First Nations Health Council

northern health
the northern way of caring

First Nations Health Authority
Health through wellness

NORTHERN PARTNERSHIP ACCORD

FIRST NATIONS HEALTH COUNCIL: NORTH REGION HEALTH CAUCUS

and NORTHERN HEALTH
and

FIRST NATIONS HEALTH AUTHORITY
29 October 2020
Ver. 10

Contents

1. REGIONAL BACKGROUND

The North Region includes almost two-thirds (2/3) of British Columbia's land base. It is bordered by the Northwest and Yukon Territories to the north, the BC interior to the south, Alberta to the east, and Alaska and the Pacific Ocean to the west. About 300,000 people live in Northern BC. Approximately 17.38% of the population is First Nations. This is the highest proportion of First Nations peoples in any health region in the province.

2. THE PARTIES TO THE ACCORD

2.1 NORTH REGIONAL HEALTH CAUCUS

There are approximately 73,433 Indigenous peoples in the North Region. Of these, 52,138 (71%) are First Nations (status) representing fifty-five (55) First Nations communities governing 62 populated communities. The remaining 29% of people who make up the Indigenous population in the Region are Non Status First Nations, Métis, Inuit, and/or of multiple Indigenous identities.

First Nations communities in the North Region have organized themselves into three sub-regions:

- the Northeast Sub-Region
- the Interior/Central Sub-Region, and
- the Northwest Sub-Region (see map – Appendix 1)

There are a number of Community Engagement Areas within each sub-region (see Appendix 2), that bring communities together in order to plan, collaborate and communicate with each other. This engagement process provides political and technical leads / representatives from each sub-region an opportunity to meet together before attending a full North Regional Health Caucus.

2.1.1. Sub-regional Health Caucus

First Nations in the North Region (through political, technical, and social leads) come together as Sub-Regional Health Sessions semi-annually. They then meet together as the full North Regional Health Caucus on a semi-annual basis to receive reports, pass resolutions, and hold elections.

First Nations Health Authority provides logistical support to coordinate these meetings. In order to facilitate this Northern Caucus, the Nations have formed three sub-regions to localize their discussions and allow more people from communities to attend and discuss their local health needs:

- North East sub-region
- North Central sub-region
- Northwest sub-region

One political representative from each of the Sub-Regions, North East, North Central, and Northwest represents the North Regional Health Caucus on the fifteen-member (15) First Nations Health Council. Each sub-region also appoints three (3) technical and community representatives each to the Northern Regional Table (for a total of nine (9) elected representatives), who meet quarterly with Northern Health in the partnered Northern First Nations Health Partnership Committee.

2.2 NORTHERN HEALTH

Northern Health is led by a government-appointed Board of Directors and is accountable to the Ministry of Health through the Northern Health Board. The Northern Health Board sets the mission, vision, values and strategic plan for Northern Health within the mandate set for the health care system by the Government of British Columbia through the Ministry of Health. The Chief Executive Officer (CEO) is responsible for leading Northern Health's operations in accordance with the direction set by the Northern Health Board and ensuring the implementation of the mandate issued annually from the BC Ministry of Health (MOH).

Northern Health is divided into three operational areas called Health Service Delivery Areas (HSDAs); the Northeast, the Northern Interior, and the Northwest. A Chief Operating Officer (COO) works in a dyad leadership role with the HSDA Medical Director(s) to lead the services in each HSDA. The COO reports directly to Northern Health's CEO. Northern Health Community Areas are outlined in Appendix 3.

The Northern Health Board has put in place a Strategic Plan for Northern Health following extensive internal and external consultations. The priorities enable Northern Health to meet the mandate set by the MOH within the context of the North. The values include:

- Empathy: Seeking to understand each individual's experience
- Respect: Accepting each person as a unique individual
- Collaboration: Working together to build partnerships
- Innovation: Seeking creative and practical solutions

The priorities include:

- Healthy People in Healthy Communities
- Coordinated Accessible Services
- Quality
- Our People
- Communications, Technology and Infrastructure

Northern Health will appoint the following representatives or their designate to the Northern First Nations Health Partnership Committee:

- Chief Operating Officer, Northeast
- Chief Operating Officer, Northwest
- Chief Operating Officer, Northern Interior
- Chief Medical Health Officer
- Vice President, Population and Public Health
- Vice President, Primary and Community Care and Chief Nursing Executive
- Vice President, Indigenous Health

*Other representatives will be invited to participate as relevant to the agenda topics.

2.3 FIRST NATIONS HEALTH AUTHORITY

The First Nations Health Authority (FNHA), working through the strategic political leadership provided by the First Nations Health Council (FNHC), and in partnership with the First Nations Health Directors Association (FNHDA) is responsible for the legal and administrative aspects of the implementation of the British Columbia Tripartite Framework Agreement on First Nations Health (Framework Agreement), which includes the establishment of a new health governance structure for First Nations in BC. The Framework Agreement sets out the responsibilities of the FNHA, which include taking responsibility for the planning, management, delivery and funding of health programs, presently provided for First

Nations in BC through a collaboration with the BC Ministry of Health and BC Health Authorities to coordinate and integrate their respective health programs and services to achieve better health outcomes for First Nations in British Columbia. This work includes enhancing collaboration among First Nations Health Providers and other health providers to address economies of scale service delivery issues to improve efficiencies and access to health care.

