

Together in Wellness



2011/2012

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

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



Tripartite First Nations Health Plan



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Message from Partners

One year ago, the B.C. Tripartite Framework Agreement on First Nation Health Governance was signed as part of a sacred ceremony at the Capilano Longhouse on the traditional territory of the Coast Salish People in West Vancouver. It marked a critical moment of time when each of our respective parties reaffirmed our commitment to work together in wellness, and to a shared vision for improved health outcomes of all First Nations in British Columbia. The Framework Agreement was grounded in the *Transformative Change Accord: First Nations Health Plan* (2006), the *First Nations Health Plan Memorandum of Understanding* (2006), the *Tripartite First Nations Health Plan* (2007), and the *Basis for a Framework Agreement on First Nation Health Governance* (2010).

As we continue down this innovative path, we need to work collaboratively to maintain our focus and maximize investments in our programs, services, and innovations to promote wellness, disease prevention, enhanced primary care, and traditional health wisdom. Our combined efforts will help us to achieve a shared vision of healthy, self-determining and vibrant B.C. First Nations and Aboriginal children, families and communities.

We continue to function as one heart and one mind to achieve success. This is a foundation for our success as the first in Canada to embark on this innovative approach to service delivery.

Collectively, we can do so much. Together in wellness, we will.

Co-Chairs, Tripartite Committee on First Nations Health:

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

Michel Roy, Senior Assistant Deputy Minister of the First Nations and Inuit Health Branch, Health Canada

Graham Whitmarsh, Deputy Minister, B.C. Ministry of Health

Purpose / Context

On October 13, 2011, *The B.C. Tripartite Framework Agreement on First Nation Health Governance* (“Framework Agreement”) was signed by the Tripartite Partners, represented by the First Nations Health Society, First Nations Health Council, Federal Minister of Health, and the British Columbia Minister of Health. The Framework Agreement legally commits the transfer of the programs and services of Health Canada First Nations and Inuit Health Branch–B.C. Region to First Nations control, and to implement new and innovative health partnerships at regional and provincial levels.

The Framework Agreement further commits the Parties, through the Tripartite Committee on First Nations Health (“Tripartite Committee”), to report back annually on the progress of the integration and the improvement of health services for First Nations in British Columbia. The Tripartite Committee facilitates discussions and coordinates planning and programming among B.C. First Nations, British Columbia and Canada on all matters relating to First Nations health and wellness.

The members of the Tripartite Committee include:

- Three Co-Chairs:
 - Chair, First Nations Health Authority Board of Directors;
 - Senior Assistant Deputy Minister of the First Nations and Inuit Health Branch, Health Canada;
 - Deputy Minister, B.C. Ministry of Health;
- President / Chief Executive Officers of each of the B.C. health authorities;
- Provincial Health Officer under the B.C. Public Health Act;
- Aboriginal Health Physician Advisor (now the Deputy Provincial Health Officer, Ministry of Health);
- Chairperson and Deputy Chairperson of the First Nations Health Council;
- One representative from each of the five First Nations regional tables;
- Chief Executive Officer of the First Nations Health Authority;
- President of the First Nations Health Directors Association;
- Appropriate Associate Deputy Minister and Assistant Deputy Minister of the B.C. Ministry of Health; and
- Any other non-voting, observer or full members as agreed to by the Tripartite Committee.

This interim report represents the one-year anniversary of the signing of the Framework Agreement. This document reports on progress in the first year of the Agreement’s implementation. Due to the evolving nature of the process and the fact that this is the first report of the Tripartite Committee, this report will only focus on key activities and successes over the past year. Future reports will become more robust and include reporting on new wellness indicators.

Structure: New Health Governance

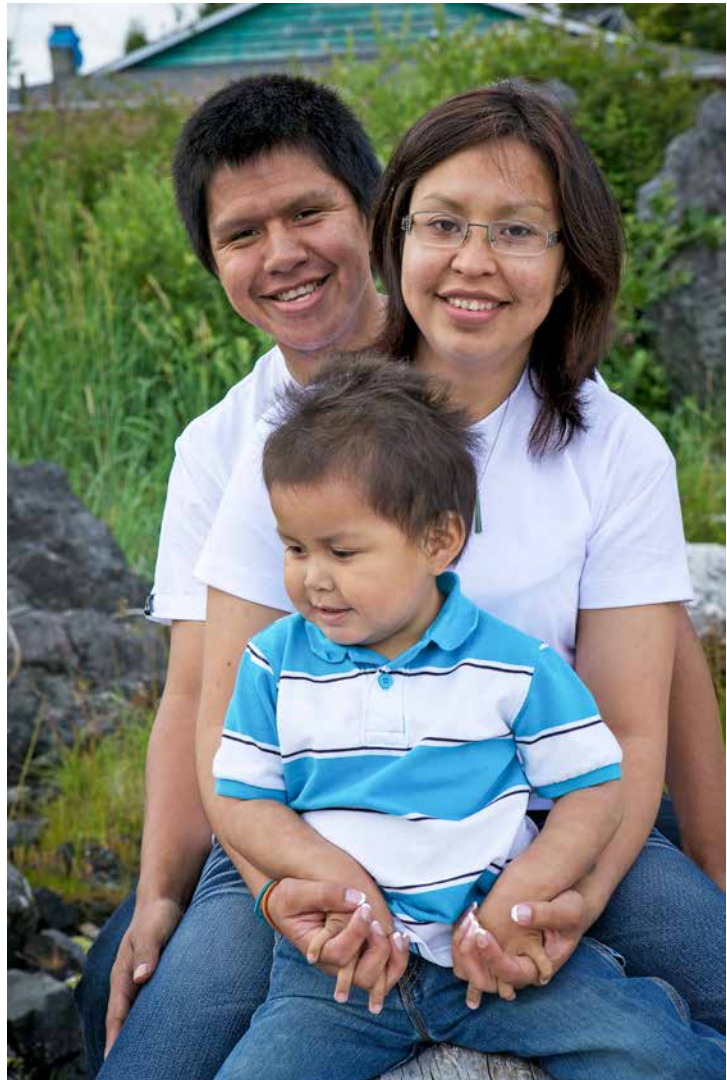
In 2007, the *Tripartite First Nations Health Plan* outlined a commitment for health services to be delivered through a new governance structure that leads to improved accountability and control of B.C. First Nations health services by B.C. First Nations.

