrained improvements in health outcomes.

There have been modest improvements in five health outcome indicators, including: 1) self-harm-related deaths, 2) self-harm-related hospitalization encounters, 3) youth suicide rates, 4) self-reported physical, emotional, mental and spiritual wellness and 5) perceived mental health. Some health outcomes of First Nations in BC, including life expectancy, mortality rate and potential years lost, have worsened and continue to be below those of other residents in BC.

Developed in 2021, the First Nations Population Health and Wellness Agenda takes a strength-based approach by moving away from identifying ethnicity as a "risk factor" to better recognize that risk factors are determined by pressures from external forces, especially colonial policies and processes. An interim report published in 2024 indicates improvements against some indicators, including the percentage of Indigenous students who have completed high school, the percentage of the population learning a First Nations language and self-reported cultural wellness. Despite progress, First Nations continue to experience lower health and wellness levels compared to other residents in BC in terms of food insecurity, housing access, income levels and tuberculosis rates. First Nations also continue to experience challenges accessing physicians, particularly physicians who self-identify as Indigenous.

7. System transformation is a journey that is marked by incremental improvements. The evaluation identified opportunities where further progress can be made to accelerate system transformation.

These opportunities for improvement include:

- ***Engagement with First Nations:*** While key informants noted that the level of engagement is higher than in the past, First Nations leaders expressed some frustrations with engagement fatigue and the engagement process. First Nations leaders identified the need to streamline consultations, consider additional engagement opportunities to broaden representation, ensure that consultations are meaningful, and provide clear feedback to participants regarding what actions can and will be taken in response to their input.
- ***Integration:*** Increased collaboration between the FNHA and both the BC MoH and the RHAs would help co-ordinate and integrate health programs and services and address gaps, which will play a key role in achieving improved health outcomes.

Panel presentation on the Diabetes Strategy at the Vancouver Island Regional Caucus, November 2024.

- ***Sharing of patient records:*** While there has been some progress in record sharing to support a circle of care for patients, most regions still face fundamental barriers to achieving greater integration, including costs, gaps in interoperability standards, lack of data standardization, and security and privacy concerns.
- ***Data sharing:*** While the FNHA has made progress in increasing community access to health data, RHAs have been restricted in their own ability to report on the services they provide to First Nations people and access timely data for planning purposes. The RHAs noted that FNHA data is not necessarily shared with them or shared in a timely manner. This is data that could better enable the RHAs to partner with First Nations and develop action plans where there are gaps. While RHAs are in the process of introducing First Nations identifiers, the process has been slower than expected and there are concerns that registrants may be hesitant to ask people to self-identify and, when asked, people may be hesitant to self-identify as First Nations. The inclusion of 2S/LBGTQQIA+ identifiers remains a gap in many data sets.
- ***Cultural safety and humility:*** Steps have been taken to strengthen cultural safety and humility. However, First Nations Chiefs, Health Directors and health leads highlighted continuing issues. Concerted efforts are needed to bring about system change and changes in individual practices, particularly given the existing shortages in health care workers as well as the pressures under which the health system is operating. Completion of a planned framework to track progress in building cultural safety and humility would support evidence-based decision-making on areas for further action.

- ***Health emergency management:*** While progress has been made, more attention is required from organizations involved in emergency management to embed cultural safety and humility in their practices. There are opportunities to further clarify the role and responsibilities of the FNHA in health emergency management, improve communication and co-ordination between the partners, and support communities in preparing for emergencies.
- ***Health human resources:*** Provincial and federal government health human resource strategies are expected to address shortages at the system level in the medium- to long-term. However, given the timelines associated with developing and licensing health professionals, staffing challenges are expected to continue for the next several years. There is a more immediate need for direct support and collaboration on recruitment and retention in First Nations communities through community-driven approaches, particularly in rural and remote settings. Building on its relationships with Health Directors, the FNHDA may be the appropriate body to lead such a strategy.
- ***Evolution of funding agreements:*** At the time of transfer, the funding the FNHA received from the provincial and federal governments was structured to sustain existing services rather than drive system transformation. A transformation-focused approach with more flexible and sustainable funding models may support greater progress on health outcomes identified in the First Nations Population Health and Wellness Agenda. While new funding streams, such as the 10-Year Strategy on the Social Determinants of Health and the Indigenous Health Equity Fund, are expected to contribute to improvements, their impact may not be evident until the next evaluation in five years.

Dancer at Gathering Wisdom for a Shared Journey Shared Journey XII, March 2023.

7 CONCLUSIONS AND RECOMMENDATIONS

7.1 CONCLUSIONS

The 2024 Evaluation of the BC TFA highlights significant progress in strengthening the health governance structure and fostering collaboration among the Tripartite Partners in the midst of concurrent public health emergencies. This evaluation found that the Tripartite Partners have largely met, or are actively working to meet, their respective mandates, roles and responsibilities outlined the BC TFA. The BC First Nation Health Governance Structure and the Tripartite health partnership established through the BC TFA have effectively brought the partners together at the provincial and regional levels to work collectively towards their shared Vision of health system transformation. A key achievement has been the partners' ability to respond to emerging needs and priorities, with the COVID-19 pandemic serving as a major catalyst for improved communication and collaboration, although it also delayed some transformation efforts.