The FNHA will incorporate First Nations cultural knowledge, beliefs, values and models of healing into all aspects of this work in order to better meet the needs of First Nations communities. The FNHA will respect and uphold the following seven directives and six values (see Appendix 4 for more details). The Directives are:

- Directive 1: Community Driven, Nation Based
- Directive 2 Increase First Nations Decision-Making
- Directive 3: Improve Services
- Directive 4: Foster Meaningful Collaboration and Partnerships
- Directive 5: Develop Human and Economic Capacity
- Directive 6: Be Without Prejudice to First Nations Interests
- Directive 7: Function at a High Operational Standard

The values include:

- Value #1: Respect
- Value #2: Discipline
- Value #3: Relationships
- Value #4: Culture
- Value #5: Excellence
- Value #6: Fairness

As part of the new First Nations health governance arrangement and continued commitment to a community driven, nation based approach, the FNHA provides agreed upon funding, logistical and technical support to the North Regional Health caucus.

FNHA Health Caucus has elected the following representatives to the Northern First Nations Health Partnership Committee, and form the Northern Regional Table (NRT):

- Northwest FNHC Representative
- Northwest FNHDA Board Representative
- Northwest Community Representative
- North Central FNHC Representative
- North Central FNHDA Board Representative
- North Central Community Representative
- North East FNHC Representative
- North East FNHDA Board Representative
- North East Community Representative
- Ex-Officio: Northern Regional Executive Director

3. PURPOSE

1) The purpose for this Accord is to support discussions, decisions, and actions to increase the health outcomes of First Nations populations in the Northern Health Region. The Accord is specific to First Nations populations living both on reserve and away from home, and has no bearing on any other agreements that

may be in place with Métis and Inuit populations in the North.

2) Through their political and technical leaders in health, the First Nations communities in the North Region, First Nations Health Authority and Northern Health are working together to involve First Nations leadership in the planning and monitoring of health services for First Nations communities in the North Region (Appendix 5).

3) The parties seek to improve the health outcomes for First Nations people residing in the North Region (process in Appendix 6). The parties are entering into a mutually beneficial relationship that enables collaboration in the planning, implementation, and evaluation of culturally appropriate, safe and effective services for First Nations residing in the North Region as set forth in this document and the Terms of Reference for the Northern First Nations Health Partnership Committee.

4) Although this Accord is not a legally binding agreement, it is based on the British Columbia Tripartite Framework Agreement on First Nation Health Governance. This Accord intends to establish a foundation and framework for meaningful partnerships and relationships between First Nations, the First Nations Health Authority and Northern Health.

5) Recognizing that this is a living document, this document is to be reviewed to the benefit of all parties on an annual basis.

4. PREAMBLE

1) The foundation of this Accord is based on the following documents:

- Transformative Change Accord: First Nations Health Plan (November 2005)
- Tripartite First Nations Health Plan (June 2007)
- British Columbia First Nations Perspectives on a New Health Governance Arrangement: Consensus Paper (May 2011)
- British Columbia Tripartite Framework Agreement on First Nation Health Governance (October 2011)
- Regional Summary of Governance Discussions 2011: Summary of feedback from Northern -Regional caucus and Health Partnerships Workbook (May 2011)

2) In order to coordinate and oversee health developments in the North Region, First Nations communities have formed the North Regional Health Caucus, which provides an opportunity for the political and technical leaders from the North Region's First Nations communities to come together at regular intervals. A resolution at Gathering Wisdom IV directed First Nations leaders to enter into partnerships with provincial health regions in order to establish collaborative working relationships that leads to measureable improvement to the health of First Nations peoples.

3) Appointed leadership from the diverse First Nations in the North Region represent the inherent rights and responsibilities of their citizens, regardless of residency. First Nations, as the holders of rights and title for their traditional territories in the North Region, include both on and off reserve First Nation citizens.

4) North Region's First Nations health leadership - which includes both political and technical leaders in health - represents a wide range of diverse Nations who are at different stages of development:

- Nations are different from one another in their needs and stages of development
- Each of the Regions' First Nations' forty-one (41) main Health Centers are at different stages of development based on their history of Health Transfer funding and arrangements with Health

Canada, First Nations and Inuit Health Branch;

- Engagement approaches undertaken by the partners must be inclusive. No community should be forced to participate nor should any community be left behind;
- First Nations vary in size and include small and very isolated communities. These Nations must be afforded equitable recognition in strategies undertaken by the partners; and
- First Nations communities hold knowledge of specific health care culture and traditions and desire to have these cultures and traditions recognized, respected, and included in health service planning and delivery

5) Northern Health acknowledges the rights and responsibilities of First Nations within its coverage area and enters into this relationship with the recognition that improving the health status of all First Nations people in the region requires a collaborative working relationship taking into consideration individual First Nations' governance and laws.

