GWXII

Gathering Wisdom *for* a Shared Journey

10-Year Strategy

on the Social Determinants of Health: A Framework for the Future

Reclaiming Our Wellness.
Remembering Our Future.

First Nations Health Council

RECLAIM

Contents

Reclaiming Our Wellness.
Remembering Our Future.

FNHC Welcome and Introduction

At Gathering Wisdom XII in 2023, the First Nations Health Council will ask Chiefs and leaders to endorse the resolution for a *10-Year Strategy on the Social Determinants of Health*. Your input, wisdom and guidance are the basis of the new Strategy to move us toward our vision for health and wellness transformation for our communities, families and people. The original 2011 resolution set the stage for creation of the First Nations Health Authority — a first in Canada, and one of only a few such health governance structures in the world.

Transformation is about self-determination. It is about equitable access to services for First Nations people. It is about a health care experience free of racism. It is about addressing — and changing — the underlying determinants of health. At its heart, the 10-Year Strategy is a broad framework for change to decolonize health care and secure new resources to address the most pressing issues facing communities today.

For 16 years, the First Nations Health Council (FNHC) has heard a consistent and strong message from First Nations Chiefs, leaders and providers. Every engagement process, regardless of topic, has generated the same core responses.

- First Nations must be supported in leading and determining their health needs, policies and service designs and service delivery.
- For First Nation health services to be truly self-determined and accessible, First Nations require funding that is flexible, sustainable, administratively efficient and grounded in culturally safe healing approaches, cultural knowledge and infrastructure.

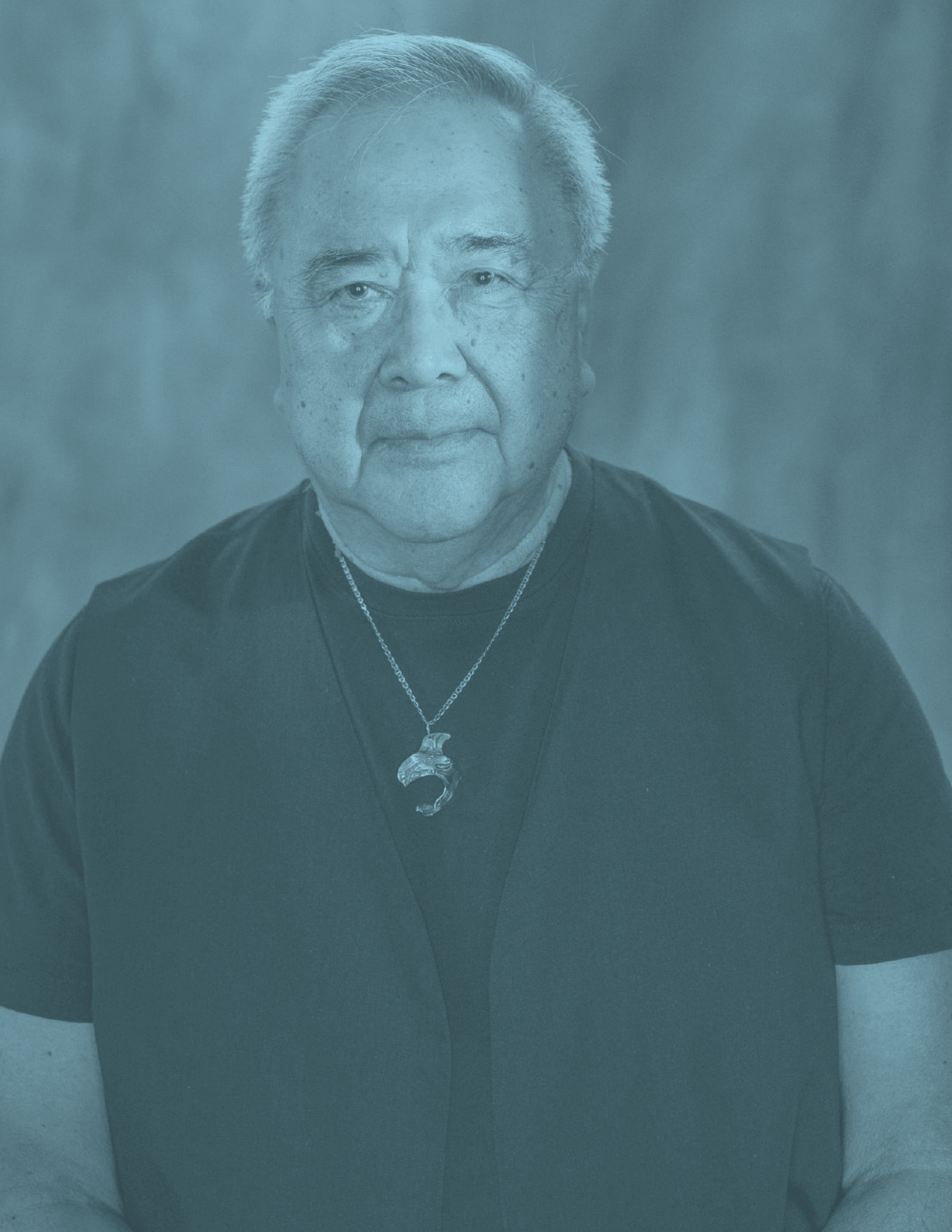
This final draft of this Consensus Paper/*10-Year Strategy on the Social Determinants of Health (10-Year Strategy)* summarizes engagement since Gathering Wisdom X in January 2022 and presents four priorities where the FNHC proposes to (1) make progress in areas of urgent need and (2) provide a broad framework for long-term change to advance self-determination.

The overarching engagement theme underlying these priorities is decolonization by remembering and reclaiming wholistic Indigenous health knowledge and wellness practices. First Nations Chiefs, leaders and providers in BC have been unwavering from this message since the beginning of this work.

FNHC proposes the adoption of the following four strategic priorities:

- Healing approaches
- Cultural infrastructure
- Nation-based governance
- Sustainable funding

Beyond reflecting the findings from the FNHC's engagement process, these priorities are grounded in and supported by public health knowledge and global research and evidence on how the social determinants of health affect human health and wellness. This strategy document demonstrates how self-determination, strengthened culture and language, greater access to health care and culturally based personal health practices are key drivers for better health for First Nations.



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Purpose

The purpose of this consensus paper is to clearly articulate the collective direction and feedback given by First Nations to the outcomes of five rounds of Regional and Subregional Caucus meetings. This Consensus Paper offers a summary of feedback and direction provided by First Nations for the adoption of 10-Year Strategy on the Social Determinants of Health.

Presenting the collective wisdom and direction of First Nations in BC with respect to the social determinants of health, this Consensus Paper:

- Examines the social determinants of health from an Indigenous perspective.
- Describes the relationship between the social determinants of health and colonization.
- Demonstrates links between the *7 Directives* and the social determinants of health.
- Highlights the broader social context relevant to FNHC's work, namely the *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP) and the Truth and Reconciliation Commission of Canada (TRCC). (See pages 20-22 for details.)
- Describes FNHC's progress on the social determinants of health, specifically memoranda of understanding (MOUs) from 2016–2018 and the Anti-Racism, Cultural Safety & Humility Framework.
- Describes a consensus emerging from established standards and Regional and Subregional Caucus meetings between Gathering Wisdom X in 2020 and fall 2022.
- Establishes and articulates the *10-Year Strategy* of BC First Nations' approach to the social determinants of health.
- Outlines a set of next steps for FNHC to undertake regarding the *10-Year Strategy*, grounded in FNHC's purpose to strengthen the health governance structure and mobilize the Tripartite partners of Canada and BC.

Engagement and Approval Pathway

Through Resolution 2011-01, First Nations called upon the FNHC to design and describe a process for key decisions consistent with the *7 Directives* and the principle of reciprocal accountability as adopted by First Nations in the 2011 Consensus Paper.

The FNHC is guided by the Engagement and Approvals Pathway (see Figure 1), which outlines an 18-month process of engagement and dialogue when making significant, province-wide decisions regarding roles, responsibilities and mandates. This pathway provides a process for FNHC to gather input and guide and build consensus on key decisions related to governance. It is a critical component of the ongoing success of the First Nations Health Governance Structure.

The process is used for high-level strategic decisions that concern governance, general direction, long-term goals, philosophies and values. They are of significant importance and reach far into the future.

The dialogue regarding the ongoing role and function of the FNHC will be informed through discussion and consideration of emerging priorities, including health legislation, addressing systemic racism in health, regionalization, emergency management and regional partnership accords and tables.

FIGURE 1: Reciprocal Accountability/Engagement & Approval Pathway.

The Engagement & Approvals Pathway used by the FNHC based on direction from Chiefs and leaders (see Figure 2) for this work includes the following steps:

1. Engagement:

Chiefs and leaders will have the opportunity to contribute to this process in a variety of ways, including at:

- Regional Caucus sessions,
- Sub-regional sessions,
- Working groups,
- Nation Assemblies and
- Provincial webinars.

2. Discussion Document:

A draft discussion document will be created based on the engagement. This discussion document will be presented to Chiefs and leaders.

3. Engagement Summary:

Based on the Discussion Document, an engagement summary will be prepared providing a description of the common areas of agreement amongst BC First Nations.

