

**2013
Guidebook:
Building
Blocks for
Transformation**

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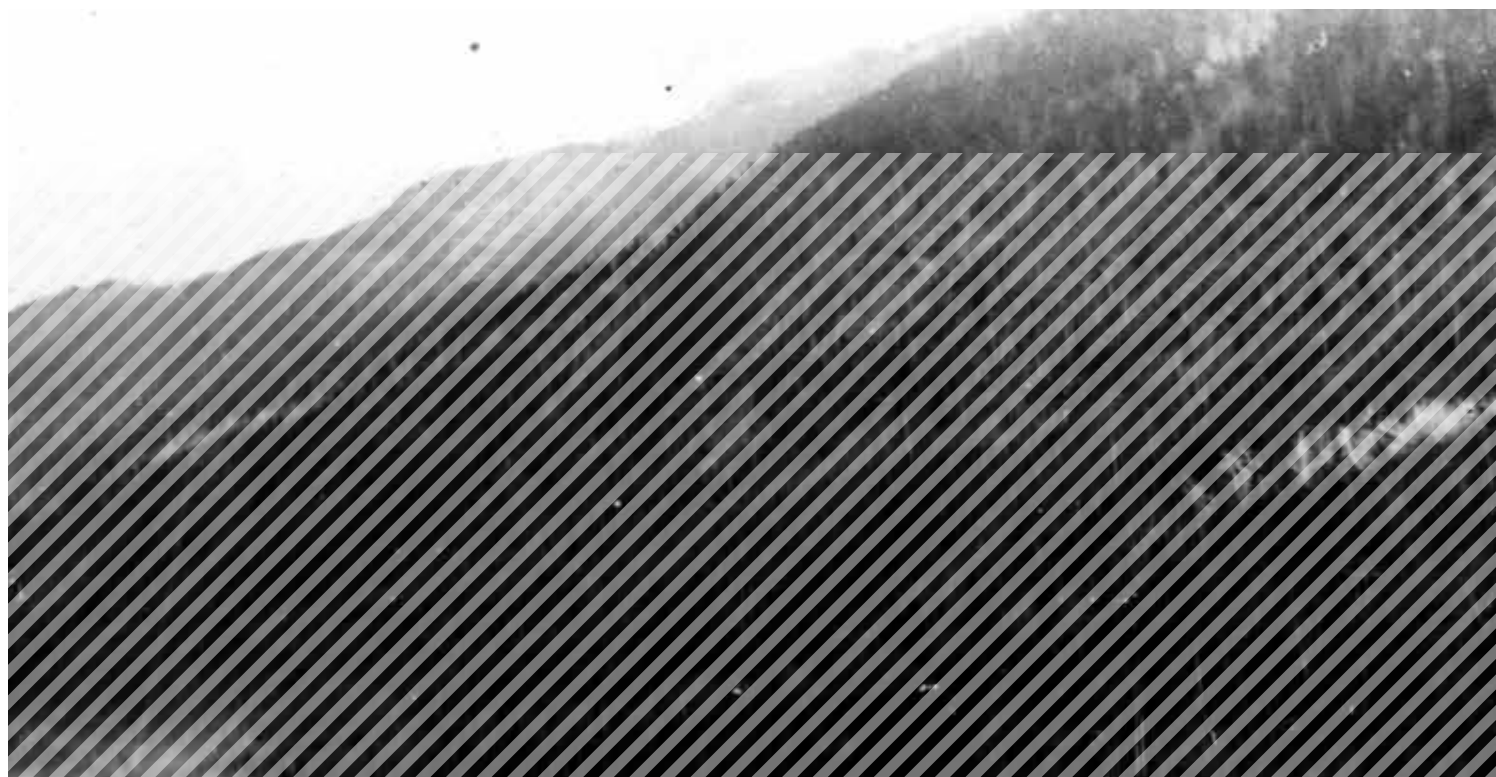


Contents

BACKGROUND AND PURPOSE	5
The Building Blocks for Transformation	15
RECIPROCAL ACCOUNTABILITY	25
<i>Citizens</i>	33
<i>Health Directors</i>	34
<i>First Nations Health Directors Association</i>	36
<i>Chiefs</i>	38
<i>First Nations Health Council</i>	40
<i>First Nations Health Authority</i>	43
<i>Tripartite Partners</i>	46
<i>Charter of Rights & Ombudsperson</i>	56
PLANNING AND EVALUATION CYCLE	61
DATA GOVERNANCE	77
SUPPORTING SUSTAINABILITY	89
NEXT STEPS	103



This icon represents a point of discussion – an opportunity for you to consider, discuss and provide feedback on the concept, theme or model presented. Your input is important and appreciated.



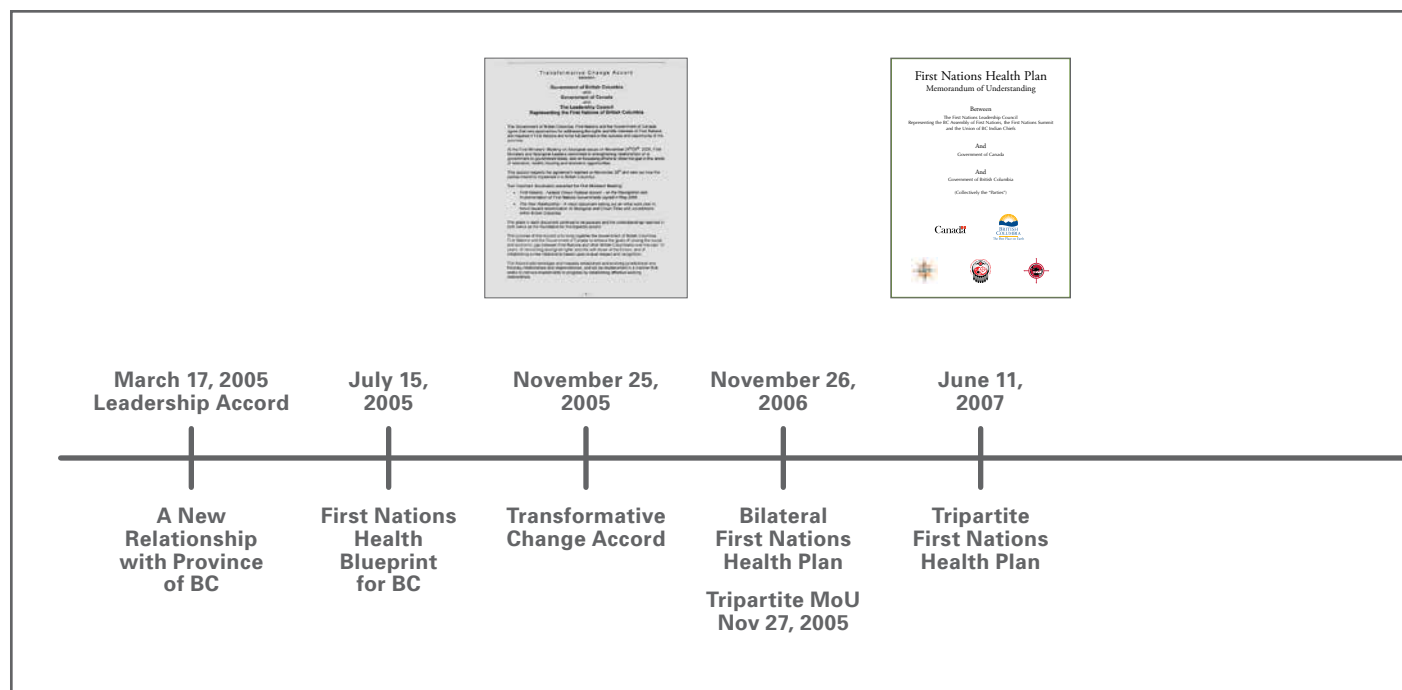


Background and Purpose

Background and Purpose

In 2005, First Nations leadership signed the Leadership Accord March (2005), charting a new course for political unity. This political unity created the opportunity for a new relationship with federal and provincial governments, including in the area of health. Since 2005, a series of historic health plans and agreements have been established:

- First Nations Health Blueprint for BC (July 15, 2005)
- Transformative Change Accord (November 25, 2005)
- Transformative Change Accord: First Nations Health Plan (November 26, 2006)
- Tripartite First Nations Health Plan Memorandum of Understanding (November 27, 2006)
- Tripartite First Nations Health Plan (June 11, 2007)
- Tripartite Basis for a Framework Agreement on Health Governance (July 26, 2010)
- Tripartite Framework Agreement on First Nation Health Governance (October 13, 2011)
- Health Partnership Accord (December 17, 2012)
- Canada Funding Agreement and Sub-Agreements to the Tripartite Framework Agreement on First Nation Health Governance (2013)



Regional Milestones (2011-2013)

December 2011 – Fraser Health Partnership Accord signed

May 2012 – Vancouver Coastal Health Partnership Accord signed

May 2012 – Vancouver Island Health Partnership Accord signed

May 2012 – Northern Health Partnership Accord signed

November 2012 – Interior Health Partnership Accord signed



“BC First Nations leaders drew upon their strength and courage, and made a commitment to one another to take control over the health programs and services to their peoples, and to enter into a new health partnership with federal and provincial governments.”

GRAND CHIEF DOUG KELLY, CHAIR, FNHC



July 26,
2010

Tripartite
Basis for
a Framework
Agreement
on Health
Governance

May 26,
2011

Gathering
Wisdom IV:
Resolution on
Consensus
Paper

October 13,
2011

Tripartite
Framework
Agreement
on First
Nation Health
Governance

December 17,
2012

Health
Partnership
Accord
Signing

These agreements establish a tripartite commitment to improve the health and well-being of all First Nations in BC through increased First Nations decision-making, enabled by a new First Nations health governance structure and a new health partnership with federal and provincial governments.

The wisdom and direction of our leadership has guided the historic milestones and agreements we have achieved. We as BC First Nations have created and carried out a community engagement and consensus-building process that is second to none – described in the Engagement and Approvals Pathway designed and adopted by BC First Nations, for BC First Nations. In following this Pathway, BC First Nations have participated in well over 200 regional, sub-regional and community meetings and many other digital-based forms of participation to provide direction and feedback for key governance level decision points along this journey of health systems transformation.



“What we are doing is building a better, more integrated and responsible health system for First Nations in British Columbia. It will ensure First Nations have equitable access to quality services. It will create a continuum of care without creating separate parallel health systems. Better services will mean better health outcomes and that is the ultimate goal we all share here today.”

THE HONOURABLE LEONA AGLUKKAQ, MINISTER
OF HEALTH, GOVERNMENT OF CANADA

Through the Pathway, we as First Nations participate in a consensus-building process, whereby feedback is provided to Guidebooks like this one. That feedback is then rolled up into regional summary reports for review by First Nations in those regions, and then rolled-up again into one provincial Consensus Paper that is considered for adoption at Gathering Wisdom for a Shared Journey forums. Through this Pathway, we have created a whole new way of doing business as First Nations in BC. Recognizing that our strength comes from our ability to stay unified, we ensure that the decisions that impact all of us are made by all of us, and are done so in a way that makes room for everyone’s participation and focuses on the points of agreement amongst us.

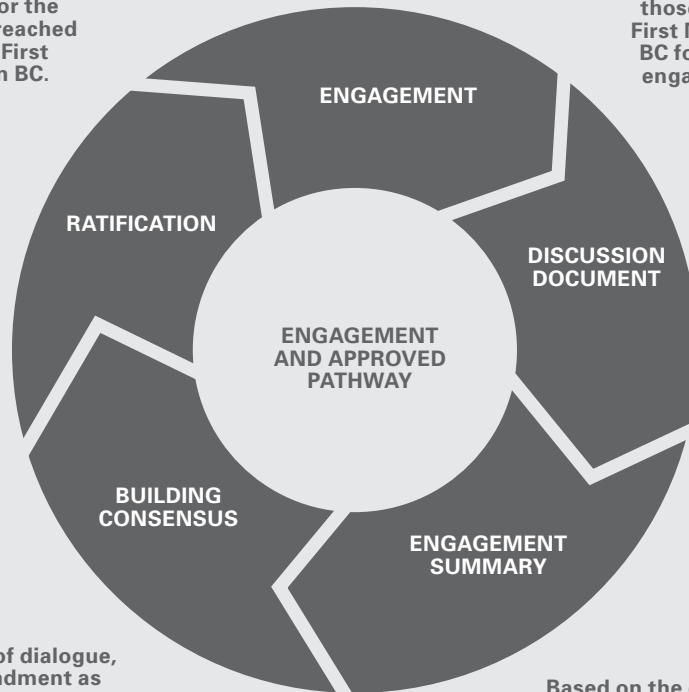
A CONSENSUS BUILDING PROCESS

RECIPROCAL ACCOUNTABILITY

A process of collecting wisdom, advice, feedback, and guidance from First Nations in BC on a health and wellness matter.

Based on the engagement, developing options, questions, and models and providing those back to First Nations in BC for further engagement.

A process of approval for the Consensus reached amongst First Nations in BC.



A process of dialogue, and amendment as required, to amend the Engagement Summary to build and capture consensus amongst First Nations in BC.

Based on the discussion document engagement, providing a description of the common area(s) of agreement amongst BC First Nations as it relates to that health and wellness matter.

7 DIRECTIVES



The first Consensus Paper was adopted in May 2011, at Gathering Wisdom for a Shared Journey IV. By a historic level of consensus, Chiefs passed Resolution 2011-01 and thereby:

- endorsed the BC Tripartite Framework Agreement on First Nation Health Governance – the legal agreement binding the Parties to transfer the operations of FNIHB-BC Region to a new First Nations Health Authority
- adopted the Consensus Paper: BC First Nations Perspectives on a New Health Governance Arrangement – a document that established the 7 Directives which describe the fundamental standards and instructions for the new health governance arrangement
- directed the FNHC and First Nations Health Society to conclude the Health Partnership Accord and sub-agreements to the Framework Agreement, and establish the tripartite Implementation Committee and Implementation Plan
- directed the FNHC and First Nations Health Society to undertake further development of the First Nations Health Authority, through engaging with First Nations on models and options, and transitioning the First Nations Health Society to the interim First Nations Health Authority
- directed the FNHC and First Nations Health Society to support the ongoing growth and development of work at the regional level, through supporting Regional Caucuses to develop Regional Tables



The next year, the Engagement and Approval Pathway was again followed to report on the progress in implementing Resolution 2011-01 and to obtain further direction from BC First Nations. This culminated in the second Consensus Paper being endorsed at Gathering Wisdom for a Shared Journey in May 2012. In adopting Resolution 2012-01 – again achieving a historic level of consensus – BC First Nations Chiefs:

- adopted the Consensus Paper 2012: Navigating the Currents of Change – Transitioning to a New First Nations Health Governance Structure
- established a change management strategy consistent with two stages of work – Transition, and Transformation
- adopted a holistic First Nations health governance model – meaning one that blends the best of available non-profit, corporate, and legislative models – and provided direction for research, planning and implementation of the elements of that holistic model to begin
- agreed to transition the interim First Nations Health Authority to the permanent First Nations Health Authority, established the Board of Directors structure for the First Nations Health Authority and the competencies of the members of that Board, and provided for an orientation and Elder advisory process for the Board
- called for the establishment of Regional Offices to bring capacity, communications, collaboration, and planning closer to home, and the development of an annual Community Engagement Plan that will bring greater consistency and predictability to regional and provincial engagement opportunities
- supported an evaluation of the First Nations health governance structure, to support ongoing learning and improvement

Through these key decisions, BC First Nations have established an ambitious agenda for transformative change. Although what we are doing has never been done before, the progress achieved has been remarkable.

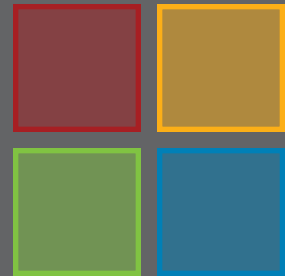


“In this part of the world we have had 150 years of colonial rule, where everything from birth to death was ruled by government legislation, and specifically with health it’s time we just took control of our own lives again. The introduction of our own traditional medicines, our traditional healing practices, those things that were forced underground by legislation, to bring those back after 150 years of oppression, that’s what this is all about.”

CHIEF KUKPI7 WAYNE CHRISTIAN

Although we have laid a strong foundation though the progress made to date, this Guidebook will help us further develop the building blocks needed for the progress yet to come. In the Resolutions 2011-01 Workplan and the Resolution 2012-01 Workplan, BC First Nations called upon us to focus this year’s Engagement and Approvals Pathway process on Transformation. Therefore, this Guidebook begins with a description of its theme – the Building Blocks for Transformation. Information and concepts are then outlined in four key areas: Reciprocal Accountability and Decision-Making; Planning and Evaluation Cycle; Data & Information Governance; and, Supporting Sustainability.





The Building Blocks for Transformation

The Building Blocks for Transformation

In 2011, we as BC First Nations made a historic decision to assume responsibility for the design and delivery of health programs and services for BC First Nations, and to enter into a new health partnership with federal and provincial governments. In making this decision, our leaders told us to take good care to navigate this change carefully and steadily – towards our intended destination, at a pace that suits our needs, and ensuring we take the “weather” into account. The journey of change can be enabled by clear vision, leadership and planning – we can influence, facilitate and manage change, and not allow change to manage us. BC First Nations have demonstrated clear **vision, leadership, and planning.**

Vision: First Nations have established the vision of “Healthy, Self-Determining, and Vibrant BC First Nations Children, Families, and Communities.”

Leadership: First Nations have established:

- **Governance Standards** – 7 Directives, 6 values, corporate governance requirements, and competencies for the Board of Directors
- **Governance Structures** – FNHC, FNHDA, FNHA, Regional Caucus structures and mandates, a holistic First Nations health governance model, and the need for regional offices
- **Governance Processes** – the Engagement & Approval Pathway and processes for Reciprocal Accountability

Planning: First Nations have created two stages of this change management process – **Transition and Transformation.**

- We are currently in the **transition** stage of the work. During this stage, the Framework Agreement is implemented, with particular focus on the activities to take control of the assets, people and resources of FNIHB-BC Region and take the time to adjust to that transfer of FNIHB.
- The next, ongoing, stage is **transformation.** In that stage, the existing federal programs and services will be upgraded and reoriented to meet our needs and First Nations philosophies of a wellness system.

