

Together in Wellness

TRIPARTITE COMMITTEE ON FIRST NATIONS HEALTH ANNUAL REPORT NOV 2017 – MAR 2019

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



Tripartite First Nations Health Plan



BUTTON BLANKET GIFTING
*Rebecca Olesen (ALN, left),
 Arlene Clair (FNHA, right) and
 Elder Nancy Wamiss (center),
 Gwa't'sinuxw (Quatsino) First Nation*



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SMUDGING,
WEI WAI KUM FIRST NATION
Wei Wai Kum Elder James Quatell
Cree-Métis Elder Susan Landell

A Message from the Partners

This report covers the period from Nov. 1, 2017 to March 31, 2019¹. This has been a time of continued learning, progress, and transformation. The fifth anniversary of the transfer of responsibility from the First Nations and Inuit Health Branch (FNIHB) to the First Nations Health Authority (FNHA) occurred on October 1, 2018. We celebrate this landmark achievement, and uphold our tripartite partnership to strengthen, advance, and elevate Canada's only provincial health organization that is led by First Nations, for First Nations.

Our tripartite partnership is flourishing, in a landscape where truth and reconciliation with Indigenous partners is quickly evolving. Both the Government of Canada and Government of British Columbia (B.C.) have committed to adopting and implementing the [United Nations Declaration on the Rights of Indigenous People](#) (UNDRIP) and the ninety-four [Calls to Action](#) from Canada's Truth and Reconciliation Commission (TRC). Both governments have also developed approaches to enact these commitments: the [Principles respecting the Government of Canada's relationship with Indigenous peoples](#) and the [Draft Principles that Guide the Province of BC's Relationship with Indigenous Peoples](#). Initiatives to establish and sustain First Nations health governance in B.C. preceded these approaches but in many ways exemplified the current federal and provincial reconciliation endeavors. Undertaking true and meaningful efforts toward truth and reconciliation, by both the federal and provincial governments, aligns with the [seven directives](#) developed by First Nations in B.C. through extensive community engagement, to guide First Nations health governance.

There have also been developments in partner governance structures that have impacted and informed the work. The new B.C. Ministry of Mental Health and Addictions (MMHA), established in July 2017 when the new provincial government was sworn in, joined the B.C. Ministry

¹ This report covers an extended timeframe as, in 2018, a decision was made to align this report (and subsequent reports) with the fiscal year calendar.

of Health (MoH) as a provincial member of the tripartite partnership. In December 2017, the FNIHB was transferred from Health Canada to the newly-developed federal department Indigenous Services Canada (ISC).

An opportunity created by political leadership including the First Nations Health Council, and building on years of regional engagement with First Nations communities across B.C., a major tripartite achievement occurred in 2018: the signing of the [Memorandum of Understanding on the Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness](#). The partnership on Tripartite Mental Health and Wellness will advance collaborative work – developed and led by First Nations – by supporting social determinants of health and wellness initiatives that are community-driven and Nation based.

The Tripartite Committee on First Nations Health (TCFNH) enables relationship-building to strengthen health system transformation. In this reporting period, there has been tremendous movement and momentum in a number of areas across the health system, including team-based, integrated primary health care; a cultural safety and humility change leadership strategy; and response to the overdose emergency. The tripartite partners continue to work collectively for a positive impact on the health and wellness of First Nations in B.C., which in turn contributes to health and wellness for all British Columbians.

In celebration of all we have achieved, with dedicated focus toward all we have left to accomplish, and in the spirit of enduring commitment to our partnership,

THE CO-CHAIRS OF THE TCFNH

Colleen Erickson (FNHA), Valerie Gideon (ISC), and Stephen Brown (MoH)



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

The partnership between FNHA's Chief Medical Officer (CMO) and the Provincial Health Officer (PHO) is grounded in a series of tripartite commitments, agreements, and actions dating back to 2005 that paved the way for a strong and fruitful partnership. Backed by a formal Memorandum of Understanding signed in 2014 with a refresh underway, we have established a unique shared voice and authority in public health, and work together to strengthen one another's respective and collaborative efforts in improving First Nations health and wellness through:

1. **SUPPORTING** *self-determination and self-governance by increasing First Nations decision-making and control within the health system and beyond.*
2. **MAINTAINING** *a collaborative relationship based on principles of reciprocal accountability and respect, whereby the FNHA and the Office of the PHO work through the First Nations Perspective on Health and Wellness, strengths-based approaches, and two-eyed seeing.*
3. **PROMOTING** *Indigenous data governance principles to contribute to robust, relevant, quality, and timely processes for First Nations and Indigenous surveillance, data, and reporting.*
4. **SUPPORTING** *and enhancing joint reporting on the health and wellness of B.C. First Nations and Indigenous peoples.*
5. **COMMITTING** *to supporting the roots of health and wellness through action and advocacy on cultural safety and humility and the determinants of health at local, regional, provincial, and national levels.*
6. **MAINTAINING** *an iterative, adaptive, and flexible approach within our complex and dynamic organizations and systems.*
7. **ENHANCING** *organizational growth and partnership development through shared and reciprocal mentorship.*

Two joint CMO-PHO reports are expected to be released in 2020, including the First Nations Population Health and Wellness Agenda and the Indigenous Women's Health Report. Both reports will represent a shift in the way that data and information on Indigenous health is reported, towards an explicitly strengths-based approach that honours two-eyed seeing and acknowledges the determinants of health and deep roots of health and wellness, including self-determination, land, culture, and language.

Overall, we aim to transform the system by advancing cultural safety and humility – a process of continual reflection to understand personal and systemic conditioned biases – and to develop and maintain respectful processes and relationships based on mutual trust.

We are committed to moving forward in collaboration to achieve transformative change that will truly improve health services and outcomes for Indigenous people.

THE CHIEF MEDICAL OFFICER OF FNHA AND THE PROVINCIAL HEALTH OFFICER,

Dr. Evan Adams and Dr. Bonnie Henry

Purpose

THE NOVEMBER 2017 – MARCH 2019 TOGETHER IN WELLNESS: TRIPARTITE COMMITTEE ON FIRST NATIONS HEALTH ANNUAL REPORT is the seventh report to fulfill the commitment to report annually on the progress of the integration and improvement of health services for First Nations in B.C., outlined in the Tripartite Framework Agreement on First Nation Health Governance (the Framework Agreement).

What is the Tripartite Committee on First Nations Health?

The Tripartite Committee on First Nations Health (TCFNH) comprises senior leaders in First Nations, federal and provincial governments who work collectively towards achieving a shared vision of improving the health and wellbeing of First Nations people in British Columbia.

The TCFNH meets twice annually to coordinate and align planning, programming, and service delivery among the First Nations Health Authority (FNHA), B.C.'s regional health authorities, Provincial Health Services Authority (PHSA), B.C. Ministry of Health (MoH), B.C. Ministry of Mental Health and Addictions (MMHA), and Indigenous Services Canada (ISC). The committee establishes priorities, reviews progress, and identifies health care and service delivery barriers that the parties agree to address.

The tripartite partners continue to strive for excellence, and support an ongoing evolution of the partnership through time, in the spirit of reciprocal accountability. The TCFNH has enabled relationship-building and advancement of key initiatives, such as provincial coordination on cultural safety and humility, advancements in First Nations primary health care, and harmonized response to the overdose emergency.

This year, the committee will be reviewing findings from an evaluation report on the Framework Agreement, to be finalized by October 2019.

In the previous reporting period, TCFNH members refocused the mandate and purpose of the committee, seeking increased time devoted to discussing issues and resolving

barriers. This resulted in the TCFNH sharpening its focus as a senior operational table, to ensure the greatest impact, alignment, and integration of hardwiring First Nations into the provincial health system. In this reporting period, political representatives' (i.e., First Nations Health Council [FNHC]) seats continued to be delegated to the FNHA; the FNHA has ensured reporting to FNHC and regional representatives as required.

MEMBERSHIP:

The TCFNH is composed of the following members:

- **Three co-chairs:**
 - » *Chairperson of the Board of FNHA;*
 - » *Senior Assistant Deputy Minister of FNHIB, ISC;*
 - » *Deputy Minister of MoH;*
- *President/Chief Executive Officers of each of the B.C. health authorities;*
- *Provincial Health Officer under the B.C. Public Health Act;*
- *Indigenous Health Physician Advisor of the Office of the PHO;*
- *Chief Medical Officer of FNHA;*
- *Chief Executive Officer of FNHA;*
- *President of FNHDA;*
- *Deputy Minister of MMHA;*
- *Appropriate Associate Deputy Minister of MoH; and*
- *Any other non-voting, observer, or full members as agreed to by TCFNH.*

TCFNH: Reporting on Strategic Priorities

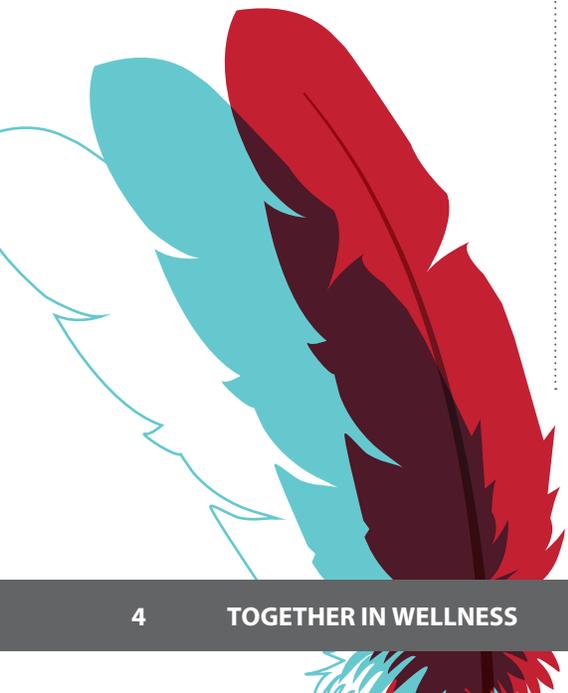
Cultural Safety and Humility

“... a commitment to action that advances, strengthens, and improves **cultural safety and humility**, and is based on principles of respect, quality, co-development, and reciprocal accountability.”