Work has been ongoing to evolve and develop this structure, as captured in the Framework Agreement and the *Consensus Paper 2011: B.C. First Nations Perspectives on a New Health Governance Arrangement*. This section provides an update on that evolution of the structure.

Tripartite Committee on First Nations Health

This Tripartite Committee has gone through a number of changes during its lifespan. In the *Transformative Change Accord: First Nations Health Plan*, and the *Tripartite First Nations Health Plan*, it is referenced as the First Nations Health Advisory Committee with a mandate to review and monitor the Aboriginal health plans of B.C.'s health authorities, take an active role in monitoring health outcomes in First Nations communities, and recommend actions on closing health disparities. It then became the Provincial Committee on First Nations Health.

Through the Framework Agreement, further clarity was provided on the role, name, and membership of this Committee. The Tripartite Committee on First Nations Health is now composed of senior federal and provincial government representatives, the Chief Executive Officers of the province's health authorities, and representatives of the First Nations Health Council, First Nations Health Authority, First Nations Health Directors Association and First Nations Regional Tables. It is co-chaired by the Chair of the First Nations Health Authority, the Deputy Minister of the B.C. Ministry of Health, and the Senior Assistant Deputy Minister of Health Canada-First Nations and Inuit Health Branch. It is mandated to: coordinate and align planning, programming, and service delivery among the newly created First Nations Health Authority, B.C. health authorities and the B.C. Ministry of Health; facilitate discussions and coordinate planning and programming among B.C. First Nations, B.C. and Canada on First Nations wellness; provide a forum for discussion on the progress and implementation of the key agreements in health; and prepare and issue an annual progress report.



With this renewed role, over the past year, the Tripartite Committee has met regularly to facilitate discussions and coordinate planning and programming among B.C. First Nations, British Columbia and Canada.

In the past year, the Committee has approved its terms of reference, approved an initial workplan, and received updates on health actions work overall.

As the transition continues in the year ahead, this group will continue to oversee key decisions, and also has a coordination and review role with respect to the B.C. Regional Health Authorities' Aboriginal Health Plans and First Nations Health Authority Multi-Year Health Plan. The Tripartite Committee will report annually on its progress, and on the overall Tripartite progress in B.C. First Nations health.

First Nations Health Council

The First Nations Health Council plays a key role by providing dedicated political leadership on behalf of First Nations in B.C. on health issues and the implementation of the plans and agreements in health.

The First Nations Health Council serves as the advocacy voice of B.C. First Nations on health related matters. In the past year, it has been steadfast in supporting health priorities and objectives of B.C. First Nations and providing political oversight of Health Canada's First Nations and Inuit Health Branch transition to a new First Nations Health Authority. Its members have participated at the Tripartite Committee on First Nations Health, bringing forward regional issues, priorities, and progress updates on the innovations taking place at the community level and on the relationship with Regional Health Authorities.

Its membership continues to be regionally driven by First Nations. It is composed of 15 members – three members appointed by each of the five regions in British Columbia.

First Nations Health Directors Association

Incorporated in April 2010, the First Nations Health Directors Association is a group of Health Directors and managers working in B.C. First Nations communities. Grounded in the realities of its members' diverse communities, the Association's purpose is to collectively use its wealth of information, capacity, and solutions to provide technical advice on health systems, programs, services, and issues, and to provide "care to the caregiver" by focusing on professional development and support to First Nations health directors.

The Board actively met throughout the year, and continued to build strong collaborative relationships with partners by providing technical advice and strategic direction, and linking with important organizations and initiatives. These initiatives include the B.C. Nurse Family Partnership Program and the Divisions of Family Practice, which are community-based groups of family physicians.

First Nations Health Authority

On December 20, 2011, as directed by B.C. First Nations, the First Nations Health Society amended its bylaws to become the interim First Nations Health Authority. Further engagement with First Nations in the early months of 2012 helped to clarify the governance structure of the permanent First Nations Health Authority and, during Gathering Wisdom for a Shared Journey V in May 2012, First Nations adopted a resolution that allowed for the transition of the interim First Nations Health Authority into the permanent First Nations Health Authority.

A large focus is now being placed on supporting and developing the First Nations Health Authority to ensure it has the capacity to address its new responsibilities, as set out in the Framework Agreement, and receive the transfer of responsibilities from First Nations and Inuit Health Branch–B.C. Region.

The First Nations Health Authority is a non-profit legal entity, representative of, and accountable to B.C. First Nations. Its responsibilities include: undertaking activities from a First Nations perspective, in support of First Nations health and wellness, including planning, designing, managing, funding and delivering health programs to better meet First Nations health needs in B.C.; building better relationships with the provincial government and health authorities in support of First Nations regional collaboration and dialogue; and, carrying out research and policy development in the area of First Nations health and wellness, among other functions.