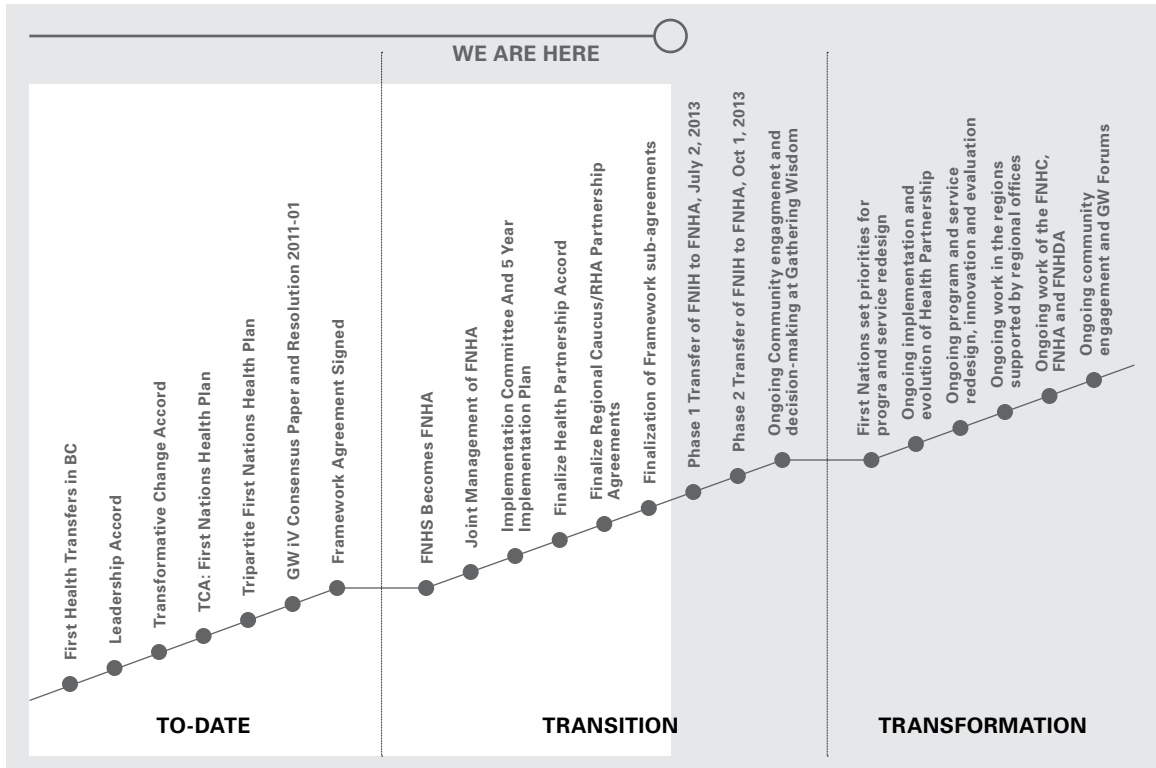
We’ve put a lot of time and energy and effort into creating the components that we needed, the framework agreement, our partnership accords, our sub-agreements, they all lead us up to a good place to work from.

NICK CHOWDHURY, FIRST NATIONS HEALTH COUNCIL REPRESENTATIVE FOR NORTH ISLAND



“You have to start somewhere. Build the foundation. What we should have done is water under the bridge. You are here today. You have an opportunity before you to put together an initiative that will benefit your communities and raise the capacity and quality of health care for our people.”

RON ALLEN, JAMESTOWN S’KLALLAM TRIBE,
CHAIRMAN OF THE NATIONAL ADVISORY COMMITTEE
OF SELF-GOVERNANCE TRIBES



Directive #1: Community-Driven, Nation-Based

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

Directive #3: Improve Services (Consistent with the Principle of Comparability)

Directive #4: Foster Meaningful Collaboration and Partnership

Directive #5: Develop Human and Economic Capacity

Directive #6: Be Without Prejudice to First Nations Interests

Directive #7: Function at a High Operational Standard

Governance Values

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 as the three components of 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.

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.

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.

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.

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.

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.



In general terms, once the majority of the tasks in the transition stage are completed, we will enter into the ongoing stage of transformation. However, there is also a period of time where the transition and transformation stages overlap – we are in this overlapping stage now, and will be for a number of years. This will be while we become accustomed to running the federal programs and services, and undertake engagement, research, and planning for transformation. While transforming the federal programs is not something that will be achieved immediately, we are currently working on transforming the provincial health system to better meet our needs as BC First Nations. At both provincial and regional levels, First Nations, the province, and Regional Health Authorities are implementing actions to achieve transformative change now.



In the Resolution 2011-01 and Resolution 2012-01 Workplans, we as BC First Nations planned for dialogue on Transformation to begin this year. Although we are currently in transition, we can create the building blocks for transformation and prepare ourselves for the work ahead. We have established many of the building blocks already. We have created the mandates and structure of the FNHC, FNHDA, and FNHA. We have created the governance standards to guide the work – the Directives, competencies, and processes for reciprocal accountability. We have established Regional Caucuses and Regional Tables to carry out the work in the regions, and signed five Regional Partnership Accords with Regional Health Authorities. We've concluded the operational agreements to facilitate the transfer of FNIHB to our First Nations Health Authority. These have contributed to our success to date, and will continue to ensure our success into the future.

This Guidebook focuses on a number of other Transformation building blocks we still need to put in place:

- Defining reciprocal accountabilities – who makes what decisions, where, and when, and the way in which we will be treated, and treat one another.
- Developing a transparent and logical planning, evaluation and reporting cycle – how all of us contribute to priority-setting and ongoing improvement.
- Strategizing on data governance – supporting First Nations and their organizations to have timely access to quality data and information to inform decision-making, planning, investment.
- Brainstorming with respect to the possibilities for sustainability and revenue generation within the new First Nations health governance structure.

These building blocks are necessary for the work ahead. When we assume responsibility for the design and delivery of the programs, services, and functions currently run by FNIHB, we are entering into a new partnership with one another with respect to health governance and health service delivery. To date, Health Canada has mainly operated as a funder and auditor to First Nations. This new structure is ours – we collectively own this process and are responsible for its successes, and for solving problems together. These building blocks give us the tools to do so. They are the processes through which we put the 7 Directives into action, and thereby ensure that our health structure and system, and the outcomes of transformation, uphold the governance standards and wisdom of our leadership. They give us the foundational understandings, systems, and processes that will create the environment and provide the tools for the transformation we are embarking upon.



“The First Nations Health Authority is here for the people – it’s as simple as that.”

JOE GALLAGHER, CEO FNHA

It’s really important that the building blocks are in place cause that’s the foundation upon which the balance of the organization is going to be built.

LYDIA HWITSUM, CHAIR FOR THE BOARD OF DIRECTORS
OF THE FIRST NATIONS HEALTH AUTHORITY

It's really key now that we bring in the right resources, and the right complement to support this organization to grow up, to be what it's been established to be.

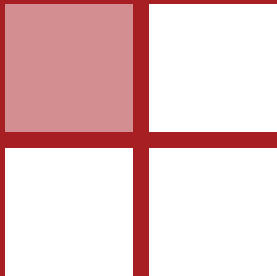
JOSEPH MENDEZ, VICE-PRESIDENT, INNOVATION & INFORMATION MANAGEMENT SERVICES,
FIRST NATIONS HEALTH AUTHORITY



“I am very excited. But I am also very mindful of the work we have to do yet. This is the beginning of a major initiative, not the end. This is the beginning of twenty years of continuous change to achieve “Healthy, Vibrant and Self-determining BC First Nations children, families, and communities.”

- GRAND CHIEF DOUG KELLY, CHAIR FNHC





Reciprocal Accountability

The Act of Whaling (Cliff Atleo)

My great grandfather Keesta was a chief, and it was only chiefs that could harpoon a whale. He had only three successful hunts in his lifetime. a whale could feed the whole village, so it was important that every crew member prepared himself; and if just one of them did not uphold their responsibility to be prepared, it would jeopardize the whole whaling trip. Preparation wasn't just polishing spoons or sharpening hooks... it was the preparation of the whole being – Physically, Spiritually and Mentally.

There was a strict ritual for preparing for the whale hunt and it took 8 months. It was during certain phases of the moon that the men did their physical and spiritual preparation – so it was two weeks of each month. As the moon progressed from the new moon to the full moon, the men would get stronger.

Oosuumch – the men bathed with hemlock boughs – a strong cleansing agent. They would do this very privately and early in the morning at day break when they would do their prayers. The prayers were clearly about making sure that they were preparing properly.

When Keesta and the men left for the hunt, they would chant. As they approached the whale – they communicated with the whale and the creator with a different chant – the whalers were giving thanks to the whale and the creator for the sacrifice of the whale to feed the whole village.

Discipline is so important. When something went wrong with the hunt, Keesta knew that someone had not prepared properly. One of the rules extended to family such as the siblings – the sister. On one of the whale hunts, Keesta harpooned a whale and started to chant the whale to shore. But as the whale began to approach the shore, the whale turned around and started going back out to sea. Keesta knew something went wrong and started to chant a different chant to turn the whale back in the right direction – toward the shore. Once the whale was beached, Keesta ran into the village and scolded his sister for not staying in bed for the whole the hunt – this was one of the rules of the hunt. And this is the understanding of oneness and the connection between all that is going on. The familial tie – and the strength and power that lies within that. The whole village needed to work together and uphold their responsibilities or the hunt would fail.

Keesta had a response for all of that – a different chant to get the whale back on course and to make sure that it didn't happen again.

The most important thing for the whale hunt is to understand the oneness of everything, the spirit of the whale, being prepared, and being thankful for the life of the whale and the opportunity to feed the whole village provided by the creator.

Reciprocal Accountability

WHY IS RECIPROCAL ACCOUNTABILITY A BUILDING BLOCK FOR TRANSFORMATION?

We as BC First Nations collectively own our First Nations health governance structure – we are together responsible for resolving concerns and issues, making key decisions, and celebrating our successes. We have certain responsibilities to help make the system work, and depend on others to do the same.

Defining these reciprocal accountabilities to one another will ensure that we have a shared understanding of who is responsible for what, when, and how. We can all then play our appropriate and very necessary roles in the transformation stage to come.

First Nations traditional social systems were founded on the concept of reciprocal accountability – that each member of the community was accountable for their decisions and actions, and for their contributions to the community's wellness as a whole. These ancestral teachings are the underpinning of our definition and processes for reciprocal accountability.

We as BC First Nations have defined reciprocal accountability as a shared responsibility – amongst First Nations, and between First Nations and federal and provincial government partners – to achieve common goals. Each individual or organization involved in the process or partnership must be responsible for their commitments, and for the effective operation of their part of the system, recognizing that each part is interdependent and interconnected.

In the Consensus Papers 2011 and 2012, First Nations provided some early definition to processes of reciprocal accountability at community, regional, and provincial levels.

Community Level:

- Political leaders to collaborate with their health technicians
- First Nations individuals and communities supporting their own health and well-being, and understanding how their actions impact First Nations health programs and services for all First Nations in BC
- First Nations political and technical leaders actively contributing to the implementation of the Health Plans including by participating in their Regional Caucus
- Accountability of First Nations political and technical leaders to their respective communities for funding, services, professional standards, cultural teachings, best practices and ethics and cost-efficiency



Regional Level:

- Regional Caucus sessions to report on progress, share information, and develop common positions and perspectives for the Regional Table to advance
- Establishment of Regional Tables to advance a united, effective, and sustainable approach for the region
- Regional collaborations, partnerships and agreements between Regional Tables with Regional Health Authorities and the FNHA to share responsibility and decision-making for health services to First Nations

Provincial Level:

- Regular meetings of the Tripartite Committee on First Nations Health to measure progress of the Health Plans and discuss potential changes to roles, powers or funding that may be required
- Regular senior political and technical meetings with key decision-makers at national and provincial levels to focus on BC First Nations health priorities and plans
- Effective, respectful, and sustainable working partnerships between the FNHC, FNHDA, and FNHA for the benefit of First Nations health and wellness in BC

Recognizing that the decisions we make and actions we take have an impact on one another and the system as a whole, First Nations have defined authorities and mandates, and how those accountabilities operate across the entire First Nations health governance structure. At Gathering Wisdom for a Shared Journey V, BC First Nations adopted a diagram that summarizes the mandates they have granted to various entities, and how those entities interconnect with one another (Page 30-31).

The diagram illustrates how we are all in this process together – each of us has a role to play in our collective success, and in the resolution of any problems we face. We are partners. In Resolution 2012-01 First Nations called upon the FNHC to further map out how the holistic First Nations health governance model will work – where accountabilities for certain decisions and actions lie and how this impacts on, and is supported by, the accountabilities and actions of others.



“You have to be on the same page and decisions have to be made by all. If one refuses to work with the rest, it binds the whole program.”

ANDREW JIMMIE, VICE-CHAIR,
ALASKA NATIVE HEALTH BOARD



OVERVIEW OF ROLES AND RESPONSIBILITIES

FIRST NATIONS COMMUNITIES

Leadership Role (Chiefs & Leaders)

- Participate in caucus meetings and Gathering Wisdom (represent and share information with their communities)
- Provide approvals (voting authority)

Service Role (Health Staff)

- Deliver community health services
- Develop community Health and Wellness Plans
- Engage local partners
- Provide advice to Leadership
- Cannot participate as Directors of the FNHS

Individual Role (Citizens)

- Confirm local health needs & priorities
- Personal Health and Wellness responsibility

ENABLED BY COMMUNITY ENGAGEMENT HUBS TO:

Communicate

- Communicate with hub member Nations about local health issues and priorities and the Tripartite First Nations Health Plan
- Support leaders at Regional sessions as required
- Hold meetings

Collaborate

- Identify potential partners
- Encourage partnerships that promote opportunities for integration and innovation in service delivery

Plan

- Develop hub workplan
- Identify local (community and Nation) health needs and priorities
- Support Community/Nation Health and Wellness Planning
- Share innovations on improvements, best practice, service innovations
- Identify health human resource needs

SUB-REGIONAL CAUCUSES

- First Nations engage with one another and share information
- Receive reports from the FNHC
- Prepare for Regional Caucus meetings
- Discuss, strategise, advance health-related issues requiring advocacy
- As determined, make appointments to FNHC
- Identify and implement regional health approaches and innovations with RHA or amongst First Nations

REGIONAL CAUCUSES

- Engage, share information, “make room for everyone”
- Make appointments to FNHC, Regional Table, and other groups as may be determined
- Receive reports from the FNHC and FNHA
- Provide guidance and feedback to the FNHC and FNHA
- Provide direction for the development and implementation of arrangements with RHA
- Provide direction to the Regional Table
- Provide guidance and leadership to the redesign of programs and services, and the development of Regional Health and Wellness Plans
- Identify regional health approaches and innovations with RHA or amongst First Nations

REGIONAL TABLES

- Carry out work directed by the Regional Caucus (regional workplan)
- Develop and implement agreements with RHAs
- Engage Aboriginal and other partners as appropriate
- Develop regional health and wellness plans
- Collaborate / communicate with the FNHC, FNHA, FNHDA and RHAs
- Plan engagement with First Nations in the region in accordance with province-wide priorities / planning cycle (regional caucus meetings, etc.)
- Participate on Tripartite Committee on First Nations Health
- Identify and implement regional health approaches and innovations with RHA or amongst First Nations

SEPARATION OF BUSINESS AND POLITICS

REGIONAL OFFICES

- Hold legal liability
- Support Regional Tables and Regional Caucuses at both a senior advisory and technical logistics level
- Support the implementation of the Regional Workplan (i.e. implementation of agreements with HAs, etc.)
- Monitor and oversee the alignment of and communication across all of the regional structures and support (regional caucuses, sub-regional caucuses, regional table, community engagement hubs)
- Serve as the central repository and main contact for, and conduit of, information on within the region
- Support the implementation of regional and sub-regional health approaches and innovations with RHA or amongst First Nations

FIRST NATIONS HEALTH COUNCIL

- Provide dedicated political leadership for implementation of the Health Plans
- Support First Nations in achieving their health priorities and objectives
- Health Advocacy and Relationships (collaboration with government partners; advocacy for First Nations; leadership perspective to research, policy and program planning; relationships and alliance to advance social determinants issues)
- Promote and ensure communication, transparency, cost-effectiveness and accountability of FNHC to First Nations (communications strategy, good governance standard)
- Participate on Tripartite Committee on First Nations Health
- Plan for, and implement outcomes of, Gathering Wisdom forums (Consensus Paper(s) and Resolutions(s))
- Undertake province-wide engagement in accordance with Engagement and Approvals Pathway (i.e. health actions, workbooks on program transformation and redesign)
- Communications, reporting, information-sharing and accountability
- Uphold appropriate separation of business and political functions
- Politically oversee transition of FNIH to new FNHA
- The FNHC may advise the FNHA in a manner consistent with the FNHC's mandate but shall not direct or purport to direct the FNHA

advice

FIRST NATIONS HEALTH DIRECTORS ASSOCIATION

- Support education, knowledge, transfer, professional development, best practices for health directors and managers
- Support health directors to provide effective support and advice to Chiefs and leaders
- Participate on Tripartite Committee on First Nations Health
- Provide technical advice to the FNHC and FNHA (may not direct or purport to direct the FNHA)

advice

MEMBERS OF THE FIRST NATIONS HEALTH AUTHORITY

- Approve criteria for selecting the Board
- Approve Board oath of office
- Approve Board remuneration
- Appoint the Board
- Advocate for the FNHS
- Approve/amend FNHS Constitution & by-laws
- Abide by FNHS Constitution & by-laws
- Participate in Annual General Meeting and any extraordinary general meetings, including voting on resolutions (such as for approval of the annual audit) and providing strategic direction
- Meet Corporate Governance Requirements (Framework Agreement, Schedule 4)
- Act in accordance with the FNHA constitution and by-laws of the FNHA and shall not participate in the day-to-day decision-making and operations of the FNHA

DIRECTORS OF THE FIRST NATIONS HEALTH AUTHORITY

- Hold legal liability
- Govern the affairs of the organization on behalf of its members
 - Develop strategic plan and reporting system to measure performance
 - Develop and oversee budget
 - Hire and review the CEO's performance
 - Participate on committees as required
 - Ensure program and service delivery standards are met
 - Risk management
- Act as "fiduciaries" for the organization (the duty of diligence; the duty of loyalty; and the duty of obedience)
 - Duty of diligence: Act prudently and in the best interests of the society
 - Duty of loyalty: Put the interests of the organization first
 - Duty of obedience: Comply with governing documents and take reasonable lengths to ensure that employees and committees do as well
- Meet Corporate Governance Requirements (Framework Agreement, Schedule 4)

FIRST NATIONS HEALTH SOCIETY STAFF

- Hold legal liability
- CEO reports to the board of directors; other senior executive staff report to the CEO
- CEO responsible for identifying the organisational structure and ensuring reviews/evaluations conducted of senior staff
- Implement the general strategic vision and specific directives of the board of directors (i.e. participation in tripartite relationships, implementation of annual and/or strategic plan, administrative and technical support, communications strategies, etc.)
- Advise the board of directors of information pertaining to the operations of the Society and underlying risks affecting the Society
- Senior executive staff act as "spokespersons" for the Society in day to day operational matters
- Duties as employees of loyalty, confidentiality and honesty in the performance of their obligations

In accordance with that direction, this section of the Guidebook builds upon the work that First Nations have already done to define reciprocal accountability and authorities. It outlines in detail, and with specific examples, the authorities of key players and entities in the health governance structure including: Citizens, Health Directors, and Chiefs; the FNHC and FNHDA representatives; and the tripartite partners – First Nations and federal and provincial governments. Importantly, where these authorities and accountabilities are exercised is also outlined – at community, regional, or provincial levels – and through which forums, such as Regional Caucuses and Gathering Wisdom for a Shared Journey. In addition to a new partnership approach, another way in which we are doing things differently is by enhancing processes, capacity, and infrastructure regionally – not just locally or provincially. Therefore, this section of the Guidebook, building on the work done by Regional Caucuses, encourages discussion on further developing a regional decision-making framework.

