Regional Summary of Governance Discussions 2011

Summary of Feedback from Northern Regional Caucus and Health Partnership Workbook

Northern

Thank you to all Northern 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.

Published May 2011

CONTENTS

1 **INTRODUCTION** p. 4

2 **NORTHERN SNAPSHOT** p. 5

3 **DETAILED FEEDBACK FROM NORTHERN REGION** p. 8

08 Feedback from the Health Partnership Workbooks
20 Other Feedback

4 **KEY THEMES & SUMMARY OF FEEDBACK** p. 25

25 Community Principles and Involvement
25 Regional Principles and Regional Caucuses
25 First Nations Health Council
25 First Nations Health Directors Association
26 First Nations Health Authority
26 Reciprocal Accountability
26 Relationship with the Northern Health Authority
26 Key Issues from Previous Caucus Sessions (2009 and 2010)

A **APPENDIX I - METHODOLOGY** p. 28

B **APPENDIX II - Report 2009 Northern BC Chiefs Meeting on Health Governance** p. 30

1 INTRODUCTION

1. INTRODUCTION

The First Nations Health Council (FNHC) launched a 'Health Partnership Workbook' in January 2011. The Workbook was made available online and was 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. It asked First Nations Chiefs, leaders and senior health professionals in BC to confirm the 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 were rolled into 5 summary documents – one for each region in BC. The regional reports were provided to each region for review, discussion and further amendment in April 2011; and this report is a revised version which has also been considered through caucus sessions in May 2011. The five regional summary documents once finalized will be merged into a province-wide summary and the draft consensus document. This consensus document will be put forward for review and consideration for approval at the 4th Annual Gathering Wisdom Forum held on 24 - 26, 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 **NORTHERN** region - as provided at Northern Region Caucus sessions and through Northern region participation in the Health Partnership Workbook.

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

NORTHERN REGION PROFILE 2

2. NORTHERN REGION SNAPSHOT

The territorial land base of the Northern region is 617,284 square kilometres – 66.7% of the provincial total. The total population of the Northern region (2006) is 289,793, and the Aboriginal population is 16.6% at 48,050.

There are 54 First Nations Bands within the Northern Region (a number of these access services from the Interior Health Authority as well).

Northeast

1. Blueberry River First Nation
2. Daylu Dena Council (Lower Post FirstNation)
3. Doig River First Nation
4. Fort Nelson
5. Halfway River First Nation
6. Prophet River Band Dene Tsaa Tse K'Nai First Nation
7. Saulteau First Nation
8. West Moberly Lake First Nation

Northern Interior

(a number of these communities participate in community engagement hubs in the Interior region)

9. Alexandria
10. Burns Lake Band
11. Cheslatta Carrier Nation
12. Kwadacha
13. Lake Babine Nation (5 communities)
14. Lheidli T'enneh
15. Lhoosk'uz Dene Government (Kluskus)
16. McLeod Lake
17. Nadleh Whuten
18. Nak'azdli Band
19. Nazko
20. Nee-Tahi-Buhn Band
21. Red Bluff
22. Saik'uz First Nation
23. Skin Tyee Nation
24. Stellat'en First Nation
25. Takla Lake First Nation
26. Tl'azt'en Nation
27. Tsay Keh Dene
28. Wet'suwet'en First Nation
29. Yechooche

Northwest

30. Dease River Band Council
31. Gingolx
32. Gitanmaax
33. Gitanyow
34. Gitsegukla
35. Gitwangak
36. Gitwinksihlkw
37. Gitxaala Nation
38. Glen Vowell Band
39. Hagwilget Village
40. Hartley Bay Band
41. Iskut
42. Kispiox
43. Kitamaat Village Council
44. Kitselas Indian Band
45. Kitsumkalum Band
46. Laxgalt'sap
47. Lax-kw'alaams First Nation
48. Metlakatla Indian Band
49. Moricetown
50. New Aiyansh
51. Old Massett Village Council
52. Skidegate Band
53. Tahltan
54. Taku River Tlingit First Nation

2 NORTHERN REGION PROFILE

Nine Tribal Councils exist within the Northern region:

1. Carrier-Sekani Tribal Council
2. Gitksan Hereditary Chiefs
3. Council of the Haida Nation
4. North Coast Tribal Council
5. Treaty 8 Tribal Association
6. Tsimshian First Nation
7. Nisga'a Lisims Government
8. Kaska Tribal Council
9. Dakh Ka Tlingit Nation

There are four First Nations umbrella health organizations within the Northern Region:

1. Carrier-Sekani Family Services
2. Gitxsan Health Society
3. Nisga'a Valley Health Board
4. Tahltan Health and Social Services Society

NORTHERN REGION PROFILE 2

92.73% of First Nations in the North region participate in Community Engagement Hubs, as follows:

TREATY 8

- Halfway River First Nation
- Doig River First Nation
- West Moberly Lake First Nation
- Prophet River Band (Dene Tsaa Tse K'Nai First Nation)
- Saulteau First Nation

CARRIER SEKANI FAMILY SERVICES

- Burns Lake Band (Ts'il Kaz Koh)
- Takla Lake First Nation
- Stellat'en First Nation
- Cheslatta Carrier Nation
- Nee-Tahi-Buhn Band
- Skin Tyee First Nation
- Yekooche
- Wet'suwet'en First Nation

NORTHWEST COMMUNITY ENGAGEMENT HUB

- Gitanmaax
- Moricetown (Wet'suwet'en)
- Glen Vowell (Sik-e-Dakh) Band
- Kispiox
- Hagwilget Village
- Gitwangak
- Gitanyow
- Gitsegukla