6) This Accord acknowledges the right of each First Nation to govern as per its traditional and current day practice, laws and customs.

7) This Accord acknowledges that Northern Health provides services to those living within its service delivery areas, including First Nations people and works in partnership with First Nations Health Authority and the North Regional Health Caucus to close the gaps and remove barriers to accessing and improving services. This Accord does not intend to interfere with the Northern Health's responsibility to govern its health service delivery in compliance with applicable laws, regulations, standards, and ethics.

8) Northern Health will endeavor to put in place structures, policies and practices that enable culturally safe care and services, trauma informed practice, and that address issues associated with systemic racism through quality improvement approaches. This will include working collaboratively with FNHA, First Nations communities, Ministry of Health and other relevant parties to enable inclusion of cultural practices and traditions.

5. COMMITMENTS OF THE PARTIES

5.1 NORTHERN FIRST NATIONS HEALTH PARTNERSHIP COMMITTEE

The North Regional Health Caucus, First Nations Health Authority and Northern Health formed the Northern First Nations Health Partnership Committee (the Committee) in April 2012. The Committee provides a forum for senior representatives from the North Regional Health Caucus, First Nations Health Authority (the Northern Regional Table) and Northern Health to collaborate in developing and overseeing the implementation of a Northern First Nations Health and Wellness Plan focused on the health actions outlined in the Tripartite First Nations Health Plan that are priorities for the North Region.

The Committee is responsible for developing, revising, approving and evaluating the Northern First Nations Health and Wellness Plan annually by the end of the first financial quarter of each year. The Committee works together to develop and implement an evaluation process designed to measure progress in meeting the goals and objectives outlined in the Northern First Nations Health and Wellness Plan. A progress report will be developed annually using a mutually agreed format for public reporting.

The Committee is co-chaired by a representative of the North Regional Table and Northern Health as agreed to by the Committee. The Committee will meet a minimum of quarterly or at the call of the Co-Chairs.

The Committee commits to operationalize the term “partnership” in order to promote a shared understanding of what the term means for joint work and decision-making at different levels of collaboration.

The Committee commits to ensuring their collective leadership and management teams are apprised and kept informed at least on an annual basis, of the existence and function of this Committee, its roles and responsibilities as it relates to the positive health outcomes of First Nations populations in the Region. As such, this document is open, public, and accessible to all.

A formal progress report will be provided to the North Regional Health caucus, First Nations Health Authority and the Northern Health Board annually at the end of the first fiscal quarter of each year.

5.2 THE PARTIES COMMIT TO:

1) Sustain a meaningful partnership in order to promote a mutual understanding of joint work and decision-making at diverse levels of collaboration;
2) Develop a strategic Northern First Nations Health and Wellness Plan for the North Region with goals and measurable objectives;
3) Address the systemic racism and inequity in the health care system;
4) Attend to the principle of “two-eye-seeing” and seek opportunities to understand, develop, and integrate traditional healing processes with western medicine processes.
5) Work together to ensure First Nations participation in the work that follows from the commitments in this Accord;
6) Communicate in a timely and effective way about potential risks or impediments to achieving the objectives outlined in the Northern First Nations Health and Wellness Plan including a collaborative approach to resolving concerns or conflict;
7) Collaborate to identify health needs of First Nations people residing in the North;
8) Inform one another about each other's governance structures, service delivery processes, fiscal restraints, opportunities, and other matters;
9) Seek to understand and respect each party's structure and processes;
10) Acknowledge that the parties have jurisdictional, legal and fiduciary responsibilities and operate under specific mandates, but that the purpose of the relationship is to facilitate progress in addressing First Nations health needs;
11) Develop mechanisms/forums for partners to increase understanding of organizational contexts (size, complexity, scope, structure, constraints, funding structure, funding constraints, time pressures, decision-making processes);
12) Hold forums on key topics to identify opportunities for integration/coordination;
13) Develop partnerships with Ministries, municipal governments, and/or non-profit organizations to address the social determinants of health;
14) Work together to ensure First Nations participation in the work that follows from the commitments in this Accord;
15) Clarify service delivery policies for on-/off-reserve.

5.3 FIRST NATIONS NORTH REGIONAL HEALTH CAUCUS AND THE FIRST NATIONS HEALTH AUTHORITY COMMIT TO:

1) Facilitate engagement and participation, particularly through Community Engagement areas and the Regional caucus, to support local and regional health planning with Northern Health Executives

and Managers;
2) Contribute information, ideas, guidance, and expertise to collaborative and common projects and population health initiatives between Northern Health, First Nations Health Authority and the North Regional Health Caucus;
3) Acknowledge and respect the role and mandate of the political and technical leaders with First Nations communities in the North Region;
4) Acknowledge and respect the role of Northern Health and the evolving nature of relationships with local First Nations political and technical leadership;
5) Advocate for First Nations perspectives and inclusion in regional and provincial health developments;
6) Work in partnership with Northern Health to provide cultural guidance to enable the work of Northern Health and other partners.

