

Together in Wellness



**October 2015–
October 2016**

***Tripartite Committee on First Nations Health
Annual Report***

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



Tripartite First Nations Health Plan



Ask Auntie Camp, Port Hardy, August 11, 2016

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Together in Wellness

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Esquimalt Singers and Dancers performing on National Aboriginal Day, June 21, 2016



Together in Wellness

A Message from the Partners

Five years ago, we signed a historic agreement that would permanently change the landscape of health program and service delivery for First Nations in British Columbia: the *Tripartite Framework Agreement on First Nation Health Governance*. Since that time, we have gradually shifted our collective focus from the transfer of health programs and services to supporting systemic and strategic change through the regionalization of health-care service delivery, the strengthening of working relationships with B.C. First Nations, and addressing key regional and provincial priorities in health. We have been working with our partners to examine new ways to effect system-wide transformation and change, including the creation and development of the Joint Project Board. The Joint Project Board helps to leverage existing opportunities, and supports joint efforts to achieve shared health priorities at a regional level. In this report, we have included some of these regional success stories to highlight this innovative and progressive work.

Last year, we marked the 10th anniversary of the signing of the Transformative Change Accord, where the partners committed to closing gaps in social, economic and health outcomes for B.C. First Nations. This year, we celebrate the 10th anniversary of the *Transformative Change Accord: First Nations Health Plan*, which outlined specific health actions intended to close gaps in health outcomes.

The systemic and strategic change that has become the driving force behind our collective efforts is reflected in this year's annual progress report of the Tripartite Committee on First Nations Health. We have moved away from reporting on the health actions in the *Transformative Change Accord: First Nations Health Plan* in favour of speaking to health service improvements at the regional level. This affirms our commitment to continue to evolve First Nations health policy in British Columbia.

In this year's *Tripartite Committee on First Nations Health Annual Report: Together in Wellness*, we review the changes and improvements made in the delivery of health services to First Nations and Aboriginal people of B.C., and the continuing growth of the tripartite partnership. We are pleased to release this report outlining the integration of health services as part of our commitment in the *Tripartite Framework Agreement on First Nation Health Governance*.

Co-Chairs, Tripartite Committee on First Nations Health:

Lydia Hwitsum, Chair, Board of Directors, First Nations Health Authority

Sony Perron, Senior Assistant Deputy Minister, First Nations and Inuit Health Branch, Health Canada

Stephen Brown, Deputy Minister, B.C. Ministry of Health



Purpose

In the Tripartite Framework Agreement on First Nations Health Governance, the parties committed to report annually on the progress of the integration and improvement of health services for First Nations in British Columbia. The 2015-16 *Tripartite Committee on First Nations Health Annual Report: Together in Wellness* fulfils this commitment as we showcase some of the key achievements in health and wellness from a community, regional and provincial perspective.

The progress and achievements presented in this report are a result of the ongoing collaboration and partnership among the tripartite committee members, as well as many other key players. This document is intended to report on the period from October 2015 to October 2016.



Nuu-chah-nulth pole raising ceremony at Victoria Native Friendship Centre, March 24, 2016

What is the Tripartite Committee on First Nations Health?

The Tripartite Committee on First Nations Health provides a forum for senior leaders in federal and provincial governments and First Nations. It is a chance to align priorities and perspectives, and collaborate in pursuing the improvement of health and wellness outcomes for First Nations in British Columbia.

The tripartite committee meets twice yearly to co-ordinate and align planning, programming and service delivery among the First Nations Health Authority, the regional health authorities, the Provincial Health Services Authority, the B.C. Ministry of Health and Health Canada. The parties work collectively towards achieving their shared vision of improving the health and well-being for all B.C. First Nations. The tripartite committee work plan is revisited yearly, establishes current priorities and deliverables, and identifies health care and service delivery barriers that the parties wish to address.

The tripartite committee is composed of the following members:

- ▶ Three co-chairs:
 - » Chairperson of the board of the First Nations Health Authority;
 - » Senior assistant deputy minister of the First Nations and Inuit Health Branch, Health Canada;
 - » Deputy minister, B.C. Ministry of Health;
- ▶ President/chief executive officers of each of the B.C. health authorities;
- ▶ Provincial health officer under the B.C. *Public Health Act*;
- ▶ Aboriginal health physician advisor, Ministry of Health;
- ▶ Chief medical officer of the First Nations Health Authority;
- ▶ Chairperson and deputy chairperson of the First Nations Health Council;
- ▶ One First Nations Health Council representative from each of the regions;
- ▶ Chief executive officer of the First Nations Health Authority;
- ▶ President of the First Nations Health Directors Association;
- ▶ Appropriate associate deputy minister and assistant deputy minister of the B.C. Ministry of Health; and
- ▶ Any other non-voting, observer or full members as agreed to by the tripartite committee.



Tripartite Committee on First Nations Health: Reporting on Strategic Priorities

A 2015 study of the development of relationships between First Nations and provincial and federal governments revealed notable transformational changes in Canada's health-care system as it pertains to First Nations.¹ The creation of the First Nations Health Authority (FNHA), the efforts of the Tripartite Committee on First Nations Health and the regional partnership accords between the First Nations Health Council (FNHC) and health authorities, have led to stronger working partnerships and enhanced representation and participation of First Nations at all levels of government and health service planning.

This past year has seen an increased focus on addressing barriers to care access and delivery, better integration of the principles of cultural safety and humility into the mainstream health system, and progressive integration of the First Nations perspective on health and wellness.

Cultural Safety and Humility

In July 2015, as an outcome of a cultural safety working group established by the tripartite committee, the CEOs of the regional health authorities and the Provincial Health Services Authority (PHSA), the deputy minister of health and the CEO of the FNHA signed the historic *Declaration of Commitment on Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in British Columbia*. The declaration is a commitment to actions that advance, strengthen and improve cultural safety and humility within the workplace, and is based on principles of quality, equity, respect, co-development and reciprocal accountability. The declaration enables the regions to develop appropriate cultural safety and humility action plans that meet the unique needs of each region. Developing and implementing a guiding framework for cultural safety and humility will continue to be a priority for the tripartite partners into 2017 and beyond.

Cultural safety and humility has been recognized as a critical component of effective and appropriate health care for First Nations in British Columbia. Efforts to properly integrate cultural safety and humility into existing health-care delivery models through online and in-person training have been ongoing for several years. The PHSA has developed the effective and popular San'yas Indigenous Cultural Safety and Humility online learning tool. Through the combined efforts of the Ministry of Health, the FNHA, the regional health authorities and PHSA, nearly 20,000 employees of these organizations have completed San'yas cultural safety training to date. All of these organizations have successfully conducted extensive internal campaigns to improve uptake of training and continue to do so in an effort to reach all employees.

In February 2016, the B.C. Patient Safety and Quality Council held their annual Quality Forum, which prioritized improving quality across the continuum of care. The FNHA chief medical officer presented on the organization's vision for a culturally safe and humble health-care system, and challenged participants to commit to bringing awareness and change to their own work environments.

¹ O'Neil et al. (in press). *Transforming Governance in First Nations Health Care in British Columbia, Canada. International Journal of Health Governance*.



The FNHA and the B.C. Patient Safety and Quality Council recently launched a webinar action series on cultural safety and cultural humility that encourages participants to explore the concepts in an open and safe learning environment and will support health-care partners to create a more culturally safe and humble system of care.

The PHSA Indigenous Health program is launching a national Indigenous Cultural Safety learning series beginning in late September 2016—a monthly webinar series on Indigenous Cultural Safety developed in partnership with the Southwestern Ontario Aboriginal Health Access Centre. This webinar series will support professionals and health organizations in developing culturally safe policies and practices.