Through collaborative efforts, the BC TFA has contributed to important advancements for First Nations in BC, including increased health funding, strengthened engagement and involvement in decision-making, and improved access to quality and effective health care. Additionally, strategic partnerships and data-sharing agreements have contributed to a more responsive and culturally safe health system. Vital steps have also been taken to improve cultural safety and humility in health services and to integrate the First Nations Perspective on Health and Wellness into the health system. However, despite these efforts, anti-Indigenous racism and discrimination persists, underscoring the need for continued action including within the health emergency management landscape. Other challenges also remain, such as engagement fatigue, limitations in data access and patient record-sharing systems and ongoing health human resource shortages.

As the BC TFA reaches over a decade of implementation, the evaluation underscores the importance of refining the mandates, roles and commitments of the Tripartite Partners and the partners within the BC First Nations Health Governance Structure to reflect the current health landscape and the evolving needs of First Nations communities. System transformation is an ongoing journey, requiring sustained commitment, collaboration and innovation to address persisting health inequities and advance health and wellness for First Nations in BC. Moving forward, further integration of services and data-sharing efforts across the health system, enhanced engagement approaches, community-driven approaches to recruitment and retention strategies, and the evolution of funding models toward greater flexibility and sustainability will be critical to accelerating progress. While the foundations of system change have been established, continued efforts are needed to achieve health system transformation and measurable improvements in many health determinants and outcomes for First Nations in BC.

7.2 RECOMMENDATIONS

1. Review and, where warranted, refine the roles and responsibilities of the parties involved in the BC First Nations Health Governance Structure and the Tripartite health partnership.

The parties involved in the BC First Nations Health Governance Structure and the Tripartite health partnership have largely fulfilled, or are actively working to fulfil, all aspects of their respective mandates, roles and responsibilities as outlined in Sections 4 and 6 of the BC TFA. However, the evaluation has identified areas where there are potential gaps, areas of conflict and overlap. Consideration should be given to:

- More clearly defining the respective roles of the FNHA and the RHAs with respect to engaging directly with First Nations and serving the urban and away-from-home population.
- Examining opportunities for enhanced engagement between the FNHA CEO and the vice presidents of Indigenous health at the health authorities.
- More clearly defining the role of the FNHA and its provincial partners in health emergency management and building multi-sectoral partnerships to better address the social determinants that affect the health status of First Nations in BC.
- Reviewing the interrelationship between the FNHC and FNHA, particularly with respect to the separation of political and operational issues. This may include clarifying and strengthening the FNHA and FNHC's respective operational and governance roles and mandates (e.g., by updating the 2018 FNHA-FNHC-FNHDA Relationship Agreement).
- Redefining the extent to which the FNHC becomes further involved in political leadership and advocacy outside of its intended mandate (e.g., relating to the implementation of the 10-Year Strategy on the Social Determinants of Health).
- Developing a protocol that clarifies BC First Nations mandate for the FNHC and FNHA in relation to other First Nations political organizations in BC.
- Broadening the role of the FNHDA with respect to supporting communities in addressing health human resource challenges.
- Encouraging all regional tables to refresh the Regional Partnership Accords and terms of reference as well as to develop work plans on an ongoing basis (e.g., every five years).

2. Maintain the strong focus on transforming the health system for First Nations in BC, building on the opportunities for improvement identified in the evaluation.

Opportunities have been identified that should be considered at the provincial, regional and community levels:

- ***Strengthen engagement with First Nation:*** Streamline consultation to reduce redundancy, examine additional platforms of engagement to ensure broader representation and input from diverse First Nations communities, and provide clear feedback on what actions can and will be taken in response to engagement input.
- ***Encourage collaboration:*** Promote further collaboration between the FNHA and both the BC MoH and RHAs to reduce the tendency to operate in silos and to better coordinate service delivery.
- ***Share patient records:*** Most partners face barriers to achieving greater integration as a result of gaps in interoperability standards and the lack of standardization in data formats and core data sets. A First Nations-led provincial medical records system with interoperability could be an important step towards greater integration.
- ***Share data:*** Increase timely access to BC provincial and regional health authority data on service delivery provided to First Nations people and facilitate First Nations Client File linkages. Enhance data sharing between the FNHA and RHAs.
- ***Address anti-Indigenous racism, advance cultural safety and humility, and hardwire the First Nations Perspective on Health and Wellness:*** Support system changes and changes in individual practices, particularly given the existing shortages of health care workers and the pressures under which the health system is operating. Health system partners who adopt the BC Cultural Safety and Humility Standard have a responsibility to action this commitment. This could be done by following the FNHA's practice of completing an organizational self-assessment and developing goals to measure progress towards implementation and adherence. Consideration should be given to further advocacy and support to hardwiring and understanding of First Nations Perspective on Health and Wellness and the impacts of colonialism in post-secondary institutions. The completion of a planned framework to track progress in building cultural safety and humility and advancing anti-Indigenous racism will be useful for identifying future actions.