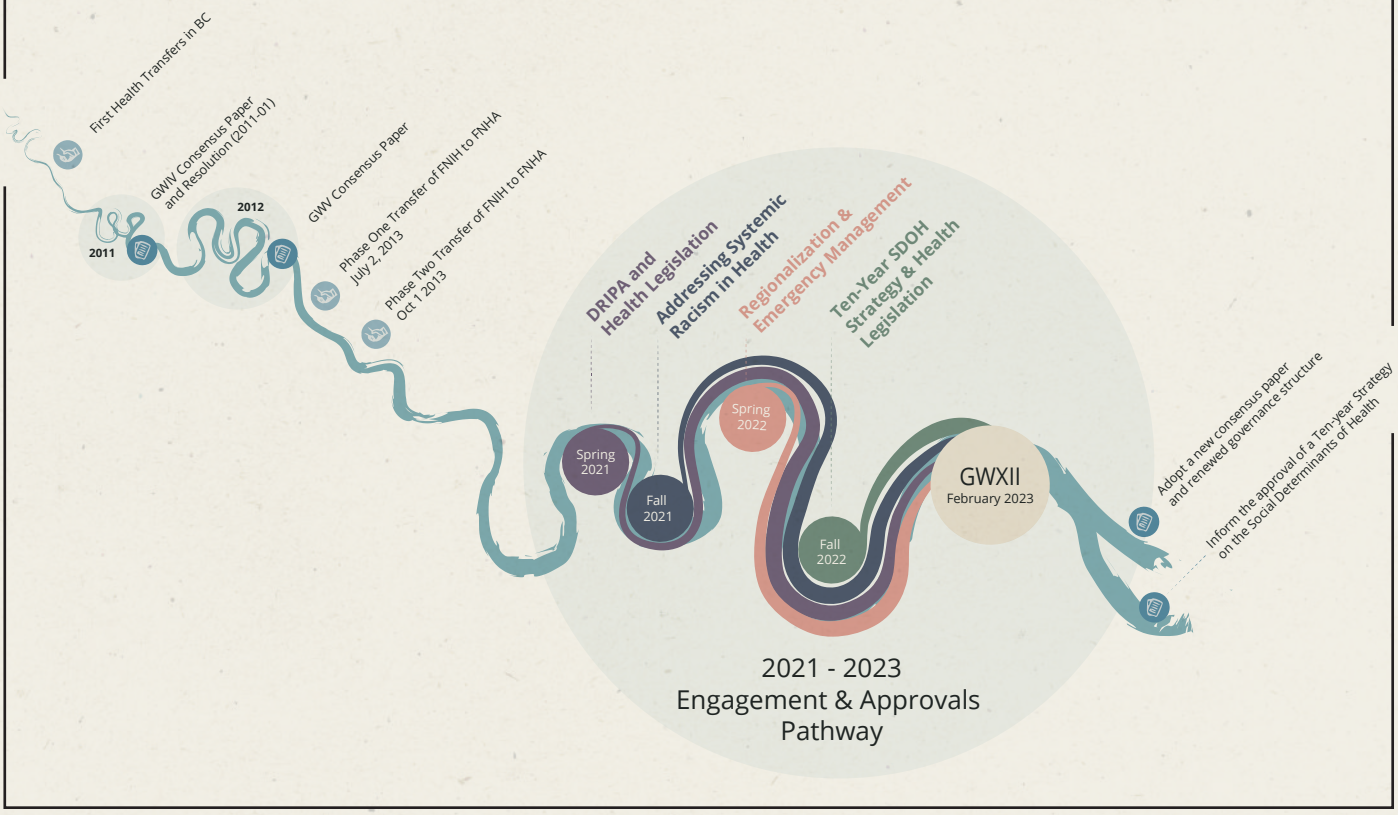
4. Building Consensus:

Further engagement sessions will follow the engagement summary. The dialogue will focus on further amendments to the engagement summary to build and capture consensus.

5. Ratification:

A Draft Consensus Paper and resolution will be created from the regional summaries and presented to Chiefs and leaders at Gathering Wisdom XII in February 2023 for review and approval.

FIGURE 2: 2021-2023 Engagement & Approvals Pathway



Strategy Summary

This document serves two primary purposes. First, it presents a consensus emerging through engagements at Regional and Subregional Caucus meetings held since Gathering Wisdom X (January 2020) and fall 2022. Second, it lays out a proposed *10-Year Strategy on the Social Determinants of Health* for moving work forward based on this feedback and consensus.

The *10-year Strategy* represents a whole-of-government approach to accelerate progress on the social determinants of health with the collaborative goal of restoring the wellness that First Nations enjoyed prior to colonialism. The proposed Tripartite strategy sets the foundation for future agreements that advance specific priorities. **It lays out four primary strategies for systemic change:**

1. Healing approaches:

This strategy focuses on traditional healing-centred approaches, practices and medicines. The strategy seeks to support First Nations members having access to wholistic services that affirm, uphold and support restoration of cultural practices and facilitate access to cultural supports. Healing approaches may be language based, on-the-land, embedded in facilities or take any other form Nations may create to ensure cultural alignment, enhance safety, strengthen trauma-informed care and safeguard culture and health sustaining environments close to home.

2. Cultural infrastructure:

This strategy focuses on ensuring First Nations have the cultural infrastructure, such as human resources (including fairly compensated and sustainably funded Traditional Healers and other cultural staff), equipment, facilities (including housing), plans, policies, processes, and partners, needed to fully integrate Indigenous cultural ways of knowing and healing into First Nations health. Infrastructure is necessary to allow First Nations members to experience high-quality, culturally safe services in accessible and affirming facilities close to home (regardless of whether home is remote, urban, or someplace in between).

3. Nation-based Health Governance:

This strategy supports First Nations' capacity and autonomy to design their own health and wellness systems that incorporate and promote the vision, values and teachings of their Nation. Nation-based governance means First Nations sitting alongside provincial and federal government representatives at planning and decision-making tables as equal, credible and respected partners. First Nations must have relationships with partners that support health and wellness capacity (including emergency response) to improve cultural safety, address existing and persistent barriers to care and reclaim and revitalize precolonial mutual support among Nations.

4. Financial sustainability:

This strategy supports First Nations in BC to have full authority over how they allocate and use funding. Nations need the flexibility to design, manage and deliver services in ways that work for them. This strategy is necessary to ensure funding is sufficient, sustainable and aligned with First Nations' governance structures, cultural infrastructure and healing approaches.

The current strategy, as outlined, is only a first step along a fuller implementation pathway.

Next Steps

To set this strategy in motion, during the first year after adoption of this Consensus Paper, Nations will be asked to meet with partners to develop a 2-year implementation plan (2023–2025) that specifies timelines, deliverables, engagement priorities and principles consistent with the commitments set out in this Consensus Paper.

Steps to implement the strategy will be planned and developed by First Nations and communities across BC. The timeline for implementation will be First Nations determined to build in needed flexibility to be responsive to individual Nation and community-level circumstances. This strategy will support the capacity of Nations to develop and implement plans related to the social determinants of health in a way that makes sense to their communities.

Nations will revisit the *10-Year Strategy on the Social Determinants of Health* on an annual basis in order to assess progress, course correct as needed, and incorporate emergent priorities

How Did We Get Here?

In 2005, First Nations in BC and the federal and provincial governments committed to a shared agenda through the *Transformative Change Accord* which established a new relationship based on mutual respect and recognition. In the area of health, progress was realized through a series of political agreements between First Nations and federal and provincial governments including the:

- Transformative Change Accord: First Nations Health Plan (2006)
- First Nations Health Plan Memorandum of Understanding (2006)
- Tripartite First Nations Health Plan (2007)
- Basis for a Framework Agreement on First Nation Health Governance (2010).

At Gathering Wisdom for a Shared Journey IV in May 2011, First Nations Chiefs and leaders endorsed the *Consensus Paper 2011: BC First Nations Perspectives on a New Health Governance Arrangement* and, by doing so, charted a path forward for the future of First Nations health governance. The 2011 Consensus Paper directed the FNHC to "develop relationships and alliances with other First Nations organizations, government Ministries and Departments, and others, to achieve progress in the Social Determinants of Health."

The following section provides an overview of the social determinants of health. The link between colonialism and the social determinants offers perspective on the unique ways improving social determinants matters to First Nations and relates to the *7 Directives*. Recent progress on improving the social determinants is also discussed, including programs from the First Nations Health Authority (FNHA) as well as FNHC advocacy to expand mental health and wellness treatment.

What We Know From Our Collective Experience

First Nation leaders at Gathering Wisdom X in January 2020 established that the current state of social determinants of health continue to negatively affect First Nations health. These factors affect how people grow up and live and include political conditions, systemic conditions, societal circumstances, population characteristics and individual behaviours.

Political conditions such as a lack of self-determination have a significant and negative impact on First Nation peoples' health. Since the transfer from Health Canada in 2013 and creation of the FNHA, health care delivery for First Nations has shown good progress, but there is much more to do. Other political conditions include racism and implicit bias. FNHC is focused on addressing cultural safety issues which remain one of the most pressing issues negatively affecting First Nations health. Systemic racism negatively impacts social inclusion of First Nations members and continues to contribute to illness and people's reluctance to seek care. Similarly, gender biases in health care not only negatively impact women's health but also compound the lack of self-determination.

Systemic challenges, including the lack of access to health care, need attention. Inaccessible services (i.e., health care that is not close to where people live) contribute to poor health. Similarly, limited access to early childhood development services compromises children's health as well as their future health behaviours. The physical environment also contributes to a lack of access to services when distance or travel challenges prevent timely care.

Societal circumstances such as poverty, quality local education and employment pose persistent challenges. Balancing this is the social support among First Nations citizens that help mitigate the negative impacts of other determinants.

Population characteristics such as genetic vulnerabilities will always be present and require specific adaptations in the health care system to respond to the need. Individual behaviours such as personal health practices and coping skills can only change when health care values shift from the colonial approach and return to a culture of wellness. Individuals' behaviours are highly dependent on feeling safe enough to access health care when needed. Western approaches to improve health practices rely heavily on educating individuals to alter their behaviour, and too often blame the victim of societal circumstances for their inability to make prescribed changes.

