FRASER SALISH

REGIONAL HEALTH AND WELLNESS PLAN

“Blending the best of two worlds in health: Modern Medicine and Ancestral Teaching and Ways”

JULY 2014

~ LIVING DOCUMENT ~

ACKNOWLEDGEMENTS

The Fraser Salish Regional Health and Wellness Plan builds on a significant amount of work accomplished to date by Fraser Salish First Nations, federal and provincial government partners, and our partners within the region.

The development of this plan was possible thanks to our Regional Table - Regional Health and Wellness Plan Working Group**.** We raise our hands for the exceptional effort of this working group in capturing the discussions and wisdom shared by our Fraser Salish people over the years:

- Grand Chief Doug Kelly (Tseem) (Working Group Chair, Soowahlie First Nation)
- Carolyn Neufeld (Health Director, Seabird Island)
- Kimberley Laing (Program and Services Manager, Sumas First Nation)
- Kelowa Edel (Health Director, Sto:lo Nation)
- Linda Kay Peters (Community Engagement, Ye mi sqeqó:tel la xwe' lets'emó:t ó)
- Cathy Speth (Community Engagement, Fraser Thompson)
- Malissa Smith (Health Director, Kwantlen First Nation)
- Jackie Bird (Councillor, Sumas First Nation)
- Terrie Davidson (Boothroyd Indian Band)

We would also like to thank the following for their invaluable contributions and support:

- Jeanine Lynxleg (Former Health Director, Sto:lo Nation)
- Helena Paul (Community Engagement, Sto:lo Nation)
- Harmony Johnson (A/Director Policy and Planning, FNHA)
- Isabel Budke (Senior Advisor, FNHA)
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INTRODUCTION

First Nations of British Columbia (BC) have called for decision-making and health planning to be brought closer to home. At Gathering Wisdom for a Shared Journey IV (May 2011), BC First Nations leadership provided direction for each of the five regions to develop a "Regional Health and Wellness Plan" to support regional collaboration and provide guidance to all partners involved in promoting, restoring and maintaining BC First Nations health and wellness.

PURPOSE OF OUR FRASER SALISH REGIONAL HEALTH AND WELLNESS PLAN

Our **Fraser Salish Regional Health and Wellness Plan (*hereafter referred to as the "Plan"*)** is a living plan which establishes a common voice and perspective on health and wellness in our region. It describes our **vision and guiding principles,** and our **regional health and wellness priorities.** Our ***Plan*** aims to improve the health and wellness of Fraser Salish First Nations by:

1. Approaching health from a wellness perspective
2. Guiding partnership efforts in the region, particularly work pursuant to the Fraser Partnership Accord
3. Guiding our regional health and wellness work and regional envelope decision-making
4. Shaping and supporting high-quality, culturally appropriate health and wellness programs and services for Fraser Salish First Nations
5. Informing the work and planning processes of the First Nations Health Authority (FNHA), First Nations Health Council (FNHC) and First Nations Health Directors Association (FNHDA), including strategic plans, Interim Health Plans (IHPs) and Multi-Year-Health Plans (MYHPs).
6. Influencing processes outside of the region and the region's membership on the Tripartite Committee on First Nations Health (TCFNH). This is anticipated to **lead to greater coordination in priority setting and planning processes** (Figure 1).

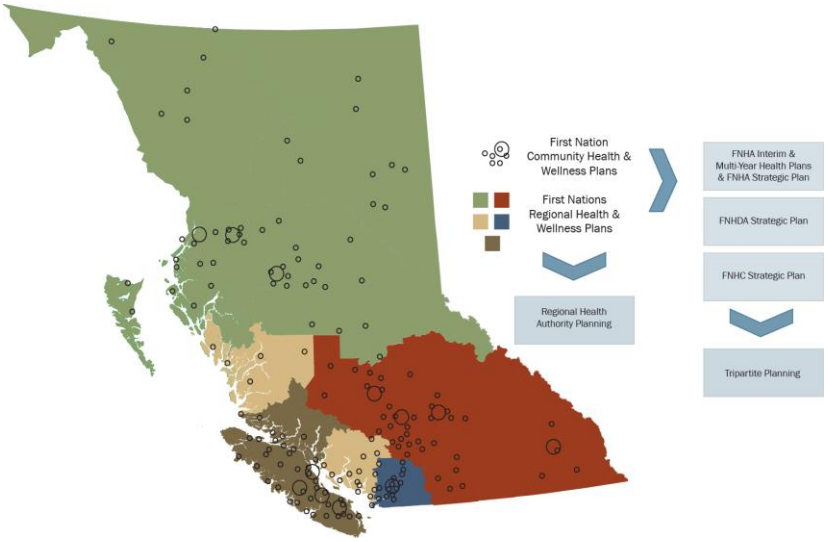


Figure 1. Coordinated Health Planning Approach

THE FRASER SALISH PEOPLE

We are Fraser Salish people composed of 32 communities including the people who live on the "Land facing the sea" – the Tsawwassen people - to the people that live up in the Fraser Canyon. A regional profile of the Fraser Salish region includes information about population and regional organizations (Tribal Councils, Umbrella Health Organizations and Community Engagement Hubs) (Appendix 2, page 29).

1. Aitchelitz
2. Boothroyd
3. Boston Bar
4. Chawathil
5. Cheam
6. Katzie
7. Kwantlen
8. Kwaw-Kwaw-Apilt
9. Kwikwetlem
10. Leq'a:mel
11. Matsqui
12. Peters
13. Popkum
14. Qayqayt
15. Scowlitz
16. Seabird Island
17. Semiahmoo
18. Shxw'ow'hamel
19. Shxwha':y
20. Skawahlook
21. Skowkale
22. Skwah
23. Soowahlie
24. Spuzzum
25. Squiala
26. Sts'ailes
27. Sumas
28. Tsawwassen
29. Tzeachten
30. Union Bar
31. Yakweakwioose
32. Yale

GOVERNANCE STRUCTURE AND FUNCTION

Fraser Salish leadership have come together to form a **Fraser Salish Regional Caucus** which serves as an engagement forum for our political (i.e. Chiefs) and technical leaders (i.e. Health Directors or Health leadership) to have a conversation on health (Figure 2).

As a caucus, we approved our Term of Reference (December 13, 2011) which outlined the role of our **Sub-Group Caucuses** (Sto:lo Nation; Sto:lo Tribal Council and Independents). We also established a **Fraser Salish Regional Table** to report to and perform work directed by the Regional Caucus. Comprised of three regional FNHC Representatives and technical representatives (i.e. open to Health Directors) – the Regional Table is supported by the regional office.

