

Together in Wellness

TRIPARTITE COMMITTEE ON FIRST NATIONS HEALTH ANNUAL REPORT APRIL 2020 – MARCH 2021

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



Tripartite First Nations Health Plan



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B.C. Ministry of Health

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English

Catalogue: H33-1/14E-PDF

ISSN: 2292-0536

Français

Catalogue: H33-1/14F-PDF

ISBN: 2292-0528

This publication is the result of a collaborative initiative among the First Nations Health Authority, the British Columbia Ministry of Health and Indigenous Services Canada.

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A Message from the Partners

The Tripartite Committee on First Nations Health (TCFNH) acknowledges and grieves the tragic losses that have impacted First Nations communities and families in B.C. during these difficult times.

This annual report covers the period from April 2020 to March 2021, a period of unprecedented change and uncertainty in B.C. but also one of resiliency, transformation, and growth. October 2020 marked the seventh anniversary of the transfer of responsibility of provincial First Nations health programs and service delivery from the First Nations and Inuit Health Branch to the First Nations Health Authority (FNHA), and the work of the TCFNH to implement positive, systemic change in the B.C. health system for Indigenous peoples.

The tripartite partners are committed to working together to improve Indigenous health and wellness outcomes in B.C. The progress in health system improvements over the past several years has demonstrated the importance of partnerships in effecting systemic change; this is even more evident given the impact of the dual public health emergencies – the COVID-19 pandemic and the toxic drug supply – on First Nations in B.C. The TCFNH remains committed to advancing transformative changes that will make high quality, relevant, equitable, and culturally safe health and wellness services more accessible to First Nations children, families, and communities.

As the health system in B.C. continues to work to address the dual public health emergencies and focus on improvements in Indigenous health and wellness, the partners have worked to leverage opportunities to work with First Nations communities on public health response, emergency response, and relationship building. Collaboration amongst the tripartite partners and

First Nations resulted in substantial COVID-19 prevention and mitigation efforts, including advancing vaccine distribution to reach those most vulnerable, including Elders and the immunocompromised. This progress was made possible through upholding and recognizing the resiliency, strength, and cooperation of First Nations people and communities, including those residing in urban areas.

A key priority in its own right was the advancement over the past year of cultural safety and anti-Indigenous racism initiatives. The TCFNH dedicated efforts towards working to address systemic anti-Indigenous racism and discrimination and support First Nations people in accessing culturally safe, equitable, and appropriate health-care services.

The TCFNH is humbled by the strength and tenacity of First Nations people and communities in B.C. and gratefully acknowledges the ongoing commitment and efforts of our national, provincial, and regional health system partners. We are honoured to share this report with you as part of our commitment under the *Tripartite Framework Agreement on First Nation Health Governance*.

CO-CHAIRS OF THE TRIPARTITE COMMITTEE ON FIRST NATIONS HEALTH

COLLEEN ERICKSON *Board Chair, First Nations Health Authority*

PATRICK BOUCHER *Senior Assistant Deputy Minister, First Nations and Inuit Health Branch, Indigenous Services Canada*

STEPHEN BROWN *Deputy Minister, B.C. Ministry of Health*

The TCFNH would also like to acknowledge with gratitude the efforts and support of assistant deputy minister **Keith Conn, who acted as the Indigenous Services Canada Co-Chair from fall 2020 to spring 2021.*

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

COLLABORATING TO CHAMPION AND IMPROVE HEALTH AND WELLNESS WITH FIRST NATIONS

IN B.C. continued to be a top priority for us in the office of the chief medical officer (OCMO) of the FNHA and the office of the provincial health officer (OPHO) of B.C. The strength and importance of this partnership is demonstrated in our day-to-day work and ongoing collaboration to respond to the dual public health emergencies of the COVID-19 pandemic, and the toxic drug supply and overdose crisis.

Since the declaration of the public health emergency in April 2016 and due to the marked increase in overdoses linked to a toxic drug supply, we are working together to monitor and address the impact on First Nations peoples in B.C. Sadly, the ongoing toxic drug supply crisis has claimed the lives of thousands of residents of B.C., with First Nations communities being disproportionately impacted. Every person to die due to overdose leaves behind loved ones and communities – a valuable life cut short, and a story untold. Together, our offices and the Province of B.C. have devoted considerable effort to combat the emergency; such as launching a number of harm reduction initiatives, working to destigmatize substance use, and building public awareness in First Nations communities.

Our offices have also been working together to address the second public health emergency in B.C.—the COVID-19 pandemic. Since the declaration of this second emergency in March 2020, our offices have been working with each other, and with the B.C. health system, emergency responders, and communities, to minimize the spread of the virus and distribute supplies and vaccine doses as quickly and effectively as possible. Unfortunately, the pandemic has impacted the accessibility of harm reduction services and initiatives, resulting in an increase in the harms experienced by people who use substances, and worsening the ongoing overdose emergency. We are jointly coordinating with the B.C. health system to remedy this situation. In addition, the Office of the PHO has been collaborating with the BC Centre on Substance Use in education and information campaigns around harm reduction during the pandemic.

Work to finalize the joint *First Nations Population Health and Wellness Agenda*¹ (PHWA) baseline report was delayed due to the COVID-19 pandemic; the report was subsequently released in June 2021.

During this reporting period, the OPHO and OCMO also worked to prepare the First Nations Women and Girl's Health and Wellness Report, released summer 2021 (*Sacred and Strong: Upholding our Matriarchal Roles*).²

1 <https://www.fnha.ca/Documents/FNHA-PHO-First-Nations-Population-Health-and-Wellness-Agenda.pdf>

2 <https://www.fnha.ca/Documents/FNHA-PHO-Sacred-and-Strong.pdf>

We wish to acknowledge the leadership and dedication to First Nations health and wellness of our colleagues. Dr. Evan Adams is in the second year of his interim role as deputy chief medical officer of Public Health at Indigenous Services Canada and has been pivotal in the drive to increase accessibility of the COVID-19 vaccine in remote communities. We also once again raise our hands to the deputy provincial health officer for Indigenous Health, Dr. Danièle Behn-Smith, who is providing essential support and expertise to both the Province of B.C. and the FNHA. She has been instrumental in assisting the OPHO in all partnership activities, including reporting initiatives, as well as the two public health emergencies.

Together, we remain committed to addressing the serious and ongoing health emergencies facing First Nations in B.C. We also remain dedicated to working together to drive systemic transformation, improving health and wellness with First Nations in B.C., and addressing the systemic anti-Indigenous racism within the B.C. health system. We are united in our dedication to our partnership to transform the B.C. health system and the province to one in which First Nations children, families and communities can achieve the highest level of health, self-determination and vibrance, in the spirit of reconciliation.

Sincerely,

DR. BONNIE HENRY,

Provincial Health Officer

DR. SHANNON MCDONALD,

Acting Chief Medical Officer, First Nations Health Authority



Purpose

THE APRIL 2020 – MARCH 2021 *Together in Wellness: Tripartite Committee on First Nations Health Annual Report* fulfills the commitment to report annually on the progress of the integration and improvement of health services for First Nations in B.C., as outlined in the 2011 Tripartite Framework Agreement on First Nation Health Governance.

What is the Tripartite Committee on First Nations Health?

The Tripartite Committee on First Nations Health (TCFNH) is a senior forum for coordinating and aligning efforts to improve the health and well-being of First Nations in B.C. Encompassing representation from First Nations, health-care service providers, and the provincial and federal governments, the TCFNH establishes priorities, guides planning, reviews progress, and works to eliminate health care and service delivery barriers impacting the health and well-being of First Nations people in B.C.

The committee meets biannually to discuss programming and service delivery progress and coordinate high-level operational planning and advancement of key priorities; including cultural safety and humility, mental health and wellness, primary health care, emergency response, and reconciliation and relationship building. This meeting schedule is supported by the TCFNH secretariat.

During the reporting period, COVID-19 was a central priority for the tripartite partners. These efforts included working on culturally safe community contact tracing and vaccine rollout infrastructure and planning, coordinating accessibility for medical supplies and equipment, and the creation of national, provincial, and organizational funding envelopes to help First Nations in B.C. meet their immediate community needs.

A safe and collaborative response to the overdose public health emergency, which disproportionately impacted First Nations people, remained a top priority, particularly in the context of COVID-19 which has exacerbated the problem of an increasingly toxic drug supply. This year progress was made on the *Memorandum of Understanding, Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness* (the Tripartite MHW MOU). The tripartite partners adopted innovative methods to provide services and resources to First Nations and have also extended the 2010 Tripartite Data Quality Sharing Agreement through 2023.

MEMBERSHIP:

- *Co-chairs:*
 - » *Board chair, First Nations Health Authority;*
 - » *Senior assistant deputy minister, First Nations and Inuit Health Branch, Indigenous Services Canada;*
 - » *Deputy minister, B.C. Ministry of Health;*
- *President/chief executive officers of each of the B.C. health authorities;*
- *Provincial health officer under the B.C. Public Health Act;*
- *Indigenous health physician advisor, Office of the Provincial Health Officer;*
- *Chief executive officer, FNHA;*
- *Chief medical officer, FNHA;*
- *President, First Nations Health Directors Association;*
- *Deputy minister, B.C. Ministry of Mental Health and Addictions; and,*
- *Any other non-voting, observer, or full members as agreed to by TCFNH.*

Tripartite Committee on First Nations Health: Reporting on Strategic Priorities

COVID-19 Pandemic Response:

The tripartite partners and Emergency Management BC (EMBC) were the lead agencies working to support First Nations in COVID-19 pandemic mitigation, preparedness, response, and recovery. These agencies have been working in tandem with Nations, other government partners, service providers, and local emergency operations centres to support First Nations access to culturally safe and appropriate pandemic responses. These supports include funding for nearly one hundred First Nations community-based liaison positions to support culturally safe contact tracing with community expertise, information sharing agreements to help Nations in making informed decisions regarding travel and safety measures, and ongoing community-centred supports. The tripartite partners worked to discuss and prioritize challenges and opportunities, and to build on lessons learned from the pandemic response.

IMMUNIZATIONS

The provincial COVID-19 immunization plan³ was released in January 2021 with a four-phase approach based on priority and need. Indigenous communities in all health regions were prioritized for Phase 1 and Phase 2 vaccine rollout with immunization campaigns continuing throughout Phases 3 and 4; First Nations people living away from home were also included in Phase 2. By March 31, 2021, all First Nations adults living in First Nations communities had been offered a first dose, and more than 6,600 First Nations people had also received their second dose.

The tripartite partners worked with Indigenous communities and partners, including Métis Nation British Columbia (MNBC) and the B.C. Association of Aboriginal Friendship Centres (BCAAFC), to continue promoting culturally safe, Indigenous-led immunization clinics. The Provincial Health Officer and the FNHA Office of the Chief Medical Officer partnered in the provincial immunization plan and used a 'whole of community' approach that engaged private and public entities to get vaccines to people as quickly and effectively as possible. Information on immunization continues to be promoted and distributed by the OPHO and the OCMO through all available channels including town halls, social media, published media, and more.

³ <https://www2.gov.bc.ca/gov/content/covid-19/vaccine/plan>



“...working in tandem with Nations, other government partners, service providers, and local emergency operations centres to support First Nations access to **culturally safe** and appropriate pandemic responses.”



FEATURED REGION: ISLAND HEALTH

Culturally Safe Immunization Clinics

In response to the need for rapidly connecting with Vancouver Island First Nations and urban Indigenous peoples during immunization campaigns, Island Health with the support of FNHA and other Indigenous partners drafted a Cultural Safety Plan for mass immunizations clinics. The plan commits to creating safe environments that respect and acknowledge the distinct and diverse cultures of Island First Nations, Métis, and Inuit Peoples.