Unfortunately, racism and bias have made many health care settings culturally unsafe. Individuals' behaviours are unlikely to change until institutions enact actual policy change.

Gathering Wisdom X prioritized addressing and positively influencing the social determinants of health to improve the health of First Nations. Some of the determinants are more easily addressed than others. Self-determination, culture and language as well as access to services are all within the capacity for FNHC and its partners to change. Changing these in the short term is key to altering the others in the long term. Over the last six years, FNHC has examined through engagement which determinants to prioritize, which is discussed in the next section.

Overview of the Social Determinants of Health

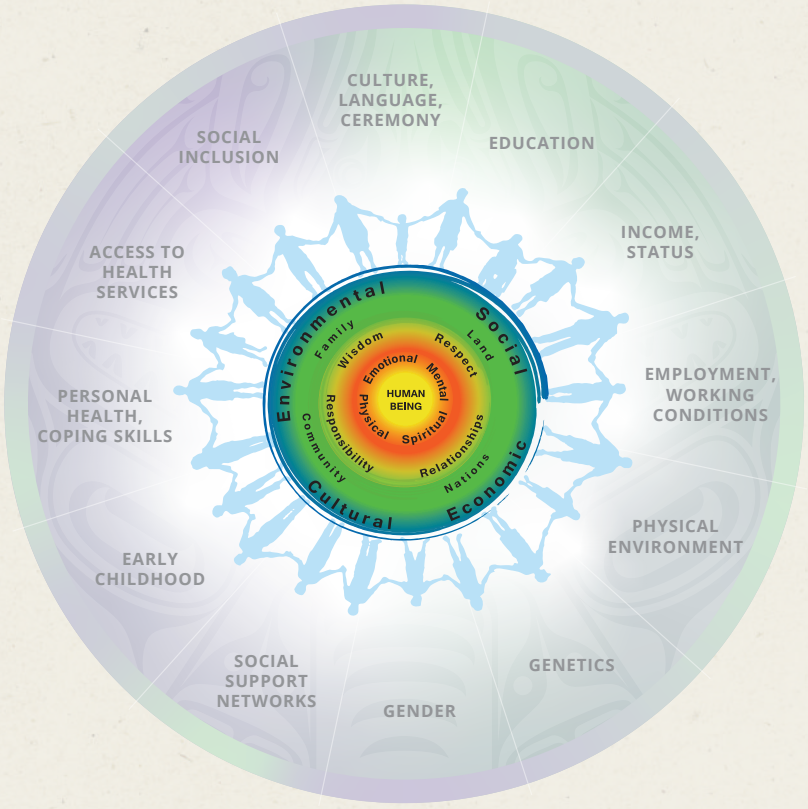
Health services are an important factor in improving First Nations peoples' overall health outcomes. Even more critical are the social determinants of health—factors that influence the health of individuals, families and communities. Poor health later in life is strongly influenced by circumstances earlier in life.

Research by the World Health Organization shows that only 25% of population health is attributable to health care services and that 30-55% is determined by social and economic conditions—the ways people grow up and live their lives.

People need freedom and resources to take action to protect themselves and improve their health. Health care scholars and policy-makers acknowledge a comprehensive and integrated approach to health care is needed to address risks and the root causes of poorer health. A full continuum of services and supports includes not only 'treatment' but also a much broader spectrum of services delivered collaboratively across social sectors. This means that multiple sectors—community health centres, schools, daycares, employment agencies, courts, policing, housing and children and family agencies—all have a role and responsibility to provide services that promote health and well-being.

While Western acceptance of the influence of social determinants on health is relatively new, First Nations people have long held a wholistic understanding of health and the diverse factors that impact well-being. One of the strongest determinants of health is freedom over the choices in one's life (see Figure 3).

FIGURE 3: The Social Determinants of Health — An Indigenous View



An Indigenous View of The Social Determinants of Health

While there is diversity among First Nations in BC, there is also consensus surrounding First Nations peoples' perspectives on health and wellness. Each Nation has stories, teachings and traditions that speak to the connection between the mental, physical, social and spiritual dimensions of well-being that are key to a healthy and balanced life.

In traditional teachings about wellness, health is said to come with balance among mental and emotional, physical, spiritual, social and environmental conditions. The ability to thrive comes from harmony among these quadrants.

Traditional Indigenous healing approaches rely on intentionally keeping the factors of the social determinants of health in balance (see Figure 4). Health does not require wellness in every area. Strengths in some areas will compensate for challenges in others. Intentionally building selected strengths in each quadrant can bring better balance and thus improve weaker areas over time. For example, gaining access to the land, reclaiming traditional foods and wellness practices and restoring the status of Elders all build strengths to improve wellness despite challenges in other areas. The trauma felt in communities from cultural losses is an underlying factor in the ongoing toxic drug crisis.

Western medicine holds a linear view that encourages compartmentalizing and specializing. It is designed to treat disease. The social determinants of health are primarily a "public health" concept, a separate discipline from medicine. The linear view promotes either-or thinking, with a tendency to see work on the social determinants as separate from improving health care. From an Indigenous view, there is no such separation.

The same worldview problem is apparent around the issue of cultural infrastructure. Western medicine tends to see medical treatment and culturally based treatment as an either-or choice, or as an optional "add on," whereas traditional Indigenous healing sees both as valid. The cultural view is wholistic and must, by definition, include both approaches. Each does its own part.

These differences in worldview are some of the root causes of systemic racism experienced by Indigenous peoples. Western culture situates the medical model as the only legitimate view. People with an Indigenous worldview are often seen as having beliefs in the realm of folk-medicine. Worse yet, the Indigenous view of health and wellness may be considered "primitive" by some in the medical profession who dismiss cultural knowledge as having little or no value. Indigenous peoples tend to experience this dynamic and the related attitudes as a deep threat to cultural safety. It is received as a message of social exclusion. Medical professionals are often conditioned to think in this way and are not consciously aware of how inherent racism in the Western approach is perpetuated.

FIGURE 4:

Social Determinants of Health

- Personal health practices and coping skills
- Self-determination genetics
- Income and social status
- Early childhood development
- Culture, language and ceremony
- Physical environment
- Education
- Employment and working conditions
- Gender
- Social support networks
- Social inclusion
- Access to health services

The engagement process documented pervasive concerns about racism in the system. People tend to avoid health care if they do not feel safe and do not follow health care advice from those who disrespect their culture or worldviews about health. As a result, the medical profession too often blames the victim who has been subjected to racism. They see personal health behaviours that contribute to poor outcomes as the fault of the person rather than the product of pervasive racism in a culturally unsafe system. While First Nations leaders acknowledge the need for their peoples to have better self-health care behaviours, altering behaviours will require the system to change first. The wholistic view of health will need to be embraced as legitimate before people truly feel safe receiving care.

These concepts are used throughout this Consensus Paper for guidance toward the *10-Year Strategy* to positively influence the social determinants of health. The next section examines how colonization impacted these social determinants historically and up until today.

The Link Between Colonialism and the Social Determinants of Health

Since time immemorial, the Indigenous peoples of the territory currently known as British Columbia knew how to live in healthy ways. The diverse Indigenous cultures had in common a relationship with the natural environment based on respect and the knowledge that the environment was abundant and would provide food, medicines, shelter, clothing and much more for the people so long as they expressed gratitude and treated the natural world with respect and reverence.

When the Europeans arrived, they brought diseases that devastated many communities. It is important to note that few diseases were transmitted back to Europe. Diseases simply did not exist in First Nation territories and communities to the extent that was common in Europe, as a result immunity was low and vulnerability high.

Settler colonialism restricted access to traditional foods and replaced them with new (and often processed) foods that would come to promote chronic diseases. Due to genetic differences, Indigenous bodies were not well adapted to the European diet, resulting in further illness.

Without access to the abundance of the land, poverty became not only known but common, and among other problems, poor nutrition compromised the healthy early development of children. Forcible removal of children to residential schools caused irreparable harm, interrupting the transmission of culture, language and health practices. Residential schools were sites of colonial oppression, where cultural suppression was often accompanied by neglect and emotional, physical and sexual abuse. The traumatic legacy of the residential schools continues to negatively impact First Nations communities. The ongoing removal of Indigenous children to the child welfare system prolongs this harmful colonial process.

Prior to the Europeans arrival, Indigenous Nations approached health by living in a way that balanced mind, emotion, body and spirit with the world around us. The Nations governed themselves sustainably, with harmony and stewardship. Settler colonialism separated people from the land, stripped away self-governance and self-determination and replaced it with chronic and traumatic stress. Today, human-caused climate change poses new threats with devastating consequences across the globe.

Prior to colonization, First Nations education focused on teaching people how to live, how to care for themselves and others and how to be good relatives. Education was in sync with the natural world. The European approach separated children from family, culture, language and land, focusing on teaching knowledge to support making a living—preparing people for jobs that did not exist.

Historical cultures maintained clear but flexible gender roles with each person valued for their part in the well-being of the community. Extended family, clan systems, communities and Nations provided the social supports needed for people to thrive. Settler colonialism disrupted those social supports as well as the social order.

The *Indian Act* of 1876 sought to undermine the cultural, social, economic and political distinctiveness of First Nations. It imposed paternalistic rules to control wide-ranging aspects of First Nations life, including band membership, governance, land use, culture (i.e., practice of ceremonial traditions), health care and education. The Indian Act, based on the myth of settler colonialist superiority, created an ongoing tool to enforce a racist system.

Settler colonialism brought racism, relegating the social status of First Nations' people to unsafe conditions, largely excluding people from society and access to appropriate health care. History shows that settler colonialism made First Nations people sick, and this continues today. It damaged not only the health of First Nations people but also diminished cultural strengths and capacities to maintain their wellness. That process can be understood by looking at history through the lens of the social determinants of health.