All regional health authorities and partners have made great strides in developing and enhancing culturally safe programs and projects for staff and the community. A partial list of member commitments and actions, arranged by health authority or organization, are listed below:

TRIPARTITE COMMITTEE MEMBERS	CULTURAL SAFETY COMMITMENTS & ACTIONS
Interior Health	<ul style="list-style-type: none">▶ Organizational self-assessment of Indigenous cultural safety▶ Hiring of an Aboriginal cultural safety educator▶ Cultural safety facilitation sessions and online education opportunities
Island Health	<ul style="list-style-type: none">▶ Cultural safety training for physicians, Divisions of Family Practice and North Island Hospital project leaders▶ Culturally safe trauma-informed service/maternal & child care
Vancouver Coastal Health	<ul style="list-style-type: none">▶ Development of Indigenous cultural safety training workshop for staff▶ Development of cultural protocols guide informed by local First Nations▶ Cultural competency policy implemented in health care, traditional territory acknowledgment, and proper use of tobacco and medicines
Northern Health	<ul style="list-style-type: none">▶ Development of a cultural safety and humility plan and framework▶ Evaluation framework for measuring the impact of cultural safety and humility interventions▶ Updated culturally safe complaints process with booklet and workshops
Fraser Health	<ul style="list-style-type: none">▶ Regional cultural safety and humility working group established in partnership with FNHA and the First Nations Health Council▶ Development of a strengths-based cultural safety self-assessment tool
Provincial Health Services Authority (PHSA)	<ul style="list-style-type: none">▶ Developing assessment tool of how Indigenous cultural safety is expressed and not expressed within an organization▶ Launch of webinar series, further refinement of San'yas Indigenous cultural safety online course modules and PHSA Indigenous cultural safety framework
First Nations Health Authority	<ul style="list-style-type: none">▶ Improved culturally safe complaints process for FNHA clients▶ Launch of a cultural safety and humility pledge campaign▶ Launch of cultural safety committees together with health authorities



TRIPARTITE COMMITTEE MEMBERS

CULTURAL SAFETY COMMITMENTS & ACTIONS

First Nations Health Council	► Council member participation on regional partnership committees, with discussions of priority actions for cultural safety
First Nations Health Directors Association	► A call to action towards a zero tolerance of lateral violence with the association's Lateral Kindness Position Statement ► Creation of an Elder advisory position within the association
Ministry of Health	► Multi-year strategy, including focus on training and education for staff and recruiting/retaining Aboriginal staff
Office of the Provincial Health Officer	► Use of principles from the Cultural Safety and Humility Framework to guide collaborative work with the chief medical officer
Health Canada	► Increased Aboriginal representation within the First Nations and Inuit Health Branch from 23.6% to 30% over the next five years

On National Aboriginal Day 2016, the FNHA and the BC Public Safety and Quality Council, launched the *It Starts with Me* cultural safety and humility awareness campaign. The FNHA has developed resources, including educational and promotional materials for the #itstartswithme Twitter campaign—available online at the FNHA Cultural Humility portal. Central to the campaign is the cultural humility pledge card, which invites health professionals and allies to pledge their commitment to advancing cultural safety and humility in their work. The *Creating a Climate for Change* resource booklet, developed in partnership with the BC Public Safety and Quality Council and the other health authorities, envisions a health-care system built on cultural safety, mutual respect and relationship-based care.

Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances in the health-care system. Successful integration of cultural safety will result in a working and treatment environment that is free of racism and discrimination and makes people feel safe when accessing health care. This includes change at the patient-provider and system levels to ensure care will be appropriate, competent, sensitive, and respectful, and will follow a First Nations perspective on health and wellness by considering the physical, mental, social, spiritual and cultural components of the patient and their environment.

Cultural humility is a holistic process of self-reflection and positive self-evaluation that seeks to understand and remove personal, non-objective biases and develop and maintain respectful partnerships based on mutual trust. This approach seeks to remove the historically pervasive perception of power imbalance between the patient and care providers, by training providers to see themselves as partnering equally with the patient in delivering care.

Cultural competence emphasizes the practices of health-care providers and organizations, and refers to the skills, knowledge, attitudes and behaviours of practitioners. In a culturally competent setting, providers have worked to develop a sufficient knowledge and resource base to understand client culture and to deliver care in a culturally appropriate way.





Mental Health and Wellness

In the fall of 2015, the Ministry of Health drafted a new mental health and substance use system of care paper that discussed how best to meet the diverse mental health needs of the B.C. population. The November 2015 Tripartite Committee on First Nations Health meeting led to a joint commitment to more fully integrate First Nations' perspectives on health and wellness into the mental health and substance use system of care. In the summer of 2016, the FNHA and the Ministry of Health advanced this commitment by holding a joint workshop with senior executives from the FNHA, the Ministry of Health, health authorities and the Ministry of Child and Family Development to discuss these perspectives and how to better integrate them into the mental health and substance use system of care, and into child and youth mental health.

Key themes of the workshop included the importance of acknowledging that helping to restore the mental health and wellness of B.C. First Nations people is a shared responsibility, and is integral to reconciliation. Common principles that arose from the discussion included establishing a relationship-based, wellness-oriented, community-driven, and person- and family-centred approach across the entire continuum of mental health care. The workshop concluded with a working session focused on identifying barriers and opportunities to improve integration of First Nations' perspectives. Next steps arising from the joint workshop are currently being mapped out.

Reciprocal Accountability

A defining characteristic and key strength of the tripartite health partnership is "reciprocal accountability," a new way of working together that replaces the traditional focus of one-way accountability with a shared, lateral approach that emphasizes collaboration and collective action. This partnership model builds relationships at every level of the health system that focus on supporting progress and improvement in First Nations health and wellness. In support of this new approach, the partners developed a *Reciprocal Accountability Framework* that was adopted as a working, living document by the tripartite committee in the fall of 2015. The framework describes the ways in which the partners will support one another towards achieving common goals and desired outcomes, and is designed to evolve during implementation at various levels of the health system.

The tripartite committee also developed a Statement of Reciprocal Accountability that was endorsed at their fall 2015 meeting. The statement sets out the principles and actions that guide and enliven the tripartite committee members' commitment to work in the spirit of reciprocal accountability. The statement is inspired by the health partnership accord principles to lead with culture, honour those that paved the way, maintain unity and discipline, create strong relationships, engage at the appropriate level, and respect each other's process.

Tripartite Committee on First Nations Health: The Partnership Evolves

First Nations Health Authority

The FNHA has developed their first multi-year health plan that will span the time period from 2015/16 to 2020/21. The plan articulates a set of five-year goals, with associated outcome statements and objectives. These goals (outlined below) were designed to advance the FNHA's journey towards a shared vision of "healthy, self-determining and vibrant B.C. First Nations' children, families and communities." Outcome statements have been linked to each of these four goals:

GOAL	OUTCOME
Enhance First Nations health governance	Sustainable and accountable governance structures leading to change
Champion the B.C. First Nations perspective on health and wellness	Culturally safe and supported health and wellness journey
Advance excellence in programs and services	Advancements in the quality and cultural safety of programs and services available to B.C. First Nations individuals, families and communities
Operate as an efficient, effective and excellent First Nations health organization	The FNHA is an established, leading edge First Nations health organization

Stemming from the multi-year health plan, the *FNHA Summary Service Plan: An Operational Plan for the Fiscal Year 2016/2017* was also developed to include a set of specific strategies and key priorities for the upcoming year. The summary services plan for 2016/17 is now available on the FNHA website.



B.C. Elders Gathering, July 2016

Regionalization: The FNHA's organizational design, investments and workforce have been redesigned with regionalization in mind, resulting in the addition of 86 new positions aligned within the regions. Two new roles have been developed for the regions—mental wellness advisors and nurse navigators. Senior medical officers were also hired to provide public health and clinical service supports that are specific to the unique needs of each region.

First Nations health benefit improvements: The FNHA continues to take steps towards improving its First Nations Health Benefits program (formerly the First Nations and Inuit Health Branch-led Non-Insured Health Benefits program) by establishing a new approach to the administration of health benefits by engaging with communities and using findings from a review of nursing services. Increasing supports to the medical transportation program continues to be a key area of focus.

