



*Fraser Salish Region*



## **FRASER PARTNERSHIP ACCORD**

**FIRST NATIONS HEALTH COUNCIL:**

**FRASER SALISH REGIONAL CAUCUS**

**and**

**FRASER HEALTH AUTHORITY**

*VISION: "Blending the best of two worlds in health – modern medicine and ancestral teachings and ways"*

**December 2011**

## 1. PURPOSE OF THIS ACCORD

- a. The Fraser Salish Nations in the Fraser region – through their political and technical leaders in health – and the Fraser Health Authority are working together towards achieving shared decision-making to increase the influence of First Nations in decisions relating to health services that are delivered to First Nations and other Aboriginal people within the Fraser region.
- b. The parties seek to improve the health outcomes for First Nations and other Aboriginal people residing in the Fraser Salish territory, by achieving greater service integration through sharing decisions on planning, management, service delivery and evaluation of culturally appropriate, safe and effective services.
- c. Notwithstanding anything else to the contrary in this Fraser Partnership Accord (“Accord”), Fraser Health and the Fraser Salish Regional Caucus agree that this Accord is intended to be a general statement of goals but is not intended to create, and does not create, legally binding obligations on the parties, nor is it enforceable against either of the parties in any court of law or otherwise.

## 2. PREAMBLE

This Accord is made in the spirit of partnership and joint commitment to the well-being of all Aboriginal people living in the Fraser region, regardless of Nationhood, status and location.

This Accord builds on several provincial and regional documents: the Transformative Change Accord, the Tripartite First Nations Health Plan, and the Document of Intent between Fraser Health and the First Nations Health Society. The First Nations Health Society (FNHS), the business arm of the First Nations Health Council (FNHC), provides strategic advice and advocacy for First Nation community involvement in the implementation of the Health Actions of the Tripartite First Nations Health Plan.

The *Transformative Change Accord: First Nations Health Plan* was released on November 25, 2006 by the First Nations Leadership Council and the Province of British Columbia. This ten-year Plan includes twenty-nine action items in the following four areas: Governance, Relationships and Accountability; Health Promotion/Disease and Injury Prevention; Health Services; and Performance Tracking.

The *Tripartite First Nations Health Plan* (TFNHP) was signed on June 11, 2007 by the political executive of the Union of BC Indian Chiefs, First Nations Summit, and BC Assembly of First Nations, the Province of British Columbia and Health Canada. The Plan builds on the Transformative Change: First Nations Health Plan and includes a number of new actions to be addressed by the partners in addition to the original 29 actions in the TCA: FNHP including the development of a new health governance model for First Nations.

The *Document of Intent* between Fraser Health and the First Nations Health Society was signed July 19, 2010. This instrument, while not legally binding, formalizes and strengthens the relationship between the two parties in the ongoing implementation of the Health Actions of the TFNHP, and sets out agreed strategic approaches, roles and collaborative responsibilities of the parties in relation to health services delivered in First Nations communities in the Fraser region.

This Accord continues in the spirit of these initiatives, and facilitates further partnership and engagement between Fraser Health and the Fraser Salish Regional Caucus. The FNHS health governance process includes regional-level caucuses that correspond to each of British Columbia’s

five Health Regions. First Nations in each region are responsible for appointing representatives to the Caucus and choosing representatives from the Caucus to sit on the FNHC. The Fraser Salish Regional Caucus represents the First Nations in the Fraser region.

This Accord is complementary to the *Document of Intent*, and represents the two parties' intention to collaboratively carry out their commitments. As such, many of the commitments in Section 4 of this Accord are consistent with and build on the *Document of Intent*; however, this Accord represents the parties' commitment to all of the responsibilities outlined in the *Document of Intent*, including those not reiterated in this Accord.