> Colonialism worsened every social determinant of health, brought unprecedented levels of illness and replaced cultures of wellness with systems designed to treat disease. Reversing the ill effects of colonialism will require improvements in the social determinants of health.

How Do the *7 Directives* Relate to the Social Determinants of Health?

Shared Vision

The First Nations Health Authority (FNHA),
First Nations Health Directors Association (FNHDA) and
First Nations Health Council (FNHC) share a vision of
"healthy, self-determining and vibrant BC First Nations children, families and communities."

The *7 Directives*

The *7 Directives* describe the fundamental standards and instructions for First Nations health governance in BC. They were developed by and for BC First Nations using the Engagement and Approval Pathway, a standard created by and for BC First Nations to guide the work of the health governance structure. Table 1 presents the links between the *7 Directives* and the social determinants of health and illustrates that First Nations are actively and positively addressing the social determinants of health in substantial ways on an ongoing basis.

TABLE 1: The 7 Directives and Social Determinants of Health

Directive	Social Determinants of Health
1: Community-driven, nation-based	Self-Determination
2: Increase First Nations decision-making and control	Self-Determination Culture and Language
3: Improve services	Culture and Language Self-Determination Access to Health Care
4: Foster meaningful collaboration and partnership	Self-Determination Physical Environment Education Early Childhood Employment
5: Develop human and economic capacity	Social Inclusion Education Employment
6: Be without prejudice to first nations interests	Self-Determination
7: Function at a high operational standard	Self-Determination Access to Health Care

FNHC has held engagement gatherings with communities since 2015 to further define the meaning of shared vision of the FNHC, FNHA and FNHDA: the common themes and goals most central to the vision, the outcomes that regions envision and the indicators that define successful achievement of those outcomes. Engagement sessions have shown that regions:

- Share common themes and goals in determining healthy, self-determining and vibrant children, families and communities;
- Mostly share common indicators, with a few unique outliers; and
- Are likely to have differing priorities or goals and desired means to achieve these goals.

Table 2 shows the themes, outcome statements and indicators common across all regions.

TABLE 2: Themes, Outcome Statements and Common Indicators by Group.

Group	Theme	Outcome Statement	Common Indicators
CHILDREN	Physical Health	Well-nourished and physically active children	• Energetic ("glowing") and active children (engaged in community activities and sports) • Healthy diet and weight (traditional diet) • Positive healthy role models
	Emotional Health	Children with positive social relationships and high self-esteem and confidence	• Positive self-esteem and self-awareness (confidence) • Sense of belonging in the culture and community • Strong social circle (maintains positive friendships)
	Tradition and Culture	Child has a sense of belonging and pride in family and culture	• Understanding and pride in identity • Actively engaged in community events, ceremony and gatherings
	Education	Child draws from blend of traditional and formal education	• Age-appropriate literacy and exposure to traditional language • Parental involvement in education • Raised with culture – taught customs and ceremonies
FAMILY	Economic Stability	Families have their base environmental, economic, and social needs met, with access to social services	• Economically self-sufficient supported by stable employment • Access to land and resources • Less reliant on social assistance with stronger focus on supporting an Indigenous economy • Family has safe and secure housing • Family is food secure and has access to necessary utilities • Access to full spectrum of health and social services
	Tradition and Culture	Thriving and active in traditional knowledge and practices	• Access to land for traditional and ceremonial purposes • Understanding of culture and connection to history • Volunteers or contributes to the community • Practices ceremonies and engages in traditions and celebrations
	Family Relations	Proud, health-conscious family units positively involved in community affairs and activities	• Sharing meals together (and eating healthy meals) • Strong role models (parents) and supportive family (emotionally supportive) • Open communication and constructive problem solving

COMMUNITY	Tradition and Culture	Grow and maintain traditional structures, teachings and practices	• Support to learn, share and speak the language • Community leaders foster communication, collaboration and planning • Participation in community events and gatherings (and a place to gather) • Sharing of knowledge, customs and history
	Environment	To live and thrive through a healthy and safe environment	• Enable access the land and use the resources for food, social and ceremonial purposes • Environmental monitoring, management and protection • Essential infrastructure to deliver clean and safe drinking water
	Economic Stability and Sustainability	Economic security and control over means of economic growth	• Self-sufficiency (not reliant upon social assistance) and able to define own vision and means of economic development • Enable access to education and employment opportunities
	Community Health and Well-being	Meet all the base needs of the community and create physical spaces for recreational and cultural activities	• Essential infrastructure for water, wastewater and standard public utilities on-reserve • Access to community healers, medicines and social support networks • Ensure availability of safe and secure housing

BC First Nations wish to see their children and families well-nourished and physically healthy, with positive relationships among one another. They imagine a future in which basic needs are met in environments that are safe and healthy. BC First Nations hope to see children and families feeling a sense of belonging and engaging in traditional cultural activities at home as well as in the community. Tradition and culture strengthen people, communities and Nations.

United Nations Declaration on the Rights of Indigenous Peoples

The *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP) is an international set of standards to protect the rights of Indigenous peoples. UNDRIP describes specific rights across all areas of life, including health, education and cultural identity. The FNHC unequivocally endorses all UNDRIP articles in full. Table 3 highlights articles particularly relevant to the social determinants of health and wellness.

TABLE 3: UNDRIP has Articles That Support FNHC's Work on the Social Determinants of Health

Article No.	Description
Articles 3-4	Indigenous peoples have the right to self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development. Indigenous peoples, in exercising their right to self-determination, have the right to autonomy or self-government in matters relating to their internal and local affairs, as well as ways and means for financing their autonomous functions.
Article 5	Indigenous peoples have a right to maintain and strengthen distinct political, legal, economic, social and cultural institutions, while retaining the right to participate fully, if they so choose, in the political, economic, social and cultural life of the State.
Article 7	Indigenous individuals have the rights to life, physical and mental integrity, liberty and security of person. Indigenous peoples have the collective right to live in freedom, peace and security as distinct peoples and shall not be subjected to any act of genocide or any other act of violence, including forcibly removing children of the group to another group.
Article 9	Indigenous peoples and individuals have the right to belong to an indigenous community or nation, in accordance with the traditions and customs of the community or nation concerned. No discrimination of any kind may arise from the exercise of such a right.
Article 11-13	Indigenous peoples have the right to practice and revitalize their cultural traditions and customs. This includes the right to maintain, protect and develop the past, present and future manifestations of their cultures, such as archaeological and historical sites, artefacts, de-signs, ceremonies, technologies and visual and performing arts and literature. States shall provide redress through effective mechanisms, which may include restitution, developed in conjunction with indigenous peoples, with respect to their cultural, intellectual, religious and spiritual property taken without their free, prior and informed consent or in violation of their laws, traditions and customs.
Article 21	Indigenous peoples have the right, without discrimination, to the improvement of their economic and social conditions, including, inter alia, in the areas of education, employment, vocational training and retraining, housing, sanitation, health and social security. States shall take effective measures and, where appropriate, special measures to ensure continuing improvement of their economic and social conditions. Particular attention shall be paid to the rights and special needs of indigenous elders, women, youth, children and persons with disabilities
Article 24	Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services. Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.

The shared vision of the FNHA, FNHC and First Nations Health Directors Association is to work in the spirit of UNDRIP, led by First Nations and for First Nations. The first-in-Canada First Nations health governance structure exemplifies the intent of UNDRIP as follows:

- The health governance structure and the creation of the FNHA are key milestones through which BC First Nations have expressed their self-determination (see UNDRIP Articles 3-4).
- The FNHA is a distinct First Nations organization working toward improving the health and wellness outcomes of First Nations people living in BC (see UNDRIP Article 5).
- The FNHC's work on Nation rebuilding and community capacity development supports First Nations coming together as self-identified communities or Nations to plan, design and deliver services that are culturally appropriate and work for them (see UNDRIP Articles 9, 11–13).
- The FNHC's work to support improving the social determinants of health supports the right of First Nations people to improve their economic and social conditions (see UNDRIP Article 21).
- Both the FNHA and FNHC have supported First Nations people to reclaim and utilize their own traditional medicines (see UNDRIP Article 24).

Truth and Reconciliation Commission of Canada: Calls to Action

One of the elements of the *Indian Residential Schools Settlement Agreement* (a class-action settlement) was the establishment of the Truth and Reconciliation Commission of Canada, which was created to facilitate reconciliation among former students, their families, their communities and all Canadians. In order to redress the legacy of residential schools and advance the process of Canadian reconciliation, the Truth and Reconciliation Commission put forward calls to action in several areas, including child welfare, education, language and culture, health and justice.

The FNHC fully endorses the Commission's calls to action in their entirety. For brevity, only those related to support FNHC's work on the social determinants of health, as well as some concerning language and culture, are highlighted in Table 4.

TABLE 4: The Truth and Reconciliation Commission's Calls to Action That Support FNHC's Work on the Social Determinants of Health

Language and Culture (Calls 13-14)

We call upon the federal government to acknowledge that Aboriginal rights include Aboriginal language rights.

We call upon the federal government to enact an Aboriginal Languages Act that incorporates the following principles:

i. Aboriginal languages are a fundamental and valued element of Canadian culture and society, and there is an urgency to preserve them.

ii. Aboriginal language rights are reinforced by the Treaties.

iii. The federal government has a responsibility to provide sufficient funds for Aboriginal-language revitalization and preservation.

iv. The preservation, revitalization, and strengthening of Aboriginal languages and cultures are best managed by Aboriginal people and communities.

Health (Calls 18-24)

We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.

We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.

In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.

We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.

We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.

We call upon all levels of government to:

i. Increase the number of Aboriginal professionals working in the health-care field.

ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.

iii. Provide cultural competency training for all healthcare professionals.

We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.

FNHC Progress on the Social Determinants of Health & Wellness

Memoranda of Understanding

The FNHC has the mandate to make progress on the Social Determinants of Health as per the 2011 Consensus Paper, endorsed by First Nations leaders at Gathering Wisdom for a Shared Journey IV. The 2011 Consensus Paper dictates the FNHC is to "develop relationships and alliances with other First Nations organizations, government Ministries and Departments, and others, to achieve progress in the Social Determinants of Health." Between 2011 and 2018, the FNHC worked with federal and provincial partners to engage with First Nations leaders on the social determinants of health to address priorities through a series of memoranda of understanding (MOUs):

- *Memorandum of Understanding Between British Columbia and First Nations Health Council: A Regional Engagement Process and Partnership to Develop a Shared 10-Year Social Determinants Strategy for First Nations Peoples in BC* (FNHC-BC MOU 2016)
- *Agreement Between Indigenous and Northern Affairs Canada and the First Nations Health Council in Relation to services for First Nations Children and Families in British Columbia* (FNHC-Canada MOU 2017)
- *Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness* (Tripartite MOU 2018)

Collectively, the engagement in relation to these MOUs shaped the FNHC's work toward the *10-Year Strategy on the Social Determinants of Health*. These MOUs brought the federal and provincial governments into dialogue with First Nations about their priorities related to child and family well-being (including services to these populations), reducing poverty and mental health and wellness, which was the most critical health priority across all five regions in BC: Interior, Fraser, Vancouver Coastal, Vancouver Island, and Northern.

These MOUs supported new ways of funding, designing, and delivering services to First Nations communities in BC, allowing alignment with Nation-based health and wellness priorities and supporting groups of communities to work together to achieve their health and wellness goals.

Memorandum of Understanding Between British Columbia and First Nations

Health Council: A Regional Engagement Process and Partnership to Develop a Shared 10-Year Social Determinants Strategy for First Nations Peoples in BC (FNHC-BC MOU 2016):

BC and the FNHC signed a MOU in 2016 to begin a process of shared regional engagement through the Regional Caucus sessions and Gathering Wisdom Forums.

Noting the broad scope of areas that could feasibly be included within the social determinants work, the FNHC, Canada and BC opted to begin engagement with areas that have been clearly identified as priorities through previous engagement and in significant reports (e.g., the Truth and Reconciliation Commission of Canada's final report), including:

1. Child and family well-being
2. Reducing the amount of First Nations children in care
3. Reducing disparities in educational and employment outcomes between First Nations and other citizens
4. Reducing the number of First Nations within the justice system

Senior officials from the Ministries of Children and Family Development, Education, Advanced Education, Justice and Public Safety engaged at all five Regional Caucus sessions. During this engagement, Chiefs, leaders and Health Directors provided feedback and gave direction on programs and policies. These suggestions were incorporated in several 2017 Ministry Service Plans and informed the FNHC's broad work towards a 10-Year Strategy on the Social Determinants of Health.

Agreement Between Indigenous and Northern Affairs Canada and the First Nations Health Council in Relation to services for First Nations Children and Families in British Columbia (FNHC-Canada MOU 2017):

During the engagement process with BC, First Nations leaders repeatedly noted that, to make meaningful change to health outcomes, we needed to bring the federal government into the conversation on the Social Determinants of Health. Hearing this, the FNHC signed a Memorandum of Understanding with Canada to engage with First Nations on a number of key areas related to health, including:

1. Services delivered to children and families
2. Employment and job-training
3. Poverty reduction
4. Early years services
5. Childcare
6. Child and youth mental health

Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness (Tripartite MOU 2018):

Throughout the FNHC's engagement on the Social Determinants of Health, mental health and wellness was the most critical health priority across all five regions in BC. The FNHC worked with Governments of Canada and BC to increase investment in mental health and wellness and to facilitate cross-government collaboration on actions aimed at improving mental health and wellness outcomes. The result of this collaboration was the Tripartite MOU on Mental Health and Wellness, which committed the partners to:

1. Create a flexible pooled investment of $30 million to support mental health and wellness planning, as well as community-driven, Nation-based models of service delivery that incorporate traditional values and a wholistic approach.

2. Establish a joint investment to renovate and build First Nations treatment centres in BC.

3. Work with First Nations to develop a Tripartite Mental Health and Wellness Framework, ensuring that reporting is streamlined and relevant to First Nations' priorities.

4. Develop a joint financial analysis to support a 10-year funding commitment to continue the transformation of mental health and wellness services over the long term.

5. Encourage partners to align funding and services with community-driven, Nation-based health and wellness plans.

6. Work with First Nations to develop a Tripartite Social Determinants of Health Strategy

Anti-Racism, Cultural Safety & Humility Framework

A report of an independent review into allegations of Indigenous anti-racism in BC hospital emergency departments released in 2020, titled *In Plain Sight: Addressing Indigenous-Specific Racism and Discrimination in B.C. Health Care*, revealed "a B.C. health care system with widespread systemic racism against Indigenous Peoples. This racism results in a range of negative impacts, harm, and even death."[1] This review affirmed the lived experience of First Nations people — race is a social determinant of health, and racism is a public health issue.

The following list presents the *In Plain Sight* findings:

1. Widespread Indigenous-specific stereotyping, racism and discrimination exist in the BC health care system.
2. Racism limits access to medical treatment and negatively affects the health and wellness of Indigenous Peoples in BC.
3. Indigenous women and girls are disproportionately impacted by Indigenous-specific racism in the health care system.
4. Current public health emergencies magnify racism and vulnerabilities and disproportionately impact Indigenous Peoples.
5. Indigenous health care workers face racism and discrimination in their work environments.
6. Current education and training programs are inadequate to address Indigenous-specific racism in health care.
7. Complaints processes in the health care system do not work well for Indigenous Peoples.
8. Indigenous health practices and knowledge are not integrated into the health care system in a meaningful and consistent way.
9. There is insufficient hard-wiring of Indigenous cultural safety throughout the BC health care system.
10. Indigenous roles in health leadership and decision making — both through Indigenous health governance structures and the health care system as a whole — need to be strengthened.
11. There is no accountability for eliminating all forms of Indigenous-specific racism in the BC health care system, including complaints, system-wide data, quality improvement and assurance and monitoring of progress.

The *In Plain Sight* report acknowledges, "Despite progress and efforts made, the current health care system continues to reflect the legacy of colonialism. This legacy enables and permits systems, behaviours, and beliefs in which racism and discrimination against Indigenous peoples remain. The Recommendations… "are designed to confront that legacy and establish a renewed foundation for Indigenous Peoples' access to, interaction with, and treatment by, the health care system" (Turpel-Lafond et al., 2020, p. 188). In Plain Sight set out 24 recommendations to eliminate all forms of prejudice and discrimination against Indigenous Peoples in the BC health care system.

In response to In Plain Sight's review recommendations, the FNHA, with input from the FNHC and FNHDA, developed an Anti-Racism, Cultural Safety & Humility Framework in 2021. The framework outlines strategic objectives and priorities to support a vision of a health and wellness system in BC that is free of racism and discrimination, in which First Nations people seeking health care feel safe and have access to care that positively affirms their cultures, rights and identities.

1 Turpel-Lafond, Mary Ellen and Johnson, Harmony. In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care. BC Ministry of Health, 2020. p. 6. https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Summary-Report.pdf

The framework is organized around two strategic objectives that support First Nations people being able to access health and wellness care in BC in a culturally safe manner, free from anti-Indigenous, systemic and interpersonal racism:

1. Work with partners in BC to support a racism-free health system with embedded cultural safety and humility practices.
2. FNHA, FNHC and FNHDA are champions of cultural safety and humility in BC.

There are three priority areas under the strategic objectives:

1. **Regional Innovation and Focus**

   This priority area is focused on supporting, enhancing and promoting community-driven, Nation-based and regionally led solutions, with natural overlap with the other priority areas. Regional work is innovative, creating solutions that address the diverse and individual needs of communities and, in many cases, longstanding efforts are already underway. It includes engagement of First Nations through the established engagement pathways, strengthening of regional partnership accords, building on the success of local initiatives that are community-driven and Nation-based and developing local initiatives to address racism and further embed cultural safety and humility (CSH) into care. **This priority area is about prioritizing and promoting work from the ground up and supporting existing partnerships, relationships and innovations at the regional and local levels.**

2. **First Nations-Led Response**

   This priority area focuses on continuing to work in partnership alongside First Nations and health system partners to prioritize CSH and a racism-free system. It includes First-Nations-driven decision making; internal and system-wide accountability mechanisms; strategic policy, planning, reporting and evaluation work; and consideration of legislation, including federal and *Declaration of Rights of Indigenous Peoples Act* (DRIPA) and communications. It also includes advocacy through established bilateral and Tripartite partnership tables and with other First Nations organizations to complement and align with this important work. **This priority area is about honouring First Nations' voices and wisdom, holding organizations and partners accountable and enabling systemic change.**

3. **Service Excellence**

   This priority area aims to enhance the quality and cultural safety of FNHA and FNHDA programs and services while working with health system partners to do the same. This includes enhancing and supporting complaints processes, enabling meaningful integration of cultural healing and wellness into the health system and fostering people development, as well as training and learning opportunities, recruitment and retention, performance, promotion and leadership.

   The FNHA regions along with the FNHC and FNHDA continue working collaboratively with First Nations and partners on key action priorities and locally driven solutions, supporting the journey toward a racism-free health system.

