

**Regional Summary of
Governance Discussions**

2011

**Summary of Feedback from Interior Caucus
and Health Partnership Workbook**



Interior

Thank you to all Interior region Chiefs, leaders, health professionals, and community members who took the time to attend regional caucus sessions and provide feedback through the Health Partnership Workbook.

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1. INTRODUCTION

The First Nations Health Council (FNHC) launched a 'Health Partnership Workbook' in January 2011, and made the Workbook available online and as the focus of a series of First Nations regional caucus sessions across the province. The Health Partnership Workbook summarized the discussions about health governance held at more than 100 First Nations regional caucus meetings over the past three years and asked First Nations Chiefs, leaders and senior health professionals in BC to confirm this summary of feedback gathered and share new thoughts and perspectives. The results will inform further discussions, negotiations and relationship-building towards the establishment of a new health governance arrangement for First Nations health services in BC.

The feedback provided by First Nations through the regional caucus sessions and the Health Partnership Workbook has been rolled into 5 summary documents – one for each region in BC. The initial regional reports were provided to each region for review, discussion and further amendment in April 2011 and this revised version of the initial draft report is being provided again to each region in May 2011. The five regional summary documents will also be merged into a province-wide summary report and consensus document. This consensus document will be put forward for review and consideration for approval at the 4th Annual Gathering Wisdom Forum to be held in May 2011 and will chart a path forward for the establishment of a new health governance arrangement for First Nations health services in BC.

This summary report collates all of the feedback from the **INTERIOR** region - as provided at Interior Regional Caucus sessions and through Interior region participation in the Health Partnership Workbook.

This report begins with a short snapshot profile of the Interior region. It then provides a detailed accounting of all feedback provided by First Nations in the Interior region to this health governance process (through regional caucuses and workbooks). The key themes of the feedback provided by Interior region First Nations are then summarized. Finally, the appendices provide a description of the Health Partnership Workbook process/methodology, and also includes a copy of the Interior Nations Declaration of Unity.

2. INTERIOR REGION SNAPSHOT

The territorial land base of the Interior region is 214,706 square kilometres – 23.2% of the provincial total. The total population of the Interior region (2006) is 710,834, and the Aboriginal population is 6.3% at 44,900.

There are 55 First Nations Bands within the Interior Health Authority Region (it should be noted that four First Nations also fall within other regional health authority boundaries or access services from health authorities in other regions):

- | | |
|---|---|
| 1. ?Akisq'nuk FN | 29. Osoyoos Indian Band |
| 2. Adams Lake Band | 30. Penticton Indian Band |
| 3. Alexandria Band (also within Northern Health Authority region) | 31. Seton Lake |
| 4. Alexis Creek FN | 32. Shackan Indian Band |
| 5. Ashcroft Indian Band | 33. Shuswap Indian Band |
| 6. Bonaparte Indian Band | 34. Simpcw First Nation |
| 7. Boothroyd Band (also within Fraser Health Authority region) | 35. Siska Indian Band |
| 8. Boston Bar Band (also within Fraser Health Authority region) | 36. Skeetchestn Indian Band |
| 9. Bridge River Band | 37. Skuppah |
| 10. Canim Lake Band | 38. Soda Creek (Xatstull) First Nation |
| 11. Canoe Creek | 39. Spallumcheen Indian Band |
| 12. Cayoose Creek | 40. Spuzzum First Nation (also within Fraser Health Authority region) |
| 13. Coldwater Indian Band | 41. St. Mary's Band |
| 14. Cook's Ferry Indian Band | 42. Stone Indian Band |
| 15. Esketemc First Nation | 43. T'it'q'et |
| 16. High Bar First Nation | 44. Tl'etinqox-t'in Government Office |
| 17. Kamloops Indian Band | 45. Tobacco Plains Band |
| 18. Kanaka Bar | 46. Toosey Indian Band |
| 19. Little Shuswap Indian Band | 47. Ts'kw'aylaxw First Nation |
| 20. Lower Kootenay Band | 48. Ulkatcho Indian Band |
| 21. Lower Nicola Indian Band | 49. Upper Nicola Indian Band |
| 22. Lower Similkameen Indian Band | 50. Upper Similkameen Indian Band |
| 23. Lytton FN | 51. Westbank First Nation |
| 24. Neskonlith | 52. Whispering Pines/Clinton Indian Band |
| 25. Nicomen | 53. Williams Lake Indian Band |
| 26. Nooaitch Indian Band | 54. Xaxli'p Band |
| 27. Okanagan Indian Band | 55. Xenigwet'in First Nation Government |
| 28. Oregon Jack Creek Indian Band | |

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INTERIOR REGION PROFILE

Nine Tribal Councils exist within this region:

1. Northern Secwepemc Te Qelmuw
2. Carrier-Chilcotin Tribal Council
3. Ktunaxa Tribal Council Society
4. Lillooet Tribal Council
5. Nicola Tribal Association
6. Nlaka'pamux Nation Tribal Council
7. Okanagan Nation Alliance
8. Shuswap Nation Tribal Council
9. Tsilhqot'in National Government

There are 5 First Nations umbrella health organizations within the Fraser region (note that a number of these operate also in other regions):

1. Qwemtsin Health Society
2. Three Corners health Society
3. Scw'exmx Community Health Services Society

81.48% of First Nations in the Interior region participate in Community Engagement Hubs, as follows:

Ktunaxa (Ktunaxa Tribal Council Society)

- o Akisq'nuk First Nation (Columbia Lake)
- o Tobacco Plains First Nation
- o Lower Kootenay Band
- o St. Mary's Indian Band

Okanagan (Okanagan Nation Alliance)

- o Osoyoos Indian Band
- o Penticton Indian Band
- o Upper Nicola Indian Band
- o Lower Similkameen Indian Band
- o Upper Similkameen Indian Band
- o Westbank First Nation
- o Okanagan Indian Band
- o Okanagan Aboriginal Aids Society
- o OoKnakane Friendship Centre - Penticton
- o First Nations Friendship Centre - Vernon
- o Ki-Low-Na Friendship Society - Kelowna
- o Lower Columbia All First Nations – Castlegar