In addition to fostering a safe and culturally aware space for clinics, the plan also sets guidelines for addressing and managing complaints regarding discrimination, abuse, or violence, as well as prompt and transparent communication of complaint review outcomes. Island Health is also hiring paid and volunteer positions specific to supporting patient experiences and promoting safe and accessible care for Indigenous people; however, Island Health is committed to ensuring that all clinic staff have access to cultural safety training or bespoke training to meet the unique needs of Indigenous clientele.

THE PROVINCIAL RURAL, REMOTE, FIRST NATIONS, AND INDIGENOUS COVID-19 RESPONSE FRAMEWORK

The Provincial Rural, Remote, First Nations and Indigenous COVID-19 Response Framework⁴, developed and funded in partnership between the FNHA, Northern Health, and the Provincial Health Services Authority, was released in May 2020. The framework covers urgent short-term responses to assist communities during the COVID-19 pandemic, and long-term upgrades to health-care access for rural First Nations populations. It also supports medical transportation, isolation supports, testing, contact tracing and access to mental health supports in communities, and maintains a focus on providing culturally safe and appropriate primary care.

The framework is grounded in patient choice, advocacy, and cultural safety and humility as a living document. Regional implementation plans were developed with Indigenous partners and communities, FNHA regional teams, regional and provincial health authorities and the Rural Coordination Centre of BC, and these partners are working to advance implementation plans.

⁴ <https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-recovery/gdx/rural-and-remote-covid-19-response-framework.pdf>



SUPPORTING AND LEADING WITH WELLNESS

The tripartite partners worked throughout the pandemic to build system resiliency and capacity through investments into health and wellness services and critical needs, and to support community leadership access the tools and resources necessary to meet the immediate and ongoing needs of the community regarding the pandemic. The partners continued building on opportunities to incorporate First Nations leadership and representatives in decision-making processes, including partnership on working groups and within operational networks.

To meet this goal, the Government of Canada created an Indigenous Community Support Fund (ICSF) to channel emergency funding directly to communities to provide leadership with flexibility in meeting immediate needs. ICSF also provided funding for ongoing needs and was distributed through the end of 2020.

On April 9, 2020⁵ and May 22, 2020,⁶ the Ministry of Mental Health and Addictions (MMHA) announced a \$6 million investment to expand existing mental health and substance use treatment programs and services and to launch new services to increase access to critical supports during the COVID-19 pandemic. Outcomes from the investment include development of online programs and resources for mental health, expanding access to zero- and low-cost community counselling programs, extending the scope of

mental health and wellness Mobile Response Teams, and development of a mobile app that alerts emergency first responders to a person at risk of an overdose.

FEATURED REGION: VANCOUVER COASTAL HEALTH

#6feetofwellness Campaign

An empowering social media movement around the COVID-19 pandemic aimed at Indigenous youth was developed using both VCH Aboriginal health and PHSA Indigenous youth wellness social media platforms. #6feetofwellness aims to empower Indigenous youth to practice physical distancing while upholding other recommendations from the BC Centre for Disease Control (BCCDC), health authorities, and medical health officers, to support individual and community wellness and COVID-19 public health measures.

This collaborative project has been undertaken with many partners including several First Nations, PHSA, FNHA, and community and youth organizations.

⁵ <https://news.gov.bc.ca/releases/2020MMHA0009-000655>

⁶ <https://news.gov.bc.ca/stories/new-lifeguard-app-launched-to-help-prevent-overdoses>



Cultural Safety, Cultural Humility, and Anti-Racism

Over this reporting period, B.C., Canada, and the world saw critical attention being directed to impactful events and patterns of systemic racism and discrimination. The tripartite partners continued efforts to change the B.C. health system to provide leadership and build on this encouraging, essential societal momentum. The tragic death of Joyce Echaquan in Quebec, and the Province of B.C.'s independent review into allegations of racism in health-care settings, helped spur additional efforts.

The TCFNH remains a forum focused on strengthening and championing cultural safety and humility in the safe, effective, and appropriate delivery of health-care services. The tripartite partners continue to advance efforts on building cultural safety and humility in programs and service delivery for First Nations in B.C., captured in the 2015 *Declaration of Commitment to Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in BC*⁷ and subsequent health system declarations.

⁷ <https://www2.gov.bc.ca/assets/gov/government/ministries-organizations/ministries/health/office-of-indigenous-health/declaration-of-commitment-cultural-safety-humility-2015-signed.pdf>

CHANGE LEADERSHIP STRATEGY

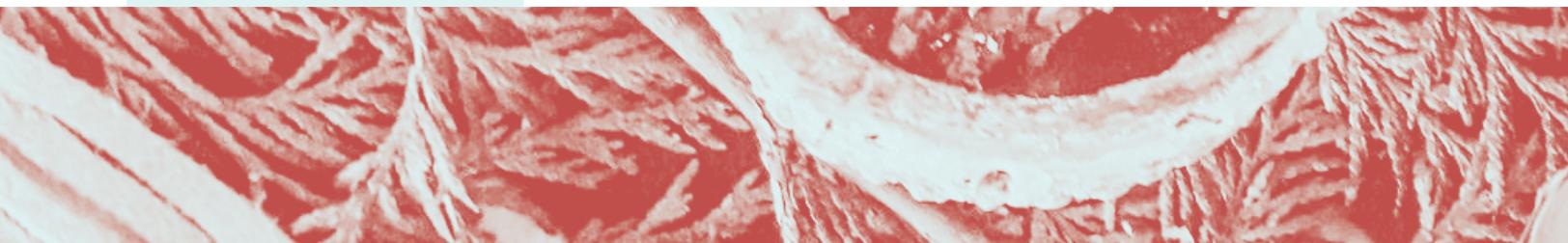
The TCFNH has endorsed the Change Leadership Strategy on cultural safety and humility. Over the reporting period, the Ministry of Health/FNHA co-funded a 'backbone team' who worked on building a repository of provincial cultural safety and humility initiatives, co-chairing an Indigenous Advisory Committee with the BC Office of Patient Centered Measurement to prioritize safe patient experiences, and liaising and leveraging learning opportunities, wise practices, innovation, and commitments across the health system. In light of the independent review of allegations of racism in the provincial health system, the Change Leadership Strategy will remain nimble and responsive to best practices and approaches in the health system and will continue to evolve in step with this new direction.

The following table outlines regional and provincial efforts on embedding cultural safety and anti-racism in the B.C. health system:

REGION/ ORGANIZATION	EXAMPLE OF ACTION(S) FOR CULTURAL SAFETY AND HUMILITY
<p>FRASER SALISH PARTNERSHIP: First Nations Health Authority and Fraser Health Authority</p>	<ul style="list-style-type: none"> ➤ Fraser Health and FNHA developed a cultural safety and humility (CSH) working group to create systemwide transformation and eliminate structural barriers inhibiting First Nations, Inuit, and Métis Peoples' equitable access to high quality and culturally safe health-care services. ➤ The CSH working group is also drafting an Indigenous Cultural Safety (ICS) Training and Education Strategy. ➤ A joint FNHA, Fraser Health, and Fraser Salish Caucus Anti-Racism Strategy and action plan was developed focused on seven priorities. ➤ Five new cultural safety and humility education courses to support workforce training and leadership development at Fraser Health. ➤ Fraser Health and FNHA trained and educated 4,579 Fraser Health employees in Indigenous cultural safety. ➤ Fraser Health, FNHA, and Métis Nation BC collaborated on developing the Indigenous Self-Identification project piloted from January to March 2021 at Chilliwack General Hospital and Fraser Canyon Hospital. ➤ Creation of a draft Indigenous Employment Plan to recruit and retain self-identifying Indigenous peoples into health careers at Fraser Health. ➤ Fraser Health and FNHA are exploring opportunities to develop a new Aboriginal complaints process to support restorative processes in resolving Aboriginal patient complaints and adverse care incidents. ➤ Fraser Health and Fraser Salish Regional Caucus issued a joint statement in response to the <i>In Plain Sight</i> report. ➤ Fraser Health, FNHA-Fraser Salish Region, and Métis Nation BC are currently developing a comprehensive Cultural Safety Training Strategy for all Fraser Health employees. ➤ The Aboriginal Health Liaison program successfully recruited five liaisons and a clinical coordinator to increase supports for Indigenous Peoples and improve access and quality of care. ➤ Draft Indigenous Designs Guidelines were developed to offer recommendations and principles to support cultural safety interventions in Fraser Health facilities.



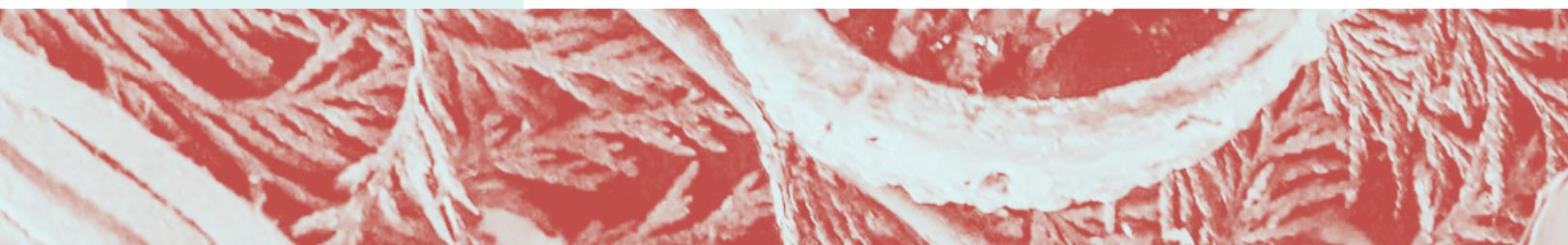
REGION/ ORGANIZATION	EXAMPLE OF ACTION(S) FOR CULTURAL SAFETY AND HUMILITY
<p>INTERIOR PARTNERSHIP: First Nations Health Authority and Interior Health Authority</p>	<ul style="list-style-type: none"> ➤ FNHA and Interior Health continue to support the operationalization and implementation of the Declaration of Commitment to Cultural Safety and Humility, upholding the Shared Vision and the 7 Directives. ➤ Interior Health, FNHA, and Nation representatives engaged in a collaborative dialogue aimed at improving the quality of health care and evaluating the cultural safety of health programs and services. ➤ CSH education sessions were offered to key internal departments across Interior Health. ➤ Virtual Interior Health Aboriginal Cultural Safety Education (ACSE) training modules were delivered to high priority groups in 2020/21. 20,989 Interior employees (93%) took each of the four online ACSE modules. ➤ 377 Interior Health employees completed San'yas Indigenous Cultural Safety Education modules during the reporting period, with an additional 318 employees engaged in training at the time of reporting. ➤ Interior Health committed to hire three additional Aboriginal health care advocate positions. ➤ 14 of 21 Interior hospitals installed Aboriginal artwork/Welcoming to Traditional Territory Acknowledgement. ➤ The Interior Health Aboriginal Human Resources (HR) plan is developing. HR is working to create career mapping tools and resources for Aboriginal staff in MHSU to promote role clarity, knowledge transfer, and to create pathways for career advancement, and leadership opportunities. ➤ In alignment with <i>In Plain Sight</i> report recommendations, HR completed an environmental scan of collective agreement language in other employment sectors in B.C. to gather examples of language specific to Aboriginal cultural safety (ACS), anti-racism, and cultural leaves, including Aboriginal community election leave. A new VP of Aboriginal Partnerships role has also been created. ➤ Interior Health and FNHA are collaborating on an Interior ACS Policy with cross-sectoral and community input.