TAHLTAN HEALTH

- Iskut
- Tahltan Band Council

(Dease Lake & Telegraph Creek)

SKIDEGATE BAND COUNCIL

- Old Masset Village Council
- Skidegate Band

FINLAY

- Kwadacha First Nation
- Tsay Keh Dene First Nation

NISGA'A VALLEY HEALTH SOCIETY

- Gingolx
- New Aiyansh
- Gitwinksihlkw
- Laxgalt'sap

KITSELAS

- Kitsumkalum Indian Band
- Kitselas Indian Band

FAR NORTH HUB

- Dayla Dene Council (Lower Post)
- Taku River Tlinglit First Nation
- Good Hope Lake

DAKELH'NE

- Nak'azdli Band
- Nadleh Whuten First Nation
- Saik'uz First Nation
- Tl'azt'en First Nation
- lLheidli T'enneh

NORTH COAST

- Gitxaala Nation
- Metlakatla Indian Band
- Gitga'at First Nation
- Lax-kw'alaams First Nation

LAKE BABINE NATION

- Lake Babine Nation (5 communities)

UNREPRESENTED COMMUNITIES

- Fort Nelson
- Blueberry River First Nation
- McLeod Lake
- Kitamaat Village Council
- Nazko Band
- Lhoosk'uz Dene
- Lhtako Dene Nation (Red Bluff)

3 DETAILED FEEDBACK FROM NORTHERN REGION

3. DETAILED FEEDBACK FROM NORTHERN REGION

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

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

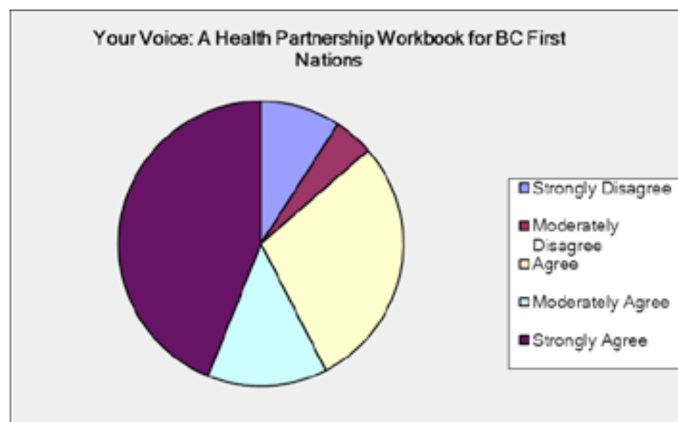
— Enable collaboration with other First Nations and local and regional health program and service providers.

First Nations in the Northern region responded to these principles as follows:

Answer Options	Response Percent	Response Count
Strongly Disagree	9.1%	6
Disagree	4.5%	3
Agree	28.8%	19
Moderately Agree	13.6%	9
Strongly Agree	43.9%	29
	answered question	**66**
	skipped question	**12**

DETAILED FEEDBACK FROM NORTHERN REGION

3



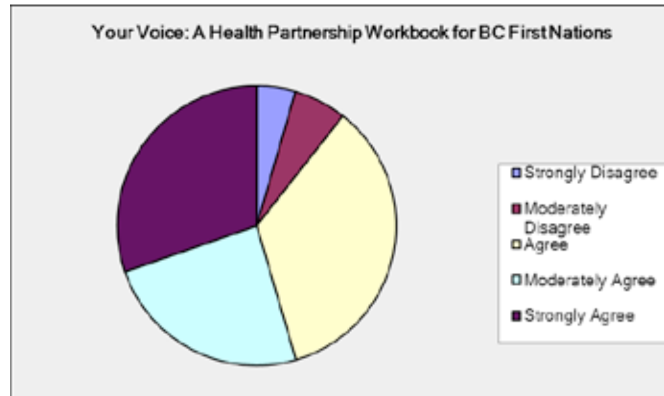
First Nations in the Northern region also identified the following additional principles and requirements:

- **Funding and Investment**: Goal is to increase funding to the North following the First Nations and Inuit Health (FNIH) transfer, for issues such as HIV/AIDs programs, infrastructure, technology, and medical equipment; review program funding deficiencies especially for rural and remote communities; ensure issues related to Bill C-31 impacts are identified in terms of funding;
- **Human Resource Development**: Invest in training, incentives to attract health professionals and promote youth health career development; provide training and development for First Nations in health decision-making;
- **Access / Non-Insured Health Benefits (NIHB)**: Medical transportation and access to physicians are fundamental issues and priorities for the North.
- **Equity**: The North to be treated equally with the South in terms of funding and delivery of programs, and representation in decision-making;
- **Philosophy**: Ensure the regional health transfer process can revise “European style protocols, models and frameworks in favour of methodology that is consistent with the First Nation world-view”;
- **Transparency**: Ensure an ‘open book’ approach to decisions that are made and how funding is applied; and,
- **Evidence Based Decisions**: Conduct research into key health concerns such as diabetes, chronic disease, dental health, cancer and HIV/AIDs.

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”*

Answer Options	Response Percent	Response Count
Strongly Disagree	4.5%	3
Disagree	6.1%	4
Agree	34.8%	23
Moderately Agree	24.2%	16
Strongly Agree	30.3%	20
	answered question	**66**
	skipped question	**12**

3 DETAILED FEEDBACK FROM NORTHERN REGION



Participants were also asked to add other comments regarding local control of health services or add general comments. These are summarized below:

- Address social determinants of health as an integral component of all health initiatives;
- Common bylaws, policies, procedures, processes and structures within services to achieve consistency in service delivery for First Nations; and,
- Need for FNHC and Caucus members to review their honoraria policies.