Secwepemc area (Q'wemtsin Health Society)

- o Kamloops Indian Band
- o Skeetchestin
- o Whispering Pines/Clinton
- o Canoe Creek/Dog Creek
- o Xatsull - Soda Creek
- o Williams Lake
- o Adams Lake
- o Little Shuswap
- o Spltasin First Nation
- o Simpcw First Nation
- o Canim Lake
- o Neskonlith
- o Esketemc (Alkali)
- o Bonaparte
- o Ts'kw'aylaxw First Nation (Pavilion)

INTERIOR REGION PROFILE

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Upper St'at'imc Hub (Lillooet Tribal Council)

- o T'it'q'et (Lillooet)
- o Seton Lake
- o Xaxli'p (Fountain)
- o Bridge River
- o Cayoose Creek

Thompson Region (Fraser Canyon Tribal Administration)

- o Skuppah Indian Band
- o Lytton First Nation
- o Nicomen Indian Band

Merritt area (Scw'exmx Community Health Services Society)

- o Coldwater Indian Band
- o Nooaitch
- o Shackan
- o Cooks Ferry -
Heskw'en'scutxe Health
- o Siska - Heskw'en'scutxe
Health

Tsilhqotin Health Hub (Tsilhqotin National Government)

- o Tsi Del Del (Alexis Creek)
- o Tl'esqox-t'in (Toosey
Indian Band)
- o Xenigwet'in First Nation
Gov. (Nemah Valley)
- o ?Esdilagh (Alexandria)
- o Yunesit'in Government
(Stone)

Unrepresented Communities

- o Shuswap Indian Band
- o High Bar
- o Tl'etinqox-t'in Gov. Office
- (Anaham)
- o Ulkatcho Indian Band
(Anahim Lake)
- o Ashcroft
- o Kanaka Bar Indian Band
- o Lower Nicola Indian Band
- Scw'exmx?

3

DETAILED FEEDBACK FROM INTERIOR REGION

3. DETAILED FEEDBACK FROM INTERIOR REGION

This section summarizes feedback from the completion of the Health Partnership Workbooks by First Nations from the Interior Region and from the minutes of meetings of Interior regional and sub-regional caucus meetings.

This section of the report summarizes feedback about First Nations health governance at a community level, a regional level and a provincial level.

Community Level

'Community level' refers to the 203 First Nations in BC and the 130 First Nations community health centers in BC. At this level, First Nations and their health technicians deliver health programs and services to their local populations.

The workbook summarized the principles and requirements for First Nations health governance at a community level, as stated by First Nations at regional caucus sessions over the past several years. Specifically First Nations have stated that a regional health transfer process must:

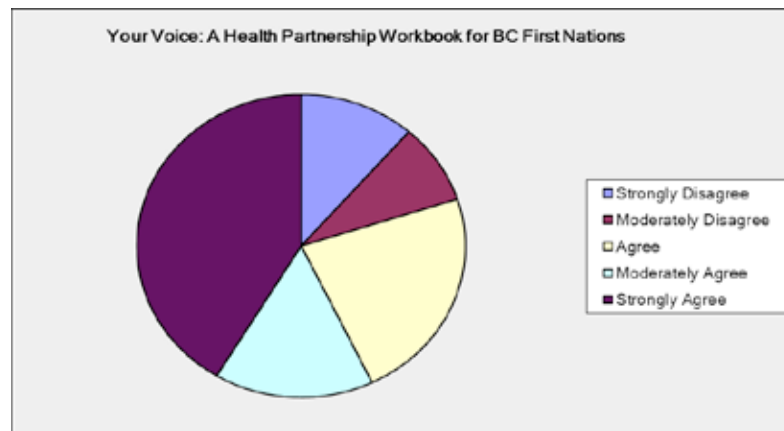
- Increase and support First Nations decision-making over the health of their peoples;
- Ensure the transfer results in opportunities to leverage more funding for community-level programs and the reinvestment of current resources to improve health at the community level; and
- Enable collaboration with First Nations local and regional health program and service providers.

First Nations in the Interior Region responded to these principles as follows:

Answer Options	Response Percent	Response Count
Strongly Disagree	11.4%	8
Disagree	8.6%	6
Agree	22.9%	16
Moderately Agree	15.7%	11
Strongly Agree	41.4%	29
<i>answered question</i>		70
<i>skipped question</i>		4

DETAILED FEEDBACK FROM INTERIOR REGION

3



Participants in the workbooks, and through the small group sessions at the Regional Caucus meeting, also identified the following principles and requirements:

- **Addressing Service Gaps** – availability of dentists, optometrists; services for Indian Residential School survivors; addressing alcohol and drug related deaths; injury prevention; recognition of traditional healing services; midwifery services;
- **Evidence Based Funding Arrangements** - ensure funding arrangements are not based on “INAC’s old school of calculations”; ensure community demographics, population based needs and long term sustainability of funding;
- **Data Collection** - ensuring statistics collection is supported by good technology; continuing to gather information from and by the community;
- **Managing business and politics** – ensuring health planning is not driven by politics;
- **Addressing needs of off-reserve First Nations** – having a way to support First Nations that reside off-reserve including improving their access to services available on-reserve, and including urban organizations in discussions and meetings;
- **Social Determinants of Health** – including and collaborating with other organizations on issues such as Elders, poverty, protection of lands and resources, and economic opportunities;
- **Community Health Planning** - supporting the development and implementation of community health plans;
- **Accountability** – consistency, transparency and accountability of FNHC to **First Nations**;
- **Inclusivity** – include health technicians in all information, and rely on support from the community engagement hubs in sharing information; and,
- **Interior Declaration of Unity** – add principles from the Declaration of Unity to the regional summary report.