REGION/ ORGANIZATION	EXAMPLE OF ACTION(S) FOR CULTURAL SAFETY AND HUMILITY
<p>NORTHERN PARTNERSHIP: First Nations Health Authority and Northern Health Authority</p>	<ul style="list-style-type: none"> ➤ Northern Health is focusing on several areas of work in response to the recommendations of the <i>In Plain Sight</i> report and due to the ongoing CSH activities underway to serve the 55 communities in the region: <ul style="list-style-type: none"> » Providing anti-racism and cultural safety education and training; » Articulating a clear and accessible complaints process that achieves outcomes for all involved; » Reviewing policies for systemic stereotypes, biases, and engagement; and, » Establishing a human resource plan that ensures the workforce representatively includes Indigenous leadership and staff across all levels, and that includes a support network. ➤ Northern Health and FNHA are also focusing on the following specific actions: <ul style="list-style-type: none"> » Ongoing updates to the Northern Regional Table regarding the regional approach to developing a community-driven cultural safety strategy; » Establishing an internal FNHA northern region working group that will begin developing a CSH action plan/framework; » Co-establishing a working group to focus on the allocation of four First Nations-specific Indigenous liaison/navigator roles that will address systemic issues of racism and quality; and, » Development of a cultural safety communication strategy.



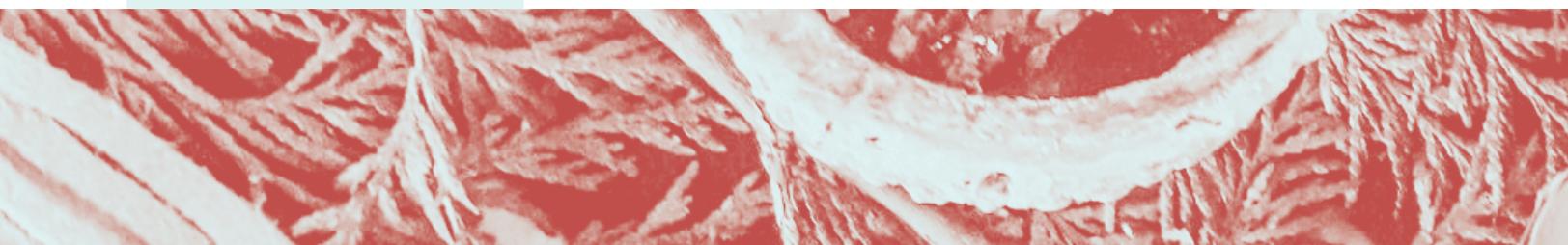
REGION/ ORGANIZATION	EXAMPLE OF ACTION(S) FOR CULTURAL SAFETY AND HUMILITY
<p>VANCOUVER COASTAL PARTNERSHIP: First Nations Health Authority and Vancouver Coastal Health Authority</p>	<ul style="list-style-type: none"> ➤ Hospital or physician-specific ICS activities include presentations on ICS, Indigenous health rounds for VCH physicians and staff, journal club discussions, and the creation of an “Introduction to ICS” online course. ➤ FNHA and VCH engaged in planning table discussions in October and December 2020 around <i>In Plain Sight</i> and anti-racism; this work is a priority for VCH, FNHA, and the First Nations Health Council (FNHC), and discussions included Fraser-Salish region representation. ➤ Culturally safe vaccination services were provided at FNHA/VCH clinics, with several Indigenous-specific and pop-up clinics being run in First Nation communities and urban sites. ➤ Indigenous scholar Dr. Brittany Bingham was appointed as VCH’s first director of Indigenous research. ➤ VCH Aboriginal Health received a \$1.1 million investment to expand their department and Aboriginal health initiatives within VCH, creating a department of Indigenous Patient Experience (IPE) focusing on the provision of quality patient care. ➤ The VCH ICS team initiated a monthly webinar series, “P’èsk’a Picks,” with topics including Aboriginal patient navigators, Indigenous clinicians, colonization, Nek’elc (transformation), and Two-Spirit wellness. ➤ VCH is actively working to move cultural safety training to virtual platforms and develop new online content. VCH held a three-day ICS Summit in October 2020 for several hundred participants. ➤ The Vancouver General Hospital Indigenous Cultural Safety Pilot Project evaluation was completed and identified an increase in Indigenous knowledge from 10% to an average of 83% after completing ICS training across two cohorts of 350 staff. 97% of staff stated that the ICS learning would improve care for Aboriginal patients, and 99% agreed that the ICS training encouraged them to reflect on their own practices.



REGION/ ORGANIZATION	EXAMPLE OF ACTION(S) FOR CULTURAL SAFETY AND HUMILITY
<p>VANCOUVER ISLAND PARTNERSHIP: First Nations Health Authority and Island Health Authority</p>	<ul style="list-style-type: none"> ➤ Foundational work on an anti-racism strategy based on analysis of intersecting directives including the Truth and Reconciliation Commission, the Missing and Murdered Indigenous Women and Girls report, UNDRIP, and <i>In Plain Sight</i>; consultation on governance models; identification of models for anti-racism engagement for internal, external, Indigenous, and non-Indigenous stakeholders; and the launch of an organization-wide, anti-racism learning needs assessment survey. ➤ A process is underway to seek Partnership Accord Steering Committee input and endorsement of the new Indigenous Recruitment and Retention Work Plan (2021-2024). ➤ Island Health drafted a cultural safety plan for mass immunizations clinics. ➤ Implemented new cultural safety manager role at Island Health with assistance of FNHA. ➤ FNHA and Island Health are partnering on an approach to addressing quality care concerns, including experiences of racism brought forward by Indigenous patients and families. ➤ Preliminary planning discussions underway to include FNHA in the review and revision of the continuum of Island Health’s Patient Care Quality Office (PCQO) processes including section 51 reviews. ➤ Island Health extended the Elders in Residence program (on North Island Hospital Campuses) for 2020-21. Work is underway to identify potential sites for program expansion, including Saanich or West Coast hospitals.



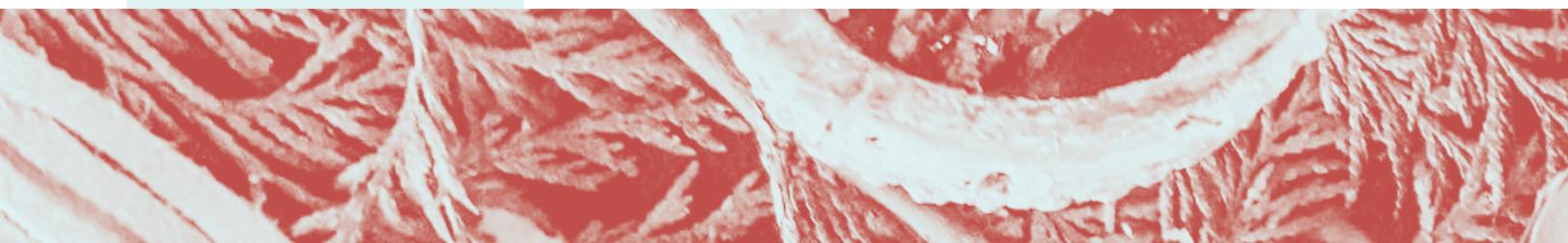
REGION/ ORGANIZATION	EXAMPLE OF ACTION(S) FOR CULTURAL SAFETY AND HUMILITY
PROVINCIAL HEALTH SERVICES AUTHORITY (PHSA)	<ul style="list-style-type: none"> ➤ PHSA has a new senior team that will focus on policy development related to racism, anti-Indigenous racism and diversity, equity, and inclusion, including the development of a culturally safe reporting and complaint process to address related complaints from patients and/or employees. ➤ Ongoing implementation, curriculum revision, and piloting of the online Anti-Indigenous Racism Response Training Program. ➤ PHSA has delivered several ICS Collaborative Learning Series webinars, available publicly online at http://www.icscollaborative.com/. ➤ Development of Letters of Commitment with the BC Association of Aboriginal Friendship Centres, Métis Nation BC, and FNHA, to better engage in collaboration and partnership projects. ➤ Hiring of five additional Indigenous patient navigators to support BC Emergency Health Services, BC Mental Health & Substance Use Services, and the Provincial Clinical Policy, Planning, and Partnership portfolio across the province. ➤ 4,484 PHSA staff received San'yas ICS training in 2020/21. PHSA is also working with partners to expand San'yas nation-wide; 140,241 health professionals nationwide have received San'yas ICS training. ➤ Prioritization of an Indigenous-specific recruitment and retention strategy. ➤ \$240,000 grant to create a road map to develop experience and outcome measures at BC Women's Hospital and Health Centre and BC Children's Hospital. ➤ PHSA-supported entities with ICS initiatives include the BC Centre for Disease Control, BC Renal, BC Mental Health and Substance Use Services, and BC Emergency Health Services.
FIRST NATIONS HEALTH AUTHORITY (FNHA)	<ul style="list-style-type: none"> ➤ The FNHA along with FNHC and the First Nations Health Directors Association (FNHDA) drafted a joint Anti-Racism, Cultural Safety and Humility Framework and action plan. ➤ The FNHA continued to support regions and regional partnerships on the implementation of regional anti-racism, cultural safety and humility strategies and initiatives. ➤ Partnership with the Health Standards Organization on the development of a Cultural Safety and Humility Health Standard.



REGION/ ORGANIZATION	EXAMPLE OF ACTION(S) FOR CULTURAL SAFETY AND HUMILITY
<p>PARTNERSHIP: Office of the Provincial Health Officer (OPHO) / FNHA Office of the Chief Medical Officer (OCMO)</p>	<ul style="list-style-type: none"> ➤ Partnering with the Health Standards Organization to lead development of an Accreditation Standard on Cultural Safety and Humility. ➤ Supporting increased Indigenous representation in the health workforce, including standardizing use of Indigenous Relations Behavioural Competencies in hiring, and other applicant supports. ➤ OCMO and OPHO worked to implement cultural safety and humility principles throughout COVID-19 pandemic responses.
<p>FIRST NATIONS HEALTH DIRECTORS ASSOCIATION (FNHDA)</p>	<ul style="list-style-type: none"> ➤ FNHDA is actively partnering with FNHA and FNHC in advancing the priorities of the Anti-Racism, Cultural Safety and Humility Framework and action plan as well as anti-racism priorities. ➤ Professional development for health directors, and development of a certificate program to help health directors in delivering accessible, culturally safe health programs and services to First Nations in B.C. ➤ In partnership with FNHA, FNHDA is developing a series of virtual 'lateral kindness' training sessions to support health directors in helping communities overcome lateral violence. ➤ Development of a mentorship program, and cultural practice-based and other tools to support communities in retaining qualified health directors.