We're responsible now. We're gonna have a say. We have a part in this. And that's like a huge challenge because we didn't have that before. The services being delivered now will have our input, our advice, our direction, as it reflects the needs maybe on the Island, the Interior, and it'll vary from authority region to authority region.

CLIFF ATLEO, FIRST NATIONS HEALTH COUNCIL REPRESENTATIVE
FOR NUU-CHAH-NULTH – VANCOUVER ISLAND

According to our culture, your one gift, that's what you look after in your family. Then you have extended family members who have another gift, and another family member has another gift, and you put all of those gifts, all of those string together you become a whole strong family, and you're dependent on one another. And that's how we are supposed to conduct ourselves as a people, as a community, as a nation.

WILLIE CHARLIE, FIRST NATIONS HEALTH COUNCIL REPRESENTATIVE
FOR INDEPENDENTS – FRASER SALISH


Citizens

First Nations Citizens refers to all of us, and those we serve – individual BC First Nations people, regardless of whether they reside at home or away from home. Citizens mainly participate at the community level; however, it is also the case that many of those that make decisions within the First Nations health governance structure are First Nations Citizens.



“Health begins with self-awareness, redressing family relationships, and embracing your culture.”

REGIONAL CHIEF JODY WILSON-RAYBOULD
BC AFN AT GATHERING WISDOM

	AUTHORITY / ACCOUNTABILITY	FOR EXAMPLE...
COMMUNITY LEVEL  <i>Point of Discussion</i>	Support personal health and well-being, understanding that our health status as individuals has an impact upon the health of the First Nations population as a whole	Take care of one’s physical, emotional, spiritual, and mental well-being
	Participate in community governance processes	Vote in Chief and Council election
	Provide direction, input and feedback to Health Directors and Chiefs	Provide input to community health and wellness plan
	Celebrate success	Attend Community Health Gathering
REGIONAL LEVEL	Share cultural and personal stories and experiences	Share personal story to include in provincial mental health report
PROVINCIAL LEVEL		


Reciprocal accountability of Citizens includes:

- Supporting their personal health and wellness
- Participating in community health processes
- Keeping themselves informed and actively seeking out available information
- Upholding values



Health Directors

Health Directors are those that serve as the senior administrators of health programs and services at the community level. Health Directors are experts in community programs and services and share their expertise in different ways, at different levels.

	AUTHORITY / ACCOUNTABILITY	FOR EXAMPLE...
COMMUNITY LEVEL 	Serve as a champion for health and wellness	"Walk the Talk" by living a healthy lifestyle
	Engage Citizens	Hold community forums for Citizens to provide input into the community health plan
	Lead development and implementation of community health and wellness plans	Develop Health Education Program as per the priority in the community health plan
	Contribute to the implementation of the tripartite and bilateral health plans and agreements	Participate in Community Engagement Hub committee alongside other Health Directors
	Advise Chiefs and governors	Set up a regular meeting schedule with the Chief, in advance of each Regional Caucus meeting
	Oversee community health funding, programs, services, standards, best practices	Administer the health programs of the health department, including fulfilling reporting and accountability requirements
	Nurture partnerships and participate in processes that advance the health interests of the community	Participate in the Regional Health Authority's Aboriginal Health Improvement Committee
	Bring lessons and professional development from FNHDA and provincial level to the community	Include an update on regional health meetings in each community health newsletter

	AUTHORITY / ACCOUNTABILITY	FOR EXAMPLE...
REGIONAL LEVEL	Participate in Regional and Sub-Regional Caucus activity, including providing feedback, advice, perspectives, and acting in an advisory capacity to leadership	Provide feedback to any Guidebook or Workbook through the Engagement & Approval Pathway
	Participate in FNHDA activities and business at the Regional Level	Participate in election of regional FNHDA Board representatives Participate in regional FNHDA proposal-writing training
PROVINCIAL LEVEL	Participate in Gathering Wisdom for a Shared Journey forums	Participate in Gathering Wisdom for a Shared Journey breakout sessions health human resources and mental wellness
	Participate in FNHDA activities and business at the Provincial Level	Participate in voting at FNHDA Annual General Meeting


Reciprocal Accountability of Health Directors includes:

- Administer contribution agreements, including fulfill reporting requirements
- Actively participate in, and prepare in advance of, FNHDA and other regional and provincial meetings
- Share information on the health interests and priorities of the community at regional and provincial levels
- Share information with and engage with the community on health matters locally, regionally, provincially
- Engage respectfully and in a problem-solving manner with peers
- Develop a productive working relationship with community leadership
- Be open to training and development opportunities
- Participate as a member of the FNHDA, including voting on matters within the mandate of the FNHDA
- Support the general consensus of all BC First Nations health directors, including decisions made collectively through the FNHDA



First Nations Health Directors Association

The FNHDA is the incorporated Society whose membership is comprised of First Nations Health Directors in BC. The FNHDA is the entity and process through which Health Directors speak with one voice and access common training opportunities.

	AUTHORITY / ACCOUNTABILITY	FOR EXAMPLE...
COMMUNITY LEVEL	Support community Health Directors	Provide access to sample Human Resource policies
REGIONAL LEVEL 	Engage with First Nations within the Region	Hold one FNHDA meeting in each Region per year, to provide training and confirm technical advice on various issues
	Provide leadership at, and take direction from, Health Directors in the region with respect to the work of the FNHDA	FNHDA regional representatives implement a two-way communications process with the Region's Health Directors, and bring regional perspectives forward to the FNHDA Board of Directors
	Implement transparent and effective governance processes	Each Region develops an election process for its regional FNHDA representatives

	AUTHORITY / ACCOUNTABILITY	FOR EXAMPLE...
PROVINCIAL LEVEL	Support education, knowledge transfer, professional development, best practices for health directors and managers	Provide training to Health Directors on human resource management
	Support health directors to provide effective support and advice to Chiefs and leaders	Provide communications materials for Health Directors
	Participate on Tripartite Committee on First Nations Health	Through the FNHDA President, attend all TCFNH meetings
	Provide technical advice to the FNHC and FNHA (may not direct or purport to direct the FNHA)	Through following an Engagement and Approval Pathway process, develop a paper on FNHDA Technical Advice on Non-Insured Health Benefits
	Implement transparent and effective governance processes	Remain in good standing as a registered Society, through holding an Annual General Meeting each year as per FNHDA Constitution and bylaws


Reciprocal Accountability of the FNHDA includes:

- Share information with, and engage with FNHDA membership on FNHDA priorities, activities, and key decisions
- Uphold a standard of excellence of operations and governance
- Uphold the 7 Directives and six values in all FNHDA business
- Invest in the governance relationship with the FNHC and FNHA
- Implement a supported and transparent process resulting in timely and high-quality technical advice from health directors
- Provide development, training, and support to health directors
- Each Board member to actively participate in the FNHDA processes, and support the decisions made by the Board



Chiefs

Chiefs are elected by their Citizens as their lead political representative and advocate. This includes participating in political decision-making, and upholding associated political accountabilities, at Community, Regional, and Provincial Levels.

	AUTHORITY / ACCOUNTABILITY	FOR EXAMPLE...
COMMUNITY LEVEL 	Serve as a champion for health and wellness	"Walk the Talk" by living a healthy lifestyle
	Contribute to the implementation of the tripartite and bilateral health plans and agreements	Uphold and support decisions made by all BC First Nations at Gathering Wisdom for a Shared Journey forums
	Provide political support for, and participate in, community health events and planning	Regular meetings with Health Director or Health Board to ensure coordination and political support for health initiatives
	Engage and Communicate with Citizens	Share updates on political decisions made at Regional Caucuses and Gathering Wisdom for a Shared Journey forums with Citizens (i.e. through community newsletter, etc.)
REGIONAL LEVEL	Participate in Regional and Sub-Regional Caucus activity	Prepare for and participate Regional Caucus meeting in accordance with Terms of Reference
	Vote in Regional Caucus and Sub-Regional Caucus business on behalf of their First Nation	Vote in favour of adopting Regional Health & Wellness Plan
	Participate in FNHC regional elections on behalf of their First Nation	In accordance with the Terms of Reference, vote in the election for the FNHC Sub-Regional Representative

	AUTHORITY / ACCOUNTABILITY	FOR EXAMPLE...
PROVINCIAL LEVEL	Participate in Gathering Wisdom for a Shared Journey Forums	Vote in favour of a Gathering Wisdom for a Shared Journey resolution to adopt a Consensus Paper that describes province-wide standards for data and information governance
	Participate in any other FNHC and political-related forums and business at the provincial level	Attend and act as a witness to the signing of a provincial political agreement adopted by BC First Nations

Reciprocal Accountability of Chiefs includes:

- Actively participate in, and prepare in advance of, Regional Caucus and Gathering Wisdom forums
- Exercise voting authority at regional and provincial levels, in an informed manner and in the best interest of one's Citizens
- Share information on the health interests and priorities of the community at regional and provincial levels
- Share information with and engage with the community on health matters locally, regionally, provincially
- Engage respectfully and in a problem-solving manner with peers
- Develop a productive working relationship with health entities within the community (i.e. Health Directors, Health Boards)
- Support the general consensus of all BC First Nations Chiefs, including decisions made collectively through Gathering Wisdom forums



First Nations Health Council

The FNHC is the entity appointed by BC First Nations Chiefs to provide political leadership and oversight for First Nations health issues and priorities in BC. The FNHC is the process through which First Nations Chiefs generate shared perspectives and then speak with a common governance/political voice on health matters.

	AUTHORITY / ACCOUNTABILITY	FOR EXAMPLE...
COMMUNITY LEVEL 	Support First Nations leaders	Attend community meetings and events as appropriate and provide updates on the work of the FNHC
REGIONAL LEVEL	Engage with First Nations within the region	Provide quarterly Resolution progress reports to all First Nations in the Region
	Provide leadership at, and take direction from, Regional and Sub-Regional Caucuses consistent with the decisions and milestones identified in Gathering Wisdom for a Shared Journey resolutions, Consensus Papers, and resolution workplans	Deliver activity and progress reports at Regional and Sub-Regional Caucus meetings, and facilitate consensus on political positions that can be brought forward as advice to the FNHC table
	Build relationships with Regional Health Authorities and other partners	Engage with leadership of potential partners to build strategic relationships that will advance the work of the Region
	Oversee the implementation of effective, efficient, and sustainable engagement and operations within the region	Consider potential financial impacts of political decisions and endeavour to provide direction that will support prudent and outcomes-based financial investment – such as ensuring that meetings result in decisions that continue to move the work forward
	Work together to discuss and advocate on regional matters at appropriate regional and provincial levels and forums	Three FNHC representatives seek support from the Board of the Regional Health Authority for the Regional Health & Wellness Plan

	AUTHORITY / ACCOUNTABILITY	FOR EXAMPLE...
PROVINCIAL LEVEL	Provide dedicated political leadership for the implementation of the health plans	Attend biennial Principals meetings with federal and provincial Ministers to evaluate progress in health plan implementation
	Provide support to First Nations in achieving their health priorities and objectives	Develop an FNHC Strategic Plan that is based on the five Regional Health & Wellness Plans
	Health Advocacy and Relationships	Lead the development of a strategic alliance with other First Nations organizations to develop a BC First Nations agenda on the social determinants of health
	Politically oversee transition of FNIHB to new FNHA	Ensure that the Sub-Agreements meet the 7 Directives established by BC First Nations
	Promote communication, transparency, cost-effectiveness, accountability of FNHC	Issue summaries of each FNHC meeting to all First Nations leaders
	Make decisions that benefit all First Nations in BC, regardless of residence, and represent the collective views of First Nations in BC	Implement a roundtable approach to FNHC discussions, ensuring that each Region has an opportunity to share their perspectives on decisions of the FNHC
	Implement outcomes of Gathering Wisdom for a Shared Journey forums	Per Resolution 2012-01, adopt a process to support Regions to nominate qualified candidates to the FNHA Board of Directors
	Undertake province-wide engagement in accordance with Engagement and Approvals Pathway and FNHC Community Engagement Plan	Develop a Guidebook on Building Blocks for Transformation
	Uphold appropriate separation of business and political functions	Adopt and adhere to a Conflict of Interest Policy
	Foster partnerships with tripartite partners, the FNHA and FNHDA, and others	Hold quarterly meetings of the FNHC, FNHA, and FNHDA Executives to strategize and share information on matters of common concern



Reciprocal Accountability of the FNHC includes:


- Report to and engage with First Nations leaders on FNHC activities and key decisions
- Oversee the implementation of the health plans and decisions made by BC First Nations leaders at Gathering Wisdom and Regional Caucuses
- Uphold a standard of excellence of operations and governance
- Uphold the 7 Directives and six values in all FNHC business
- Invest in the governance relationship with the FNHDA and FNHA
- Implement a legitimate and transparent process resulting in strategic-level decisions required from BC First Nations Chiefs
- Actively participate in FNHC processes and support the decisions made by the FNHC
- Share the regional perspectives of BC First Nations with the FNHC, FNHA, FNHDA and tripartite partners in appropriate forums
- Create space and achieve change for First Nations interests through advocacy, partnership development, and leadership

“The community level I think is where it starts. Throughout the years that I’ve been a chief, I’ve noticed that we’ve had more success when the community gets engaged first because the community is what’s driving this process, it’s the community members that we’re sitting at this table for, advocating for, because they’re not at this table, and the community knows what the problems are, what the solutions are, and we need to tap into them, to validate what’s going on for them, we can be sitting the FNHC table and not realize that someone is not able to get to a doctor, or someone is not able to get the prescriptions they need unless we are connected to the community.”

CHIEF MAUREEN CHAPMAN, FIRST NATIONS HEALTH COUNCIL REPRESENTATIVE
FOR STO:LO NATION – FRASER SALISH

First Nations Health Authority

The FNHA was created by BC First Nations to design, manage, and deliver health and wellness services to BC First Nations, and work to improve health services accessed by BC First Nations from the provincial system. The FNHA provides operational and business leadership to the implementation of the health plans and agreements, including the Regional Partnership Accord arrangements with Regional Health Authorities.

		AUTHORITY / ACCOUNTABILITY	FOR EXAMPLE...
FNHA 	COMMUNITY LEVEL	Partner with BC First Nations communities with respect to community health programs and services, and community wellness initiatives	Manage Contribution Agreements entered into with BC First Nations
	REGIONAL LEVEL	Establish and operate Regional Offices to serve as the central repository and main support for cost-effective and coordinated regional efforts in communication, collaboration, and planning	Regional Director provides operational leadership to the work of the Regional Caucus and Regional Table, including for Regional Health & Wellness Plans and Regional Partnership Accord implementation
		Partner with BC First Nations in Regions with respect to regional health programs and services and regional wellness initiatives	Support the establishment of a Regional Health & Wellness Clinic serving 18 communities in the Region
		Support greater integration, alignment, and efficacy of regional health services to First Nations at the Regional Level	Participate in oversight and operational implementation of Regional Partnership Accords

“... all of us have a responsibility in working together to ensure we improve health services for first nations people. So we need to think about what Reciprocal Accountability means for us at each level.”

JOE GALLAGHER, CEO FNHA



		AUTHORITY / ACCOUNTABILITY	FOR EXAMPLE...
	PROVINCIAL LEVEL	Implement bilateral and tripartite health plans and agreements	Develop rural and remote service delivery strategy
		Design, deliver and manage health programs for BC First Nations	Assume responsibilities for all programs currently delivered by FNIHB-BC Region
		Support greater integration, alignment and efficacy of population-level health services accessed by BC First Nations	Provide a BC First Nations perspective to the provincial primary health care plan
		Carry out activities including research, advocacy and service delivery related to the determinants of health or any matter that impacts on the health of First Nations and other aboriginal people in BC	Undertake research and analysis, and make recommendations, with respect to improvements to on-reserve housing standards that will have a positive impact on health outcomes
FNHA MEMBERS	COMMUNITY LEVEL		
	REGIONAL LEVEL		
	PROVINCIAL LEVEL	Oversee strategic direction for the FNHA	Adopt the FNHA Multi-Year Health Plan
		Oversee the good governance of the FNHA	Adopt the Constitution and bylaws, appoint the Board of Directors, participate in the Annual General Meeting

“The FNHA is a very unique organization, because this organization’s never been established before... and to a large extent that’s a great opportunity. When you’re starting from a blank sheet of paper, you tend to have a lot of freedom to do the right thing and establish things the right way. However, the burden of that is that you have to really think through what is it that you’re gonna put on that piece of paper.”

JOSEPH MENDEZ, VICE-PRESIDENT OF INFORMATION MANAGEMENT/INFORMATION TECHNOLOGY, CHIEF INFORMATION OFFICER

		AUTHORITY / ACCOUNTABILITY	FOR EXAMPLE...
FNHA BOARD OF DIRECTORS	COMMUNITY LEVEL		
	REGIONAL LEVEL	Deliver one annual report to each Regional Caucus	FNHA Chair and Chief Financial Officer attend five Regional Caucus sessions in 2013
	PROVINCIAL LEVEL	Hold legal liability	FNHA Chair signs Canada Funding Agreement
		Provide strategic direction for the FNHA	Develop Multi-Year Health Plan and reporting system to measure performance
		Govern the affairs of the FNHA	Participate on Board Committees and adopt policies and service standards recommended by Committees
Oversee the financial health of the FNHA		Adopt and monitor the organization's budget	

Reciprocal Accountability of the FNHA includes:

- Serve as a health and wellness partner to BC First Nations communities through contribution agreements, programs, services, and other initiatives
- Implement the health plans
- Take guidance from the political processes of the FNHC and the technical advice processes of the FNHDA
- Meet all Corporate Governance Requirements
- Uphold the 7 Directives and six values in all FNHA business
- Invest in the governance relationship with the FNHC and FNHDA
- Actively participate in FNHA processes and support the decisions made by the FNHA
- Create space and achieve change for First Nations interests through policy and program design and providing other tools and supports
- Issue reports and undertake evaluations



Tripartite Partners

The Tripartite Partners are First Nations and federal and provincial governments – the partners that have committed, through the health plans and agreements, to improving BC First Nations health and wellness. A number of committees, processes, and forums are in place to support a robust and evolving Health partnership – rooted in reciprocal accountability – amongst the partners.