The workbook also asked participants to indicate their level of support for the following statement: “A *Regional Health Transfer process would support the greater local control over health services and the development of local health program and service delivery models*”

3

DETAILED FEEDBACK FROM INTERIOR REGION

Answer Options	Response Percent	Response Count
Strongly Disagree	7.5%	5
Disagree	13.4%	9
Agree	32.8%	22
Moderately Agree	25.4%	17
Strongly Agree	20.9%	14
answered question		67
skipped question		7



Participants were also asked to add other comments on this statement:

- **Influence of politics** - we must separate Band politics from health services;
- **Addressing needs of off-reserve First Nations** - This process must include urban/off reserve to ensure that no-one is left behind;
- **Skills and Expertise** - people must be qualified to do these jobs and build their own capacity to undertake senior positions;
- **Cultural Competency** – the Regional Health Authority needs to recognize and work towards building cultural capacity;
- **Definitions of Local Control** – need to support sub-regional control but ensure that no single group can hold a disproportionate influence in a sub-region;
- **Impact of Bill C-3** – ensure that any funding risks of Bill C-3 are addressed; and,
- **Partnerships** - the relationship with partners are vital for success - Health Authorities, Provincial and Federal governments, and international allies.

Other general comments that were offered about community health services are summarized below:

- **Participation** – engage people in meaningful discussions and educate people; ensure isolated communities are not left out; some communities find it hard to engage because they have no technology; rural and remote communities need to be included in making decisions and participating;

DETAILED FEEDBACK FROM INTERIOR REGION

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- **Training** - More training opportunities should be offered to current health staff and community members to support staff retention;
- **Service Gaps** – dental services and medication coverage;
- **Standards** – set minimum standards of service for each community, including cultural perspectives; and,
- **Funding** - ensure communities have a say about how funding is invested; support adequate funding for rural and remote communities; funding for health should go to health services directly, and kept separate from Band funds; ensure population growth is considered when looking at funding; need sustainable models of health service delivery.

Regional Level

'Regional level' refers to the five regions in BC – Fraser, Interior, North, Vancouver Island and Vancouver Coastal. Within regions, First Nations collaborate on shared health issues of relevance and develop regional perspectives on First Nations health and wellness amongst themselves. They also collaborate with the Regional Health Authority on regional First Nations health issues.

Through regional caucus sessions over the past several years, First Nations have formed key principles and requirements for health governance as it relates to the regional level as follows:

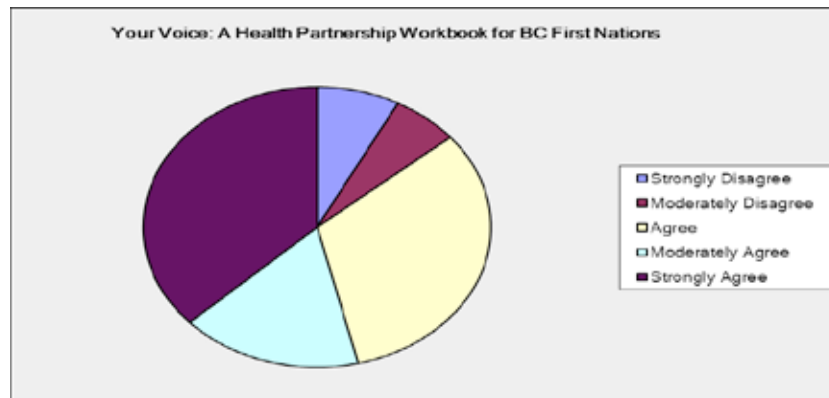
- Maintenance of Regional Caucuses to reflect collective authority and to enter into partnerships and agreements with Health Authorities;
- Continuing to support collaborations and relationship building among First Nations;
- Supporting the development of First Nation health programs, services and initiatives which can be delivered by and serve the needs of the region;
- Supporting the development of regional perspectives on health and wellness;
- Increasing collaborations with Regional Health Authorities (RHAs) to leverage provincial resources;
- Enabling First Nations to have a greater influence over services provided by RHAs to First Nations;
- Supporting regional and sub-regional planning; and,
- Improving communication based on regional expectations, including accountability and reporting.

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DETAILED FEEDBACK FROM INTERIOR REGION

First Nations completing the workbook were asked how they felt about these principles– the results for the Interior region participants are as follows:

Answer Options	Response Percent	Response Count
Strongly Disagree	7.7%	5
Disagree	6.2%	4
Agree	32.3%	21
Moderately Agree	16.9%	11
Strongly Agree	36.9%	24
answered question		65
skipped question		9



Participants also identified the following principles and requirements:

- **Skills and Expertise** – ensuring people have the right skills for positions and are educated and qualified to do the job;
- **Communications** - Chiefs and representatives don't always have time to communicate with everyone and ensure information is being disseminated to the right places;
- **Community driven & Nation based** - a community driven and Nation based process must be the foundation; and,
- **Representation** – need to include health directors and urban/off-reserve people and organizations.

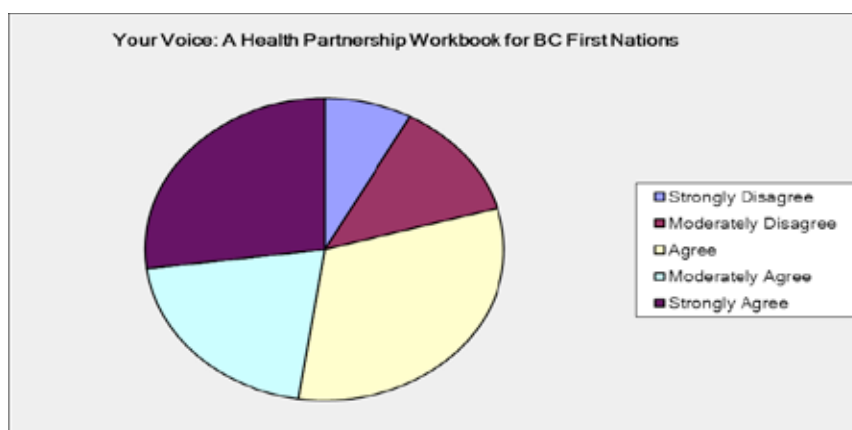
Regional Caucuses

The workbook also asked participants to indicate their level of support for the following statement: *“First Nations have stated that they would like to see the regional caucus structure continue as part of the new regional health transfer process with the purpose described above”*