- ***Improve health emergency management and response:*** Clarify the role of the FNHA and provincial partners in health emergency management, improve communication and co-ordination between the parties involved, and assist communities in preparing for emergencies.
- ***Address shortages in health human resources:*** Develop a strategy from the perspective of communities to address labour shortages in the short-term. This requires a comprehensive analysis of the labour market, critical workforce shortages and key factors contributing to those shortages. The FNHDA may be the appropriate body to lead such as strategy.
- ***Review funding agreements:*** Explore whether a transformation-focused funding approach with more flexible and sustainable funding models could support greater progress on the health outcomes identified in the First Nations Population Health and Wellness Agenda. While new funding streams – such as the 10-Year Strategy on the Social Determinants of Health funding and the Indigenous Health Equity Fund – are expected to contribute to improvements, their impact may not be evident until the next evaluation in five years.

3. Develop a comprehensive monitoring and implementation strategy for the parties involved in the BC First Nations Health Governance Structure and the Tripartite health partnership to ensure all parties are meeting their obligations under the BC TFA.

Through defining mandates, roles and responsibilities, the BC TFA has identified areas where improvements in the health system for First Nations are needed. However, outside of health indicators, there are no indicators, measures or targets for assessing and reporting back on progress made in these areas. A monitoring and implementation strategy would support ongoing collaborative efforts between the parties involved in the Tripartite health partnership and the BC First Nations Health Governance Structure. Potential actions for consideration include:

- Developing a regular reporting schedule for the TCFNH.
- Producing annual BC MoH and regional RHAs reports outlining progress made towards transforming First Nations health.
- Establishing a recurring five-year evaluation schedule for the FNHC and FNHDA, aligned with the FNHA and BC TFA evaluations.

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EVALUATION OF THE BC TRIPARTITE FRAMEWORK AGREEMENT ON FIRST NATION HEALTH GOVERNANCE

2018/19 to 2023/24

Appendices

Contents

Evaluation conducted by
Qatalyst Research Group Inc.

APPENDIX 1: RESULTS FROM THE 2019 EVALUATION OF THE BC TFA

- ***Increased First Nations involvement in decision-making:*** The BC TFA notes that First Nations in BC "wish to be fully involved in decision-making regarding the health of their people, and how health services and programs are planned, designed, managed and delivered to better serve their needs." The 2019 Evaluation of the BC TFA found that partners were taking steps through the inclusion of the FNHA and First Nations in various health system decision-making processes. Formal meeting processes include Sub-Regional Caucuses, Regional Caucuses, and Gathering Wisdom for a Shared Journey. Engagement was facilitated by hiring community engagement co-ordinators by the FNHA and embedding leaders within regional teams. However, in some cases, FNHA staff and First Nations community representatives felt their decision-making involvement was a "check box" exercise. Other challenges included varying health priorities across communities and Nations as well as time and capacity constraints. The 2019 Evaluation of the BC TFA found that there was a need to further define what constitutes engagement and shared decision-making.
- ***More integrated health system:*** The BC TFA envisions a more integrated health system in which the FNHA, BC MoH and provincial and regional health authorities co-ordinate and integrate programs and services to achieve better health outcomes for First Nations in BC. The Province of BC and the RHAs are expected to work with the regions to develop and review community health and wellness plans with the goal of achieving better co-ordination in health planning. The 2019 Evaluation of the BC TFA highlighted a few efforts being made to improve health system co-ordination for First Nations clients and their families through Aboriginal patient liaisons or Aboriginal patient navigators. However, the evaluation found that integration was in a very early stage of development.
- ***Increased collaboration at the regional level:*** Under the BC TFA, the FNHA has a mandate to support a regional structure that allows First Nations to collaborate among themselves, with provincial and regional health authorities, and with the FNHA. The 2019 Evaluation of the BC TFA noted that the Regional Partnership Accords were critical in strengthening relationships and creating systematic structures and processes for collaboration at local and regional levels to discuss issues, develop shared priorities and collaborate on solutions. The evaluation also noted the importance of regional health and wellness plans and increased First Nations representation on most RHA boards as contributing to increased integration of First Nations perspectives into different parts of the health care system at a regional level.
- ***Increased access to programs and services:*** The BC TFA noted that the Tripartite Partners wish to build a more integrated health system in which First Nations in all regions of BC will have access to quality health services at a minimum standard comparable to those available to other Canadians living in similar geographic locations. The 2019 Evaluation of the BC TFA highlighted signs that the accessibility of health services was improving, including new investments in areas such as primary health care, mental health and wellness, early childhood development, responses to the overdose public health emergency, and wildfire response. Pursuant to the Agreement In Lieu of Medical Services Plan Premiums negotiated by the FNHA and BC MoH in 2012, approximately $15 million annually was earmarked to support new, improved primary care and mental health and wellness access and services across BC. The evaluation also highlighted key challenges that were continuing to restrict access to services, including low awareness of services, uncertainty around which services are covered, social determinants of health issues (e.g., costs, transportation and travel), the existence of racism, gaps in services in certain geographic areas, and jurisdictional issues regarding service delivery in-community and for those away-from-home as well as for Nations straddling multiple health authority boundaries.
- ***Incorporation of First Nations models of wellness:*** Under the BC TFA, the parties will work together to develop a more integrated health system that reflects the cultures and perspectives of BC First Nations and incorporates First Nations models of wellness (First Nations knowledge, beliefs, values, practices, medicines and models of health and healing). The evaluation highlighted regional health and wellness plans and increased First Nations representation on most RHA boards as contributing to increased integration of First Nations perspectives into different parts of the health care system at a regional level. In addition, funding provided opportunities for community-driven, innovative approaches and projects to advance local and traditional values. However, the evaluation recognized that further work was needed to influence and embed the First Nations Perspective on Health and Wellness into the health system.
- ***Advances in cultural safety and humility:*** While the term "cultural safety and humility" does not appear in the BC TFA, one recital notes that building a more integrated health system will "improve the cultural appropriateness of health care programs and services for First Nations." The 2019 Evaluation of the BC TFA noted that leadership in the provincial health system had committed to improving cultural safety and humility by investing in education and training efforts, liaison and navigator positions, Elders-in-residence, the creation of welcoming physical spaces, the signing Declarations of Commitment, and inclusion of expectations related to cultural safety and humility in mandate letters. The evaluation noted the need for "continued work to address deeply engrained racism and systemic bias."