Cultural safety and humility has been recognized as a critical component of effective and appropriate health care for First Nations people in British Columbia. In July 2015, the FNHA, MoH, PHSA, and all of B.C.'s regional health authorities signed the *Declaration of Commitment to Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in BC* (the Declaration). This movement has continued to generate momentum and additional declarations, including with twenty-three of B.C.'s Health Regulators; BC Coroners Service; Providence Health Care; and the collaboration between Interior Health Authority, Cariboo Memorial Hospital, and First Nations in Williams Lake and surrounding areas. In 2018, new health system partners joined on by endorsing their own declarations – Doctors of BC, the Ministry of Mental Health and Addictions (MMHA), First Nations Health Council (FNHC), and First Nations Health Directors Association (FNHDA).

Each of these declarations by organizations signifies a commitment to action that advances, strengthens, and improves cultural safety and humility, and is based on principles of respect, quality, co-development, and reciprocal accountability. Each signatory has committed to a public annual report on strategic activities, outlining and demonstrating how the commitments are being met.

In March 2018, the TCFNH mandated the development of an enabling change leadership strategy on cultural safety and humility, led by the PHSA, FNHA, and MoH (supported by staff from these organizations, as well as the BC Patient Safety and Quality Council and MMHA). In September 2018, the committee supported the establishment of a 'backbone' structure, with further engagement to occur to develop a fulsome change leadership agenda and strategy. Informed by complexity and change theories, the purpose of the change leadership strategy is to outline approaches across the system (complementary to the action plans of each signatory of the Declaration). The strategy will also provide enhanced support and coordination to all of the outstanding regional and organizational work currently underway, identify additional strategies needed to consolidate the gains to date, and permanently embed cultural safety within the system. The overarching goal of the strategy is to identify and reduce the harms (including systemic barriers and disproportionately adverse health and wellness outcomes) that Indigenous peoples experience due to anti-Indigenous racism and discriminatory behavior within the B.C. health system, and to advance cultural safety through cultural humility.



In this reporting period, innovative work and wise practices on cultural safety and humility have also been developed and driven by **TCFNH MEMBER ORGANIZATIONS AND REGIONS:**

REGION/ ORGANIZATION	EXAMPLE OF ACTION(S) FOR CULTURAL SAFETY AND HUMILITY
<p>FRASER SALISH PARTNERSHIP: First Nations Health Authority (FNHA) and Fraser Health Authority (FHA)</p>	<ul style="list-style-type: none"> ➤ Joint investment by Fraser Health and FNHA on the following: ➤ On Dec. 10, 2018, the Surrey Indigenous Primary Health and Wellness Home opened, to improve access to primary care and delivery of culturally safe health care services. The Wellness Home works in a team-based model of care which includes: nurse practitioners, physicians, mental health counsellor, case manager, nurses, and cultural wellness support staff to provide a range of services to address physical, mental, social, and spiritual health using a holistic wellness circle of care approach. ➤ Fraser Health hired a cultural safety coordinator in March 2019 to support the commitment to advance cultural humility and cultural safety within the organization. The role will involve the ongoing development and implementation of Fraser Health's Aboriginal Cultural Safety Framework and training programs in a way that is relevant to the values and strategic directions of the organization, and with the goal of enhancing the organization's capacity to deliver health services in a culturally safe manner.
<p>INTERIOR PARTNERSHIP: First Nations Health Authority (FNHA) and Interior Health Authority (IH)</p>	<ul style="list-style-type: none"> ➤ The Interior Health (IH) Aboriginal Cultural Safety Education (ACSE) program and associated 2017/18-2019/20 education plan operationalizes key activities, which aim to build cultural competence of IH staff to support the provision of culturally safe and relevant care for Aboriginal peoples in the Interior region. Program structure includes three cultural safety educators, one knowledge coordinator and administrative assistant supported by an Aboriginal Health Practice Lead. ➤ As of February 2019, Aboriginal Cultural Safety Education (ACSE) modules are part of IH's Job Ready and mandatory for all IH employees. These four modules are a basic introduction to cultural safety, colonization, terminology, and Aboriginal wellness – concepts and information which are foundational to employees' understanding of cultural safety in health care. More than 13,000 IH employees have now taken each of the four online ACSE modules, exceeding all expectations in the short time they have been mandatory (all existing employees to complete by March 31, 2020). ➤ The Williams Lake Cultural Safety Task Force continues to meet regularly. As a result of an action identified through the Cultural Safety Task Force, an exchange of Nation registered nurses (RNs) and IH emergency department (ED) RNs is underway. Nation RNs have the opportunity to visit and tour the ED and Cariboo Memorial Hospital and IH ED nurses are visiting Williams Lake area First Nation communities. ➤ Relationship building between the Ktunaxa Nation, IH, and the Divisions of Family Practice continues to be strengthened. The Ktunaxa Nation led a cultural exchange event in March 2019 that included the IH CEO, board chair, senior leadership and managers along with the Divisions of Family Practice. ➤ In Oct. 2018, Physician-Administrator Collaborative Training (PACT) invited the IH ACSE lead to its Resiliency for Health Care Leaders Forum, to share perspectives as an Aboriginal health leader in the system. Physician engagement is a key element of the ACSE Plan in the future as IH works towards developing physician-specific Cultural Safety Education. ➤ While a provincial solution is being developed (via TCFNH) to support wild game meats in regulated facilities, IH and the Tsilhqot'in Nation are proceeding in partnership with the Forest to Fork pilot program, by sourcing traditional foods through approved suppliers (i.e., Sysco Foods). Tsilhqot'in knowledge keepers and IH food services staff jointly developed traditional food menu options and will initiate the pilot in the spring of 2019 offering a traditional meal option one day per week at Deni House in Williams Lake.

REGION/ ORGANIZATION	EXAMPLE OF ACTION(S) FOR CULTURAL SAFETY AND HUMILITY
<p>NORTHERN PARTNERSHIP: First Nations Health Authority (FNHA) and Northern Health Authority (NHA)</p>	<ul style="list-style-type: none"> ➤ The Northern First Nations Health Partnership Committee Cultural Competency Working Group name has been changed to "Cultural Safety" Working Group in line with the Declaration of Commitment to Cultural Safety and Cultural Humility (the Declaration). ➤ Work is currently underway to collaboratively develop cultural safety and humility training, to support operationalization of the Declaration. The training builds upon the Northern Health's Indigenous Health team's resources and pilot delivery of workshops over the past several years. These are being systematized into four 6-hour training modules which include: <ul style="list-style-type: none"> » Module 1: Cultural Awareness and self-reflection » Module 2: Cultural Sensitivity and critical self-reflection » Module 3: Reciprocity, responsibility, respect, and relationships » Module 4: Practicing cultural safety and respect ➤ FNHA Northern Region, Northern Health, and the UNBC Northern Medical Program have partnered to produce the First Nations Community Education Program, an opportunity for first- and second-year medical undergraduate students to visit and learn in and from northern First Nations communities.
<p>VANCOUVER COASTAL PARTNERSHIP: First Nations Health Authority (FNHA) and Vancouver Coastal Health Authority (VCH)</p>	<ul style="list-style-type: none"> ➤ The third annual Necamat Indigenous Women's Wellness Day was another successful collaboration and partnership-sponsored engagement event, bringing more than three hundred First Nations and Aboriginal women together in wellness. Planning is underway for the fourth annual event. ➤ The Urban Aboriginal Health Strategy was endorsed by the Aboriginal Health Steering Committee. Cultural humility is embedded throughout, and a focus in strategy 2: Strengthen access to culturally appropriate primary health care. ➤ In-person half-day Indigenous cultural safety training was developed and delivered to 1,242 VCH staff. ➤ The FNHA Vancouver Coastal Region Traditional Wellness Coordinator position was established to support the development, implementation, and management of integrated traditional wellness approaches across the region at all levels in primary care and mental health and wellness programs and settings. The position develops a Traditional Wellness Gathering, and works closely to support and integrate knowledge keepers in the region. ➤ Tobacco Cessation and Reduction: the FNHA Vancouver Coastal Coordinator is supporting Nations by implementing culturally appropriate and relevant tobacco reduction and cessation initiatives. Work includes connecting communities with resources as it relates to tobacco reduction initiatives and campaigns. ➤ The addictions coordinator works closely with FNHA's Indigenous Wellness Team to advocate anti-stigma work, harm reduction, nasal naloxone, and drug checking in urban and rural settings. There is also work occurring with Tla'amin/Powell River on first rural overdose prevention site, and work with Shishalh/Sechelt on peer programming and reducing stigma in their community.
<p>VANCOUVER ISLAND PARTNERSHIP: First Nations Health Authority (FNHA) and Island Health Authority (IH)</p>	<ul style="list-style-type: none"> ➤ 10 Cultural Safety Committees are ongoing across the region, with continued participation of First Nations and site leadership. More community members, including physicians, are participating and topics have been focused on setting the environment for change through relationship building to create environments that reflect the culture and community. ➤ Work continues with Indigenous Elders and traditional practitioners to provide information sessions for staff at North Island Hospitals to support their understanding of Indigenous ceremonial practices, e.g., smudging and brushing. ➤ West Coast General Hospital is developing an action plan to address the recommendations from the Trauma-Informed Care for Elders workshop that took place in fall 2018. Follow-up, led by the Cultural Safety Committee and community leaders, will focus on discharge planning, triage process, and the complaint process.