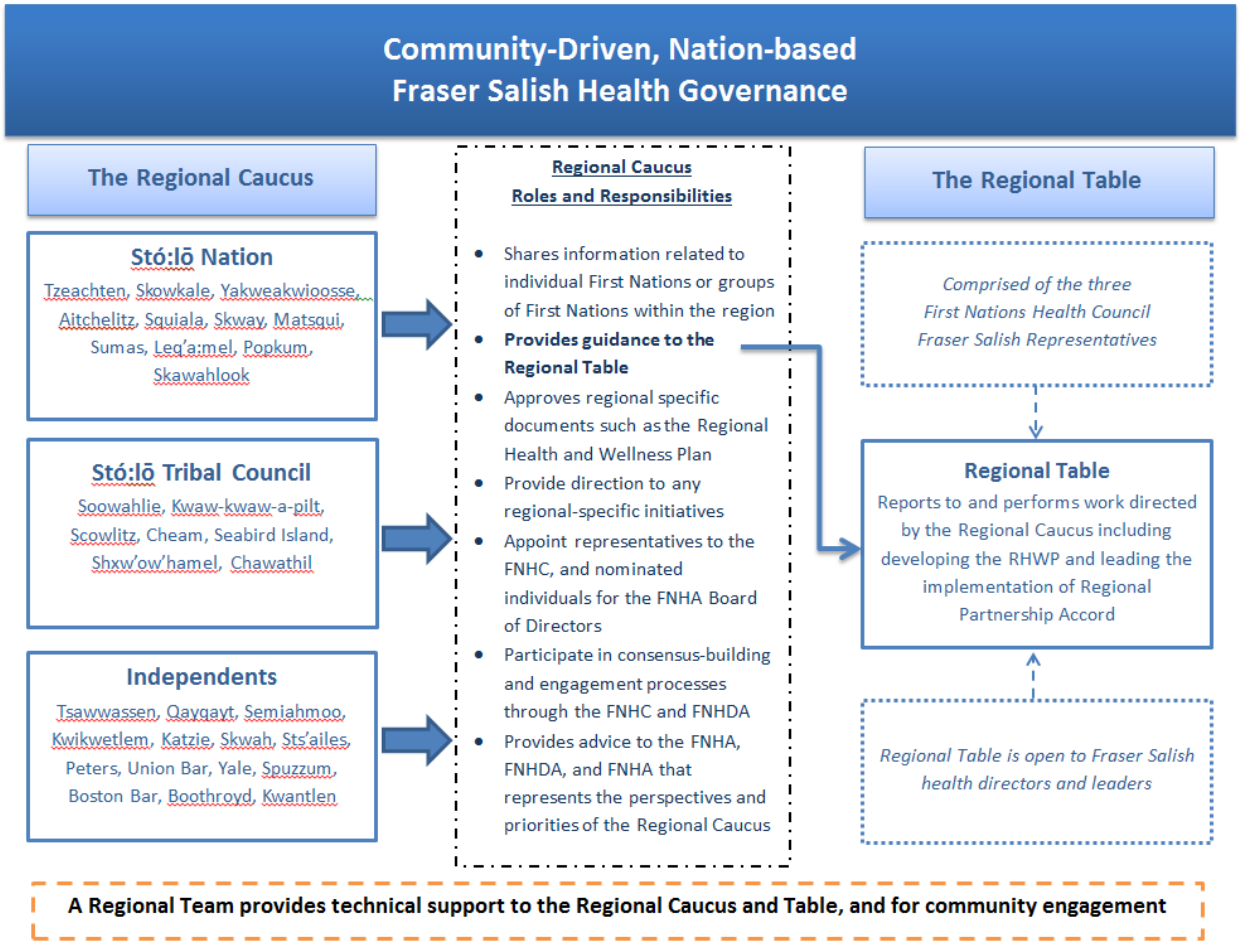


Figure 2. Fraser Salish Health Governance Structure

OUR REGIONAL PARTNERS

While the partnerships between BC First Nations and the provincial and federal governments continue to envision the possibilities and opportunities for health systems improvements at a provincial level, there is also significant meaningful change occurring at the **regional level**.

As per Directive #4 (Foster Meaningful Collaboration and Partnership), First Nations provided instructions to: "Enable relationship-building between First Nations and regional health authorities and the FNHA with the goal of aligning health care with First Nations priorities and community health plans."

In this context, regional partnership accords have opened new opportunities for **regional-level collaboration and coordinated action** toward the delivery of health services in a manner that respects the diversity, cultures, languages, and contributions of First Nations.

A **Document of Intent** between the FNHA and Fraser Health was signed in July 2010 to formalize and strengthen the relationship. Subsequently, the Fraser Salish people and Fraser Health hosted a signing ceremony for the **Fraser Region Health Partnership Accord** in December 2011. The accord makes space for shared decision-making and increased Fraser Salish participation in decisions about health services.

From left to right: Chief Willie Charlie - representative for the independent Fraser Salish communities; Chief Maureen Chapman – representative for Stó:lō Nation Chiefs Council; Dr. Nigel Murray - President & CEO, Fraser Health; Grand Chief Doug Kelly – representative for the Stó:lō Tribal Council and FNHC Chair.

"Fraser Health is committed to working collaboratively with the Fraser Salish Regional Caucus to improve Aboriginal health services delivered within the Fraser region. This partnership will assist First Nations communities in governing their own health initiatives to improve the lives and the health of the people in First Nations communities."

Dr. Nigel Murray, president and CEO of Fraser Health

The **Fraser Salish Regional Table** has been tasked with relationship-building with the FNHA and Fraser Health; this includes developing and implementing agreements and arrangements with the FNHA and Fraser Health.

A key commitment of the Fraser Partnership Accord was to establish an **Aboriginal Health Steering Committee**. The committee serves as a senior and influential forum for partnership, collaboration and joint efforts on First Nation and Aboriginal health priorities, policies, budgets, programs and services in the Fraser region.

The membership includes:

- Fraser Salish People: The three First Nations Health Council representatives
- First Nations Health Authority: Chief Executive Officer; Board of Directors Chairperson; the Vice President of Policy, Planning and Strategic Services; and Senior Medical Health Officer
- Fraser Health: Chief Executive Officer; a Board of Director representative; the Vice President of Clinical Operations; and, Chief Medical Health Officer

The partnerships created from working collaboratively will result in greater accomplishments than each group working on its own could ever hope to achieve. It strengthens our relationships, and will help align health care priorities and plans.

ABOUT FRASER HEALTH

VISION: Better Health, Best in Health Care.

MISSION: To enhance the health of its residents which is influenced heavily by the broader determinants of health including economic, social, and environmental forces.

VALUES: Respect, Caring and Trust.

Fraser Salish people receive the vast majority of primary and public health services provided by the Fraser Health Authority. Fraser Health organizes and operates a 'system for health' and delivers **prevention**, **hospital**, **residential**, **community-based** and **primary health care services**. The Fraser health system consists of organizations, people and actions whose primary goal is to improve the health and quality of life of the people they serve.

ABOUT THE FIRST NATIONS HEALTH AUTHORITY

VISION: Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities.

MISSION: The FNHA supports BC First Nations individuals, families and communities to achieve and enjoy the highest level of health and wellness by: working with them on their health and wellness journeys; honouring traditions and cultures; and championing First Nations health and wellness within the FNHA organization and with all of our partners.

VALUES: Respect, Discipline, Relationships, Culture, Excellence, and Fairness.

The FNHA is the first province-wide health authority of its kind in Canada. In 2013, the FNHA assumed the programs, services, and responsibilities formerly handled by Health Canada's First Nations Inuit Health Branch – Pacific Region. The FNHA plans, designs, manages, and funds the delivery of First Nations health programs and services in BC. Beyond its work to design and deliver First Nations health programs and services, the FNHA has a significant mandate to collaborate, coordinate, leverage, and integrate with key provincial partners (including the Ministry of Health and Regional Health Authorities) to achieve better health outcomes for BC First Nations.

First Nations Health Authority
Health through wellness

OUR PLAN

An important plant resource to us - as Fraser Salish people - is the cedar tree. We use the tree for constructing our homes, masks, tools, drums, canoes, fishing gear, and baskets.

We compare our Plan to parts that make up a cedar basket – **Pillars**, **Common Threads**, and the **Base** (Figure 3).

1. The **Pillars** - are the core priorities for our region.
2. The **Common Threads** are the cross-cutting themes that are "woven" across all Pillars.
3. The **Base** of our basket is the foundation for continuous quality improvement and learning – planning and evaluation based on quality information and data.

Inside our basket we place the essential approaches needed to help guide our journey.