### **3. STRUCTURE OF THE PARTIES AND THEIR RELATIONSHIP**

#### **A. The Fraser Salish Regional Caucus**

- a. The Fraser Salish Nations in the Fraser region have assumed inherent responsibilities for their citizens regardless of residency, as well as other First Nations and other Aboriginal people who reside in their ancestral homelands, including off-reserve Status and non-Status First Nations, Metis, and Inuit. Similarly, other First Nations and Aboriginal peoples who visit or reside in these ancestral homelands have a responsibility to respect and acknowledge the traditional territories, customs and laws of the Fraser Salish Nations.
- b. The Fraser Salish First Nations health leadership - which includes both political and technical leaders in health – represent a wide range of diverse nations who are at different stages of development:
  - Each community and Nation is different from the other in terms of needs and stages of development;
  - First Nations' 13 Health Centers in the Fraser region are at different stages of development based on their history of Health Transfer funding and arrangements with Health Canada – First Nations and Inuit Health.<sup>1</sup>
  - The capacity and capability of each community or Nation to engage with Fraser Health Authority will vary among the communities. While approaches should be inclusive, no community should be forced to participate in region-wide strategies yet no community should be left behind;
  - The 32 First Nations communities in the Fraser Salish region vary in size and include small and isolated communities who deserve equitable recognition in all activities outlined in this Accord;
  - Some communities choose traditional health care methods rather than mainstream western health interventions – and some want a mix of both. All strategies agreed upon by the partners should take into account the desire by some communities to incorporate traditional methods of care.
- c. In order to coordinate and oversee health developments in the Region, Fraser Salish First Nations have formed the Fraser Salish Regional Caucus which provides a vehicle for the political and technical leads from the region's First Nations to come together at regular intervals. The Caucus has agreed that its appointed leaders should enter into this Accord with Fraser Health Authority in order to establish a collaborative working relationship. The Caucus works with and invites partners to the table, including Fraser Health, for the benefit of First Nations and Aboriginal people resident in the Fraser Salish region.

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<sup>1</sup> The 13 Health Centers are located at Sts'ailes (Chehalis), Soowahlie, Skwah, Chawathil, Cheam, Scowlit, Seabird Island, Skawahlook, Sumas, Spuzzum, Boston Bar, Boothroyd, and Yale.

- d. The Fraser Salish Regional Caucus is supported logistically by the First Nations Health Society. Three representatives from the Caucus are selected to sit on the 15 member First Nations Health Council which operates at a provincial level on behalf of First Nations in British Columbia. First Nations Health Directors from the Fraser region also appoint two representatives to the provincial First Nations Health Directors Association board which is also supported logistically by the First Nations Health Society.

These representatives who are representing Fraser Salish First Nations make up a *Regional Planning Table* which acts as a strategic working group for the Fraser Salish Regional Caucus to work alongside various partners including the Fraser Health Authority.

B. Fraser Health Authority

- a. The Fraser Health Authority (FHA) serves approximately 1.5 million people from Burnaby to Tsawwassen to White Rock to Fraser Canyon / Boothroyd, with 26,000 employees and an annual budget of more than \$2 billion. Under the Transformative Change Accord: First Nations Health Plan (2005), the Province including regional health authorities has the responsibility for providing all aspects of health services to all residents of British Columbia including Non-status Aboriginal people, Metis, and Status Indians living on and off reserve. It is with this responsibility that Fraser Health Authority acknowledges the need to partner with First Nations and other Aboriginal people in its region to ensure culturally safe and effective delivery of services to them.
- b. The Fraser Health Authority is led by a government-appointed Board that sets the strategic vision and direction of the health authority. FHA's President and CEO has overall responsibility for delivery of health programs and services in the Fraser Health region in accordance with the FHA Board's strategic vision. The Aboriginal Health program is directly supported by VP Clinical Operations, Executive Director Primary Care and Aboriginal Health, and Director, Aboriginal Health. However, all programs are committed to delivering culturally appropriate services to Aboriginal people.
- c. The Fraser Health Authority acknowledges the rights and responsibilities of Fraser Salish First Nations within its coverage area and enters into this relationship with the recognition that improving the health status of First Nations and other Aboriginal peoples in the region requires a collaborative and defined mechanism for such a working relationship.
- d. Nothing in this Accord intends to undermine or interfere with the rights of each sovereign Nation to govern their own affairs; neither does it intend to undermine or interfere with the rights of Fraser Health to govern its health services delivery in compliance with all laws, rules and regulations, and medical ethical requirements. Rather, this Accord speaks to collaboration and commitment between the two parties.

## **4. COMMITMENTS OF THE PARTIES**

### **a. Aboriginal Health Steering Committee**

The parties commit to establish an Aboriginal Health Steering Committee to oversee the implementation of this Accord and serve 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 of the Aboriginal Health Steering Committee will include:

- Fraser Health Authority: the Chief Executive Officer; a Board representative; the Vice-Presidents of Clinical Operations; and, Chief Medical Health Officer
- Fraser Salish Regional Caucus: the three individuals appointed to the First Nations Health Council by the Fraser region
- Any additional ex-officio members as jointly appointed by the Fraser Health Authority and the Fraser Salish Regional Caucus

Within one month of the signing of this Partnership Accord, the parties will complete a Terms of Reference for the Aboriginal Health Steering Committee which will guide the Committee's operation and activities.