DETAILED FEEDBACK FROM INTERIOR REGION

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Answer Options	Response Percent	Response Count
Strongly Disagree	7.9%	5
Disagree	12.7%	8
Agree	31.7%	20
Moderately Agree	20.6%	13
Strongly Agree	27.0%	17
answered question		63
skipped question		11



WHAT CAUCUSES ARE DOING WELL	WHAT CAUCUSES NEED TO IMPROVE
<ul style="list-style-type: none"> • Advocacy - Representing the interests of all First Nations; keeping people informed; working as a team for the greater good of the people they serve; communicating information out, and being inclusive of all Bands in each region. • Unity - Bringing communities together and allowing them to speak; improving working relationships between communities; keeping chiefs informed; implementing native values; putting engagement processes in place; finding common ground & common voice for the 7 Nations; bringing leadership together with their health managers so as to present a united front for support of this initiative; assisting Nations to find common ground. • Supporting hubs – Establishing Hubs is a positive. 	<ul style="list-style-type: none"> • Representation - Including urban and off-reserve representation. • Communications - Better communication of social issues; ensuring transparent and open communication so that all parties are informed and provided for; provide written reports; flowchart on who makes decisions; provide data or information on their rationale on how the caucuses are making those decisions; would be ideal if caucus members could connect with all Chiefs & Councils. • Advocacy for Funding – more patient travel funding; ensure financial resources are available for continued process in finalizing the work ahead. • Operating Standards - Terms of Reference on how caucuses; dispute mechanisms/resolution.

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DETAILED FEEDBACK FROM INTERIOR REGION

Participants were asked to state what they believed Caucuses were doing well and what additional things they thought the Caucuses could improve on – the results from the Interior region are as follows: Participants were asked if they had any other general comments on regional level priorities and the responses are highlighted below:

- ‘Any discussion on the services on a regional level must be inclusive of all services within that respective region whether or not it invokes a federal, provincial, or local health authority’
- ‘Why do we have only 5 regional caucuses? Why are we doing things the same as the province? The huge regions like the interior are too big to organize & manage!’
- ‘You must take into consideration the size of the regions as well as the differences in the health needs of communities within that region’
- ‘I love to go to these conferences and see native people running the conference and talking with such pride and wisdom’
- ‘Communication is an issue between Hubs, Nations reps and our Chiefs and Councils’



Provincial Level

‘Provincial level’ refers to the full geography of the Province of BC. At this level, health programs and services that serve all First Nations and First Nations individuals in BC are designed and delivered, and other population health issues are addressed. First Nations engage at a senior level with federal and provincial governments on strategic-level health issues.

Principles of the Structure

The workbook outlined a number of key principles and requirements for the structure that needs to be in place to support the regional health transfer process at the provincial level. First Nations have stated that the regional health transfer process must:

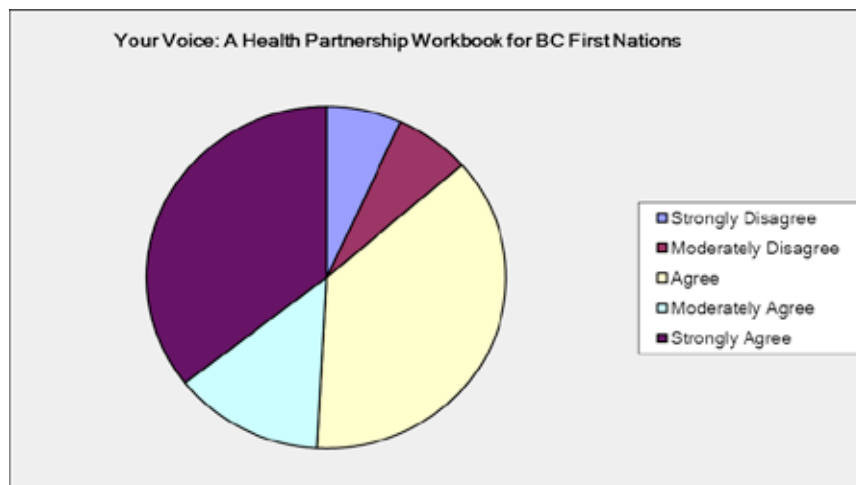
- Increase First Nations decision-making, control and flexibility in health program and service

DETAILED FEEDBACK FROM INTERIOR REGION

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- philosophy, design and delivery;
- Foster collaboration and partnerships;
- Function at a high operational standard;
- Not impact on Aboriginal title and rights or the Treaty rights of Nations; and,
- Not impact on the Crown’s fiduciary duty – including ability of First Nations to transfer responsibility back to the federal government if the arrangement does not work for First Nations.

Answer Options	Response Percent	Response Count
Strongly Disagree	6.8%	4
Disagree	6.8%	4
Agree	37.3%	22
Moderately Agree	13.6%	8
Strongly Agree	35.6%	21
<i>answered question</i>		59
<i>skipped question</i>		15



First Nations completing the workbook were asked how they felt about these principles – the results for the Interior are as follows:

Participants were asked if any principles were missing – the following summarizes key themes of the responses:

- Include urban and off-reserve;
- Address deficiencies in Non-Insured Health Benefits (NIHB);
- Partner to improve connectivity for communities;
- Spend less of the First Nations and Inuit Health (FNIH) dollars on bureaucracy and more on services;
- Nation to Nation accountability, community driven, Nation based;
- Have a transparent appointment process;

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DETAILED FEEDBACK FROM INTERIOR REGION

- Strive to protect lands and resources and other social determinants; and,
- Include the Unity Declaration.

Future Mandate for the First Nations Health Council

The workbook summarized that, based on feedback from Regional Caucus sessions, the mandate for the First Nations Health Council (FNHC) from 2012 and beyond should include:

- Continued leadership for implementation of the Transformative Change Accord: First Nations Health Plan (TCA: FNHP) and Tripartite First Nations Health Plan (TFNHP);
- Support to First Nations in achieving their health priorities and building relationships at local and regional levels;
- Health advocacy with government partners and others at the highest levels;
- Overseeing and advocating for service improvements for First Nations; and,
- Overseeing the transition of First Nations and Inuit Health (FNIH) to a new First Nations Health Authority (FNHA).