Take Home Naloxone partnerships for harm reduction: The FNHA has responded to the need for a fast response to opioid overdoses, including but not limited to, training front-line health-care workers to administer naloxone, an opioid overdose reversal drug, in 26 First Nations community health centres, and supporting communities in providing take-home naloxone resources.

FNHA health screening: To support providing services to people at home, FNHA conducted 1,242 comprehensive health screenings in communities over the past year. These screenings included cholesterol, blood pressure, diabetes, and oral health assessments, as well as nutrition, diabetes, physical activity, and cultural support at community events and conferences. The FNHA has also provided support for seasonal wellness activities to over 100 First Nations communities.

Emerging and ongoing partnerships—coroner's service: The FNHA and the B.C. Coroners Service have had an ongoing collaborative relationship since the signing of a memorandum of understanding in 2014. This relationship aims to make sure coroners' services are respectful of cultural practices, customs and family perspectives.

Wellness partnership investments: Elders Gathering and Youth Conference—intergenerational dialogues on crisis response: The FNHA supported over 4,500 youth and Elders at the Gathering Our Voices youth forum in March 2016 and the B.C. Elders Gathering in July 2016 in Williams Lake. At Gathering Our Voices, FNHA provided health screenings and gave keynote speeches aimed at inspiring youth to pursue careers in the health field. The Elders' Gathering successfully brought together community and health-care workers from across the province and provided health screenings, resource booths, and workshops. The popular *#ElderSpeak* Video project posed the question, "What would you say to your 20-year-old self?" to participating Elders. Their responses were filmed and shared with youth and are now available on the FNHA YouTube channel.

Day of Wellness and Winter Wellness Grants: Every year on June 21, First Nations communities across B.C. celebrate their health and wellness as a part of the FNHA's Aboriginal Day of Wellness grant initiative. This year, 20,000 people from 114 communities participated. The FNHA also supports communities to create and host events in the winter months. The FNHA Winter Wellness grants encourage the development of culturally-grounded health promotion events and campaigns. In 2016, the FNHA supported 104 winter events around the province.

Research: Data governance engagement sessions took place in all five regions, allowing communities to provide feedback on how B.C. First Nations values can shape research and information functions at the FNHA to improve programs and services.

We would like to congratulate Dr. Jeff Reading on being named the inaugural First Nations Health Authority Chair in Heart Health and Wellness at St. Paul's Hospital. Dr. Reading's responsibilities include leading research on protective health promotion strategies that encompass cultural and spiritual considerations, as well as on risk factors related to the social determinants of health. His findings will be used to inform policy and program development.

Biobank: The Northern Biobank initiative Phase II, announced on April 18, is the first of its kind in B.C. A biobank is a collection of biological samples (such as blood and tissue), collected with donor consent under stringent ethical guidelines. This project will improve the ability for the northern B.C. population to participate in, and reap the benefits of, clinical research that will be critical to understanding the nuances of these distinct populations. In turn, this will better inform health programming to improve health outcomes in the North.

Tobacco: The FNHA has developed three new tobacco reduction projects. Smokestack Sandra, a three-part radio documentary that follows a First Nations deputy Chief through her journey to quit smoking. It provides an inspiring narrative with guest speakers about the challenges behind smoking cessation. A creative smoking cessation workshop for teens took place, which involved the development of pitches for commercial-length videos encouraging youth to stop smoking. A group of teens were selected to be involved in writing, producing, and acting in the successful pitch, which can be viewed on the FNHA YouTube channel. Finally, participation in the 2015 Tobacco Timeout Challenge, which encouraged Aboriginal people to abstain from smoking for 24 hours on the first Tuesday of every month, was even higher than in B.C.'s comparable provincewide Tobacco-Free Tuesday Challenge—a sign of the program's successful reach.

Oral Health: The health benefits' oral health team has been working to bring a range of oral health care services closer to home through the Children's Oral Health Initiative and the Dental Therapy program. The team has partnered with local Elders, health authorities and the Centre for Collaboration, Motivation and Innovation to host three new oral health and healthy eating training sessions for front line workers working with children and families in First Nations communities.



Children's Oral Health Initiative (COHI) Team



Gathering Our Voices youth conference, March 2016



FNHA executive and Grand Chief Doug Kelly meeting with federal Minister of Health Dr. Jane Philpott and staff, January 2016.

Health Canada

Considering the significant achievements highlighted above by the FNHA, it could be assumed that the transfer of health programs and services from the First Nations and Inuit Health Branch to the FNHA had taken place long ago. However, this October marks only the third full year since the transfer. While Health Canada is no longer involved in direct service delivery for First Nations in B.C., it remains a willing and committed governance partner and funder.

As a governance partner, Health Canada continues to facilitate linkages between the FNHA and the broader federal family to further support integration and partnership, and to foster positive working relationships.

One example of this linkage is an upcoming November 2016 workshop being jointly hosted by Health Canada and the FNHA on environmental public health that will include participation from federal environmental health representatives as well as representatives from the FNHA and various B.C. provincial ministries. At the time of transfer, the FNHA assumed responsibility for environmental public health services, formerly managed by the First Nations and Inuit Health Branch-B.C. Region. The responsibility included services and supports related to drinking water and food safety, healthy housing, emergency preparedness and response, communicable disease control and environmental risk assessment. Since then, the FNHA has become a trusted source of information, and a key partner to federal and provincial departments in regard to environmental issues or in the event of an environmental emergency. However, questions still remain on how best to co-ordinate efforts. The November 2016 workshop provides an opportunity for the federal family to engage with the FNHA and the B.C. Government to develop a shared understanding of how best to align and co-ordinate efforts through a joint emergency preparedness response protocol.

The development of this emergency preparedness protocol is just one of the shared work priorities between Health Canada and the FNHA articulated in the 2015-16 Shared Vision and Common Understanding letter signed between the senior assistant deputy minister of the First Nations and Inuit Health Branch and the CEO of the FNHA. Over the past year, Health Canada has maintained quarterly meetings between the senior assistant deputy minister and the CEO. This has ensured executive level oversight to the joint work priorities identified in the letter, and encourages a shared accountability for success. There also continues to be regular engagement between the FNHA vice-presidents and First Nations and Inuit Health Branch directors general to facilitate knowledge exchange between the organizations in the spirit of reciprocal accountability.

In its role as funder, Health Canada continues to support the FNHA in this post-transfer era to address issues of national importance. Over the past year, Health Canada has provided the FNHA with additional funding to support the improvement of health-care services, and to provide more trauma-informed and culturally safe care for victims of family violence. Health Canada also funded social infrastructure projects including the construction, renovation and repair of a number of First Nation health facilities and Aboriginal Head Start on-Reserve facilities. Over the coming years, Health Canada will also provide the FNHA with mental wellness funding to support various measures, including crisis response and mental wellness teams that will provide urgently needed help to address these important health issues.

As a partner to the tripartite committee's work on cultural safety and humility, Health Canada continues to encourage knowledge development and uptake of cultural safety and humility in the First Nations and Inuit Health Branch. In 2014, the tripartite committee formed an executive working group on cultural safety and humility in an effort to embed cultural safety into provincial health services. In support of this work, and to further the commitments within the First Nations and Inuit Health Branch Strategic Plan, Health Canada has continued to promote a better understanding of cultural safety and humility within the federal public service by encouraging all employees to participate in training. A selection of resources and training on cultural safety and humility are available nation-wide. For example, the Iskotew Lodge in Ottawa—a healing and wellness lodge—provides support and guidance to federal Aboriginal and non-Aboriginal employees experiencing problems in the workplace arising from cultural differences, work-related stress and differing attitudes. First Nations and Inuit Health Branch's Aboriginal Peoples Employment program aims to increase Aboriginal representation within the branch over the next five years.

