

Chiefs Strategy Session & Governance Strategy Stream

October 21st-24th, 2013 – Hyatt Regency Hotel, Vancouver, British Columbia



This meeting report is a summary of discussions from the Chiefs Strategy Session on First Nations Health Issues hosted by the First Nations Health Council on Monday, October 21, 2013 and the Gathering Wisdom for a Shared Journey VI sessions related to the Governance Strategy Stream held on October 22 and 23, 2013.

Chiefs Strategy Session on BC First Nations Health Issues – Monday, October 21st, 2013

Chiefs Strategy Session:

The Chiefs Strategy Session was a dedicated day for Chiefs and Leaders to have strategic-level dialogue among Chiefs to establish a political agenda for advancing health issues and also addressing the social determinants of health. Follow this session, throughout the forum there was also a series of breakout sessions targeted for leadership to engage in a strategic-level dialogue to further develop concepts arising from this year's Guidebook – a Reciprocal Accountability Charter, data and information governance, and the social determinants of health.

Welcome and Opening Prayer

Harold Tarbell welcomed delegates to the Session at 8:30 am and Leah George-Wilson welcomed delegates to the traditional territories of the Musqueam, Tsleil-Waututh and Squamish Nations and offered an Opening Prayer.

Setting the Context: Our Journey to Date/Tripartite Partnership

Keynote Presentations and Speakers:

- *Grand Chief Doug Kelly, First Nations Health Council (FNHC), Chair*
- *Hon Rona Ambrose, Minister of Health, Government of Canada*
- *Hon Terry Lake, BC Minister of Health, Province of British Columbia*

FNHC Chair, Grand Chief Doug Kelly

Grand Chief Kelly opened the Chiefs Strategy Session with thanking and acknowledging the traditional territory of the Musqueam people. Doug reflected back on the great work completed with the Tripartite Partnership journey launched by the First Nations Leadership Council (FNLC) years prior and also outlined that the partnership allowed for the opportunity for First Nations in BC to engage in dialogue with Canada and BC. It was this partnership that where a lot of fears could be overcome, and where partners could work together to create a better future. Thank you all for attending today and Gathering Wisdom for a Shared Journey VI.

This session is the beginning of a discussion around the social determinants of health and we as First Nations continue to do a great job working with our partners to move from a “sickness system” to a “wellness system”. However, as we make this work a reality – there is still a need to tackle housing issues, such as mold and poor construction, in order to ensure that citizens who wanted to live at home, could live in healthy, affordable, clean houses. We are also aware that too many First Nations children have been brought into care and that it is critical to work towards strengthening families and protecting First Nations children. Our efforts could be focused on helping keep families together by assisting those struggling with addictions and mental health issues. As we know, many were struggling to overcome the legacy of residential schools. The FNHC have also met with First Nations Child and Family Wellness Council (FNCFWC) representatives and we jointly agreed to help achieve the vision of healthy vibrant communities. Canada has also committed to creating an annual table of Deputy Ministers that

deal with Aboriginal Peoples and BC would do the same. The dialogue at these tables could include work that needed to be done, including transformative change to help First Nations achieve healthy and self-determined children, families and communities. We can also begin the dialogue on how to eliminate the silos as there is no need for First Nations to replicate the silos model. There is need to do the work in a way that worked for First Nations. We have also signed five partnership accords that will allow First Nations to collaborate with their local health authority to make decisions and the FNHC are excited to move ahead with implementing that piece of work. First Nations are at an exciting time and place and this dialogue is the beginning of a great opportunity for us to listen, learn and move forward supporting, and helping one another.

Government of Canada Minister of Health Rona Ambrose

Minister Ambrose acknowledged that Canada, BC and the FNHC developed a strong partnership over the years, the strength of which had allowed exploration of new and innovative ways to achieve health outcomes for First Nations in BC. It had been two years since the signing of the BC Tripartite Framework Agreement and the recent transfer of resources to the FNHA is now complete. First Nations in BC now enter into a relationship with BC to create a continuum of care, without creating parallel health systems. Canada will continue to be an active health partner and as partners we will collaboratively seek out many opportunities to support progress on common goals and issues.

First Nations are best positioned to make decisions about health and wellness and Canada will continue to support the FNHC through ongoing consultations and collaboration. Processes will also be in place to support the evolving relationship and to maintain Canada and BC programs through formal and informal opportunities. This important initiative could not have been possible without delegates' commitment as the transfer was guided and governed through strong First Nations leadership. While everyone involved worked diligently and tirelessly, First Nations' support was critical. Going forward, First Nations' continued support was essential. Although a momentous milestone had been achieved, the work was not done. The commitment is strong and enduring. Canada will continue to work to make sure the implementation is a success. I'm very proud of the work that has been accomplished to date and I looked forward to the years ahead.

BC Minister of Health Terry Lake

Minister Lake acknowledged Minister Ambrose's dedication to the health of all Canadians, and to the Tripartite Agreement moving forward. He also recognized Grand Chief Kelly's efforts to demonstrate what healthy living was all about. It has been great pleasure to work with First Nations on efforts to improve the health of all British Columbians.

It has been nearly two years had passed since the signing of the Tripartite Agreement and the long awaited transfer to the FNHA is now complete. I'm very happy to attend the annual Gathering Wisdom for a Shared Journey (GWSJ) and be given the opportunity to celebrate and reflect on collective achievements, and to learn about health and healthy living. A strong relationship had developed between the partners working together diligently, guided by shared learning and a shared vision. The BC Ministry of Health will continue to work with and support the provincial health authorities to nurture relationships with First Nations. Through accords and ongoing work, First Nations across the province are being empowered with the goal of improving the health status of First Nation communities. There is a 10-year shared commitment to improve the quality of life of First Nations and all British Columbians and these efforts to make this a reality are ongoing commitment.

BC's health care system was founded on leaving the province in a better place for the future. The FNHC will assist First Nations in administering, planning and providing healthy sustainable systems for First Nations. This is the first health system of its kind in Canada. The Minister looked forward to working together, and to moving forward during the transition.