Federal and Provincial Roles and Responsibilities



The new First Nations governance structure that we are creating together represents an exciting new approach to health. The Framework Agreement is a fundamental turning point towards building a more responsive and integrated health system that reflects First Nations' perspectives.

As we move further along in implementation, the partners are tackling an historic undertaking together. Our new way of working is as partners with a shared goal – not as negotiators on different sides of the table. Our work together has been effective because of our collective commitment to a successful transfer, from the broadest components to the smallest details.

Through our Tripartite relationship, each partner will support the others as we continue to evolve. For example, the federal perspective has deepened as the Tripartite experience has brought with it a solid understanding of the complexities of collaboration and the importance of relationships that are truly reciprocal and accountable.

In this ongoing partnership, Health Canada's role is as a funder and governance partner. This means that while the federal government will no longer be delivering or defining the services as before, it will continue to have an active role. As a funder, Health Canada will provide funding to the First Nations Health Authority in support of the delivery of health programs. However, the planning, design, management and delivery of these programs will rest with the First Nations Health Authority. In its role as a governance partner, Health Canada will continue to participate in the Tripartite Committee, to share best practices, to support joint monitoring

and reporting on the progress we are making together towards the integration and improvement of health services for B.C. First Nations.

Meanwhile, the provincial government is finding ways of working closer with First Nations to improve access to, and the relevance of, provincial services. Within the Ministry of Health, historically the principal points of engagement with First Nations have been the Minister, executive, and the Aboriginal Healthy Living Branch. Now various people within almost all branches and divisions of the Ministry are engaged at the Tripartite level. There is increasing recognition that effective engagement with First Nations is not solely one branch's responsibility; rather, it is every employee's responsibility to work well in First Nations and Aboriginal relations in order to build and improve a culturally relevant and responsive provincial health system. Similarly, this recognition is growing across health authorities. The Provincial Health Services Authority's Indigenous Cultural Competency training has been strongly promoted among provincial health employees, as well as health authority employees as a means of taking individual accountability to be more knowledgeable of the appropriate ways in which to conduct work with First Nations and Aboriginal peoples.

Consequently, the Ministry of Health's ability as a whole to work in a new health partnership with First Nations and Aboriginal people has strengthened, and staff from all areas within the Ministry have taken a much greater collaborative approach to their strategic agendas and work.

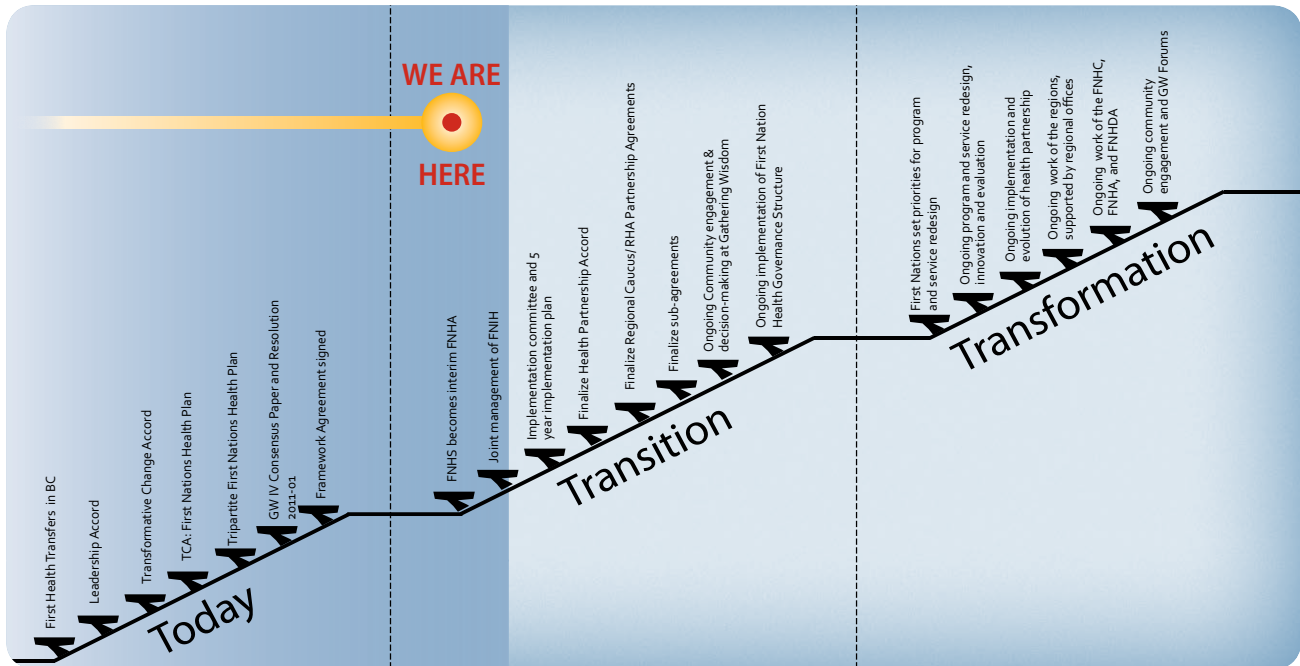
There has also been work on the development of relationships and Partnership Accords with health authorities to create regional tables. The Partnership Accords help prioritize the work needed to improve health service delivery and to support that work on the ground.