Participants were asked if any key principles for this mandate were missing – the results from the Interior region are as follows:

- Ensuring needs of Status, Non Status, and Off Reserve people are included in the FNHC considerations and scope;
- FNHC needs to be key in ensuring that budgetary decisions made by both Federal and Provincial governments do not make any changes regarding health or health policies prior to consultation;
- Large regions like Interior needs more representation to reflect the needs of the Interior;
- Mechanism must be in place to ensure accountability of the FNHC to Nations; and,
- A strong two-way flow of information and transparency re: funding that the FNHC receives is needed.

Future Structure and Composition of the First Nations Health Council

The workbook stated that since the regional health transfer process will strive to devolve services to the local and regional levels as much as possible, and include representation of First Nations in regional caucuses and the new First Nations Health Authority, the future FNHC should be a smaller group with perhaps 1-2 representatives appointed per region.

Participants were asked if they had any comments about the future structure and composition of the FNHC and the responses were as follows:

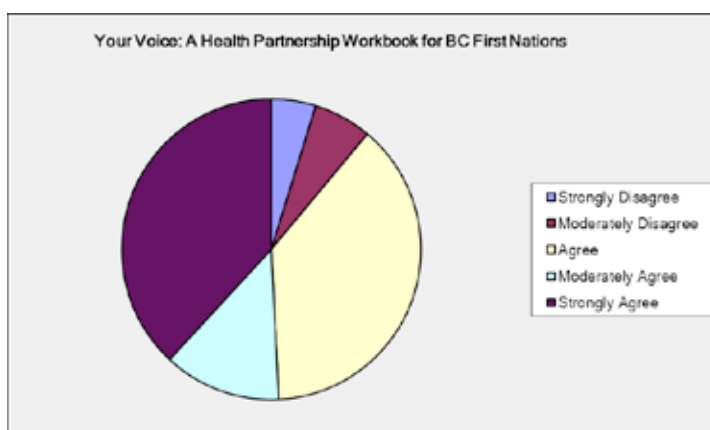
- FNHC is not a legal entity but should be;
- 1-2 members does not work in Interior region – need 7 seats for the 7 Nations;
- Keep the same numbers but add off-reserve representation;
- Ongoing evaluation and reporting of the role of the FNHC should be built in;
- Ensure no conflicts of interest between FNHC and members of Board of Directors;
- Strong, open and ongoing communications with all involved; and,
- Advertise the positions on the FNHC as a general call for qualified people to the population far and wide.

DETAILED FEEDBACK FROM INTERIOR REGION

First Nations Health Directors Association

The workbook summarizes previous feedback from First Nations that the First Nations Health Directors Association (FNHDA) should play a key role in providing technical advice and guidance to the FNHC and the First Nations Health Authority. Participants were asked if they supported this statement and the results

Answer Options	Response Percent	Response Count
Strongly Disagree	4.8%	3
Disagree	6.3%	4
Agree	38.1%	24
Moderately Agree	12.7%	8
Strongly Agree	38.1%	24
<i>answered question</i>		63
<i>skipped question</i>		11



are as follows:

First Nations Health Authority (FNHA)

The workbook summarized the principles that First Nations believe are fundamental to the activities and operations of the First Nations Health Authority:

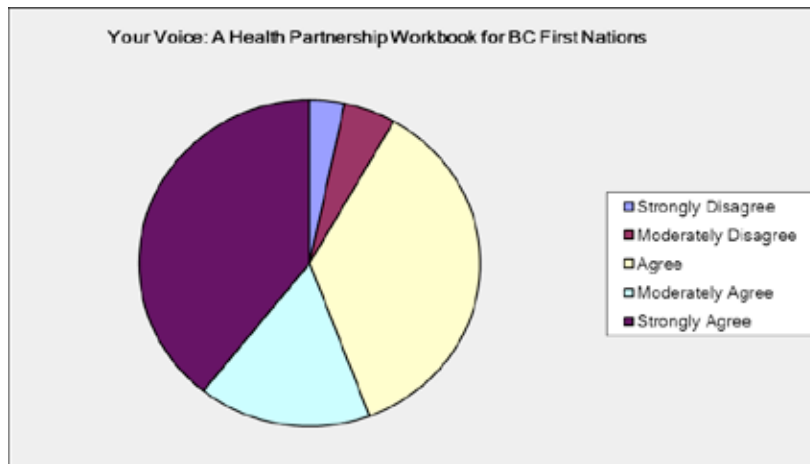
- Recognize the authority of individual BC Nations in their governance of health services in their communities;
- Protect, incorporate and promote First Nations knowledge, beliefs, values, practices, medicines and models of health and healing into the health programs and services in BC First Nations;
- Enhance collaborations and relationships that impact on First Nations health;
- Uphold reciprocal accountability particularly in their relationship with First Nations;
- Uphold professional standards and ethics;
- Uphold the highest standards in order to avoid conflict of interest;

3

DETAILED FEEDBACK FROM INTERIOR REGION

- Have a transparent and manageable appointment process; and,
- Have a Board of Directors with relevant experience and expertise with respect to First Nations

Answer Options	Response Percent	Response Count
Strongly Disagree	4.8%	3
Disagree	6.3%	4
Agree	38.1%	24
Moderately Agree	12.7%	8
Strongly Agree	38.1%	24
<i>answered question</i>		63
<i>skipped question</i>		11



health programs and services and successfully running a large organization.

Participants were asked if they supported these principles – the results are as follows:

Participants were asked if any key principles for the FNHA were missing – the results from this region are as follows:

- Philosophy - Uphold traditional standards and custom ethics of our people; First Nations culture and beliefs should be included in the training of staff; Uphold cultural and professional standards; protect our traditional knowledge and data; and,
- Accountability - Ensure that the FNHA Board of Directors terms are staggered to provide ongoing continuity and accountability for decisions; ensure people understand the financials and that they can be explained in simple terms; should be an appeals process as a safeguard for decisions we disagree with.