- ***Increased access to health data:*** Under the BC TFA, the FNHA is expected to work with the provincial and regional health authorities to examine and supplement health data collection and health status monitoring. Furthermore, reporting systems used by the provincial and regional health authorities are to include First Nations-determined indicators of health and wellness. The 2019 Evaluation of the BC TFA noted that the signing of the Tripartite Data Quality and Sharing Agreement in 2010 led to the creation of the First Nations Client File and the adoption of health information governance principles aligned with OCAP® principles. By linking the First Nations Client File with data from the provincial Health System Matrix, BC Coroners Service, Drug and Poison Information Centre, BC Emergency Health Services/Ambulance Service and emergency department visits, it became possible to report data for First Nations in each region.
- ***Sharing of client records:*** The BC TFA notes that the FNHA, BC MoH and provincial and regional health authorities will develop patient record systems and protocols for sharing patient records and patient information, consistent with law. The objective is to better serve First Nations patients, enable greater First Nations control over the use, collection and access to health data relevant for the improvement of health services, and better monitor and report on First Nations health in BC. The 2019 Evaluation of the BC TFA noted no significant progress, citing a lack of community access to RHA electronic medical record systems, issues of information exchange and interoperability of electronic systems, a reluctance to share information between providers due to perceived privacy concerns, and misperceptions regarding circumstances in which information can be appropriately shared within the circle of care.
- ***Quality standards:*** The FNHA was to establish standards for the First Nations health programs that meet or exceed generally accepted standards. The 2019 Evaluation of the BC TFA notes that the FNHA worked with BC Patient Safety and Quality Council, which leads system-wide efforts to improve the quality of health care, in hardwiring the First Nations Perspective on Health and Wellness into its quality matrix. The evaluation also noted that patient complaint processes are perceived to be underutilized by First Nations patients, with no clear mechanism to consistently identify patient complaints submitted through health authority processes.
- ***Advocacy:*** Under the BC TFA, the FNHC has a mandate to serve as the advocacy voice of First Nations in BC in achieving their health priorities and objectives. The 2019 evaluation noted a lack of clarity around roles and responsibilities, including how and by whom political advocacy is carried out. The evaluation suggested articulating the separation of business and advocacy roles for each body.
- ***Professional development of Health Directors:*** Under the BC TFA, the FNHDA has a mandate to support education, knowledge transfer, professional development and best practices for Health Directors and managers of First Nation health service providers. The 2019 Evaluation of the BC TFA noted that the FNHDA had supported Health Directors by inventorying health resources, providing training opportunities, and working on developing a certification program and annual training work plans.
- ***Improvement in the determinants of health:*** Under the BC TFA, the FNHA was expected enhance its ability to build multi-sectoral partnerships to better address the social determinants affecting the health status of First Nations. At the time of the 2019 Evaluation of the BC TFA, the major advance was the Memorandum of Understanding on the Social Determinants of Health signed by the FNHC and the Province of BC in 2016.
- ***Improvements in health outcomes:*** The BC TFA refers to various steps that the FNHA and partners will take to improve health outcomes (e.g., collaborating with the BC MoH and RHAs, integrating First Nation models of wellness, and providing program and policy advice). The 2019 Evaluation of the BC TFA found that five years was an insufficient amount of time for observable shifts in health outcomes at the population level, while noting some small improvements in life expectancy.
- ***Reciprocal accountability:*** According to the BC TFA, the parties will also seek to apply the concept of reciprocal accountability at the regional and local level. In 2015, the TCFNH adopted a Reciprocal Accountability Framework that describes how partners will support each other to achieve common goals and desired outcomes and "serves as a shared commitment of the Partners to be responsive, transparent, collaborative and diligent in advancing common priorities and striving for creative problem solving as a means to overcome barriers." The evaluation concluded that the BC First Nations Health Governance Structure, along with partnerships between BC First Nations and federal and provincial governments, has demonstrated reciprocal accountability and facilitated collaboration.