The provincial and federal governments, as Tripartite partners, have committed to regular meetings with the First Nations Health Council and First Nations Health Authority, as outlined in the Framework Agreement. These include regularly held political, governance, implementation, and health actions meetings. The Tripartite Committee provides an environment where each of the Tripartite partners – federal, provincial, and First Nations – can ensure integration, discussion, and implementation of the key agreements in health.

Together, all parties are moving towards transforming programs and services to better focus on the health needs of First Nations and Aboriginal people.

Evolving Relations and Practices: Building a relevant and responsive health system for First Nations

Transition and Transformation



When the Framework Agreement was signed in October 2011, it provided a two-year period to achieve the transfer of Health Canada’s First Nations and Inuit Health Branch–B.C. Region to a new First Nations Health Authority. The purpose of this transfer is to support First Nations to achieve better health outcomes. The First Nations Health Authority will aim to deliver more than the current federal programs and services in part by developing and employing a First Nations Health and Wellness Model that brings together traditional knowledge and western medicine to transform health systems. The First Nations Health Authority will work with its partners to increase access to health services for B.C. First Nations, regardless of where they live in B.C.. It will also work with its partners to carry out health actions and implement innovations and integration in support of health and wellness for First Nations and Aboriginal peoples in British Columbia.

The transfer entails transferring staff, assets, funding, and programs currently run by First Nations and Inuit Health Branch to the new First Nations Health Authority. This is a huge amount of work and includes activities such as:

- Supporting the development of the First Nations Health Authority and a new health governance structure:
 - Creating and continuing to develop a First Nations Health Authority based on the cultures, values, and traditions of B.C. First Nations.
 - Building solid systems and structures—to run an efficient Health Authority, there is a need to put in place systems for Information Management, Technology, Finance, Human Resources, Health Benefits and other functions.

- Finalizing detailed sub-agreements to outline the legalities, logistics and mechanisms of the transfer:
 - Assuming the Assets—At the time of transfer, the First Nations Health Authority will take over a number of assets that currently belong to Health Canada. These include: Health Canada Vancouver offices, regional offices (located across B.C.) and nursing stations as well as vehicles, hardware and other assets. A smooth transition of technology assets will be especially important.

Financial and human resources are also part of the transfer. Approximately 250 current Health Canada employees will be offered employment with the First Nations Health Authority. Making sure all employment arrangements are in place for these staff is a high priority through transfer, as the ability to do this well will ensure continuity of services. Finally, the assumption of a \$380 million annual budget requires the development of sophisticated governance, controls and systems.
 - Taking over Programs and Services—seamless program and service delivery is the goal through the transfer process. On transfer day, the First Nations Health Authority will assume responsibility for all programs and services run by the region. Through transfer and transition, these programs will remain largely unchanged. In the Transformation period shown in the graphic, the First Nations Health Authority will embark on an engagement process with B.C. First Nations to analyze, fine-tune and in some cases totally redesign the current First Nations and Inuit Health programs and services.
- Finalizing a Health Partnership Accord on the parties' ongoing and robust partnership:
 - To capture the vision of the Parties for a better, more responsive and integrated health system for First Nations in British Columbia, the Health Partnership Accord will describe the broad and enduring relationship among the Parties and their political commitment to pursue their shared vision.
- Developing a five-year implementation plan:
 - The implementation plan was adopted in principle in April 2012 by the Tripartite Implementation Committee, and the plan is a constantly evolving document, updated regularly to reflect progress and any emerging issues. The Tripartite Implementation Committee has the mandate to provide strategic direction, general planning and coordination for the implementation of the Framework Agreement over a five year period.

The following success factors have been identified by Tripartite partners to indicate a successful transition:

- The commitments of the Parties as set out in the Framework Agreement are met;
- The transfer timelines agreed to by the Parties are met;
- There is a smooth transition of the First Nations and Inuit Health Branch—B.C. Region programs, services and operations to the First Nations Health Authority, including:
 - No disruption to programs, service and cash flow to First Nations
 - Minimal / managed disruption to First Nations and Inuit Health Branch and First Nations Health Authority staff
- There is an ongoing and robust partnership between the Parties to make the transfer a success.

While there is plenty of work ahead, it is worth noting all of the positive work in the past year, in advance of the transfer. The Tripartite partners have been strengthening our collaborative efforts. The Implementation Committee was created, along with Sub-Committees, all of which have been meeting and progressing in our work. Key Sub-Agreements, and the Health Partnership Accord, were developed and finalized, and work continues to finalize a number of other sub-agreements. Detailed transfer planning is well underway. The First Nations Health Authority is implementing systems and organizational design. When the transfer happens, it

will be in large part because of the detailed planning and partnerships established beforehand among the Tripartite partners, and the support and collaboration from within the regions and communities.



Health Actions

A cornerstone of health system transformation through Tripartite cooperation is taken on by the Tripartite Health Actions team. Twenty-nine health actions were identified in the *Transformative Change Accord: First Nations Health Plan*, with several others added since through the *Tripartite First Nations Health Plan* and input from Gathering Wisdom for a Shared Journey forums. These actions have been clustered by the Tripartite Management Team into seven health action areas:

- Primary Care and Public Health
- Mental Wellness and Substance Use
- Maternal and Child Health
- Health Human Resources
- eHealth
- Health Planning and Capital
- Health Knowledge and Information

The Tripartite Management Team is responsible for the implementation of the Tripartite Health Actions and is accountable to the Tripartite Committee on First Nations Health.