### **b. Service Delivery Level**

Both parties commit to:

- i. Communicate in a timely and effective way about potential risks or impediments to achieving agreed objectives;
- ii. Work positively on population health approaches which both can jointly implement and evaluate with the Fraser Salish First Nations communities and other Aboriginal peoples.

Fraser Salish Regional Caucus members commit to:

- i. Facilitate First Nations engagement and participation to support local and regional health planning;
- ii. Provide technical advice at a regional level on behalf of health centres in the Fraser region;
- iii. Acknowledge and respect the role of the Fraser Health Authority and the evolving nature of Fraser Health Authority's relationship with local First Nations political and technical leadership.

Fraser Health Authority commits to:

- i. Work towards effective collaboration and relationship-building between Fraser Health Authority and First Nations Health Centers;
- ii. Partner with First Nations and other Aboriginal community health leaders to develop comprehensive, culturally appropriate strategies to improve the health of First Nations and other Aboriginal people in the Fraser Salish region;
- iii. Work with local First Nations and other Aboriginal peoples in the Fraser region to continually review and improve the quality and cultural appropriateness of services delivered for all Aboriginal patients / citizens.

### **c. Planning Level**

Both parties commit to:

- i. Develop a strategic Aboriginal Health Plan for the Fraser region, with milestones and deliverables;
- ii. Support each other in a positive and constructive manner to facilitate a positive outcome for Fraser Salish First Nation communities and other Aboriginal people;
- iii. Support the overarching structures of the two parties; and
- iv. Engage and ensure participation of Fraser Salish First Nations and other Aboriginal people particularly through the Caucus to support local and regional health planning for First Nations and other Aboriginal Peoples with Fraser Health Executives and Managers.

Fraser Salish Regional Caucus commits to:

- i. Acknowledge and respect the role and mandate of the political and technical leaders within Fraser Salish First Nations communities and other Aboriginal partners by ensuring all views and perspectives are taken into account and agreed by consensus;
- ii. Advocate for First Nations and other Aboriginal perspectives and inclusion in regional and provincial developments in health;
- iii. Contribute information, ideas, guidance, expertise to collaborative and common projects and initiatives with Fraser Health;

Fraser Health Authority commits to:

- i. Provide and evaluate cultural competency training to Fraser Health executive and staff;
- ii. Work with Fraser Salish Regional Caucus to incorporate regional perspectives, health needs and aspirations for improvements to First Nations and Aboriginal health;
- iii. Integrate Aboriginal Health into Fraser Health's Integrated Health Networks and Healthy Communities initiatives;
- iv. Participate in Fraser Salish Regional Caucus meetings as appropriate.

**d. Accountability and Evaluation Level**

Both parties commit to:

- i. Acknowledge that both parties have legal and fiduciary responsibilities and operate under specific mandates (and that Fraser Salish Nations have an additional jurisdictional responsibility for their respective Nations), but that the goal of the relationship is to seek to facilitate progress in addressing First Nations health needs;
- ii. Communicate in a timely and effective way about potential risks or impediments to achieving agreed objectives;
- iii. Continue to work jointly to develop and measure effectiveness of the shared governance and decision-making based on reciprocal accountability of the parties, and ensuring First Nations and other Aboriginal participation at all levels. Specifically reciprocal accountability requires:
  - a. clear roles and responsibilities of both parties;
  - b. clear performance expectations which are balanced to the capacities of the other;
  - c. credible and timely reporting;
  - d. scheduled meetings to assess the effectiveness of the relationship.

- iv. Participate in a bi-annual meeting between the Fraser Health CEO, a designated Fraser Health Board Member and the Fraser Salish Regional Planning Table to review this relationship and the agreed outcomes of this relationship;
- v. Present a bi-annual report card on progress to the Tripartite Committee on First Nations Health<sup>2</sup> based on the Indicators developed in Section 5;
- vi. Hold each other accountable in the spirit of Reciprocal Accountability for the commitments in this Accord;
  - i. Jointly monitor performance indicators and quality of care of strategic initiatives as they relate to First Nations and Aboriginal health; and,
  - ii. Measure outcomes and health status indicators, using mechanisms such as administrative data provided by the Ministry of Health or community generated data and information, to evaluate progress on closing the health disparity gap between First Nations and other Aboriginal and non-Aboriginal Fraser Health residents.

Additional specific commitments for the implementation of this Accord are set out in the Appendix.