APPENDIX 2: RESPONSE TO RECOMMENDATIONS Arising from THE 2019 Evaluation of the BC TFA

The 2019 Evaluation of the Tripartite Framework Agreement on First Nations Health Governance: Recommendations and Response Plan, published in February 2023, defined a series of recommendations and response actions developed collaboratively by the Tripartite Partners. The recommendations were not developed as part of the 2019 Evaluation of the BC TFA; rather, they were developed based on engagement feedback gathered from Chiefs, leaders and Health Directors/leads and other community members or health service providers between May 2021 and January 2022, including through the Regional Caucus, regional, Nation-level tables and provincial focus groups, Gathering Wisdom for a Shared Journey XI and an online survey.

Recommendation	Response item	Examples of implemented actions
Cultivate a clear understanding of First Nations vision and priorities for health and wellness system transformation through meaningful engagement and enhanced partnerships with BC First Nations.	• Continue engagement with First Nations in BC upholding the 7 Directives and honouring regional engagement and governance approaches. • Strategically plan engagement and events, advancing our shared vision and the BC First Nations Health Governance Structure and partnerships, including prioritizing engagement topics reflective of community, Nation and regional priorities. • Use engagement findings to inform Tripartite Partners' planning and decision-making, and advance information-sharing on First Nations perspectives and priorities among tripartite and other health partners, where appropriate and when privacy limitations allow.	**ISC:** • Since January 2020, has continued to engage with First Nations in BC though the regional engagement structures established by the FNHC and the FNHA. For example, ISC included the FNHA in the development of many new and emerging national policies. **BC MoH and BC MMHA:** • Partnering on Tripartite health governance tables and forums – Tripartite Committee on First Nations Health, Implementation Committee, Political Principals, Mental Health and Wellness Table; holding the annual First Nations leaders gatherings and embracing feedback from engagement events. • BC passed the DRIPA, enshrining Indigenous human rights into law in BC. Partners continue to monitor BC's commitment progress. **The FNHA:** • The FNHA retained Gowling WLG to assess the FNHA's governance structure and service models' compliance with UNDRIP. • The FNHA and FNHC leadership, alongside Prime Minister Justin Trudeau and Minister of ISC Patty Hajdu, announced the signing of a renewed 10-year, $8.2 billion Canada Funding Agreement with the FNHA to deliver better health care for First Nations in the province. • In 2020, the FNHA engaged First Nations to enhance medical transportation benefits. The feedback led to the development of the Medical Transportation Policy Roadmap, and the FNHA updated the Medical Transformation Benefits Schedule.

Recommendation	Response item	Examples of implemented actions
	• Canada and the province will continue to engage with BC First Nations through the regional engagement structures established by the FNHC and the FNHA to ensure that BC First Nations views and perspectives continue to be incorporated into the development of new and emerging national and provincial policies or initiatives, as appropriate.	• The FNHA continues to work towards bringing culturally safe nursing services closer to home for health centres and nursing stations in First Nations communities – in July 2022, the organization successfully transferred nursing operations to the Vancouver Coastal and Northern regions. • Between 2020 and 2021, the FNHA conducted engagement with First Nations to identify priorities to inform the refresh of FNHA's Multi Year Health Plan and the associated capital plan. The FNHA, with regional teams, conducted over 144 engagements with First Nations and other partners on important health priorities. The FNHA also created new engagement opportunities with First Nations by hosting and participating at various events. • In 2023, the FNHA conducted scoping engagements with First Nations community leadership to inform planning the mandatory 2024 evaluations of the FNHA and BC TFA.
Continue to prioritize health system transformation and support alignment with the perspectives and priorities of First Nations in BC and the First Nations Perspective on Health and Wellness Response Actions.	• Continue to advance the First Nations Population Health and Wellness Agenda and the ongoing partnership of the FNHA Chief Medical Officer and Provincial Health Officer, including efforts to build multi-sectoral partnerships considering the social determinants affecting the health status of First Nations in BC. • Continue integrating the First Nations Perspective on Health and Wellness in the health system, including First Nation models of wholistic health and wellness, traditional and land-based healing, and trauma-informed approaches.	**ISC:** • Remains committed to working with Tripartite Partners under the Memorandum of Understanding on Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness. • Engaged with the FNHA to better integrate First Nations vision and priorities in federal health legislation, provided the FNHA with a renewed 10-year Canada Funding Agreement and funding to support First Nations mental health and wellness and the strategy on the social determinants of health, and exercised various innovative approaches to improve service delivery. **BC MoH and BC MMHA:** • The Office of the Provincial Health Officer in conjunction with the FNHA Office of the Chief Medical Officer released the First Nations Population Health and Wellness Agenda Baseline Report in June 2021; supported the development of the 10-Year Strategy on the Social Determinants of Health; and partnered with the FNHA on implementing the First Nations-led Primary Care Initiative (two sites were open as of March 2023). • All health authorities had signed or were preparing refreshed Regional Partnership Accords with the FNHA.