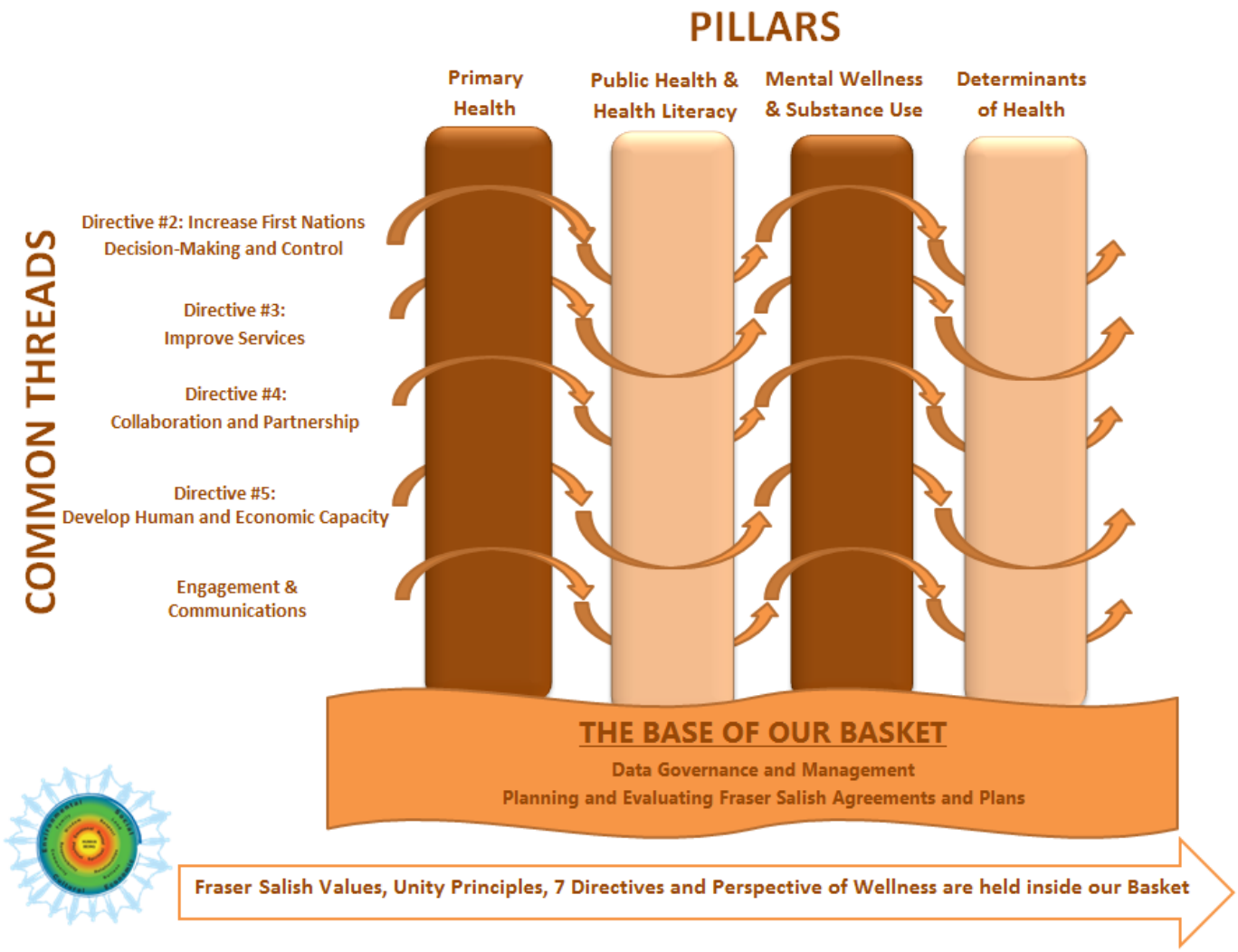


Figure 3. Fraser Salish Regional Health and Wellness Plan

INSIDE OUR BASKET

Inside our basket we place the essentials we need for our journey ahead, including our Vision, our Unity, the 7 Directives and the First Nations Perspective on Wellness.

VISION

Collective efforts as BC First Nations are united and guided by a vision of:

Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities

The collective vision of the Fraser Partnership Accord (December 2011) signatories is:

Blending the best of two worlds in health – modern medicine and ancestral teachings and ways

FRASER SALISH UNITY DECLARATION

"All Fraser Salish People are of One Heart, One Mind, and One Spirit. Being strong and balanced, our laws and teachings are for everything and everyone. Everything is sacred to us."

"takmAywuhkt tash bAya. A shwuhAwqukt bAya. a shptEEnoushmkt alh bAya. A Tloo.shKa-wlhkt zo-woa zO-woat alh Tsee TsEEyakt a shchoonA-mkt alh ta hhEEymoot TseeTsEEya na takm a shchoowkt Alh takm a shAytknmahh a shchoowEEyhhsh na-m ash quAmquEmtsh a Takm a shta. tOOwa nmeemlh."

"U SȻÁ, ŁTE, Ȼs NEꞮOMET ŚḰÁLEȻENs. XAXE TŦE SḰÁLS ŁTE I,Ȼs ŚW̲ ,NIŁs ȻO TŦE MEQ STÁN̲."

"Mekw wat te melstiyexw i'lh sto:lo lets'e th'a:le, lets'e elet, lets'e shxweli Kw'emkw'em mestiyexw qas te elay malsteyexw Te syoyes tset kw th'e s'i:wes Mekw' stam we xaxe talhlimelh."

"mək'ʷwet tə məlsɬéyəxʷ ʔə stawənəaʔ ele nəaʔəlct nəaʔ əmʔe:nwəs ʷaləʷə məstəyəxʷ ʔiʔ ʔeləy məlstéyəxʷ tə syə́θəs ct kʷθə syəeəɬ niʔ məʷ stem ʔiʔ məʷwet məʷ stem wə χeʔχeʔ tə ɬniməɬ."

That we will:

a. Have a shared vision, and desired outcomes
b. Focus on issues that need to be resolved and not on individual negotiators or the Nations they represent
c. Be accommodating and responsive to one another, particularly in implementing shared commitments and will manage conflict quickly and internally
d. Address needs collectively for the benefit of everyone regardless of where they live in our territories or their status
e. Have frank, honest, and respectful dialogue with each other and in our relationships
f. Be committed to an enduring yet evolving shared learning journey, including being open to innovation and helping develop one another's skills
g. Honor and include our celebrations and ceremonies as an integral part of our work together

h. Ensure that partnerships are defined by each Nation where each Nation chooses – however where the collective enters into a partnership, a consensus decision-making model shall be used
i. Make sure agreements are negotiated and ratified by each Nation through their appropriate representatives
j. Advocate so that the Federal fiduciary obligation to us as First Nations be strengthened and not eroded
k. Ensure services will be negotiated and provided to all of our people regardless of where they live within our territories
l. As the Nations responsible within our territories to uphold our ancestral teachings and cultural traditions, we will care for other First Nations and Aboriginal peoples when they live within or visit our territories
m. As the Nations responsible within our territories, we will work with non-First Nations peoples, partners and organizations to enhance our economic, cultural and social contribution to the wider society of the Fraser Salish region, British Columbia and Canada as a whole
n. Ensure that no Nation shall inherit or acquire liabilities from the actions of other Nations or parties
o. Recognize that the speed at which development occurs shall be defined by each Nation and we will support Nations to move forward where they have the desire or agreement to do so
p. Acknowledge that the responsibility for decision-making, information-sharing and authority to govern rests with each Nation
q. Support newly elected Chiefs and Councils by providing them with an orientation in order that they can fully participate in the Caucus
r. Produce documents that are clear and understandable so that they can be widely shared to create greater understanding of issues. We will not with-hold important facts and information from our people

7 DIRECTIVES

First Nations of BC also agreed-upon **7 Directives** that outline fundamental standards and instructions for the new health governance relationship:

- **Directive 1**: Community-Driven, Nation-Based
- **Directive 2**: Increase First Nations Decision-Making and Control
- **Directive 3**: Improve Services
- **Directive 4**: Foster Meaningful Collaboration and Partnership
- **Directive 5**: Develop Human and Economic Capacity
- **Directive 6**: Be without Prejudice to First Nations Interests
- **Directive 7**: Function at a High Operational Standard

For the purposes of this plan, Directives 1 and 7 are the two hands that weave the basket. They are the approaches to be taken to all efforts and initiatives while the Directives in between are the common threads that wrap around the pillars.

Wellness is our philosophy – it is holistic and includes living well through a balanced lifestyle and the harmonious relationship with the land and its many resources. Our Plan builds on this holistic approach, recognizing that this type of approach is fundamental to successfully achieving improved health and wellness outcomes for our people.

We achieve health and wellness by nurturing ourselves as an individual wherever we may live, learn, work and play. The First Nations Perspective on Wellness is a holistic health and wellness approach that provides a guide for health and wellness planning and program and service delivery throughout BC. This model (Figure 4) visually describes **Wellness** and creates a shared understanding in its meaning.

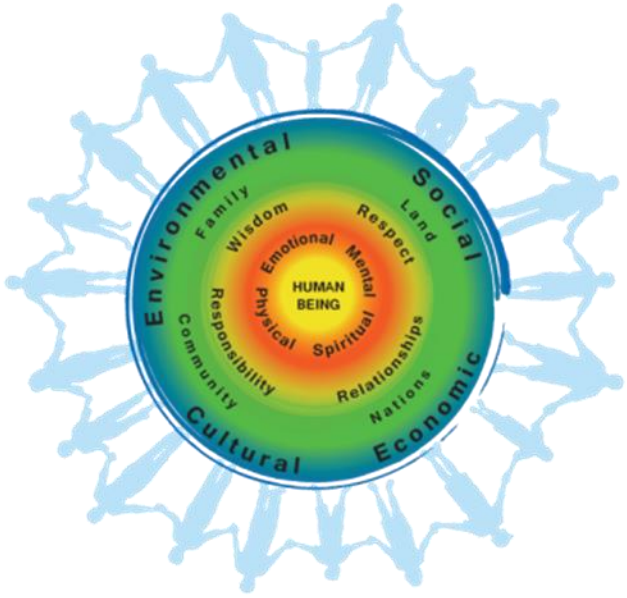


Figure 4. First Nations Perspectives on Wellness

- *First Circle*: Wellness belongs to every human being – and each person's reflection of wellness will be unique.
- *Second Circle*: Wellness is balanced and nurtured together to create a holistic level of well-being.
- *Third Circle*: Overarching values that support and uphold wellness: Respect, Wisdom, Responsibility, and Relationships.
- *Fourth Circle*: Depicts the people that surround us and the place(s) where we come from: Nations, Family, Community, and Land, which are critical components of our healthy experience as human beings.
- *Fifth Circle*: Social, Cultural, Economic and Environmental elements in our lives are determinants of our health and well-being.