DETAILED FEEDBACK FROM NORTHERN REGION 3

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 (RHA) 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 including:

- 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 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.

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

Answer Options	Response Percent	Response Count
Strongly Disagree	7.0%	4
Disagree	3.5%	2
Agree	29.8%	17
Moderately Agree	22.8%	13
Strongly Agree	36.8%	21
	answered question	**57**
	skipped question	**21**

3 DETAILED FEEDBACK FROM NORTHERN REGION

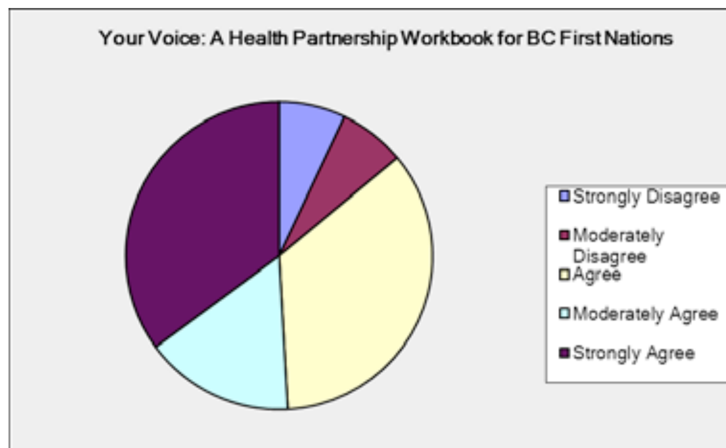
Participants were asked if they felt that any principles were missing and the responses are summarized below:

- **Participation**: Communications and input from grass roots people is crucial, using different communication methods to ensure First Nations participation;
- **Partnerships**: Ensuring the First Nations Health Authority (FNHA) has an equal relationship with the Northern Health Authority; continuing to support collaborations among First Nations communities; and,
- **Accountability**: Ensuring operational requirements are met (e.g. Terms of References; Work Plans; Reporting).

Other responses followed a similar theme to ideas mentioned elsewhere in this report such as the need for evidence-based decisions; transparency; ensuring off-reserve needs are considered; influence of Northern Nations in decision-making; and, accountability of governance structures.

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 describe above"*

Answer Options	Response Percent	Response Count
Strongly Disagree	7.0%	4
Disagree	7.0%	4
Agree	35.1%	20
Moderately Agree	15.8%	9
Strongly Agree	35.1%	20
	answered question	**57**
	skipped question	**21**



DETAILED FEEDBACK FROM NORTHERN REGION

3

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 Northern region are as follows:

WHAT CAUCUSES ARE DOING WELL	WHAT CAUCUSES NEED TO IMPROVE
• Voice and collaboration in the Tripartite First Nations Health Plan (TFNHP) and this health transfer process; providing a vehicle to meet and discuss health issues (but must start moving to solutions and not 'more talk'); increasing awareness and knowledge; communication • Providing a person to link with what is happening in the community (Caucus liaison) • Providing education at the local level so people can be part of the solution and not just be "problem focused" • "They are doing a good job gathering the people of their regions to hear these concerns" • Developing culturally appropriate plans • Network & strategize at a higher level • Keep up the good work! Keep on trucking	• Ensuring all Bands / communities support and not assuming they support • Develop and implement a better communication strategy to ensure it reaches ALL communities in the North • Take into account travel issues for some communities (e.g. those living on Islands finding it cheaper to meet in Vancouver than Prince George) • Ensure accountability for payments received as honoraria • Ensure FNHC members really represent the North • Visit all communities at least once a year to hear directly • Provide more time to discuss all aspects of negotiations and activities • Support from liaisons needs to be reviewed so they provide more information and capacity support

Participants were also asked to add other comments and these are summarized below:

- Improve Non-Insured Health Benefits (NIHB) payment mechanisms and looking at other insurance plans;
- Gatherings need to have clear focus and kept on track with what needs to be done;
- Don't just provide bad news or issues and challenges – tell good news stories too!
- Ensure Northern region and sub-regions are well represented and if not, go to those areas and educate people so they can come on board; and,
- Terms of References that clearly defines roles of Hub vs. Director vs. Chief and Council vs. Chair roles to enhance accountability towards minimizing conflict of interest.

3 DETAILED FEEDBACK FROM NORTHERN REGION

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.

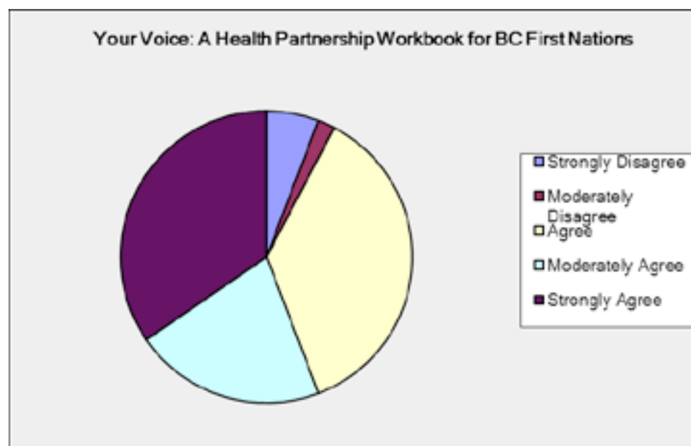
Principles of the Structure

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 philosophy, design and delivery;
- Foster collaborations 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 for First Nations to transfer responsibility back to the Federal Government if the arrangement does not work for First Nations.