REGION/ ORGANIZATION	EXAMPLE OF ACTION(S) FOR CULTURAL SAFETY AND HUMILITY
MINISTRY OF HEALTH (MOH)	<ul style="list-style-type: none"> ➤ MoH has supported ongoing embedding of CSH into provincial programs, policies, and service delivery, in collaboration with the tripartite partners and other health system partners. ➤ June 2020 independent review into allegations of racism into health-care settings, resulting in <i>In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Health Care</i>. In response to recommendation 13 from the report, MoH appointed an associate deputy minister to assemble and lead a team to work on implementing the <i>In Plain Sight</i> report recommendations with the support of health system and cross-government partners. ➤ In parallel to the independent review, MoH focused coordinating health system and cross-government partners for a provincial response. This short-term work was guided by an advisory committee of Indigenous board members of health authorities to focus on opportunities to impact meaningful change at the point of care. ➤ MoH funded B.C. health authorities and Providence Health Care to hire a total of 32 new Indigenous health liaison positions across the health-care system, that are being developed and recruited for in collaboration with Indigenous partners. ➤ Review of medical bylaws to ensure that consistent standards for CSH are met by medical staff. ➤ MoH supported the BC Patient Safety & Quality Council to schedule engagement and networking sessions for Indigenous health leaders in the B.C. health authorities to share learning and leadership knowledge.
MINISTRY OF MENTAL HEALTH AND ADDICTIONS (MMHA) (continued)	<ul style="list-style-type: none"> ➤ MMHA commissioned a self-reported patient experience survey with a focus on priority areas in the mental health and substance use system; including clinics providing access to opioid agonist therapy, supportive recovery facilities, youth substance use outreach services, provincial correctional facilities, adult short-term assessment and treatment services, early psychosis intervention services, eating disorder outpatient services, and adult and youth inpatient mental health treatment.



REGION/ ORGANIZATION	EXAMPLE OF ACTION(S) FOR CULTURAL SAFETY AND HUMILITY
MINISTRY OF MENTAL HEALTH AND ADDICTIONS (MMHA)	<ul style="list-style-type: none"> ➤ MMHA engaged Indigenous partners in the design, implementation, and evaluation of initiatives to ensure CSH is embedded as a core attribute and characteristic of service delivery models, including Substance Use Integrated Teams and Integrated Child and Youth Teams. MMHA also prioritized supporting Indigenous-led services at the local level, including engaging with Foundry Centres to build relationships with Indigenous communities, and improving supportive recovery services across B.C. ➤ MMHA invested grant-led funding to support CSH and community wellness: <ul style="list-style-type: none"> » Through Community Wellness and Harm Reduction Grants, 12 of 24 projects funded by MMHA included an Indigenous community or service provider; » The Province of B.C. invested \$12 million to support 49 community counseling organizations provincewide that focus on several demographics including rural, remote, and Indigenous communities. Additional surge funding relating to COVID-19 was provided to several Indigenous service providers; » MMHA provided harm reduction grant funding to 15 Indigenous communities or service providers to support local overdose response and awareness efforts. ➤ MMHA developed a draft CSH framework for MMHA staff and has made San'yas Indigenous Cultural Safety training mandatory for all staff.
INDIGENOUS SERVICES CANADA (ISC), FIRST NATIONS INUIT HEALTH BRANCH (FNIHB)	<ul style="list-style-type: none"> ➤ In October 2020, in response to the racist abuse experienced by Joyce Echaquan in hospital prior to her death, federal ministers hosted a National Dialogue with Ms. Echaquan's family, medical practitioners, and Indigenous leaders to discuss systemic racism experienced by Indigenous peoples in Canadian health systems. ➤ A second dialogue in January 2021 brought together governments, health-care provider organizations and regulatory bodies to discuss short- and long-term actions needed to combat Indigenous-specific racism in the health system. ➤ ISC introduced a new Indigenous Cultural Competency Learning Policy in September 2020 for all employees.





FEATURED REGION: INTERIOR HEALTH

Interior Hospital Food Matters for Reconciliation

In November 2020, Interior Health was selected as a successful recipient of a Nourish Canada National Grant to advance inclusion of traditional foods within Interior Health services. In consultation with Aboriginal partners throughout the Interior region, Interior Health traditional cuisine manager and chef Ben Genaille lead the development of traditional recipes and meals to be served to patients in care or as frozen “Dinners at Home.” Interior Health has produced a YouTube video* that profiles three leading examples of health-care institutions practicing anchor leadership through working with Indigenous communities to unlearn colonial ways of operating; and by bringing traditional recipes, ingredients, and ways of knowing into their organizations.

* <https://www.youtube.com/watch?app=desktop&v=BUaiR8-FimA&form=MY01SV&OCID=MY01SV>

“...flexible funding that supports First Nations communities to plan, design, develop, and deliver mental **health and wellness** programming and services uniquely tailored to the needs of the community”

Federal, Provincial, and Territorial Forums

The federal government has concentrated on addressing concerning Indigenous-specific and systemic racism in the Canadian health-care system. Following the tragic experience of the late Joyce Echaquan, who faced racist abuse while in hospital in Quebec, the federal government has held two national dialogues to build understanding and foster actions to break down racism and its associated harms, and to identify ways to incorporate Indigenous ways of health into mainstream care.

Mental Health and Wellness

The tripartite partners continued to collaborate on mental health and wellness as a key priority. The partners agreed to extended implementation of the 2018 *Memorandum of Understanding (MOU) – Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness* until March 31, 2022 to support Nations; implementation is managed through a tripartite mental health and wellness table, which administers flexible funding that supports First Nations communities to plan, design, develop, and deliver mental health and wellness programming and services uniquely tailored to the needs of the community. As of March 31, 2021, 166 B.C. First Nations communities were engaged in this opportunity.

The federal government also renewed its focus on improving the accessibility and quality of mental health and wellness services available to First Nations communities and peoples. In summer of 2020, ISC announced community-directed investments to improve access to mental health care services during the pandemic and provided parallel funding to the FNHA to advance these same goals.

The Province of B.C. and the FNHA each contributed \$20 million in capital funding for the renovation or replacement and expansion of First Nation-operated treatment facilities in fulfillment of commitments in the 2018 Tripartite MHW MOU. FNHA continues to work with the operators of the treatment facilities to finalize next steps; it is envisioned that these investments will enable the transformation of the treatment centre model into a holistic 'healing centre' model, with Elders and traditional healers directly involved in delivering care alongside clinical counsellors and addictions specialists. The new model will in turn feature increased programming for women and 2SLGBTQIA+ people. The partners are also seeking to advance the expansion of land-based and culturally safe treatment services and the number of treatment options available to First Nation clients with a focus on land-based, family-based, or group-based treatment services. This holistic-centred perspective resulted in new programs designed and delivered by First Nations at the local, Nation and sub-regional level.

The FNHA's regional mental health and wellness teams continue to provide crisis response and support to communities including the provision of mental health and substance use supports for community members, delivering crisis services to communities as requested, with particular focus on postvention work following overdose and suicide clusters; supporting overdose response initiatives, and working toward culturally safe, relevant, and accessible toxic drug notifications for communities.

Virtual Care

The COVID-19 pandemic presented significant challenges in accessing health and wellness services for many residents of B.C.; however, this is not an unprecedented situation. Remote and rural First Nations have noted the availability of close-to-home care services as a longstanding concern.

The tripartite partners have sought to leverage new innovations and improvements in communication technology and infrastructure to further explore virtual alternatives to primary health care and mental health and wellness service. Virtual care is integrated in the *Rural and Remote Indigenous COVID-19 Response Framework*, and the FNHA was instrumental in championing and piloting virtual care accessibility with the support of the tripartite partners, including the First Nations Virtual Doctor of the Day and the Virtual Substance Use & Psychiatry Service.

FEATURE: VIRTUAL CARE

FNHA Virtual Doctor of the Day and Substance Use and Psychiatry Service Programs

The FNHA worked tirelessly to offer services to First Nations people in B.C. who have limited access to health-care services in their communities, who must travel long distances for appointments or whose access to health care has been disrupted by the COVID-19 pandemic. The First Nations **Virtual Doctor of the Day** service launched in April 2020 to provide virtually delivered primary care closer to home.

In August 2020, the First Nations Virtual Substance Use and Psychiatry Service launched providing individuals with access to specialists in addictions medicine and psychiatry. Both of these virtual programs include physicians and specialists dedicated to the principles and practices of cultural safety and humility, and to delivering trauma-informed care and are available to all First Nations, Inuit and Metis in B.C. and their families. The exponential growth in usership of these virtual services over the past year resulted in secured funding to continue and expand the programs.

The Toxic Drug Supply and Overdose Public Health Emergency

Since first being announced in 2016, the provincial overdose public health emergency has reached new and alarming heights,⁸ but the devastating and disproportionate impact that the crisis has had on First Nations people is in stark contrast to the rest of the population. The tripartite partners are working together to prioritize and respond as a cornerstone of their public health strategies, as well as hardwiring First Nations into overdose and toxic drug response through participation in steering committees and operational policy and planning settings.

FNHA and MMHA continue to collaborate on and oversee the response to the overdose emergency, working together on responses that consider and address the needs of First Nation people in B.C. MoH provided funding to FNHA to implement targeted initiatives related to the overdose emergency response, consistent with the *Framework for Action: Responding to the Overdose Public Health Emergency for First Nations*.⁹ FNHA efforts have included a focus on addressing the acute impacts of the emergency with specific attention to the unique needs of populations who experience the highest rates of overdose deaths; First Nation women, individuals transitioning out of correctional facilities, homeless populations, and others living in urban centres.

In addition to partnering with First Nations communities and peers to pilot or promote harm reduction services and supports, health authorities were engaged in substance use education and programming, the provision of opioid agonist therapy, counseling and outreach services, culturally safe trauma and violence-informed therapy services, coordination with emergency department training, and media campaigns specifically designed to destigmatize substance use and to encourage use of harm reduction services. PHSA and FNHA have supported anti-stigma campaigns across the province.



FEATURE REGION: PROVINCIAL HEALTH SERVICES AUTHORITY

B.C. Mental Health and Substance Use Service Indigenous-Centred Care, Stigma Awareness, and Harm Reduction

A division of PHSA, B.C. Mental Health and Substance Use Service (BCMHSUS) provides health-care services to people throughout the province with complex health needs, including mental health and substance use issues.

BCMHSUS is committed to effectively representing the voice of Indigenous patients and their families in practice and providing culturally safe and humble and person-centred care. Indigenous patients are part of several BCMHSUS experience councils to improve Indigenous client experiences during care. BCMHSUS engaged in partnership with kʷikʷəłəm (Kwikwetlem) First Nation to increase cultural competence for staff working on Kwikwetlem lands, to better foster awareness of the land, the history, and culture of the Kwikwetlem peoples.

BCMHSUS is leading a 3-year (2020-22) stigma awareness and reduction initiative that aims to eliminate stigma and address racism within their service through the enhancement of policies and practices, dialogues and education, and through mapping the patient journey and storytelling.

⁸ <https://www.fnha.ca/about/news-and-events/news/first-nations-toxic-drug-deaths-doubled-during-the-pandemic-in-2020>

⁹ <https://www.fnha.ca/Documents/FNHA-Overdose-Action-Plan-Framework.pdf>



In June 2020, FNHA collaborated with the B.C. Overdose Emergency Response Centre (OERC) in MMHA to provide a First Nations-centred perspective on the development of a new provincial *Protocol for an Episodic Overdose Prevention Service (e-OPS)*.¹⁰ Under this protocol, in local areas where conventional overdose prevention services or supervised consumption services are not feasible due to COVID-19, intermittent overdose prevention services are to be provided by staff with proper training at standard health and social service sites. This protocol promotes the delivery of culturally safe and trauma-informed care for Indigenous people throughout all stages of the overdose prevention service experience and is a significant step towards destigmatizing and safely treating First Nations and other people who use substances.

FEATURE: OVERDOSE AWARENESS AND HARM REDUCTION

Naloxone – Emergency Care that Addresses an Immediate Need

Since April of 2020, the FNHA has worked to increase accessibility of a nasal naloxone spray, which can quickly and safely be administered by anyone to counter the effect of an opioid overdose. In October of 2020, FNHA Health Benefits expanded coverage of nasal naloxone through a temporary process that allows First Nations communities to bulk order nasal naloxone. FNHA dispensed 18,482 naloxone nasal spray units to over 90 First Nations communities and has also worked with health system partners to distribute 7,943 injectable naloxone kits to 159 FNHA take-home naloxone sites.