The people drawn on the outer circle represent the vision of strong children, families, Elders, and people in communities. The people are holding hands to demonstrate togetherness, respect and relationships, which in the words of a respected BC Elder can be stated as "one heart, one mind."

For more information about the model, please visit www.fnha.ca.

PRIMARY HEALTH CARE

Primary health care refers to health care that is provided at the first point of contact between a patient and the health care system. It includes a **wider range of health professionals** and services than *primary care*. In addition to physician and nursing services, we include the following as *primary health care* services: Elder care; disease and injury prevention; basic emergency services; primary mental health care; palliative and end-of-life care; health promotion; healthy child development; primary maternity care; rehabilitation services; [1] psychosocial services; nutrition counseling[2], and home and community care.

GOAL

Ensure a person-centered experience of care through holistic, integrated, coordinated, quality and accessible – and that our diversity and culture are respected.

OBJECTIVES

1. Identify investment opportunities that will improve primary health care services (i.e. innovative models; enhanced access, referrals, discharge planning and integration between primary care, physicians, nurses, dental care/oral health and any other program/services).
2. Support an understanding of the importance of primary health care and opportunities for attachment to primary health care providers.
3. Improve oral health by developing a plan and/or initiatives for "Healthy Smiles for Life – BC's First Nations and Aboriginal Oral Health Strategy."
4. Improve services for continuous maternal, child and family care to support women and their families before, during and after birth through universal and targeted screening, perinatal health programs, pediatric care, dental health, and maternity care planning. This will include developing a regional plan and/or initiatives for the "First Nations and Aboriginal Maternal Child and Family Health Strategic Approach" and "Primary Maternity Care: Moving Forward Together" guiding documents.

[1] Health Canada. 2012. Health care system: About primary health care. http://www.hc-sc.gc.ca/hcs-sss/prim/about-apropos-eng.php

[2] Canadian Institute for Health Information. 2013. Primary health care. http://www.cihi.ca/CIHI-ext-portal/internet/EN/TabbedContent/types+of+care/primary+health/cihi006583

Public Health focuses on the promotion, maintenance and protection of health and wellness through individual, family, community and regional actions. When we nurture our health and wellness we live longer and more self-determining lives.

In Canada **health literacy** is defined as "the ability to **access, comprehend, evaluate and communicate** information as a way to promote, maintain and improve health in a variety of settings across the life-course."[3] The Public Health Agency of Canada reports that 60% of adults and 88% of seniors in Canada are not health literate.[3]

In 2011, the Fraser Salish started a conversation on health literacy and identified this as priority. Leaders had suggested that promoting individual responsibility could be achieved by focusing on our young people and community leaders as role models.

GOAL

Promote and protect personal and population health and wellness through individual, family, community and regional action that is grounded in wellness approaches throughout the lifespan.

OBJECTIVES

1. Develop a health literacy strategy including providing tools and supports for each Fraser Salish citizen to have an individual health and wellness plan.
2. Prevent and reduce illness and disease through public health measures and initiatives such as immunizations, community health promotion and prevention, harm reduction and treatment (e.g. Cancer, Diabetes, HIV/AIDS)
3. Work with the FNHA and other partners on opportunities and initiatives to increase food literacy and security.
4. Improve community and family capacity and coping skills to assist those with acute, chronic, palliative or rehabilitative health care needs to improve health and quality of life so that they may remain at home for as long as possible.

[3] Public Health Agency of Canada. 2011. About Health Literacy. http://www.phac-aspc.gc.ca/cd-mc/hl-ls/index-eng.php

A Fraser Salish Mental Wellness and Substance Use Regional Forum was held in September 2013. The Fraser Salish First Nations provided advice and guidance on mental wellness and substance use matters. Based on this community engagement process, a report was produced which included options and recommendations to help inform the development of a Regional Annual Implementation Plan. Moving forward, we will build upon this promising work with key partners in the Fraser Salish region.

GOAL

Promote and support mental wellness and prevent substance use harms in settings such as communities, schools, workplaces and care facilities through partnerships and evidence-based action.

OBJECTIVE

1. **Develop a Fraser Salish Mental Wellness and Substance Use Plan which focuses on: Holistic Wellness; Community Care; Integrated Care; and Specialized Care.**
2. Promote individual, family, and community healing initiatives that address issues of violence.
3. Protect our children and youth from the impacts of adult/parent substance use.

The Vision is "Healthy, Self-determining and Vibrant BC First Nations Children, Families and Communities."

Everyone should have the opportunity to make choices that allow them to live a long, healthy life. Our health and wellness is largely influenced by – but not limited to – culture, language, housing, early childhood development, child and family welfare, education, employment, justice, being home/away from home, food security, and land stewardship. These aspects of our lives are often managed by government sectors other than the health sector.

First Nations, federal and provincial government objectives are best achieved when all sectors include health and wellness as a key component of policy development. We need to ensure that polices across sectors thoroughly take into account our health and the health systems implications of their decisions. This requires that we work in partnership with other sectors to govern more collaboratively to ensure that health is considered in the development of legislation, standards, major strategies, programs and decisions.

Fraser Salish leadership have turned attention to children and youth. The report "*When Talk Trumped Service: A Decade of Lost Opportunity for Aboriginal Children and Youth in B.C.*"[4] has triggered a strong rallying point for Fraser Salish leadership to take action to protect the health and wellness of our children and youth – in particular those at-risk.

OVERALL GOAL

Address social determinants of health priorities between all sectors to advance better health outcomes through unified leadership at political, strategic and implementation levels, including Child and Family Services, Housing, Environment, and Work, Health and Employment.

CHILDREN AND FAMILY SERVICES

GOAL: Improve children and family services for all First Nations families regardless where they live

OBJECTIVES

1. Fraser Salish First Nations will undertake a collaborative approach to strengthen governance for child and family services in the region, including by working with existing organizations such as the Fraser Valley Aboriginal Child and Family Services Society and others with similar mandates.
2. Advocate for a federal funding policy that meets the interests of Fraser Salish First Nations family interests.
3. Collaborate with the Ministry of Children and Family Development to implement recommendations made by the BC Representative for Children and Youth.

[4] BC Representative for Children and Youth (RCY) Mary Ellen Turpel-Lafond. November 2013. Available from http://www.rcybc.ca/Images/PDFs/Reports/RCY_AboriginalServices2013.pdf

HOUSING

GOAL: Housing safety, sustainability and affordability

OBJECTIVE

1. Host a forum for Chiefs, health directors, housing managers, housing organizations and other relevant partners to begin looking at housing issues, and various models and strategies for housing priorities in the region.

ENVIRONMENT

GOAL: Healthy Land, Healthy Fraser Salish People

OBJECTIVE

1. Host a forum to discuss the impacts of industrial development on Fraser Salish health, environment, community, traditional foods, medicines and food security.

EMPLOYMENT, HEALTH AND FOOD CULTURE

GOAL: Work together to blend the best of both tradition and modern way to manage our lands and resources as healthy, happy and self-sufficient Fraser Salish People

OBJECTIVE

1. Draw upon our Fraser Salish champions including our Elders and entrepreneurs to seek innovative economic strategies, models and approaches for sustainable land and food systems, and foster a culture of trade to promote food/nutrition security and Fraser Salish people becoming members of the workforce and economy.

DIRECTIVE #2: INCREASE FRASER SALISH DECISION-MAKING AND CONTROL

Governance refers to the authority to make decisions and the processes by which those decisions are made. Since 2005, First Nations have been involved in a historic process of health governance and systems transformation. This has included the development of governance standards, structure, and process. This is in accordance with Directive #2 - "Increase First Nations influence in health program and service philosophy, design and delivery at the local, regional, provincial, national and international levels."

GOAL

To ensure regional decision-making processes and developments are clearly communicated and understood (i.e. Citizens, Health Directors, Chiefs, Regional Caucuses, Regional Tables, First Nations Health Directors Association, First Nations Health Council, First Nations Health Authority, Tripartite Partners).