Addressing the lack of cultural safety and humility within the health-care system is an important step in removing barriers to health and wellness for First Nations, but Health Canada acknowledges that to fully address health inequalities that exist between B.C. First Nations and other Canadians we must address the full spectrum of social determinants of health. As committed in the B.C. *Tripartite Framework Agreement on First Nation Health Governance*, Health Canada has been working with the First Nations Health Council and senior executives within the broader federal family to begin early discussions on the potential development of a tripartite social determinants strategy. Initial conversations have been promising in establishing relationships and identifying opportunities for further



engagement. Closing the gap in health status between B.C. First Nations and other B.C. residents will require new partnerships and closer collaboration with all sectors that have an impact on health—including education, housing, and issues related to children and families.

Health Canada remains an active and engaged partner to the ongoing success of this new health governance structure. To quote the sentiment of the co-chairs, “Health Canada is a partner from a distance, but not a distant partner,” and as such can always be counted upon for continued support.

Ministry of Health

British Columbia continues to make First Nations and Aboriginal health and well-being a provincial health system priority. The Minister of Health’s mandate letter to the Provincial Health Services Authority and the regional health authorities directs them to:

- ▶ “Support the improvement of Aboriginal health and wellness by ensuring Aboriginal people have meaningful input into the health authority’s Aboriginal Health Plan and other service planning and delivery activities, working closely with the First Nations Health Authority and regional partnership tables and implementing priority actions to support the achievement of measures, goals and objectives articulated in the Tripartite First Nations Health Plan, First Nations *Regional Health and Wellness Plans* and Partnership Accords,” and
- ▶ “Further to the *Declaration of Commitment: Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in B.C.*, the health authority will also work with its’ partnership table and the FNHA to prioritize key initiatives to create a climate for change to improve the patient experience for this population.”

The Ministry of Health has developed a cultural safety action plan that outlines how the ministry can foster positive change across its workforce, and embed recognition of their important relationship with B.C. First Nations across the scope of their policy development. The plan will be phased in over five years to allow for the necessary foundations to be put in place, and lays out a path to build awareness, support staff capacity in cultural safety and Aboriginal relations, and increase recruitment and retention of Aboriginal employees.

► SOCIAL DETERMINANTS OF HEALTH

Research demonstrates that health and well-being are greatly influenced by factors beyond access to health care or pre-disposed conditions. Home and working conditions, education, employment status, culture and community or social connections all have both positive and negative impacts on health outcomes. Addressing these health determinants is a priority for the Ministry of Health.

On October 1, 2015, the First Nations Leadership Council (representing the B.C. Assembly of First Nations, the First Nations Summit and the Union of B.C. Indian Chiefs) and the First Nations Health Council signed a shared *Protocol on the Social Determinants of Health*. This protocol confirms a shared commitment to improve health and wellness outcomes, and the overall quality of life for B.C. First Nations through engagement and cross-sector collaboration.

On March 3, 2016, a memorandum of understanding was signed between the B.C. Government and the First Nations Health Council, titled “A Regional Engagement Process and Partnership to Develop a Shared Ten-Year Social Determinants Strategy for First Nations Peoples in B.C.” The memorandum of understanding affirms the commitment of the two parties to develop a ten-year strategy outlining sensible, effective, responsible and culturally appropriate actions to address the social determinants of health, along with clear outcomes and progress tracking. The memorandum of understanding also commits to engage regions in the development of this strategy, in keeping with the spirit of co-operation that now strengthens health-care service delivery provincewide.



► STRENGTHENING PARTNERSHIPS

The annual letter of mutual accountability between the Ministry of Health and the FNHA outlines the individual and shared commitments and accountabilities for both parties with respect to the planning, administration, delivery and monitoring of health services for B.C. First Nations. Senior leadership meet regularly to monitor progress and address issues, support each other's mandates, and establish how the partners will work together to improve the quality and scope of services accessed by First Nations across the provincial health system.

The Ministry of Health has led several internal projects to build First Nations and Aboriginal awareness for its workforce over the past year. These include:

- ▶ Leading a series of Aboriginal healthy living activity projects, including an Aboriginal RunWalk campaign for employees of the ministry culminating in a ten kilometer run and the FitNation exercise regime, with the support of the Aboriginal Sport, Recreation and Physical Activity Partners Council;
- ▶ Holding National Aboriginal Day events on June 21st that invited dancers from the Esquimalt Nation to perform and give a presentation; and,
- ▶ Holding several recruitment drives to enrol employees in San'yas Indigenous cultural safety training.



Signing of the Ministry of Health – FNHA Letter of Mutual Accountability, October 2015.



Joint Project Board

Established in 2012, the Joint Project Board is a bilateral forum between senior leadership at the Ministry of Health and the FNHA. To date, the primary focus of the Joint Project Board has been to improve primary care services and care delivery. The Joint Project Board also acts as a resource and monitor for effective service delivery, supporting collaborative problem solving, and identifying and helping to eliminate policy-based barriers to high quality services for B.C. First Nations.

The Joint Project Board invests in innovative community- or region-based primary care projects using funding made available through the Agreement in Lieu of Medical Service Plan Premiums. A portion of the transfer funding made available through this agreement has been set aside by the FNHA to improve culturally safe and appropriate care and service delivery. Sustained support for approved projects is funded by the Ministry of Health.

The Joint Project Board has seen significant progress this year, with over 30 approved projects that are directly operated by First Nations health organizations or the regional health authorities moving into the implementation phase. Foundational and new supports are in place, and recruitment and retention of health professionals has advanced considerably. The following chart shows the status of Joint Project Board projects, indexed by region:



Grand opening of the Lillooet Hospital Sacred Space, March 2016

REGION	PROJECT TITLE	PROJECT OUTLINE
Northern	Carrier Sekani Family Services Primary Care Expansion Project	<i>Expansion of primary care delivery through funding supports and enablers</i>
	Nurse Practitioner Project	<i>Providing supports and service delivery enablers for 14 nurse practitioners serving First Nations' communities</i>
	Primary Health Care Teamlet	<i>Support underserved populations including frail & elderly, people with mental health and substance use challenges, and people with chronic diseases</i>
	Mental Wellness and Substance Use Mobile Support Teams	<i>Continuum of crisis support, intervention and other services</i>
Interior	Shuswap Carrier Chilcotin Community Mobile Treatment Program	<i>Expansion of Nenqayni Wellness Centre's monitored treatment program to serve additional communities and increase retention of clinical counsellors</i>
	Ulkatcho—Child & Youth Mental Health Clinician	<i>Child & youth mental health clinician position funding</i>
	Ktunaxa—Health Professionals	<i>Social worker, nurse practitioner and dietitian positions funding</i>
	Nlaka'pamux—Mental Health and Child Mental Health Clinicians/NPs	<i>Multiple position funding amongst various Nlaka'pamux communities</i>
	Northern St'at'imc—Clinicians and Physiotherapist	<i>Mental health clinician, child and youth outreach clinician and physiotherapist funding</i>
	Central Secwepemc—Mental Health Clinicians and Nurse Practitioners	<i>Position funding</i>
	Northern Secwepemc—Mental Health Clinician & Nurse Practitioner Top-Up	<i>Mental health clinician and nurse practitioner position funding</i>
	Lakes Secwepemc—Child & Youth Mental Health Clinician, Supports	<i>Funding for mental health clinician and health support worker positions</i>
	Syilx - Nurse Practitioner Top-Up & Psychological Assessments, Advocates	<i>Funding for nurse practitioner, psychologist, health-care advocates and youth wellness co-ordinator</i>
	Tsilhqot'in—Health Professional Services	<i>Funding for mental health clinician, physiotherapist, nurse practitioner, dietitian and social worker positions</i>
	Mental Wellness Action Team	<i>Mental wellness care and support funding</i>