	AUTHORITY / ACCOUNTABILITY	FOR EXAMPLE...
COMMUNITY LEVEL		
REGIONAL LEVEL 	Implement health plans and agreements	Develop a strategic-level BC First Nations and Aboriginal Peoples' Mental Wellness and Substance Use 10-Year Plan and support First Nations in Regions to develop regional and local Mental Wellness and Substance Use Frameworks and Plans
	Support greater integration, alignment, and efficacy of regional health services to First Nations at the Regional Level	Develop and implement Regional Partnership Accords



	AUTHORITY / ACCOUNTABILITY	FOR EXAMPLE...
PROVINCIAL LEVEL	Implement the Health Partnership Accord	Biennial Principals' meetings to ensure political support and direction
	Implement the BC Tripartite Framework Agreement on First Nation Health Governance	Ongoing operational implementation of Sub-Agreements and regular meetings amongst senior officials of the Parties
	Implement the health plans	Create a Deputy Provincial Health Officer position
	Coordinate and align planning, programming, service delivery	Tripartite Committee on First Nations Health to meet at least twice per year
	Measure progress	Tripartite joint evaluation every 5 years, informed by TCFNH Annual Reports

Reciprocal Accountability of the Tripartite Partners includes:

- Implement the health plans and agreements at leadership and operational levels, and at national, provincial, and regional levels
- Partner and communicate in a timely and effective way about opportunities and impediments, and always with the intention of facilitating a positive outcome for BC First Nations
- Support First Nations engagement and participation
- Support coordination of services, seek solutions to service gaps and barriers
- Seek opportunities for increased First Nations governance, management, and decision-making
- Issue reports and undertake evaluations



Regional Caucus Decision-Making

Background

Since 2005, First Nations have been involved in a historic process of health governance and systems transformation. This has included the development governance standards, structure, and process. The majority of this governance work has been focused at the provincial level – on developing the processes and institutions in support of BC First Nations collectively. However, in the past several years, effort has also been invested in supporting governance development at the regional level.

Regional governance development is key to the success of the overall First Nations health governance structure. Continuing to develop, support, and strengthen regional decision-making processes and institutions will ensure that health systems transformation, programs, and services are guided by, and meet the needs of, the Regions. It will also support consensus-building across the Regions on major decisions that impact all BC First Nations, supporting us to consider each Region's needs, and to paddle in the same direction.

Scope of Regional Caucus Decision-Making

Regional Caucuses undertake discussions and potentially decision-making on issues along a spectrum, from local to provincial levels:

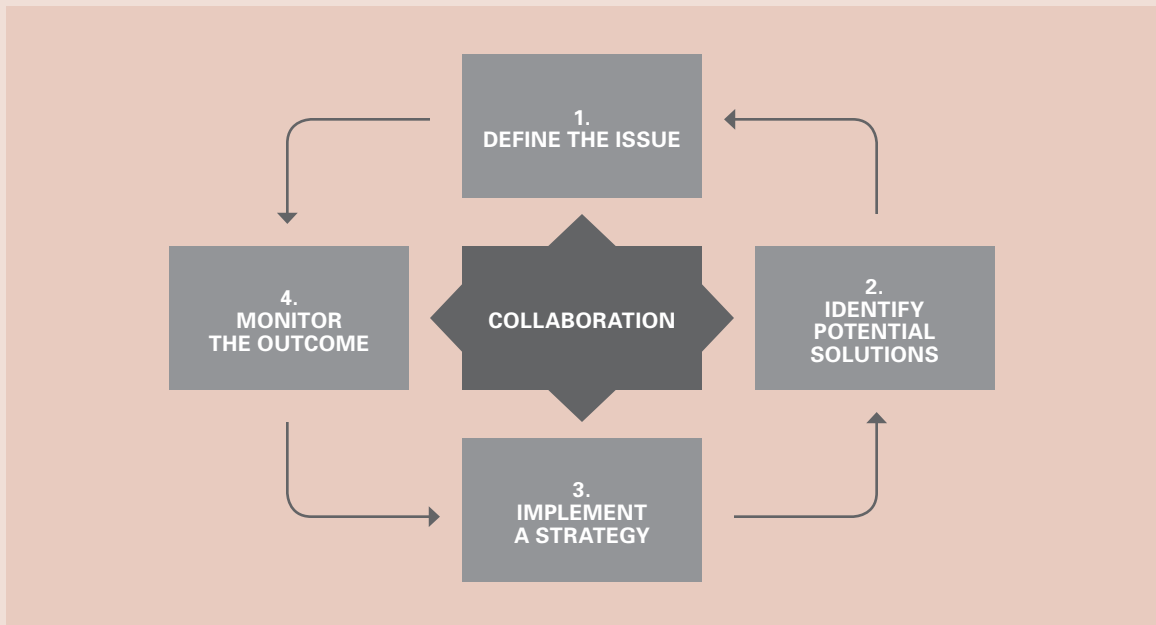
- **Provide support locally:** Regional Caucus members share information on the initiatives or issues of individual First Nations or groups of First Nations within the Region. The Regional Caucus may call upon some of its members, or its FNHC representatives to provide support and advocacy on local issues.
- **Provide direction regionally:** Collectively, the Regional Caucus has responsibility to provide direction and guidance to key responsibilities and accountabilities of the Region. This includes:
 - Providing guidance to the Regional Table;
 - Providing guidance to the implementation of the Partnership Accord with the Regional Health Authority;
 - Approving regional-specific documents such as the Regional Health & Wellness Plan;
 - Developing and approving regional-specific governance processes and documents, such as Terms of Reference; and,
 - Providing direction for any regional-specific initiatives.
- **Provide influence provincially:** Regional Caucuses influence the work undertaken at the provincial level in a number of ways. Each Region appoints three representatives to the FNHC, and nominates individuals for the FNHA Board of Directors. Regional Caucuses are the main forum through which consensus is developed amongst all BC First Nations, in advance of decisions made at Gathering Wisdom – such as by participating in consensus-building and engagement processes through the Engagement and Approval Pathway. Regional Caucuses may also provide advice to the FNHC, FNHDA, and FNHA that represents the perspectives and priorities of the Regional Caucus.

Framework for Regional Caucus Decision-Making:

A Framework describes a process for Regional Caucuses to undertake the discussions, and potential decision-making, on the scope of issues outlined above. A Framework is not rigid or prescriptive, and would not always be applied the same way to varied situations. However, it is a way of looking at or thinking about discussion and decision-making that provides a number of benefits:

- It brings predictability to the discussion and decision-making process, making it easier to provide orientations to new members of the Regional Caucus and supporting political unity and discipline amongst the Regional Caucus
- It brings transparency to the discussion and decision-making process, by clearly describing in writing what the process looks like
- Having a consistent way of making decisions as a group supports consistency of those decisions over time (like decisions are made on like issues)
- It helps move past the “storming” phase of group process, creating a predictable and stable “norm” that supports a long-term lifespan of the process

In summary, a Framework helps build **trust** in the process, and the decisions arising from that process. A Framework need not be complicated. It can be thought of as a checklist of considerations for the decision-making process.



At the centre of the Framework is **Collaboration**. This is at the centre as it should be considered at each step of the way throughout the entire decision-making process. Collaboration means involving those that might be able to help with that issue or decision by providing information, knowledge, expertise, or support. Some of the key questions to ask are:

- Who does this decision affect?
- Who contributed to the creation of this issue or matter?
- Who might be responsible for resolving or implementing a resolution to this issue?
- Who has information that might help?
- Who has expertise that might help?

The outcome is then a list of potential partners to involve in the conversation or decision-making process in its various stages.

The initial step in a decision-making process is to **Define the Issue**, including by asking questions such as:

- What is at the core/heart of the issue at hand?
- Who will be called upon to resolve this matter?
- Who holds legal, political, and other accountabilities for this issue?
- How urgent is this matter?
- Who is responsible for making the final decision on this?

The outcome is then a clear description of the issue, who the issue affects/applies to, and who holds the main responsibility for implementing any resolution to the issue.

The next step in a decision-making process is to **Identify Potential Solutions** – the various tools available to help achieve a resolution to the issue. Regions, and the First Nations members of a Regional Caucus, have a number of various tools at their disposal, including but not limited the following options, listed in order from most formal, to least formal:

- **Resolution:** a formal, written statement of opinion, direction, advice, or position that has a broad-based impact across the Region as a whole.
- **Motion:** a verbal proposal to take procedural steps or carry out other actions. A motion is less formal than a resolution, and generally more administrative or internal in nature, but still has a broad-based impact on the Region and/or Regional Caucus collectively.
- **Letter, Briefing Note, or Memorandum:** An official message intended to influence or support decision-making by conveying information, potentially outlining analysis, and providing solutions, suggestions, and recommendations.
- **Advocacy & Relationships:** Sharing information with appropriate representatives (FNHC regional representatives, FNHDA regional representatives, FNHA representatives) and seeking clarity or advocacy aimed to resolve a particular issue.

The outcome of this step is then a menu of potential strategies and actions that could be taken to resolve or advance the matter.

The next step is to **Implement a Strategy** by selecting and applying the appropriate tool or option. Some considerations in selecting and implementing a strategy include: how broadly the issue affects the Region and the Regional Caucus; who is ultimately responsible for the decision at hand; the amount of anticipated follow-up activity required; how “public” the information or issue is; and, the expected timeframe for either resolving the issue, or for that decision to be in effect. Examples:

RESOLUTION	Regional Caucus adoption of a Regional Health & Wellness Plan
MOTION	Regional Caucus appointment of individuals to Regional Table
LETTER, BRIEFING NOTE, AND/OR MEMORANDUM	A First Nation seeking to share information and generate support for the construction and operation of a wellness centre to serve residents of the Sub-Region
ADVOCACY & RELATIONSHIPS	Regional Caucus providing advice to the FNHC to make child poverty a priority for the social determinants agenda Region’s Health Directors seeking support from FNHDA regional representatives on training for proposal-writing Individual seeking support from FNHA staff on navigating health benefits program matters

The task is then to **Monitor the Outcome** of that decision-making process. This may involve seeking or receiving status reports or engaging in meetings or dialogue. It may also involve engaging again in the decision-making framework or cycle – depending upon the outcome, there may be a need to redefine the issue and perhaps select another strategy to achieve further progress (in some cases, there may be a regular cycle established monitoring the outcome and revisiting the decision-making process, such as for Regional Health & Wellness Plans).

Regional Caucus Policy Development

Through the consistent deployment of a decision-making framework, patterns will emerge in terms of the process for addressing issues – which tools are used for what, and how. Over time, as Regional Caucus governance continues to develop, regions may formalize a decision-making framework and process into policy and procedure. The FNHC will continue to provide tools and supports for regional governance (including policy and procedure) development, to ensure that best practices and innovations are shared across regions, and that regional governance contributes to consensus-building amongst all First Nations in BC.

Sample: Regional Caucus Resolutions Policy

Resolutions are one way to support community-driven, Nation-based participation in the First Nations health governance structure and process. They are one way in which Regions formally raise regional-specific information and concerns to the FNHC regional representatives and to the full FNHC table. Regional Caucuses will address other matters through means other than passing resolutions, such as the use of correspondence, briefing notes, and other forms of advocacy appropriate to the resolution of the issue at hand.

Resolutions are a formal, written statement of opinion, direction, advice, or position of the Regional Caucus; they are the decision-making and mandating process on issues within the purview of the Region that have an impact on the Region as a whole. In order for a resolution to be effective, it must be clear, concise, factual, and consistent with the roles and responsibilities of the Regional Caucus. Resolutions are appropriate on matters such as the adoption of regional-specific documents; the formal provision of regional advice; and, the appointment of individuals to regional bodies and committees created through the Regional Caucus.

Eligibility

- Voting members (Chiefs or proxies) of the Regional Caucus, as described in the Regional Caucus Terms of Reference, are eligible to propose, move, or second resolutions at the Regional Caucus, in accordance with this policy.
- All Regional Caucus resolutions are subject to this policy.
- Resolutions are intended to advance the work and interests of the Region, for example, by: outlining positions on regional-specific issues, initiatives, or documents; providing regional-specific advice to the FNHC, FNHA, FNHDA, Regional Health Authority, or other health-related entities; making appointments to sub-regional or regional bodies as required; and/or directing their regional FNHC representatives to carry out regional-specific activities on their behalf.
- Resolutions shall align and be consistent with the governing documents of the First Nations health governance structure, including the health plans, the Consensus Papers and Resolutions adopted at Gathering Wisdom for a Shared Journey forums, the BC Tripartite Framework Agreement on First Nation Health Governance, the First Nations Health Council Terms of Reference, and the Regional Caucus Terms of Reference.

- Regional Caucus Resolutions shall not:
 - Contravene any law;
 - Be damaging or defamatory to the Regional Caucus, any First Nation, any First Nation organization, or any individual;
 - Contravene the governing documents of the First Nations health governance structure;
 - Conflict with decisions of all BC First Nations at Gathering Wisdom for a Shared Journey forums, or aim to bind First Nations of other Regions; or,
 - Direct, or purport to direct, the FNHA.

Form and Submission

- A resolution is for the purpose of addressing important or complex issues in a formal way. Resolutions must always be provided in writing. If an issue is presented orally, it becomes a motion, not a resolution.
- It is desirable and preferable that a resolution be made up of two parts. The first part called the “Whereas” section is a statement of the problem or decision to be addressed, relevant and factual background information, and the reason(s) for the resolution. The second part is the “Therefore Be It Resolved” section of the resolution, and states what is desired to bring about possible resolutions of the problem or decision to be addressed.
- Voting members (Chiefs or proxies) of the Regional Caucus may submit resolutions for consideration of the Regional Caucus to the designated staff supporting the Regional Caucus.

Review of Resolutions

- The senior staffperson responsible for supporting the work of the Regional Caucus will review resolutions submitted in order to:
 - Ensure all resolutions are eligible, correctly written, and in the proper form;
 - Take steps to clarify and research resolutions received, including requesting clarification from the resolution proponent in terms of wording, intent, background information, or other matters as required;
 - Support rewriting, amalgamation (if resolutions are of similar topic and intent), and additions to resolutions as required, in collaboration with the resolution proponents;
 - Support the drafting of resolutions as needed to productively advance and guide the work of the FNHC and the Regional Caucus;
 - Determine the order that the resolutions will be considered at the Regional Caucus; and,
 - Make copies of the resolutions available to the voting members of the Regional Caucus.
- From time to time, the senior staffperson responsible for supporting the work of the Regional Caucus may require advice, input, or guidance in their responsibilities outlined above. In that case, the senior staffperson may convene a meeting or teleconference with the FNHC Chair and Deputy Chair, the FNHC regional representatives, and a senior representative of the FNHA. As appropriate based upon the subject matter of the resolutions proposed, the FNHDA regional representatives and/or legal counsel may be requested to provide their expertise and guidance.

Deadlines and Distribution

- **Two weeks** prior to any scheduled Regional Caucus meeting is the deadline for the submission of resolutions by any proponents. The Resolutions Committee, supported by staff, will review all draft resolutions submitted and if needed, correspond with the resolution proponent about any further information required.
- **One week** prior to any scheduled Regional Caucus meeting, all resolutions received for that meeting will be circulated to Regional Caucus members, to allow them to review these documents and prepare for the discussion.
- Resolutions submitted following the deadline will not be circulated to Regional Caucus members in advance of the Regional Caucus meeting; they will instead be provided at the meeting, and Regional Caucus members will determine whether to consider the resolutions submitted after the deadline or defer them to the next Regional Caucus meeting.

Debate and Decision

- Resolutions submitted for consideration of the Regional Caucus shall be handled in accordance with the appropriate agenda item, or if unrelated to an agenda item of the Regional Caucus, in numerical order as submitted by proponents.
- The Regional Caucus Chair shall read the “Therefore Be It Resolved” portion of the resolution into the record, and call for a mover and a seconder.
- Each resolution shall be moved and seconded.
- The Chairman shall call on the mover to speak, then call the person that seconded the resolution to speak, followed by anyone else wishing to speak to the resolution. Speakers are encouraged to keep their comments to five minutes or less, and focused on their position on the resolution or proposed amendments. All speakers to any given resolution may only speak once to that resolution, with the exception of the mover and seconder, who may also speak to any amendments proposed to the resolution.
- The mover and seconder shall agree to any proposals to amend the resolution.
- Only voting members (Chiefs or proxies) of the Regional Caucus, as described in the Regional Caucus Terms of Reference, are eligible to move, second, or speak to resolutions; however, the Chair may recognize a non-voting participant of the Regional Caucus for the purpose of providing clarification to any resolution under discussion.
- All resolutions are passed or defeated by a simple majority of votes by the voting members (Chiefs and proxies) attending a duly convened meeting of the Regional Caucus, in accordance with the Regional Caucus Terms of Reference.

Finalization and Follow-Up

- Resolutions carried at Regional Caucus meetings will be formatted by the designated staff supporting the Regional Caucus, signed by the FNHC regional representatives, and circulated to the members of the Regional Caucus and to the FNHC.
- The FNHC regional representatives are responsible for working with appropriate staff and partners to coordinate and report to the Regional Caucus on follow-up associated with Regional Caucus resolutions.

Decisions made at Gathering Wisdom for a Shared Journey Forums

Gathering Wisdom for a Shared Journey is the main forum or mechanism through which BC First Nations Chiefs exercise collective authority and accountability within the BC First Nations health governance structure.

Decisions made at Gathering Wisdom for a Shared Journey are the ones that impact all of us. If a decision will have an impact on all BC First Nations, the leadership of each of those First Nations should have the opportunity to participate in that decision.

Decisions made at Gathering Wisdom are based on consensus and informed decision-making approaches – they are the outcome of Engagement & Approval Pathway processes – before any decision is put on the floor at the forum, each First Nations leader in the room has the opportunity – over a number of months – to consider and provide feedback to that decision at an individual level and with colleagues at a regional level, and to be informed about and consider the perspectives of the four other regions.

Decisions made at Gathering Wisdom for a Shared Journey are at the leadership level. They set out the political expectations, vision, and standards to be achieved. They are strategic.

Examples include:

- Province-wide governance standards – like the 7 Directives, Corporate Governance Requirements, competencies for Board leadership.
- Province-wide governance process – like the Engagement & Approval Pathway.
- Province-wide governance structure – like the mandate and structure of the First Nations Health Council.
- Province-wide governance agreements – like the BC Tripartite Framework Agreement on First Nation Health Governance.

