

## ABORIGINAL HEALTH

# An Overview of First Nations Health Governance in Northern British Columbia

## INTRODUCTION

Northern British Columbia's landscape is home to the highest proportion of First Nations people of all the provincial health authorities in BC. Over 35% of the First Nations population in BC live in the north. There are 54 First Nations, 9 Tribal Councils and 17 distinct linguistic groups. Eighty communities are continuously inhabited and range in size from less than a hundred to several thousand people.

On October 1, 2013, the First Nations Health Authority assumed the programs, services, and responsibilities formerly handled by Health Canada's First Nations and Inuit Health Branch Pacific Region. This historic transfer is a first in Canada and is the result of many years of dedicated work and collaboration between multiple governments and communities. This process began in 2005 with an agreement to work together to improve the health inequities experienced by First Nations people in BC. The transfer heralds a future of change and ongoing partnerships to support improved health and well-being for First Nations people and communities in the province.

The purpose of this document is to provide an overview of the key agreements and agencies involved, as well as how Northern Health (NH) has repositioned itself to be a good partner.

### Acronyms

BC	Province of BC
FNHA	First Nations Health Authority
FNHC	First Nations Health Council
FNHDA	First Nations Health Directors Association
FNIHB	First Nations and Inuit Health Branch
FNLC	First Nations Leadership Council
Canada	Government of Canada
HC	Health Canada
NFNHPC	Northern First Nations Health Partnership Committee
NH	Northern Health
TCFNH	Tripartite Committee on First Nations Health



First Nations Health Authority  
Health through wellness



**northern health**  
the northern way of caring

## KEY AGREEMENTS AND DOCUMENTS

In 2005, BC First Nations, the Province of British Columbia (BC), and the Government of Canada (Canada) agreed to work together to improve the health inequities experienced by First Nations people in BC. The *Transformative Change Accord* committed the signatories to “...restore, revitalize and strengthen First Nations and their communities and families to eliminate the gap in standards of living with other British Columbians, and substantially improve the circumstances of First Nations people in areas which include: education, children and families, and health...”

A New Relationship between these Tripartite Partners (BC First Nations, BC, and Canada) was initiated and is

represented by the signing of several agreements. With each of these agreements, the partnership has grown, developed, and evolved.

Table 1 highlights a selection of key agreements and documents supporting the transfer of health governance to BC First Nations. The table begins by listing provincial-level documents and then focuses on those specifically relevant for northern BC. For a more comprehensive list and to access the documents online, visit <http://northernhealth.ca/YourHealth/AboriginalHealth/NorthernFirstNationsHealthPartnershipCommittee.aspx>

For an overview of the collective goals of BC First Nations in the *Tripartite First Nations Health Plan*, see *Implementing the Vision: BC First Nations Health Governance*.

**Table 1: Key agreements and documents supporting the transfer of health governance to BC First Nations**

<b>Provincial</b>	
<i>Transformative Change Accord</i> November 2005	Signed by FNLC, BC, and Canada, the Accord committed the parties to: <ul style="list-style-type: none"> <li>• establish a new relationship based on mutual respect and recognition;</li> <li>• close the social and economic gap between First Nations and other British Columbians, in the areas of relationships, education, health, housing and infrastructure, and economic opportunities.</li> <li>• reconcile Aboriginal rights and title with those of the Crown; and</li> </ul> The Accord called upon the Parties to negotiate a 10-year implementation strategy.
<i>Tripartite First Nations Health Plan</i> June 2007	Signed by FNLC, BC, and Canada, it builds on the <i>Transformative Change Accord: First Nations Health Plan</i> and commits the parties to create and implement a new structure for the governance of First Nations health services in BC.
<i>BC Tripartite Framework Agreement on First Nations Health Governance</i> October 2011	A landmark legal agreement that paved the way for the federal government to transfer the planning, design, management and delivery of First Nations health programs to a new First Nations Health Authority. It committed the parties to work within a new health governance structure (including collaboration between BC First Nations and BC Health Authorities) and to establish a Tripartite Committee on First Nations Health.
<i>Tripartite Health Partnership Accord</i> December 2012	A living document that affirms the long-term commitment of the three partners (BC First Nations, BC, and Canada) to work together to achieve a higher-quality, more integrated, culturally appropriate and effective health system for BC First Nations.
<b>North Region</b>	
<i>Northern BC First Nations Issues Paper</i> 2009	Created at the Northern Chiefs meeting on Health Governance. It identified historic concerns in health care affecting delivery of high quality health and medical services to First Nations and provides suggestions for improvement.
<i>Northern Partnership Accord</i> May 2012	A formal recognition of the relationship between northern First Nations and NH as they collectively strive to improve the health and well-being of First Nations and communities. This Accord, strengthened by provincial agreements and regional structures, intends to build partnerships that will improve the health and well-being of northern BC First Nations.
<i>Northern First Nations Health and Wellness Plan</i> April 2014	This plan is a deliverable of the <i>Northern Partnership Accord</i> . Informed by the <i>Northern First Nations Issues Paper</i> , the plan articulates the vision, goals, objectives and activities necessary for realizing improved health for First Nations peoples residing in the north. Endorsed by the NH Board and approved by the Northern Regional Health Caucus.