OBJECTIVES:

1. Sign the Fraser Salish First Nations Unity Health Declaration.
2. Continue to develop regional governance structures and processes including:
   a. The Regional Table composition, processes, reporting obligations, support and interface approach with the FNHA.
   b. A dispute resolution process, a conflict of interest policy, and confidentiality oath.
3. The Fraser Salish Regional Caucus will continue to provide leadership, wisdom and guidance on regional health and wellness priorities by:
   a. Undertaking discussions and potentially decision-making on issues along a spectrum, from local to provincial levels:

      i. *Provide support locally:* Regional Caucus members share information on the initiatives or issues of individual First Nations or groups of First Nations within the region. The Regional Caucus may call upon some of its members, or its FNHC representatives to provide support and advocacy on local issues.

      ii. *Provide direction regionally:* Collectively, the Regional Caucus has responsibility to provide direction and guidance to key responsibilities and accountabilities of the region. This includes:

         - Providing guidance to the Regional Table;
         - Providing guidance to the implementation of the Partnership Accord with the Regional Health Authority;
         - Approving regional-specific documents such as the Regional Health & Wellness Plan;

- Developing and approving regional-specific governance processes and documents, such as Terms of Reference so that they are reflective of the Regional Health and Wellness Plan; and,
- Providing direction for any regional-specific initiatives (e.g. Regional Offices).

iii. *Provide influence provincially:* Regional Caucuses influence the work undertaken at the provincial level in a number of ways. Each region appoints three representatives to the FNHC, and nominates individuals for the FNHA Board of Directors. Regional Caucuses are the main forum through which consensus is developed amongst all BC First Nations, in advance of decisions made at Gathering Wisdom – such as by participating in consensus-building and engagement processes through the Engagement and Approvals Pathway. Regional Caucuses may also provide advice to the FNHC, FNHDA, and FNHA that represents the perspectives and priorities of the Regional Caucus.

DIRECTIVE #3: IMPROVE SERVICES

While the heading 'Improve Services' is broad and is the subject of much of this Plan, this specific section focuses on the role of traditional, cultural, and holistic approaches to improve health services.

GOAL

Integrate and ensure a holistic approach to health and wellness in current and future health services available to all First Nations (including access to traditional medicines where requested).

OBJECTIVES

1. Incorporate the First Nations Perspective on Wellness into all pillars promoting health and wellness throughout the life cycle – infants, children, youth, mothers, fathers, families, adults and Elders.
2. Strengthen the role of traditional healers and medicines across the pillars.
3. Contribute to the provincial conversation on "Transformation" of the existing federal programs and services to help guide province-wide effort by the FNHA to upgrade and reorient them to meet the needs and philosophies of a wellness system.
4. Build upon existing work and implement an inventory of available First Nations health service and programs in the Fraser Salish region (asset/service mapping).

In recent years, a number of milestones have demonstrated the value of partnership and collaboration - such as the growing relationship with the FNHA and Fraser Health through the Fraser Partnership Accord (2011). There are many opportunities to strengthen partnerships and increase collaborative action to improve Fraser Salish First Nations health and wellness. The Fraser Salish know that to achieve the vision of becoming among the healthiest in the world, it depends on taking action together.

GOAL

To work together with a variety of partners and collaborators, each of whom plays a critical role in supporting Fraser Salish health and well-being.

OBJECTIVES

1. **Address current silo and illness-based funding arrangements for health and wellness programs, services and activities by considering the concept of pooling funding as an investment approach.**
2. Continue to work with the FNHA and FH to implement commitments outlined in the Fraser Partnership Accord.
3. Develop a regional urban strategy.
4. Implement a collaboration framework that sets out criteria and processes for collaboration and identify potential partners that will support the implementation of the Pillars outlined in this plan.

First Nations of BC provided clear instruction to Develop Human and Economic Capacity, including:

- Develop current and future health professionals at all levels through a variety of education and training methods and opportunities.

We are aiming to continue to increase our capacity to directly deliver health services to our people and communities including preparing for post-secondary education, training in cultural competency/safety, and offering mentorship programs and skills training.

GOAL

To provide opportunities for Fraser Salish First Nations in health careers and employ a locally representative workforce with the right skills and mix that meet regional needs.

RECRUITMENT AND RETENTION STRATEGY OBJECTIVES

1. Conduct asset mapping to inform the Fraser Salish workforce recruitment and retention strategy.
2. Give preference to and support First Nations and Aboriginal clinicians and workers to deliver services to First Nations and Aboriginal clients.
3. In alignment with provincial-level efforts in health human resources, work with the FNHA to develop partnerships amongst Fraser Salish First Nations communities and employers with schools, institutions, and related organizations to create opportunities for mentorship, education and training for health careers, and address systemic barriers in attaining higher education.

CULTURAL COMPETENCY & SAFETY OBJECTIVES

1. Develop a Fraser Salish First Nations Cultural Competency Framework.
2. Continue to engage and contribute to the province-wide discussion on the development of a Charter of Rights for First Nations Health.
3. Enhance cultural competency training by developing other opportunities to deepen cultural safety skills through relationship-building with local communities and schools.

ENGAGEMENT AND COMMUNICATIONS

There is a robust and dynamic community engagement network in the Fraser Salish region to support both political and health service conversations, and specifically to support ongoing planning and implementation of plans. The leadership has recognized the need for this network to evolve in order to keep pace with the emerging governance and partnership structure in the regions and the evolving role of the FNHA as a service delivery organization.

At *Gathering Wisdom for a Shared Journey V* (2012), BC First Nations Chiefs and leaders provided direction to establish **regional offices** (now referred to as **regional teams and supports**) in order to support the regional work. The work to establish regional capacity and to align engagement staff and activities in our region is moving forward. Based on the 2012 Consensus Paper: Navigating the Currents of Change, regional functions include:

- Implementing Partnership Accords with the Regional Health Authorities.
- Facilitating delivery and transformation of service and program delivery at the regional level.
- Supporting/ coordinating regional conversations at the political (FNHC), service (FNHA) and technical/professional development (FNHDA) level.
- Coordinating regional community engagement, outreach and communications.
- Providing technical support for regional and community health and wellness planning.

In coordination with, and supported by FNHA central services, evolving regional teams will support regional engagement, communication, collaboration and planning efforts. They are anticipated to serve as a main point of contact for sharing and collecting information within the region and to partner and coordinate their efforts with Fraser Health to streamline and integrate community engagement and communication efforts.

GOAL

To organize and evolving engagement and communication networks and processes, and enhance communication and engagement effectively on regional health and wellness issues, including the priority areas identified in this plan.

OBJECTIVES

1. The community engagement network will be deployed to communicate and engage with respect to this Plan and future plans.
2. Complete an inventory of partners' engagement and communication strategies and explore opportunities and/or evaluate joint efforts in community engagement and communications to establish clarity, understanding and consistency.
3. The Regional Table will continue to engage with the FNHA and others about the regional teams and regional offices.

DATA GOVERNANCE AND MANAGEMENT

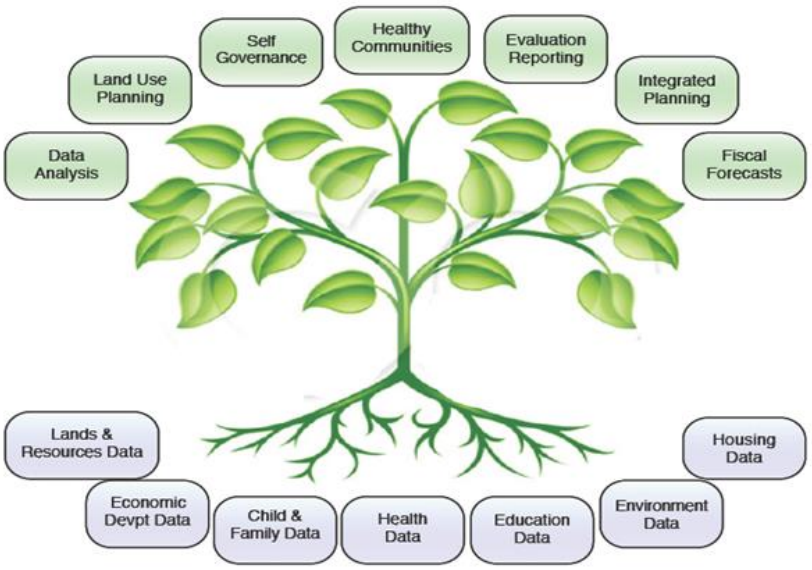
Overall, access to timely, trusted and quality data and information will support everyone to make informed and strategic decisions about investments in First Nations well-being that will produce real outcomes. To achieve this, we require sufficient technical resources, capacity and systems to generate, manage and interpret health data.

GOAL

To generate, share, and promote strategic use of relevant, reliable and timely information on Fraser Salish First Nations health status, health determinants and health systems performance.