First Nations completing the workbook were asked how they felt about these principles and whether any were missing – the results for the Northern region are as follows:

Answer Options	Response Percent	Response Count
Strongly Disagree	5.8%	3
Disagree	1.9%	1
Agree	36.5%	19
Moderately Agree	21.2%	11
Strongly Agree	34.6%	18
	answered question	**52**
	skipped question	**26**



Participants were also asked if there were other principles or requirements that were missing and the responses are summarized below:

- **Transparency:** Ensure the elected body and delivery body are transparent and reporting to communities;
- **Professionalism:** High standard of process; and,
- **Funding Use:** Do not spend all the money on honoraria and travel when communities have real needs for services; apply funding to social determinants of health.

The following comments were made about the principle of the Crown's fiduciary responsibility:

- The last clause re: Crown's fiduciary responsibility should be removed;
- The Crown's Fiduciary responsibility - it is incumbent among all parties to make it work; and,
- Do not want an opt-out clause as indicated in the last bullet.

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 from 2012 and beyond should include:

— Continued leadership for implementation of the Transformative Change Accord: First Nations Health Plan and Tripartite First Nations Health Plan;

— Providing 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 FNIH to a new First Nations Health Authority.

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

- Clearer communication strategies, being more accountable and transparent in regards to the new governance structure and funding use;
- Developing and reporting out on measurements of success; evaluating challenges and successes;
- Ensuring the chosen representatives attend community meetings and hear things first hand;
- Maintain a good connection with Provincial/Federal & local First Nations governments; and,
- Ensure majority of people on the FNHC have a health background and expertise so they know what they are talking about and can advocate better.

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

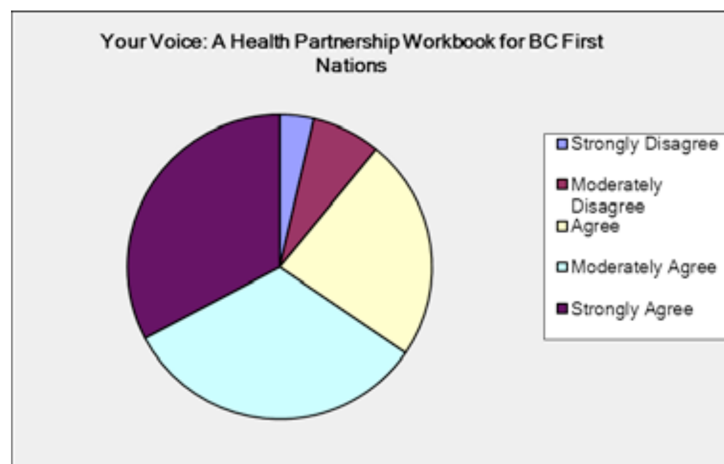
caucuses and the new First Nations Health Authority – some First Nations have stated that the future FNHC should be a smaller group – with perhaps 1-2 representatives appointed per region. Participants were asked if they had any comments about the future structure and composition of the FNHC and the responses were as follows:

- **Roles & Relationships**: Some participants are unclear about what role the FNHC plays once the FNHA is in place; what the differences between the FNHC and FNHA are; and others assuming the FNHC would cease once there is an FNHA;
- **Costs**: Costs of running the FNHC and Caucuses and how funding could be used better; running multiple First Nations organizations will cost more and create too much bureaucracy;
- **Representative Numbers**: Three representatives for the Northern region is too low and more are needed.

First Nations Health Directors Association (FNHDA)

The workbook summarizes previous feedback from First Nations that the 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 are as follows:

Answer Options	Response Percent	Response Count
Strongly Disagree	3.6%	2
Disagree	7.3%	4
Agree	23.6%	13
Moderately Agree	32.7%	18
Strongly Agree	32.7%	18
	answered question	**55**
	skipped question	**23**



DETAILED FEEDBACK FROM NORTHERN REGION

3

First Nations Health Authority (FNHA)

The workbook summarized the principles that First Nations have clearly stated in regards 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;

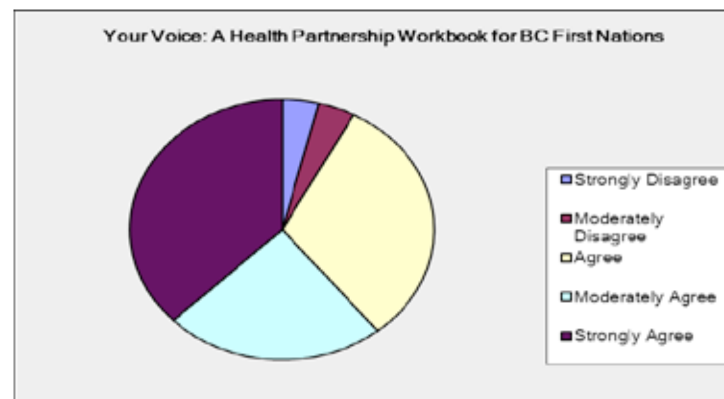
— Uphold the highest standards in order to avoid conflict of interest;

— Have a transparent and manageable appointment process; and,

— Have a Board of Directors with relevant experience and expertise with respect to First Nations health programs and services and successfully running a large organization.