## WHO'S WHO?

The transfer of health governance in BC began as a tripartite agreement between BC First Nations, the Province of British Columbia (BC), and the Government of Canada (Canada). Throughout the process, several committees and

agencies were established to implement the transfer. Table 2 highlights the key agencies and committees at the provincial and regional levels.

**Table 2: Key agencies and committees involved in First Nations health**

<b>Provincial Health Governance Structure</b>	
Northern Health (NH)	NH is one of five provincial health authorities in the province of BC. It is divided into three Health Service Delivery Areas: Northeast, Northern Interior, and Northwest, similar to the three sub-regions of the Northern Regional Health Caucus. NH employs over 7,000 people to provide health services to 300,000 people over an area of 600,000 square kilometers. Services include: acute care, mental health and addictions, public health, and home and community care.
Provincial Health Services Authority (PHSA)	PHSA manages the quality, coordination, accessibility and cost of selected province-wide programs and agencies. PHSA coordinates public health services provincially through the BC Centre for Disease Control, BC Injury Prevention Unit, Chronic Disease Prevention Group, Centre for Excellence in HIV/AIDS, and the BC Cancer Agency.
BC Ministry of Health	The Ministry of Health works in collaboration with BC's health authorities to provide quality and timely public health and other healthcare services to British Columbians. The Ministry sets province-wide goals, standards and performance agreements for healthcare delivery by the health authorities.
Aboriginal Health Directorate of the BC Ministry of Health	The Aboriginal Health Directorate serves as an Aboriginal policy and planning lens for the Ministry of Health. It leads the implementation of the <i>Tripartite First Nations Health Plan</i> .
<b>Provincial First Nations Health Governance Structure</b>	
First Nations Health Authority (FNHA)	The FNHA is the first province-wide health authority of its kind in Canada. In 2013, the FNHA assumed the planning, management, delivery and funding of health programs formerly handled by Health Canada.
First Nations Health Council (FNHC)	Provides political leadership for implementation of Tripartite commitments and supports health priorities for BC First Nations.
First Nations Health Directors Association (FNHDA)	A professional association that supports health directors and managers working in BC First Nations communities, and builds capacity in the full range of health occupations and careers. It is an advisory body in research, policy and program planning.
Tripartite Committee on First Nations Health (TCFNH)	Coordinates and aligns planning and service delivery between the FNHA, the BC health authorities and the BC Ministry of Health and Health Canada partners.
First Nations Leadership Council (FNLC)	This council represents a working relationship between the three main First Nations political organizations in BC: The BC Assembly of First Nations, First Nations Summit, and Union of BC Indian Chiefs.
Regional Health Governance Caucuses	A key part of the health governance process, they bring information from First Nations communities to the provincial level and vice versa.

Northern First Nations Health Governance Structure	
Northern First Nations Health Partnership Committee (NFNHPC)	Established to implement the goals of the <i>Northern Partnership Accord</i> . Committee membership includes representation from northern First Nations, FNHC, FNHA and NH.
Northern Regional Health Caucus	Formed by northern First Nations, it serves as a regional engagement forum for the political (i.e. Chiefs) and technical leaders (i.e. Health Directors or Health leadership) to come together and support an overall conversation and planning on health and wellness programs and services used by First Nations in the north.
North Regional Table	Established by the Northern Regional Health Caucus, it is comprised of nine representatives - three regional FNHC representatives and two members appointed at large by each sub-region. The Regional Table carries out the directions of the Northern Regional Health Caucus, including developing and implementing agreements and arrangements with NH.
Sub-regional Health Caucuses	Provides opportunities for First Nations to discuss local issues and for community members to voice their specific health needs. There are three sub-regional health caucuses: Northwest, North Central and Northeast.