Recommendation	Response item	Examples of implemented actions

	• Integrate First Nations vision and priorities in federal and provincial health legislation, policies and programs, provincial and RHA policies and programs and health system transformation.
	• Continue to advance flexible funding models and innovations, examine opportunities to increase the flexibility, responsiveness and sustainability of existing funding, and identify new joint funding opportunities to support innovation and address emerging priorities and needs (such as through partnerships between communities and public and private entities).
		• Provided funding to advance health and wellness:
		  ◦ Since 2021, $10.75 million annually to FNHA to support land-based healing initiatives in 81 sites across all five health regions.
		  ◦ $20 million to building and revitalizing eight First Nations treatment centres.
		  ◦ $10 million to support Nation-based health and wellness plans and initiatives.
		  ◦ $5 million to the FNHA to support the Tripartite partnership in advancing the MHW MOU.
		  ◦ $35 million to support the completion and operationalization of eight treatment centres. As of October 2023, work has progressed on all eight treatment centre projects. The FNHA is directly supporting two new treatment centre projects.
		  ◦ $22 million to support the implementation of the BC TFA and advance First Nations health priorities and initiatives.
		  ◦ $15.33 million through the Joint Project Board to advance Nation-based health and primary care projects.
		The FNHA:
		• In January 2021, ISC launched an initiative to engage with Indigenous peoples on the development of federal Indigenous distinctions-based health legislation. In 2021/22 the FNHC, supported by the FNHA, conducted engagements with First Nations and the feedback gathered was compiled into a summary report, which was shared back with First Nations and ISC.
		• In 2021 the FNHA, in partnership with the BC Office of the Provincial Health Officer, released the Sacred and Strong report and initial PHWA baseline report with the interim update released in August 2024.
		• The FNHA engaged community health staff across 139 First Nations to transform long-term care into a culturally safe, wholistic system, informing ISC's policy development for a distinctions-based care framework.
		• Through the implementation of the MHW MOU, the FNHA supports First Nations to design, plan and deliver mental health and wellness services. As of October 2023, 74 statements of readiness from communities have been received, reflecting 169 communities with 68 statements approved, representing an allocation of $27.7 million of the original $30 million in funding.
		• In 2023, a partnership of Tk̓emlúps te Secwépemc and ISC was announced, which included $12.5 million in federal funding to support construction of a new healing house.

Recommendation	Response item	Examples of implemented actions
		• The FNHA's Office of the Chief Medical Officer, in partnership with the BC Centre on Substance Use, is educating and normalizing harm reduction in First Nations communities to dismantle structural barriers that prevent people from accessing life-saving treatments. • Between 2019 and 2023, 1,163 Wellness grants were distributed to communities. • The FNHA-Funded Treatment Centre Services evaluation was drafted in 2023, based on site visits and interviews with over 110 key informants and approximately 70 clients and family members.
Advance and enhance the Tripartite partnership by strengthening relationships, continuing co-ordinated planning, programming and service delivery, and enhancing tracking and reporting processes to measure progress against commitments.	• Continue co-ordinating planning, programming and service delivery, including a commitment to review priorities articulated within the FNHA Multi-Year Health Plan and regional health and wellness plans. • Strengthen tripartite and bilateral relationships, uphold the Tripartite Framework Agreement, and advance and measure progress against the evaluation recommendations and other tripartite commitments and agreements. • Develop improved tracking and reporting processes for progress made towards health arrangements, tripartite commitments, action plans, frameworks and review/evaluation recommendations.	**ISC:** • Open to co-developing with Tripartite Partners, a standardized onboarding orientation package and exploring innovative ways to revise tracking and reporting processes. • Has begun exploring updated committee governance with Tripartite Partners including reconfirming meeting purpose, cadence and participation. **BC MoH and BC MMHA:** • The province co-ordinates with the FNHA through service plan reviews and joint approval (e.g., FNHA's multi-year health plans); supports the Tripartite partnership and the BC First Nations Health Governance Structure and evaluating progress on BC TFA implementation, through biannual reports capturing progress from TCFNH partners (an annual report on progress was released in 2021). • Co-ordinated a framework for reconciliation based on key foundational materials and the BC MoH created an associate deputy minister of Indigenous Health and Reconciliation position. **The FNHA:** • In 2020, FNHC, FNHDA and FNHA hosted a celebration in Vancouver of the 10-year milestone of Gathering Wisdom for a Shared Journey forums. • Fraser Salish Region released its five-year 2020-2025 regional health and wellness plan and Vancouver Coastal Region released their five-year 2022-2027 regional health and wellness plan. • In April 2023, the FNHA launched a renewed five-year multi-year health plan to guide health and wellness priorities, strategies and performance measures for First Nations in BC, informed by community engagement and emerging health trends.