5.4 NORTHERN HEALTH COMMIT TO:

1) Provide and evaluate cultural safety and humility education (that includes a deep understanding of the impact of inequity and racism on Indigenous people) for the Northern Health Board of Directors, Executive Team, management and staff;
2) Enable Senior Leadership attendance at key governance forums;
3) Collaborate with the North Regional Health Caucus and the First Nations Health Authority to jointly develop, implement and evaluate a Northern First Nations Health and Wellness Plan, including:
    a. Development of population health approaches designed to address health status issues of mutual concern;
    b. Creation of innovative approaches to improve access to healthcare;
    c. Research, exploration and implementation of potential ways to utilize technology to improve access to health care in the North;
    d. Development of strategies to increase the First Nations and Aboriginal representation in the health service professions and para-professions;
    e. Measurement of outcomes and health status indicators, using administrative data to evaluate progress on closing the health disparity gap between First Nations and non-First Nations Northern Health residents;
4) Work with local First Nations peoples through Northern Health's Indigenous Health Improvement Committees to improve the quality and cultural safety of Northern Health's services at the community level;
5) Work with FNHA and the MOH to establish policies and processes that enable complaints, issues and concerns to be resolved at the individual and community levels.
6) In keeping with First Nations Data Governance practice, develop a shared information management framework between the First Nations Health Authority, Northern Health and First Nations, including the identification and resolution of barriers to information sharing;
7) Develop a communication pathway between the First Nation Community Engagement Coordinators and Northern Health's Aboriginal/Indigenous Health Improvement Committees to ensure that issues and concerns identified by the Community Engagement Coordinators and local A/IHIC members are made known to Northern Health for local resolution;
8) Acknowledge and respect the role and mandate of the political and technical leaders within First Nations communities in the North Region;
9) Work with its third party contracted or affiliated service providers to ensure that they understand and abide by this Accord.

6. DEVELOPMENT OF SUCCESS INDICATORS

Measurable success indicators will be developed by the Northern First Nations Health Partnership Committee and will provide evidence of progress in achieving the objectives outlined in the Northern First Nations Health and Wellness Plan. The success indicators will be evidence-based and may be qualitative or quantitative in nature. The ability to collect data may be dependent upon both data availability and mutual agreement between the parties regarding data collection methodologies. Examples of potential success indicators include:

1) Improved access to culturally safe health services for First Nations;
2) Coordination and alignment of planning and service delivery between the North Region's First Nations and Northern Health;
3) Increased accessibility to health care services in remote and isolated communities;
4) Increased partnerships between North Regional First Nations and Northern Health to improve the quality of existing health services at the local and regional level;
5) Stronger linkages between Northern Health and First Nations Health Centers for patient referral and service collaboration and integration;
6) Improved communication between First Nations and Northern Health;
7) Increased partnership opportunities between Northern Health, Divisions of Family Practice, and First Nations communities to incorporate the needs of First Nations in primary care development;
8) Increased coordination of e-Health initiatives in the North Region within the Tripartite approach; and,
9) Recruitment and retention of First Nations and Indigenous health professionals in the Northern Region.

7. IMPLEMENTING THE RELATIONSHIP

The Parties commit to the following implementation of this Accord:

7.1 NORTHERN FIRST NATIONS HEALTH AND WELLNESS PLAN

The North Regional Health Caucus, First Nations Health Authority and Northern Health will appoint representatives to form the Northern First Nations Health Partnership Committee (Committee). The Committee will meet quarterly and will provide a forum for senior representatives from the North Regional Health Caucus, First Nations Health Authority and Northern Health to collaborate in developing and overseeing the implementation and evaluation of a Northern First Nations Health and Wellness Plan focused on the health actions outlined in the Tripartite First Nations Health Plan that are priorities for the North Region.

7.2 INCREASE UNDERSTANDING ABOUT AND RESPECT FOR FIRST NATIONS TRADITIONS, CUSTOMS AND PROTOCOLS BETWEEN NORTHERN HEALTH AND NORTH REGION FIRST NATIONS

The Northern First Nations Health Partnership Committee will:

1) Implement a cultural safety and humility strategy for Northern Health into the Northern First Nations Health and Wellness Plan;
2) Facilitate the development of guidelines regarding cultural protocols and traditions relevant to First Nations who access services in each of Northern Health's community clusters. The guidelines will outline the generally accepted traditional protocols and practices relevant to the particular First Nation;
3) Develop a protocol for First Nations Health Center nurses and other approved workers to support care

being provided for First Nations citizens in Northern Health facilities through collaboration with the Aboriginal Patient Liaisons; and

4) Commit to development and implementation of processes that enable immediate attention and resolution of breaches of cultural protocols or allegations of racism.