REGION	PROJECT TITLE	PROJECT OUTLINE
Fraser Salish	Primary Health Care at Seabird Island	<i>Physician and administrative supports</i>
	Primary Health Care at Stò:lô Nation	<i>Expanded primary care services</i>
	Wellness System Navigators	<i>Navigators work with individuals specifically living with chronic conditions</i>
	Youth Suicide Prevention, Intervention and Postvention Co-ordinator	<i>Project planning, co-ordination, implementation, monitoring and evaluation services</i>
	Riverstone Home/Mobile Detox and Daytox Expansion	<i>Mobile detox or withdrawal management services to clients living in communities located in eastern Fraser Valley</i>
Vancouver Island	Coast Salish Teamlet	<i>Interdisciplinary primary care teamlet model</i>
	Hul'qumi'num Licensed Practical Nurse	<i>Licensed practical nurses will enhance capacity of nurse practitioners, and will integrate clients with the Coast Salish teamlet</i>
	Kwakwaka'wakw Maternal, Child & Family Health Collaborative Team	<i>Provide high quality, culturally safe, accessible care that is close to home for women and families in Vancouver Island North</i>
	Nurse Navigators (1. Kwakwaka'wakw; 2. Nuu-chah-nulth; 3. Coast Salish)	<i>Remove barriers and improve health outcomes by providing co-ordinated, culturally safe discharge planning and access to supports, services and resources</i>
	First Nations Mental Health and Wellness Project	<i>Mental health and wellness supports</i>
Vancouver Coastal	First Nations Regional Mental Wellness and Substance Use Specialist Services Community Assessment and Planning	<i>Development of a mental wellness and substance use specialist community assessment team to provide services to an additional 200 clients with counselling needs and reduce risk</i>
	We are Related (Jeh Jeh) Circle of Care—Complex Care Management	<i>Wrap around model of care using a complex care management approach to create a comprehensive circle of care for clients</i>
	Lower Stl'atl'imx Wrap Around Chronic Disease Management	<i>Position funding complementing existing care team - increase access to care based on the wrap-around care model</i>
	Central Coast Integrated Home and Community Care (Heitsuk, Kitasoo)	<i>Registered nurse and personal care worker position funding</i>
	Urban On-Reserve Primary Care Clinics	<i>Medical office assistant, general practitioner sessions and start-up funding</i>
PHSA	Indigenous Complex Care Co-ordination	<i>Address access to specialized health services and co-ordination of care, and support families of children with complex health challenges</i>

Telehealth

The First Nations Telehealth Expansion Project—now called Virtual Health—continues to support First Nations communities in bringing culturally competent care closer to home. The FNHA, in collaboration with its communities, continues to visit Virtual Health sites to ensure further uptake of the initiative, and to prepare the communities for Phase 2, soon to be underway.

Forty-four communities are now enabled for virtual services care delivery through Virtual Health, reaching over 15,000 First Nations people. This increase in access to primary care services—accomplished through leveraging the expertise of over 100 service providers, including addictions counsellors, dermatologists, cardiologists and pre- and post-natal care specialists—greatly enhances efficiency and responsiveness of health-care services.



Regional Partnership—Health Service Improvements

As we move beyond the ten-year mandate of the *Transformative Change Accord: First Nations Health Plan*, the strengthened relationship between the partners and health authorities has enhanced regional control over health-care service and delivery in British Columbia. Prior to 2016, the regional partnership accords created opportunities for co-operation and collaboration, while respecting the diversity, culture and practices of B.C.'s First Nations. Several of these regional accords are now being reviewed and updated to meet changing priorities and evolving partnerships.

Interior Region

The Interior region consists of 54 First Nations communities and approximately 30,000 people, and represents seven distinct Nations; Dākelh Dené, Ktunaxa, Secwepemc, Syilx, St'át'imc, Tsilhqot'in and Nlaka'pamux. Partnership between Interior First Nations and Interior Health is facilitated through the Partnership Accord Leadership Table, which is comprised of senior officials from Interior Health and seven Nation representatives. Technical advice and recommendations to the Partnership Accord Leadership Table are provided through the Interior Region Aboriginal Wellness Committee technical table, which is comprised of senior management from Interior Health, technicians from the seven Nations and one Métis representative. The Partnership Accord Leadership Table and Interior Region Aboriginal Wellness Committee meet quarterly.

Interior partnership tables serve as an influential forum for partnership, collaboration and joint efforts on First Nation priorities, policies, resources, programs and services in the Interior region. These operate from a joint multi-year workplan guided by the Interior Nations interim *Regional Health and Wellness Plan* and the Interior Health *Aboriginal Health and Wellness Strategy* (2015-2019).

► INNOVATION AND GROWTH

Letters of understanding have now been signed between each of the Interior Nations and Interior Health. Interior Nations and Interior Health identified the need to develop a collective and strategic approach to further advancing the work of the letters of understanding tables. A planning session was held in December 2015 and a follow-up session in January 2016 to identify action areas for inclusion in the joint multi-year workplan.

Cultural safety and humility remains a priority in the Interior region, and phased implementation of the *Cultural Safety & Humility Framework* is underway. Interior Health hired an Aboriginal cultural safety educator in August 2015, and facilitated one-day sessions have been rolling out across the region.

Information Management and Information Technology (IM/IT), including telehealth expansion and electronic health records, have been identified as a priority. The FNHA and Interior Health chief information officers are working in partnership to develop a joint IM/IT plan.

There are six spaces within Interior Health facilities that have been designated as sacred spaces for people of all faiths and cultures, in recognition of the role of spiritual and cultural practices in health and healing. The most recent sacred space opened in October 2016 in Shuswap Lake General Hospital.

Guidelines for welcoming and acknowledgement of traditional territories were developed by Interior Health and approved by the Partnership Accord Leadership Table in February 2016. This work includes educating



staff on protocols for requesting an Elder to deliver an opening prayer and welcome at key events, gatherings and meetings.

In collaboration with the Tsilhqot'in Nation, protocols to hold peacemaking circles in the region were developed. An alternative to the standard complaints process, peacemaking circles are offered across Interior Health to discuss difficult or painful issues in order to improve relationships and resolve differences.

As key partners in the improvement of health services to First Nations in the Interior region, the CEOs of the FNHA and Interior Health continue to meet regularly to strengthen their working relationship, including discussion on the development of a protocol to help achieve better co-ordination of health planning. Additionally, the CEOs are exploring opportunities for alignment and collaboration on regional priorities, and implementation of the Ministry of Health's key strategies.

Since 2011, Interior Health has been leading the province in helping to gather data through the creation, development and reporting of the Aboriginal Self-Identification Project within acute care settings. This project, which collects data on Aboriginal identity for clients and patients with their express consent only, is being used to optimize health and wellness outcomes, improve the delivery of culturally appropriate care, and report health trends for First Nations and Aboriginal people in the Interior region.

► ACCOMPLISHMENTS AND SUCCESSES

The 40th Annual Elders Gathering was held from July 11 to 14 this year in Williams Lake. It was hosted by the Tl'etinqox Government on Tsilhqot'in territory, with support from the Secwepemc, Carrier, Nuxalk and St'át'imc communities, Williams Lake city council and other regional health partners. Over 2,000 Elders attended the successful gathering that had a central theme of being the "Keeper of the Land and Water," emphasizing the importance of environmental stewardship and protection.

Interior Health has also committed to improving the uptake of Indigenous cultural safety amongst staff. To date, nearly 3,000 Interior Health employees have completed San'yas cultural safety and humility training.



40th Annual Elders Gathering, Williams Lake, July 2016.

Interior Health has also increased their efforts to bolster First Nations and Aboriginal representation in the workforce. A series of four Aboriginal recruitment videos were created and posted to the Interior Health website and YouTube channel, and have received extensive positive feedback. Since the launch of their Aboriginal employee self-identification initiative in June 2011, more than 700 Interior Health employees have self-identified as Aboriginal.

Interior Health currently has 15 full-time equivalent nurse practitioners working with Aboriginal populations throughout the Interior region, with a focus on primary health-care delivery, mental health and wellness, and chronic disease management for on- and off-reserve clients.