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

Answer Options	Response Percent	Response Count
Strongly Disagree	3.9%	2
Disagree	3.9%	2
Agree	31.4%	16
Moderately Agree	23.5%	12
Strongly Agree	37.3%	19
	answered question	**51**
	skipped question	**27**



3 DETAILED FEEDBACK FROM NORTHERN REGION

Participants were then asked about any missing principles for the activities and operations of the FNHA and these are summarized below:

- **Scope of FNHA:** One respondent stated that "one big FNHA may not work – may need a South one and a North one? South area has better access to resources and benefits go their way, while gaps still exist in the North"; ensure the FNHA does not become a huge First Nations bureaucracy no different from government bureaucracy; ensure the FNHA has a presence in the North;
- **Philosophy**: Integrate standards of practice that reflect pre-European values, ideals and protocols, and/or create new, practical, people oriented systems that serve as models of innovation for First Nations in other provinces; challenge the Provincial and Federal Governments to think differently and open their minds to new possibilities;
- **Social Determinants of Health**: Ensure linkages with economic development enterprises; recognition that many First Nations live off-reserve due to housing shortage, employment as well as education opportunities and they must be involved in the planning process; and,
- **Skills and Competency**: Provide training and capacity building; ensure the Board of the FNHA has the right skills, expertise and knowledge; don't be afraid to use outside professionals; ensuring politicians do not interfere with the business of the FNHA and that the Board can make decisions without pressure from politicians. As one FNHC member stated "The FNHA is an independent board that has the skills and expertise to make decisions. Not politicians. We don't want politicians doing business work. We don't want business people making political decisions. The FNHA is responsible for the money. The FNHC is for advocacy. We don't want politics mixed up with business."

There were also concerns expressed about 'rogue societies' and ensuring that the new FNHA, as a legal entity needed to be an institution that was accountable to First Nations and managed by a capable Board.

DETAILED FEEDBACK FROM NORTHERN REGION

3

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 set 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.

Northern region First Nations who responded to the workbook added the following principles and comments:

- Transparency;
- Credible reporting and Review should also focus on challenges and difficulties as well as achievements;
- Excellent principles!
- Clear demonstration of participation and inclusion of all First Nations communities;
- The majority of participants said ‘no’ - that they did not see any principles were missing.

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 or funding that may be required; and,
- 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 this region added the following processes:

- Inclusion of Health Directors; and,
- Regular reporting in ways that allow for those with no technology.

3 DETAILED FEEDBACK FROM NORTHERN REGION

Other Comments / Feedback on Reciprocal Accountability

A number of additional comments were provided on reciprocal accountability, as follows:

- Transparency, clear Terms of References & policies which are open and available;
- People in health have huge conflicts of interest when they are on Chief and Council, health and social development –must make sure people are clear on their roles and not trying to be everything;
- More communications needed by the Northern representatives, such as using advertisements; videos; visiting communities in a traditional manner; providing a complete report including how and whether goals and objectives have been met; and,
- It is important there is reciprocal accountability – by holding the FNHC and FNHA accountable, First Nations citizens hold their health authorities accountable, ensuring that the First Nations entities get results.

OTHER FEEDBACK

First Nations Health Directors Association

Representatives from the First Nations Health Directors Association (FNHDA) board attended the Northern region sessions and updated participants on the development of the FNHDA and its Strategic Plan. The presenters also discussed various issues such as the role of several working committees that the FNHDA has established, and that training for Health Directors was being discussed as a high priority issue. It was also noted that the FNHDA is working with the national First Nations Health Managers Association so as not to 'reinvent' the wheel around competencies, training and development. A certification process is also being explored.

One of the issues discussed was that even though the Northern region had 3 seats on the FNHDA Board there were only 2 appointees since the 3rd had resigned from the central area and not been replaced. This was a concern for the central area and the lack of voice at the FNHDA table for this part of the Northern region. A discussion on the benefits of being a full or associate member of the Association was held to encourage Health Directors to join as members. It was also noted that Health Directors should join the Association to help enhance the voice of the North and ensure voices in the South were not dominating discussions at the FNHDA table.

Report from Previous Caucus Session [October 2009]

At the Northern Chiefs Caucus meeting held in October 2009 (appended to this report), Chiefs outlined key principles and considerations in relation to health governance. Specifically, the Chiefs agreed and declared to various principles and standards of achievement related to:

- Cultural competency of services and honouring human rights;
- Affirmation of the United Nations Declaration on the Rights of Indigenous Peoples;
- Recognition of the formal apology by Government in June 2008 to former survivors of Indian Residential Schools to build on enhancing the relationship with Aboriginal peoples;
- Definition of health including a state of complete physical, mental, spiritual, social and emotional wellbeing as a source of everyday life;
- Affirmation for the importance of the Tripartite First Nations Health Plan;
- Confirming the need to address the social determinants of health;
- Affirming fair and equitable representation on pre and post structures related to dealing with health governance (including the transfer of FNIH);
- Affirming the need for the Federal Government to uphold its fiduciary obligations to Aboriginal people;
- Affirming the need for adequate resources to address the disparity gap in health status between First Nations and other British Columbians;
- Affirming the need to address vulnerable groups within the First Nations populations such as children, Elders, people affected by poverty and other social conditions;
- Identification of the NIHB program as a specific area that needs to be addressed in terms of resourcing inequities;

- Recommending a communications strategy for the ethical inclusion of Northern nations in all health developments in the region; and,
- Confirming the desire to work together locally, regionally and provincially with all BC First Nations.