Reciprocal Accountability

Reciprocal accountability is a key part of the regional health transfer process. Reciprocal accountability means shared responsibility – amongst the Federal Government, Provincial Government, the Health Authorities, the First Nations Health Council, the First Nations Health Directors Association and in future the First Nations Health Authority. It also includes First Nations themselves who have primary responsibility to look after themselves first and foremost and to work with partners to improve health outcomes for First Nations populations.

Principles for Reciprocal Accountability

The workbook sets out the following principles that have been shaped by First Nations input and dialogue over the past several years:

- Clear roles and responsibilities;
- Clear performance expectations;
- Balanced expectations and capacities;
- Credible reporting; and,
- Reasonable review and adjustment.

Feedback from the Interior about reciprocal accountability included:

- Concern about minimum standards;
- Clear timelines and a customer service charter for the First Nations health governance structure;
- Community reporting processes need to be streamlined;
- The FNHA should report at least annually on performance and programs;
- Funding methods should be more flexible such as not using proposal driven funding or inflexible formulas;
- The FNHA should focus on wellness versus an illness approach and needs to support Traditional Healers and bring back old ways of wellness;
- Fair and equitable service for elders, children, mental health and urban populations; and,
- Transparency, especially on finances.

Processes for Reciprocal Accountability

The workbook outlined a number of processes for reciprocal accountability that First Nations have developed including:

- Regional Caucus sessions including all BC First Nations and their health organizations;
- Regular meetings of the Provincial [now Tripartite] Committee on First Nations Health;
- Regular reciprocal accountability and health partnership meetings between the partners to measure progress and discuss potential changes to roles, powers or funding that may be required; and,

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DETAILED FEEDBACK FROM INTERIOR REGION

- Regular senior political and technical meetings with key decision-makers at national and provincial levels to focus on BC First Nations health priorities and plans.

First Nations from the Interior region also identified the following processes:

- **Reporting** - community level reporting is excessive and burdensome, and must be streamlined;
- **Outcomes based evaluation** – of organizations and programs;
- **Environmental Responsibility** - reduce the carbon footprint and make better use of technology



OTHER FEEDBACK

Declaration of Unity and Nation-Based Participation

At the Interior Caucus session a significant milestone was achieved with the signing of a 'Declaration of Unity' between the seven (7) First Nations of the Interior region [copy in appendices]. In the lead up to the ceremonial signing, a number of comments were made about the work being done in implementing the Tripartite Health Plan in BC and in planning for the impending transfer of First Nations Inuit Health (FNIH) to First Nations in BC. These significant initiatives were sighted as 'ground breaking' and leading the way in Canada with many other Provinces watching what was happening in BC. The signing of the Declaration of Unity was considered as yet another sign of progress and forward thinking.

In relation to the Declaration of Unity speakers noted that this was a very 'powerful statement' and how the signatories had 'listened to their ancestors and make a promise to work together'. The Declaration was also a signal that initiatives led by the signatories would be 'community-driven and nation-based' and ensure nobody would be left behind. Another speaker said that 'this process will change the lives of our families' where another stated that 'the signing of the Declaration is a serious issue...it is very important and we need to stand together'. Further the speaker stated that it was important to 'get it right' as the process moved forward. Another speaker said the Unity Declaration was about trust and Nations trusting their Chiefs to represent their voice faithfully ensuring that they get good advice from technicians. Some of the statements were:

"We need to acknowledge that we are working for our children, we have certain values and principles and in the past we had healthy communities. We are trying to re-establish our health and governance goes with that"

"When we sit down and discuss the key principles of the Unity Declaration I reflect back on how far we have come in 8 years. We are now in a position as First Nations Governments to sit together with governments, in a 'government to government' relationship to solve problems. Health is being driven by the Nations"

"We need to be thankful for politics. We need an attitude of gratitude for without these people – we will not move ahead"

Relationship with the Interior Health Authority

The Interior Caucus session involved a lengthy discussion on the relationship of First Nations in the Interior region with the local regional health authority (RHA) – Interior Health. There was discussion on the development of a Letter of Understanding (LOU) at a regional level and commitment from Interior Health to enter into this type of relationship.

"We are now working with Interior Health in partnership instead of Interior Health telling us what to do"

The LOU was seen to help First Nations to have influence and 'create change'. The LOU was not intended to impact upon individual Nations having their own relationships with the Health Authority nor to replace any existing LOUs that Nations may already have with the Interior Health Authority. It was noted that the LOU and relationship between the regional table and the Interior Health Authority is intended to help build relationships and partnership to work together for First Nations health issues.

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DETAILED FEEDBACK FROM INTERIOR REGION

Some participants commented that they wanted to see changes in the relationship where First Nations have greater influence over the performance and budget of the health authority. They were also assured by the CEO of the Interior Health Authority that they served both on and off-reserve First Nations. Discussion was held about a recent restructuring of the Health Authority and changes in position of the Medical Health Officer. There were also concerns about the cultural competency of staff at the Health Authority and participants were given assurances that this was a priority for the CEO.

Additional Feedback: Questions and Concerns

A number of other issues were raised:

- A series of questions as set out in correspondence from the Okanagan Nation Alliance were discussed at the February 23-24, 2011 Regional Caucus meeting in Kamloops;
- The need for the FNHC to bring together Traditional Healers to develop a strategy to protect traditional ways, plants and resources; and,
- The need to address the social determinants of health (child health, poverty, homelessness).

The following issues were raised from the workbooks:

- The need for more capital funding for First Nations health centers;
- Acknowledgement of the role of Community Engagement Hubs in becoming a meaningful way to conduct regional Communication, Collaboration, and Planning as well as identifying opportunities to secure and share resources; and,
- The need to develop Health Directors but also support other technical advice from the regions.