FNHC Regional Updates

Presentation titled "Gathering Wisdom for a Shared journey VI – Our Landscape Regionally".

- *Chief Maureen Chapman, FNHC Regional Representative Fraser Region*
- *Tammy Watson, FNHC Regional Representative Northern Region*
- *Ernest Armann, FNHC Regional Representative Vancouver Coastal Region*
- *Cliff Atleo, FNHC Regional Representative Vancouver Island Region*
- *Ko'waintco Michel, FNHC Regional Representative Interior Region*

FNHC Regional Representative Fraser Region – Chief Maureen Chapman

Chief Chapman opened the presentation with an update on the Fraser Salish Regional Partnership Accord implementation, from which the Aboriginal Health Steering Committee (AHSC) was the first outcome. The AHSC is co-chaired by the Fraser Health Authority's Chief Executive Officer and the Fraser Salish. The table has identified priorities, including shaping the direction of Aboriginal health in the Fraser Region. The AHSC have also identified key priorities around mental health, substance use/abuse, public health, and primary healthcare (which would be coordinated by the newly formed Operations Committee). The Fraser Salish Mental Wellness and Substance Forum was also held on September 23 and 24, 2013 and the the Fraser Salish Regional Unity Declaration, which is pending signature, and the interim Regional Health and Wellness Plan is now underway as we plan for a Fraser Salish Community Court and create an Elders' Advisory Committee.

Willie Charlie, FNHC Fraser Representative is also working with the University of the Fraser Valley President, who has committed to aiding the Fraser Salish partners to create and implement culturally-appropriate programming for those in the health and sciences fields in the university. We also welcome the newly hired Fraser Regional Director, Michael Sadler.

FNHC Regional Representative Northern Region – Tammy Watson

Ms. Watson informed that under the Northern Regional Partnership Accord implementation, a process had been developed to identify how First Nations in the region would work together to support the vision of healthy vibrant children, families and communities.

The regional table recently formed the Northern First Nations Health Partnership Committee, which developed and shared the First Nations Health and Wellness Plan and Summary with the region, including key themes pertaining to: programs and services; operations and infrastructure; managing information; and measuring status and success evaluation. We also welcome the new staff, including Regional Director Nicole Cross, and acknowledged the hard work by delegates to get to this point and towards setting a strong and healthy stage for future generations.

FNHC Regional Representative Vancouver Coastal Region – Ernest Armann

Mr. Armann shared that the key element of the Vancouver Coastal Regional Partnership Accord implementation had been to ensure the spirit and intent of the agreement had been met, relative to the transformation of services in the system. Focus had been on addressing primary care for closer to home access, shared decision making, and separation of operations from politics.

The mandate of the Aboriginal Health Steering Committee and the Aboriginal Health Operations Committee, noting that the regional table is significant, as it covers all communities, and introduces governance into the structure by including leaders, Chiefs, and health directors.

Three important documents were referenced: the Aboriginal Community Engagement Strategy; the Aboriginal Culturally Competent and Responsive Strategy Framework (which discussed training for service delivery, policies

and procedures, and how to provide a safe and comfortable environment); and the Urban Aboriginal Health Strategy, intended to service citizens who were not living at home. The latter strategy was developed through an Urban Aboriginal Health Strategy Working Group, led by the regional caucus.

The Draft Interim Regional Health and Wellness Plan included key areas, focused on: improving and expanding mental wellness; injury prevention; smoking cessation and prevention; data governance; services for physical and cognitive disabilities and special needs; and care for Elders. Melanie Rivers has been hired as the Regional Director, and will assist with organization, developing capacity and improving planning. We also need to be mindful in order to change the system there is need to start with relationships and partnerships, and to begin with community health and wellness plans. He looked forward to the work and moving ahead.

FNHC Regional Representative Vancouver Island Region – Cliff Atleo

Mr. Atleo acknowledged efforts by Vancouver Island leadership, which led to a common understanding on helping and supporting one another, in improving the health and well-being of individuals and communities. No longer will First Nations depend on someone else's agenda and priorities. As of October 1, 2013, it is the FNHA that would be celebrated and embraced. First Nations in BC are not managing a program. They are managing the health and well-being of First Nations, embrace challenges and meeting them head on.

Mr. Atleo referred to the Partnership Accord with BC, Canada and the FNHC. Through collective work and cooperation, a feeling of oneness, appreciation and awareness has been achieved. There has been agreement to come together and support each other. The biggest challenge will be in engaging all people.

Nick Chowdhury acknowledged that the three families on Vancouver Island, united by health, are moving forward as a regional team. On Vancouver Island much of the regional work is supported or connected to the Partnership Accord with Island Health Authority. The region looked forward to continuing to implement that work. Under the Accord, the conversation started to determine a regional charter and regional office. He introduced newly-appointed Regional Director Brennan MacDonald, and referenced work of the Community Engagement Team. Mr. Chowdhury concluded, noting that questions remained around how to manage and control who had access to First Nations' knowledge and data.

Mr. Atleo spoke of the need for all First Nations in BC to come together. The leaders had laid the groundwork for this path. There is a need to embrace this opportunity and accept responsibility for the health and wellness of First Nations people. Clear direction has been set in the creation of the FNHA and its regional offices to work with the provincial and federal health authorities.

FNHC Regional Representative Interior Region – Chief Ko'waintco Michel

Chief Michel noted her honour to be a part of this historical time in First Nations health. She appreciated how all the health directors, chiefs and community members had been involved and supportive of the directive to be "community driven and nation based".

In the Interior, there are seven nations that have worked towards an Interior Regional Partnership Accord. There are Letters of Understanding (LOU) between four Interior Nations and the Interior Health Authority, and three additional LOUs under development. The interim Regional Health and Wellness Plan would be developed, with preliminary analysis to inform this work having been completed. Between meetings, the seven executive members met to carry out the direction of the regional chiefs.

The Interior Region appointed representatives to the FNHA Selection Committee, which then reviewed applications submitted for the FNHA Board. The Committee provided three names to be considered by the Interior Region Caucus. Chief Michel noted that each Nation hosted a Mental Wellness and Substance Use Forum between September and November 2013 to gather input. It was hoped that a Regional Director would be hired by mid-November 2013.