¹⁰ http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_EpisodicOPSProtocolGuidelines.pdf

Primary Health Care

Development and expansion of effective, accessible, and high quality primary health care capacity across B.C. is an ongoing goal of the provincial primary health-care strategy. MoH, with the support of FNHA, is continuing their efforts to expand capacity, and the TCFNH continues to monitor and support this commitment.

The partners have worked closely in advancing First Nations-led primary care initiatives, including working on the integration of culturally safe approaches and capacity building in primary care network (PCN) service plans, and embedding First Nations interests and priorities across various primary care system phases, including community and urgent care centres. This approach is embodied through an Indigenous Engagement and Cultural Safety Guidebook¹¹ for PCN planners and reinforced through MoH-led service plan evaluations and sharing of appropriate feedback and suggestions for improvements. MoH also announced plans for improving primary care human resource capacity, including hiring of Indigenous wellness advocates, Indigenous health coordinators and traditional healers.

Considerable effort was devoted to advancing virtual opportunities in primary care, in order to increase access closer to home for First Nations clients. During this reporting period, over 5,000 unique clients across B.C. accessed virtual care. A device sharing initiative between FNHA and the Social Planning and Research Council of B.C. to provide mobile technology to First Nations people was successful in improving access and reducing barriers to care.¹² The FNHA deployed over 700 phones and 162 tablets, with additional devices planned for distribution.

Although impacted by the pandemic, the advancement of First Nations-led primary care initiatives, led by First Nations and supported by FNHA and MoH regional teams, continues. Initiative sites will eventually be integrated into the broader system of regionally based PCNs and contribute to the overall systemwide transformation towards greater integration and team-based care.

¹¹ https://www.pcnbc.ca/media/pcn/PCN_Guidebook-Indigenous_Engagement_and_Cultural_Safety_v1.0.pdf

¹² <https://www.fnha.ca/what-we-do/ehealth/access-to-care-tablet-initiative>



FEATURED REGION: NORTHERN HEALTH *Northern Health Virtual Care Strategy*

Active partnership work continues on establishing PCNs in the North, including the development and implementation of a virtual care strategy. This strategy includes developing capacity for specialist level care and seeks to improve equity and access to care for people in rural, remote and First Nations communities, as well as supporting providers' experiences of caring for people in those locations.

Key strategic principles include providing culturally safe care centered on understanding the needs and wants of patients, and to understand and build on the assets and strengths that work for northern communities, people, and providers. The FNHA has supported development of the strategy and in guiding the achievement of these aims, in part through building on the early success of the FNHA Virtual Doctor of the Day program. Recently, many northern First Nations communities were engaged in primary care-related conversations with their respective Divisions of Family Practice; a major area of focus moving forward will be building on learnings related to the FNHA/MoH Joint Project Board, virtual care expansion in other locales, and on taking advantage of new opportunities.

Joint First Nations Health Authority – Ministry of Health Project Board

The Joint FNHA-MoH Project Board, a senior bilateral forum that funds collaborative regional health and wellness projects and provides a platform for identifying and removing barriers to health access for First Nations, is entering its seventh year of operation. The Joint Project Board is a key mechanism for enhancing partnerships and coordination between MoH, FNHA, regional health authorities, partnership organizations, and communities; it continues to be a model and linkage for the advancement of primary care and mental health-focused relationships in B.C., both regionally and provincewide.

The Joint Project Board provides annualized ongoing funding for 27 projects that address a variety of health and wellness strategies, including primary health care, mental health and wellness; including mobile detox supports and youth advocacy, regional health and human resources, complex care management, chronic illness, and more.





Barriers to Progress

A major component of the TCFNH mandate is to identify, address, and remove policy-related barriers. The evolution and growth of the tripartite relationship brings with it a greater understanding of the rapidly evolving health system landscape, and new or persistent systemic barriers that negatively impact the service experiences of First Nations peoples in the province.

The TCFNH reviews barriers identified by the partners and regional health authorities, based on engagement with First Nations health organizations. Some of these barriers will be addressed by the partners directly, while more complex barriers are considered by TCFNH in a comprehensive fashion.

Over the reporting period, engagement efforts identified several new barriers for consideration by the TCFNH, including a host of significant barriers caused by the onset of the COVID-19; these may hold complex short or long-term implications for First Nations in B.C. and for TCFNH work. Concerns noted include public health resources diverted from maternal, child, and family health to pandemic response; a lack of data to support tracking of off-reserve immunizations; technological challenges related to the transition to virtual care delivery; and resource-related concerns over progress on other important areas of care as attention is devoted to pandemic response.

Another new barrier relates to efforts in eliminating Indigenous-specific racism. Fraser Health, FNHA, and FNHC are working together to address and eliminate Indigenous-specific racism in the Fraser Salish region, including developing a joint anti-racism strategy and action plan, but have found that sustained financial resourcing to support long-term change is needed.

In addition to new barriers, there are ongoing systemic barriers that remain in place. Interior Health noted barriers such as accessibility of traditional foods in care settings; service boundaries; compensation issues for Indigenous engagement and participation in discussions relating to PCN planning; and home and community care outreach concerns.

The tripartite partners will continue engaging system partners and communities to address these barriers moving forward.

FEATURED REGION: FRASER HEALTH *Fraser Salish Youth Initiatives*

The **Fraser Salish Youth Advisory Committee** aims to engage Indigenous youth to be key players in helping Fraser Health and FNHA-Fraser Salish region teams deliver mental health and substance use projects that meet the needs and priorities of Indigenous youth. The opportunity is open to all Indigenous youth and young adults between the ages of 16 and 24 living in the Fraser Salish region, and provides youth leadership, learning and training opportunities, mentorship, paid work experience, and opportunities to travel and gather throughout the region.

In partnership with FNHA-FS region and Seabird Island, Youth on the Land is an ongoing youth resiliency building initiative. Through bi-weekly virtual events based on the four seasons, youth participate in knowledge sharing and/or storytelling from an Elder or Knowledge Keeper.



The Tripartite Partners Report on Progress

First Nations Health Authority (FNHA)

2020/2021 was an extraordinary year that required FNHA to adapt and work with partners to best support First Nations in B.C. during two public health emergencies.

COVID-19 RESPONSE

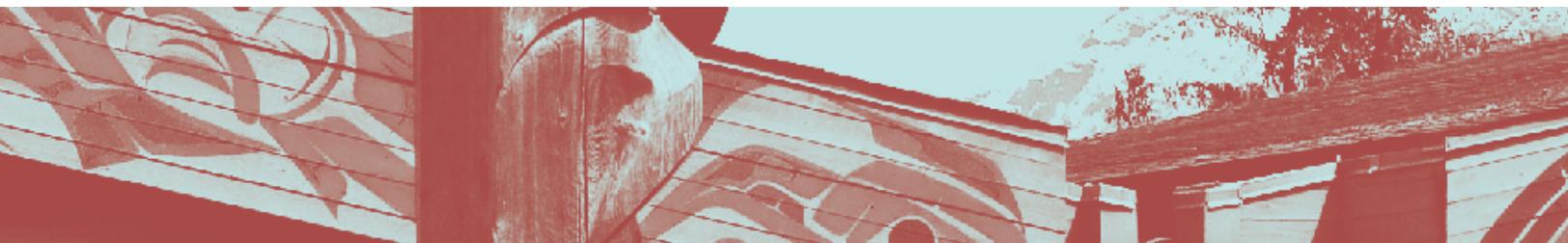
The COVID-19 pandemic significantly impacted First Nations communities this past year. Not only did the public health measures put in place impact the ability to celebrate culture and gather together, but the virus also claimed the lives of many loved ones whose losses are felt deeply by family and friends. First Nations communities have worked tirelessly to respond to the pandemic and introduce measures to keep their members safe. FNHA acknowledges community leadership and thanks all staff for their steadfast efforts and recognizes each individual that has played a role in keeping families safe.

The FNHA activated its Level 3 emergency response structure on March 30, 2020 and continued at this level of response throughout 2020/21. This structure was built upon previous health emergency and communicable disease management experience to support the needs of First Nations communities. The structure enabled the FNHA to coordinate and provide oversight over emergency policies, communications, resources, and response activities. Funding was secured; new infrastructure and information technology systems created, and an extensive range of tools, resources and materials developed. Working groups were established, such as the Urban and Away-From-Home Working Group which focused on addressing the needs of First Nations people living outside of First Nations communities.

A Community-Based Testing Working Group focused on purchasing and installing community-based point-of-care testing technology and supporting nurses to have the necessary education, support, and clinical guidance to undertake testing.

Through existing partnerships, FNHA integrated its activities and policies into the overall provincial pandemic response, including embedding liaison coordinators at Provincial Emergency Coordinating Centres and Provincial Regional Emergency Operation Centres. The FNHA also supported the development of the Rural, Remote,

“First Nations communities have **worked tirelessly** to respond to the pandemic and introduce measures to keep their members safe.”



First Nations and Indigenous COVID-19 Response Framework which serves as a guide for COVID-19 testing, clinical pathways and patient transportation for First Nations people living in rural and remote communities both during the pandemic and beyond.

The FNHA invested in community emergency preparedness and, through its emergency response structure, established a system for acquiring and distributing resources and essential services to First Nations communities, including personal protective equipment and point of care testing. Working with provincial and federal partners, FNHA maintained a three-week supply of personal protective equipment in communities and a three-week supply in regional offices for rapid distribution. By fiscal year end, over two million personal protective equipment items were distributed to communities and stockpiles were replenished in preparation for subsequent waves.

The FNHA COVID-19 vaccination campaign was initiated in December 2020 with rural and remote First Nations communities and communities with high numbers of positive cases prioritized for immunization. By fiscal year end, first doses of COVID-19 vaccines were offered in all First Nations communities, and all Indigenous People in B.C. age 18 and older were able to register for a first-dose COVID-19 vaccination.



SYSTEMIC RACISM AND CULTURAL SAFETY AND HUMILITY

Together, the FNHC, FNHDA, and FNHA worked on action planning that culminated in a joint Anti-Racism, Cultural Safety and Humility Framework¹³ and related joint action plan¹⁴ in 2020/21. FNHA regional teams continued important regionally-based work with health partners, including advancing regional plans, strategies, and approaches to addressing anti-Indigenous racism in health care, and providing mental health and wellness and culture supports; including at vaccine clinics. Regions are exploring and onboarding positions to advance this work. FNHA continued dialogues with health system partners on the proposed provincial task force and partnership table. FNHA continued public-facing Indigenous-specific anti-racism efforts, such as conference and

¹³ <https://www.fnha.ca/Documents/FNHA-FNHC-FNHDA-Anti-Racism-Cultural-Safety-and-Humility-Framework.pdf>

¹⁴ <https://www.fnha.ca/Documents/FNHA-FNHC-FNHDA-Anti-Racism-Cultural-Safety-and-Humility-Action-Plan.pdf>

health organization presentations, and media presence such as national/provincial/regional interviews on TV/radio and podcasts.

The FNHA also continued partnership work to advance and embed cultural safety and humility across the health system, including continued work to develop a cultural safety and humility accreditation standard with the Health Standards Organization.



FIRST NATIONS PRIMARY HEALTH CARE

The FNHA continued work to improve access to high quality, culturally safe primary care services for First Nations in B.C., including urban communities and those living away-from-home.