Significant progress has been made with Joint Project Board-funded projects (described above) in the Interior region. Several projects have moved into the implementation phase, with more than 20 positions filled ranging from nurse practitioners, trauma support teams, clinicians, dietitians, mental health workers, advocates and more. In total, over \$3 million has been committed through the Joint Project Board to 22 projects across the region.

For 2015-2016, the Interior region has identified mental health and substance use, primary care and traditional wellness as key priorities. Targeted action plans are in development, and alignment opportunities between Nations, the FNHA and Interior Health are being explored. Each Nation is participating to identify needed on-the-ground actions and appropriate care delivery strategies.

Northern Region

The Northern region, with 54 First Nations communities and over 47,000 First Nations people, is made up of three distinct geographical sub-regions: the Northwest, North Central and Northeast regions. Each area regularly meets in a sub-regional caucus, with representation from health leads and community leadership. These sub-regional caucuses form the Northern Regional Caucus through which northern community leadership makes decisions and sets direction for First Nations health and wellness activity in the region.

Through the Northern First Nations Health Partnership Committee, northern First Nations, the FNHA and Northern Health work together to improve health outcomes through the continuing implementation of the *Northern Partnership Accord*. The accord enables partners to align planning, program and service delivery at local and regional levels through committed partnership and collective action. The *Northern First Nations Health and Wellness Plan*, developed by the partners, provides direction to operationalize the goals set forth in the accord.



► INNOVATION AND GROWTH

Aboriginal Health Improvement Committees are collaborative groups that bring Northern Health frontline workers and administrators together with Indigenous health representatives and community leaders to share information and work in partnership on local health priorities. These committees meet regularly to identify health-care service issues affecting communities, to develop community-specific resources and to work toward practical solutions.

Eight committees are currently operating in the Northern region. Aboriginal Health Improvement Committees have undertaken over 20 process- and patient-journey mapping activities to date, which have identified gaps in care and articulated local priorities for action. Over the past year, the committees have continued to focus on developing local cultural resources that support increased cultural safety in health care. Examples of these resources include videos, digital stories, reports, workshops, cultural learning sessions, and Indigenous art and language signs in facilities.

In 2016, the FNHA, Northern Health and the BC Cancer Agency Centre for the North organized a workshop for physicians on traditional medicine and cultural practices with respected Cowichan Tribes Elder Eugene Harry, a spiritual healer and Shaker church minister at Squamish First Nation. The workshop provided an opportunity to discuss the role of Indigenous culture and its importance in health care delivery for First Nations.

Northern Health is launching an Aboriginal employee self-identification project in October 2016 that encourages all staff to self-identify. This will be used to develop strategies for building an appropriately representative work force, and for evaluating recruitment and retention strategies.

► ACCOMPLISHMENTS AND SUCCESSES

A priority for northern First Nations is the development and implementation of an effective mental health and wellness strategy for the region. Due to the large geographic area and wide cultural diversity of the region, the preferred approach was to develop community-based mental wellness teams equipped to respond to mental health crises, including youth suicide prevention, intervention and post-vention. These teams are guided by project advisory committees that include representatives from communities, health directors, the FNHA and Northern Health.

In addition to this community-based crisis response initiative, there are several other mental wellness projects being developed that will increase community capacity and response capability for crisis prevention and intervention.

Training programs underway include Applied Suicide Intervention Skills Training, trauma-informed care and motivational speaking. A shared FNHA-Northern Health crisis response protocol is being developed that will formalize the response process currently being used. Northern Health is also constructing a training program for the Hope, Help and Healing Suicide Prevention, Intervention and Post-vention Toolkit for First Nations communities, and is directing funding toward mobilizing action in priority areas as identified in the *Northern First Nations Health and Wellness Plan* including mental health and substance use treatment, primary care and traditional wellness.

Northern Health and the FNHA have also partnered in delivering community-based wellness funding projects. In 2015-16, over \$160,000 was allocated to 34 projects.



In May of 2016, representatives from the eight Aboriginal Health Improvement Committees (AHICs) came together for the third annual All-AHIC Gathering. The theme of this gathering was "Growing Cultural Safety" and featured an afternoon session facilitated by keynote speaker Rose LeMay, director of Northern and Indigenous Health at the Canadian Foundation for Healthcare Improvement. Ms. LeMay led the group through a striking timeline exercise identifying events in colonial history, and highlighting the importance of using this knowledge and historical awareness to build cultural safety. The gathering acknowledged that the Aboriginal Health Improvement Committees are an ideal forum for partnership, building new relationships, and serving as a place where difficult conversations can occur.

Island Region

Fifty First Nations, representing the 30,000 people of the Coast Salish, Nuu-chah-nulth and Kwakwaka'wakw cultures, make their home on Vancouver Island. The Island Nations collaborate through Nation and regional caucuses to provide strategic direction to the improvement of health and wellness services.

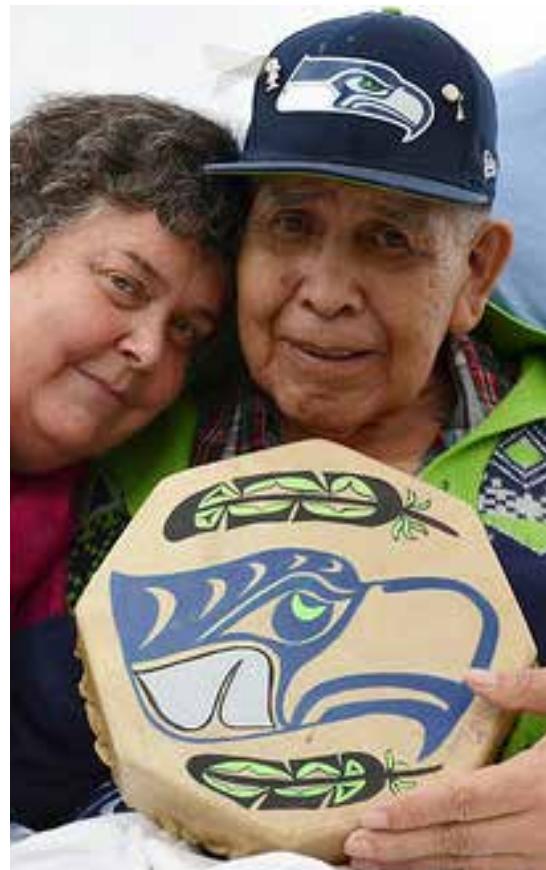
The Island Nations work closely with the FNHA, First Nations Health Council and Island Health to transform health on the Island through the 2012 Vancouver Island Partnership Accord.

The partnership accord is currently being reviewed to reflect updated priorities, emerging regional needs and to re-affirm the partnership between the FNHA, the First Nations Health Council and the regional caucuses, and Island Health.

► INNOVATION AND GROWTH

Mental wellness, increasingly being identified as a key factor in health, has been named as one of the four priority areas under the partnership accord. Island Health's Mental Health and Substance Use program is working with the FNHA invited representatives from 12 Island First Nations communities to complete a five-day train-the-trainer Applied Suicide Intervention Skills Training (ASIST) certification course. These representatives will facilitate ASIST workshops in First Nations and Aboriginal communities on Vancouver Island.

In the first quarter of 2016, Island Health and the FNHA co-developed a Community Crisis Response Protocol. This protocol, which has been successfully activated in five First Nations communities, provides co-ordinated, culturally safe emergency mental health and wellness crisis services. Island Health and the FNHA are targeting all communities on Vancouver Island, and have co-developed several broad strategies for addressing mental health crises. This work is reflected in the Joint Project Board Vancouver Island First Nations Mental Wellness Project, which provides cultural and traditionally grounded mental



wellness services that are close to home for children, youth and parents. Island Health is also working to allocate 93 substance use spaces as part of the province-wide goal of adding 500 beds by 2017. Thirty-one of these spaces are directed to First Nations clients.