Report from Previous Caucus Session [November 2010]

In November 2010, the Northern Caucus developed a list of key issues of importance:

- Non-Insured Health Benefits (NIHB) program and improvements needed to this program particularly once the FNIH transfer occurs;
- The need for the development and implementation of community health plans for communities who are not in transfer yet, to support them towards health transfer;
- The need for tools for the north (e.g. technology) to assist in dealing with the geographical challenges of the distance and remoteness in the North;
- The need for increased support for specific communities who are in the far North or very remote from Health Authority services;
- The importance of communications protocols and methods that work for remote communities who do not have technology (using fax and mail for instance and more face to face meetings); and,
- Small community challenges. It was noted that the FNHC is already working on a policy paper relating to support for small and remote communities.

DETAILED FEEDBACK FROM NORTHERN REGION

3

Relationship with the Northern Health Authority

The relationship with the local Regional Health Authority (RHA) – Northern Health was discussed at each Northern caucus session. It was noted that the CEO of Northern Health had already indicated that she was committed to work with First Nations in the north to improve the health and delivery of services for First Nations communities. The Caucus leadership confirmed that they were already working with the Northern Health Authority to discuss building a relationship that can start to address many of the health issues in the north.

Framework Agreement for the transfer of First Nations and Inuit Health & a new First Nations Health Authority

A number of themes and comments emerged from the discussions on a new First Nations Health Authority (FNHA) which would be established to assume control of the current Health Canada – First Nations and Inuit Health (FNIH) operation, and in particular the negotiation of a Framework Agreement to conclude this administrative transfer.

Key areas that participants were interested in related to the Framework Agreement process and proposed transfer of FNIH, in particular:

- **Effect of the Federal Election**: Whether the Framework Agreement and transfer would be concluded if there was a change of Government through a Federal election;
- **Approval Process for the Framework Agreement**: The Framework Agreement approval process at Gathering Wisdom IV and what this would look like; proxy and voting issues and the need for information on the Framework Agreement such as an explanation / information sheet being available to summarize the agreement before Gathering Wisdom; concern that northern region communities' votes or opinions would not be considered or out-voted by communities in the south;
- **Influencing Policy**: Ability for First Nations to influence policy changes after the transfer and the need for this to be part of the negotiations;
- **Protection of current Health Transfer agreements**: Confirmation that current and upcoming Health Transfer Agreements will be honoured;
- **Roles of Interim Committee and Transition Committee**: These were discussed at some sessions to clarify how they would work with FNIH to oversee the transition of FNIH to a new FNHA;
- **Impact of Bill C-31**: It was confirmed that negotiations would take place for additional funding for Bill C-31 members who may come onto books with law changes;
- **FNHA Funding by Region**: Whether there is ability to break down the funding analysis for FNIH into regional profiles;
- **Deficit Management**: Concerns about what happens if the new FNHA runs into deficit and what impact this would have on communities;
- **Funding Categories**: The various categories of funding within the Framework Agreement were described; there were some concerns about the costs of maintaining the First Nations governance structures (FNHC, FNHDA and FNHS) and whether money was better spent on services;

3 DETAILED FEEDBACK FROM NORTHERN REGION

- **Use of implementation funding**: Questions about how the $17m implementation funding referred to in the Framework Agreement is going to be used;
- **Transition Planning**: A need to develop a timeline that will lay out transition of the FNIH and development of the FNHA; and,
- **Using Lessons learned**: A need to identify financial commitments and models of health governance when discussing this proposed transfer.

General Matters

Other questions or issues that were raised during the sessions included:

- **Community Engagement Hubs**: Clarification on the linkage between the FNHDA and the Community Engagement Hubs; clarifications on role of hubs who collaborate, communicate and plan and are networks of communities; concerns that hub funding cannot be used to solve problems (such as starting new service projects) but is only there for communities to talk about problems;
- **Northern-Specific Concerns:** Need to improve communications with communities in the South; concerns about the lack of internet access and technology for many communities in the far North;
- **Communications**: Concern about some of the language used (sub-regional, regional, provincial) and how it could cause confusion; use more executive summaries of documents so that people can acquire and read short versions of long documents; DVDs and community dinners are good tools;
- **Entities**: Concern about multiple structures (FNHC, FNHDA and FNHA) and ability of these organizations to work with communities – it was clarified that each has different roles (political advocacy, technical support and service delivery) and each would need to work with these different aspects in communities; and,
- **Traditional Medicine**: Advocacy for recognition of more traditional medicine and the need for the new FNHA to consider funding for traditional medicine practices.

4. KEY THEMES & SUMMARY OF FEEDBACK

Community Principles

Of the responses received, 86% of Northern participants agreed with the community level principles that were expressed in the Health Partnership Workbook. A total of 89% of the participants agreed that 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. Some further considerations put forward included the need to recognize funding and investment principles; human resource development; achieving equitable service access; ensuring the right philosophy is used when addressing First Nations health; and, transparency and making evidence-based decisions. Participants also felt that addressing social determinants of health was important alongside better use of funding for services instead of excessive honoraria payments for representatives.

Regional Principles and Regional Caucuses

From the workbook feedback, 89.4% agreed with the regional level principles that were expressed in the Health Partnership Workbook. A few participants added that participation, partnerships and accountability mechanisms were also important. Further, 86% 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 Northern Regional Caucus meetings arose out of the feedback as well as workbook feedback about how well Caucuses operated and what needed to improve. Participants thought that caucuses provided a good mechanism for communication; expressing the voice of First Nations; information sharing; knowledge development and networking. Areas that require improvement include improving participation and engagement with all communities in the North; developing and implementing a better communications strategy; improving reporting to all communities; having representatives visit communities to develop relationships and providing more time for better engagement.