REGION/ ORGANIZATION	EXAMPLE OF ACTION(S) FOR CULTURAL SAFETY AND HUMILITY
<p>PARTNERSHIP: Provincial Health Services Authority (PHSA) and First Nations Health Authority (FNHA)</p>	<ul style="list-style-type: none"> ➤ The FNHA and PHSA partnered with BC Patient Safety & Quality Council on the 2018 and 2019 Quality Forums, hosting a series of cultural safety and humility webinars to support development of tools and skills to advance cultural safety and humility. ➤ The FNHA continues work to make the health system more culturally safe, building on the March 2017 signing of the Declaration of Commitment to Cultural Safety and Humility by representatives of the 23 regulatory bodies that govern health care professions in British Columbia. ➤ PHSA San'yas Indigenous Cultural Safety (ICS) team has continued to develop and advance resources, and was recognized with a 2017 PHSA Plus Award. Approximately 450-600 people/session completed 10 webinars as part of the ICS Learning Series. ➤ The PHSA took responsibility for Correctional Health Services (CHS), providing health services at all 10 Correctional Centres across the province. Efforts focused on mutual dialogue, education, and integration between CHS, regional and local First Nations governance, and cultural safety resources. BC Mental Health and Substance Use Services (BCMHSUS) is planning and implementing initiatives designed to enhance access for CHS clients with an opioid use disorder – in custody and upon transition to the community. These include Community Transition Teams, ongoing professional development for correctional staff requiring completion of San'yas training, and a BCMHSUS-developed training to enhance CHS physician and clinical staff's capacity to apply evidence-informed practices in their work, contracting with existing residential substance use treatment programs to offer beds to CHS clients with an opioid use disorder, and hiring an Indigenous Care Coordinator ➤ Positive cultural safety and active community engagement efforts are highlighted through specific programs, including: Chee Mamuk Program (BCCDC); Encouraging Strong Paths (BCCDC); electronic medical records training and transport agreement (BC Emergency Health Services). ➤ The PHSA has continued to implement an Indigenous Cultural Safety (ICS) Strategy aimed to create a culturally safe environment for Indigenous people by addressing anti-Indigenous racism, including discrimination and stereotyping, at interpersonal and organizational levels. PHSA Indigenous Health hosted an anti-racism think tank for 50 participants around the province on March 12, 2019, to further the goals of the Indigenous Cultural Safety Strategy. ➤ BCCDC's STI/HIV Services team and Tuberculosis (TB) Services are embarking on a Health Equity Assessment to provide information on how programs, policies and initiatives impact Indigenous peoples. ➤ BCCDC's Clinical Prevention Services and TB teams are partnering with Children's and Women's Hospital to offer a monthly Indigenous Cultural Safety Education webinar for frontline and leadership staff, including conversations following the webinar about incorporating learnings into actions; ➤ The PHSA Indigenous Health evaluation team is continuing to refine an Indigenous Cultural Safety Assessment tool with feedback from pilots within BCMHSUS and the Quality Forum.
<p>PARTNERSHIP: First Nations Health Authority (FNHA) and Providence Health Care</p>	<ul style="list-style-type: none"> ➤ In 2017/2018, the FNHA and Providence Health Care and the Roman Catholic Archdiocese of Vancouver came together in a ceremony to mark the start of a new partnership to sign a Declaration of Commitment on Cultural Safety and Humility.
<p>PARTNERSHIP: Office of the Provincial Health Officer (OPHO) / FNHA Office of the Chief Medical Officer (OCMO)</p>	<ul style="list-style-type: none"> ➤ The OPHO and OCMO continue to promote the Declaration of Commitment to Cultural Safety and Humility with health system partners, support development of cultural safety and trauma-informed care training, and participate in and lead learning opportunities. ➤ In 2018, the OPHO and OCMO released the final update in accordance with the Transformative Change Accord, <i>Indigenous Health and Well-being</i>. This report introduced a new First Nations population health and wellness agenda, including a suite of 15 new strength-based wellness indicators.

REGION/ ORGANIZATION	EXAMPLE OF ACTION(S) FOR CULTURAL SAFETY AND HUMILITY
FIRST NATIONS HEALTH DIRECTORS ASSOCIATION (FNHDA)	<ul style="list-style-type: none"> ➤ In Jan. 2018, the FNHDA, FNHC and FNHA signed a Declaration of Commitment: Cultural Safety and Humility in Health Services for First Nations and Aboriginal Peoples in British Columbia. The First Nations health governance partners also participated in a joint lateral kindness training session. ➤ The FNHDA has continued to advance Lateral Kindness Train-the-Trainer sessions for First Nations health directors, political and technical health leads, and other health champions across regions. ➤ The FNHDA is taking active steps to support communities with the retention of qualified community health directors/leads. The FNHDA continues to organize professional development sessions, implementing the FNHDA Training Plan, to build capacity for health directors. ➤ The Tripartite Evaluation Plan will measure the effectiveness of the First Nations Health Governance Structure (including the FNHDA). The FNHDA Strategic Plan 2019-2022, which is in development, will take into account progress and evaluation.
MINISTRY OF HEALTH (MOH)	<ul style="list-style-type: none"> ➤ In Oct. 2017, the BC Public Service Agency launched a new three-year Diversity and Inclusion Action Plan to help recruit, develop, and retain a diverse talent pool that reflects citizens of the province. The plan includes targeted recruitment and outreach to underrepresented equity groups including Indigenous peoples, expanded use of Indigenous relations behavioral competencies in hiring, supports for Indigenous applicants in the hiring process, and establishing Indigenous assistant deputy minister roles. ➤ Over 1,400 MoH and related partners have completed PHSA's San'yas Indigenous Cultural Safety (ICS) training to date. MoH staff have also participated in experiential learning opportunities to enhance cultural safety. ➤ In Nov. 2018, the Crossing Cultures and Healing Totem Pole, carved by Tom and Perry LaFortune of Tsawout First Nation, was raised at MoH's primary site on Blanshard Street in Victoria. MoH partnered with Royal BC Museum, TimberWest, and local First Nations leaders on this initiative. Over 300 MoH staff had the opportunity to engage in an experiential activity of cultural humility and continuous learning, participating in the carving process. ➤ The MoH consistently participates in the BC Public Service Indigenous Youth Internship Program, as a commitment to recruit and retain Indigenous talent. ➤ The FNHA and MoH have supported cultural safety and humility in provincial primary care initiatives, including ensuring Indigenous engagement in the Primary Care Network (PCN) planning process, and embedding cultural safety as a key attribute in service planning and development.



REGION/ ORGANIZATION	EXAMPLE OF ACTION(S) FOR CULTURAL SAFETY AND HUMILITY
MINISTRY OF MENTAL HEALTH AND ADDICTIONS (MMHA)	<ul style="list-style-type: none"> ➤ In April 2018, FNHA and MMHA signed a Declaration of Commitment to Cultural Safety and Humility to improve mental health and wellness services for Indigenous peoples in British Columbia. The Declaration represents an important step to ensure a commitment to cultural safety and humility is embedded across the mental health and addictions system of care in British Columbia. ➤ MMHA has taken concrete steps to promote cultural safety and humility, including: establishing collaborative governance structures with the First Nations Health Authority; working in partnership to develop the provincial mental health and addiction strategy; and continued resourcing for First Nation-led approaches to overdose response and mental health and wellness. ➤ Consistent with the commitments outlined in the Declaration, the San'yas Indigenous Cultural Safety Training is mandatory for all MMHA staff. ➤ MMHA is in the process of implementing a MMHA Cultural Safety and Humility Plan to provide guidance and learning opportunities to support staff on their cultural safety and humility journey; the Plan will also serve as a framework for all MMHA staff to understand their role and accountabilities when it comes to embedding cultural safety and humility across the provincial system. ➤ MMHA is committed to collaborating with FNHA and other health partners on the creation of the Cultural Safety and Humility Change Leadership Strategy, which will help to sustain momentum for systemic change to embed cultural safety and humility across the provincial health and wellness system.
INDIGENOUS SERVICES CANADA (ISC), FIRST NATIONS INUIT HEALTH BRANCH (FNIHB)	<ul style="list-style-type: none"> ➤ FNIHB has supported the FNHA's work with the Health Standards Organization (HSO) to develop a Cultural Safety and Humility Standard and Recognition Program which can be applied across the continuum of care in British Columbia, with a goal of increasing access to culturally safe and appropriate health care services for First Nations individuals and families, resulting in improved health outcomes.





FEATURED REGION:
Fraser Salish Cultural Safety Review

Fraser Health is in the process of a cultural safety review to determine if services are thought to be culturally safe from the distinct perspectives of Indigenous leaders, patients, and partner organizations, to identify gaps in culturally safe practices, and to articulate solutions to resolve those gaps taking into account the unique organizational realities of Fraser Health at the regional and local levels. All members of the Aboriginal Health Steering Committee, which includes FNHA board members and senior executives, and Fraser Salish First Nations Health Council representatives, support the review.



FEATURED REGION:
Interior Acknowledgement Policy

The acknowledgement of traditional territories recognizes and respects Aboriginal peoples and the relationship First Nations have with the land on which we gather. Acknowledgment is an essential component of reconciliation. The recognition of traditional territory is consistent with Interior Health's (IH) commitment to embed cultural safety and humility within the Interior. The purpose of this policy is to provide direction to IH staff for the protocols on welcoming and acknowledgement of First Nations Traditional Territory.