Planning for First Nations Primary Health Care Centres continued in partnership with the Ministry of Health. Advancements on approaches and tools for First Nations communities to make decisions pertaining to governance structures, and planning for operational readiness and work on incorporation of Sacred Knowledge Keepers and Traditional Wellness Practitioners into team-based models of care with allied health professionals continued.

Regional primary care teams helped to sustain progress on the First Nations-led Primary Health Care Initiative. Seven First Nations Primary Health Care Centres are in the first stage of community engagement and preliminary analysis. Four centres are in the second stage of service planning and budgeting. One centre is scheduled to open in fall 2021, while another two sites under consideration. One centre is already operational.

The FNHA remains committed to quality improvement in primary health care. In 2020/21, the Medical Affairs and Wellness Office, led by Dr. Terri Aldred, was established. The office is engaged in a range of quality improvements across virtual services and is facilitating key learnings with physicians to embed cultural safety and humility within the broader primary health care system.

MENTAL HEALTH AND WELLNESS

Mental health and wellness continued to be a FNHA priority, particularly due to the need for services and programming to support self-isolation during the pandemic.

The *Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness* (MHW MOU) continues to support First Nations to design, plan, and deliver mental health and

wellness services and supports through flexible funding to meet the needs and priorities of Nations and communities.

The COVID-19 pandemic impacted progress on the MHW MOU in a variety of ways. The Mental Health and Wellness Table was put on hold in order to support the pandemic; however, to continue to support community and Nation progress, the table reviewed and approved Statements of Readiness through an alternative approach. Some aspects of community initiatives were either delayed or altered to align with Public Health Orders. In response to the COVID-19 pandemic, the partners agreed to a MHW MOU timeline extension until March 31, 2022.

As of March 31, 2021, 52 Statements of Readiness were received, reflecting 166 communities. Of these, 44 statements were approved, equating to \$20.5 million allocated of the \$30 million total.

As part of the MHW MOU, there is a commitment to repair, renovate and expand First Nations-operated treatment and healing centres throughout B.C. Eight projects were identified, including the construction of two new treatment centres, and the repair and renovation of six existing facilities. A total need of \$60 million was identified, with \$40 million currently committed (\$20 million each from the FNHA and the Province of B.C.).

LAND-BASED HEALING

Through “*A Pathway to Hope: A Roadmap for Making Mental Health and Addictions Care for People in BC*”, the FNHA is administering treatment and land-based healing funds to implement initiatives at the family and community, Nation, sub-regional, and regional levels. Initiatives include a broad range of culturally relevant prevention, healing and recovery services such as gender-based camps, holistic youth programming with counselling, cultural activities,

reconnection to Elders, and cultural revitalization programs to support ongoing recovery. As well, in response to the COVID-19 pandemic, Aboriginal Head Start On-Reserve (AHSOR) programs increasingly looked to transition indoor programs to land-based approaches.

OVERDOSE/TOXIC DRUG SUPPLY PUBLIC HEALTH EMERGENCY

In July 2020, the FNHA publicly released First Nations data highlighting a surge in overdose deaths resulting from a toxic drug supply among First Nations in B.C. since the onset of the pandemic.¹⁵ This underscored a need for trauma-informed harm reduction approaches to reducing overdose events.

Given the compounding effects of COVID-19 public health measures on the toxic drug emergency for First Nations in B.C., the FNHA responded by ensuring initiatives continued to align with the goals of FNHA’s Framework for Action on Responding to the Toxic Drug Crisis for First Nations.¹⁶ The FNHA continues to be supported by the Ministry of Mental Health and Addictions with \$8 million annually to implement the Framework.

The FNHA also responded to the overdose data by enhancing its efforts to focus on First Nations women, First Nations individuals transitioning out of correctional facilities, and those living in urban centres as they were the population groups experiencing the highest rates of overdose deaths. Examples include the establishment of an integrated mental health, substance use and harm reduction team, strategies that increased community-level access to opioid agonist therapies and safe supply services, and increased availability of nasal naloxone in communities across the province.

¹⁵ <https://www.fnha.ca/about/news-and-events/news/covid-19-pandemic-sparks-surge-in-overdose-deaths-this-year>

¹⁶ <https://www.fnha.ca/Documents/FNHA-Overdose-Action-Plan-Framework.pdf>





RESEARCH AND KNOWLEDGE EXCHANGE & DATA SHARING

The FNHA continues to lead and partner on various research projects, based on an Indigenous, community-oriented approach to research and research ethics. In 2020/2021, the FNHA collaborated on 29 mostly multi-year research projects, totaling \$38 million. With Research Ethics BC, the FNHA is collaboratively building capacity with partnered institutions and will create a working group to develop resources and a network of expertise to support and pilot a new FNHA ethics review process grounded in the 7 Directives.¹⁷

The FNHA and Simon Fraser University continue work building from a 2020 research affiliation agreement allowing the two organizations to shape their growing research relationship. The agreement centres on First Nations

¹⁷ <https://www.fnha.ca/about/fnha-overview/directives>

principles governing how data is collected, protected, used, and shared. Collaboration also continues with federal and provincial partners to support First Nations Client File data access and usage, including linkage approval of COVID-19 cases and vaccine distribution plan.

HEALTH BENEFITS

Maintaining high quality service delivery continued as a key focus for the FNHA Health Benefits team since the onset of the COVID-19 pandemic. Health Benefits was able to rapidly design and implement protocols and the infrastructure to deliver the program in a virtual environment. In spite of the pandemic; client access, as measured by claims volumes and the number of clients accessing the benefit plan, increased based on a year-over-year basis.

Specific initiatives were undertaken to support COVID-19 vaccination work.

A small number of dental therapists on the oral health team were trained to provide COVID-19 vaccines to assist with broader FNHA-supported vaccination work. The medical transportation team worked with the public health emergency response team to support clients required to self-isolate, integrating into regional supports, while leveraging existing processes within health benefits for validating and distributing resources.

As part of the FNHA toxic drug crisis response, the pharmacy team developed a process for communities to request and receive naloxone, along with kits to support safe use. The FNHA developed a pricing and distribution agreement with the manufacturer, allowing for larger quantities of nasal naloxone to be available to communities at a lower total cost and for reduced client exposure to possibly stigmatizing interactions by making supply easily accessible within a client's community of residence.

Initiation of the Medical Transportation Transformation Project started in late 2020 and the FNHA continues to systematically review the program based on client feedback and the unique needs of First Nations across B.C. The COVID-19 pandemic substantially hampered client engagement. Working closely with the First Nations Health Directors Association helped with developing a virtual engagement strategy which will begin in 2021/22.

Indigenous Services Canada

NATIONAL MEETINGS ON ANTI-INDIGENOUS RACISM

On October 16, 2020, in direct response to the death of Joyce Echaquan (who died after suffering degrading racist insults from two hospital staff), federal ministers Marc Miller, Carolyn Bennett, Dan Vandal and Patty Hajdu hosted a meeting to discuss systemic racism and experiences of Indigenous Peoples in Canada's health-care systems. The family of Joyce Echaquan, medical practitioners and Indigenous leaders shared powerful accounts of racism in the health system. A National Dialogue was held on January 27 and 28, 2021 where governments, health-care providers, health organizations, and regulatory bodies presented concrete actions necessary to address racism experienced by Indigenous People in accessing Canada's health-care systems. A 3rd National Dialogue is planned for June 2021 and will pursue collective actions related to four themes; increasing Indigenous representation in post-secondary health education, cultural safety and humility training, traditional approaches to health, and safe patient navigation.

LAUNCH OF CO-DEVELOPMENT OF DISTINCTIONS-BASED HEALTH LEGISLATION

The September 2020 Speech from the Throne reaffirmed the Government of Canada's commitment to "expediting work to co-develop distinctions-based Indigenous health legislation with First Nations, Inuit, and the Métis Nation." In support of this commitment, the 2020 Fall Economic Statement announced an initial investment of \$15.6 million over 2 years, starting in 2021-22. Minister Marc Miller announced the launch of engagement at the National Dialogue on Anti-Indigenous Racism in Canada's Health Care Systems on January 28, 2021. Preliminary information was shared with national and regional First Nations, Inuit, and Métis Nation partners as well as with provincial/territorial officials. Indigenous Services Canada will continue working in collaboration with FNHA, FNHC, and the Province of B.C. to support the engagement of First Nations in B.C. in the co-development of distinctions-based Indigenous health legislation.

COVID-19 PANDEMIC RESPONSE AND EDUCATION SUPPORTS

Since March 2020, when the COVID-19 pandemic was declared, First Nations communities worked diligently to ensure their preparation and safety. The tripartite partners worked collaboratively to support communities in their response efforts. The Government of Canada's COVID-19 pandemic response complemented the pandemic public health and safety measures and strategies of the provinces and



“...regulatory bodies presented **concrete actions** necessary to address racism experienced by Indigenous People in accessing Canada's health-care systems.”



territories. Since March 2020, the Government of Canada has committed \$1.095 billion to support communities in addressing the immediate needs of Indigenous communities stemming from the COVID-19 pandemic. In B.C. to date, communities have been able to access over \$132 million in funding supports for their pandemic response efforts. The FNHA also received federal funding support for their COVID-19 pandemic response for direct public health measures, health surge supports, personal protective equipment, testing supplies, and others. ISC worked in close coordination with FNHA to ensure requests were responded to and funded as efficiently as possible.

Throughout the pandemic, environmental public health managers within FNHA and ISC provided each other with mutual support in a number of areas. The Environmental Public Health Managers Network (EPHMN) enabled fast and efficient information sharing between FNHA, ISC-regions, and the ISC-EPH division. The EPHMN also helped with the identification of support required from the EPH division and provided an immediate platform for coordination and collaboration on a number of environmental public health issues. As noted in a mid-pandemic lessons learned exercise for environmental public health, information sharing within the EPHMN was very helpful; they learned a lot from each other. The strength of pre-existing relationships and the trust that exists within the EPHMN contributed to a strong response by environmental public health services.

It has been historically difficult to hire and retain environmental public health officers (EPhOs) who work with First Nations communities. To address these challenges in the latter part of the fiscal year, ISC began to support the development of a recruitment and retention strategy for EPhOs who work with First Nations communities, with a special focus on women and Indigenous Peoples. Additionally, ISC is working to run a national staffing competition for EPhOs. ISC is working together with FNHA on both these projects, sharing lessons learned and ensuring that FNHA will also benefit from the work.

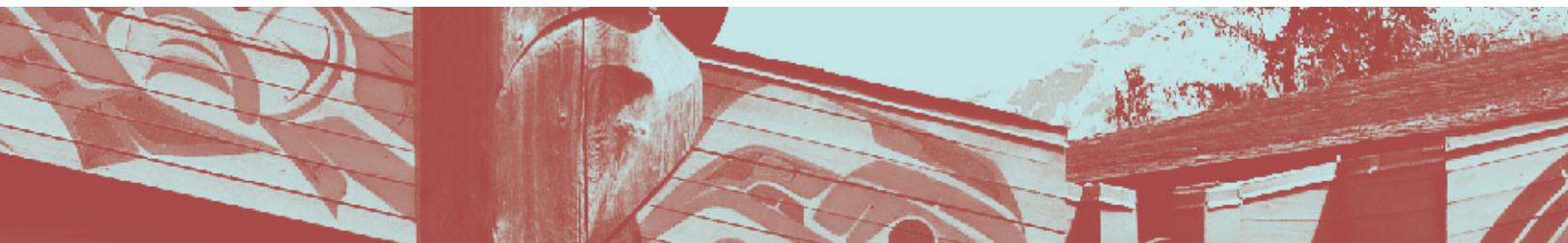
MENTAL HEALTH AND WELLNESS

The COVID-19 pandemic is having profound impacts on mental wellness in Indigenous communities by magnifying existing mental health issues and inequities as well as creating new gaps and needs. This is a key priority for the Government of Canada. Many mental wellness services continue to be accessible with some experiencing breaks in service or shifts in service delivery, and in response ISC has been working to develop new and innovative approaches. The Minister of Indigenous Services Canada announced an investment of \$82.5 million in August 2020 to help Indigenous communities adapt and expand mental wellness services and support innovation to improve access and address growing demand, in the context of the pandemic. COVID-19 mental wellness funding was allocated to communities after significant engagement with Indigenous partners.