8. EVALUATION OF THIS PARTNERSHIP ACCORD

1) The Northern First Nations Health Partnership Committee will develop and implement an evaluation process designed to measure progress in meeting the goals and objectives outlined in the approved Northern First Nations Health and Wellness Plan;
2) Annually, the Co-Chairs of the Committee will meet with the Chair of the North Regional Health Caucus and the CEOs of the First Nations Health Authority and Northern Health to review progress in achieving the Northern First Nations Health and Wellness Plan goals and objectives and progress in developing the relationship outlined in this Accord; and,
3) Annually, a formal progress report will be provided to the North Regional Health Caucus and the Northern Health Board.

Northern Partnership Accord agreed on DD MMMM YYYY

Signatories for Northern Health:

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Signatories for First Nations Health Caucus:

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Signatories for the First Nations Health Authority:

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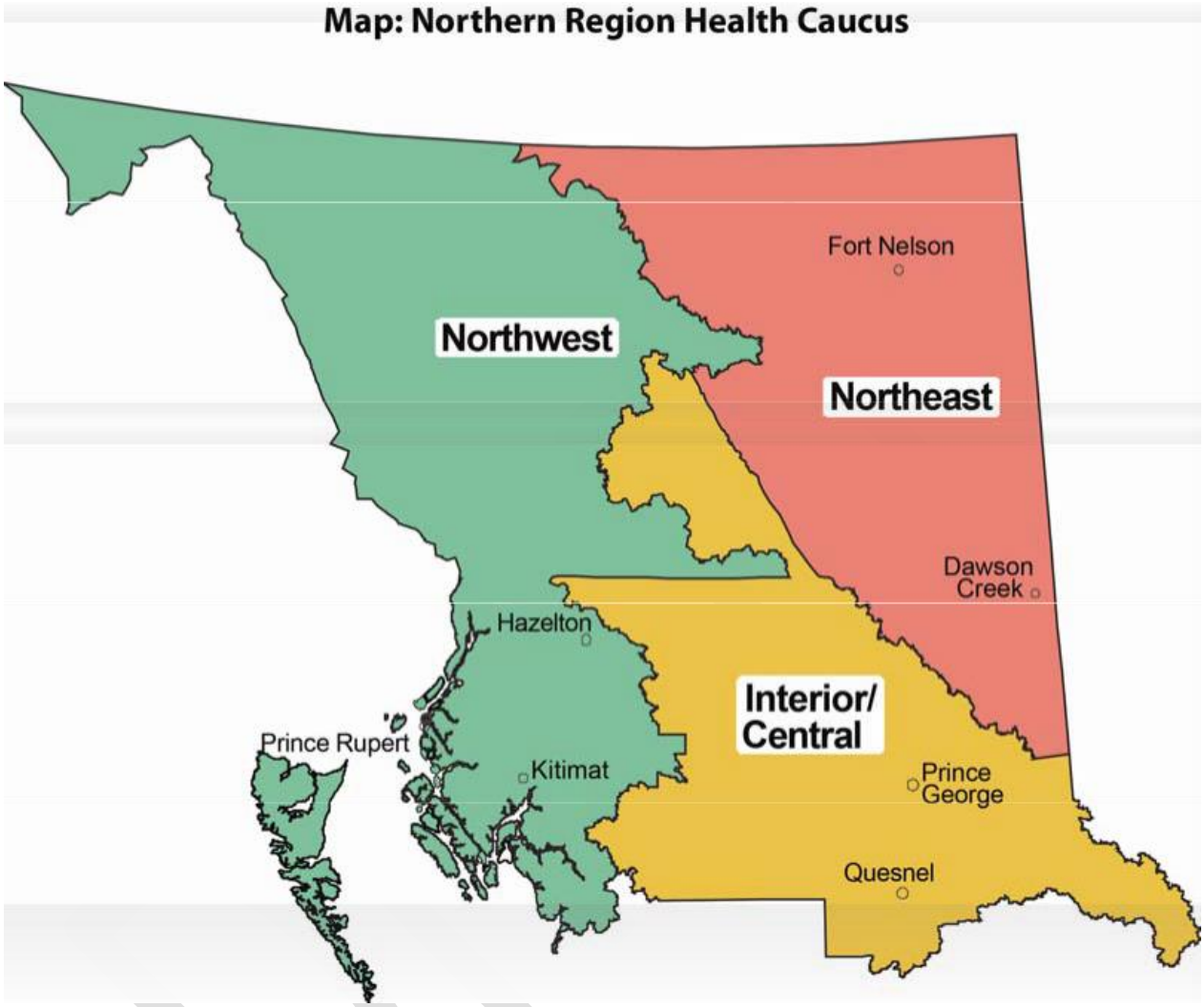
9. APPENDICES