Through Tripartite strategy and planning committees with members who have subject-matter expertise, the health action areas are being coordinated to improve the health system and delivery of health services in British Columbia.

Significant positive steps have been taken in the past year, as highlighted by some of the following strategy areas:

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DEPUTY PROVINCIAL HEALTH OFFICER

In April 2012, Dr. Evan Adams was appointed Deputy Provincial Health Officer – a role that reflects a strengthening of the Tripartite partnership. Dr. Adams, a Coast Salish physician (and actor) from the Tla’Amin First Nation, will work with the partners to improve the quality of data collected and health indicators related to First Nations health. He will provide independent direction on First Nations and Aboriginal health issues to the Ministry of Health, report to citizens on health issues affecting the general population, and advise on a path for the improvement of First Nations and Aboriginal health and wellness.

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Primary Care & Public Health

A new draft framework to enable change that reflects First Nations and Aboriginal Primary Care and Public Health needs is underway. Based on the new framework, for the first time B.C. First Nations will be influencing services where they count the most – with respect to wellness and community health services. It is through this framework that new services and strategies will be developed that are in direct response to what First Nations have communicated as being required for effective change. Over the coming months, the First Nations Health Authority and the Tripartite Partners will continue to examine various options communities are proposing and come up with new ways of delivering services. All of this is based on the community feedback collected over the years.

Work is underway to identify what methods and tools are needed to bridge gaps in services being delivered to communities across the province. For example, there is a definite need to supplement and increase community access to primary care services (e.g., physician, nursing and nurse practitioner services). By identifying such gaps, the partners are able to better integrate and leverage support to provide a more equitable provision of services. Communities have indicated where some of these gaps exist and some have developed plans to bridge these gaps through new health initiatives.

In addition, the Tripartite partners are working together with the Nurse Practitioners for British Columbia program that is being rolled out by the Province. This program is about building relationships and supporting applicants to bring Nurse Practitioners to deliver primary care services throughout the province. Over time, the partners will look at ways of leveraging these relationships and building on the success of the use of Nurse Practitioners in First Nations communities, or where they serve the urban Aboriginal population. In this way, the partners will be able to ensure funding for these types of health professionals will be available on an ongoing basis, thereby closing the primary care accessibility gap. This will be an important step forward in improving community access to primary care services.

Other initiatives that are underway or completed, include:

a. Car Seat Strategy

An environmental scan of injury prevention and control practices in First Nations communities has been completed and funding is in place to create a new strategy that will include not only a car seat strategy, but a broad injury prevention and control strategy. This new strategy will be looking at community

successes (e.g., the Three Corners model in the Interior) and recommending ways that communities can implement similar strategies and programs that are tailored to their unique community situations.

b. HIV/AIDS

HIV/AIDS statistics for B.C. have for several years shown that B.C.'s First Nations and Aboriginal population are severely impacted by HIV. First Nations and Aboriginal persons with HIV/AIDS get infected younger, access treatment later and die sooner than other populations with HIV/AIDS in the province.

A key way to change this trend is increase access to HIV testing. HIV testing can ensure early access to treatment, care and support. For several years, perceptions about First Nations communities and HIV/AIDS have posed barriers to HIV testing: that communities are not "ready" for testing, that stigma will force a person being tested to leave their community, or that care is not available. Across B.C., especially in Northern B.C., a number of communities have been working with Chee Mamuk's "Next Steps" program to address these barriers one by one, thereby beginning to address this issue head on.

Another major barrier has been nurses not having access to a provider number to test blood samples, which has been a growing concern. Although trained in taking venous blood samples, trained in HIV/AIDS counseling and fully aware of the health and community supports in their area, community health nurses do not have access to a "provider number." This provider number is necessary for the blood to be accepted and analyzed by Provincial Health Services Authority Provincial labs. Through Tripartite efforts, this issue was brought to the attention of the Ministry of Health and the Provincial Health Services Authority, where a number of short-term solutions are being worked out. The partners will continue to keep this issue highlighted as a priority until long term, sustainable changes are made that support community members at home and away from home.

Mental Wellness and Substance Use

The *Transformative Change Accord: First Nations Health Plan* contains three Health Actions to address mental wellness and substance use for First Nations and Aboriginal peoples:

- Adult mental health, substance abuse as well as young adult suicide will be addressed through an Aboriginal Mental Health and Addictions Plan
- The First Nations Leadership Council and the Province will host a forum for all health authorities (Aboriginal Health Leads and Executive members) and First Nations Elders and youth to support and encourage learning about First Nations' heritage, cultures and spirituality, and to develop models for youth suicide prevention.
- Develop new culturally appropriate addictions beds/units for Aboriginal people.

The transformation of health systems and services in new collaborative ways to benefit the health of First Nations and Aboriginal individuals, families and communities is one of the main principles of this work. Also important to Tripartite partners is to ensure the work includes a focus on urban, rural and remote people and communities.

Systems transformation is seen as an important avenue for change because it looks at addressing the underlying socioeconomic and other systemic factors that inhibit wellness in communities. A key element of transformation is the acknowledgement of an Indigenous world view and perspective on health and wellness, and the integration of this perspective into education, justice and other social services.

In accordance with the Health Actions implementation approach, planning committees have been formed to contribute expertise to the development of strategic and policy direction on these health actions.

A Suicide Prevention, Intervention and Postvention Working Group (2012) was also established to gather and share information, resources and tools with First Nations and Aboriginal communities to address suicide in a holistic, comprehensive and effective manner.