In the next section of this Guidebook, a Planning & Evaluation cycle and model are outlined for review and feedback. Through this planning cycle and model, we as BC First Nations can implement a strategic, regular, and long-term visionary approach to breathe life into the 7 Directives. Gathering Wisdom for a Shared Journey Forums can anchor this planning cycle – an opportunity every 18 months for BC First Nations to set priorities and evaluate progress together, informed by local and regional planning.



Charter of Rights & Roles of an Ombudsperson

Charter of Rights

In Resolution 2012-01, First Nations directed the FNHC to “conduct and provide research to BC First Nations for further discussion, development and strategic decision... the concept of an ombudsperson... [and]... the concept of a Charter of Rights for First Nations Health”. These concepts are interlinked with reciprocal accountability – they are the ways in which expectations and definitions of reciprocal accountability are communicated, and implemented.

A Charter is a document that expresses a vision, and the way forward to make the vision a reality. Some charters are aspirational and provide high-level information such as principles and commitments. Other types of charters provide much more technical information for implementing goals and objectives. Some charter examples include:

- **Canada’s Charter of Rights and Freedoms** (1982): Describes individual rights and rights for groups in a society, called collective rights
- **Charter of the Assembly of First Nations** (1985): Affirms and describes the principles of unity and political relationships, and its role as a forum for unity and maintaining strong relationships
- **Ottawa Charter for Health Promotion** (World Health Organization, 1986): Endeavors to achieve Health for All by the year 2000 and beyond
- **Bangkok Charter for Health Promotion** (WHO, 2005): Vision is to address the determinants of health in a globalized world through health promotion
- **Primary Health Care Charter: a Collaborative Approach** (BC Ministry of Health, 2007): Sets out to create a strong, sustainable, accessible and effective primary health care system in B.C.
- **Global Health Data Charter** (World Economic Forum, 2011): Articulates how to enhance health data management

Many of these charters apply to and serve BC First Nations. First Nations will also be familiar with the Charters or similar documents developed by Health Authorities, hospitals, and clinics that describe patient rights.

A similar document for BC First Nations would describe our rights and responsibilities with respect to the health system. It could build upon the aspirational documents, plans, and standards that we have already developed or supported, such as the Consensus Papers – particularly the 7 Directives, the six values of the FNHC-FNHDA-FNHA, the Health Partnership Accord, Regional Partnership Accords, and the United Nations Declaration on the Rights of Indigenous Peoples.

Consistent with the concept of reciprocal accountability, this aspirational document could describe the responsibilities of both the client/patient and the health care system/professional in the provision of quality, dependable and accessible health care. When complete, the document could be used to inform and guide the design and delivery of health programs and services to all BC First Nations at all levels – in provincial-level population health services delivered by the Province or the FNHA; in regional-level services delivered by Regional Health Authorities and First Nations regional health facilities, or pursuant to the Regional Partnership Accords; and, in local-level services delivered in First Nations community health facilities. This can be our collective vision and expectation that can guide all of us and our caregivers at provincial, regional, and community levels – operating in leadership, management, hospitals, clinics and elsewhere – about the way we want to treat, and be treated.



To develop this document, we ask ourselves questions like:

- What would we call this document? a Charter? a Declaration? Our Rights and Responsibilities?
- What are the rights and responsibilities of the client, when receiving care? How should they treat their caregiver? How should they be treated?
- What are the rights and responsibilities of the health professional, when delivering care? How should they treat their client? How should they be treated?
- What is our vision for the relationship between the client and caregiver provincially, regionally, locally? How is this different for us as BC First Nations, than for the rest of the population?



Ombudsperson

An ombudsperson represents the interests of the public. They assist in the resolution of concerns or complaints, through mechanisms like: conflict / dispute resolution, investigation, and reporting. The specific mandate of any particular ombudsperson varies, but can be generally sorted into three key categories:

- **A Classic Ombudsperson:** officially appointed by legislation to receive questions and complaints against the government;
- **An Advocate Ombudsperson or human rights defender;** or
- **An Organizational Ombudsperson:** one that provides assistance to the organization's community, such as employees and those doing business with the organization to facilitate the informal resolution of concerns. Or their mandate might solely be focused providing information and guidance on persons' rights and responsibilities, and the organizations' regulations, policies and procedures.

In our health governance structure, we have provided for the functions of an ombudsperson to be carried out through a variety of mechanisms. We depend on the following people, entities and processes to protect our values, address conflicts, and build trust and relationships to guide us forward in a good way:

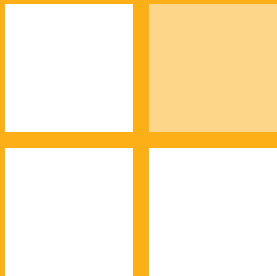
- **FNHC:** Mandated to serve as the advocacy voice of BC First Nations in achieving their health priorities, and to work with federal and provincial governments for service improvements.
- **Deputy Provincial Health Officer:** Provides independent advice on First Nations and Aboriginal health issues to the BC Ministry of Health, reports to citizens on health issues affecting the general population, and recommends actions to improve First Nations and Aboriginal health and wellness.
- **Dispute Resolution:** Addressed in a key agreements and governance documents, including the Framework Agreement, and the Terms of Reference and Code of Conduct for the elements of the First Nations health governance structure.
- **Navigators:** In the provincial system, Aboriginal Patient Navigators are keepers of health care knowledge in hospital settings throughout the province; they provide information about aboriginal rights and benefits and they advocate for patients admitted to hospital, amongst many other functions to support a patient in care. The FNHA plans to have navigators/liaisons in place to help those accessing FNHA and provincial health programs and services.
- **BC Office of the Ombudsperson:** Serves the public and the legislature of BC to uphold the democratic principles of openness, transparency and accountability to ensure that every person in BC is treated fairly in the provision of public services.
- **Reciprocal Accountability:** Ensures that we are accountable to one another for our commitments, and work together in partnership to resolve issues and concerns.
- **BC Representative for Children and Youth:** Provides policy advice and advocacy services on behalf of all children and young people under the age of 19, including with respect to health matters facing First Nations children and youth in BC.

If we develop and approve a Charter or similar document, we can test whether these ombudsperson-type functions are able to effectively monitor, uphold and facilitate the implementation of the Charter and the other standards and commitments we have in place. Through this ongoing evaluation of our progress, we can continue to improve these ombudsperson-type functions, or determine whether a stand-alone Ombudsperson should be established.

Yukon-Kuskokwim Health Corporation Patient Rights

1. The patient has the right to considerate and respectful care.
2. The patient has the right to obtain from his/her provider complete, current information concerning his/her diagnosis, treatment, and prognosis in terms the patient can be reasonably expected to understand. Effort will be made to provide an interpreter if needed.
3. The patient has the right to receive from his/her provider information necessary for an informed consent prior to the start of a procedure or treatment.
4. The competent patient has the right to refuse treatment to the extent permitted by law, and to be informed of the medical consequence of his/her decision.
5. The patient has the right to privacy and assurance that all communications and records pertaining to his/her care should be treated as confidential, within the federal guidelines.
6. The patient has the right to obtain information as to any relationship of his/her hospital to other health care and educational institutions insofar as his/her care is concerned.
7. The patient has the right to be advised and may refuse if YKHC proposes to engage in or perform experimental treatment affecting his/her care.
8. The patient has the right to expect reasonable continuity of care.
9. The patient has the right to know what hospital rules and regulations apply to his/her conduct as a patient.





Planning & Evaluation Cycle

The Spiral (Willie Charlie)

The spiral, as it was described by grandfather and uncle, is the timeline.

The way my grandfather described it is that there are many realms around us: the physical realm and other realms. As we go through life, we wind up tight like a coil and when we pass we unwind – the physical and spirit world are closely connected. That's why we look after the ones in the spirit realm. We are human but once we put on our regalia– we sing the songs, we become the spirit. The transformation from the physical to the spiritual shows us how close the other side is.

Life is short, physical life.

When we look at time we say we are a blip, and only see a glimpse of time as human beings. Everything that we have, we hang onto for future generations. The air, water, trees, mountains, medicines, songs and ceremonies: everything we have is sacred. We only hold onto them a little while for the next generation. We must ensure that 7 generations have the same thing.

We believe in reincarnation and that you never fully go to the other side until your job here is done. When a new baby is born, the matriarchs would see the baby to see who is coming back, and to see what gift they bring as everyone is born with a gift. When a baby is really new and pure and innocent, you can see the gift clearly and you can see who they are. The Elders will hold the baby and say “that is so and so” and sure enough later in life they will have some of the same mannerisms and will get the same name. It is said that our people will keep coming back and carrying on until they complete their work.

There are over 200 rock paintings and 5 stone people in Sts'ailes territory. Every pictograph has stories and teachings and, more importantly, moral teachings to go with them. Taken together they are our instruction... our inheritance. We are fortunate as First Nations. We have such a strong culture, a beautiful culture to guide us through life; we are the spirit having a human experience.



The Spiral petroglyph, is carved into stone on the Harrison River in Traditional Sts'ailes territory and has been dated at between 3-7 thousand years.

Planning and Evaluation Cycle

WHY IS PLANNING AND EVALUATION A BUILDING BLOCK FOR TRANSFORMATION?

BC First Nations have clearly described: the need for transformation; for transformative changes to take place at a careful pace; and for transformation to be driven by engagement with BC First Nations and the 7 Directives.

Creating our own planning and evaluation model, and investing in planning from the ground-up, will ensure that the priorities, goals, and perspectives expressed by BC First Nations at the local level guide the plans and investments made regionally and provincially. Through this model, we operationalize “community-driven, Nation-based” and create a strong and legitimate foundation for the transformation of specific programs, services, and systems.

There are many moving parts to our First Nations health governance structure and system – First Nations communities, Regional Caucuses, Regional Tables with Regional Health Authorities, the FNHC, FNHDA, FNHA, and Tripartite Partners. A common function that all of these undertake is planning – Community Health and Wellness Plans, Regional Health & Wellness Plans, Aboriginal Health Plans, Strategic Plans, Multi-Year Health Plans, and workplans.

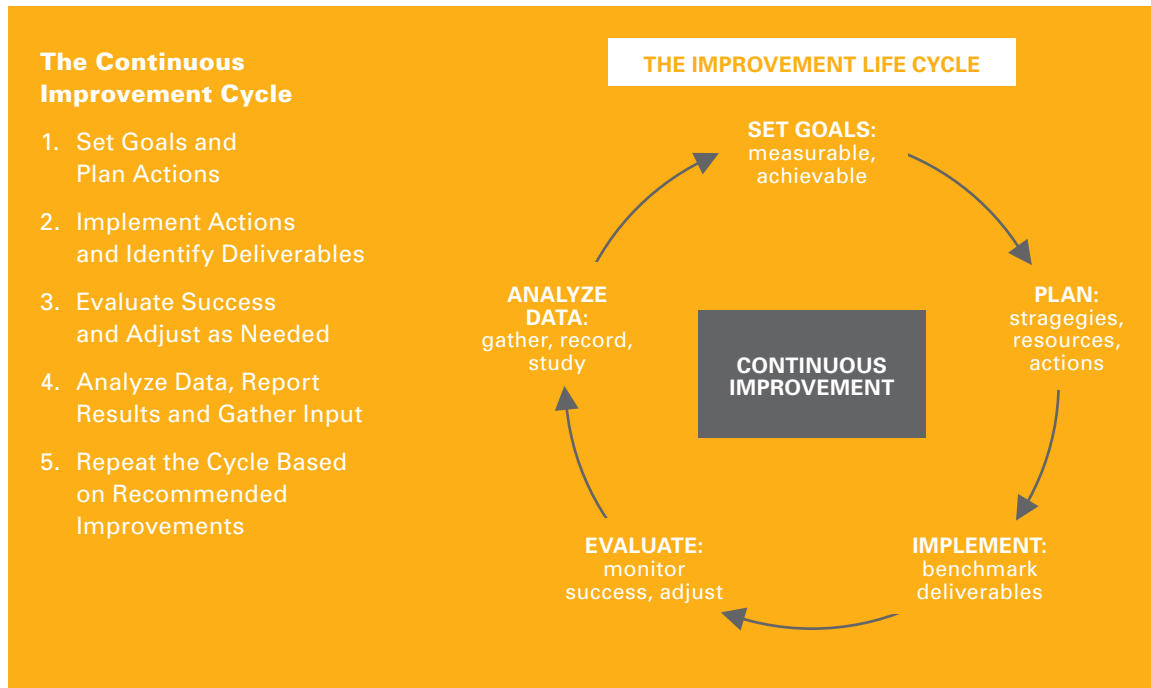
Over the past several years, we have learned and greatly benefitted from the Engagement & Approval Pathway process. Through the Pathway, we are able to utilize our extensive community engagement network and mechanisms to operationalize the Community-Driven, Nation-Based directive – through the Pathway, community guidance informs regional perspectives, which then informs provincial strategic direction. The limitation of the Pathway, however, is that it is used to solicit feedback and develop consensus on specific issues, themes, and decisions. Expanding on the benefits of the Engagement and Approval Pathway, planning provides us with an opportunity to solicit perspectives and priorities in a more strategic and comprehensive way.

Aligning the various planning efforts of all of the moving parts of our health governance structure can help ensure that the strategic direction, annual workplans, and day-to-day efforts of all involved are Community-Driven, Nation-Based – rooted in and informed by the priorities and principles set out by BC First Nations and expressed in local and regional plans. It can ensure that activities at all levels are complementary to and support one another, and consistent with our values and Directives. Existing mechanisms for our collaboration and decision-making provide the opportunity to engage in a regular process of priority-setting within a longer planning timeframe – Gathering Wisdom for a Shared Journey in particular can serve as the anchor of our collective planning cycle, bringing us together every 18 months to report and evaluate our progress, re-examine our plans, and determine priorities.



Planning and Evaluation Cycle

A clear and transparent planning and evaluation cycle is a key function and driver in a good governance process. This cycle allows for a robust, inclusive, and transparent approach to determine who needs to do what, when, how and why – and at what level (community, regional, provincial) – in order to meet the needs, priorities, and vision identified through community engagement. The planning and evaluation cycle sets the stage for continuous improvement of services – we continually learn, and apply that learning in the next phase of planning.



*"I think about the old days, the simplicity of things.
They never did anything without being prepared."*

CLIFF ATLEO, FIRST NATIONS HEALTH COUNCIL REPRESENTATIVE
FOR NUU-CHAH-NULTH – VANCOUVER ISLAND

“Once we’ve done the plan, then we have to work. Once we’ve done the work, then we need to determine are we achieving the expected outcomes? Are we doing this the smart way? Are we doing this in the best way? Are we making sure that we’re not wasting funding or opportunities?”

GRAND CHIEF DOUG KELLY, CHAIR OF THE FIRST NATIONS HEALTH COUNCIL
AND REPRESENTATIVE FOR STO:LO TRIBAL COUNCIL

The Planning Phase:

Effective and efficient planning at community, regional, and provincial levels requires a participatory approach in all phases. The input and feedback collected through engagement and participation is used to set the plan’s goals and objectives. Potential strategies and actions to achieve those goals and priorities are then explored, including consideration of resources available. A commonly understood approach for monitoring and evaluation is described. Effective and efficient planning at community, regional, and provincial levels is inclusive. Through the planning phase, interested participants engage in a process to:

- Identify the problems and issues, and the causes of those problems and issues
- Be aware of all factors that can influence the work
- Set goals and objectives
- Consider the potential courses of action, including by knowing what others are doing already, in order to avoid duplication and plan cooperation
- Define the most appropriate way to respond to a need or address a problem and develop an action plan accordingly
- Carefully plan the use of available resources
- Identify indicators for monitoring and evaluation

The outcome of a good planning process is a good plan, which:

- Identifies the organization’s goals and strategies to achieve its vision
- Sets out what the organization intends to achieve and when (actions, targets, timeframes)
- Sets out the usage of fiscal and human resources
- Highlights major changes from prior years
- Explains risks and risk mitigation strategies
- Explains at a strategic level how success will be measured



The Implementation Phase:

Following the planning phase is the implementation phase – carrying out the plan. More than just undertaking the actions outlined in the plan, however, the implementation phase entails continuous monitoring – watching whether the activities are on the right track, are meeting objectives and are using the resources as planned. In this phase, the tasks are to:

- Carry out the planned activities
- Develop indicators to track progress that are:
 - Relevant to the objective being measured
 - Realistic and measurable
 - Sufficient in number to measure the objective
 - Specific in quality, quantity and timeframe
 - Achievable in the timeframe established
 - Adaptable
 - Cost-effective
- Continuously monitor to keep up the quality of the work (i.e. monthly, quarterly, annually)
- Assess if progress is made towards the objectives, and identify problems and risks
- Feed results of the monitoring into the plan and make adjustments or improvements where necessary

“I would say evaluation, however, is a way that relates to the planning cycle and really assists you in doing course correction, determining the effectiveness of your planning measures, and of your intervention measures, and being able to move forward and to correct, and to ever improve services. So I see those two elements really as effective ways to, effective building blocks for improving and transforming services.”

RICHARD JOCK, VICE PRESIDENT OF POLICY, PLANNING AND STRATEGIC SERVICES

The Evaluation Phase:

The purpose of the evaluation phase is to – at a more strategic level than the monitoring that takes place in the implementation phase – assess the effectiveness of the activities undertaken, by comparing them against the objectives established in the plan. This process supports continuous improvements, and holds the organization accountable for how it uses the powers and resources entrusted to it. Using consistent units of measurement, it documents outcomes of activities, events, and structures across reporting periods. An effective evaluation is aligned with the strategic-level measures of success determined through the planning phase, and should involve input from the people that are served by the organization.

There are various types of evaluation, focusing on different functions or elements of an organization or process, such as governance, organization, program and service delivery, and staff performance. Evaluation helps an organization to:

- Assess accountability, and the effectiveness, efficiency, and compliance of decision-making structures and processes, with the goal of enhancing good governance
- Determine how well the organization is meeting the needs of the population it serves (demonstrating results)
- Assess results of a particular service or program (as well as aggregate results) to help refine that program or service to better meet needs
- Make best use of resources
- Identify priorities for capacity and skill development
- Assess overall progress

Appropriate and accessible reporting is a key activity of the evaluation stage. It is critical to inform those that the organization or process serves about the progress achieved in implementing the plan, and engage them in the resulting improvements to be made. A good reporting process:

- Focuses on the original plan and results
- Shows how results were achieved (activities)
- Sets out the costs of results
- Describes measures that are significant to the audience
- Are issued in a timely manner (to inform / influence decisions)
- Are in a consistent format
- Include qualitative and quantitative data
- Identify how the results will inform quality improvement

The Adaptation Phase:

In the adaptation phase, the lessons from the previous stages are brought forward to inform the redesign and improvement of the process or organization's activities – informing the planning phase which begins anew.