Appendix 1: Sub Regions



Northeast (7)	**North Central (22)**	**Northwest (26)**
Blueberry River First Nation	?Esdilagh Indian Band	Daylu Dena Council
Doig River First Nation	Binche Whut'en	Dease River Band Council
Fort Nelson First Nation	Burns Lake Band	Gingolx Village
Halfway River First Nation	Cheslatta Carrier Nation	Gitanmaax Village
Prophet River First Nations	Kwadacha Nation	Gitanyow Village
Saulteau First Nation	Lake Babine Nation	Gitga'at Nation
West Moberly First Nation	Lheidli T'enneh First Nation	Gitlaxt'aamiks Village
	Lhoosk'uz Dene	Gitsegukla Village
	Lhtako Dene	Gitwangak Village
	McLeod Lake Indian Band	Gitwinksihlkw Village
	Nadleh Whut'en	Gitxaala Nation
	Nak'azdli Whut'en	Hagwilget Village
	Nazko First Nation	Haisla Nation
	Nee-Tahi-Buhn Band	Iskut Band
	Saik'uz First Nation	Kispiox Village
	Skin Tyee Nation	Kitselas First Nation
	Stellat'en First Nation	Kitsumkalum Band
	Takla Lake First Nation	Lax galt'sap Village
	Tl'azt'en Nations	Lax Kw'alaams First Nation
	Tsay Keh Dene	Metlakatla Indian Band
	Wet'suwet'en First Nation	Old Massett Village
	Yekooche First Nation	Sik-e-dakh Village
		Skidegate Band
		Tahltan Nation
		Taku River Tlingit First Nation
		Witset First Nation

Appendix 2: Community Engagement Areas

Haida Gwaii
- **Haida Nation**
  - Old Massett Village Council (Niislaa Naay Healing House Society)
  - Skidegate (Xaay Daga Dlaang Society)

North Coast Tsimshian
- **Tsimshian Nation**
  - Gitga'at
  - Gitxaala Nation
  - Lax Kw'alaams
  - Metlakatla

Coast Mountain Alliance
- **Haisla Nation**
  - Haisla Nation
- **Nisga’a Nation (Nisga'a Valley Health Authority)**
  - Gingolx Village of the Nisga’a Nation
  - Gitlax̲t'aamiks Village of the Nisga’a Nation
  - Gitwinksihlkw Village of the Nisga’a Nation
  - Lax̲galts’ap Village of the Nisga’a Nation
- **Tsimshian Nation**
  - Kitselas
  - Kitsumkalum

Gitxsan/Wet’suwet’en
- **Gitxsan Nation**
  - Gitanmaax
  - Gitanyow
  - Gitsegukla
  - Gitwangak
  - Kispiox Band Council (Gitxsan Health Society)
  - Sik-e-Dakh (Gitxsan Health Society)
- **Wet'suwet'en Nation**
  - Hagwilget Village First Nation
  - Witset First Nation

Tahltan
- **Tahltan Nation**
  - Iskut Band Council
  - Tahltan Band Council

True North
- **Kaska Dena**
  - Dease River First Nation
  - Deylu Dena Council
- **Tlingit Nation**
  - Taku River Tlingit First Nation

Carrier Lakes
- **Carrier (Dakelh) Nation**
  - Burns Lake Band, [Ts'il Kaz Koh] (Carrier Sekani Family Services)
  - Cheslatta Carrier Nation (Carrier Sekani Family Services)
  - Stellat’en First Nation (Carrier Sekani Family Services)
  - Yekooche First Nation (Carrier Sekani Family Services)

Sekani (Tsek'ehne) Nation
Takla Lake First Nation (Carrier Sekani Family Services)
Wet'suwet'en Nation
Nee-Tahi-Buhn Band (Carrier Sekani Family Services)
Skin Tyee First Nation (Carrier Sekani Family Services)
Wet'suwet'en First Nation (Carrier Sekani Family Services)

Carrier South
Carrier (Dakelh) Nation
Binche Whut'en
Lheidli T'enneh First Nation
Nadleh Whut'en
Nazko First Nation
Saik'uz First Nation
Nak'azdli Whut'en
Tl'azt'en First Nation

Finlay
Kaska Dena
Kwadacha First Nation
Sekani (Tsek'ehne) Nation
Tsay Keh Dene First Nation
McLeod Lake Indian Band

Lake Babine
Wet'suwet'en Nation (Carrier Sekani Family Services)
Wyonne
Tachet
Fort Babine
Old Fort
Donald's Landing
Pinkut Lake

North East
Dene-thah
Fort Nelson First Nation
Dunne-za
Blueberry River First Nation
Doig River First Nation
Halfway River First Nation
Prophet River First Nation
West Moberly First Nations
Dunne-za/Nēhiyaw
Saulteau First Nations

Interior Region Political Engagement while Geographically in the North
?Esdilagh Indian Band (Tsilhqot'in National Government)
Kluskus Indian Band (Carrier Chilcotin Tribal Council)
Lhato First Nation (Carrier Chilcotin Tribal Council

Appendix 3: Northern Health Community Areas

Community Profile	Communities
Urban	Prince George
Rural Centre Large Referral Base	Quesnel, Prince Rupert, Fort St. John, Dawson Creek, Terrace
Rural Centre Smaller Referral Base	Vanderhoof, Smithers, Fort Nelson, Kitimat, Hazelton
Small Rural Centre	Mackenzie, Fort St. James, McBride, Chetwynd, Massett, Queen Charlotte City, Burns Lake
Rural Community: Less Isolated More Isolated	 Fraser Lake, Hudson Hope, Houston Stewart, Dease Lake, Granisle, Atlin, Southside, Valemount, Tumbler Ridge
Catchment Community	

Adapted from: Northern Health, Quality and Planning. (January 13, 2017). DRAFT Northern Health Service Distribution Framework Discussion Report, page 19.