The Tripartite nature of Health Actions work is about changing systems to respond to First Nations and Aboriginal service needs by creating space for First Nations and Aboriginal people to design them. For this to happen, a high level 10-Year First Nations and Aboriginal Mental Wellness and Substance Use Plan is being developed to articulate how systems need to change and how the values, principles and vision that communities uphold will be incorporated in the new health system.

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10 YEAR FIRST NATIONS AND ABORIGINAL MENTAL WELLNESS AND SUBSTANCE USE PLAN

This plan is currently being created with the input of many voices from First Nations communities, the away from home population and expert partners in the field.

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Maternal and Child Health

As improvement in dental health has been shown to have such a strong correlation with improved general health and well-being, the Tripartite Planning Committee for First Nations and Aboriginal Maternal and Child Health began a project in 2011 to look at access to oral health services for First Nations and Aboriginal children across the province. Over the past year, the Ministry of Health, the five Regional Health Authorities, and Health Canada's First Nations and Inuit Health Branch worked together to carry out a scan of oral health services for First Nations living at home and away from home and Aboriginal children in B.C. from birth to seven years of age.



This scan led to the development of a report entitled *Environmental Scan: Oral Health Services in British Columbia for First Nations and Aboriginal Children Aged 0–7 years*. This report gives a broad picture of oral health prevention and treatment services offered to First Nations and Aboriginal children across British Columbia. The scan shows that access to oral health preventive services for First Nations and Aboriginal children may differ depending on the type of services and frequency, and depending on who provides the services. It also shows that there are a number of First Nations communities where oral health preventive services are not offered, and that there are dental clinics in several communities that are not being used.

The main goal of the oral health Tripartite Planning Committee is to support well-being for First Nations and Aboriginal families by looking at ways to make it possible for all First Nations and Aboriginal children and

families to access oral health services. The information provided by the environmental scan will help to create a First Nations and Aboriginal oral health strategy that can build upon strengths, break down barriers and bridge gaps so that First Nations and Aboriginal children in B.C. can have better oral health. A plan for how this important goal can be carried out will begin in autumn 2012 with a team approach that includes the Tripartite Planning Committee for First Nations and Aboriginal Maternal and Child Health, Tripartite partners, First Nations communities, and other stakeholders.

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MATERNAL AND CHILD HEALTH:

Paving the way to improved access to oral health services for First Nations and Aboriginal Children: A successful tripartite partnership

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Health Knowledge and Information

The Tripartite Data Quality and Sharing Agreement was signed by Tripartite partners in April 2010. The Agreement has three objectives:

- 1. to improve the quality of First Nations data,
- 2. facilitate data sharing, and
- 3. ensure that federally and provincially held information on First Nations is properly used and shared.

One of the tangible outcomes of the Agreement has been the creation of the First Nations Client File (FNCF). The FNCF is a data file that makes it possible for First Nations people to become visible in health data where otherwise their health status would be hidden. All information about individuals is protected through the terms of the Agreement, and applicable provincial and federal privacy legislation. The FNCF was created in 2011.

The Tripartite Data Quality and Sharing Agreement (TDQSA) commits the Tripartite partners to develop processes and protocols for the appropriate use of the FNCF. This includes the development of capacity, and increasingly stewardship, within the First Nations Health Authority with respect to the use of the FNCF. This will help the TDQSA partners to develop evidence-based policy, inform program decisions, and facilitate research partnerships. The Agreement also recognizes the principle of First Nations Health Information Governance, which is a component of First Nations Health Governance and refers to a structure, process and protocols by which First Nations in B.C. have access to First Nations Data and are influentially involved in decision-making regarding the culturally appropriate and respectful collection, use, disclosure and stewardship of that information in recognition of the principle that such information is integral to First Nations policy, funding and health outcomes.

Together in Wellness in Every Region

High-level provincial agreements are a positive sign of leadership commitment, but for real health reform to happen there needs to be commitment at the ground level, within the regions. On that note, First Nations within the regions and each of the Regional Health Authorities have been busy developing their own processes and joint processes to better participate in their regional partnerships.

Since 2008, First Nations Regional Caucuses have provided opportunity for community-driven, nation-based decision-making. First Nations share information and perspectives, set direction on regional health matters, and appoint their representatives to the First Nations Health Council through the Regional Caucuses. They act as mechanisms to carry information from B.C. First Nations communities to the provincial level and vice versa.

They have formed the backbone of the movement to reform health governance for B.C. First Nations, reviewing issues and providing direction in the fast-evolving health governance reforms.

First Nations through Regional Caucuses and Regional Health Authorities have made significant strides in solidifying regional partnerships this past year, building on the collaborative partnerships at the provincial level. Consequently, one of the most exciting achievements since the signing of the ***B.C. Tripartite Framework Agreement on First Nation Health Governance*** is the increase in collaboration happening at the regional level.

In fact, the enabling of regional partnerships became a commitment both in the Framework Agreement and the ***Consensus Paper 2011: British Columbia First Nations Perspectives on a New Health Governance Arrangement***.

There are several benefits to these new, evolving partnerships among First Nations, Regional Health Authorities and the First Nations Health Authority. They allow First Nations communities to leverage the provincial health system in new and exciting ways. They help align health care priorities and community health plans, and better coordinate and integrate programs and services. This can translate into countless advantages, like improved access to physicians, enhanced eHealth opportunities, and integrated primary care.

These win-win partnerships help Regional Health Authorities offer more relevant services in a more meaningful way and enable First Nations to have greater influence over programs, services, planning and funding decisions of the Regional Health Authority, promoting greater leveraging of resources, and setting out a shared agenda and actions to improve First Nations health.