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<sup>2</sup>This Committee was formerly known as the Provincial Committee on First Nations Health

## 5. DEVELOPMENT OF SUCCESS INDICATORS

**Measurable Success Indicators will be developed collaboratively between the two parties. Depending on evidence, best practice literature, and data availability, these indicators may reflect the following:**

- 1) Improved service accessibility and use of health resources for First Nations and other Aboriginal people in Fraser Salish region;
- 2) Coordinated health service planning and delivery between Fraser Health Authority and Fraser Salish First Nations;
- 3) Stronger linkages are developed (e.g. referrals, service integration) between Fraser Health Authority and First Nations health centers for patient care;
- 4) Improved communication between Fraser Salish First Nations and other Aboriginal peoples and the Fraser Health Authority;
- 5) Partnership to improve health services for First Nations citizens;
- 6) Fraser Health ensures that specific strategies are developed by the Divisions of Family Practice within the Fraser Salish region to address the health needs and priorities of Aboriginal people residing in their region;
- 7) First Nations eHealth initiatives in Fraser Salish region are coordinated within the Tripartite strategic approach;
- 8) Access, appropriateness and acceptability of health services are increased for First Nations and other Aboriginal people;
- 9) Partnerships with other Ministries, municipalities and non-profit service providers are established to address the social determinants of Aboriginal Health.

## APPENDIX: Implementing the Relationship

### **EVALUATION OF THIS FRASER PARTNERSHIP ACCORD**

1. Accountability Level: Fraser Health Authority CEO meets with Chiefs annually to review progress in the relationship between Fraser Health Authority and Fraser Salish First Nations.

### **FIRST NATIONS INFLUENCE IN PLANNING AND REPORTING OF FRASER HEALTH ABORIGINAL HEALTH SERVICES**



1. Fraser Salish Regional Planning Table or their designated body will participate in THREE joint planning sessions with Fraser Health, which allow for meaningful contribution to the Fraser Health Aboriginal Health Plan and the Fraser Health Aboriginal Health Year in Review Report.

**INCREASE UNDERSTANDING AND RESPECT OF FIRST NATIONS TRADITIONS, CUSTOMS AND PROTOCOLS TO STRENGTHEN UNDERSTANDING AND RELATIONSHIP BETWEEN FRASER HEALTH AUTHORITY AND FRASER SALISH FIRST NATIONS**

1. Fraser Salish Regional Caucus and FHA's Director, Aboriginal Health jointly develop and submit for FHA Board approval a "Cultural Responsiveness Strategy for Fraser Health Authority" which incorporates the guidelines below and also embeds this as policy for the entire Fraser Health Authority organization including:
  - Jointly developing a Salish-based 'cultural guidelines' protocol document for all Fraser Health Authority sites. This would describe specific traditional protocols and practices that support Fraser Salish patients / citizens to improve their experience of services provided by Fraser Health Authority.
2. Jointly develop a protocol for First Nations Health Center workers / nurses to support care being provided for First Nations citizens in Fraser Health Authority hospital facilities through collaboration with Fraser Health's Aboriginal Health Liaisons and Mental Health Liaisons.

## **GLOSSARY**

FNIH	Health Canada – First Nations and Inuit Health
FNHC	First Nations Health Council
FNHDA	First Nations Health Directors Association
FNHS	First Nations Health Society – operational arm of the First Nations Health Council
FHA	Fraser Health Authority (FHA)

### Fraser Salish Regional Caucus:

The Fraser Salish Regional arm of the First Nations Health Council which appoints 3 members to the FNHC and which includes all 32 Fraser Salish First Nations communities and invites participation from:

- political and technical health leads
- Health Directors
- Hub Coordinators
- Community members
- The Fraser Health Authority
- Partners such as urban organizations and the Metis Association

Health Transfer: Formal funding arrangements between FNIH and First Nations

Fraser Partnership Accord agreed on December 12, 2011

SIGNATURES:


**For Fraser Health Authority**



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*Nigel Murray, CEO, Fraser Health*

**Signatories for the Fraser Salish Regional Caucus**



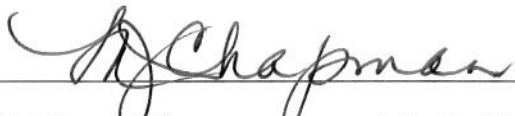
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*Grand Chief Doug Kelly – representative for the Sto:lo Tribal Council*



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*Chief Willie Charlie - representative for the independent Fraser Salish communities*



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*Chief Maureen Chapman – representative for Sto:lo Nation Chiefs Council*