Appendix 4: FNHA, FNHC, FNHDA; 7 Directives and 6 Values

Directive #1: Community-Driven, Nation-Based

- The Community-Driven, Nation-Based principle is overarching and foundational to the entire health governance arrangement.
- Program, service and policy development must be informed and driven by the grassroots level.
- First Nations community health agreements and programs must be protected and enhanced.
- Autonomy and authority of First Nations will not be compromised.

Directive #2: Increase First Nations Decision-Making and Control

- Increase First Nations influence in health program and service philosophy, design and delivery at the local, regional, provincial, national and international levels.
- Develop a wellness approach to health including prioritizing health promotion and disease and injury prevention.
- Implement greater local control over community-level health services.
- Involve First Nations in federal and provincial decision-making about health services for First Nations at the highest levels.
- Increase community-level flexibility in spending decisions to meet their own needs and priorities.
- Implement the OCAP (ownership, control, access and possession) principle regarding First Nations health data, including leading First Nations health reporting.
- Recognize the authority of individual BC First Nations in their governance of health services in their communities and devolve the delivery of programs to local and regional levels as much as possible and when appropriate and feasible.

Directive #3: Improve Services

- Protect, incorporate and promote First Nations knowledge, beliefs, values, practices, medicines and models of health and healing into all health programs and services that serve BC First Nations.
- Improve and revitalize the Non-Insured Benefits program.
- Increase access to primary care, physicians, nurses, dental care and other allied health care by First Nations communities.
- Through the creation of a First Nations Health Authority and supporting a First Nations population health approach, First Nations will work collectively to improve all health services accessed by First Nations.
- Support health and wellness planning and the development of health program and service delivery models at local and regional levels.

Directive #4: Foster Meaningful Collaboration and Partnership

- Collaborate with other First Nations and non-First Nations organization and governments to address social and environmental determinants of First Nations health (e.g. poverty, water quality, housing, etc.).
- Partnerships are critical to our collective success. First Nations will create opportunities through working collaboratively with federal, provincial, and regional partners.
- Foster collaboration in research and reporting at all levels.
- Support community engagement hubs.
- Enable relationship-building between First Nations and the regional health authorities and the First Nations Health Authority with the goal of aligning health care with First Nations priorities and community health plans where applicable.

Directive #5: Develop Human and Economic Capacity

- Develop current and future health professionals at all levels through a variety of education and training methods and opportunities.

- Result in opportunities to leverage additional funding and investment and services from federal and provincial sources for First Nations in BC.
- Result in economic opportunities to generate additional resources for First Nations health programs.

Directive #6: Be Without Prejudice to First Nations Interests

- Not impact on Aboriginal Title and Rights or the treaty rights of First Nations, and be without prejudice to any self-government agreements or court proceedings.
- Not impact on the fiduciary duty of the Crown.
- Not impact on existing federal funding agreement with individual First Nations, unless First Nations want the agreements to change.

Directive #7: Function at a High Operational Standard

- Be accountable, including through clear, regular and transparent reporting.
- Make best and prudent use of available resources.
- Implement appropriate competencies for key roles and responsibilities at all levels.
- Operate with clear governance documents, policies, and procedures, including for conflict of interest and dispute resolution.

Value #1: RESPECT

We believe that maintaining respectful relationships is fundamental to the achievement of our shared vision. Respectful relationships are built upon the recognition that we all have something to contribute as individuals, and participants in the First Nations health governance structure. Therefore, we commit to treating each other with dignity and generosity, being responsive to one another, and acknowledging that each entity has their own respective processes and practices. We are also committed to respectful interactions with First Nations, tripartite partners, and other collaborators.

Value #2: DISCIPLINE

We have the historic opportunity to achieve transformative change in First Nations health and wellness, and an obligation to make the most of this opportunity. This will require discipline amongst us, including through: loyalty to one another and our shared vision; upholding and supporting our roles, responsibilities, decisions, and processes; maintaining and nurturing unity and a united front; integrity and reliability in fulfilling our commitments, and accountability to one another for these commitments and contributions; and, solutions-oriented and active participation.

Value #3: Relationships

We believe that effective working relationships with First Nations, tripartite partners, and with one another are the foundation for achieving our vision and implementing our health plans and agreements. We commit to fostering effective working relationships and camaraderie underpinned by: trust; honesty; understanding; teamwork; and mutual support. We also acknowledge that humour and laughter are both good medicine, and a good way to build relationships.