First Nations have been health planning as busy as bees.

To date, Health Canada has been asking communities to plan like these bees. Everyone has been working on a few key outcomes and elements which trigger health resources. We've basically been directed to 'make honey' and 'use this hive.' This process has served some individual communities very well; however, taken as a whole, the process doesn't encourage us to work together, and lacks certain elements of consistency and relevance within and beyond the community. How good is the honey overall? Is this the right hive for making the best honey possible? Is this a hive we would have created for ourselves? We're getting a lot done as individual communities, and making the system we've been provided work for our purposes, but if you step back, all the activity seems to lack unity and common purpose.

Now it's time to plan like these bees. These bees still have the same fundamental purpose of making honey; however they are organized and structured in their approach – working together with unity of purpose. Still as persistent and active as the previous bees, but everyone seems to know where they are going, helping and cooperating with one another for the greater good. We have the opportunity to work together to set this direction – taking a step back and thinking about how we want to build our 'hive' so that there is consistency and a common purpose to our efforts at all levels. It's time to make the honey our way.



Strengthening Planning in the First Nations Health Governance Structure

Up until now, First Nations community health planning has been as diverse as the community financial and human capacity available to support that planning. Although core elements provide a basic foundation, these plans have been dictated by Ottawa, and based on national priorities and needs. Generally, community plans are disconnected from that national-level process, and are mainly for the purpose of securing funding from First Nation Inuit Health Branch – BC Region of Health Canada. They are also very much focused internal to the community, and generally do not tend to look at the broader health context and opportunities available through partnership and collaboration. Despite these limitations, many communities or health service agencies have been able to develop comprehensive community health and wellness plans to support the overall vision of the community.

Community plans can inform a number of new requirements for health planning at regional and provincial levels, including:

- Regional Health & Wellness Plans to describe the priorities and interests of First Nations in each of the five regions of BC
- Joint regional workplans with Regional Health Authorities, pursuant to Regional Partnership Accords
- FNHA Interim Health Plan, evolving later to an FNHA Multi-Year Health Plan, to describe the goals, priorities, program plans and services, health performance standards, anticipated allocation of resources and use of funding by the FNHA
- FNHC and FNHDA Strategic Plans
- Tripartite Committee on First Nations Health annual workplan

Our Planning Model

We have the ability to shape and transform the current community, regional and provincial planning requirements and processes to better suit our own needs. The transformation stage ahead provides a unique opportunity for us as BC First Nations to develop a planning model that is logical, transparent, and synchronized. Our planning model can operationalize the 7 Directives by ensuring: that plans at all levels are connected to community-level planning; that the process is effective and efficient; that the process puts planning tools and capacity into the hands of First Nations; and that First Nations decision-making is implemented through planning, priority-setting, and investments at community, regional, and provincial levels.

A planning model for our First Nations health governance structure can build on the successes we have had to date, including further evolving and formalizing the planning achievements of community engagement hub activity, where groups of First Nations are engaged in local planning and priority-setting discussions with the goal of improving health services. Expanding on the benefits of the Engagement and Approval Pathway, this planning model supports all of our involvement in strategic and comprehensive priority-setting at local, regional, and provincial levels.



“We as a people must take that responsibility and pick it up as our ancestors have done for so many years. There are two things we must do, we must work hard and we must plan. We wouldn’t be here today if our ancestors did not plan. We would not be here if they did not work hard. The commitment is here, we signed the agreements now let’s get to work.”

CHIEF KUKPI7 WAYNE CHRISTIAN



Through a new planning model, a key focus can be on community or multi-community level health or comprehensive community planning which is underpinned by engagement with community citizens. The resulting plans will articulate the community’s wellness vision and priorities, and be the basis of investment and funding by governments and other funders. These citizen-driven community health plans directly inform Regional Health & Wellness Plans adopted by the region’s First Nations – the first iteration of these plans is being developed now by the Regions. Together, the five Regional Health & Wellness Plans influence and guide the plans of the FNHC, FNHDA, and FNHA, including the FNHA’s Multi-Year Health Plan, and FNHC and FNHDA Strategic Plans. Importantly, the Regional Health & Wellness Plans will also inform and guide the broader provincial health care system – particularly the planning and resources deployed by Regional Health Authorities and the Province of British Columbia.



“So we share duties, we share responsibilities, if we were both doing the same things, then some things might not get done, and we would be wasting energy doing too much of the same thing.”

GWEN PHILLIPS, FIRST NATIONS HEALTH COUNCIL REPRESENTATIVE
FOR KTUNAXA NATION – INTERIOR REGION

Our Planning Expectations

The alignment and consistency of our planning cycle can be further supported through a common set of expectations or standards for planning at all levels. Shared expectations across the entire planning spectrum will facilitate the expression of community priorities at regional and provincial levels. It will support the legitimacy of planning at all levels – we will know that plans have been informed and guided by the expectations we ourselves have established. It will support the evaluation of our planning process at all levels – giving us a set of common measuring sticks so that we can continually improve performance.

A BC First Nations health and wellness planning model is holistic and recognizes our interdependency on one another. The strength of any one plan is dependent on the strength of other plans – the strength of regional and provincial-level plans depends in many ways on the strength of community and local plans. A set of planning expectations will allow us to better support community planning in particular – how to provide tools, supports, and investments to support BC First Nations’ views of a quality community planning process. We will then have growing confidence in regional and provincial-level planning, knowing the strong foundation has been laid in community health plans.



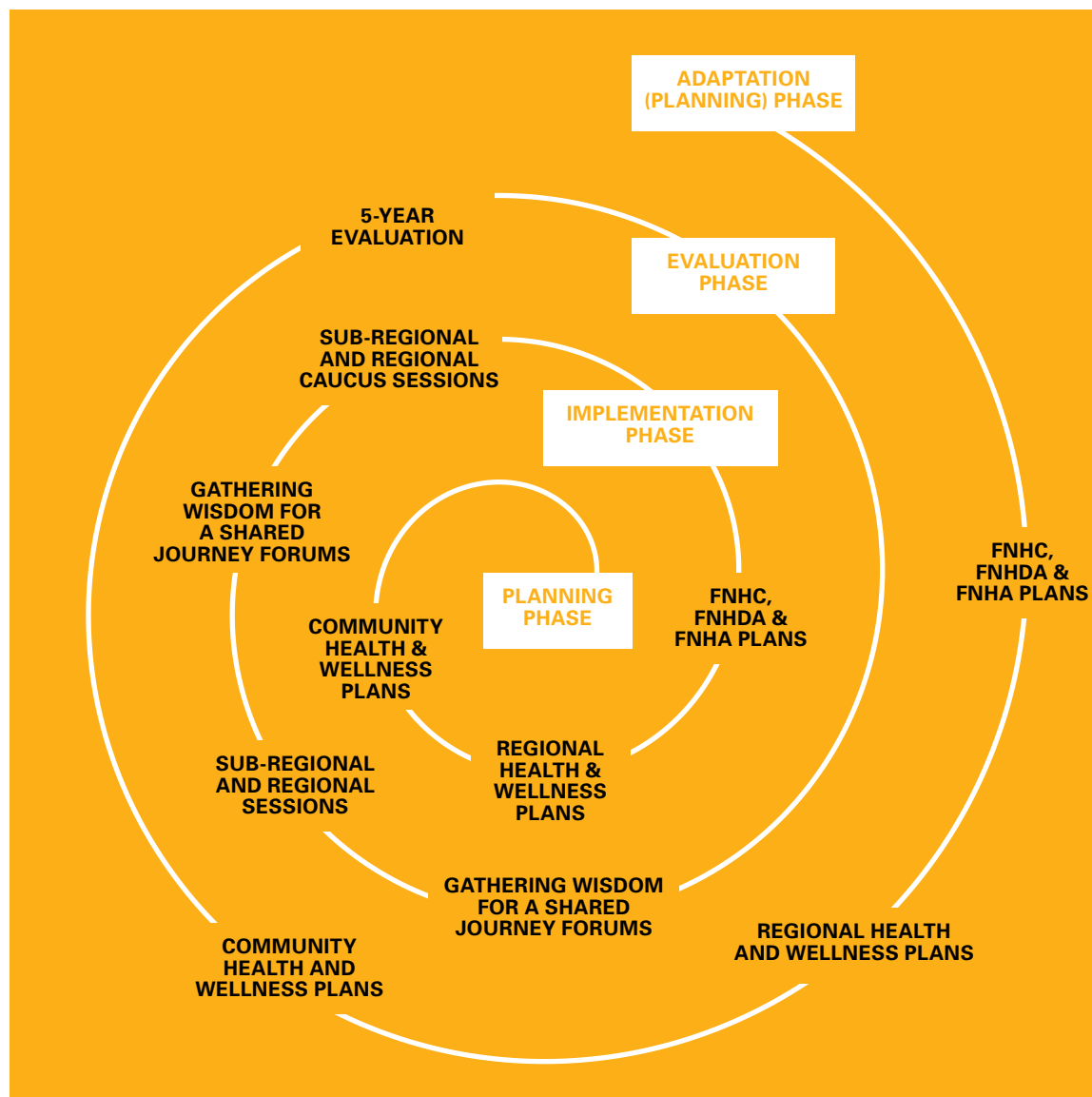
To develop a common set of planning expectations, we can ask ourselves questions like:

- **How do we see Citizens participating in a community health planning process?**
- **What are the elements of community health & wellness plans? How are these supported by elements of regional and provincial-level plans?**
- **What governance standards can support effective and transparent community health decision-making?**
- **For what reasons are partnerships, collaboration, and coordination opportunities beyond the community explored?**
- **How is success measured?**
- **How do we know that we are ready to initiate investment based on the community health plan?**



In Summary: Our Planning & Evaluation Cycle

As noted earlier in this section, a clear and transparent planning and evaluation cycle is a key enabler of good governance and enables continuous improvement of services. In our cycle, planning and evaluation is interconnected and interdependent at local, regional, and provincial levels. This makes it critical to map out the four phases of the planning and evaluation cycle – Planning, Implementation, Evaluation, Adaptation – so that all are aware of their opportunities and timelines for participating in planning, priority-setting, monitoring, and evaluation.



A number of timeframes have already been established, such as the 5-year intervals for the FNHA Multi-Year Health Plan and tripartite evaluation. Within these timeframes, we can establish opportunities for First Nations to provide ongoing guidance and monitoring. In doing so, we can learn from what has worked for us to date – the engagement mechanisms such as Regional Caucuses and Gathering Wisdom for a Shared Journey forum. In particular, Gathering Wisdom for a Shared Journey is an important anchor for planning timelines. This is the main opportunity – every 18 months – where First Nations leadership, health directors and communities meet to discuss and develop priorities for investment within the regions and provincially. We can evolve our work to date – from providing direction only on specific questions arising from the Engagement & Approval Pathway – to also include an ongoing function for BC First Nations to provide direction on the overall priorities for investment, programming and activity by the FNHA, FNHDA and FNHC at local, regional, and provincial levels. Furthermore, Regional Caucus sessions, supported by the work of Regional Tables and Regional Offices, are the opportunity for annual priority-setting under Regional Health & Wellness Plans, and will inform the collective discussions taking place at Gathering Wisdom for a Shared Journey forums. Every five years, robust evaluation also presented through Gathering Wisdom for a Shared Journey forums will inform the adaptations we will incorporate into the next planning phase.

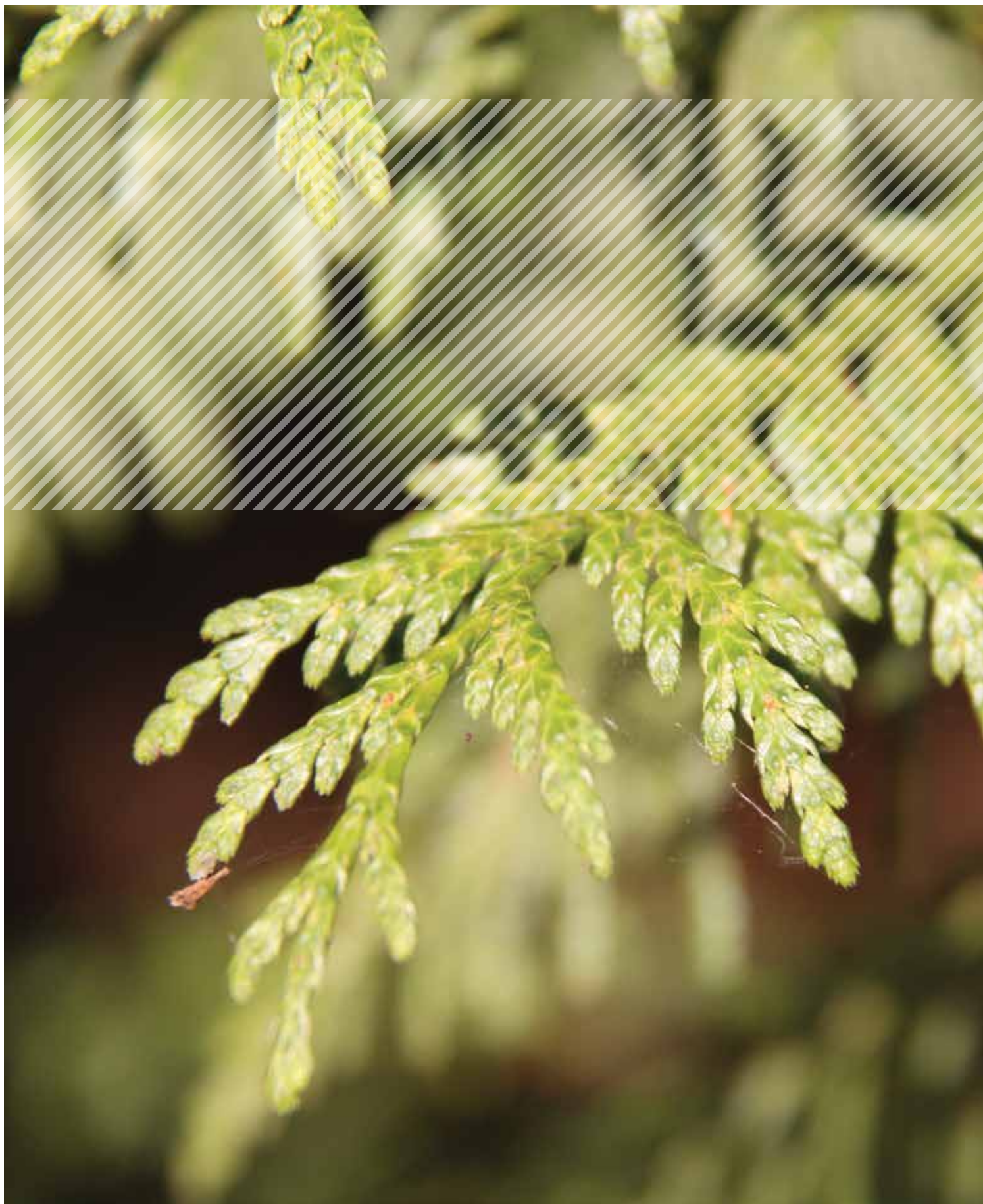


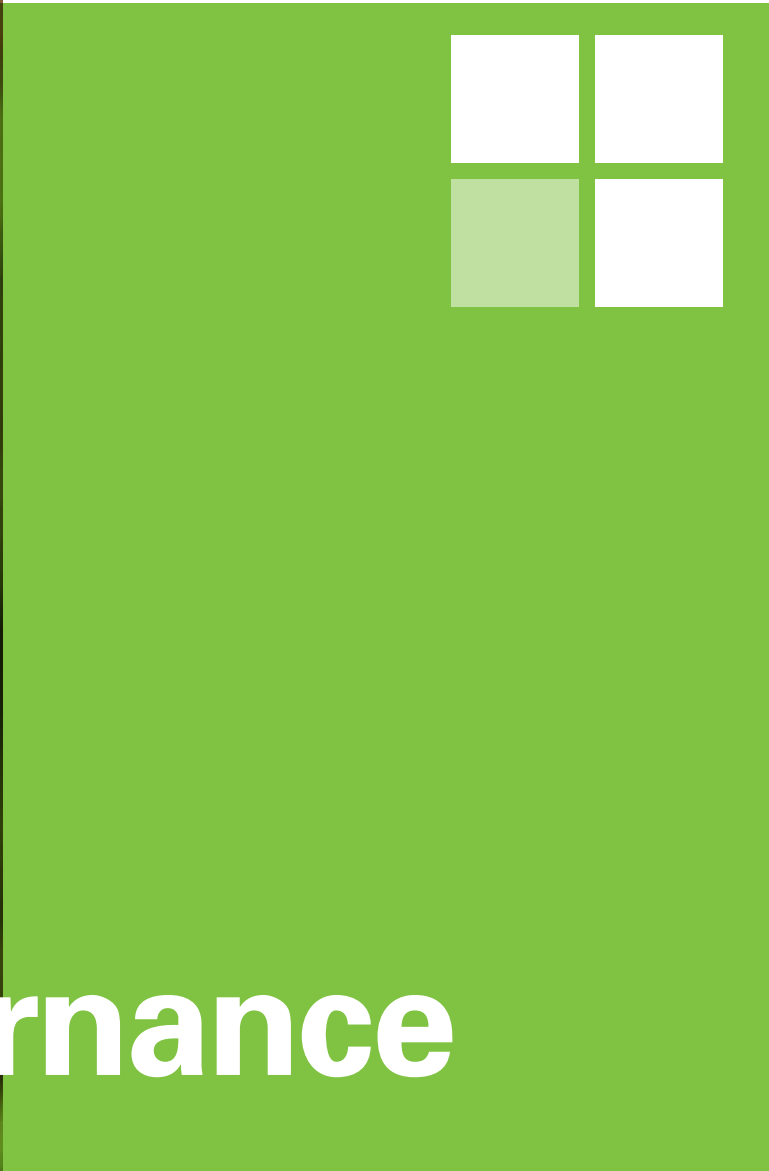
We should also be aware that our planning and evaluation cycle exists within the broader health system in BC. We have an opportunity to align our planning and priority-setting timeframes in a way that will best influence the broader governmental planning and budgeting process. This includes aligning Regional Health & Wellness Plan timeframes to best influence the budgeting processes of Regional Health Authorities.

“At the community level, what’s needed in planning is to ensure that we have clarity on what the community is saying, that we have understanding on what their priorities and needs are, and how they see approaching those priorities and needs. At a regional level, we really need a lot of collaboration. We need communities to work together to identify collective priorities across the region, recognizing that not every need that we have can be a priority. At a provincial level, we have to be responsive to find a way of addressing the various regional priorities that come forward and perhaps identify those that are collaborative among the five regions, or common among the five regions, where we can ensure a collaborative mandate can address those needs... So moving forward we wanna ensure that we’re no longer planning in isolation from one another, and for me that means that communities are working together at a regional level to do planning at that level, in addition to federal programs and services they’re taking into account provincial health services and programs.”