Recommendation	Response item	Examples of implemented actions
	• Develop an onboarding orientation package for new tripartite employees and provincial and federal senior officials on the BC First Nations Health Governance Structure and TCFNH. Include partners' roles and responsibilities, reciprocal accountability, anti-racism, cultural safety and humility, and understanding cultures and protocols of local First Nations.	
Advance progress on building an equitable and culturally safe relationship around data sharing and data stewardship and supporting access to First Nations research and data to support planning and decision-making.	• Advance progress on improving the quality and availability of First Nations health data, ensuring alignment with First Nations data governance work currently underway.	The Tripartite Partners collaborated on the first five-year evaluation of the BC TFA, released in January 2020. Tripartite Partners engaged First Nations in BC to develop recommendations and response actions to the evaluation findings. The BC TFA and the FNHA evaluation response plans were developed. **ISC:** • Continues to participate with Tripartite Partners on evaluation and reporting tables that support reciprocal information sharing. • Has begun discussions with the FNHA on using key performance indicators to better support Tripartite Partners in their reporting efforts. **BC MoH and BC MMHA:** • The province signed into law the *Anti-Racism Data Act*, based on extensive engagement with Indigenous peoples and communities, and supported the partnership with the FNHA and the federal government on managing First Nations data and data access requests through the Data and Information Planning Committee. • Extended the Tripartite Data Quality and Sharing Agreement in partnership with the FNHA.

Recommendation	Response item	Examples of implemented actions
	• Continue collaboration and information-sharing regarding reporting and evaluation initiatives, including efforts to transform reporting and evaluation requirements for First Nations communities in BC, support reciprocal information-sharing with Nations and communities and the sharing of related tools and resources. This would include data and information on key performance indicators to support the Tripartite Partners in their shared and individual reporting efforts.	**The FNHA:** • In 2019/20, the FNHA partnered on 32 research projects worth $31 million, which were supported by a research executive committee that was integrated into the provincial research ethics system. 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. • Since 2019, the FNHA has partnered with regulatory colleges to track Indigenous representation and cultural safety and humility training among health care professionals, with plans to formalize data sharing with the BC College of Nurses and Midwives. • The FNHA Research Agenda was completed and will be included in the FNHA's upcoming 2023/24 Summary Service Plan. • The FNHA is gathering Indigenous data for Phase Four of the First Nations Regional Health Survey. • FNHA published Connecting to Culture: Sustaining our Wellness in 2022. • Evaluations completed since the 2019 BC TFA evaluation includes; Joint Project Board Kwakwaka'wakw Primary Maternal Child and Family Health Collaborative Program Implementation Evaluation; Community-Based Testing Program Evaluation; Evaluation of the Land-Based Healing Fund; Evaluation of the Implementation of the Mental Health and Wellness Memorandum of Understanding; Canadian Partnership Against Cancer Funding Evaluation; COVID-19 Community Review; Nurse Prescribing Program Evaluation; and FNHA's Health Emergency Management Structure Evaluation.
Continue co-ordinated efforts to enhance access to quality, wholistic, culturally safe and sustainable health and wellness services for First Nations in BC.	• Continue Tripartite partnerships and partnerships with other health system partners through agreements to advance service improvements for First Nations in BC.	**ISC:** • Continuing work with the FNHA and the Province of BC on a co-ordinated whole-of-government approach to health and participated in emergency response meetings aimed at clarifying roles and responsibilities of the Tripartite Partners. • Hosted a National Summit on Indigenous Mental Wellness that highlighted the importance of cultural safety, trauma-informed care and wholistic approaches to mental wellness. **BC MoH and BC MMHA:** • Developed a provincial Patient Care Quality and Safety Collaborative in 2022, extended the implementation period of the 2018 MHW MOU on the social determinants of health, and supported development of the BC Cultural Safety and Humility Standard.