First Nations Health Council

From the workbook feedback, 92.3% agreed or strongly agreed with the provincial-level principles expressed in the document. Some participants wanted additional principles such as transparency; professionalism and effective funding use added. Some concerns were highlighted about the Crown's fiduciary responsibilities and the presence of the 'opt out' clause and whether this clause was necessary. In terms of the future mandate and structure of the FNHC, some participants felt that clearer communications; improved evaluation of the successes of the FNHC and appropriate health expertise on the FNHC was necessary. For the structure of the FNHC, some participants considered that having the FNHC as well as the other First Nations provincial bodies were absorbing costs that could be used for service improvements instead, or they were confused about the roles of the FNHC versus the First Nations Health Authority. A few considered that 3 representatives for the vast Northern region is too few to be truly representative.

First Nations Health Directors Association

Over 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. One of the issues discussed was that even though the Northern region had 3 seats on the FNHDA Board there were only 2 appointees since the 3rd had resigned from the central area and not been replaced. This was a concern for the central area and the lack of voice at the FNHDA table for this part of the Northern region.

4 KEY THEMES & SUMMARY OF FEEDBACK

First Nations Health Authority

A total of 92% of responses were agreeable to the principles relating to the FNHA expressed in the Health Partnership Workbook with only one respondent disagreeing. In terms of additional principles that should be considered, participants felt that the geographic scope; philosophy; skills and competency of the FNHA were also important, alongside a need to focus on the social determinants of health.

Reciprocal Accountability

No participants disagreed with the principles outlined for reciprocal accountability; however, some added other ideas such as transparency; ensuring difficulties as well as successes were reported and a clear demonstration of inclusion and participation of all First Nations communities. One respondent identified that Health Directors should be included in the 'processes for reciprocal accountability' and another stated that regular reporting was needed to allow for those without any technology.

Relationship with the Northern Health Authority

The Northern region engagement sessions all discussed their relationship with the local Regional Health Authority (RHA) – Northern Health. It was noted that the CEO of Northern Health had already indicated that she was committed to work with First Nations in the North to improve the health and delivery of services for First Nations communities. The Caucus leadership confirmed that they were already working with the Northern Health Authority to discuss building a relationship that can start to address many of the health issues in the North.

Key Issues from Previous Caucus Sessions (2009 and 2010)

A number of other issues that were important to the BC Northern Chiefs had been discussed at previous Caucus sessions or other meetings in 2009 and 2010 and the participants felt it important to incorporate these into this report. The main themes of what Chiefs felt were important to contribute to decisions about health governance related to:

- Cultural competency of the health system;
- Affirmation of the United Nations Declaration on the Rights of Indigenous Peoples;
- Recognition of the Government's apology to Residential school survivors;
- Confirmation that health governance needs to reflect a holistic perspective; addressing social determinants, health disparities, vulnerable populations; equitable funding for NIHB and other services and remote communities; technology requirements;
- Affirmation of the need for equitable representation of northern Chiefs in provincial decision-making tables;
- Confirmation of the desire to work together and support the Tripartite First Nations Health Plan;
- Supporting communities not yet at health transfer stage; and,
- The importance of a communications strategy.

Other General Issues

A number of other issues that were important to the participants at the Northern regional caucus sessions arose during the discussions. These related to:

- Processes related to the Framework Agreement and impact of the upcoming federal election; ratification process for Gathering Wisdom; confirmation that Health Transfer Agreements would be honoured after the FNIH transfer; whether consideration of the impact of Bill C-31 were being analysed; and various funding queries;
- Clarification of the linkage between the FNHDA and community engagement hubs, and general questions about hub roles;
- Suggestions for improving communications to communities in the North; and,
- Concern about multiple First Nations organizations/structures and how they work with communities.

APPENDIX I - METHODOLOGY

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 Northern Regional Caucus 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 I - METHODOLOGY

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 Tribal Council to hear the information at a Council meeting; 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. In addition to the feedback provided through Health Partnership Workbooks, this report includes feedback as captured in the notes from the following meetings:

- Reports from 2009 and 2010 Northern Caucus meetings, including Appendix II to this report
- January 25, 2011 (Prince George)
- February 22, 2011 (Northwest Sub-Region-Terrace)
- March 7, 2011 (Northeast Sub-Region-Ft. St. John)
- March 9, 2011 (North Interior Sub-Region-Prince George)
- March 23, 2011 (Northern Caucus-Prince George)
- May 9, 2011 (Gitxsan Hereditary Chiefs-Terrace)

Facilitators, presenters and note-takers attended meetings 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 which were included in the regional summary reports. All information gathered from all sessions and methods (notes, completed workbooks, flipcharts, on-line workbooks) have been incorporated into this report.

B APPENDIX II - REPORT 2009

Northern Chiefs Meeting on Health Governance, October 19th & 20th, 2009, Burns Lake

Northern BC First Nations Issues

First Nations Interim Health Governance Committee Northern Region Caucus

- The First Nations in the Northern Region of British Columbia solemnly proclaim the following principles as a standard of achievement to be followed in a spirit of partnership, respect, reciprocal accountability, and transparency with the Government of Canada and the Government of British Columbia; notwithstanding the fiduciary obligation of the Government of Canada to Aboriginal peoples in accordance with Section 35 of the Canadian Constitution:
- Considering the onslaught and impact of historical and systematic oppression and assimilation, the First Nations in the Northern Region of British Columbia affirm that racism, and its many forms, are perpetuated in current western medical structures, medical professions and the various Federal and Provincial health and medical structures that serve Aboriginal peoples, that ultimately translate to poor delivery of health and medical services.
    - The level of care provided to Northern First Nations people by the health care system is equivalent to a violation of basic human rights. Northern First Nations world views include an interconnectedness of all living matter, inclusive of the delivery of health programs and services, therefore a new First Nations health authority must not treat Northern First Nations view of holistic medicine as secondary to western modalities of health care delivery.
    - Consideration must be given to developing and implementing cultural sensitivity training, recruitment of First Nations students to the health sector, establishing First Nations treatment and diagnostic centres, examining alternative methods of medical service and care, and an emphasis and investment in preventative medicine.