Looking Forward

Key Documents:

- *Presentation titled “Gathering Wisdom for a Shared Journey VI – Looking Forward”; and The Institute on Governance’s Governance Evaluation of the FNHA dated September 2013.*

FNHC Chair Grand Chief Doug Kelly referenced the “made in BC” Transformative Change Accord (TCA) signed three years prior. The Accord included a number of commitments around housing, education, the outstanding land question, but should have also included children and family.

There is now an opportunity to begin a Chiefs Leadership Dialogue. There have been successes with the health transfer. First Nations have taken control over health programs and services, and created decision-making tables nationally, provincially and regionally. It is time to start looking at other commitments. This Session is intended to be the beginning of that dialogue. The discussion will not finish today or during the GWSJ VI. Dialogue will continue as opportunities emerge. Plans and strategies should be considered, as progress is achieved on other matters. Themes around the social determinants of health and ways to work together can be further considered.

In the resolution endorsed at GWSJ V, there was a request for an independent governance evaluation. The Institute on Governance’s “Governance Evaluation of the FNHA” dated September 2013 was part of the information package provided for the GWSJ VI. The advice heard was that the FNHA could never communicate enough. As such, there was a need to revisit the communications strategy to ensure that appropriate amounts of information were being provided to leaders, health directors, and First Nations, who also wanted to keep informed.

As well, efforts are needed to strengthen the sub-caucuses and regional caucuses and to make sure that they: had completed their Terms of Reference (ToR), had dispute resolution mechanisms in place, and had separated politics and business.

It is important to clarify how appointments to the FNHC Board of Directors are made. Between now and the end of March 2014, work will be done to complete the direction received to add five members to the Board of Directors and to ensure that it is a highly competent and skilled board of experts, that can work together to support the Chief Executive Officer and management staff. The regions will be working through identifying and submitting nominations for appointments of one member per region.

There was also a need to look at a reciprocal accountability charter, and a placemat to be clear about what work belonged to the Chiefs and what work belonged to the health directors and authorities. That will be reviewed through the course of the GWSJ.

Grand Chief Kelly referred to the inspirational leadership that Gwen Phillips is providing in the area of data governance. First Nations want information that will help them to make good decisions, and once they have implemented an action, want to evaluate progress. Ms. Phillips is working on a project to design data gathering information systems and to ensure that we create a data system that works for the communities, sub-caucuses, caucuses and all First Nations. Ms. Phillips and her partners from Aboriginal Affairs and Northern Development Canada (AANDC) and the Ministry of Aboriginal Reconciliation and Relations (MARR) will talk about their joint work on data governance.

Relative to reciprocal accountability, there is interest in First Nations doing transfers, in order to achieve improvements. It is important to create an understanding about accountability, so that if mistakes are made or things are not working, issues and concerns can be visited and resolved in a good way. The Grand Chief noted his disappointment in the onerous and unnecessary reporting required by the health directors for the small pot of money that they received. Together with all First Nations, the FNHA can begin to redesign those reporting systems,

to ensure accountability, but with appropriate reporting. It is essential to continue to create the space to listen and learn from one another.

Each region has created opportunities for decision-making. Each region has partnership accords with regional tables. where decisions are jointly made by the Regional Health Authorities (RHAs) and First Nation leadership. This is a significant change that will begin to show progress almost immediately. The provincial government funds the five RHAs and there is a lot of demand and pressure on those decision makers. In each region, the tables will set priorities, and ensure there are investments made to address the priorities. If the RHA is delivering a service that is not meeting First Nations' needs, an alternative will be considered. There is a concept of regional envelopes as well, under which First Nations get to influence the spending towards First Nation priorities. This helps create a strategy and plan to ensure resources are being put to best use.

Grand Chief Kelly referenced commitments in the TCA that referred to housing, water, sewer, children and families. He suggested that now is the time to begin dialogue around issues that will have an impact on the well-being of First Nation children, families, communities and nations.

The FNHC talked about resolutions at GWSJ VI. An understanding was reached, that at this time a resolution is not required. Work resulting from resolutions endorsed at GWSJ IV and V was still proceeding and had not yet been completed. However, there is desire to ensure that we recall and act upon our founding institutions. The FNHC emerged from the FNLC with support from the First Nations Summit (FNS), BC Assembly of First Nations (BCAFN) and the Union of BC Indian Chiefs (UBCIC). If there is need for political direction or support or assistance, it is possible to go forward to those assemblies to engage in discussion and seek support. Grand Chief Kelly referred to a resolution endorsed by the BCAFN the prior month, which called on groups to begin to come together to work on the social determinants of health.

Grand Chief Kelly referenced the annual opportunity to meet with Deputy Ministers of Canada and BC. He noted the importance of ensuring that any proposals coming forward arise from the work of all First Nation leadership, and reflect the best of First Nations' thinking in engaging with one another to achieve change. To this end, there was a recent informal dialogue held with seven of the BC Deputy Ministers and a small group of the FNHC and regional chiefs, which talked about beginning to prepare for the BC Deputy Ministers table. We created our own FNHA and remain well-situated to provide BC with advice on how to move the work forward.

Grand Chief Kelly spoke of the need to do work on the ground, to eliminate the silos. It is essential to have agencies, organizations and caregivers working collectively to begin to knock down barriers, and make sure work is done locally in sub-caucuses, caucuses, regions and here, to benefit future generations.

Plenary Dialogue

Discussion:

- BC First Nations have been on this journey for over eight years and as we move forward we are aware that this will be a long transformative change agenda. We will not see immediate change, but as we move through transition period we will begin to see changes on the ground and in our communities.
- The BC Deputy Minister Table is a great opportunity and the first meeting included representatives from the Child and Family, Education, Social Development and Housing. The only area that was not represented is the economic development and resources. We need to ensure all areas are represented at the table to ensure that unemployment in our communities and poverty is at the forefront of our issues. We also need to bring awareness to our environment health and that we have efforts to protect our fish and wildlife. We need to take advantage of this great opportunity and set up a regular meeting schedule with BC Deputy Minister Table to advance our agenda and needs.
- We need to collaborate our efforts and find a way to change the siloes within BC First Nations governance, provincial and federal structures and systems.
- The community-driven, nation-based principles is an overarching foundation to the entire health

governance arrangement and structures. We need to ensure our regions have the tools and resources to support the transformation work ahead and develop an implementation plan to obtain greater local control over community-level health services.