In response to the feedback received from Vancouver Island First Nations, the FNHA has worked with Island Health to establish cultural safety committees centered on acute care centers. These committees are intended to provide an opportunity to strengthen relationships and increase familiarity between First Nations and local health service providers and organizations, so that clients feel comfortable reaching out locally when issues of concern arise.

Island Health and FNHA are co-developing a brochure that outlines First Nations people's options if they have concerns, questions or comments regarding their care. Finally, Island Health developed a cultural safety handbook for staff training.

► ACCOMPLISHMENTS AND SUCCESSES

Island Health recently teamed up with Nuu-chah-nulth nursing teams to develop and deliver a safe sleep baby bed program to pregnant women and parents of newborns in Port Alberni and other west coast Island communities. The baby bed program has been shown to reduce infant mortality and, over the past several decades, has become part of mainstream maternal health in several European countries. Baby beds allow infants to sleep safely and connect their parents to the supports they may need as new parents. A broad assortment of maternity supplies and baby clothing is included with the bed.

Over 2,000 youths from across Canada participated in the 2016 Gathering our Voices youth conference held in Victoria. The popular conference offered over 60 workshops with themes touching on cultural, spiritual, mental, physical and emotional strength, and included leadership, networking and motivational skills training.



In January 2016, the FNHA hosted a primary care planning session with Island Health and selected Divisions of Family Practice that discussed feedback received through family engagement sessions.

Patient experience forums were held at the Homalco First Nation and Fort Rupert in March 2016. Island Health and the FNHA share the goal of fostering a positive patient experience, and these forums provided an opportunity for clients and family members to hear about current services. As well, the forums provided an opportunity for Island Health staff from the North Island to hear about community members' experience in accessing care.

In addition to innovative policy changes, small-scale projects have also seen success on the Island. Island Health has been working with the FNHA on increasing language supports, including developing signage for the new hospitals in Comox and Campbell River in traditional languages.

Several projects associated with the Joint Project Board have made significant progress over the past year:

- ▶ Coast Salish Primary Care Teamlet—“*Slhexun sunts'a'*” clinic is now fully operational and providing integrated culturally appropriate care.
- ▶ Vancouver Island Mental Wellness Project delivers prevention, intervention and postvention mental wellness services focused on children, youth and parents. It provides a cultural and traditional approach closer to home for First Nation people on Vancouver Island.
- ▶ Kwakwaka'wakw Maternal Child Family Health Project met with partners in September 2015 to identify priorities for FNHA and Island Health, including birthing closer to home, oral health, normalizing birth, clinical and traditional practices.

Fraser Region

The Fraser Salish region is made up of 32 First Nations communities and four language families – Halq’eméylem, Hul’q’umi’num, N’laka’pamux and Sencton—representing nearly 10,000 First Nations people. The Fraser Salish Regional Table conducts and reports on work as directed by the Fraser Salish Regional Caucus. The caucus includes representatives from the First Nations Health Council and each community, and is divided into three sub-regional caucuses.

The Fraser Salish Regional Caucus, Fraser Health and the FNHA work through the Aboriginal Health Steering Committee to implement the Fraser Partnership Accord, with the vision of blending the best of modern medicine and traditional teachings and healing practices into a unified and comprehensive model that provides optimal care for First Nations in the Fraser Salish region.

▶ INNOVATION AND GROWTH

Fraser Health has been supporting the development of upstream opportunities in disease prevention and health promotion. As part of their community engagement drive, Fraser Health representatives have visited 13 of the 32 First Nations communities in the region and have opened four new primary care clinics in the past year.

Cultural safety and humility is also a community priority. Fraser Health has begun a three-phased implementation of their Indigenous cultural safety framework, *A Roadmap to System Wide Transformation*, beginning with the establishment of an Aboriginal wellness advisory committee operating out of the Chilliwack-Fraser Cascades health service area.

Fraser Health and the FNHA have jointly committed \$2,000,000 to support better health outcomes for First Nations and Aboriginal people in the Fraser Salish region as announced in June 2016.



► ACCOMPLISHMENTS AND SUCCESSES

Fraser Health and the Fraser Salish Nations representing 32 First Nations communities have recognized that mental health and substance use is a priority issue for First Nations. The *Regional Health and Wellness Plan*, developed in 2014 by the Fraser Salish First Nations with co-operation from the FNHA, specifically targets mental health and substance use as a key priority. The Fraser Salish Regional Caucus has placed significant emphasis on developing plans and approaches to effect positive change in mental health service and care delivery in the region. Working with the FNHA, Fraser Health has developed a series of plans and actions that draw from and closely follow the Hope, Help and Healing Suicide Prevention, Intervention and Post-Vention Toolkit.

Fraser Health and the FNHA have established five partnership working groups to develop operational plans that advance the core priorities outlined in the Fraser Salish *Regional Health and Wellness Plan*. These partnerships integrate First Nations and Aboriginal health throughout the Fraser Health organization, and will expand services through enhanced regional investments. Executive collaboration between the two partners will further help align priorities and work planning.

The Fraser Salish region has unique challenges to providing effective care as it contains a large urban First Nations and Aboriginal population. Fraser Health has been working with the FNHA, Métis communities, Aboriginal agencies and health authorities in exploring processes and approaches to providing effective, culturally safe and humble care to those living away from home.

"Transformative change requires partners to come together, to listen to each other and innovate to improve care and systems for First Nations communities on-the-ground. We are pleased to support the good work of Fraser Health and the First Nations Health Authority and to follow through on what we have heard from First Nations in the Fraser Salish."

First Nations Health Council Chair Grand Chief Doug Kelly

"We are building trust, reciprocity and inclusion in our health system so that Aboriginal people can become genuine partners in their health care. This partnership with First Nations Health Authority is an important step to improving the overall health and quality of life for Aboriginal people in our region and this investment will make it a reality now and for future generations."

Fraser Health President and CEO Michael Marchbank



Vancouver Coastal Region

The Vancouver Coastal region is comprised of three geographical sub-regions –Vancouver/Sunshine Coast, Southern St'át'imc and the Central Coast. These regions hold 15 First Nations communities, with a population of nearly 16,000 people.

The Vancouver Coastal Caucus is focusing on implementing the Vancouver Coastal *Regional Health and Wellness Plan* to improve collaboration of the tripartite partners in improving operational processes, improve regional community engagement, and work with the regional health directors to advance health priorities within the Vancouver Coastal region.

► INNOVATION AND GROWTH

The Vancouver Coastal Caucus has recognized mental health and substance use as a key health priority for First Nations people in British Columbia. Vancouver Coastal Health recently completed an internal engagement process to improve the readiness and capacity to provide mental health and substance use services to First Nations communities. It has invested \$220,000 into community developments to plan and implement strategies developed using the Hope, Help and Healing planning toolkit.

Vancouver Coastal Health has responded to concerns voiced that the off-reserve and urban First Nations and Aboriginal population are inadequately addressed in regional plans. The Vancouver Coastal region has major urban centres with significant First Nations populations, and it was recognized that a health strategy is needed to specifically address this cohort. Vancouver Coastal Health has been working with the Metro Vancouver Aboriginal Executive Council, the City of Vancouver, the FNHA and the Ministry of Health to develop an Urban Aboriginal Health Strategy.

Vancouver Coastal Health has been working closely with the Ministry of Health on prioritizing rural and remote health for First Nations. The health authority is working with Nations in the Central Coast to find ways to increase rural and remote community access to services. Vancouver Coastal Health is developing their own cultural safety framework to hardwire a First Nations and Aboriginal perspective into health authority operations. Other cultural safety initiatives include new Aboriginal Board representation, implementation of a cultural safety strategy at Lions Gate Hospital and increased access to Elder support in Downtown Eastside primary care centres.