Value #4: Culture

We are here because of those that came before us, and to work on behalf of First Nations. We draw upon the diverse and unique cultures, ceremonies, customs, and teachings of First Nations for strength, wisdom, and guidance. We uphold traditional and holistic approaches to health and self-care and strive to achieve a balance in our mental, spiritual, emotional, and physical wellness.

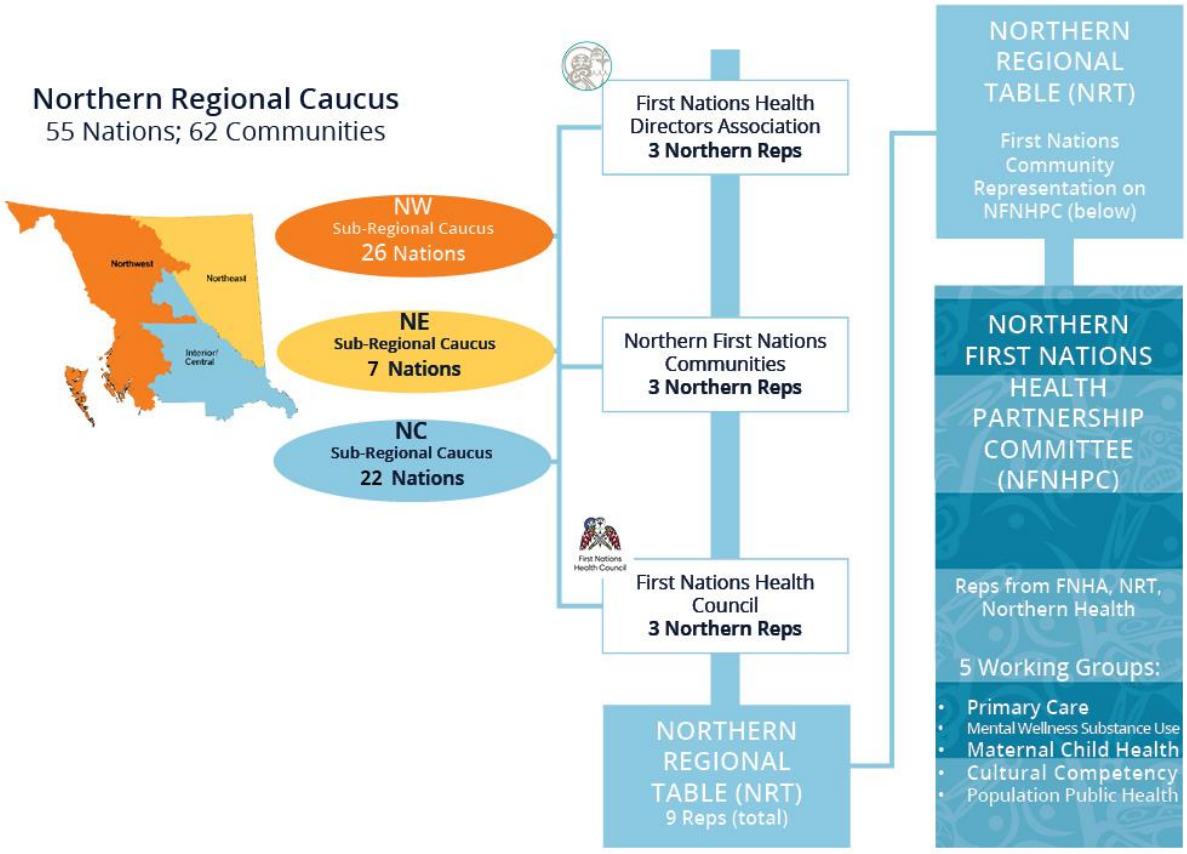
Value #5: Excellence

We are humbled and honoured to have been asked by First Nations to work on their behalf to improve health and wellness, and have a moral and personal responsibility to strive for excellence. Excellence means that our outcomes are sustainable, that our processes are professional and transparent, and that we commit to learn continuously – through capacity development opportunities, from each other and from new, different and innovative models worldwide.

Value #6: Fairness

We work to improve the health and wellness of all First Nations in BC. Our decision making reflects the best interests of all First Nations, and leads to just and equitable treatment amongst all First Nations communities, First Nations organizations, and across all regions of British Columbia. We are committed to make room for everyone, and are inclusive in our communications, information-sharing, and discussions.

Appendix 5: Caucus – Governance – Corporate Relationships



Appendix 6: Information Flow and Partnering

Starting with local community identified health needs and/or arising local health issues, the situation is brought to the attention of FNHA and Northern Health for a potential collaborative resolution.
If the health needs or issues are identified as needing a more systemic resolution, the situation is brought forward to the Northern Caucus for their direction.
The Caucus representatives and FNHA will work with Northern Health and the Ministry of Health to address issues and needs through collaboration at the Regional Planning Table, after which the Caucus Chairs and Northern Health will collaboratively report back to the First Nations communities the via the Caucus Leadership.