- We need to be mindful that we are in a state of healing, reconciliation and transformation.
- At a community level, we have already started to increase economic development and as we start to develop and increase capacity we need to gain provincial and federal assistance with this.
- We need to think smarter, be smarter and to ensure our governance structures are organized to best meet the needs of our regions. We need to ensure we all understand our roles and responsibilities in this process, including political and technical tables.
- To ensure we create the systems and processes within our regions so political and technical leaders are reviewing and providing feedback and informed decisions on information.
- To review all of our BC First Nations governance structures in place and look at restructuring to ensure they are achieving their mandate and objectives.
- To ensure our regions are focusing on planning so our governance structures and efforts start to align to better meet the needs of our regional needs.
- The great work of the FNHC and FNHA are being witnessed across this country and the transfer of FNIHB to the FNHA is being watched by other First Nations (provinces).
- We need to keep moving forward with this important work and ensure we don't lose focus. We can do this by assisting with the development of our interim regional health and wellness plans.
- At no other level or file do we have BC Deputy Ministers sitting and engaging with BC First Nations Leaders on First Nations Health Issues. We have a really great opportunity here.
- BC First Nations Chiefs and Leaders gave the FNHC direction to create the FNHA and we need to be mindful that we collectively own this process. We have so many health issues affecting our people and this is the beginning to a long transformation change agenda for the betterment of our people.
- The NIHB program in BC is now the FNHA Health Benefits program and the FNHA is currently in the 'buy-back' claims processing services from Health Canada for at least two years while it establishes necessary systems and infrastructure to take on these roles within the FNHA.
- A cautious approach needed when addressing social determinants of health and the need for continuous improvement at all levels and to ensure we have community representative and effective decision making in the process.
- We need to ensure that we look at the communication and treatment of First Nations peoples in hospital and health care Centre's and ensure cultural competency training is being implemented within our regions.

Adjournment

The Session concluded at approximately 12:00 p.m.

Gathering Wisdom for a Shared Journey – Governance Strategy Stream – October 23rd, 2013

STREAM 1 – GOVERNANCE STRATEGY – DATA GOVERNANCE PANEL

Keynote Presentation and Speakers:

- *Richard Jock, FNHA Vice President of Policy, Planning and Strategic Services*
- *Joseph Mendez, FNHA Vice President, Innovation and Information Management Services, Chief Information Officer*
- *Sheilagh Murphy, Aboriginal Affairs and Northern Development Canada*
- *Peter Cunningham, Ministry of Aboriginal Relations and Reconciliation (MARR)*

These sessions offered an opportunity for First Nations leadership to engage in a strategic-level dialogue on important health issues. Outcomes of the discussions would lead to the compilation of strategies for further

discussion in the plenary at the conclusion of the Forum.

Richard Jock, FNHA Vice President Policy, Planning and Strategic Services

On behalf of Gwen Philips who was unable to attend, Mr. Jock discussed the relevance of data governance to the FNHA and communities. He commented on the strategic interest to address issues going forward. With reference to a slide presentation titled "Gathering Wisdom for a Shared Journey VI – Data Governance", Mr. Jock discussed the idea of First Nations well-being as one that combines a range of different interests, that include constructing a model of wellness that goes beyond dealing with illness – the model is bigger and broader than the absence of disease. Achieving ultimate success will depend on addressing those interests.

Building strong and healthy families and communities is not simply eliminating problems. A strategic approach is needed to implement values-based governance, as opposed to adopting the status quo. Governance of data is vitality important. There are instances where health data has been used against individuals and families in various forums, which speaks to the need for values-based governance. Mr. Jock discussed the need to: balance interests across sectors rather than compete with one another, have ecosystem based land use planning; manage the economy – not just economic development; and clarify the relationship of people to the land, possession, occupancy and use.

Reference was made to Information Management (IM) challenges going forward, including that First Nations have too many proposals to write and contracts to manage and get nothing usable in return in terms of data and community reporting. The FNHA sees many programs and program silos that are at the community level and there is a need to review these to develop a more holistic model of planning to support community interests as opposed to maintaining the existing structures. Every First Nation has identified a different IM priority, which arises from community-based interests. These should move forward in support of the community building, nation based directive. Government has traditionally operated in silos relating to planning, managing and reporting independently, however, First Nations traditionally manage horizontally. Mr. Jock concluded with recognition that First Nations and other governments have different needs and varying uses for data, internally and externally, which needs consideration.

Joseph Mendez, FNHA Vice President, Innovation and Information Management Services, Chief Information Officer

Mr. Mendez noted his pleasure to be part of the FNHA and to have been adopted by Elder Leonard George into the Wolf Clan. He discussed his years of service with Northern Health, and lessons he learned around the importance of resetting the system. He noted the important opportunity that exists for the FNHA, and the importance of caretakers having access to health information in order to support the end users, from a clinical and delivery perspective.

Mr. Mendez discussed the discharge system put in place to notify when First Nations are being discharged back into their community. He asked how the FNHA would gain access to this and other information management systems, noting that First Nations are still on the outside looking in. First Nations are not connected to the health grid and network and cannot access the information needed.

Mr. Mendez continued with the review of the overhead presentation introduced by Mr. Jock and discussed IM challenges around the varying levels of technology, expertise, and capacity. There are too many different platforms and systems in use, and there are limited resources. He discussed the vision of the FNHA for healthy, self-determining and vibrant BC First Nation children, families and communities, and acknowledged the important role of Gwen Philips in guiding the work of the FNHA. Reference was made to the comprehensive wellness plans strategic investments in early childhood development, education, health care, housing, justice, social development, employment, and child and family services.