SHARED VISION AND COMMON UNDERSTANDING DOCUMENT

In 2013, the First Nations and Inuit Health Branch (FNIHB) and the FNHA concluded the transfer of FNIHB regional operations to FNHA. The Shared Vision and Common Understanding (SVCU) is an annual document that establishes joint work priorities and deliverables for the shared work between FNHA and FNIHB. This understanding is updated annually and signed by the chief executive officer of the FNHA and the senior assistant deputy minister of FNIHB supporting executive and operational leadership and an evolving partnership. The Shared Vision and Common Understanding document is used to track and measure progress against shared priorities and commitments that have been agreed to between FNIHB and FNHA.

Key updates to the joint priorities for 2020-21 focused on; emergency management; opioid crisis; mental health; as well as organizational governance and fiscal relationships, joint policy agenda, corporate governance,



and accountabilities, vice president – director general joint priorities; innovation and transformation (quality improvement, engagement and national processes, information, and data); and monitoring existing work (providing oversight and leadership, monitoring agreements).

Province of British Columbia – Ministry of Health

The Ministry of Health has made an enduring commitment to improving Indigenous health and wellness in B.C., as outlined in both the 2020/21 – 2022/23 service plan released in February 2020, and the November 2020 mandate letter from the Premier of British Columbia. This commitment reiterates the importance of partnerships with FNHA and other Indigenous service partners and places an ever-greater emphasis on the importance of lasting and meaningful reconciliation, equity, and anti-racism. The Province's commitment to building strong relationships with First Nations in B.C. is grounded in these concepts and in the provision of equitable and culturally safe care.

In addition to the commitment to Indigenous health and reconciliation, the service plan also outlines the strategic direction of the Province of B.C. with a focus on responding and recovering from the COVID-19 pandemic, transformational change in service areas including primary care and seniors/Elders care, and improved outcomes for those with mental health and substance use issues. Ongoing strategic priorities also include infrastructure investment, effective community services, and other initiatives designed to support an innovative and sustainable public health-care system that is responsive to the needs of the entire population.

IN PLAIN SIGHT AND ADDRESSING INDIGENOUS-SPECIFIC RACISM

In June 2020, the Minister of Health appointed Mary Ellen Turpel-Lafond to lead an independent review into allegations of racism directed against Indigenous people in hospital emergency department, and other health-care settings. Through a series of surveys, interviews, and direct submissions, Turpel-Lafond and her team collected and analysed thousands of experiences of Indigenous peoples using the health-care system and of health-care staff. The independent review culminated in the November 2020 report *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Health Care*,¹⁸ and a comprehensive data report published in February 2021.

The independent review found that Indigenous peoples experience systemic, pervasive, and widespread racism and discrimination throughout the B.C. health system. This has caused widespread harms and negative impacts; the review found that Indigenous women are particularly at risk of suffering these harms. This systemic anti-Indigenous racism has been acknowledged by many in the health-care system, but efforts to combat it have often been disconnected or undercut by a lack of strong policies and decisive action.

The *In Plain Sight* report outlines eleven findings; findings one to five describe the scope of Indigenous-specific racism in the health-care system, while findings six to eleven examine the range of efforts underway in the health-care system to eliminate or reduce the problem of racism in care and to support Indigenous human rights.

¹⁸ <https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Full-Report.pdf>



FINDINGS 1-5, SCOPE OF ANTI-INDIGENOUS RACISM IN THE HEALTH CARE SYSTEM:

1. Widespread Indigenous-specific stereotyping, racism, and discrimination exist in the B.C. health-care system;
2. Racism limits access to medical treatment and negatively affects the health and wellness of Indigenous Peoples in B.C.;
3. Indigenous women and girls are disproportionately impacted by Indigenous-specific racism in the health care system;
4. Current public health emergencies magnify racism and vulnerabilities and disproportionately impact Indigenous Peoples; and,
5. Indigenous health-care workers face significant racism and discrimination in their work and study environments.

FINDINGS 6-11, EFFORTS TO ADDRESS ANTI-INDIGENOUS RACISM IN THE HEALTH CARE SYSTEM:

6. Current education and training programs are inadequate to address Indigenous-specific racism in health care;
7. Complaints processes in the health system do not work for Indigenous peoples;
8. Indigenous health practices and knowledge are not integrated into the health-care system in a meaningful and consistent way;
9. There is insufficient integration or 'hard-wiring' of Indigenous cultural safety throughout the health-care system;
10. Indigenous structures and roles in health decision making need to be strengthened; and,
11. There is no accountability for eliminating Indigenous-specific racism in the B.C. health system, including systemwide data and monitoring of progress.

The *In Plain Sight* report also identified 24 recommendations for the Province of B.C. and health partners to implement to address the roots of the problem and create a solid foundation of respectful, safe, and culturally aware policy and practice that enables Indigenous Peoples to freely and confidently access the health system.

In January 2021, MoH appointed Dawn Thomas, *Aa ap waa iik*, as acting associate deputy minister in response to recommendation 13 from the report. In this reporting period, the associate deputy minister assembled a task team to prioritize implementation of the *In Plain Sight* report recommendations. MoH has been actively working with health system and cross-government partners to coordinate a provincial response and begin implementation of the recommendations, which the task team will explore over the next year.

THE DECLARATION ON THE RIGHTS OF INDIGENOUS PEOPLES ACT

Following the ratification of the historic *Declaration on the Rights of Indigenous Peoples Act*¹⁹ (the Declaration Act) in 2019, the Province of B.C. took the first steps towards implementation, including beginning to develop and collaborate on a provincial action plan and progressively reviewing and aligning B.C.'s laws with the 2007 *United Nations Declaration on the Rights of Indigenous Peoples*.²⁰ Despite the impacts of the pandemic, the Province of B.C. continued to pursue this goal as part of its commitment to advance lasting, meaningful reconciliation with B.C.'s Indigenous Peoples.

MMHA is leading a collaborative effort in partnership with all ministries and other provincial entities to develop a draft action plan to implement the Declaration Act. The initial draft action plan was developed based on early discussion with Indigenous Peoples and organizations and was shared for public consultation and feedback over summer 2021. The action plan recognizes and embodies the needs and direction of Indigenous peoples in B.C. and is intended to be a living document that will evolve as needed to advance Declaration Act implementation. MoH has contributed to the plan by encompassing health and wellness priorities and holding preliminary discussions with partners including FNHA and FNHC; MoH will continue to strengthen the plan through further engagement with First Nations in B.C. including at future regional health caucuses.

The *Evaluation of the BC Tripartite Framework Agreement on First Nations Health Governance* was released in January 2020 at Gathering Wisdom for a Shared Journey X. MoH continues to dialogue on the results of the evaluation and to discuss key learnings.

¹⁹ <https://www.leg.bc.ca/parliamentary-business/legislation-debates-proceedings/41st-parliament/4th-session/bills/third-reading/gov41-3>

²⁰ <https://undocs.org/A/RES/61/295>



COVID-19 PANDEMIC RESPONSE

COVID-19 pandemic response and emergency management was at the forefront of ministry operations over 2020/21. MoH, in partnership with FNHA, ISC, and Emergency Management BC (EMBC) worked to support Indigenous communities for COVID-19 mitigation, preparedness, response, and recovery. MoH also engaged through political and health-focused tables with the First Nations Leadership Council, FNHC, Nations, and communities to discuss and address First Nations needs during the pandemic. The OPHO also participated in these sessions and with the support of MoH developed a series of information sharing agreements to help enable Nations to make informed decisions for travel and safety measures. B.C.'s COVID-19 immunization plan was released in January 2021 with Indigenous Peoples and communities, including First Nations in B.C. being prioritized.

MoH also supported culturally safe contact tracing through funding (administered via FNHA) up to 97 community liaison positions across First Nations communities, in order to leverage community expertise and maximize on-the-ground response efforts, while at the same time supporting a model of culturally safe service. All contact tracers hired across the province are also expected to undertake cultural safety training.

Special consideration for pandemic planning was focused on peoples who may experience particular vulnerabilities or risks. Provincial partners including MoH actively worked to make services and supports more available to people who are experiencing violence during the COVID-19 pandemic. A public portal of gender-based violence resources is publicly available on the BCCDC COVID-19 webpage.

In 2020/21, MoH provided FNHA with additional funding to support the implementation of a public health response and the *Rural and Remote Indigenous COVID-19 Response Framework*. The Province of B.C. and regional partners supported the BC Association of Aboriginal Friendship Centres (BCAAFC) and Métis Nation BC (MNBC) to address urban First Nations, Métis, and all other Indigenous Peoples' needs as they pertain to pandemic response.

MINISTRY OF MENTAL HEALTH AND ADDICTIONS

In June 2020, MMHA and the FNHA renewed their annual Letter of Understanding (LOU) that articulates how they work together on the shared objective of improving mental health and wellness outcomes of First Nations in B.C. The LOU directs the inclusion of FNHA in provincial initiatives that will be led by MMHA, with emphasis on those that impact First Nations. Last year, these initiatives included evolution of an overdose emergency response, advancing the Declaration of Commitment to Cultural Safety and Humility, advancing the *Declaration on the Rights of Indigenous Peoples Act*, and coordinating and integrating services and systems.

MMHA also continued to work closely with FNHA in the implementation of priority initiatives identified in the *Pathway to Hope*²¹ (2019) that work to make new service delivery models culturally safe and accessible to First Nation clients and families. MMHA provided funding to the FNHA to develop an awareness and education campaign in 2020/21 aimed at addressing structural stigma and racism in the health-care system with a specific focus on mental health and substance use services.

²¹ https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/initiatives-plans-strategies/mental-health-and-addictions-strategy/bcmentalhealthroadmap_2019web-5.pdf

Regional Partnership Accords

Supported by the TCFNH, relationships between the regional health authorities and First Nations enable, guide, transform and enhance First Nations community health and wellness. Partnerships are the product of many years of collaboration, trust, relationship building, and respect.

The regional partnership accords embody these relationships and outline the joint commitments to work together and are informed and shaped by the principles under the health plans and agreements, including the 2006 *Transformative Change Accord: First Nations Health Plan*, the 2007 *Tripartite First Nations Health Plan*, the *Tripartite Framework Agreement*, the 2012 *Health Partnership Accord*, and other First Nations health governance foundational documents.

All regions postponed some activities relating to the partnership accords to prioritize urgent concerns relating to the COVID-19 pandemic.

Fraser Salish Region

The Fraser Salish governance structure includes the Aboriginal Health Steering Committee (AHSC). Fraser Health membership includes: Fraser Health board chair, chief executive officer, medical director, vice-presidents, and the executive director of Aboriginal Health; FNHA membership includes the FNHA board chair, chief executive officer, chief operating officer, chief medical director, chief nursing officer, vice-president of population and public health, and the executive director of the FNHA Fraser Salish Region; and representatives from the First Nations Health Council. The Aboriginal Health Operations Committee (AHOC) is responsible for discussion on new initiatives and identifies key issues and successes to raise to the AHSC. The AHOC is chaired by the FNHA chief operating officer and the Fraser Health vice-president of population and public health. Membership includes the executive directors of

Aboriginal health and the FNHA Fraser Salish Region, along with Fraser Health and FNHA subject matter experts when required.