Regional processes will ensure that successful communication, collaboration and planning is achieved to improve coordination of efforts in developing innovative service delivery models at local and regional levels.

In all, four regional partnerships were signed in the past year, with one more anticipated before the end of 2012.

Fraser Partnership Accord

Signed in December 2011, the Fraser Partnership Accord was the first of its kind in the province – a partnership between a Regional Health Authority and one of the five First Nations Regional Caucuses in the province. The vision behind the signing was blending the best of two worlds in health – modern medicine and ancestral teachings and ways.



From left to right: Chief Willie Charlie – representative for the independent Fraser Salish communities,
Chief Maureen Chapman – representative for Sto:lo Nation Chiefs Council
Dr. Nigel Murray – President & CEO, Fraser Health
Grand Chief Doug Kelly – President of the Sto:lo Tribal Council

“This agreement signals an important change, and the way ahead for how health services will be delivered to First Nations not only in the Fraser Region, but throughout British Columbia. If health outcomes are to improve

for First Nations in our province, then we must work in partnership to make progress,” said Grand Chief Doug Kelly, President of the Stó:lo Tribal Council.

The Accord was signed by Fraser Health and the Fraser Salish Regional Caucus, which provide political and technical leadership to the Salish Nations.

One of the key commitments in the Partnership Accord is the establishment of an Aboriginal Health Steering Committee, which will serve as a forum for joint efforts on First Nations and Aboriginal health priorities, policies, budgets and services in the Fraser Region.

The Accord calls for improvements in service delivery through more collaboration between Fraser Health and the region’s First Nations Health Centres, and work with community health leaders to develop more culturally appropriate health strategies.

Vancouver Coastal Partnership Accord

On May 16, 2012, the Vancouver Coastal Partnership Accord was signed by the Vancouver Coastal Regional Caucus, the interim First Nations Health Authority, and Vancouver Coastal Health, creating a new path to improving health outcomes, programs, and services for First Nations in the Vancouver Coastal region.

Among several specific initiatives proposed in the Accord is the development of an Urban Health Strategy that gives First Nations and Aboriginals a voice in the design of culturally relevant services and offers Vancouver Coastal Health guidelines and policies to incorporate specific traditional protocols and practices in the entire organization with the goal of supporting and improving services.

“Vancouver Coastal Health is committed to improving the health of First Nations and Aboriginal people and this can only be done in partnership with the community,” said Dr. David Ostrow, President and Chief Executive Officer of Vancouver Coastal Health. “The Partnership Accord will strengthen the relationship we have with First Nations and will foster greater self-determination for First Nations communities over their health care. We look forward to finding creative solutions and approaches as we embark on this new relationship.”



Left to right the three people holding up copies of the Accord are: VCH Board Chair Kip Woodward, Vice Chair of iFNHA, Pierre Leduc and Ernest Armann, Chair of Vancouver Coastal Regional Caucus.

Vancouver Island Partnership Accord



Left to right: Shana Manson, Coast Salish FNHC Vancouver Island Regional Health Caucus Rep, James Wilson, Kwakwaka'wakw FNHC Vancouver Island Regional Health Caucus Rep, Cliff Atleo, Nuu-chah-nulth FNHC Vancouver Island Regional Health Caucus Rep, Howard Waldner, VIHA CEO, and Don Hubbard, Chair of VIHA Board of Directors.

The signing of the Vancouver Island Partnership Accord took place on the evening of May 14, 2012 in a ceremony during the fifth annual provincial Gathering Wisdom for a Shared Journey forum.

The focus of this Accord, signed by the Vancouver Island Regional Caucus and Vancouver Island Health Authority, is developing strong processes to support collaboration, innovation and improved health outcomes.

“This is a very important moment for Vancouver Island First Nations partnering with Vancouver Island Health Authority to provide improved health outcomes for our people,” said Cliff Atleo of the Vancouver Island Regional Caucus.

The Accord signifies the strength of the working relationship in support of health improvements for Island First Nations and all Island residents.

Building on the pillar of reciprocal accountability, the Accord commits the parties to work together to achieve shared decision-making and increase the influence of First Nations in decisions relating to health services delivered within the Vancouver Island Region. It also sets out a mutual commitment to improve the well-being of all First Nations living in the Vancouver Island region regardless of Nationhood, status, and location.

New joint activities between the Vancouver Island Regional Caucus and Vancouver Island Health Authority under the Accord will include the development of measurable success indicators to accurately gauge progress and a review of Vancouver Island Health Authority's Aboriginal Health Plan and First Nations Community Health and Wellness Plans to achieve better coordination.

Northern Partnership Accord

The Northern Regional Caucus, *interim* First Nations Health Authority and Northern Health signed the Northern Partnership Accord on May 16, 2012, with a focus on innovative ways to improve health and meet the unique needs of the North.

The vast Northern region of British Columbia, with its many remote and isolated small communities, poses many challenges. As well, when compared to other regions of B.C., the North has the largest percentages of Aboriginal peoples and First Nations communities. Other challenges are economic issues, housing concerns, and the growing population of youth requiring educational services.



In May 2012, the Northern Health Authority and the Northern Regional Caucus of the interim First Nations Health Authority signed a Partnership Accord.

The goal of the accord was to open new doors for cooperation and planning to improve health outcomes for First Nations in northern British Columbia. Specific aims were to close gaps, remove barriers, increase access and improve services by providing a holistic, culturally appropriate lens.