Sheilagh Murphy, Aboriginal Affairs and Northern Development Canada

Ms. Murphy provided an overhead presentation titled “Data Governance Panel – Gathering Wisdom – October 23, 2013” during which she discussed the realities of AANDC in terms of operating environment and framework in the federal government context.

In terms of the context for reporting, a report on priorities for each department comes out each spring and in the fall the federal government issues a performance report on how it did. Each department has to have a reporting structure within which there is program architecture with performance measurement that includes strategies. This process looks for a number of indicators to show how the departments are meeting the overall objectives set by the federal government.

AANDC has been attempting to ensure that what it does within its department is streamlined, to eliminate duplication, and to coordinate reporting with other departments. AANDC is trying to help tell stories and track progress while also looking at what is working and not working. There is need to account for federal dollars but also to focus on what is useful for communities and organizations. AANDC is trying to not collect information that is available from other authoritative agencies. An overview of how AANDC has been trying to meet these objectives in social programs was provided, including reduction of reporting on social indicators. The department overall has been trying to get to the same place in other programs and has gone from 4,800 to 800 reports over a three year period.

Ms. Murphy informed that AANDC is working with Gwen Philips on the data governance project with indicators that are positive and strength based. They are seeking to find other ways to collect information through data sharing agreements, and continue seeking greater alignment with provincial and First Nation indicators to improve comparability of on and off reserve performance measurement information. She concluded with reference to horizontal management initiatives including Income Assistance Reform with Employment and Skills Development Canada, community development training with Health Canada, and the BC First Nations Governance Initiative.

Peter Cunningham, Ministry of Aboriginal Relations and Reconciliation (MARR)

Mr. Cunningham acknowledged the work of Gwen Philips on behalf of the FNHA relative to data governance. With reference to an overhead presentation titled “Enhanced Aboriginal Data Collection and Leveraging Success”, he discussed the change in the strategic policy context in BC as a result of the New Relationship Vision. As well, he referenced the Transformative Change Accord – Closing the Socio-Economic Gap and the Metis Nation Relationship Accord, and government’s related commitment to report out in these areas. Other change drivers included hearing from Aboriginal leadership in BC that a distinction based, rather than pan-Aboriginal approach was required; and the 2001 Provincial Health Officer’s report recommendations.

Mr. Cunningham discussed implementing a provincial data standard for the collection of data specific to Aboriginal persons in order to support improved provincial government administrative data. Guiding principles include that any information collected is provided on a voluntary basis. It is confidential, has a clear purpose, and is collected in a culturally competent, sensitive and respectful way. He quoted the FNHA website, that “First Nations need to be armed with accurate information to effectively plan and implement programs and services, at a community level”. Data needs to be meaningful and connected to, owned at the community level, and based on Ownership, Control, Access, Possession (OCAP) self-governance principles.

Mr. Cunningham referenced leveraging New Relationship critical success factors relative to the recognition of the goals of self-determination and self-governance underpinning the work. Collaboration and partnerships are used in developing and implementing effective community-driven and community-based programs and services. He offered that trusted relationships are built through sustained engagement and partnerships; and that effective, mutually respectful and reciprocal processes for working together can be developed. The importance of a clear leadership vision and mandate to support ministries to commit to change was noted.

Information was provided on successes and opportunities relative to Aboriginal Administrative data standards, IHA

and Ktunaxa Nation, First Nations health governance and leveraging success.

Plenary Dialogue

The following provides a brief discussion of the dialogue that followed the Governance Stream Day 2 presentations:

Discussion:

- The regions need to have access to all forms of data to make informed decisions. We need to ensure that the data is securely stored and that people's information is protected.
- To ensure we are building our capacity so we the support to operate and acquire data governance. We have to shape the systems so the system works for us and benefits us.
- To ensure we have the support for First Nations to access meaningful data and that we have the appropriate infrastructure and internal capacity.
- The FNHA is currently looking at leveraging the opportunity so that reporting is done more efficiently and is driven by First Nations and that we create a standard perspective.
- We need to identify who will have ownership and proprietary rights as this could be a potential revenue stream for the future.
- The FNHA could possibly consider looking at other provinces in regards to the type of data gathered in regards to making decisions that affect social determinants of health (e.g. Alberta oil sands).

STREAM 1 – GOVERNANCE STRATEGY – RECIPROCAL ACCOUNTABILITY CHARTER

Reference materials provided to session participants:

- *FNHC document titled "Reciprocal Accountability Charter"*
- *Draft Reciprocal Accountability Charter for the BC First Nations Health Governance Structure (October 2013)*
- *FNHA Constitution and Bylaws.*

Grand Chief Doug Kelly, FNHC Chair

Grand Chief Kelly informed that on Day One of GWSJ VI the participants had witnessed accountability in action with the conduct of sacred ceremony, in which everyone knew how to behave. He acknowledged that during the prior Governance Strategy session, there were comments on the 250+ reports that government expects each First Nation to provide. It is way too much accountability for far too little. FNHA wants to begin to change that accountability to work for First Nations, not against them. This means taking what we already know about how to behave and conduct ourselves, in order to solve problems in a good way.

The Grand Chief spoke of the term "intervention". First Nations know when they need to intervene with their family – it is usually the grannies that see that their children or grandchildren are struggling. A healthy family intervenes, and acknowledges that there is a problem and that we need to do something to set it right. An unhealthy family looks the other way, and points blame at others. Reciprocal accountability can be made as complicated as we want, or it can be real, simple and understood. The FNHA will strive to be a healthy family so that when something goes wrong, or a program is in trouble, we will intervene and take steps to fix the problem, make it right, sort it out and achieve a good healthy balance.

The FNHA has heard that if we are not going to do it better than Health Canada – that we should not bother. The direction is clear that the FNHA has to do a better job than the government was doing before. One way that this will be done is by separating business from politics. The Chiefs have participated in a line-by-line review of the TFA over and over again because key components were in that agreement. A 2011 GWSJ resolution adopted the Consensus Paper, and the TFA and the governance was set and required a clear separation between business and politics. There is need to remember that advice and direction which is rolled into the Consensus Paper, Resolution

and TFA.