Consensus Paper 2023 Development

The Work Since Gathering Wisdom for a Shared Journey X in January 2020

At the time of Gathering Wisdom X (GWX) in 2020, FNHC had been addressing the social determinants of health for close to 10 years. The Chiefs and leaders had agreed self-determination in the form of Nation rebuilding was essential to unravelling the web of colonial structures that negatively impact health services. FNHC highlighted four areas identified in the engagement process leading up to GWX in which broad, systemic change is necessary:

- **Funding and accountability.** "Collectively, these (funding process) limitations restrict the ability of caregivers to design and deliver programs and services that meet the needs of their communities."
- **Burdensome reporting requirements**. "Burdensome reporting serves as a barrier to providing services."
- **Self-determination and decision making.** "Control over how programs are designed and delivered almost universally leads to better health outcomes."
- **Support for culture and language.** "Research suggests that communities with improved cultural control and continuity have overall better mental health outcomes."

In the time since GWX, four rounds of Regional and Subregional Caucus meetings have taken place continuing to inform the discussions and deliberations that First Nations have directed the FNHC to undertake on First Nation health care policy, governance and social determinants of health priorities.

In accordance with the Engagement and Approvals Pathway (established in January 2012 by the FNHC under direction from Chiefs), engagement feedback has been summarized into workbooks. Next, First Nations Chiefs, leaders and health professionals have been asked to confirm the summary and share any new thoughts and perspectives. Each region's specific feedback, along with their Regional Caucus discussions, is captured in a regional summary document. Each region holds further meetings to review and confirm its summary document. In the final step, this draft Consensus Paper—the new *10-Year Strategy* and resolution—has been created from the regional summaries and is presented for discussion, review and approval by Chiefs at GWXII.

Since Gathering Wisdom X in January 2020:

19	22	1
Rounds of Caucus – Spring and Fall 2020-2022	Sub-Regional gatherings	Provincial gathering: Gathering Wisdom XI

Nation Re-building

"Nation-rebuilding refers to a process of remembering and reclaiming our traditions. Colonialism has served to erode many of the things that kept our people well for thousands of years, dissolving our bonds and isolating us into individual 'Indian Bands.'

Nation-rebuilding is a complex process, when driven by First Nations leaders, caregivers, and citizens. It involves coming together and determining how we will work together."

Reclaiming Our Connections, FNHC 2020

Direction and Feedback from BC First Nations: Engagement Findings

In response to the interest shown by First Nations Chiefs and leaders through ongoing engagement on the social determinants of health, the FNHC prepared workbooks and facilitated discussions during Governance Caucuses on the following topics between Gathering Wisdom X in 2020 and Spring 2022:

- Racism in health care.
- The *Declaration of Rights of Indigenous Peoples Act* (DRIPA) and federal Indigenous health legislation.
- Emergency management.
- Regionalization.
- Short and long-term priorities related to social determinants of health.
- The ongoing role, mandate and advocacy agenda of the FNHC.

Cross-cutting themes (findings shared across all five regions) that emerged through engagements included:

- Ongoing work needs to be grounded in wholistic approaches to health and wellness that consider the social determinants of health and connection to the land, environment, language, culture and tradition.
- All dimensions of health and wellness intertwine across the lifespan.
- Self-determination is key to improving First Nations health.
- Supporting community-driven, Nation-based approaches.
- Direct, flexible and sustained funding is essential to self-determination and meaningfully implementing community-driven, Nation-based approaches.
- Concerns about the toxic drug crisis and the need to support mental health and wellness.

Self-determination is the process of defining what works locally as well as what can improve, deciding what to strengthen and what needs healing. Community-driven means people have a voice in self-determination. Nation-based means that First Nations as governments are stewards of the people, land and culture and thus make and implement the policies, practices and services that are right for their circumstances.

Racism in Health Care Engagement Summary

Cross-cutting themes (findings shared across all five regions) that emerged through engagement included:

- Racism is embedded within the health system affecting how First Nations make daily decisions about their health.
- BC First Nations health and wellness intersects with multiple public sectors and Indigenous-specific racism is cross-sectoral.
- The impacts of colonialism, assimilation and residential schools persist. Trauma-informed practice is critical to the delivery of safe and appropriate health care for First Nations across BC.

Together these collective issues (the impacts of colonialism, the embedding of racism in health and other systems that impact First Nation health) underscore the urgent need to avoid silos and embed anti-racism policies at all levels across the provincial health system and beyond.

The full report of an Addressing Racism Review (as cited in Turpel-Lafond et al., 2020) sets out 24 recommendations to eliminate all forms of prejudice and discrimination against Indigenous peoples in the BC health care system. Engagement findings suggest *In Plain Sight* is a critical guide for working to address anti-Indigenous racism in BC health systems.

Engagement findings also suggest it is critical for health providers to engage with community concerns about racism in health care at a local level. Providers must be accountable to First Nations for decreasing racism; local engagement and partnership is key to improving health provider awareness and accountability.

DRIPA and Federal Indigenous Health Legislation Engagement Summary

The following themes emerged through Governance Caucus engagement discussions about DRIPA and federal Indigenous health legislation:

- Self-determination and community-driven, Nation-based approaches.
- Responsive funding, including easier reporting and more flexible funding criteria to address emergent needs.
- First-Nations-led initiatives that revitalize language, culture and tradition.
- Strengthened community capacity to improve the health and well-being of First Nations.
- Equitable access to quality health care for those residing in rural and remote areas of the province.
- Equitable access to quality health care for away-from-home members, including culturally safe services and support and a way to track the health of urban community members.
- Infrastructure investment.
- Culturally informed education and training.

Engagement findings suggest the themes align well with the 95 calls to action outlined in *Truth and Reconciliation Commission of Canada*: Calls to Action report and that there is interest in co-developing federal Indigenous health legislation and proceeding with next steps in implementing the themes presented above.

Emergency Management Engagement Summary

Environmental health is a key determinant of overall health. The impacts of disaster on First Nations members can be profound and lasting. The resulting trauma can have serious implications for health. The *Reclaiming our Connections: The Next Ten-Years* guidebook (p. 24; tabled at the Gathering Wisdom for a Shared Journey X in January 2020) identified emergency management as an emerging issue. It called for advocacy to ensure:

- First Nations were included more thoroughly in planning and response activities related to disaster management,
- First Nations were better funded to perform emergency management and
- The elimination or reduction of bureaucratic barriers to reimbursement of disaster related expenses.

Engagements on emergency management in 2022 confirmed these priorities. Leaders understand environmental conditions fuelled by global warming are contributing to heat domes, wildfires, flooding and drought. First Nations are dealing with environmental fallout such as landslides or floods that wash out or block roads and bridges. These conditions impact emergency transport options and increase health care costs. Environmental challenges threaten physical safety and contribute to high levels of toxic stress, respiratory illness and cardiovascular problems.

Despite the environmental disasters or emergencies often disproportionately impacting First Nations communities, which tend to be more rural or remote, First Nations tend to be ignored as potential partners in current disaster planning. They have fewer resources for prevention and response yet are on the front lines when disasters strike, working to meet the needs of their people.

Investment is needed for disaster preparedness. Flexible funding is needed to respond appropriately to community needs (e.g., one community may lack needed equipment, while another has equipment but needs training on its use). A one-size-fits-all approach will not help meet the needs of diverse communities in varying circumstances.

Regionalization Engagement Summary

Regionalization is the process of moving health planning and policy, service design and delivery closer to the community. Regionalization is driven by the value of community-driven, Nation-based approaches. Alignment with this value means understanding that each region may require different approaches. Governance is the structure and process through which plans, policies and related decisions are made.

Engagement on the social determinants of health with First Nations leaders and caregivers highlighted the following themes related to regionalization:

- **Self-determination and community-driven, Nation-based considerations:** Strategies must support the autonomy of First Nations to make decisions about funding, policy, services and how services reach the people. Ultimately, change must rest on a foundation of traditional law, treaties, agreements, federal, provincial and Nation laws to form a foundation for a "First Nations health system that relies on First Nations people and communities."
- **Close-to-home services suitable to the realities of individual Nations**: Close-to-home services are described as "safe, culturally/trauma-informed practice and wholistic care, close to home." The engagement process revealed several sub-themes related to close-to-home services, including staffing and workforce needs, needs related to facilities and desire for increased access to culturally based services. Close and accessible services for aging elders, members with disabilities and veterans are especially needed.
- **Funding changes:** Funding that is more sufficient, flexible, predictable and invested in community priorities and capacity is needed. Direct, block, contingency and flexible funding can be directed at local decision making to transition to close-to-home care.
- **Communications support and facilitators to integrated planning:** Communications across partners, funders and other Nations are essential. Communications supports are needed to ensure well-informed leaders, partners and communities and enable effective decision making and services.

  "Facilitators to integrated planning" are changes that reduce barriers to communicating, accessing data and information and problem solving. Facilitating changes includes implementing consistent and appropriate quality control, resolving boundary (jurisdiction) issues, streamlining and improving engagement processes and integrating culture into health care. Facilitators rely on collaborative approaches to clarify roles and responsibilities, improve health care transitions (pathways) and move these processes closer to community.
- **Hospital care and medical transport support:** First Nations members experience unnecessary barriers to timely care in settings that are culturally unsafe. Racism in health care settings puts members at risk. When problems do occur, complaint procedures are inadequate and accountability is lacking. Suggestions from the engagement process include placing First Nations liaisons, navigators, knowledge keepers and other supports inside hospitals and increasing quality control and accountability. Ultimately, some regions desire FNHA-operated hospital facilities. Medical transport challenges require changes that save lives and reduce barriers to care and increase options and flexibility. Too often, First Nations members are unable to receive the care they need in a timely way due to insufficient medical transportation support.