JOE GALLAGHER, CHIEF EXECUTIVE OFFICER OF THE FIRST NATIONS HEALTH AUTHORITY







Data Governance

Ktunaxa Teachings and Child Development (Gwen Phillips)

The Ktunaxa people have teachings that have been handed down for hundreds and hundreds of years. These teachings relate to forming a home and becoming parents. They instruct the young man and young woman, on what they should and should not do, during these formative years.

When young people started to show interest in each other, or were becoming of age to marry, their parents, aunts and uncles would provide them with guidance. First, they were told to ensure that their lodge was ready; that they had a safe, secure home and the necessary relationships were in place to provide for food and the other necessities of life. The aunts would counsel the young woman on the process of preparing and caring for a child. These teachings included advice on how to ensure that a baby was strong and would grow into an intelligent, productive, and healthy and even 'good looking' baby.

It was believed that if you 'shocked' your baby it could be affected for life; shocking included negative impacts on the intellectual, physical, emotional, or spiritual development. Young women were encouraged to be peaceful and to avoid emotional upset by way of arguments and confrontations. It was believed that if the baby was subject to emotional stress, that they would be timid or perhaps a bully or even 'weak minded'. It was suggested that if we ate certain things, that the baby could be stained, or have a bad stomach, or worse. Advice was given to avoid, when pregnant, looking at things that were ugly, like the sucker fish or the bat, and even to avoid bad smells and so on, and so on...

And, it wasn't all up to the woman... Ktunaxa men were also instructed on what they should do and should avoid doing, when they were setting up their lodge and waiting for their babies to be born. The advice given to men was basically about reducing risk in order to ensure that their family had a protector and provider (good nutrition for physical development, and a nurturing, safe home). They too, were told what they should avoid eating and where not to travel during certain times of the year, etc. The parents were both told to talk to the baby when they are inside the mother... to sing to them and let them hear their voice and the voices of their family, so they know to whom they belong.

Modern science is finally catching on to what our Elders have been saying for generations. The scientists are now proving that when a developing baby experiences physical, emotional, spiritual or intellectual trauma (for example poor nutrition of either the mother when carrying, or the baby in development), that they are likely to develop higher levels of chronic illness and disease during the course of their life (like arthritis and heart disease), than people who do not experience early life trauma.

Our Elders and the people that study epigenetics came to the same conclusion; we have to guide and protect our babies and young parents the way we used to, to avoid poor health throughout our lives, and the related personal and societal costs.

These teachings are not unique to the Ktunaxa people. I am sure all of us, as First Nations people, have teachings that are similar.

Data Governance

WHY IS DATA GOVERNANCE A BUILDING BLOCK FOR TRANSFORMATION?

A well-functioning health information system is one that ensures the generation, analysis, sharing and strategic use of reliable and timely information on health status, health determinants, and health system performance. To achieve this, we require sufficient technical resources, capacity and systems to generate, manage and interpret health data.

Overall, access to timely, trusted and quality data and information will support everyone to make informed and strategic decisions about investments in First Nations well-being that will produce real outcomes.

“So if we take over data governance, we’ll have all the data in a holistic manner, so we can also move from that sickness model to a wellness model.”

JEANINE LYNXLEG, VICE PRESIDENT OF THE FIRST NATIONS
HEALTH DIRECTORS ASSOCIATION

Whether you are a patient, health professional, Health Director, or Leader – you depend on good quality, reliable health data and information to identify priorities and inform decisions that will deliver benefits.

Presently, the health data and information about BC First Nations is collected and stored across the health and social system – by community and regional clinics, hospitals, health authorities, and various federal, provincial and First Nations government departments and organizations. This is reflective of the fragmented manner in which programs and services are provided to First Nations, and is linked to the tremendous reporting burden borne by First Nations communities. Further, much of the data generated is related to the measurement of negative health indicators, such as death and illness.



What is Data Governance and Data Management?

Governance refers to the authority to make decisions and the processes by which those decisions are made. With respect to data, then, governance refers to the authority to make decisions with regard to data and the traditions, protocols, processes and institutions through which we engage with data.

The management of data and information is a critical component for strong leadership and governance, as the effective generation, collection, strategic-use, storing, and protection of data and information enables informed and strategic decision-making, comprehensive planning, and the development of responsive policies and programs.

Work to Date

The tripartite and bilateral health plans and agreements adopted by BC First Nations describe a comprehensive mandate with respect to data and information, including increasing First Nations involvement in decision-making concerning their data and services, improving the collection, use and sharing of First Nations data, and developing the capacity of First Nations to assume eventual custody, control and management of First Nations data. There has been exciting work achieved so far such as through the *First Nations in BC Tripartite Data Quality and Sharing Agreement (TDQSA)* and *Panorama Project*.

Further, the Framework Agreement provides for the processes, protocols, and systems for health data sharing between the FNHA and BC Health Authorities, and collaboration on integrated planning approaches based on a model of wellness and wellness indicators.

TDQSA

This Agreement allows for First Nation individuals' health information to be shared between the federal, provincial and First Nations governments in order to improve health service delivery. The FNHA is currently taking a leadership role in working with federal and provincial departments and agencies across the health system to maximize the use of existing data and increase First Nations' decision-making regarding those data.

PANORAMA

BC is prepared to start using a ground-breaking public health information system called Panorama. This new software system allows health provider's access to public health information that is up-to-date and at their fingertips. BC First Nations have been engaged in the implementation process and have fully integrated data governance processes where no First Nations data will be analysed or reported on without the consent of the appropriate First Nations data steward.

BC First Nations Data Governance Initiative

“So we will need all the information, not only from health, but social, and housing, to make some... important decisions for the community, and to be able to serve them better, we are gonna need information.”

JACKIE MCPHERSON, PRESIDENT OF THE FIRST NATIONS
HEALTH DIRECTORS ASSOCIATION

BC First Nations are moving toward a model of wellness that encompasses broad indicators of health and well-being including: education, health, social development, employment, lands and resources, water, housing, child protection, culture, and the environment. We are also moving to a more integrated system based on our holistic understanding of health and well-being that links physical, mental, social, spiritual, economic, political and cultural health determinants with the natural environment.



First Nations' data governance can unite, guide, and continuously inform BC First Nations, First Nations organizations and federal and provincial government partners towards a shared outcome of well-being for First Nations.

Ultimately, through effective data governance, federal and provincial governments can evolve their role to become funders of and investors in First Nations well-being, based on reports informed by the quality data and information collected by BC First Nations. BC First Nations become the owners and decision-makers with respect to their own data, and use this data to inform social planning and investments locally, regionally, and provincially.

To advance this vision, the FNHC has begun work on a BC First Nations' Data Governance Initiative that builds on the political commitments made in the health plans and agreements. Moving these political commitments into operational strategies requires engagement and partnership development with First Nations governments and the organizations that serve First Nations people. The FNHC is currently taking a leadership role in working with First Nations and Aboriginal organizations to build unity and partnerships to advance this ambitious agenda. Other government departments and ministries, including Aboriginal Affairs and Northern Development Canada and the BC Ministry of Aboriginal Relations and Reconciliation, are, as partners, providing strong support to this effort. Through this engagement and partnership, this initiative will be a starting point for future efforts related to the broader social determinants of health agenda.

The broad objectives of the BC First Nations' Data Governance Initiative are:

1. Through tripartite partnership, collaboration, and coordination – significantly advance strategic planning and achieve better outcomes for, and with, BC First Nations through effective data governance;
2. Align data standards with a holistic and integrated social investment model that centralizes information from a variety of sectors including, but not limited to, health, education, social services, child and family services, and housing;
3. Develop an integrated set of data rules, policies, standards and technical linkages across jurisdictions;
4. Develop and launch an integrated Tripartite First Nations Data Governance model aligned with transformative change; and,
5. Maximize efficiency of existing resources across Federal, Provincial and First Nation partners.

More specifically, at an implementation level, the potential priorities and benefits of this Initiative can include:

Information Systems

- Create space to share best practices and support improved systems amongst First Nations (Unification, Mustimuhw and DRUMS) and thereby reduce the need to modify existing government systems (augment or replace federal/provincial systems currently in use, or phase them out over time)
- Reduce the need for managing “dip-stick” national surveys, instead aggregating quality data managed by BC First Nations for the purposes of informing national and other reports on well-being

Reporting

- Provide useful ‘on the ground’ tools for all BC First Nations, which will greatly improve program administration, data collection and information management thus increasing efficiencies and accountability as First Nations governments
- Identify and eliminate significant redundancies in data collection and reporting
- Improve reporting relationships – centralize, simplify, integrate, and make consistent

Capacity Development

- Invest in capacity of First Nations governments by providing tools, support, education and training
- Promote collaborative partnerships that enable us to respond to changing needs identified by governments without major re-investments at the systems-level

Tracking Performance

- Create an effective, quality data model in support of First Nations’ data governance, supporting administrative data collection through a sustainable workflow process integrated into daily operations of First Nations governments/organizations, building accountability on many levels



Data Governance Building Blocks

OCAP (Ownership, Control, Access, Possession)

In the 1990s, in response to a number of longitudinal surveys that did not involve First Nations people, the Assembly of First Nations created a First Nations Information Governance Committee (which is now a stand-alone organization called the First Nations Information Governance Centre). The FNIGC oversees national surveys related to First Nations health and wellness and supports the implementation of the principles of ownership, control, access and possession (OCAP). The OCAP principles were intended to establish rules for researchers and others to follow when undertaking data and research involving First Nations. The FNIGC maintains Trademark on OCAP™ in an attempt to ensure that researchers and others do not misuse the principles, and respect First Nations' right to Own and Control the Access and Possession of data.

OWNERSHIP	Ownership refers to the relationship of First Nations to their cultural knowledge, data, and information. This principle states that a community or group owns information collectively in the same way that an individual owns his or her personal information.
CONTROL	The principle of control affirms that First Nations, their communities and representative bodies are within their rights in seeking to control over all aspects of research and information management processes that impact them. First Nations control of research can include all stages of a particular research project-from start to finish. The principle extends to the control of resources and review processes, the planning process, management of the information and so on.
ACCESS	First Nations must have access to information and data about themselves and their communities, regardless of where it is currently held. The principle also refers to the right of First Nations communities and organizations to manage and make decisions regarding access to their collective information. This may be achieved, in practice, through standardized, formal protocols.
POSSESSION	While ownership identifies the relationship between a people and their information in principle, possession or stewardship is more concrete. It refers to the physical control of data. Possession is a mechanism by which ownership can be asserted and protected.

”... which stands for ‘ownership, collection, access and possession’ of data or information on First Nations people. So over the course of history basically, it was recognized that ‘there’s a lot of people collecting information on us, and some of them are doing it for us, jeez some are even doing it with us... We can actually do a lot of this for ourselves, is what we’re saying.’ So now we have this acronym OCAP that’s understood by researchers as ‘yes, there’s a different relationship with respect to first nations and ownership of data and collection of data and how we access and maybe possess that data.’”

GWEN PHILLIPS, FIRST NATIONS HEALTH COUNCIL REPRESENTATIVE
FOR KTUNAXA NATION – INTERIOR REGION

The FNHC has become involved with FNIGC as an opportunity to influence national approaches to deploying surveys – by moving away from “dip-stick” surveying approaches to developing capacity (human and infrastructure) that will instead create a legacy for BC First Nations.



BC First Nations have indicated general support for OCAP principles through Directive #2 – Increase First Nations Decision-Making. However, there continue to be many interpretations of what exactly OCAP means, and how it will be implemented. As we maintain the momentum to support data governance, we have the opportunity to proactively and collectively define what this means to us as BC First Nations, by answering questions like:

- What does OCAP mean to us as BC First Nations?
- What do each of the terms “Ownership”, “Control”, “Access” and “Possession” mean to us? What do they look like?
- What do the 7 Directives tell us in terms of data governance?



Data Service and Support Centre

The goal is for BC First Nations to collect, own and store their own data and define the terms through which data will be shared and reported. This requires capacity, technology, and infrastructure. It also requires clear standards that will protect the integrity of the data, and individual privacy rights. BC First Nations data governance could be supported by a BC First Nations controlled Data Centre(s). This Centre(s) could: provide specialist services and training coordination; strategically protect personal data; assure integrity of data; achieve economies of scale; and help create an integrated First Nations data management approach so we can report to our own people on a Community, Nation, Regional, Provincial and National basis. Through establishing such a Centre(s), we would have the capacity and expertise to assume responsibility for what is currently a fragmented system of data collection about BC First Nations – and strategically develop our own integrated, holistic data and information system.

Research Ethics Board

Research ethics boards review proposed research studies involving human participants against accepted ethical guidelines. They are generally established by a group or institution to review the merits of research, and have the authority to approve, modify, reject or stop studies that fall under the jurisdiction granted to it.

Given the breadth of research and surveying conducted on BC First Nations health and wellness, First Nations could potentially be supported by a BC First Nations Health Research Ethics Board that supports and enables research consistent with BC First Nations worldviews, protocols and standards. This Board would not overtake or interfere with community research activities or agendas, but support and enable these efforts. The mandate of a BC First Nations Research Ethics Board could include:

- engage with BC First Nations to establish standards for research ethics, protocols, and policy involving BC First Nations;
- monitor compliance with those research standards;
- support communities to be informed about the risks and benefits of research;
- support First Nations to protect traditional and sacred knowledge;
- facilitate coordination and knowledge and information exchange about health research, including best or better practices;
- support a comprehensive, interconnected research agenda for BC First Nations health and wellness; and,
- build upon and support the work of the tripartite partners to develop templates and tools related to research ethics at Community/Nation, regional and provincial levels.

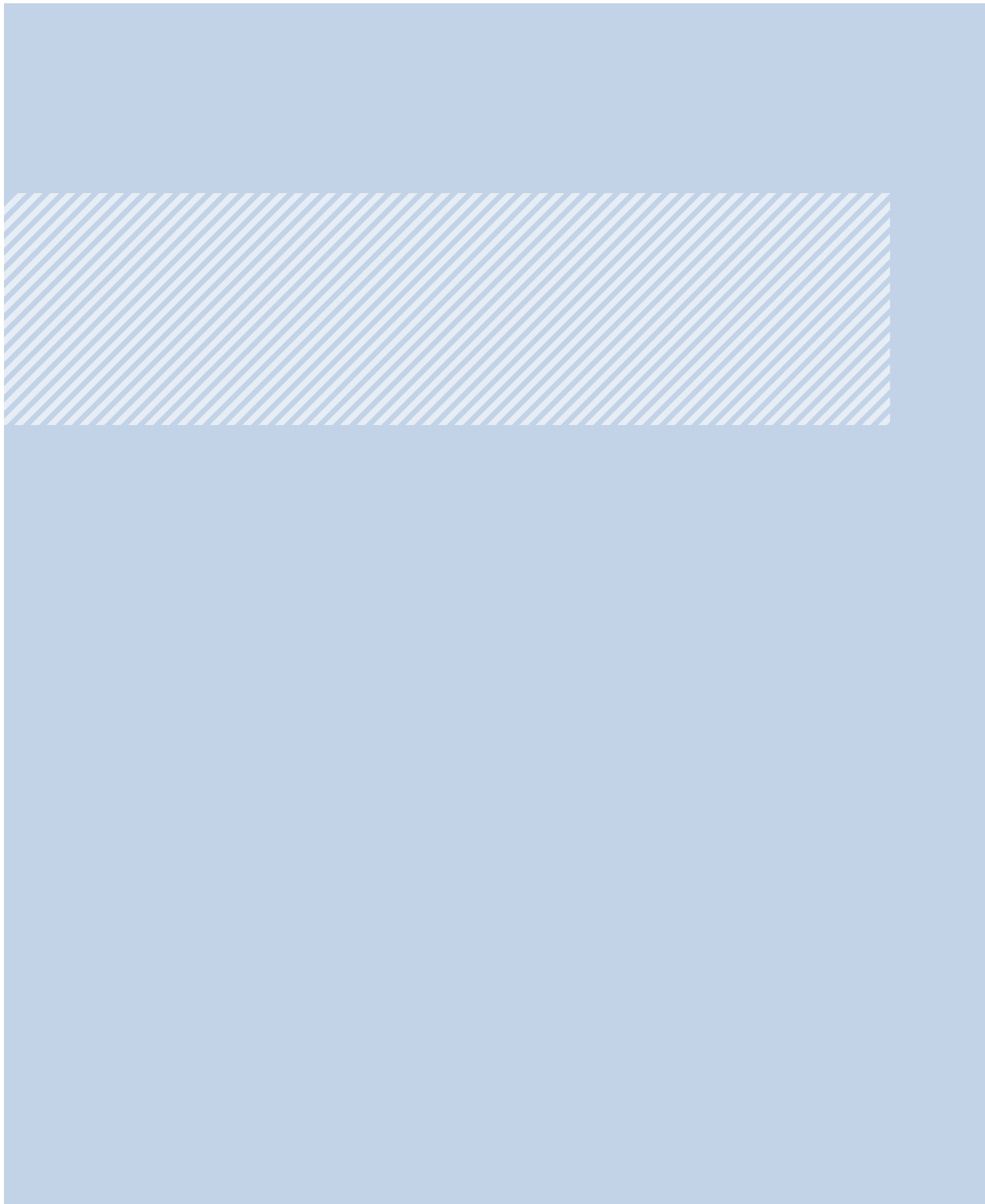
“What we’ve learned from other indigenous communities around the world that have developed these health systems is that the collaborative approach is a lot better. When you look at Alaska, you’ll see regional health corporations that run programs and services for large numbers of tribes on the ground in Alaska, and so the economy of scale they not only for employment but for service delivery, allows them to do things in a different way than what they do here, a more sustainable way, and a more effective way.”

JOE GALLAGHER, CHIEF EXECUTIVE OFFICER OF THE FIRST NATIONS HEALTH AUTHORITY





Supporting Sustainability



Supporting Sustainability

WHY IS SUPPORTING SUSTAINABILITY A BUILDING BLOCK FOR TRANSFORMATION?

BC First Nations have an ambitious vision for change – one in which the health and wellness of our peoples is nurtured and supported by a quality, unique, and responsive BC First Nations health system, programs and services.

Achieving this ambitious vision will depend on our ability to make the most of our resources through identifying efficiencies, and our ability to use corporate and charitable structures to prevent economic leakage, and generate revenue that can be re-invested in the health system.