The role of the FNHC is high-level oversight, and political advocacy – to be the ears on the ground. When the regional representatives meet with the Chiefs and leaders that appointed them, their job is to listen and hear about what is happening on the ground, and to give information if they have an answer to a question. If there is not an answer, then they will bring the issue to the other FNHC representatives in their region who in turn will bring it to the entire FNHC. If the same problem exists in all regions, the FNHC will decide on if there is a need to do something. This is how issues are sorted out. There will be problems, and the way that we prepare to do intervention is by keeping our ears open and being available to learn about problems and to take action. Sometimes, all that is required is a telephone call.

The bylaws speak of Members and Directors and clearly set out the roles of each. There were bylaw amendments made based on feedback received. Section 3 now specifies that the regions will determine their three representatives on the FNHC, who are at the same time members of the FNHA. Section 3.8 was amended to clarify who will chair the FNHA meetings. Members can change the name of the Society and amend the bylaws, both of which have been done several times. Efforts were made to ensure that the FNHA is accountable to First Nations in BC through the members they have appointed. Members can also accept the annual report and annual financial statements that are approved by the Board of Directors. As well, the Members can appoint or remove directors.

Grand Chief Kelly reviewed Bylaws Article 4.5, Nomination by Regional Caucuses, which was in response to the GWSJ Resolution that asked for appointments to be made on a competency based model. FNHA is engaged in that work now. He then read aloud Article 23.1, Review, specifying that following each GWSJ the Members will review the Constitution and Bylaws to address whether the FNHA should continue and if so, what amendments are required for the new governance structure, or whether the FNHA should dissolve.

The Grand Chief emphasized that the Members have few responsibilities and rarely meet. The action occurs at the sub-caucuses, regional caucuses and the GWSJ events. The governance structure reflects the best practices of governance structures and space has been created to meet the direction of keeping business and politics separate. Regarding the recommendation to consider an expanded FNHA membership, 200+ members would be challenging to uphold and would run the risk of politicizing issues that are administrative in nature. Grand Chief Kelly offered that it is clear what work belongs to each role, and that it is clearly mapped out.

Ernest Armann, Vancouver Coastal Region, FNHC

Mr. Armann discussed the importance of First Nations' taking ownership over the health system, beginning with clarifying roles and communicating. This is key to transforming from the sickness to wellness system, and to improving governance through formalization. Roles and responsibilities is a key area because there are a lot of key players: individuals, service providers, organizers, government partners and others.

It was noted that the 2012 Resolution discussed the independent evaluation of the FNHA from which a recommendation arose on the need to develop a Reciprocal Accountability Charter. It is a living document and is a good place to start. It is about how to support the working partnerships amongst BC First Nations with a view to improving the system in terms of on the ground results. Reciprocal accountability applies to rights and responsibilities. Some of the work of providers is to ensure that people are taken care of. Organizations have a lot of responsibility to ensure that things are being done. Governance is there to ensure that we all have a clear understanding of roles and responsibilities. There is need to educate the partners on what reciprocal accountability means to each of the partners, and at the different levels.

Mr. Armann referred to the Reciprocal Charter for the BC First Nations Governance Structure Draft (October 2013), and discussed the purpose of sections titled Our Journey, Our Compass, Our Code, Our Chart, and Our Anchor. Under the section Our Chart, reciprocal accountability is defined – namely to achieve shared vision and goals and to be accountable to one another for our collective responsibilities. There is a lot of discussion of roles and responsibilities at different levels and individually. Participation is key to ensure that there are joint solutions

developed. Leaders and administrators also need to participate to make it successful. It also references the key pieces of partnership and planning and reporting and evaluation.

The section entitled “Our Crew” was reviewed, which references the respective roles of Citizens, BC First Nation Chiefs, BC First Nation Health Directors and service providers, Regional Caucuses and Regional Tables, and the FNHDA. The importance of understanding the differences in roles and responsibilities was emphasized; as was the need for understanding that reciprocal accountability begins with communications and learning, sharing, identifying needs and solutions.

Charles Morven, North Region, FNHC

Mr. Morven reviewed the section of the Charter titled “Our Compass”, and discussed how First Nations overtime have had their own values that helped them to navigate through their lives and to show respect for one another as those paths were crossed. He reviewed the shared Vision and Values developed to achieve the Vision, and the seven agreed upon directives. The importance of Directive #1: Community-Driven, Nation-Based, was acknowledged in terms of how business is conducted and how direction is received.

Expectations for the standard of care both received as clients of the health system, and delivered as owners of that system, were reviewed. Relative to expectations, Mr. Morven spoke of giving clients the right to be safe, and treated with respect and dignity, and the importance of learning from our past in regard to values. When Clients go to a service provider they should also treat that provider with respect and dignity. There was also ways of communicating with one another developed around the Client’s right to their confidential information and protecting that information so that they feel safe. He discussed the example of when Elders go to visit a service provider and many times it is up to their children and grandchildren to be there for them and make sure that the service providers are given information on all the symptoms so that they can get proper care. Mr. Morven emphasized the importance of being willing to communicate with and respect each other’s ideas in moving forward.

Plenary Dialogue

The following provides a brief discussion of the dialogue that followed the Governance Stream Day 2 presentations:

Discussion:

- The Collaboration Committee membership was reviewed with note that the representatives can inform regions about the plan, vision, and values, so that you are better informed.
- The FNHC, FNHA and FNHDA are engaging in a joint strategic planning session in the near future to discuss ongoing roles and responsibilities, including mandates and advocacy.
- We have many different structures involved in the process and the following provides a brief summary of these: FNHA serves as a health and wellness partner to BC First Nations communities through contribution agreements, programs, services, and other initiatives; FNHC report to and engage with First Nations leaders on FNHC activities and key decisions; and the FNHDA share information with, and engage with FNHDA membership on FNHDA priorities, activities, and key decisions.
- The FNHC have two hats – one as the FNHC political advocates and one where they periodically meet as members of the FNHA society to appoint FNHA board of Directors and consider the nominations from Regional Caucuses (Regional Selection Committees).
- The FNHC is aware that all First Nations have members living away from home. Each region will work with their regional health authority to develop an urban Aboriginal strategy. For example, one Coast Salish priority identified is to engage our people living away from home. All of my colleagues are doing similar exercises. That is an important part of our work. The FNHA is responsible to serve all First Nations citizens in BC regardless of where they live.