Short- and Long-Term Priorities on Social Determinants of Health Summary

Engagement with First Nations leaders and caregivers highlighted themes concerning short- and long-term priorities relating to social determinants of health, including healing approaches, cultural infrastructure, Nation-based governance and flexible and sustainable funding.

Healing Approaches

Culture is recognized as one of the social determinants of health. Identity and belonging are key to human well-being. Chiefs and leaders have communicated to FNHC that culture and language are resources for wellness and treatment. Despite its importance to wellness, there are currently few ways that culture is meaningfully incorporated into First Nations health care.

Maximizing use of cultural supports and resources needs more emphasis. Investments are needed now to develop culturally based and safe, supportive services, including the following:

- revitalizing traditional practices and supporting Knowledge Keepers;
- access to healthy traditional foods;
- culturally appropriate and relevant mental health approaches, such as on-the-land detox centres and treatment;
- safe, culturally based, supportive early years services for young people;
- culturally safe Elder care services to address in-home, emergency and long-term care needs; and
- safe, supportive services for two-spirit (LGBTQ+) people.

Chiefs and leaders have communicated to FNHC that the challenges of the past several years have resulted in significant trauma for First Nations. Residential school discoveries, the toxic drug crisis, violence against Indigenous women and girls, anti-Indigenous racism in health care as well as the 2019 coronavirus disease (Covid-19) pandemic have added new layers of collective trauma. Traumatic climate-change-related disasters, such as floods and wildfires, have also displaced community members, devastated subsistence lands and disrupted vital physical infrastructure (e.g., washed out roads and bridges). Short-term investment in trauma-informed response and recovery is essential; improved trauma-informed care is needed at all levels.

> "[We need to build] capacity within our people to do the work, because we know our people, we know our Nation, we know our territory. We know the healing that needs to be done, our culture, and the ways to do that."

Cultural Infrastructure

Colonialism involves deliberate and concerted efforts to eliminate Indigenous cultural practices and assimilate Indigenous people into European-settler culture. Engagement findings show it is crucially important to invest in rebuilding the cultural infrastructure damaged through colonialism.

During engagements, leaders recommended changing funding and other processes to support restoration of cultural governance structures and increased access to traditional healing. New positions that can provide culturally based care, and/or advocate, navigate, problem solve, help manage crises are needed to help achieve culturally safe and appropriate services.

First Nations members experience unnecessary barriers to timely care in settings that are culturally unsafe. Communication and problem-solving barriers put members at risk. When problems do occur, complaint procedures are inadequate and as a result, accountability is lacking. Placing First Nations liaisons, navigators, knowledge keepers and other supports inside hospitals and other health care settings can provide short-term solutions. Short-term investments are also needed to strengthen communication infrastructure to facilitate communication across Nations as well as with partners and funders.

Investments in treatment services for members struggling with substance use and mental health challenges are needed to reduce wait times and provide post-treatment support. Culturally appropriate and relevant mental health infrastructure, such as on-the-land detox and treatment facilities, are desired. Children and youth need access to mental health services, especially in remote communities. New infrastructure, such as up-to-date devices in clinics and equipment for emergency response capacity, including emergency transport, are also needed.

Engagement also identified the need for a robust long-term education strategy for communities to grow their own workforce. In the shorter term, investments are needed to address recruitment and retention issues, especially in remote areas. Increasing incentives to serve First Nations communities (e.g., ability to offer competitive wages) will be important to alleviate persistent staff shortages.

Nation-Based Governance

First Nations in BC have suggested through engagements that the community-driven, Nation-based principle (Directive #1 of the *7 Directives*) is overarching and foundational to the entire health governance structure. While "Nation" has been loosely defined to align with the 35 or so language groups by FNHA, the term cannot be prescriptive — it must be self-defined.

Chiefs and leaders have communicated to FNHC that the long-term change sought involves communities coming together as collectives to plan and make progress on shared health and wellness priorities. Encouraging Directive #1 means helping communities come together to develop governance structures and service models that work for them. It is critical that these collectives, as Nations, have sufficient capacity to align their governance and actions with their vision of health and wellness.

In support of Directive #1, engagement findings indicate long-term strategies need to:

- ensure that the voice and choice of Nation members, including children, youth, families, Elders and leaders are considered;
- recognize and ensure that the uniqueness of each Nation is reflected in decision making; and
- support the autonomy of First Nations to make decisions about funding, policy, services and how services reach the people.

Ultimately, change must rest on a foundation of laws (including the inherent right to self-government). Agreements, federal, provincial and Nation laws will form a foundation for a First Nations health system that relies on First Nations people and communities. Vital to this work is Directive #6: Be Without Prejudice to First Nations Interests. Notably, change must not impact on:

- Aboriginal Title and Rights or the treaty rights of First Nations and be without prejudice to any self-government agreements or court proceedings;
- the fiduciary duty of the Crown; and
- existing federal funding agreement with individual First Nations, unless First Nations want the agreements to change

Financial Sustainability

Throughout the FNHC's engagement on the social determinants of health, Chiefs and leaders have highlighted the challenge of securing sufficient funding for programs and services.

Currently, First Nations communities must contend with numerous funding processes, spread across relationships with multiple federal, provincial, non-profit and corporate partners. Individually, most of the funding sources are insufficient to meet community needs and each partnership comes with its own funding and reporting requirements that define what the funds may be used for. The reporting requirements outline the outcomes that are measured and the frequency which they are reported. Consistently, the outcomes that

funders want First Nations to measure are important to the European-settler government or institution, not the First Nation.

Collectively, these limitations restrict the ability of health directors and other caregivers to design and deliver programs and services that meet the needs of their communities. Chiefs and leaders have communicated to FNHC, over the long term, that it is important for Canada, BC and other partners to invest directly into community-driven, Nation-based plans.

Engagements have made clear the unique needs of each region and community require that funding be flexible and responsive to emergent needs. Changes in process are also vital when addressing concerns about the equitable distribution of resources. Investments are needed to address access to health care in remote areas and to fill service gaps in isolated communities. Direct and flexible funds are required to address distance, capacity, specific health needs, trauma response needs and competitive compensation and housing to attract qualified staff distribution of resources. Investments are needed to address access to health care in remote areas and to fill service gaps in isolated communities. Direct and flexible funds are needed to address distance, capacity, specific health needs, trauma response needs and competitive compensation and housing to attract qualified staff.

FINAL DRAFT Consensus Paper and Strategy Feedback Summary

The summary of engagement findings above covers the compiled regional summary results of FNHC Governance Caucuses between Gathering Wisdom X in 2020 and Spring 2022. At Gathering Wisdom for a Shared Journey XII in 2023, Chiefs and leaders will be asked to make a decision regarding adopting a Consensus Paper establishing FNHC's 10-Year Strategy on the Social Determinants of Health. A draft document was provided in fall of 2022 to allow time to confirm and strengthen the interpretation of engagement feedback and to refine the emerging consensus on the FNHC's 10-Year Social Determinants of Health Strategy. The final draft Consensus Paper and strategy was created from the regional summary information described above and presented for discussion, review and approval during Regional and Subregional Caucus sessions throughout fall of 2022.

Overall, these engagements emphasized themes of self-determination and a desire to continue alignment with work already underway. They confirmed that in the short term, Chiefs and leaders seek immediate investments to:

- support mental health and wellness in community;
- build capacity; and
- support traditional Knowledge Keepers.

Over the longer term, leaders have communicated to FNHC a desire for strategies supporting:

- self-determination;
- decolonization; and
- Nation-rebuilding.

Engagements through Fall of 2022 confirmed the four priority areas of focus for the 10-Year Strategy (Healing Approaches, Cultural Infrastructure, Nation-based Governance, and Financial Sustainability). Chiefs and leaders provided additional feedback that draft 10-Year Strategy should further articulate and embed the following cross-cutting issues:

- emergency management;
- parenting, early child development, youth mentorship; and
- food/plant harvesting, security and sustainability.

With regard to each strategic area, feedback confirmed where the drafted strategy seemed on target as well as suggested areas for greater emphasis. In terms of the first strategy, participants appreciated the focus on traditional-healing-centred approaches, practices and medicines. This focus is considered an important first step in First Nations taking control over their social determinants of health. However, engagement participants stressed a further need to:

- Emphasize key partnership opportunities and implementation steps at different levels of the system; and
- Look at other existing models and lessons.

The strategy area generating the most input from engagement participants was Cultural Infrastructure. Chiefs and leaders emphasized that equitable, sustainable funds are required now to establish and retain important traditional healers and other cultural staff roles going forward. Engagement participants particularly emphasized the strategy should further highlight the need to:

- Consider fair compensation and sustainable funding for traditional healers and other cultural staff;
- Reach consensus on a fair and respectful wage grade for Traditional Healers and other cultural staff; and
- Consider succession planning for traditional healers and other cultural staff.

In terms of Nation-based governance, engagements indicate Chiefs and leaders continue to stress the need for flexibility to accommodate distinction and a desire to move decision making closer to home. The strategy must consider these issues and emphasize:

- Nation-based governance means First Nations sitting alongside provincial and federal government representatives at planning and decision-making tables as equal, credible and respected partners.
- The need for a method for First Nations to work in a targeted way with partners to address existing and persistent barriers to care.

Engagement participants highlighted that the sustainable funding strategy links with all other strategy areas. Chiefs and leaders seek immediate resources and support to begin implementation. In addition, the strategy recognizes:

- many hands, resources, funds are needed;
- long-term engagement funds and resources are required; and
- equitable support for all First Nations in BC is needed.