## NEW PARTNERSHIPS

The *Tripartite Health Partnership Accord* signed in December 2012 acknowledges the transformative nature and outcomes of the work done, affirms the ongoing commitment to the implementation of agreements, and enables further implementation of agreements by describing an evolving and enduring tripartite partnership. The Accord describes steps moving forward which include:

- continued evolution of a First Nations health governance structure;
- collaborative planning, design, management and delivery of services; and
- support of senior political and public servants at the regional, provincial and federal levels.

The Accord articulates a commitment to implement improvements and innovations in the areas of:

- health planning
- health services
- eHealth
- economic innovation
- cultural competency

The Accord highlights the opportunity to draw upon traditional teachings and wellness to build a broader wellness system – a system that does not treat illness in isolation.

Flowing from the Tripartite relationships and the formal *Tripartite Health Partnership Accord*, regional partnership accords have opened new opportunities for regional-level

cooperation and collaboration between First Nations and regional health authorities to deliver health services in a manner that respects the diversity, cultures, languages, and contributions of BC First Nations. For example, in the north, the Northern Regional Health Caucus, (then interim) FNHA and NH signed a *Northern Partnership Accord* in May 2012. This agreement represents a shared commitment to work collaboratively to strengthen working relationships and achieve greater alignment of regional health care priorities with community and regional health plans developed by First Nations.





## NORTHERN FIRST NATIONS HEALTH PARTNERSHIP COMMITTEE

The [Northern First Nations Health Partnership Committee](#) was established to implement the goals of the *Northern Partnership Accord*. One of the primary tasks of the Committee is to collaboratively develop and oversee the implementation of a *Northern First Nations Health and Wellness Plan* that will provide an overarching framework to guide First Nations health and wellness work in the north. The Plan reflects the priorities given by First Nations and is designed “to serve the First Nations individuals and communities of northern BC and support those who design and deliver the programs and services.”

A *Northern First Nations Health and Wellness Plan* was endorsed by the NH Board and received final approval from Northern Chiefs in the spring of 2014. The Plan articulates the vision, goals, objectives and activities necessary for realizing improved health for First Nations peoples residing in the north. The themes and goals within the Plan align with the Health Actions in the *Tripartite First Nations Health Plan*. The Committee identified four goals as working priorities for the 2014 year: cultural competency, primary health care, public and population health, and mental wellness and substance use.

Access an overview of the Plan online: [http://northernhealth.ca/Portals/0/Your\\_Health/Programs/Aboriginal\\_Health/documents/NFNHWP\\_Overview\\_web.pdf](http://northernhealth.ca/Portals/0/Your_Health/Programs/Aboriginal_Health/documents/NFNHWP_Overview_web.pdf)

## REPOSITIONING NORTHERN HEALTH FOR CHANGE

As part of the health system in BC, Northern Health (NH) is responding to the New Relationship by repositioning the organization for change in several ways.

First, the CEO and Board of NH created a Vice President of Aboriginal Health position to provide executive leadership to NH Aboriginal Health initiatives internally and externally. The VP leads the development of implementation pathways within NH and with our partners. This executive-level position in Aboriginal Health is a first in the country and a significant structural change that supports incorporation of Aboriginal perspectives and priorities within organizational leadership.

Second, all new leadership job descriptions now include a commitment and responsibility to the goals and intent of the *Northern First Nations Health and Wellness Plan*. This ensures that at a structural level, NH leaders are supported to take ownership of their role in implementing the Plan.

Third, existing structures and relationships are being invigorated, strengthened and enhanced. For example, Aboriginal Health has renewed investment and focus on the [Aboriginal Health Improvement Committees](#) (AHICs). AHICs are structures that bring together NH staff, First Nations and Aboriginal organizations and service providers, and First Nations community members to collaboratively address local health issues of interest or concern. Northern Health and northern First Nations have strong relationships and have been working together for many years. This foundation gives us something to concretely build upon as we journey together down a new path.

Fourth, we are repositioning our work in Aboriginal Health to focus on knowledge translation. We are developing products, facilitating relationships, and sharing information and updates on the New Relationship. We are developing strong internal and external communication strategies with an ultimate goal of integrating a holistic approach into decision making.

These concrete actions ensure that we can be a good partner as well as create an environment for success of the partnership work. We are excited to see how these system changes, along with stronger relationships with First Nations, will manifest and unfold at various practice and program levels.



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