STREAM 1 – GOVERNANCE STRATEGY – SOCIAL DETERMINANTS OF HEALTH

Video Presentation

A video was played which related to starting a conversation on health. We all know about health problems, and what causes these problems. But what are the real causes? Poverty = poor health and the more money you have, the healthier you are. Health improves at every rung up the social and income ladder. Why? There are many factors that affect the individual. The example of Sara was provided. She is in the emergency room and her asthma is worse because she is smoking, she is smoking because her new home is moldy and she was laid off, and she has no education to do anything else. What does she need for her health? Sara needs help coping, the ability to make healthy decisions, access to traditional foods, health literacy, a safe home, cultural connectedness... Who shifted the focus? Health care cannot fix our health problems. We can continue where we are headed or we can take another direction towards health. We can choose. We are BC First Nations and we know about innovation and resourcefulness. Let us start a conversation about health and let us get moving.

Grand Chief Doug Kelly, Chair, First Nations Health Council

Grand Chief Kelly shared that the Tripartite Framework Agreement on First Nation Health Governance committed to create an annual meeting of Deputy Ministers with the federal government that deals with any issue. Canada is committed to that. Likewise BC has promised to set a table of Deputy Ministers that deal with First Nations and Aboriginal Peoples. We have a huge job to do. When we set out to change the world and make it a better place for our children and grandchildren, we have to tackle housing at home and away from home, how our children are doing in school and improving outcomes so they can go to school and become successful.

The Grand Chief informed that he had heard the concern – do not overload yourself. If you have 100 priorities, you have no priorities. It speaks to the importance of priority setting. It has to happen in a dialogue at the regions. The regions need to determine their priorities and look at those themes that emerge in that video to develop a comprehensive regional health and wellness plan. Grand Chief Kelly understood that there is only so much we can do and that we need to pace ourselves to continue that theme of ensuring that we manage change and do not let change manage us. Our ancestors were successful because they planned, worked hard, stayed together, worked and solved problems and overcame obstacles and challenges together. That is what we are going to do.

Clifford Atleo, Vancouver Island Region, FNHC

Mr. Atleo shared that in the past 55 years he had seen tremendous deterioration in terms of First Nations' access to traditional foods and living a healthy lifestyle. There was no unemployment years ago. There were no housing needs. When they built his house it was with his uncles. It was very simple at first and they added onto it over years to accommodate his family as it grew. That was just how it was.

Mr. Atleo spoke of First Nation principles around lands and resources, which were a gift from Creator. We can collectively turn the page, and turn things around. Part of the nation building exercise is the health transfer that provides First Nations with opportunities to make major changes. That was how it was for thousands of years. First Nations have been impacted by residential schools and from the negative policies of the newcomers to this land. There are a bunch of dots on a map to represent the reservations in BC – however, reservation is a colonial term that he personally rejected. First Nations people are not off reserves, they are away from home. We need to change the way that we think about ourselves and stand from the perspective of having responsibility for the whole.

Mr. Atleo discussed the need to embrace this opportunity, to make it part of our governance, and to take away the mentality that we are taking on a big program. First Nations in BC are in charge with partners and we will need that partnership.

With reference to a presentation titled "Social Determinants of Health – Let's Start a Conversation About Health

and Wellness... And Not Talk About Health Care at All”, Mr. Atleo discussed some of the many social determinants of health. Health begins where we live, learn, work and play. He encouraged also thinking about spirituality and the practices of each of the nations to undertake challenges of the day and to communicate with the Creator, and our medicines and healing ways which are also a part of determinants.

There has been some progress made and there will be more progress made. One of the challenges in signing on a TFA that has First Nations in charge of health that was previously managed by Health Canada, is around changing how we do business in each community. There is also need to change the governing structure so that the Deputy Minister table can be effective so that there is no lag in communication and no misunderstanding. All of our people need to understand the process, breathe life into that process and not make assumptions that everyone has email, cell phones and reads the newspapers. We have to physically engage our people whether they are home or away. Traditionally, if you feed the people you will have a captive audience. That is when you deliver the teachings to the children. We need to embrace the concept that we are behind the idea of healthy and vibrant individuals and communities, and that we want to provide for, and have the best for our people, so we can live the fullest, richest lives possible.

The importance of asking questions was noted. There are also great ideas for addressing housing issues to meet the needs of entire communities. Most territories are unceded territories. There are still government systems that can channel their authority in a direction to address that one determinant – housing. First Nations in BC have opportunities but need to actually exercise, implement and step outside of the handcuffs provided by BC and Canada as it pertains to health, because we have a mandate to pursue healthy and vibrant individuals and communities and we are going to do it ourselves.

It is important to understand the action plan and to ask the question of how First Nations can breathe life into the action plan. Relative to land stewardship, Mr. Atleo referenced organizations that have existed to support land stewardship activities such as: the First Nations Energy and Mining Council; First Nations Fishery Council; and the First Nations Forestry Council. Relative to child poverty, there is no excuse. In 2010 there was a summit to respond to this issue that identified actions to take and that set out measurable targets and initiatives. Opportunities exist around the First Nations Summit 2013 Resolution which committed to explore opportunities for collaboration amongst: First Nations and Aboriginal organizations; the TFA on First Nations Health Governance’s commitment to federal and provincial Deputy Minister tables; and, numerous organizations and plans at local, regional and provincial levels.

Mr. Atleo informed that province-wide, First Nations have been engaged in HUB responsibilities. The HUBS were created to support this work and to engage the communities. HUBs have been instrumental in community engagement. There is need to now take health and wellness plans to the next step to clearly identify the needs in communities. Those plans will be instrumental because they will be built by the communities and will form sub-regional and regional plans. Every First Nation family will be engaged in the same kind of work. He emphasized the importance of recognizing the opportunities available. No longer can government do what it pleases relative to First Nations health.