2020 5-YEAR REGIONAL HEALTH AND WELLNESS PLAN

Fraser Health and FNHA-Fraser Salish region jointly developed a five-year Regional Health and Wellness Plan²² (RHWP) that outlines 15 goals that aim to improve health and wellness outcomes for Fraser Salish First Nations communities and peoples. The RHWP is an evergreen document that will continue to grow and develop, and which includes engagement plans, governance, pillars of care, and more as encompassed by the *sitel*, a Halq'eméylem word for basket.

The FNHA-Fraser Salish team developed an evaluation framework for the RHWP and wellness indicators to assess the impacts of investment, and to improve efforts and approaches as a region.

2020 FRASER PARTNERSHIP ACCORD

The 2020 Fraser Partnership Accord²³ focuses on six key priorities: primary health care; public health and health literacy; maternal child and family health; mental health and wellness; cultural safety, humility, and traditional wellness; and the social determinants of health. Parties in the 2020 Partnership Accord include the Fraser Salish Regional Caucus directly representing Fraser Salish region First Nations, FNHA, and Fraser Health.

²² <https://www.fnha.ca/Documents/FNHA-Fraser-Salish-2020-5-Year-Regional-Health-and-Wellness-Plan.pdf>

²³ <https://www.fraserhealth.ca/-/media/Project/FraserHealth/FraserHealth/Health-Topics/Aboriginal-Health/Cultural-safety/Signed-Partnership-Accord-2020---2023.pdf?rev=89b13c6becb04219a1c846c9ca7485e0>

Vancouver Coastal Region



The Vancouver Coastal Health (VCH) governance structure is comprised of the Aboriginal Health Steering Committee (AHSC), AHSC executive committee and Vancouver Coastal Caucus.

VANCOUVER COASTAL PARTNERSHIP ACCORD EVALUATION

In July 2019, the FNHA, VCH and the FNHC released the *Vancouver Coastal Partnership Accord Evaluation*²⁴ which provided an update on the progress of the goals and objectives outlined in the 2012 *Vancouver Coastal Partnership* and examined the evolution of the relationship between VCH, the FNHA and Vancouver Coastal First Nations. Further action will resume when capacity permits.

Interior Region



The Interior governance structure is comprised of seven Nation-Interior Health letter of understanding joint committees, the Partnership Accord Leadership Table, the Partnership Accord Technical Table, Interior Region Nation executive, the Interior Region Technician's Table, Nation Health assemblies, and the Interior Regional Caucus.

In July 2020, an Interior Health Aboriginal Health & Wellness Strategy was endorsed by the Interior senior executive team. This strategy, grounded in the *Declaration Act* and the *Truth and Reconciliation Commission Calls to Action*, is set for review by Interior Nations.

2019 REGIONAL PARTNERSHIP ACCORD

In 2019, the seven Interior Nations and Interior Health committed to work together to improve Aboriginal health outcomes and build cultural safety across the health system by endorsing the rejuvenation of the *Interior Region Partnership Accord* through 2024. The partnership accord was re-signed following the release of the *Interior Partnership Accord Evaluation Report*²⁵ in January 2019; the evaluation report assessed progress on the goals outlined in the original 2012 accord in terms of governance, tripartite relationships and integration, health and wellness system transformation, and health and wellness outcomes, and identified key findings and recommendations.

²⁴ <https://www.fnha.ca/Documents/Vancouver-Coastal-Partnership-Accord-Evaluation-Report.pdf>

²⁵ <https://www.fnha.ca/Documents/Interior-Partnership-Accord-Evaluation-Report.pdf>

Northern Region



The northern governance structure is comprised of the Northern First Nations Health Partnership Committee, the operations committee and five working groups.

2019 NORTHERN PARTNERSHIP ACCORD EVALUATION

In November 2019, the FNHA, Northern Health and the North Regional Health Caucus released the evaluation of the 2012 *Northern Partnership Accord*. This evaluation provides an update on the progress of the goals and objectives outlined in the partnership accord, as part of the commitment under the framework agreement. It examines the relationship between Northern Health, the FNHA and northern First Nations, with the intent of increasing involvement of northern First Nations. The evaluation report will help strengthen and focus the innovative work in the northern region and will guide the next iteration of the partnership accord.

Vancouver Island Region



The *Vancouver Island Partnership Accord*, renewed in 2016, outlines the commitments of the Vancouver Island Regional Caucus, the FNHA and Island Health. The parties have established a Partnership Accord Steering Committee and a Partnership Accord Executive Committee to oversee the implementation of the accord.

2019 ISLAND HEALTH PARTNERSHIP ACCORD EVALUATION

In June 2019, the FNHA and Island Health released the evaluation²⁶ of the *Vancouver Island Partnership Accord*. This evaluation provides an update on progress of the goals and objectives outlined in the 2016 *Vancouver Island Partnership Accord*. The evaluation report outlines findings around successes, innovation, system transformation, governance structures, communication between the partners and with First Nations, engagement, relationships and collaboration, and service integration/coordination. The evaluation also reviewed the partnership accord alignment with the First Nations perspective on wellness, cultural safety and humility, decision making; and overall access, availability, and quality of health services.

²⁶ <https://www.fnha.ca/Documents/FNHA-Spring-2019-Vancouver-Island-Regional-Caucus-Vancouver-Island-Partnership-Accord-Evaluation-Presentation.pdf>



“... working to achieve tangible, meaningful improvements in the health and well-being for First Nations people.”

Measuring Health Outcomes

In 2018, the OPHO and OCMO released the final Indigenous Health and Well-Being report which analyzed the seven key First Nations health and performance indicators identified in the 2007 *Transformative Change Accord: First Nations Health Plan*. These include life expectancy, age-standardized mortality, youth suicide, infant mortality, diabetes prevalence, childhood obesity, and the number of practicing, certified First Nations health-care professionals.

The *First Nations Population Health and Wellness Agenda*²⁷ (PHWA) approach and partnership has evolved from the previous reporting initiatives between the OPHO and the OCMO. The PHWA presents an eagle-eye view of First Nations health and wellness in the province, identifying an expanded set of 22 wellness-focused indicators that will be monitored over the next decade.

The suite of 22 indicators outlined in the PHWA are measurable and most have baseline data and targets set for them. Two indicators are qualitative and more complex in nature and as such have not been given a target (self-determination and cultural wellness); these will be more fully examined in subsequent PHWA reports.

The OPHO and OCMO, the tripartite partners, and the TCFNH membership look forward to moving forward in partnership on pursuing the target goals of the PHWA and working to achieve tangible, meaningful improvements in the health and well-being for First Nations people.

²⁷ <https://www.fnha.ca/Documents/FNHA-PHO-First-Nations-Population-Health-and-Wellness-Agenda.pdf>

Looking Forward

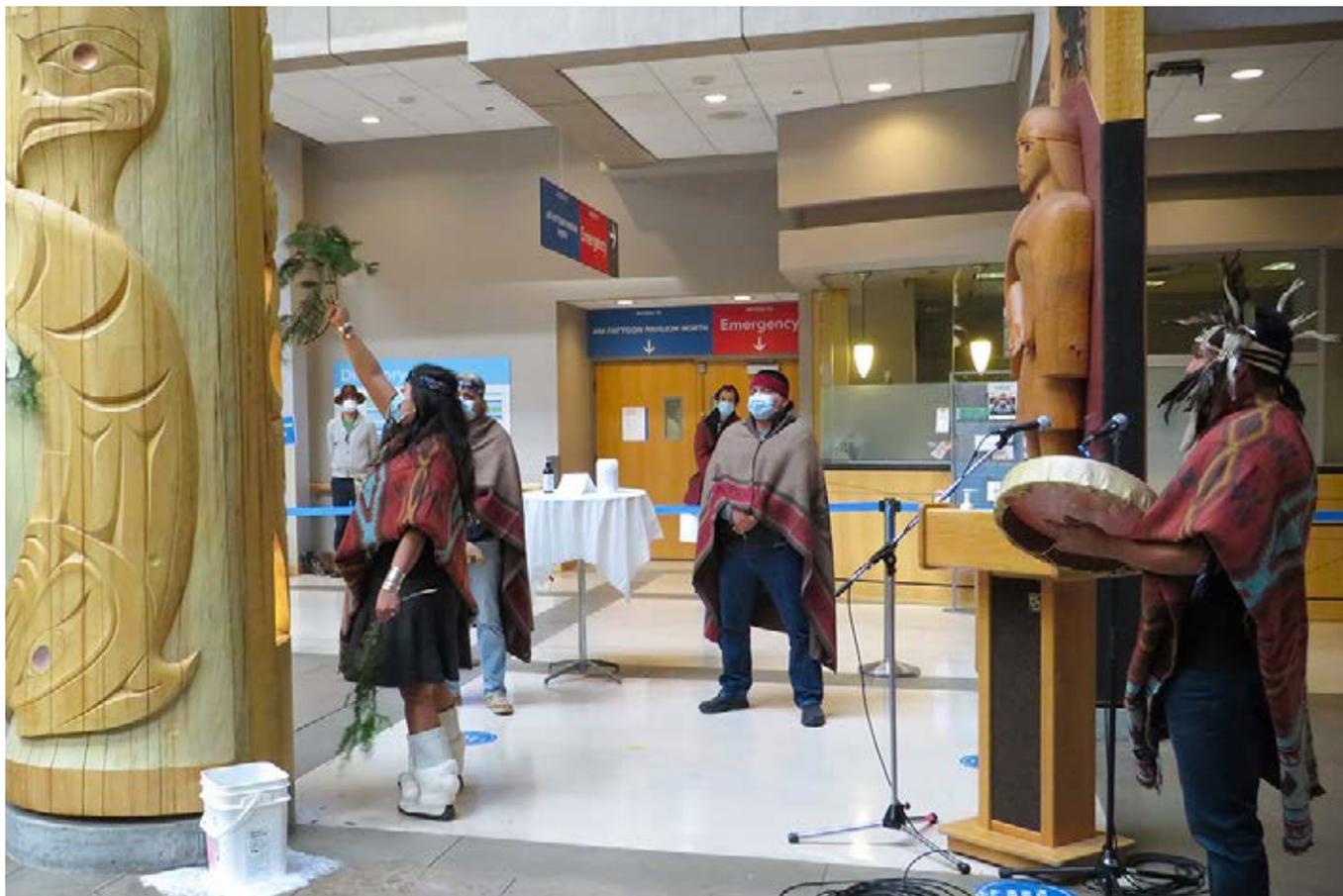
The events of the past year have continued to mark a period of unprecedented change and challenge across the province, including for First Nations in B.C. However, the tenacity, adaptability, and resilience shown by communities and by health system providers across the province has demonstrated the importance of working together and the strength inherent in our relationships. The tripartite partners honour and support these relationships moving forward.

First Nations health and wellness remain the key goal of the tripartite partners. The current public health emergencies, the focus on addressing anti-Indigenous racism, and other experiences have resulted in partnership efforts that were marked by innovation, adaptability, and rapid collective decision-making. The priorities and needs of First Nations in B.C. have remained at the forefront of the tripartite partners' work.

Moving forward, the partners will continue to build on these learnings and lessons. Together, we are committed to continued partnership work to improve health outcomes for First Nations in B.C.



“First Nations health and wellness remain **the key goal** of the tripartite partners.”





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