FEATURED REGION: *Vancouver Coastal Indigenous Cultural Safety Initiative Pilot Project*

Vancouver Coastal Health Authority (VCH) Aboriginal Health program has implemented an Indigenous Cultural Safety initiative with two units at Vancouver General Hospital (VGH) to improve the experience of Aboriginal patients and clients at VGH. The units, which include 350 VGH staff members, completed a number of activities from March 2018 to March 2019.

This project examined implementation of the cultural safety initiative through a research team guided by two-eyed seeing, Indigenous cultural principles, and implementation science frameworks for the purpose of guiding future cultural safety training across diverse health authority settings.



The learnings from the pilot project will be used in other VGH departments, and ultimately other hospital sites and facilities. A number of activities were piloted, including:

- *Creating a welcome space: Visible acknowledgements of local First Nations (artwork, signage).*
- *Culturally competent VGH staff: Indigenous Cultural Safety training, education sessions, monthly presentations by local Chiefs, staff learning resources, webinars, and creation of advocacy roles.*
- *Cultural resources and policies: Communications, patient cultural safety/support, and traditions and protocols booklets.*
- *Access to cultural supports: Elders and Aboriginal patient navigators.*

Indicators of success have been developed in partnership with an Aboriginal advisory group. Early evaluation shows a dramatic increase in staff understanding and the need for access to culturally safe care. After one year, there have been impacts on the two cohorts, but also on other VGH staff, whose awareness and interest has been piqued by the presence of the Elders and local host Nations bringing cultural practices and sharing on site. The partnership looks forward to continuing this journey with the further VGH teams.





**BLANKETING CEREMONY,
Signing of the 2018 MOU
on Tripartite Mental Health
and Wellness**

Mental Health and Wellness

This reporting period marks significant progress toward a transformative approach to mental health and wellness, building on years of regional engagement with First Nations communities and leaders across British Columbia. After the [Memorandum of Understanding on a Regional Engagement Process and Partnership to Develop a Shared Ten-Year Social Determinants Strategy for First Nation Peoples in BC](#) was signed in March 2016 between the First Nations Health Council (FNHC) and Government of British Columbia, tripartite partners identified interest in supporting community-driven, Nation-based approaches, and improving the coordination and integration of mental health and wellness services. In July 2018, the [Memorandum of Understanding on Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness](#) (the MOU on Tripartite Mental Health and Wellness) was signed by the FNHC, the Government of British Columbia, and the Government of Canada, with the FNHA as a supporter.

Since 2015, the FNHC has been in dialogue with B.C. First Nations about social determinants of health. Through these

discussions, issues related to mental health and wellness emerged as the top priority across all regions. This reinforces the direction provided by First Nations through Regional Health and Wellness Plans that identifies mental health and wellness and substance use as an important issue.



At the same time, the governments of both Canada and British Columbia have taken steps to restructure their delivery of services by establishing a single federal department responsible for the delivery of services to Indigenous peoples and a new provincial ministry responsible for designing a whole-of-government

strategy for mental health and addictions services in British Columbia. As these strategies and services evolve, the tripartite partners see new opportunities to increase the coordination and integration of mental health and wellness services and to support community-led solutions that address the social determinants of health and wellness.

Informed by engagement with B.C. First Nations at regional caucuses and the province-wide Gathering Wisdom forum, the MOU supports a new and more flexible approach for funding mental health and wellness services. Through this new approach, the tripartite partners aim to streamline the process for First Nations to access resources by pooling funding across federal and provincial systems. The tripartite partners envision that this new approach will support a shift from program-based, proposal-driven processes to a process that supports community-driven, Nation-based approaches that address the social determinants of health and wellness.

To support this initiative, the Government of Canada, the Government of British Columbia, and FNHA have each contributed \$10 million (for a total commitment of \$30 million) over a two-year period.²

PREVENTION OF AND RESPONSE TO THE OVERDOSE EMERGENCY

In 2016, the Provincial Health Officer declared a public health emergency, in response to the unprecedented increase in drug overdose events and deaths throughout the province, due to an unregulated drug supply that is unpredictable and highly-toxic. Since that time, we have come to understand that, despite making up 3.4% of the population in B.C., First Nations people account for 14% of all overdose events and 10% of all overdose deaths in the province (as of 2017)³. First Nations people are five times more likely than other residents to experience an overdose

event, and three times more likely to experience a fatal overdose (as of 2017). And, although other B.C. men are much more likely to experience overdoses than other B.C. women, First Nations men and women are equally impacted by the overdose emergency – meaning that First Nations women are disproportionately affected for their sex.

The FNHA has been an integral partner across every level of the overdose response structure, and has developed the [Framework for Action: Responding to the Overdose/Opioid Public Health Emergency for First Nations](#) to capture a system-wide response to slow and stop overdose incidents. In this reporting period, regional partners (FNHA regional teams and regional health authorities) participated in “cross walk” exercises, aligning the FNHA’s Framework for Action with regional health authority overdose response planning. Cross walk exercises occurred in regions from summer to fall of 2018. Collectively, the resulting reports bring to light a high level of collaboration, while acknowledging the challenges that continue to exist with the overdose crisis. The Framework for Action is focused on the urgent goal of preventing deaths, while also supporting First Nations’ broader mental health and wellness goals. Slowing and stopping overdose is a shared responsibility, and the Framework for Action is guided by reciprocal accountability and underpinned by teachings of cultural safety.



² Government of British Columbia. (2018). Agreement Reaffirms Tripartite Commitment for Improving Mental Health and Wellness Services with First Nations in British Columbia. Retrieved from: <https://news.gov.bc.ca/stories/agreement-reaffirms-tripartite-commitment-for-improving-mental-health-and-wellness-services-with-fir>

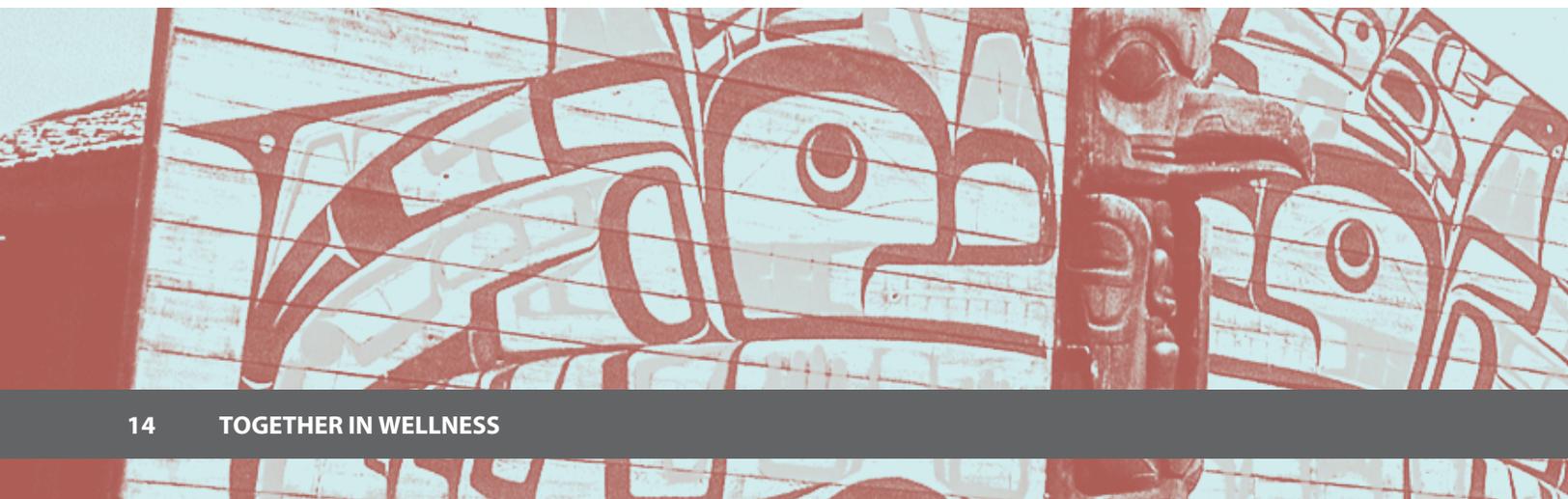
³ FNHA. (2017). Overdose Data and First Nations in BC: Preliminary Findings. Retrieved from: http://www.fnha.ca/newsContent/Documents/FNHA_OverdoseDataAndFirstNationsInBC_PreliminaryFindings_FinalWeb_July2017.pdf. Note that data in this report are limited to status First Nations people only (i.e. excludes First Nations people who are not registered under the Indian Act, and does not include Métis or Inuit individuals).

“focuses of anti-stigma, education, and promotion of **harm reduction** approaches have been important”

In December 2017, the Government of British Columbia committed \$20 million over three years for the FNHA to support First Nations communities and Indigenous peoples to address the overdose public health emergency, through activities consistent with the FNHA's Framework for Action⁴. Funding has supported immediate initiatives, including: expansion of naloxone training for First Nations communities; peer-to-peer engagement with persons using substances to improve health care access and stigma reduction; increased access to opioid agonist therapy in rural and remote communities; and telehealth services to increase access to culturally safe pharmacy services. In the first year of funding, fifty-five community-driven and Nation-based projects were also supported – both in First Nations communities and outside of those communities – through FNHA Indigenous harm reduction grants. The focuses of anti-stigma, education, and promotion of harm reduction approaches have been important, especially in rural and remote communities. Other Indigenous partners, including Métis Nation BC (MNBC), have been supported to prevent and respond to overdose incidents in their communities.

In addition to the Overdose Emergency Response Centre (OERC), the overdose response structure includes twenty Community Action Teams (CATs) across all regions in the province. These communities are some of the hardest hit by the overdose emergency. Some of these communities are building on existing, established multi-stakeholder working groups, whereas some others have created CATs from the ground up. CATs include local First Nations and other Indigenous partners, municipal governments, regional health authorities, first responders (including police, fire and ambulance), front-line community agencies, divisions of family practice, and people with lived experience, among other partners. The CATs work with regional response team leads to help identify overdose prevention interventions for their communities, and share lessons learned and innovative approaches with the provincial OERC.