“Our Northern Caucus has come together as one voice representing all viewpoints and in close collaboration with Northern Health created this Accord that will prove to offer concrete outcomes to Northern First Nations and positively impact all residents of the North,” said Marjorie McRae, Northern Regional Caucus Representative.

Included in the new Partnership Accord were plans for the development of a joint Northern Health and Northern First Nations Wellness Committee.

Interior Health Government-to-Government Agreements

The Interior Health Authority and the First Nations in the Interior are in the process of developing a Regional Partnership Accord, to be signed before the end of 2012. Each of the seven Nations in the Interior is reviewing the Accord, and providing final comments to the Working Group holding the pen.

A key success indicator in the draft Regional Partnership Accord is the development of Letters of Understanding between the Nations in the Interior and the Interior Health Authority. To date, two of the seven of the Nations in the Interior have finalized Letters of Understanding, with the remaining five to be completed in the near future.

Okanagan Nation Alliance signed its Letter of Understanding with the Interior Health Authority on June 12, 2012. The signing is a framework between the two partners whereby health planning, service design, resource allocation and information sharing will occur for the benefit of the Okanagan Nation.

“It represents an initial first step of our Nation and Interior Health to begin a long journey of dialogue and resolve that ensures First Nations have equitable access to the best health care available to them,” said Grand Chief Stewart Phillip, chair of the Okanagan Nation Alliance.

The Ktunaxa Nation re-signed its Letter of Understanding with the Interior Health Authority, re-enforcing the commitment from both the Ktunaxa and Interior Health to improve health outcomes for all Aboriginal peoples in the East Kootenay area.



Interior Health Board Chair Norman Embree
and Ktunaxa Nation Chair Kathryn Tennesse

The Ktunaxa and Interior Health have built a positive and collaborative relationship since their original Letter of Understanding was signed in January 2009. A number of partnership initiatives are underway, including:

- urban services – Street Angel Project in Cranbrook, a program that provides at-risk people with a place to meet, connect and receive services such as health care;
- establishment of an Aboriginal space at East Kootenay Regional Hospital; and
- direct mental health service delivery – the creation and implementation of programs combining traditional practices with therapeutic and clinical methods.

Measuring Health Outcomes

A goal of the Tripartite partners is to eliminate disparities and achieve equity in health outcomes between First Nations living in B.C. and other British Columbians. As per the *Transformative Change Accord: First Nations Health Plan*, the partners have committed to compare the disparities between B.C. First Nations and other British Columbians for a series of seven health indicators: life expectancy; age-standardized mortality rates; infant mortality rates; youth suicide rate; diabetes prevalence; childhood obesity status and number of certified First Nations health professionals.

To this end, the Office of the Provincial Health Officer issues Aboriginal health status reports every five years with interim updates every two years. Currently, data is only available for five of the seven indicators. In October 2012, the Deputy Provincial Health officer released an *Interim Report on the Health and Well-being of the Aboriginal Population*. This report documents persistent gaps in health status between First Nations and other British Columbians, as well as highlights where improvements have been made between 2005 and 2010. Importantly, the report also highlights some of the challenges in using specific indicators to accurately assess changes in health status. This report can be viewed at <http://www.health.gov.bc.ca/pho/pdf/interim-update.pdf>.

Feedback from Gathering Wisdom for a Shared Journey forums has emphasized the importance of reporting on First Nations wellness. This is a challenging shift in health reporting, as most administrative data sources report on various states of ill health. Although the seven indicators listed in the *Transformative Change Accord: First Nations Health Plan* address specific health concerns, it is understood that these indicators are not consistent with a wellness perspective. The Tripartite partners are working on the development of a Health Indicators Framework, which embraces a wellness perspective. Once agreed-upon wellness indicators are in place, the Tripartite Committee will report on those in future annual reports.

Moving Forward

The Tripartite Partners are committed to building on their broad and enduring relationship and staying true to their commitments to pursue the shared vision of improved health outcomes for First Nations and Aboriginal people throughout British Columbia.

This exciting new world of health governance that is unfolding as a result of the Tripartite partnership is a trailblazing approach that has captured the attention and imagination of many other jurisdictions. Our ways of working together and the progress that is resulting is becoming shared learning for other provinces and Nations. We are setting the example in British Columbia as we present a new way of working together.

In the near future, the Tripartite Partners will be signing a Health Partnership Accord that will capture the vision of a more responsive, integrated health system for First Nations in British Columbia. This will be an evergreen document that keeps pace with changing circumstances respecting First Nations' health and with the evolving nature of the partnership. Closer to home, we will see the development of further partnerships at the regional level, through the implementation of the Partnership Accords between First Nations Regional Caucuses and Regional Health Authorities.

As we continue to work together in wellness, our partnerships and relationships will strengthen. We will continue to build better information and expertise, and have a stronger shared understanding, allowing us to make better, community-driven decisions. Healthier relationships will model a new age of more relevant and accessible health services, and healthier people and communities.

This publication is available on Internet at the following addresses:

www.health.gov.bc.ca/library/publications/index.html

www.fnhc.ca

www.hc-sc.gc.ca/fniah-spnia/pubs/services/tripartite/rapport-interim-report-2012-eng.php

Également disponible en français sous le titre :

Rapport annuel intérimaire 2011-2012

“Collaborer pour un mieux-être collectif: un rapport sur l’état d’avancement de l’intégration et de l’amélioration des services de santé des Premières Nations en Colombie-Britannique.

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Tripartite First Nations Health Plan

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