Tripartite Framework Agreement on First Nation Health Governance

The draft Framework Agreement was discussed at a number of regional and sub-regional meetings in April and May 2011. Some of the issues raised by participants included:

- **Funding** – extensive discussion and clarification was provided on the funding components of the Agreement, including what the funding component is made up of, NIHB and Medical Transportation funding expectations, and funding for unforeseen circumstances; equity of funding across communities is an issue; CWIS numbers increase without a corresponding increase in funding; MSP, medical transportation and capital funding must be sorted out
- **Bill C3 Implications** - it was confirmed that this has been built into the Agreement so that further funding is provided if status Indian numbers increase;
- **Impact on Treaty negotiations and Own Source Revenue** - confirmed no impact on treaty negotiations, and that the federal own source revenue policy does not apply to this Agreement;
- **Health literacy** - the need for community members to be able to understand the system and know what they are entitled to;
- **FNHA** – some delegates expressed concern with using the FNHS as the interim FNHA, particularly in terms of accountability; a clear process is needed for the development of the FNHA;
- **Roles** – discussions took place to clarify the respective roles and functions of the FNHDA, FNHC and FNHA, and how the three groups will work together.
- **Planning** – it would be very helpful to have a chart for all of the various upcoming milestones in the process to implement a new health governance arrangement; and,
- **Signatories** – should have the First Nations signature block at the top, rather than at the bottom.

DETAILED FEEDBACK FROM INTERIOR REGION



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KEY THEMES & SUMMARY OF FEEDBACK

4. KEY THEMES & SUMMARY OF FEEDBACK

Community Principles and Involvement

Of the responses received, 80% participants agreed with the community level principles that were expressed in the Health Partnership Workbook. In total just under 80% of the participants agreed that a Regional Health Transfer process would support greater local control over health services and the development of local health program and service delivery models. Some further considerations put forward included the need to address service gaps; use evidence-based funding arrangements; ensure robust data collection; manage politics separate from the business of health; address needs of off-reserve First Nations; address the social determinants of health; conduct community health planning; ensure accountability and uphold and integrate the principles of the Declaration of Unity signed by the seven Nations.

Regional Caucuses

From the workbook feedback, 86.1% agreed with the regional level principles that were expressed in the Health Partnership Workbook. 79.3% of responses agreed that they would like to see the regional caucus structure continue as part of the new regional health transfer process.

A number of other issues that were important to the participants at the Interior Regional Caucus arose out of the feedback as well as caucus discussions. Participants wanted to see off-reserve First Nations represented on the Caucuses – this was a very significant issue raised by multiple participants from this region.

Activities that participants thought the Caucuses were doing well were advocacy functions; activities which promoted unity and supporting Hubs. Activities that participants thought Caucuses need to improve upon were providing information about their roles and activities; improving representation of urban and off-reserve First Nations; communication; advocacy for funding and improving operating standards.

First Nations Health Council

In total 86.5% of participants agreed or strongly agreed with the Provincial level principles expressed in the Health Partnership Workbook. There were additional principles suggested such as including urban and off-reserve First Nations representation; ensuring a community-driven nation-based approach; having transparent appointment processes and incorporating the guiding principles of the Declaration of Unity.

The majority of participants believed that the composition of the FNHC needed to include 7 seats for the Nations in the Interior region. They also felt that communications needed to be improved and that more evaluation and reporting of FNHC processes should be done.

First Nations Health Directors Association

Nearly 89% of participants agreed that the FNHDA should play a key role in providing technical advice and guidance to the FNHC and the First Nations Health Authority. A number of other issues that were important to the participants at the Interior Regional Caucus related to the need for the First Nations Health Directors Association to ensure the vacant seat for the Interior region was filled.

KEY THEMES & SUMMARY OF FEEDBACK

4

First Nations Health Authority

Nearly 92% of the responses were agreeable to the principles relating to the FNHA expressed in the Health Partnership Workbook. Principles that participants thought should be added included statements relating to philosophy and accountability of the FNHA.

Reciprocal Accountability

No participants disagreed with the principles outlined for reciprocal accountability; however, some added other ideas such as ensuring minimum standards of performance; two-way accountability; clear timelines and a customer service charter; and for reporting to be very streamlined. They also stated that funding methods of needed to be more flexible and not proposal-driven. Some participants want to see greater recognition and funding for traditional healing.

Declaration of Unity

During the regional caucus session the momentous Declaration of Unity (copy in appendices) was signed and celebrated by the 7 Nations. There were many positive comments made about this event and the significance of it to the Nations and communities in the Interior region. This was very strongly supported by all accounts from statements made by participants and witnesses to the signing of this Declaration.

Relationship with Interior Health Authority

The relationship with, and expectations of, the Interior Regional Health Authority were also discussed extensively at the Interior Regional Caucus. There was support for a partnership relationship with the RHA which fosters mutual respect; shared decision-making; reciprocal accountability; budget and service transparency by the RHA; acknowledgment of traditions, culture and mandate of First Nations by the RHA and improved cultural competency of the RHA across a range of areas.

Other General Issues

A number of other issues were important to the participants at the Interior regional caucus sessions and through the workbooks. These related to:

- The Framework Agreement (particularly funding-related issues) and structure of the new FNHA and capacity to operate the FNHA;
- The need for the FNHC to bring traditional healers together to develop a strategy for protecting and enhancing traditional ways;
- The need for population-wide issues involving social determinants of health to be addressed; and,
- More capital funding for First Nations Health Centers and continuation of hubs and Health Director recognition and respect for their technical advice.

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APPENDIX - METHODOLOGY

5. METHODOLOGY

The Health Partnership Workbook was developed by the FNHC in late 2010, and rolled out to First Nations across BC in January 2011. The Workbook summarized the feedback from more than 90 regional caucus sessions held over the past three years, and posed key questions to confirm this summary, and solicit further wisdom and advice.

There were two main methods of collecting feedback from First Nations communities, Chiefs, leaders and health professionals, into the Health Partnership Workbook:

- 1) Conducting Regional Caucus meetings in each of the five regions in BC and inviting all Chiefs, leaders and health workers to attend, and:
 - a. asking participants to complete workbooks at the sessions (or to send them in after the session) so that the FNHC had completed hard copy workbooks to contribute to these regional summary reports; and
 - b. taking notes at regional and sub-regional Caucus meetings of discussions and questions which could also add additional value to the information contained in the workbooks or complement the workbook information; and
- 2) Making the workbook document available on-line through surveymonkey.com which is an on-line survey tool and encouraging community representatives to respond using this method if they could not attend the engagement sessions.