⁴ Government of British Columbia. (2018). \$20 million to support community-driven solutions to overdose emergency. Retrieved from: <https://news.gov.bc.ca/releases/2018MMHA0003-000193>



First Nations Primary Health Care

In May 2018, the Government of British Columbia launched a [new provincial primary health care strategy](#), focused on integrated, team-based care. Strategic initiatives included the establishment of primary care networks (PCNs), urgent primary care centres, and community health centres; funding and recruiting more general practitioners, nurse practitioners, and other health professionals; and implementing additional technology solutions to help bring health care

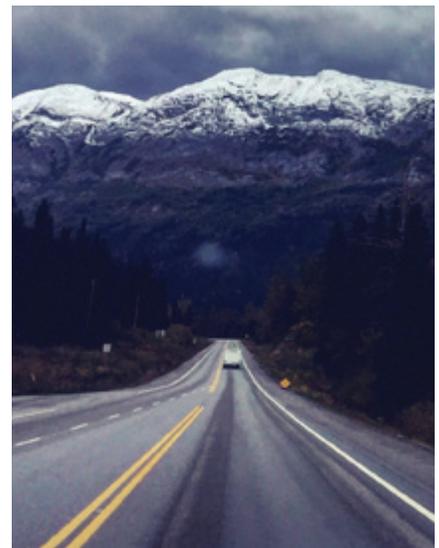
closer to home, particularly for rural and remote areas and First Nations communities.

TCFNH members have worked individually to enable the strategy within their own organizations, as well as collectively to facilitate, coordinate, and strengthen primary health care transformation across provincial systems. Primary health care access with and for First Nations people and communities is a priority reflected

across all related strategic initiatives. For example, cultural safety is a core attribute of the PCN policy directive, and meaningful engagement with Indigenous partners is a foundational requirement in PCN development. The MoH, FNHA, health authorities, and other partners including General Practice Services Committee (GPSC) have worked closely to support communities developing PCNs to embed cultural safety and Indigenous engagement in their processes.

FEATURED REGION: *Northern Building Pathways for Partnerships to Support Primary Care Networks (PCNs)*

An active partnership has flourished in northern BC around PCNs. In July 2018, a two-day Partnership Development and Strategy Workshop was held in Smithers. Organizers and participants included FNHA, Northern Health, Rural Coordination Centre of BC, General Practices Services Committee, and representatives from the Northern Divisions of Family Practices. The purpose of the workshop was to engage in dialogue about northern health systems, build relationships to enhance health services across the north, and advance priority areas for health transformation. Discussions included cultural humility and safety, 'de-mystifying' traditional wellness, identifying key priority areas and organizational commitments, and opportunities for further collaboration with First Nations leadership at FNHA sub-regional caucus sessions.



“The MoH and FNHA have shared interests in First Nations being fully participatory **leaders of primary health care transformation** in British Columbia.”

JOINT B.C. FIRST NATIONS / MINISTRY OF HEALTH PROJECT BOARD (JPB)

First Nations primary health care was also advanced through JPB in this reporting period. JPB was established in 2012 as a senior bilateral forum between the Assistant Deputy Ministers of MoH and the Chief Operating Officer and Vice Presidents of FNHA. A principal focus of JPB is to enhance primary health care services and delivery through advancing strategic priorities, overcoming policy barriers, supporting community-driven, Nation-based initiatives of the regions, and supporting integration of services and strategies of the Province and the FNHA. JPB priorities are driven by and accountable to the FNHA Chief Executive Officer (CEO) and the MoH Deputy Minister (DM), as guided by an annual joint Letter of Mutual Accountability between the partners.

A primary function of JPB has been regional investment of funds available through the *Agreement Regarding Payments in Lieu of Medical Services Plan Premiums on behalf of First Nations people resident in the province of British Columbia* (Agreement in Lieu of MSP; 2013). In 2018, the FNHA and MoH successfully renegotiated the Agreement in Lieu of MSP, effective for a two-year period. The agreement reflects the 50% reduction in MSP premiums for all British Columbians, as committed to under the new provincial government.

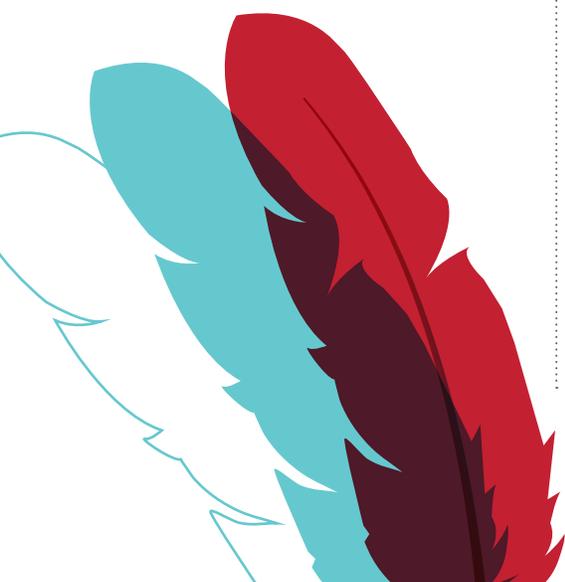
27 JPB projects have been implemented across the province. The projects vary in terms of operational readiness, clinical focus, types of health professionals, and how services are organized and delivered. All projects deliver services to status First Nations people, and according to the JPB project analysis prepared by the FNHA, nearly all projects also reported serving Métis, Inuit, and non-status First Nations peoples, and nearly half provided services to other B.C. residents.

The MoH and FNHA have shared interests in First Nations being fully participatory leaders of primary health care transformation in British Columbia. There are outstanding learnings and wise practices to be gained from JPB projects to support culturally safe, appropriate, and targeted care within the new strategic context.

HEALTH SYSTEM MATRIX DATA

In June 2018, FNHA released the *First Nations Health Status and Health Services Utilization* report, showing how First Nations in the province use health services across the provincial system. The report was enabled through the tripartite data and information partnership, allowing the Health System Matrix dataset to be linked to the First Nations Client File (the First Nations Client File matches information on status and status-eligible First Nations residents in B.C. to Medical Services Plan numbers, creating a dataset).

The report covers key findings from 2008 to 2015, and includes clinical evidence to support a road map to better health outcomes for First Nations people. Among other findings, the report reveals that First Nations have lower rates of attachment to physician services and that First Nations are utilizing emergency rooms at higher rates than other residents for primary care services.





HIGHLIGHTS from Provincial Health System Matrix Data

- First Nations people were two times more likely than other residents to see a general practitioner (GP) in hospital.
- First Nations people who were not attached to a GP were more likely to visit the emergency department (ED).
- First Nations people had lower rates of use of physician services, compared to other residents, including GPs seen outside of hospitals, medical specialists, surgeons, oncologists, and physician rehabilitation physicians. Their use of laboratory testing was also lower.
- In 2015/16, First Nations people who were 50 years and older and who were at the end-of-life, were frail, or had high complexity of chronic diseases, when compared to other residents:
 - » were less likely to visit a single GP practice and more likely to be admitted to hospital either by direct entry or through the ED;
 - » if 65-74 years of age, were less likely to access GP care outside of hospitals, mental health and substance use physician services, medical specialists and surgeons; and

- » if 75 years and older, were less likely to stay in hospital awaiting discharge after their acute care needs were met.

RECOMMENDATIONS

- Increasing availability and accessibility of specialists and diagnostic testing and prevent or reduce the severity of health complications. Decreased primary care use may represent a missed opportunity to prevent chronic conditions or diagnose and manage complications.
- Findings on Elders with complex chronic conditions and/or who were frail build on the message to improve primary and community care delivery: The hospitalization data could indicate that First Nations people prefer to return home as soon as possible, and not wait for placement in a residential care facility. As a result, home and community care programs must be ready to accommodate these discharged clients who may require continuing care.

Source: FNHA. (2018). *First Nations Health Status and Health Services Utilization*. Retrieved from: <http://www.fnha.ca/wellnessContent/Wellness/FNHA-First-Nations-Health-Status-and-Health-Services-Utilization.pdf>



“The partners commit to **supporting** improved cancer-related health **outcomes** for all Indigenous peoples in B.C.”

Implementation of Indigenous Cancer Strategy

Released in December 2017, [Improving Indigenous Cancer Journeys: A Road Map](#) (also called the Indigenous cancer strategy) is the result of a multi-year partnership between BC Cancer, FNHA, MNBC, and the BC Association of Aboriginal Friendship Centres (BCAAFC).

The strategy addresses all aspects of cancer, from prevention through to survivorship with a focus on delivering culturally safe cancer care. Specifically, its six priority areas include:

- *developing partnerships between the health system and Indigenous communities;*
- *working with Indigenous communities to help prevent cancer before it starts, by increasing access (to) and participation in colon, cervical and breast cancer screening;*
- *promoting cultural safety and humility in cancer care services;*
- *supporting Indigenous cancer survivorship and end-of-life experiences; and*
- *improving knowledge of Indigenous cancer experiences.*

The strategy is reflective of B.C.’s unique Indigenous landscape and includes actions to directly improve the cancer experience for all Indigenous peoples, including First Nations people with and without status living at home or away-from-home, registered Métis citizens and self-identified Métis people, and Inuit people. Insight was gained from engagement over a number of years with Indigenous cancer patients, survivors and their families.

The partners commit to supporting improved cancer-related health outcomes for all Indigenous peoples in B.C. and commits to supporting ongoing partnership development between Indigenous peoples and communities and health system partners. TCFNH has monitored the development of this successful project, will support implementation, and will strive to reduce any barriers.