At Gathering Wisdom for a Shared Journey V, BC First Nations adopted a holistic First Nations health governance model (blending non-profit, corporate, and legislative elements), and directed that the planning and implementation of this model begin. First Nations also adopted a preliminary set of statements to guide the pursuit of corporate or business models, including:

- result in improved services to First Nations
- result in improved access to services by First Nations
- returns are reinvested in the First Nations health system to support ongoing sustainability and improvement of services
- consistent with First Nations values and the 7 Directives

A key element of the way we will do things differently moving forward will be through our ability to use corporate and charitable structures to improve services, prevent economic leakage (money is spent on our own services, rather than on services provided by others), and generate revenue that can be re-invested in the health system. This goes hand-in-hand with our ability to implement Directive #7 – and identify efficiencies and economies of scale that result in savings to be reinvested in other health programs, services, and priorities.

Throughout this process of health governance reform, BC First Nations have learned from those that have undertaken similar journeys, here in BC, nationally, and internationally.



Alaska

The Tribes in Alaska share many similarities with BC First Nations, including in cultural diversity, geography, colonial history and resulting health outcomes. Through a sophisticated structure with state-wide, regional-level, and local components, they have also taken responsibility for the design and delivery of health services to their peoples, including the delivery of programs, services, and the operation of hospitals, health centres, clinics, health stations, and residential treatment facilities. The success of the Alaska Tribes is inspiring, and in many ways mirrors what BC First Nations hope to achieve. In their system, they have been able to:

- push funds, control and accountability for programs as close to the local delivery of the services as possible
- implement a “customer owner” philosophy that recognizes that all Alaska Natives “own” the system that provides state-wide specialty care services, leads construction of water, sanitation, and health facilities in Alaska, and offers community health and research services
- establish a state-of-the-art Alaska Native Medical Center hospital
- foster mentorship and development of Alaska Natives in the health system, and implement a human resource approach that ensures that all employees understand and live the values that are important to the Alaska Tribes
- develop the world-renowned “Nuka System of Care”
- implement and 100% fund a traditional healing program through which the majority of care is provided by community-trained traditional health practitioners and healers

These achievements are remarkable. This has been achieved although, in their original negotiations, the funding provided for this Alaska health governance arrangement was only half of what the Alaska Tribes thought they needed. Over time, they have been able to implement efficiencies, generate third-party revenues, and undertake innovations that have increased their budget and improved the services to their peoples.

At Gathering Wisdom for a Shared Journey V, we heard from the Yukon-Kuskokwim Health Corporation (YKHC) – a fully accredited tribal organization that administers a comprehensive health care delivery system for over 50 rural communities in Southwest Alaska (population 30,000 over 190,000 km²). In 1990 – the year before the YKHC took over the primary health care facility located in Bethel – there were a couple hundred employees with a \$6 million payroll. Today, there are over 1500 employees (the largest employer in the region) with a \$150 million budget. Services have been expanded, and tribes now manage, operate and deliver 100% of the health care services in their service area.

The health system in the YKHC service area includes services provided at the village, sub-regional, regional, and state levels. Travel to and from these services is a significant and costly challenge, as is supplying the 50 clinics throughout the service area. Innovative approaches to achieve excellent and sustainable health care services were needed.

One of these approaches was for the Yukon-Kuskokwim tribes to start their own construction arm of the YKHC. Since 1997, they have designed and constructed over \$250 million of clinics/infrastructure throughout their service region. They were able to successfully apply for federal and state construction grants rather than free up financing from programs and services, and today are debt-free.

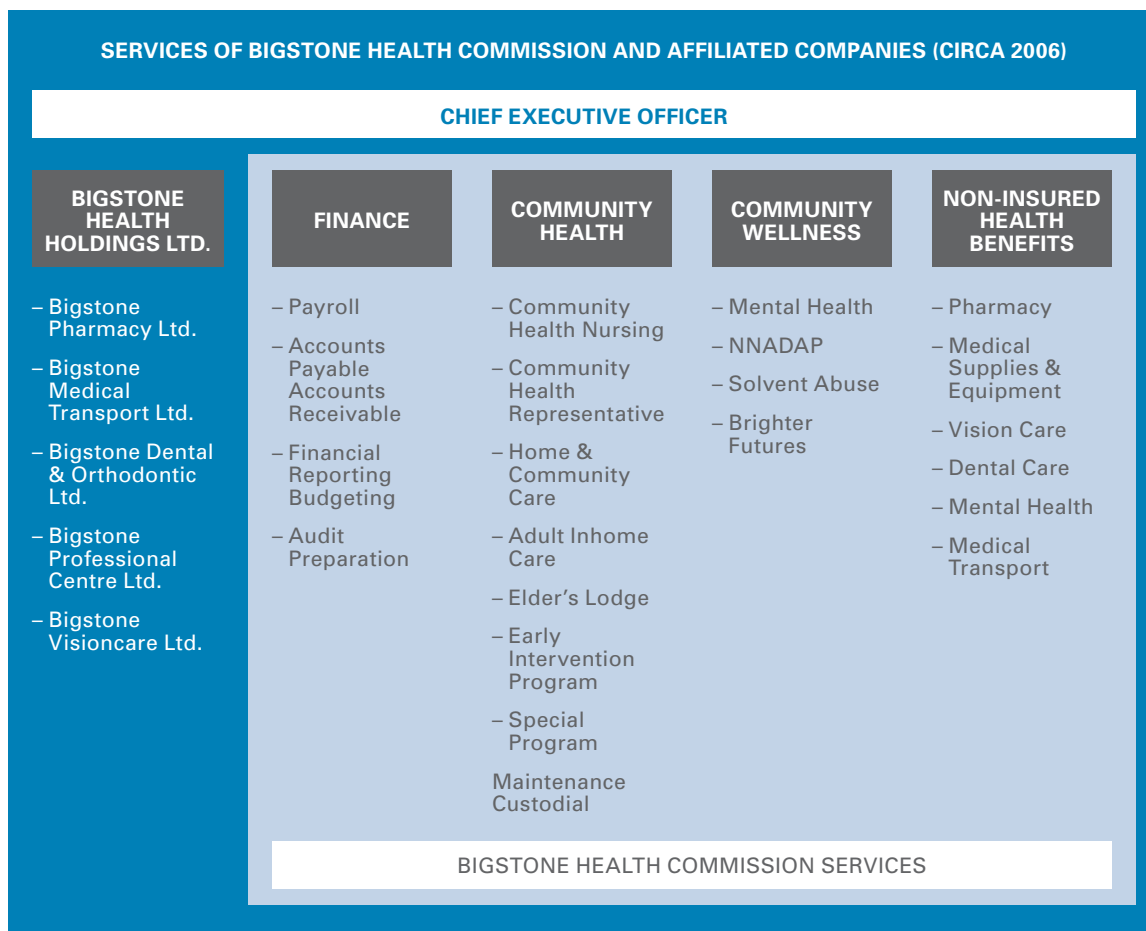
Another approach has been through the supplying of medevac services. The YKHC and Providence Health and Services Alaska entered into a 50/50 joint venture (through a standalone corporation) to operate medevac services – LifeMed. LifeMed provides transport services for adult, pediatric, neonatal and high-risk obstetric patients using a fleet of Lear Jets and helicopters, and served by a flight team including one Nurse and one Paramedic (all crew members are certified in all types of advanced life support). In recent years, LifeMed has expanded its services to include ground services, and other types of health care professionals. Offering these additional services has allowed LifeMed to become the only provider managing its patients – seeing to the quality of service from the scene to the hospital.



Bigstone Health Commission

20 years ago the Regional Director for Health Canada stood in front of the Chiefs at Treaty 8 and they said that Bigstone was the sickest region in Alberta; in April 2011, the 2010 Determinants of Health book came out in Alberta and it shows the two healthiest communities in Alberta – one of these is Bigstone. Barry Phillips, CEO, Bigstone Health Commission

In 1996, the Bigstone Cree pursued a Non-Insured Health Benefit (NIHB) Pilot Project intended to bring greater control over the NIHB program into the hands of the community. Today, the Bigstone Health Commission is a non-profit health organization owned by the Bigstone Cree Nation and delivers health services such as community health, community wellness and Non-Insured Health Benefits. Bigstone Cree Nation also owns and operates a for-profit organization called Bigstone Health Holdings Ltd.



They took on the transfer of the NIHB program, and they generated profitable businesses. They own their own pharmacy, and their pharmacy generates jobs and revenue for their community. That revenue is plugged back into their health programs.

GRAND CHIEF DOUG KELLY, CHAIR OF THE FIRST NATIONS HEALTH COUNCIL
AND REPRESENTATIVE FOR STO:LO TRIBAL COUNCIL

The Bigstone Health Commission has undertaken efforts in a number of areas to improve health services in the community.

Medical Transportation

The medical transportation program is costly, and in and of itself does not make people well – these were the reasons that Bigstone prioritized the transformation of the medical transportation program.

Bigstone became a provider of medical transportation services, rather than a purchaser. They took direct control of ambulance services, and upgraded services from emergency medical response to advanced life support. They were able to enhance paramedic health services by increasing the number of communities served by a paramedic, reducing the need for medical transportation outside the service area.

Dental

Through research, Bigstone identified a dental crown that was seven times stronger than the typical product provided, and which cost \$40 – as opposed to \$400 – to produce. Looking at the long-term benefit, Bigstone made an initial investment of \$100,000 in the machine that produces the \$40 dental crowns. It took a number of years to realize the cost benefit, but this now results in a significant cost savings to Bigstone (and is a revenue-generating opportunity as well).



“Sound efficiencies within our systems can be reinvested to enhance benefits and/or be redistributed to community health services.”

BARRY PHILLIPS, CEO,
BIGSTONE HEALTH COMMISSION



Pharmacy

Bigstone developed its own community pharmacy and electronic Point of Service Adjudication system. By building, owning and operating their own pharmacy, not only did it improve access and enhance services, but it saved a significant amount of money for the health benefits program, and increased employment opportunities for Bigstone members. Today, the pharmacy makes a \$150,000 in profit each year, which is reinvested in community service.

Health Data Governance and Management

Through owning and operating their own pharmacy, the Bigstone Health Commission could readily access individual health data from the pharmacy to identify diabetic patients. They were quickly able to determine that these patients were eligible to receive eye examinations annually rather than bi-annually. This sped up the approval process significantly. By collecting and maintaining raw individual data with each NIHB transaction, they could approach health planning more proactively and in a more integrated manner to plan for individual health and wellness needs.

Human Resources

Being a good corporate citizen was important to the image and pride of being a good provider of service. Bigstone created positions including pharmacy technicians, dental assistants, emergency medical transports and benefits administrators. Overall, the business of health has created jobs for the Bigstone people – over 100 full time jobs with more than \$3 million dollars in new or repatriated salaries.

Capital and Infrastructure

Example: In a typical pharmacy, 50% of the cost of any given prescription generally goes to pay for the rent, staff, and operations and maintenance costs of that pharmacy; when you own and operate your own pharmacy, those same “costs” are actually investments back into the system and the people as they are not paid to external parties, like a landlord. In building its own pharmacy and other facilities, Bigstone has created employment opportunities, reduced external rental costs, and receives rental income from other business entities.

SUMMARY

- In 1996, the Bigstone Cree people started to create opportunities to grow the Non-Insured Health Benefits program
- Bigstone Cree now operates public health programs through non-profit, for-profit and charitable functions. 50% of the dollars generated from the for-profit business goes directly to their health programs and services
- Found efficiencies within the health system are reinvested into their programs and services. This enhanced benefits and created community wealth and economic growth.
- Value created by the companies is community owned.
- Because of the transfer of NIHB, the health department had become a provider rather than purchaser of services.

We all have a strong expectation that we will do things better – that, through transformation, we will provide better programs, services, and supports to BC First Nations. To support the costs associated with doing things better, we need to both strengthen the health system through business development and charitable opportunities, and consider ways in which each of us can do more with existing resources. First Nations 'entrepreneurial' spirit has been part of our culture for centuries – we will draw upon this entrepreneurial spirit and learn from others, such as Alaska and Bigstone, to support the growth, sustainability and quality of our health system, programs, and services.

We are in the early stages of exploring the possibilities to support sustainability. These possibilities exist for individual First Nations people, for individual First Nations or groups of First Nations, as joint ventures with external partners, and through enterprises or efficiencies developed through the FNHA. Pursuing these types of opportunities could strengthen not only the health system, but strengthen BC First Nations economic development capacity, and support improvement in the social determinants of health.



Some of the exciting possibilities could include:

- Developing First Nations owned and operated businesses in support of medical transportation, including: taxi service; hotel, hostel, or other accommodations; meal service. This would ensure that medical transportation dollars are reinvested in our own businesses and health system, rather than to external providers. It would also allow us to provide a better quality of service than external providers, and better meet the needs of BC First Nations clients utilizing medical transportation – for example, by providing affordable, nutritious foods. It would also generate employment opportunities available to BC First Nations.
- Undertaking detailed asset and service mapping across the province, to identify where efficiencies in service delivery can be created. For example, medical transportation costs could be reduced, and cost-effective services delivered closer to home by bringing dental and other health services into the community.
- Through service mapping, identify economies of scale that can be nurtured. For example, undertaking capital planning for different types of First Nations health facilities based on different regional demands for service, and transportation networks.
- Offering advisory services to share our expertise, wellness approach, and community engagement approach with other First Nations and allies locally, nationally, and internationally.
- Developing a construction and maintenance company to design, build, and maintain First Nations health facilities locally, regionally, and provincially. This would also ensure that a consistent quality of construction and maintenance standards are upheld in all of our health facilities.
- Building (or partner with a First Nation to build) FNHA office facilities. This would ensure that the current millions of dollars spent by FNHIB on rental costs are instead invested in an office facility owned by us. This would also introduce the possibility of developing a facility in which space could be leased to others, and generate additional revenues.
- Providing the FNHA's human resource and finance system to First Nations communities, saving significant costs to the system as a whole, and increasing the ability to implement innovative, consistent, and streamlined policy, program management, and reporting. This could lead to the eventual implementation of a BC-wide First Nations health human resource and finance structure, through which a common service standard is achieved, compensation levels provided, and training and development opportunities offered.
- Creating a pharmacy and/or medical supply company to redirect the over \$60m currently budgeted for pharmacy and medical supply costs back into our own health system.
- Partnering on procurement with Regional Health Authorities and other organizations and facilities. For example, we could bulk purchase supplies and equipment to serve both First Nations health facilities and other clinics and hospitals in the sub-region, reducing the per-unit costs for all.
- As BC First Nations, defining our collective expectations together regarding the contribution that each individual is expected to make towards the costs of their health care, within their means and circumstances to do so.

- Develop Gathering Wisdom for a Shared Journey into a self-funded and renowned health conference and learning opportunity in Canada and internationally. Workshops similar to ones held in Alaska on the Nuka System of Care could be offered to others around the world, interested in our wellness approach as BC First Nations. Rather than spend \$750,000 or more on each Gathering Wisdom for a Shared Journey forum, significant revenues could be generated through a trade show (\$600,000+) and a registration fee (\$200,000+), and be used to pay for the travel and accommodations for BC First Nations to attend (and also for such things as the FNHDA Annual General Meeting, and any First Nations political discussions).

“The value of having your own pharmacy is that, I think that people underestimate the power of having the control of your own programming and the finances, and the positive effects that having that type of control can have on your community. You’re able to take your programming, your able to design, your able to shape the programming that meets the needs specifically of your community, and create the outcomes that you want for your community members.”

JOHN SCHEREBNYJ, TREASURER / SECRETARY FOR THE BOARD OF DIRECTORS
OF THE FIRST NATIONS HEALTH AUTHORITY

“One of the innovations might be that we would employ dentists ourselves and deploy them into communities to create an effective way of providing more quality service to First Nations people needing dental care.”

JOE GALLAGHER, CHIEF EXECUTIVE OFFICER OF THE FIRST NATIONS
HEALTH AUTHORITY



“Particularly in northern and isolated communities, we don’t have specialists available to us. So why not use technology to bring specialists via e-health, to communities? We have a wealth of innovation in e-health and it’s a new concept worldwide, but it is proven to be effective in the north for my communities anyways, and I think that’s a success where we could minimize some of the costs associated with patient transportation and bringing the services to community via technology.”

WARNER ADAM, DEPUTY CHAIR OF THE FIRST NATIONS HEALTH COUNCIL
AND REPRESENTATIVE FOR NORTH CENTRAL

As we continue to explore these exciting opportunities, we must be sure to do them in a way and at a pace that First Nations are comfortable with – in accordance with the change management strategy and 7 Directives mandated by First Nations.

We also have the opportunity to develop a SUSTAIN principle to guide all of us in our ongoing efforts to achieve sustainability of our health system:

- S**upport First Nations well-being and quality of life through decisions that promote healthy lifestyles, healthy choices, and healthy environments
- U**timize all available, high-quality, traditional and emerging, information, learnings, and technology
- S**trengthen the system through identifying and implementing efficient and economical ways to do business, and reinvesting profits into BC First Nations health and wellness
- T**ake care of individuals, families, communities, and our health system by protecting against undue risk, and maintaining appropriate roles, responsibilities, and decision-making authorities
- A**djust by responding to changing circumstances, looking for innovations beyond how things have been done in the past, and approaching structure from a perspective that “form follows function”
- I**nvest in the BC First Nations health and wellness system as individuals, families, communities, and organizations – recognizing that each of us has a role in supporting the sustainability of our health system
- N**urture self-sufficiency, development, and health and social resources of First Nations individuals, families, and communities, and our FNHA at local, regional and provincial levels





Next Steps

Next Steps

This Guidebook introduces a number of concepts in four key areas: Reciprocal Accountability Planning and Evaluation Cycle, Data Governance, and Supporting Sustainability. It is our hope that the concepts presented in this year's guidebook will provide a framework for discussion over the coming months. We encourage you to consider the ideas presented here, and to discuss them at the community and regional levels. We will host dialogues on this Guidebook at Regional Caucus sessions in the summer of 2013, where Chiefs, Health Leads, and Health Directors can share their thoughts and start to build consensus on key themes. Feedback received from these Regional Caucus sessions and through correspondence, briefings, and other submissions will be summarized regionally and then provincially, representing the shared views of BC First Nations about these building blocks of transformation.

It is a continuing priority to further strengthen these building blocks for transformation. At the right time, and as further opportunities arise, we will also consider other potential building blocks, such as legislation to recognize our First Nations health governance structure.

We invite and encourage your feedback regarding the themes and concepts in this Guidebook. Questions, comments, and submissions will be welcomed at: guidebook@fnha.ca

“The FNHA belongs to BC First Nations people, we need each and every one of you to continue to provide your input at a community, regional and provincial level to ensure that we can best meet your needs.”

JOE GALLAGHER, CHIEF EXECUTIVE OFFICER OF THE FIRST NATIONS HEALTH AUTHORITY

“Alright BC First Nations, let's get the job done.”

DR. EVAN ADAMS, DEPUTY PROVINCIAL HEALTH OFFICER FOR ABORIGINAL HEALTH



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Questions?

Email: **guidebook@fnhc.ca**



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