Mr. Tarbell acknowledged comments around the issue of how to find balance and not expand into other sectors. There was understanding that other factors affected health status even more so, spoke to the shift from a sickness to a wellness focus.

Plenary Dialogue

Discussion:

- We as First Nations are rebuilding ourselves after years and years of colonization and assimilation. As we move forward we have an inherent responsibility to take care of one another and our communities – this means building more homes, schools and our own laws.

- The old government system has caused us to be divided, yet we need to work together and rebuild our relationships between one another – at all levels (community, regional, provincial).
- We need to create systems and organizations that assist our people on the ground and the people away from our communities (e.g. food bank).
- There is an important research study going on today called the Cedar Project. The project is focused on young people living on the streets that have been impacted by residential schools and foster care – we need to start small and try to make a difference in these youths lives.
- The social determinants are very broad, but the solutions are very easily implemented. We need to focus on strategies rather than governance and administrative functions. The social determinants are all areas of health (food, land, fish etc.) – it all affects our way of life.
- The FNHA and FNHC need to be aware that a lot of our communities are very rural and isolated and they need to take this in account when looking at program resources.
- We need to start somewhere and our partnership agreements are being felt in the communities – we now have a health centre, nurses and someone to clean our teeth.
- We need to regionally work with our local governments and regional health authorities to advance our work and to create the space to discuss options and our community needs.
- We need to focus on increasing cultural competency at all levels – schools, towns, government, and specifically any health professionals that work with our people.
- We are currently at the beginning of the work and have 20 years of hard work ahead of us. We are here to make a difference for the children who are unborn that will benefit from this work. The work and dialogue will only continue from here.

<p>Gathering Wisdom for a Shared Journey – Governance Strategy Stream – Thursday, October 24th, 2013</p>

STREAM 1 – GOVERNANCE STRATEGY CONT'D – WHAT WE HAVE HEARD AND NEXT STEPS

Harold Tarbell, Facilitator, discussed the purpose of this session to provide a high level overview of the discussion over the past several days, to identify next steps to address issues, and do the work for transformation and transition. He referenced the work of the graphic facilitator depicting an artistic summary of the conversations. Post-it notes had been provided so that participants could comment on the graphics and have those comments built into the reports.

With reference to a presentation titled “Governance Stream Summary – Gathering Wisdom for a Shared Journey VI”, Mr. Tarbell provided an overview of the background leading up to GWSJ VI, and discussed the Governance Stream over the past several days.

In the Chiefs Strategy Session, the Chiefs were not shy about raising issues. There was a sense of the need to continue to identify and discuss the issues and to build and define the processes (including processes around how to resolve issues). As well, there was recognition of the work that has been done thus far.

Issues raised by the Chiefs included the idea of trying to understand the legal structure, and the direct connection between the Chiefs, the regional processes, the legal entities and the possibility of expanding membership. There were issues raised around reporting, accountability and process, communication and engagement, and the idea of learning lessons as we go and building for the transformation. There are pressures for immediate and continuous improvements within the constricts of this process, with recognition that there are some limitations and flexibility as to how to bring them to bear to fundamentally change the way that health services are delivered in order to dramatically improve the health status of First Nation peoples.

In the regions, much discussion occurred around how the regional tables come together and do the work of continuing to strengthen the developmental, planning, communication, and engagement, and to figure out how to make health service improvements. It is a process that begins with the individual, the family, the community, the region and that feeds up to the relationship with the FNHC, FNHA and FNHDA.

On Day 1 of GWSJ VI, Mr. Tarbell noted that:

- Interior Region discussed the need for dialogue around the connection of technical vs. political and to clarify roles, how decision-making will be done at the regional level, and the priority need to focus on prevention issues.
- Fraser Region discussed continuing to build regional processes, looking at critical areas, and making sure we are strengthening communications.
- Vancouver Coastal Region indicated support for strong communication within the region at all levels. Relative to regional governance. They discussed the need for process to build on current structures, clarify roles and responsibilities, and the process for bringing forward issues and discussion points. A priority identified was the development of a cultural competency framework.
- Vancouver Island Region discussed team building and working through issues constructively, as well as the need for clarity around the process for raising issues and focusing on being solution-oriented. A review of the Terms of Reference to adapt to the current circumstances was proposed.
- North Region emphasized the health issues and priorities, communications, health benefits and support for the Regional Health and Wellness plan as a critical piece for planning, evaluation, transition, transformation work and the relationship with the regional health authority.
- The FNHDA discussed social determinants and complications around how to develop a strategy that is fundamentally about knowledge and skills. They discussed engaging with specific sectors, children and families and other areas as well, such as First Nations who are not living in the communities. The issue of silos in the communities did also come up, as did mention of the need for tools and support to do the work.

Relative to data governance, Mr. Tarbell reflected on suggestions that this initiative is very broad, and that data is critical at the community level to inform quality improvement. Reporting generates raw data but many communities do not have capacity to do analysis. Regarding reciprocal accountability, there is need for clarity about the processes and mechanisms for working through issues, distinction of roles, regional government process, and disclosure of remuneration.

Relative to the social determinants of health, support was expressed for collaboration and ground-up approaches, building on strengths of structures in place, support for nation-building with emphasis on connecting people to the land and traditional teachings, support for continued communications, and for striking balance between health priority issues and the broad social determinants opportunities.

Plenary Dialogue

Discussion:

- We need to share the 7 Directives in the communities and Nations so we are taking the steps towards collaboration and partnership at all levels (community, regional and provincially). We need to assist our people through transition and then transformation.
- We need to be mindful of our cultural, traditional and ceremonial values.
- We need to ensure that we are building upon our communication efforts and continually provide our communities with update to date information and messages.
- We need to ensure we are avoiding the silos and making an effort to work together.
- We all know that change is difficult, but it needs to be done to achieve where we want to go.

- The FNHC members are very diligent and hardworking, and are good ambassadors on our behalf. Grand Chief Kelly thanked all of the participants for listening. He acknowledged the work to be done on the budget, forecasting and understanding issues. The challenge is how to use funds, and how to collaborate with partners which is where there is real opportunity for big changes.