Maternal-Child Health Services and Infant Mortality



Maternal, child, and infant care are integral to the First Nations perspective on health and wellness. TCFNH has a keen interest in ensuring improvements in maternal-child health services, and a decrease in infant mortality. Based on the OPHO/OCMO's final update in accordance with the *Transformative Change Accord: First Nations Health Plan, Indigenous Health and Well-being*, it is known that infant mortality rates for status First Nations families decreased across several of the years captured in the report scope (until 2015); however, overall, the infant mortality rate has not improved since the baseline year (2001-2005), and the gap between First Nations and other residents has increased. The goal set to decrease infant mortality in the *Transformative Change Accord: First Nations Health Plan* has not been met.

Given this compelling data, tripartite partners will continue to prioritize the focus on reducing First Nations infant mortality rates in B.C., and promoting maternal and infant health and wellness. TCFNH members have undertaken a number of collaborative actions this year:

- In the **FRASER SALISH REGION**, the East Fraser Early Years Services Advisory Committee – which has a goal to enhance parental support and education, child care services, parent and child health services, and early learning and child development – has welcomed the Ministry of Children and Family Development (MCFD) as a member. Additionally, FNHA and Fraser Health are working on an approach for the region on maternal and child health, inclusive of wellness programming and midwifery.
- During this reporting period, an Information Sharing Agreement between the BC Coroners Service and health authorities was amended to enable transfer of data with Aboriginal identifiers. The **INTERIOR REGION** anticipates that new information will allow the regional Infant Mortality Review Committee to identify First Nations infant deaths, and to develop targeted recommendations to reduce infant mortality rates.
- **NORTHERN REGION** has established a Maternal Child Health working group to focus on assessment of children with growth and development concerns, and supporting mothers who have to travel during the perinatal period develop shared resources. Additionally, work includes developing baby welcome gifts for the region.
- In the **VANCOUVER COASTAL REGION**, a VCH Aboriginal outreach worker is hosted at the Healthiest Babies Possible program, Robert & Lily Lee Family Health Centre and a VCH Elder-in-Residence program is in place at Sheway Pregnancy Outreach Program. The regional Infant Mortality Review Committee continues to be a strong collaborative to understand patterns of infant mortality in the region. Aboriginal Headstart On-Reserve program has been bolstered by new funding investments by FNHA into regional First Nations communities to support early childhood education opportunities.

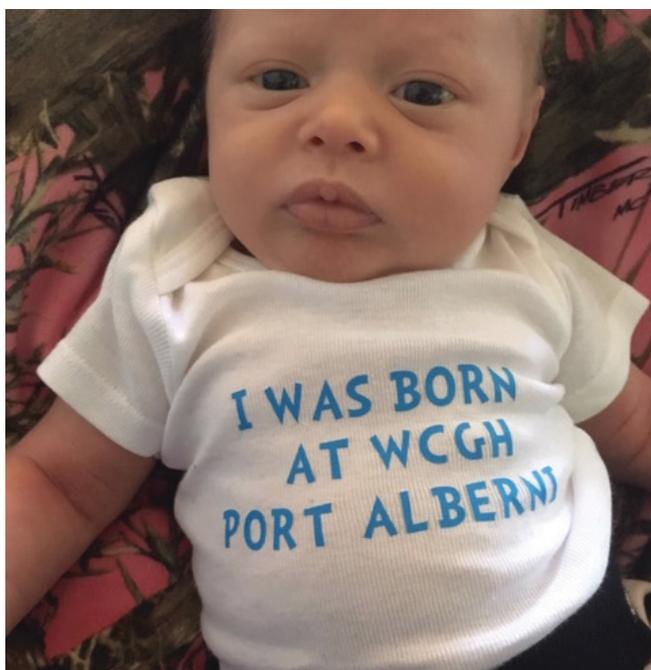
FEATURED REGION: *Vancouver Island* *Kwakwaka'wakw Maternal, Child and Family Health Project*

As of August 2018, the Kwakwaka'wakw Maternal, Child and Family Health Project (“the program”) was working with 20 active families (13 postnatal and seven prenatal), and had seen a total of 68 families since starting in late October 2017. The program staff have supported families to organize patient travel, regularly attend prenatal care, complete prenatal and postpartum testing, obtain identification for parents and children, access housing and financial supports (e.g., Child Tax Benefit), address food security, work with MCFD to develop plans for child safety, and connect with other services to support positive outcomes for families. Having a health coach in Campbell River has provided additional support for families while they wait to give birth. It has also encouraged more collaborative relationships between Campbell River Hospital and North Island.

An Inter-Professional Model of Maternity Care for the North Island has been developed, where local physicians, midwives, and communities work collaboratively. There is work happening with Island Health, the local Division of Family Practice, the Building Blocks Project, Midwives Association of BC, FNHA and other partners, to determine how to effectively operationalize the proposed model.

The Building Blocks Project and the Kwakwaka'wakw Program supported educational sessions in April 2018 to address decision-making and risk in rural settings, and two one-day education sessions by midwives were held on normal birth for local acute care nurses. These sessions are meant to support increased numbers of births on the North Island and ensure sustainability of services. The program has also engaged with a pediatrician and geneticist to support education around CPT1a variance, a condition that can affect coastal First Nations children.

A formative evaluation is in progress – families that worked with the program were interviewed in summer 2018, and there is a survey of care providers, staff, steering committee members, and other stakeholders in progress to obtain feedback on project implementation.



The FNHA has also worked with the MoH and Perinatal Services BC, a PHSA agency, to update provincial safer infant sleep resources. The universal tools for parents and health care providers took on a new, harm reduction approach to bed sharing, as it was acknowledged that this is the norm in many cultures and Indigenous households, and may be common in many families, even where unplanned. The FNHA also updated their “Honouring Our Babies” toolkit, which contains resources for Indigenous families and health care providers to promote safe, culturally appropriate infant sleep practices.

Lastly, the OPHO and OCMO have collaborated on a suite of new and strengthened health and wellness indicators that reflect the [First Nations Perspective on Health and Wellness](#). Among these indicators are performance measures for healthy birth weights and infant mortality rates.



Barriers to Progress

While the organizational and regional context of each tripartite partnership is unique, there are common challenges shared by members. The TCFNH forum allows opportunities for sharing these issues, pathways forward, lessons learned, and innovative solutions.

Previous *Together in Wellness: Tripartite Committee on First Nations Health Annual Reports* have highlighted barriers to data sharing, patient identifiers, physician compensation, health human resources strategies, and support for urban/away-from-home (off-reserve) First Nations people. Through the strategic, solution-oriented TCFNH partnerships, some of these issues have been able to be addressed. For instance, partners in Vancouver Coastal regional have collaborated to develop an Urban Aboriginal Health Strategy (currently in final approval, subject to First Nations' protocol and governance decisions). Additionally, in Vancouver Island region, Island Health is working to incorporate a voluntary Aboriginal Patient Identifier in a future Electronic Health Record, and is collaborating with FNHA and other partners regarding cultural safety in identification.

FLOODING AND WILDFIRE EMERGENCY MANAGEMENT AND RESPONSE

In this reporting period, a distressing, emerging issue was managing and responding to flooding and wildfire emergencies across British Columbia. Northern and Interior

regions were especially hard hit by these emergencies from 2017 to 2019. In total, 28 First Nations communities were evacuated or on evacuation alert during the 2017 wildfire season, 31 First Nations communities during the 2018 wildfire season, and 23 First Nations communities impacted by flooding in 2017 and 2018. [A message](#) from FNHA's Chief Medical Officer, Dr. Evan Adams, about the 2017 wildfire season "recognize[d] and acknowledge[d] the unique trauma First Nations evacuees may... [have] experience[d], which goes beyond the threat of or loss of home and includes impacts to territory, plants and animals." FNHA also produced an after-action report, "With Us, Not for Us," which described recommendations such as providing a mental health clinical lens to crisis stabilization and management, and making cultural supports a standard part of FNHA crisis support. There is a continued need for FNHA, regional health authorities, First Nations, and emergency management and health system partners to identify appropriate roles and responsibilities with respect to support and response during emergencies.

NEW BARRIERS

Some new barriers were identified in this reporting period. For instance, due to evolving provincial policy direction – including development of Primary Care Networks and overdose-focused Community Action Teams – First Nations communities have been actively engaged in health governance across various levels and forums in British Columbia. Although this approach respects First Nations self-governance and directly aligns with [the principle](#) of community-driven, Nation-based development, the extensive level of engagement creates challenges for First Nations capacity. First Nations representatives have highlighted the need for appropriate resourcing, to ensure that full, meaningful participation can be achieved. Additionally, members have found that timelines for this work can be at odds with relationship-building and respect for appropriate protocol.

Lastly, the barrier of recruitment and retention of health care practitioners has also been raised by multiple TCFNH members; this challenge is especially true for rural and remote communities. Compensation and appropriate accommodations for these highly-trained professionals can be constrained by policies that do not reflect community realities. For example, there are significant challenges with regard to housing, clinical space, and travel requirements.

The Tripartite Partners Report on Progress

“The First Nations Health Governance Structure was built **by and for** First Nations...”

First Nations Health Authority (FNHA)

The First Nations Health Governance Structure was built by and for First Nations to bring decision-making closer to home and into our hands. FNHA has focused on building a health authority that First Nations can be proud of, and this includes ongoing efforts to improve the quality and safety of services and to bring decision-making closer to home. The FNHA have a long way to go, but we are committed to challenging ourselves to do better each year, building on what we've learned and guided by our 7 Directives and Shared Values that were given to us by First Nations. The FNHA continues to transform its approach to supporting community health and wellness planning, reporting and evaluation, informed by feedback received from communities since 2013.