- In the spirit of a collective struggle, the First Nations in the Northern Region of British Columbia recognize and affirm the United Nations Declaration on the Rights of Indigenous Peoples; particularly the rights recognized within the declaration that constitute the minimum standards for the Survival, Dignity, and Wellbeing of Indigenous peoples of the world.

- Holding up our Ancestors and our Families, the First Nations in the Northern Region of British Columbia recognize and affirm the formal apology from the Government of Canada to former survivors of Indian Residential Schools, June 11th, 2008, and urgently call on the Government of Canada to build on enhancing the relationship with Aboriginal peoples by providing adequate resources to address health disparities for Aboriginal people.

    - Colonization attempts such as the Indian Residential School experience and dislocation from our traditional territories has left an incurable scar on our Northern First Nations. Current mental health and wellness programs are not sufficient to the extent that the formal apology warrants absolute truth and reconciliation.

- o Financial resources are urgently required for developing comprehensive health plans supported by proper cost analysis and projections and resources for population health; public health; primary, secondary and tertiary care; and integrating traditional and cultural health practices for all Northern BC First Nations communities based on geographical space. Further, that community health plans be provided with proper resources for implementation and evaluation.

- Collectively, the First Nations in the Northern Region of British Columbia affirm that a Northern British Columbia First Nations definition of health include a state of complete physical, mental, spiritual, social, and emotional wellbeing as a source of everyday life.

- Emphasizing the importance of the Tripartite First Nations Health Plan, the First Nations in the Northern Region of British Columbia have a vested interest to improve the health and wellbeing of its citizens, regardless of residency.

- Bearing in mind the various factors that impact health, the First Nations in the Northern Region of British Columbia want to include the determinants of health to a health governance process; such as, income, housing, education, environmental factors, and cultural factors, as interconnected, and not only considered as genetic or as medical factors. Northern British Columbia First Nations will incorporate traditional practices and medicines as a legitimate form inclusive to health design and service that is holistic in scope and considers the various and distinct cultures of the Northern British Columbia First Nations.

- Welcoming a process to work together, the First Nations in the Northern Region of British Columbia affirm that a fair and equitable representation on pre and post structures dealing with health governance matters be determined, and that planning and implementation of activities related to the transfer of health services and programs from the Government of Canada (Health Canada) is inclusive of the First Nations in the Northern Region of British Columbia. A proper process of consultation will be based on a nation to nation basis, including equitable and fair representation on any existing and future British Columbia First Nations health structures and authorities.

- Concerned of historical relations between Aboriginal people and the Government of Canada, the First Nations in the Northern Region of British Columbia affirm that the Government of Canada upholds its fiduciary obligation for the health and wellbeing of all Northern British Columbia First Nations, regardless of residency.

- Bearing in mind the various factors that impact health, the First Nations in the Northern Region of British Columbia recognize that the health conditions of Northern British Columbia First Nations is far below the provincial average of other British Columbians; proving the necessity for more action and resources to close the gaps in health outcomes. Proper resources must be afforded to the development of comprehensive community health plans for all Northern British Columbia First Nations; including evaluation and monitoring controlled by the Northern British Columbia First Nations. These health plans must be organic and designed over a twenty-five (25) year process.

B APPENDIX II - REPORT 2009

- Recognizing the needs of our people that are less fortunate, the First Nations in the Northern Region of British Columbia affirm the poor health outcomes for Northern British Columbia First Nations are more likely to impact children and families living in poverty; the working poor; the unemployed and underemployed; limited education including illiteracy; Aboriginal and remote populations; newcomers; social exclusion; the homeless; and those with challenges securing affordable housing.

- Considering legitimate concerns, the First Nations in the Northern Region of British Columbia recognize that the Non-Insured Health Benefits Program, administered through the First Nations and Inuit Health Branch, are a primary concern and that additional resources must be addressed with the Government of Canada (Health Canada) prior to the transfer of health programs and services. This will include uninterrupted service and protection of British Columbia Health Care Cards. Equally important, Health Canada must address the funding and service inequities that currently exist between British Columbia First Nations health programs and services through transfer agreements.

- Convinced for a process to work together and communicate clearly, the First Nations in the Northern Region of British Columbia strongly recommend that a communications strategy be developed and implemented to ensure a transition that is reflective of the health needs of Northern British Columbia First Nations; a communications strategy must include distribution to all Northern British Columbia First Nations Chiefs and Councils, delegated health authorities, and health practitioners, directors, managers, and field workers. It is also important to include and involve an ethical process for engagement and dialogue with youth.

- Concerned of the development of policy and planning, the First Nations in the Northern Region of British Columbia strongly recommend that the Government of Canada (Health Canada) and the Government of British Columbia provide access to all health related information and costs for Northern British Columbia First Nations to ensure an accurate forecast of all health care needs. The existing 'status quo' is not, and will not, be acceptable. The cost of delivery and unforeseen impacts must be included in an escalator clause for existing Federal and Provincial agreements to Northern British Columbia First Nations.

- Acknowledging our distinct cultures and collective concerns, the First Nations in the Northern Region of British Columbia are determined to work together locally, regionally and provincially with all British Columbia First Nations.