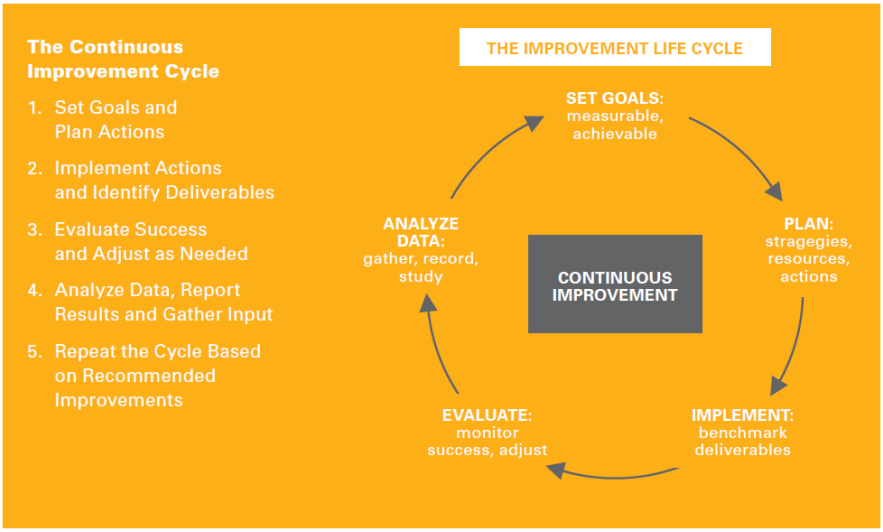
OBJECTIVES

1. Support the FNHA and Fraser Health in their review of opportunities for information management and systems including: Identity Management; Ambulatory and community electronic medical records; information exchange and integration; information sharing agreements; BC health enterprise architecture program clinical information exchange and telehealth.
2. Continue to engage and contribute to the province-wide discussion on data governance as a building block for transformation, including the concepts of: Ownership, Control, Access and Possession (OCAP) principles; Data Service and Support Centre; and Research Ethics Board.
3. Work with the FNHA and FH to initiate and develop a research agenda that resonates with the Fraser Salish First Nations.
4. The Fraser Salish First Nations will describe *Wellness Outcomes* that will help with the establishment of overall BC First Nations wellness indicators.



Planning and evaluation are essential steps in an "improvement life cycle" that encompasses Planning, Implementation, Evaluation (including monitoring) and Analysis (including reporting). This cycle sets the stage for continuous improvement of services and governance —we continually learn and apply that learning in the next phase of planning.

For that reason, planning and evaluation are important steps for this Plan. The results of the evaluation process will be reported back to our region, communities and partners and inform the next RHWP. Overall, we will track our progress, measure success and illustrate the impact of our Plan.



A number of evaluation processes exists within a broader health system, including those set out in the *Transformative Change Accord: First Nations Health Plan* (i.e. Performance Indicators) and the *Framework Agreement* (i.e. Tripartite Evaluation) and in our *Fraser Partnership Accord* (2011). First Nations in the Fraser Salish region do not want to be overburdened with various evaluation efforts. A clear evaluation strategy will help to continually improve efforts and approaches as a region. An evaluation process that meets the needs of the Fraser Salish region and its partners will be developed by the region for the next cycle of RHWPs.

GOAL:

To demonstrate that the Fraser Salish Regional Health and Wellness Plan has resulted in improvements for our people.

OBJECTIVE:

1. The Aboriginal Health Steering Committee will examine all of the various evaluation indicators, processes, and commitments outlined in the Partnership Accord, and develop a strategic approach to evaluate the region's work that will contribute to evaluation efforts at a population health and provincial level.

NEXT STEPS

The Fraser Salish Regional Health and Wellness Plan is our first health and wellness planning exercise and is an important milestone for our people. Overtime, our regional health and wellness plans will also be informed by community health plans and individual health and wellness plans.

Our plan will provide an agreed-upon focal point so that we can continue the dialogue and planning through a regular process of priority-setting through community engagement.

To promote regional-level decision-making, the FNHA will provide a regional funding envelope to help support the implementation of the objectives we have outlined in the plan. This will require our region to make investment decisions in our key priority areas identified in this Plan and our Fraser Regional Partnership Accord. Health planning and decision-making is being brought closer to home.

Once formally approved, the Fraser Salish Regional Table will engage with the FNHA and FH to plan for next steps – including developing implementation plans for each of the priority areas.

APPENDIX 1 - BACKGROUND

Everyone should have the opportunity to make the choices that allow them to live a long, healthy and happy life regardless of who they are. BC First Nations, the Province of BC, and the Government of Canada all determined that BC First Nations did not have the same opportunities to be healthy as other British Columbians had. The *Transformative Change Accord (2005)* was the starting point of a shared journey to improve the quality of life of First Nations people.

In health, significant progress has been made through a series of health plans and agreements:

- Transformative Change Accord: First Nations Health Plan (2006)
- First Nations Health Plan Memorandum of Understanding (2006)
- Tripartite First Nations Health Plan (2007)
- BC Tripartite Framework Agreement on First Nations Health Governance (2011)
- Health Partnership Accord (2012)

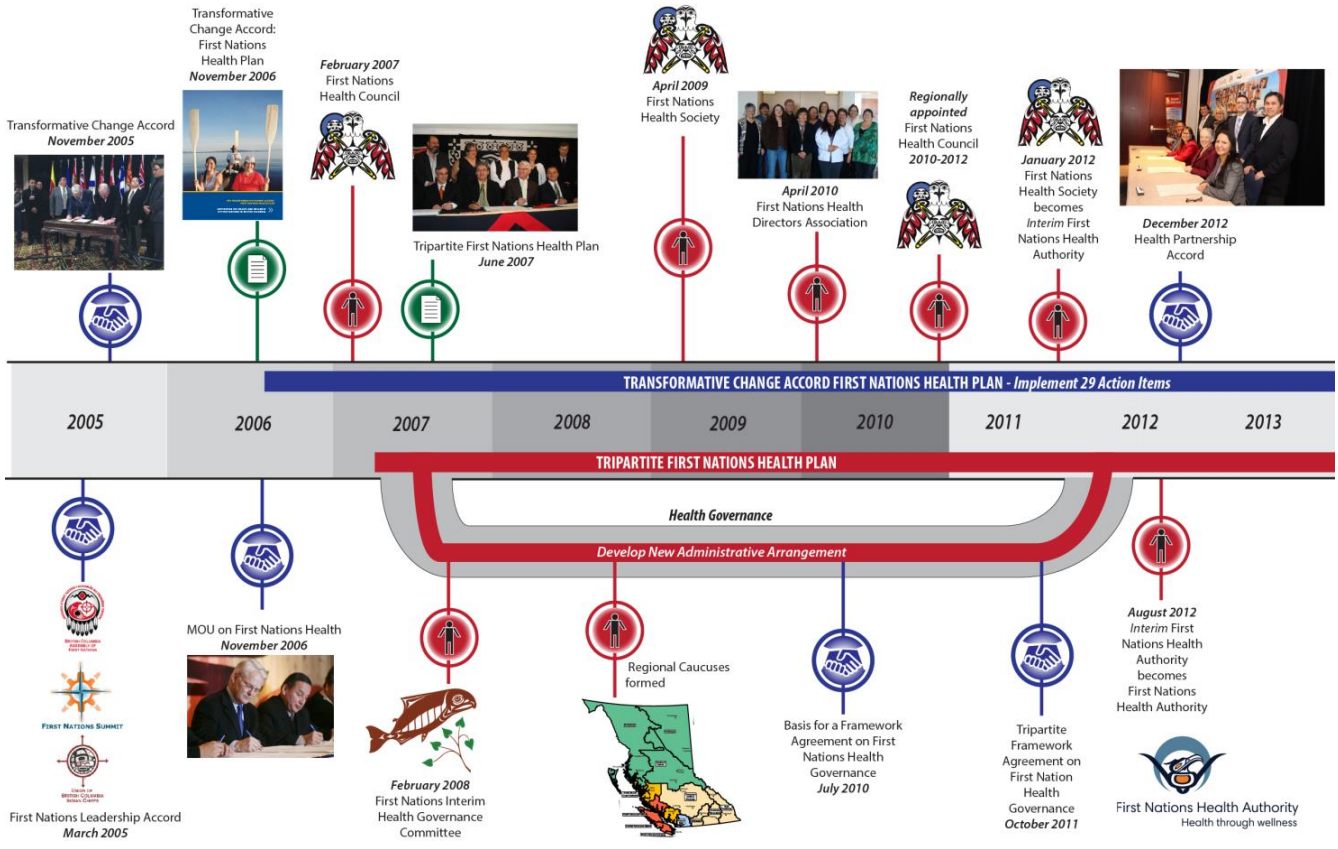


Figure 5. Landmark Events in First Nations Health in BC

The *Transformative Change Accord: First Nations Health Plan* (TCA: FNHP; 2006) was signed by the First Nations Leadership Council[5] and the Province of BC. The 10-year plan includes 29 action items in four areas:

1. Governance, Relationships and Accountability
2. Health Promotion/Disease and Injury Prevention
3. Health Services, and
4. Performance Tracking.