DATA GOVERNANCE AND KNOWLEDGE DEVELOPMENT

In 2017, the FNHA and the Canadian Institute of Health Information (CIHI) signed a [*Memorandum of Understanding*](#), which formalized a partnership to improve access to data, analyses and expertise and to develop a Joint Statement for First Nations data governance directed to organizations that work with First Nations data.

In 2017/2018, the FNHA and the BC Coroners Service (BCCS) released a report sharing key findings and recommendations to prevent unintended First Nations youth and young adult injury and deaths in B.C. entitled "[*BCCS and FNHA Death Review Panel: A Review of First Nation Youth and Young Adult Injury Deaths: 2010-2015*](#)."

MENTAL HEALTH AND WELLNESS

In February 2019, the FNHA released its Mental Health and Wellness Policy, wherein the FNHA commits to working through our relationships and partnerships. The FNHA is also advancing work to address key gaps in the mental health and wellness continuum through expanding land-based treatment and healing approaches, providing crisis response and proactive planning, through regional crisis response capacity, and the provincial KUU-US crisis line, increasing youth-lead approaches to addressing suicide and supporting life promotion and launching "Healing from Complex Trauma" training for community-based workers in 2018.



LATERAL KINDNESS

In 2017/2018, the FNHDA and the FNHA partnered to deliver regional lateral kindness training sessions to Health Directors, health care providers and political leads in each region. A total of 115 lateral kindness champions are now trained to lead change within their workplace.

HEALTH BENEFITS

Transition of Health Benefits pharmacy benefits from Non-Insured Health Benefits to PharmaCare Plan W was concluded in 2017/2018. The FNHA is working to advance the transition of the administration of benefits from Non-Insured Health Benefits to facilitate greater flexibility and future transformation; and that we are learning from engagements on the transition to Plan W to improve Health Benefits.

MATERNAL, CHILD, GIRLS' AND WOMEN'S HEALTH

From 2017-2019, the FNHA has continued to partner with many organizations in an effort to improve health services and outcomes for First Nations babies, families, girls and women. The Provincial Health Officer and FNHA Indigenous Girls' and Women's Health and Wellness Report and a data linkage between the First Nations Client File and the Perinatal Data Registry at Perinatal Services BC are two major pieces of work.

The FNHA continues to support the growth of the Aboriginal Head Start program in First Nations communities in B.C. The FNHA is partnering with the BC Aboriginal Child Care Society in the implementation of the Indigenous Early Learning and Child Care framework.

CANNABIS

In fall 2018, the FNHA partnered with the MoH, BC Cannabis Secretariat, and Health Canada to deliver informational presentations and answer participant questions at the five regional Caucus sessions around British Columbia. The FNHA has also launched a cannabis public education campaign and currently developing a Community Resource Guidebook to help communities plan for health-related changes following legalization, including bylaws and guidelines.

CANCER

The focus of the Indigenous Cancer Strategy is now on implementation, including the establishment of the FNHA Chair in Cancer and Wellness at UBC – a \$3-million commitment by FNHA and University of British Columbia (UBC); the development of a support booklet, and the launch of a cancer screening promotion campaign that supports community members to champion cancer screening promotion in their communities.

HEALTH HUMAN RESOURCES

From 2017-2019, the FNHA has continued to move forward important work in the area of health human resources, with key priority areas of FNHA's work spanning health career promotion, training and professional development, recruitment and retention and planning and forecasting. The FNHA has continued to partner with the MoH and Ministry of Advanced Education, Skills & Training, to influence provincial strategic planning to better reflect the needs of First Nations community members in relation to workforce planning and education and training.

PALLIATIVE AND END-OF-LIFE CARE

The FNHA and the MoH continue to collaborate on supporting First Nations access to medical assistance in dying (MAiD), should a request arise from a First Nations community. The FNHA has been working to develop a B.C. Indigenous Palliative Care Toolkit.

HOME AND COMMUNITY CARE

In March 2019, a time-limited working group has been formally called to map home and community care resources and address key quality and access issues in First Nations communities. Jointly led by the FNHA and MoH, this group includes membership from the regional health authorities, and there are discussions on including the FNHA regional representation and/or community members to help understand the gaps from local perspectives.

Indigenous Services Canada (ISC), First Nations and Inuit Health Branch (FNIHB)

The past year and a half has been a time of transformation for the First Nations and Inuit Health Branch (FNIHB). In August 2017, the Prime Minister announced plans for the dissolution of Indigenous and Northern Affairs Canada (INAC) and the creation of two new departments: Indigenous Services Canada (ISC) and Crown-Indigenous Relations and Northern Affairs Canada (CIRNAC). FNIHB is pleased to have joined ISC, which is mandated to work collaboratively with partners to improve access to high quality services for First Nations, Inuit, and Métis. ISC's vision is to support and empower Indigenous peoples to independently deliver services and address the socio-economic conditions in their communities. This new setting provides ISC with opportunities for partnership and collaboration with other branches and sectors under the ISC umbrella while also maintaining and building new relationships with other federal departments. Canada remains more committed than ever to the tripartite relationship in British Columbia.

BILATERAL RELATIONSHIP AND SHARED VISION AND COMMON UNDERSTANDING

The FNIHB continues to engage with the FNHA in a productive bilateral partnership, with regular meetings held between the FNHA chief executive officer and the FNIHB senior assistant deputy minister. The Shared Vision and Common Understanding (SVCU) joint executive agenda continues to be an important document that describes the overarching approach for our partnership and sets out a series of deliverables and priorities for the shared work between our teams. The work evolving from the commitments presented in the SVCU are supported by a number of more detailed documents such as workplans, committee processes and joint policy papers that guide the work between officials of FNIHB and FNHA to capture and advance our shared commitments and understandings.



CULTURAL SAFETY AND HUMILITY

Building on the leadership of the FNHA and provincial health authorities in prioritizing embedding cultural safety and humility for First Nations into the health care system in B.C., ISC has partnered with Health Canada, the Public Health Agency of Canada, and the FNHA to develop a Declaration of Commitment to Advance Cultural Safety and Humility. Through this Declaration, which was signed on April 3, 2019 marking a milestone in the federal partnership with the FNHA, the federal partners have recognized the FNHA's achievements on cultural safety and humility thus far and have expressed support for the vision of a culturally-safe health system for Indigenous people in British Columbia. The parties are collaborating to develop an action plan to operationalize the Declaration of Commitment and to guide collaborative efforts to influence the broader health system. ISC is confident that the continuation of these collaborative efforts will lead to advancements in cultural safety and humility in health and wellness in British Columbia. In addition, this declaration is being shared with other federal departments to demonstrate our new partnership and the importance of the work being done in B.C. and to support opportunities to share these lessons learned beyond its borders.

A NEW APPROACH TO MENTAL HEALTH AND WELLNESS

ISC-FNIHB is participating in the Tripartite Initiative on Mental Health and Wellness to support a new approach to addressing the social determinants of health. This shared vision will lead to greater control over mental health and wellness programs by B.C. First Nations, better integration and coordination with provincial systems and services, the ability to leverage federal and provincial funding and an increased capacity to address underlying root causes leading to better health outcomes. ISC is joining the other tripartite partners to support Nation-based programs and services that aim to improve mental health and wellness for First Nations in British Columbia. ISC is also supporting this initiative by facilitating linkages with other federal departments and government agencies in order to foster new partnerships and work towards a whole of government approach to mental health and wellness. For example, FNIHB has led the creation of a joint working group with the First Nations Health Council (FNHC), the FNHA and other federal departments to explore innovative ways to leverage infrastructure investments in support of community well-being.

B.C. Ministry of Health (MoH) 2019/20-2021/22 Service Plan

In February 2019, the [Ministry of Health's 2019/20 - 2021/22 Service Plan](#) was released. The goals of the service plan are to: ensure a focus on service delivery areas requiring strategic repositioning; support the health and well-being of British Columbians through the delivery of high-quality health services; and deliver an innovative and sustainable public health care system. Priorities in the service plan align with the collaborative work of the tripartite partners, and have been previously described in this report. These include: primary health care transformation, mental health and wellness system improvements, and advancing cultural safety and humility across the province. Additionally, the service plan is underpinned by a commitment of reconciliation with Indigenous peoples.



CROSSING CULTURES AND HEALING TOTEM POLE

Also this reporting period, the MoH partnered with local First Nations leaders, Royal BC Museum, and TimberWest to enact an enduring symbol of Indigenous strength, resilience, and healing. In Nov. 2018, the *Crossing Cultures and Healing Totem Pole* was unveiled at 1515 Blanshard in Victoria. The totem pole signifies the MoH's ongoing and meaningful reconciliation, by recognizing shared history and working towards building a healthier future for all Indigenous people in the province. Over 300 MoH and MMHA employees participated in the carving process, as an experiential exercise of cultural safety and humility. Carvers Tom and Perry LaFortune of Tsawout First Nation led the creation of the pole, incorporating Coast Salish crests with important, associated teachings that have been passed down to the carvers. The figures on the totem pole, ensuring connection to culture as a core component of Indigenous health and resilience, are:

- *A grandmother at the base, to represent Indigenous community matriarchs*
- *An owl learning from the past, facing the present, and looking towards the future*
- *At the side of the owl is a frog, listening to inner conscience and the voices of the people*
- *At the top of the totem sits a raven, a messenger to and from communities*
- *Intertwined throughout the crests is a rope, a symbol that ties everything together.*

HARDWIRING FIRST NATIONS HEALTH ACROSS THE SYSTEM

The MoH and FNHA continue to strengthen their reciprocal partnerships across all health and wellness areas. The two organizations have formalized their relationship through an annual Letter of Mutual Accountability, outlining key collaborative priorities, and defining roles and responsibilities for their partnership in relation to B.C.'s health system. The deputy minister of health and FNHA's CEO meet monthly to advance bilateral commitments, and the FNHA CEO is a regular member at Leadership Council with all health authority CEOs. The FNHA is also a member at the Health System Standing Committees to further hardwire a First Nations perspective on health system planning.