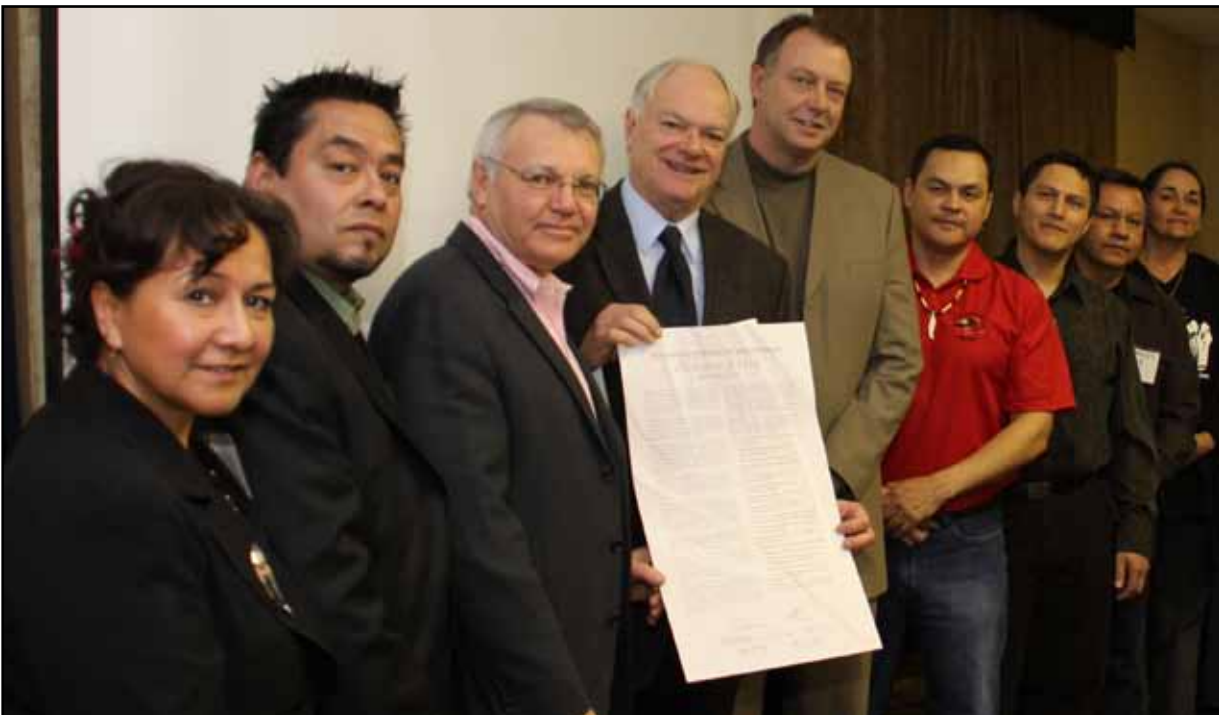
APPENDIX - METHODOLOGY

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The regional sessions were organized in accordance with the needs and priorities of each region. Therefore, the regional sessions included a variety of approaches, such as: convening sub-regional sessions in some of the larger areas; conducting one on one sessions with some Nations who wanted their Nation leadership to hear the information; conducting presentations at other gatherings and holding sessions over two days instead of one where there were a larger regional attendance requiring significant travel time. This report includes input from all of the Health Partnership Workbooks submitted by Interior participants, as well as the notes from all regional sessions including:

- 23 and 24 February 2011: Regional Caucus (Kamloops)
- 21 April 2011: Tsilhqot'in National Government
- 4 May 2011: Northern Secwepemc te Qelmechw Tribal Council (Williams Lake)
- 6 May 2011: Shuswap Nation Tribal Council (Kamloops)
- 9 May 2011: Meeting at Spuzzum First Nation (Spuzzum)
- 18 May 2011: Regional Caucus (Kamloops)

Facilitators, presenters and note-takers attended every meeting to present prepared information such as PowerPoints and hand-outs; hear questions and issues; and record the proceedings. Hard copy workbooks were handed out at the sessions and some participants completed these at the meetings while others agreed to complete them later and send them in. On some occasions, smaller work groups convened at the sessions and notes on flipcharts were also incorporated into the notes of the session to be included in the regional summary reports. All information gathered from all sessions and methods (notes, completed workbooks, flipcharts, on-line workbooks) has been incorporated into this report.



B

APPENDIX - DECLARATION OF UNITY

THAT WE WILL BE GUIDED BY THE FOLLOWING PRINCIPLES WHILE WORKING TOGETHER:

- Health and Wellness Outcomes and Indicators will be defined by each Nation
- Partnerships will be defined by each Nation
- Agreements will be negotiated and ratified by the Nations
- No Nation will be left behind; needs are addressed collectively
- The federal fiduciary obligation must be strengthened, not eroded
- Services will be provided to all of our people regardless of residency/status
- Adequate funding will be provided for our corporate structure(s)
- Socio-economic indices will be incorporated into planning and projections – plan for 7 generations
- Negotiations will be interest based – not position based (Nations define)
- Community hubs will be linked to the health governance process
- Documents will be kept simple and understandable
- The Interior Leadership caucus will meet regularly
- Liability will be minimized; the Nations will inherit no liability from other entities
- Celebration will be included in all activities
- The speed at which development occurs will be determined by the Nations
- The authority to govern rests with each Nation, as does the responsibility for decision-making


Chief Geromimo Squinas – *Pitah Band*


Owen Phillips – *Klamath*


Chief Ko'wanitso Michel – *Nisqually*


Chief Shane Gottfriedson – *Sawtooth*


Chief Arthur Adolph – *St'at'imc*


Chief Jonathan Kruger – *Sylix*


Chief Bernie Elkins – *Tahltan*