Then, a tripartite relationship formed with the *Tripartite First Nations Health Plan* (2007) which built on the commitments in the TCA: FNHP.

In unity, BC First Nations Chiefs in Assembly at Gathering Wisdom for a Shared Journey IV (2011) endorsed the Framework Agreement by voting for greater control by BC First Nations over their own health care - a key milestone in the 10-year Tripartite First Nations Health Plan.

They asked the FNHC to direct FNHA to sign the *BC Tripartite Framework Agreement on First Nations Health Governance* on October 13, 2011. This was a historic moment in time. It paved the way for the federal government to transfer the planning, design, management and delivery of health programs and services to a new FNHA.

Figure 6. Fraser Salish Elder Virginia Peters blanketing the Honorable Leona Agluukaq to prepare her for the signing of the Framework Agreement.

Our FNHA was established October 1, 2013.

With new agreements and plans came an opportunity to transform health governance. BC First Nations have, through engagement and consensus-building processes, collectively established the new **First Nations health governance structure**. The new structure has led to new and innovative health partnerships at the local, regional, provincial, and federal levels. Decision-making has been brought closer to home – First Nations are now recognized as key decision-makers and are more involved than ever. The health governance structure includes:

- First Nations Health Authority (FNHA)
- First Nations Health Council (FNHC)
- First Nations Health Directors Association (FNHDA)

[5] First Nations Leadership Council – Collective body of First Nations organizations in BC (BC Assembly of First Nations, First Nations Summit, and Union of BC Indian Chiefs) who came together to push for improvements to policies and programs, and a new relationship with BC, and later with Canada.

The structure builds from the ground-up and includes a strong regional emphasis, recognizing the value of making decisions at the appropriate levels (e.g., community decisions made in communities, regional decisions made in the region). Through Regional Health Caucuses such as our Fraser Salish Regional Caucus (*see Governance Structure and Function, page 6)* and other innovative community engagement initiatives *(see Engagement and Communications, page 24)*, BC First Nations have guided the direction of the new First Nations Health Governance Structure and the historic transfer of Health Canada's First Nations Inuit Health Branch (BC Region) to the FNHA.

APPENDIX 2 – REGIONAL PROFILE

The following information is a shorter version of the Fraser Salish Regional Profile. The full version also includes health status data and information. To request a copy, please contact the Fraser Salish Regional Director or Regional Health Liaison.

DEMOGRAPHICS

Population Data Sources

Census: The mandatory long-form Census (2006) contained a field in which Aboriginal peoples could choose to self-identify as First Nations (status or non-status), Metis or Inuit[6]. However, some First Nations reserve communities did not participate in enumeration. The mandatory long-form Census was cancelled and replaced in the 2011 Census with the non-mandatory National Household Survey (NHS)[7].Since participation in NHS is voluntary, Aboriginal data from the NHS are less representative than those from the long-form Census. Note that at the time of preparing this document, only on/off-reserve population for BC as a whole was available from the 2011 Census. There were no Health Region breakdowns. The on-reserve population estimates from the 2011 Census were not yet broken down by Aboriginal Ancestry group, status/non-status, or Aboriginal, non-Aboriginal. They included on-reserve counts for everyone on reserve, including non-Aboriginal people living on leased land.

AANDC Indian Registry: The AANDC's Indian Registry is the definitive registry for all individuals registered under the Indian Act (Status First Nations). The AANDC population for BC captures all First Nations registered to BC bands and is not a BC Resident population. It excludes BC residents who are members of non-BC Bands. Two major limitations of the Indian Registry as a population data source are late reporting of life events (e.g. births and deaths) and the fact that residency code (e.g. on- and off-reserve) is not consistently updated after initial registration.

GEOGRAPHY

The territorial land base of the Fraser Salish Region, as defined by BC Regional Health Authority boundaries is 15,660 km squared, 1.7% of the total provincial land base. For the purposes of this profile, the administrative geographic boundaries of the Fraser Health Authority (FHA) are used but there are First Nations communities included in the Fraser Salish Region for First Nations health planning purposes that may lie outside these geographic boundaries (see section 1.3).

[6] Statistics Canada. 2006 Census: Aboriginal Peoples in Canada in 2006: Inuit, Métis and First Nations. Available: http://www12.statcan.gc.ca/census-recensement/2006/as-sa/97-558/note-eng.cfm. Accessed: Apr 24, 2013.

[7] Statistics Canada. 2011 Census questionnaire. Available: http://www12.statcan.ca/census-recensement/2011/ref/gazette-eng.cfm. Accessed: Apr 25, 2013.

POPULATION

Table 1 provides estimates of the Status First Nations population living in the Fraser Salish Region using different data sources, including the 2011 Aboriginal Affairs and Northern Development Canada (AANDC)'s Indian Registry, the 2006 Census and the 2011 Census (see Sidebar for more information on these data sources). According to AANDC 2011 data, the population registered to BC First Nations in the Fraser Salish Region is close to 9000, representing 6.7% of the population registered to BC First Nations.

Table 1 Fraser Salish Region Status First Nations Population Estimates, 2006 and 2011

Data Source/Year	On-Reserve	Off-Reserve	Total
Census 2006	4365	11280	15640
AANDC 2011	4641	4285	8926
NHS 2011	4170	14495	18660

Sources: Aboriginal Affairs and Northern Development Canada (AANDC), Census 2006, Statistics Canada, National Household Survey (replaces long form Census), Statistics Canada

FIRST NATIONS COMMUNITIES

The following table illustrates the population estimates and distance to service centre for the 31 communities in the Fraser Salish Region. Figures 1 and 2 below indicate that within Fraser Salish Region, a large proportion of communities have a population of 100-499 people and also the vast majority are within 50 km of a service centre.

Table 2 Population Estimates for Fraser Salish Region First Nation Communities and Distance to Service Centres

		Distance to Service Centre[9]	AANDC Band Affiliation 2011 total	AANDC Band Affiliation 2011 on-reserve	AANDC Band Affiliation 2011 off-reserve	2011 Census on-reserve
1	Aitchelitz	<50 km	41	26	15	15
2	Boothroyd[8]	<50 km	267	93	174	88
3	Boston Bar First Nation[3]	<50 km	246	98	148	73
4	Chawathil	<50 km	550	380	170	295
5	Cheam	<50 km	495	259	236	239
6	Sts'ailes	<50 km	1022	557	465	537
7	Katzie	<50 km	505	307	198	229
8	Kwantlen First Nation	<50 km	220	92	128	68
9	Kwaw-Kwaw-Apilt	<50 km	42	32	10	342
10	Kwikwetlem First Nation	<50 km	74	39	35	44
11	Leq'á:mel First Nation	<50 km	364	128	236	793
12	Matsqui	<50 km	251	116	135	579
13	Peters	<50 km	131	45	86	27
14	Popkum	<50 km	n/a	n/a	n/a	5
15	Qayqayt	n/a	n/a	n/a	n/a	n/a
16	Scowlitz	<50 km	248	106	142	118
17	Seabird Island	<50 km	885	574	311	n/a

[8] Boothroyd, Boston Bar First Nation and Spuzzum all belong to Nlaka'pamux Nation which has communities in both Fraser and Interior Regions.

		Distance to Service Centre[9]	AANDC Band Affiliation 2011 total	AANDC Band Affiliation 2011 on-reserve	AANDC Band Affiliation 2011 off-reserve	2011 Census on-reserve
18	Semiahmoo	<50 km	85	56	29	108
19	Shxw'ow'hamel First Nation	<50 km	180	100	80	77
20	Shxwhá:y Village	<50 km	358	92	266	98
21	Skawahlook First Nation	<50 km	81	12	69	n/a
22	Skowkale	<50 km	243	177	66	765
23	Skwah	<50 km	488	285	203	236
24	Soowahlie	<50 km	360	179	181	187
25	Spuzzum[3]	<50 km	226	47	179	32
26	Squiala First Nation	<50 km	182	129	53	80
27	Sumas First Nation	<50 km	293	171	122	187
28	Tsawwassen First Nation	<50 km	301	174	127	720
29	Tzeachten	<50 km	451	258	193	1467
30	Union Bar	<50 km	117	10	107	5
31	Yakweakwioose	<50 km	65	32	33	39
32	Yale First Nation	<50 km	155	67	88	94

Sources: Aboriginal Affairs and Northern Development Canada (AANDC) and Census, Statistics Canada

Figure 7 Fraser Salish Region First Nation Communities by Community Size (number, %), 2011 AANDC