MOH'S RECONCILIATION JOURNEY

The MoH continues to celebrate strong partnerships to advance First Nations health and wellness, enabled through the TCFNH. As a provincial ministry, the MoH is accountable to the mandate of the Government of British

Columbia. In May 2018, the Government of British Columbia released its ten *Draft Principles that Guide the Province of British Columbia's Relationship with Indigenous Peoples* (the Draft Principles), which provides a framework for reconciliation commitments including adoption and implementation of the Truth and Reconciliation Commission of Canada's (TRC's) Calls to Action, and the *United Nations Declaration on Indigenous Rights* (UNDRIP). The Draft Principles emphasize Indigenous self-determination, self-governance, and meaningful engagement with all Indigenous peoples, governments, and organizations. In alignment with this provincial commitment, MoH has begun processes to review, refresh, and innovate policies and approaches to move forward on a collaborative reconciliation journey.

The health partnership with B.C. First Nations continues to be based on a shared vision and commitment to enable First Nations in B.C. to participate fully in the design and delivery of health and wellness services. The health partnership serves as a commitment to bring decision-making closer to home and increase the involvement of First Nations in decision-making and health service delivery at all levels of the system. In this way, the First Nations health governance structure embodies a strong commitment to support self-determination. The health partnership aligns with Article 23 of UNDRIP, which states: "Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, [I]ndigenous peoples have the right to be actively involved in developing and determining health, housing and

other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions."

MINISTRY OF MENTAL HEALTH AND ADDICTIONS

As part of its mandate to improve access to and the quality of mental health and addictions services in B.C., the MMHA continues to work with partners to enhance and enrich the established tripartite health partnership.

Since its inception, the MMHA has maintained an important role in the immediate response to the overdose emergency. In this context, the MMHA and FNHA continue to collaborate on the implementation of the FNHA's Framework for Action: Responding to the Overdose Emergency for First Nations and ensure the full engagement of First Nations in the ongoing response to the overdose emergency.

The MMHA recently fulfilled a key milestone with the public release of the provincial *Mental Health and Addictions Strategy*. Building on extensive engagement with B.C. First Nations on mental health and wellness, the Mental Health and Addictions Strategy is intended to support greater cross-government coordination in the delivery of mental health and addictions services in B.C. With a priority focus on prevention and early intervention for children, youth and young adults, improving access to quality care for all ages, and Indigenous health and wellness, the Mental Health and Addictions Strategy ensures First Nations in B.C. will continue to benefit from immediate actions aimed at improving the system.



Regional Partnership Accords

As established in the 2011 B.C. Tripartite Framework Agreement on First Nation Health Governance and supported by the TCFNH, effective partnerships enable First Nations health and wellness achievements at community, regional, and provincial levels. Regional partnership work is underpinned through formalized Regional Partnership Accords. Each region has created its own governance structure to support the work of the Accords. The five regional governance structures include:

- **FRASER SALISH:** *The Fraser Salish structure includes the Aboriginal Health Steering Committee (AHSC), whose membership is comprised of Fraser Health (FH) board chair, CEO, medical director, VPs, and ED of Aboriginal Health; FNHA board chair, CEO, COO, CMO, CNO, VP of programs and services, and ED of Fraser Salish Region; as well as First Nations Health Council representatives. Additionally, the Aboriginal Health Operations Committee (AHOC) is responsible for discussion on new initiatives, and identifies key issues and successes to raise to the AHSC. The AHOC is chaired by the COO of FNHA and the FH VP of Population and Public Health, with membership including the executive directors of Aboriginal Health and the FNHA Fraser Salish Region, along with FH and FNHA subject matter experts when required.*
- **INTERIOR:** *The Interior structure is comprised of the seven Nations' Letter of Understanding (LOU) Tables, Partnership Accord Leadership Table (PALT), the Interior Region Aboriginal Wellness Committee (IRAWC), the Interior Region Nation Executive (IRNE), and the Interior Region Technician's Table (IRTT).*
- **NORTHERN:** *The Northern structure is comprised of the Northern First Nations Health Partnership Committee (NFNHPC), the Operations Committee, and five working groups.*
- **VANCOUVER COASTAL:** *The Vancouver Coastal structure is comprised of the Aboriginal Health Steering Committee (AHSC), AHSC Executive Committee, and Vancouver Coastal Caucus (VCC).*
- **VANCOUVER ISLAND:** *The Vancouver Island (VI) structure is comprised of the Partnership Accord Steering Committee (PASC), Partnership Accord Executive Committee (EC), and the VI Regional Caucus (Caucus).*

The Regional Partnership Accord structures provide opportunities for the partners to: work together to build relationships; engage with and receive direction from First Nations governance; build commitment on key First Nations health priorities; identify and align shared goals; and have respectful communication around gaps and challenges to improve health services and leverage the partnership. Collaborative projects and joint initiatives among the





“... reciprocal
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responsibility...”

partners have begun to demonstrate improved services for First Nations in B.C., particularly at the community level, where services are closer to home and more culturally appropriate and safe (e.g., Joint Project Board initiatives, primary care improvements and Nurse Practitioner models, and mental wellness and substance use mobile teams). In this reporting period, key informants involved in Regional Partnership Accords have participated in regional evaluations. Completed Regional Partnership Accord evaluations will be a data source contributing toward an evaluation of the *Tripartite Framework Agreement on First Nation Health Governance* (the Framework Agreement).

IMPLEMENTATION OF RECIPROCAL ACCOUNTABILITY FRAMEWORK

As described in the Consensus Paper: British Columbia First Nations Perspectives on a New Health Governance Arrangement (the Consensus Paper), “reciprocal accountability means shared responsibility – amongst First Nations (at community, regional, and provincial levels), the federal government, and the provincial government (including health authorities) – to achieve common goals.”

“Historically, accountability has been a one way relationship from First Nations to governments for funds received. Under the new health governance arrangement, accountability is much broader and not just about money. It is about working together and each party being responsible for the effective operation of their part of the health system recognizing that the space occupied by each is interdependent and interconnected.” – From the Consensus Paper (2011)

The TCFNH has developed a Reciprocal Accountability Framework and Statement of Reciprocal Accountability to describe the ways in which the partners will support one another towards achieving common goals and desired outcomes, and to guide and enliven the partners’ commitment to this work. Regional Partnership Accords and other collaborative frameworks have allowed the tripartite partners to enact the spirit of reciprocal accountability and guide their collaborative work.

Measuring Health Outcomes

The [Transformative Change Accord: First Nations Health Plan](#) committed First Nations leadership and the Governments of British Columbia and Canada to achieve specific health targets by 2015 on seven core health indicators. In December 2018, the Office of the Provincial Health Officer (OPHO) and FNHA Officer of the Chief Medical Officer (OCMO) released the final update toward these seven health indicators, [Indigenous Health and Well-being](#). Key findings include:

- *Life expectancy among status First Nations people improved between 2005 and 2015, but the life expectancy for other residents of B.C. improved at a faster rate; therefore, the health status gap has actually widened.*
- *The age-standardized mortality rate, which measures death from all causes, improved somewhat since 2005, but the health status gap increased.*
- *The youth suicide rate decreased, and although the gap with other B.C. residents did not quite meet the targeted 50% reduction, it did decline substantially (by 38%).*
- *The infant mortality rate decreased slightly since 2005, but the gap between the population groups increased.*
- *The diabetes prevalence rate continued to increase for both population groups, but the rate of increase for First Nations people declined, resulting in an overall decrease in the health status gap that exceeded the 33% reduction target.*

Two of the original seven core indicators, childhood obesity and the number of practicing, certified First Nations health care professionals, have not been reported on due to lack of data sources. However, data collection mechanisms have been set up for these two indicators and an update on them is planned for the next reporting period.

Turning to a new phase in reporting, the OPHO and OCMO acknowledge the importance of social determinants to health, and celebrate Indigenous strengths and wellness approaches. The OPHO and OCMO have agreed to continue to jointly monitor health and well-being of First Nations people in British Columbia. For the next ten years, an expanded suite of 22 indicators, called the Indigenous Population Health and Wellness Agenda, will be tracked, supporting action to hardwire First Nations objectives into the provincial health system.



Looking Forward

The reporting period described here has been significant, as demonstrated by the successes, barriers, and transformations highlighted in the report. Looking forward, a unique opportunity for lessons learned, further growth, and celebrating momentum will be facilitated when the first tripartite evaluation report is finalized in October 2019. The evaluation will assess commitments the partners made in the first five years of the *Tripartite Framework Agreement on First Nation Health Governance* (the Framework Agreement). The tripartite evaluation will include three key areas: Governance, Tripartite Relationships, and Integration; Health and Wellness System Performance; and Health and Wellness Outcomes. The report in 2019 will focus primarily on the first area, with the understanding that it will take time to see change in Health and Wellness Outcomes, and will be informed by TCFNH members, current and past.

The results from the evaluation will be critical to provide an evidence-informed focus in TCFNH's work over the next five years. At times, the tough issues and policy barriers can make the way forward challenging and complex. However, the tripartite partnership also features remarkable strengths to ground and guide its collaborative and revolutionary work: the principle of reciprocal accountability, a strong community-driven and Nation-based approach, and a focus on solutions and opportunities for First Nations families and communities.

“...the tripartite partnership also features **remarkable** strengths to ground and guide its **collaborative** and **revolutionary** work...”







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Tripartite First Nations Health Plan



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