Vancouver Coastal Health Aboriginal Health is currently involved on a number of research projects including: a qualitative study of health authority staff working in acute settings who are allies or champions of Aboriginal Health and how they can be better supported; examining how to adapt Indigenous traditional medicine content into health professional training; and, examining land-based models of resilience among First Nations youth in the Fraser Valley and the Central Coast.



► ACCOMPLISHMENTS AND SUCCESSES

The First Nations Regional Health Survey - Phase 3 is well underway, with 65 communities across the province participating in a core data collection project. As of fall 2016, the Vancouver Coastal region community survey is nearly complete, with only two more needed to reach their core collection goal.

Vancouver Coastal Health programs are receiving international acclaim. In September 2016, Their Royal Highnesses, the Duke and Duchess of Cambridge, visited the Sheway pregnancy outreach program, sponsored by Vancouver Coastal Health, the Vancouver Native Health Society and the Ministry of Children and Family Development. This program provides new or expectant mothers, including First Nations mothers, with culturally safe supports, and links them with health and social services designed to promote harm reduction.

In March 2016, Vancouver Coastal Health representatives toured the Wabano Urban Health Centre/Wabano Centre for Aboriginal Health in Ontario. This Ottawa centre provides full primary medical care along with several secondary care and community/cultural programs, and serves over 10,000 clients each year. The Vancouver delegation gained valuable insight on bridging cultural divides and community integration.

The Lu'ma Medical Clinic, which opened in April with Vancouver Coastal Health and FNHA funding, is a new primary care home for urban Aboriginal people in Vancouver. In October 2016, the FNHA, Vancouver Coastal Health, Provincial Health Services Authority and the City of Vancouver hosted a Women's Village of Wellness for Aboriginal women living in the Downtown Eastside. The village will provide healing services, clothing, book exchanges and information on available services and resources. Vancouver Coastal Health has been working closely with the Downtown Eastside 2nd Generation Strategy to establish cultural safety as a core competency for all health authority services in the area.

Provincial Health Services Authority

In 2015, the Provincial Health Services Authority (PHSA) updated their Indigenous cultural competency training program. The new online San'yas Indigenous Cultural Safety program has since become standard training across the BC Public Service, the FNHA and regional health authorities. It has also been adopted by the University of B.C. faculty of medicine and other programs, and is recognized as meeting accreditation criteria for national physician organizations and other health professional colleges. It is also currently offered to over 100 organizations and jurisdictions in Ontario.

PHSA Indigenous Health is continuing to develop follow-up training modules to San'yas, and PHSA is working with partners to develop an Indigenous Cultural Safety Framework that follows the 2015 Declaration of Commitment: Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in British Columbia. The work on the framework is being conducted with partners across PHSA, and includes the following key components: 1) an organizational assessment to identify gaps, strengths and opportunities in relation to Indigenous cultural safety; 2) interventional tools for addressing culturally unsafe practice and policy; and 3) an evaluation framework to assess the outcomes of the framework. BC Women's Hospital and Health Centre is also working to develop their own Aboriginal patient identifier, a significant part of the framework.

The PHSA and chief coroner are continuing to work at providing alternative autopsy services that are culturally safe and respectful of families' wishes.



► PARTNERSHIPS AND GROWTH

PHSA has been working closely with the BC Women's Hospital and Health Centre on improving the quality and scope of services available to First Nations and Aboriginal women and mothers. The partners are developing an accountability framework and recruitment strategy that addresses improving Indigenous recruitment and retention and updates internal human resource policies. The partners have also been working at improving educational supports for employees, multi-year strategy planning, setting cultural safety training targets that surpass existing goals, and aligning with the Ministry of Health and health authority priorities related to the Truth and Reconciliation Commission calls to action.

In support of this strategy, PHSA and BC Women's Hospital and Health Centre are seeking to strengthen the operational relationship between BC Women's and BC Children's hospitals. PHSA is developing a discharge planning project for women and children via the Joint Project Board. The youth wellness indicators project is also progressing well, as are their traditional foods and early child-care projects.

PHSA is continuing to work with the regional health authorities and the FNHA to develop an Indigenous self-identification project, similar to the Interior region Aboriginal self-identifier program in operation since 2012. This voluntary project aims to better respond to patient, client and employee needs through more accurate health and recruitment/retention planning and design. Both the Indigenous recruitment and retention strategy and the Indigenous self-identification project are part of the Indigenous cultural safety framework.

PHSA, the FNHA and the BC Renal Agency are working on a research project that aims to increase screening, outreach and capacity for rural patients, high risk patients and First Nations and Aboriginal patients.

► INDIGENOUS YOUTH WELLNESS

The Indigenous Youth Wellness program piloted and evaluated the Ask Auntie wellness quest in unceded Kwakwaka'wakw territory with Indigenous girls from 11 to 14. The second Indigenous wellness quest for youth aged 13 to 15 will be evaluated in partnership with Cowichan Tribes using community created wellness indicators.

PHSA, the FNHA and the B.C. Aboriginal Child Care Society continue to work toward the inclusion of traditional food in early child care centres.



Measuring Health Outcomes

In November 2015, the Office of the Provincial Health Officer released the interim update of the *Health and Well-Being of the Aboriginal Population* report in partnership with the FNHA, in compliance with commitments laid out in the 2005 Transformative Change Accord. The report outlines challenges and progress made in reaching established targets for seven key health indicators, as well as improving health outcomes for B.C. First Nations. This includes data analyses and progress updates since the 2005 baseline year, and data up to 2013 regarding life expectancy, age-standardized mortality rates, infant mortality, youth suicide and diabetes prevalence. In the fall of 2017, the provincial health officer and the FNHA will produce the final interim report on the seven indicators established in 2015.

The Office of the Provincial Health Officer and the FNHA are also collaborating to establish a complementary suite of new wellness-based indicators. These new indicators will reflect a holistic approach to health and well-being, and will be monitored and reported on alongside the original seven indicators for the subsequent 10 years.

Additionally, the provincial health officer and FNHA are currently working to develop a comprehensive report on Aboriginal women's health, with an anticipated release of February 2018.

The Office of the Provincial Health Officer is making progress on the development of chronic disease tracking for First Nations in British Columbia. The Ministry of Health has been working with the FNHA to track rates of chronic disease amongst First Nations populations to reduce the rate of incidence and improve the level of disease management, with emphasis given to those diseases that may be managed through improved diet, exercise, smoking cessation and other modifiable factors (e.g., diabetes).



Cultural Safety Presentation at BC Patient Safety & Quality Council Quality Forum, February 2016.

Looking Forward—The Partners Envision the Possibilities

Five years ago, B.C. First Nations chiefs and leaders, in a historic expression of participation and consensus, endorsed the *Consensus Paper 2011: B.C. First Nations Perspectives on a New Health Governance Arrangement*. In doing so, they collectively charted a path for the health of B.C. First Nations and triggered a process of transformative change.

Five years later, as we pause to reflect on our struggles and successes, we have collectively developed a real appreciation for just how challenging it can be to effect true strategic and systemic change. As partners in the continued success of this health system transformation, we have managed this change by maintaining strong partnerships, supported by open and honest communication. We have held one another accountable in the pursuit of our shared goals, and we have remained steadfast and committed to our shared vision of healthy and vibrant B.C. First Nations children, families and communities.

Moving toward this shared vision has not been a simple matter. It has required lengthy commitment, substantial effort and sincere openness to change from all those involved. To achieve the best possible results, we are continually evaluating our actions and mandates. Consequently, we have developed a Tripartite Evaluation Plan that will guide our efforts in the most effective direction.

The achievements highlighted in this report speak to how we are doing things differently—leveraging opportunities, developing linkages and pursuing innovation in ways that was never before considered possible. If we commit to continually refresh and align our strategic vision while strengthening our partnership with open communication and respect, the possibilities that lay before us are truly endless.





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Canada



Tripartite First Nations Health Plan



First Nations Health Authority
Health through wellness



BRITISH
COLUMBIA