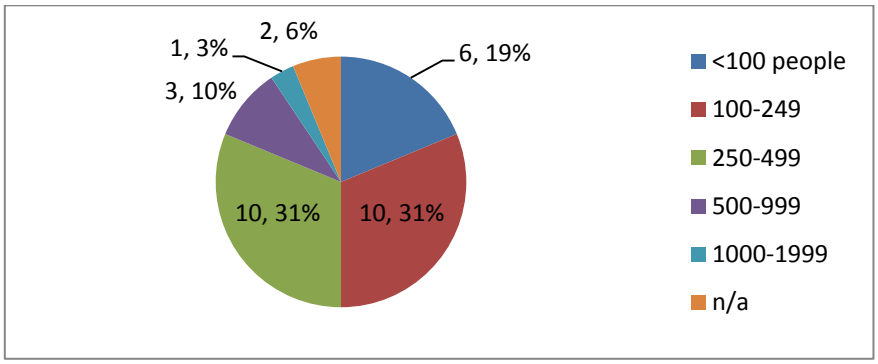
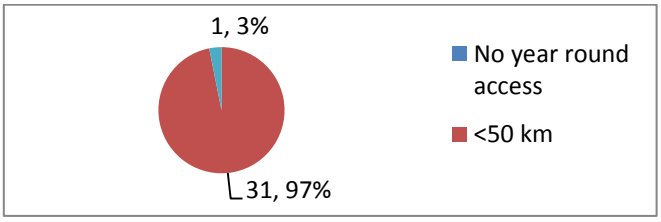


Figure 8 Fraser Salish Region First Nation Communities by Distance to a Service Centre[9], (number, %) 2011 AANDC



[9] Service centre is defined as the nearest community to which a First Nation can refer to gain access to government services, banks and suppliers. The nearest service centre would have the following services available: (a) Suppliers, material and equipment (i.e., for construction, office operation, etc.) (b) A pool of skilled and semi-skilled labour, and (c) At least one financial institution (i.e., bank, trust company, credit union, etc.) In addition, the following services would typically be available: (d) Provincial services (such as health services, community and social services, environmental services, etc.), and (e) Federal services (such as Canada Post, Service Canada, etc.)

Community Engagement Hubs (CeH's) are groups of First Nations communities who agree to plan, collaborate, and communicate to meet their nation's health priorities.

Table 3 Community Engagement Hubs in Fraser Salish Region

Sub-region	Number of Communities	Hubs supporting the sub-region 2013-2014 (*Contribution Holder*)
Sto:lo Nation	11	• Ye mi sqeqó:tel la xwe' lets'emó:t ó Community Hub (Seabird Island First Nation)
Sto:lo Tribal	11	• Sto:lo Nation Hub (Sto:lo Nation)
Independents	10	• Fraser Canyon Hub (Fraser Thompson Indian Services Society) • South Fraser (First Nations Health Authority Direct Contract)
	32	**Number of Communities not formally involved in the Hub process: 2**

Figure 9 Fraser Salish Community Engagement Investment 2013/2014

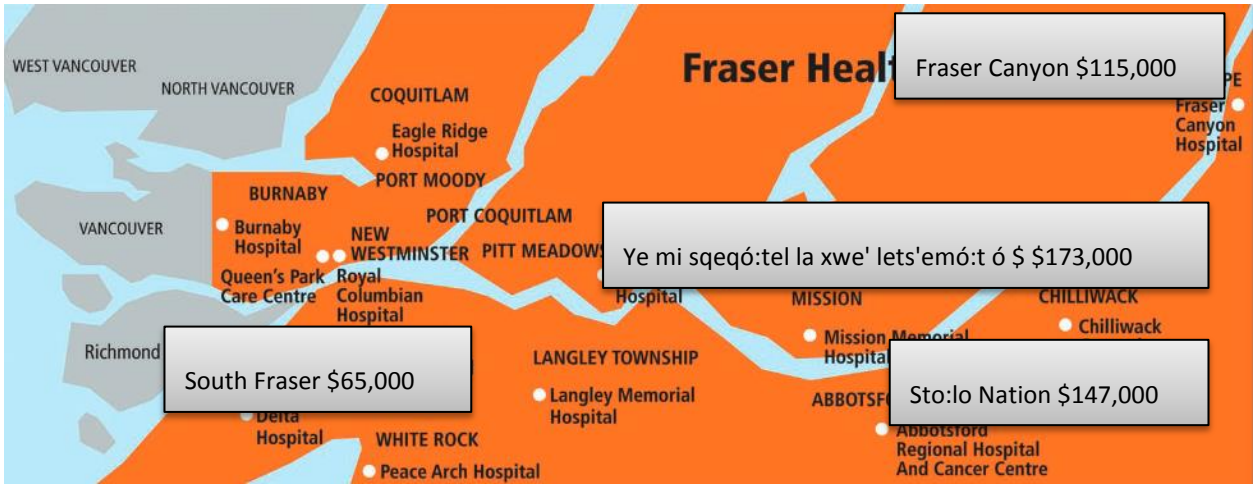
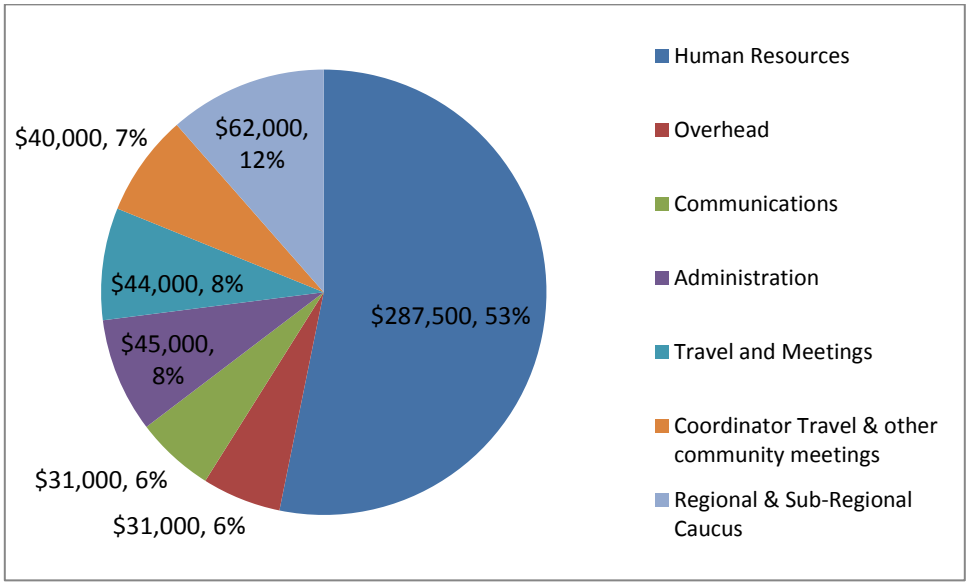


Figure 10 Fraser Salish Region Hub Budget, ($ dollar amount, %), 2012-2013



There are 5.5 FTEs in the Fraser Salish Region Hub with a total budget of $540,500.

TRIBAL COUNCILS

Tribal Councils are defined as institutions established as "a grouping of bands with common interests who voluntarily join together to provide advisory and/or program services to member bands".[10]

Table 4 Tribal Councils in the Fraser Salish Region

Tribal Councils	
Nlaka'pamux Nation Tribal Council	Sto:lo Tribal Council
Sto:lo Nation	Naut'sa Mawt Tribal Council

[10] As defined by Aboriginal Affairs and Northern Development Canada's website: http://www.aadnc-aandc.gc.ca/eng/1100100013812/1100100013813 accessed on: June 27, 2013

UMBRELLA HEALTH ORGANIZATIONS

Umbrella health organizations can be defined as an organization that coordinates the activities of a number of member organisations and hence promotes a common purpose. The organizations in the following table receive funding from the First Nations and Inuit Health BC Region.

Table 5 Umbrella Health Organizations in the Fraser Salish Region

Umbrella Health Organizations	Communities Covered in Umbrella Health Organization	
Sto:lo Nation Health Services	Aitchelitz	Skowkale
	Leq'á:mel	Shxwhà:y Village
	Matsqui	Sumas
	Popkum	Tzeachten
	Skawahlook	Yakweakwioose
Seabird Island Health Services	Seabird Island	Shxw'ow'hamel
	Scowlitz	Chawathil
	Squiala	Cheam
	Soowahlie	Union Bar
	Kwaw'Kwaw'Apilt	Chehalis
	Kwantlen	Skwah
Sts'ailes Health Services	Sts'ailes	
Southern Stl'atl'imx Health Society	N'Quatquan	
	Samahquam Ucwalmicw	
	Skatin	
	Douglas First Nation	
Fraser Thompson Indian Services Society	Boston Bar	
	Boothroyd	
	Spuzzum	
	Oregon Jack Creek	