Recommendation	Response item	Examples of implemented actions
	• Continue FNHA and BC MoH, BC MMHA and RHAs collaboration on the design and delivery of provincial health services available to First Nations in BC to address gaps and fragmentation, geographical and jurisdictional realities, and facilitate better co-ordination of care, including clinical/patient information protocols and systems, patient discharge and use of Indigenous patient liaisons. • Continue efforts to bring innovative, wholistic and culturally safe services closer to home for First Nations in BC, for example, through treatment centres, opening new First Nations-Led Primary Care Centres, and continued support for Joint Project Board projects. • Continue to strengthen partnered emergency management response efforts and co-ordination, and examine opportunities to advance the sustainability of emergency management and response funding to ensure access to health programs and services for First Nations in BC during emergencies.	• Provided funding to the National Collaborating Centre for Indigenous Health. • Launched a multi-partner task team and the First Nations Leadership Council. • The province, the FNHA and other partners developed the Rural, Remote, First Nations and Indigenous COVID-19 Response Framework. **The FNHA:** • In response to the COVID-19 pandemic, developed a new suite of virtual health and wellness services for First Nations people in BC with limited to no access to their own doctor. • In 2020, launched the First Nations Virtual Doctor of the Day and Virtual Substance Use and Psychiatry Service. Between April 1, 2022, and March 31, 2023, the First Nations Virtual Doctor of the Day had 11,611 client encounters, and the Virtual Substance Use and Psychiatry Service had 1,972 client encounters. In 2020, the FNHA, in partnership with the Rural Coordinating Centre of BC, launched the Maternity and Babies Advice Line. • Kucén, the new web-based medical travel administrative system, was launched internally within the FNHA as part of the Medical Transportation Program. • Since 2020, the FNHA, in partnership with the Social Planning and Research Council of BC, has distributed over 2,900 phones and 879 tablets to urban Indigenous populations to improve access to health services. • The FNHA's Urban and Away-from-Home Engagement Framework was published in October 2020 and the FNHA's Urban and Away-from-Home Team engaged populations at 22 events in 2022/23, expanding their contact list to over 700 people. • The FNHA, BC Cancer Agency and the University of British Columbia are advancing the Indigenous Cancer Strategy by promoting culturally safe cancer screening, launching an awareness campaign and developing education courses for health care professionals. • Beginning in 2022, through new provincial funding of $14.3 million over three years, the FNHA has expanded its response to the toxic drug crisis. • The FNHA continues to work with communities to update pandemic plans, outbreak response and employ preventative strategies, including maintaining the Health Emergency Management Community of Practice. In March 2023, the FNHA signed letters of understanding and work plans with the First Nations' Emergency Services Society and the Ministry of Emergency Management and Climate Readiness.

Recommendation	Response item	Examples of implemented actions
	• Support a co-ordinated, comprehensive approach for services and supports for urban and away-from-home populations that identifies mechanisms to reach and engage the population, clarifies roles and responsibilities of partners, and supports equitable access to services, accountability and value for money. • Support province-wide guidance on the development of health human resource strategies and collaboratively work to support an increased supply of Indigenous and culturally safe health professionals in BC.	
Continue co-ordinated efforts to address Indigenous-specific racism and advance cultural safety and humility in the BC health system.	• Advance adoption of the BC Cultural Safety and Humility Standard and address Indigenous-specific racism in the health system. • FNHA, BC MoH, BC MMHA and Health Authorities to collaborate on the development of shared tools and indicators to evaluate the extent to which cultural safety improvements are felt by First Nations in BC.	• The FNHA, Health Canada, ISC and the Public Health Agency of Canada signed the Declaration of Commitment to Advance Cultural Safety and Humility in Health and Wellness Services and Organizations. • Partners are continuing implementation of the In Plain Sight report recommendations targeting Indigenous-specific racism and discrimination in the BC health care system, and through Action 3.7 of the DRIPA Action Plan. • The FNHA, the FNHC and the FNHDA developed and released the 2021 Anti-Racism, Cultural Safety and Humility Framework and action plan. • Partners have agreed to establish a governance structure that will meet annually to monitor the progress of the Joint Action Plan to Advance Cultural Safety and Humility in Health and Wellness Services. • The FNHA, with support from the federal government, developed the BC Cultural Safety and Humility Standard.

Recommendation	Response item	Examples of implemented actions
	• Continue efforts to enhance access to culturally safe processes to report incidents of racism, supporting First Nations led resolution processes that are closer to home. • Support continued knowledge development and mandatory trauma-informed training regarding Indigenous-specific racism in health.	• The FNHA participated in four ISC-convened National Dialogue on Data and shared experiences to support and promote Indigenous data sovereignty with Indigenous and government organizations. • Health Quality BC and the BC MoH began working to develop a guide with standardized learning expectations and outcomes at a provincial level (In Plain Sight report recommendations 18, 20-23). • The province launched a multi-partner task team, including health system experts from the FNHA, FNHC and the First Nations Leadership Council. • Partners are working on creating culturally safe processes to file complaints relating to care and to report on incidents of racism and discrimination. In 2022, Health Quality BC in partnership with the In Plain Sight Task Team, published Sharing Concerns: Principles to Guide the Development of an Indigenous Patient Feedback Process. • In 2021, the FNHA launched an innovative partnership with the University of British Columbia Faculty of Medicine and School of Community and Regional Planning to develop a seminar for health care professionals and administrators. • In 2022, the FNHA and Perinatal Services BC released the report Indigenous Women's and Families' Pregnancy Journeys: A Practice Resource to Support Improved Perinatal Care and developed a decision-making guide for health care professionals to offer post-partum contraception. • On February 21, 2022, Remembering Keegan: A BC First Nations Case Study Reflection was publicly released and gifted in ceremony to the leaders of the BC health care system.

Source: 2019 Evaluation of the Tripartite Framework Agreement on First Nations Health Governance: Recommendations and Response Plan, published in February 2023; Updated 2023 progress reports from ISC, BC MoH and the FNHA.