Strategy Revisions

Engagement participants in the fall 2022 caucus sessions provided feedback on the strategy proposed in the draft Consensus Paper workbook. Subsequent revisions to the strategy were made in response. Specifically, changes were made to try to accomplish the following:

- Acknowledge more fully how the strategies are interconnected, can seem to overlap, and depend on one another. For example, to implement traditional-healing-centred approaches, Nations need cultural infrastructure, such as traditional practitioners recognized as care providers and facilities in which to offer care. Funding is needed to compensate and retain traditional care providers and sustain facilities. Nation-based governance is essential to determine which healing approaches, practitioners, and facilities are most appropriate for local contexts, given the diversity among First Nations in BC. The strategies are presented as distinct from one another and also deeply intertwined.
- Differentiate the strategies and reduce redundancy, especially between Healing Approaches and Cultural Infrastructure. While the strategies are interconnected, the original draft strategy included unnecessary duplication between priorities. In particular, the draft strategy conflated Healing Approaches and Cultural Infrastructure. Revisions sought to bring greater focus and distinction to each

area. Revisions make clearer that healing approaches relate to services and delivery, while cultural infrastructure deals with human resources, facilities, supports, frameworks and standards, and so forth.

- Highlight that the 10-Year Strategy upholds, aligns with and builds upon work already accomplished or underway, including efforts related to UNDRIP, the TRCC's Calls to Action, MOUs, and the anti-racism, cultural safety and humility Framework.
- Reorder partner goals to clarify focus and represent First Nations perspectives on health and wellness (i.e., "my health starts with me").
- Emphasize partnerships as essential, including Nation-to-Nation collaboration, partnering with local health and social service providers as well as partnering with sectors outside of health (such as education or justice).

Within the strategy, changes were made to the vision, engagement support, and/or partnership objectives sections for each of the four strategies to try to accomplish the following:

- Emphasize self-determination as foundational to all strategies.
- Reference meeting needs of all members, inclusive of urban and remote dwelling members.
- Be inclusive of healing concepts involving reconnection with the land and water, traditional foods and plants, healing of industrial- and climate-related damage and environmental preservation, which contribute to healthy environments and well-being.
- Include emergency management and parenting, early child development and youth mentorship.
- Emphasize First Nations must be included as equal, credible and respected partners by provincial and federal government representatives at planning and decision-making tables.
- Emphasize needs for equitable funding, immediate and long-term investment, both in general, as well as specifically as it relates to implementing healing approaches, including hiring, fairly compensating, and retaining traditional healers and other cultural staff.
- Highlight the need for housing infrastructure, generally, as well as specifically for Elders.

Other additions to the draft strategy included:

- A one-page summary at the beginning of the document summarizing what the strategy is and what is required from Nations to get the work started, including a graphic to present a broad overview of implementation next steps.
- A glossary of terms.

The Path Ahead: 10-Year Social Determinants of Health Strategy

The *10-Year Strategy on the Social Determinants* is a whole-of-government approach to accelerate progress on the social determinants of health with the collaborative goal of restoring the wellness that First Nations enjoyed prior to colonialism.

Shared vision

First Nations Chiefs, leaders, providers and communities share the vision of **healthy, vibrant and self-determining BC First Nations children, families and communities**. This proposed Tripartite strategy describes a collective vision for the social determinants of health and sets the foundation for future agreements that advance specific priorities.

To achieve this shared vision, First Nations and their partners must take action together to improve the systems that address health and wellness of First Nations children, families and communities in BC. FNHC is committed to building on the existing tripartite health partnership to create a culturally safe, comprehensive and coordinated continuum of health and wellness approaches that affirm, promote and restore the health and wellness of First Nations in BC and contribute to healing, reconciliation and Nation rebuilding.

Principles

The *10-Year Strategy* will **uphold the *7 Directives***: community-driven, Nation-based; increase First Nations decision making and control; improve services; foster meaningful collaboration and partnership; develop human and economic capacity; be without prejudice to First Nations' interests; and function at a high operational standard.

Additionally, the *10-Year Strategy* **upholds the principles of reciprocal accountability**: clear roles and responsibilities for the partners, clear performance expectations, balanced expectations based on capacities, credible reporting, reasonable review and adjustment and ethics.

The *10-Year Strategy* **aligns with the principles of the *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP)**, stating Indigenous peoples have the right to self-determination, including the right to autonomy or self-government; the right to maintain and strengthen distinct political, legal, economic, social and cultural institutions (while retaining the right to participate in those of the state); the right to practice and revitalize their cultural traditions and customs; the right, without discrimination, to the improvement of their economic and social conditions (e.g., education, employment, housing and health); the right to their traditional medicines and health practices; the right to access, without any discrimination, all social and health services; and equal right to the enjoyment of the highest attainable standard of physical and mental health.

The *10-Year Strategy* **aligns with the calls to action related to health made by the Truth and Reconciliation Commission of Canada**, especially Calls 21–23, for sustainable federal government funding for existing and new Aboriginal healing centres to address the physical, mental, emotional and spiritual harms caused by residential schools; recognition by the Canadian health care system of the value of Aboriginal healing practices and collaboration with Aboriginal healers and Elders; and increasing the number and supporting retention of Aboriginal professionals working in the health care field.

The *10-Year Strategy* **builds upon work undertaken to develop** the following MOUs: *Health Council: A Regional Engagement Process and Partnership to Develop a Shared 10-Year Social Determinants Strategy for First Nations Peoples in BC* **(FNHC-BC MOU 2016)***; Agreement Between Indigenous and Northern Affairs Canada and the First Nations Health Council in Relation to services for First Nations Children and Families in British Columbia* **(FNHC-Canada MOU 2017)***; and Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness* **(Tripartite MOU 2018)**. These MOUs brought the federal and provincial governments into dialogue with First Nations regarding their priorities related to child and family well-being (including services to these populations), reducing poverty, and mental health and wellness.

The *10-Year Strategy* is **consistent with the review recommendations from the *In Plain Sight* (Turpel-Lafond et al., 2020) report** and the strategic objectives and priorities outlined in the **Anti-Racism, Cultural Safety and Humility Framework (FNHA, 2021)**: championing cultural safety and humility; working with partners in BC to support a racism-free health system with embedded cultural safety and humility practices; and emphasizing a First-Nations-led response, regional innovation and focus and service excellence.

The 10-Year Strategy upholds, aligns with, and builds upon:

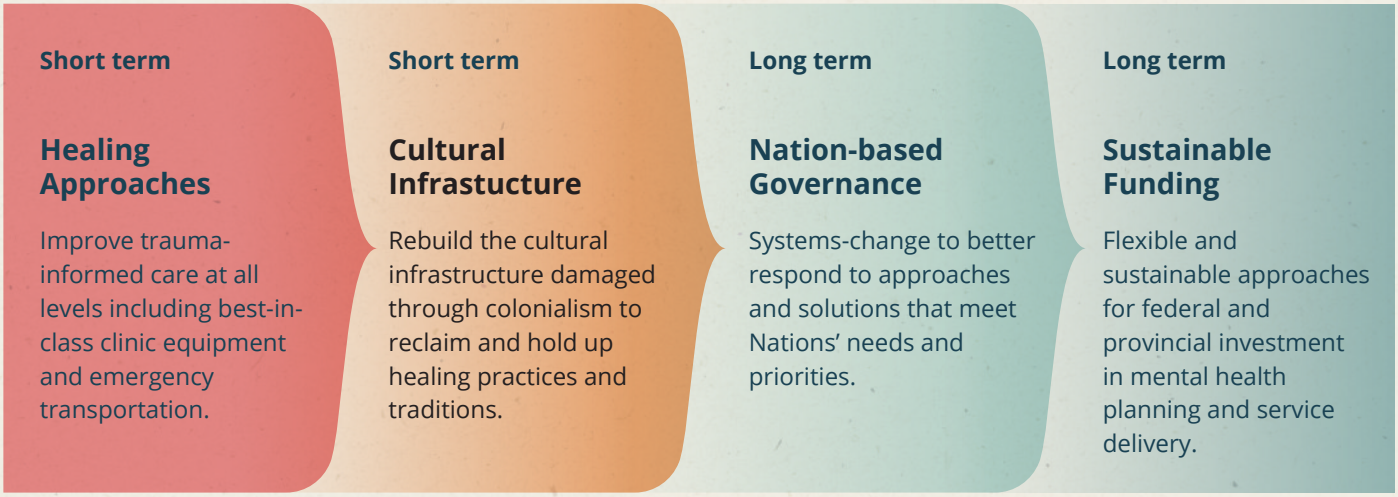
- The 7 Directives
- Principles of reciprocal accountability
- *UNDRIP*
- TRCC's Calls to Action
- FNHC-BC MOU 2016
- FNHC-Canada MOU 2017
- Tripartite MOU 2018
- *In Plain Sight* recommendations
- The Anti-Racism, Cultural Safety and Humility Framework

Strategic Framework and Priorities

The proposed *10-Year Strategy* furthers the calls for systemic change.

- Healing Approaches
- Cultural Infrastructure
- Nation-based Governance
- Sustainable funding

10-Year Strategic Framework



In reality, it can be hard to distinguish where one strategy ends and another begins. For example, to offer access to traditional cultural healing practices, Nations need cultural infrastructure (e.g., traditional practitioners recognized as care providers and facilities in which to offer care). Resources such as the land and water must be healthy and able to grow, care for and share traditional plant medicines and sustain healthy traditional foods. Inadequate or outdated facilities and equipment impede delivery of culturally safe, high-quality health care; financing is necessary for improvements. Having a seat at emergency management and other planning tables *as full partners* requires recognition of Nation-based health governance. Partners outside of the health arena, such as those in the education or justice sectors, must be brought in via partnerships for some efforts (e.g., improving cultural safety of health care or addressing trauma related to missing and murdered Indigenous women and girls) to achieve success. Thus, self-determination, funding, human resources, facilities and buildings, equipment and machinery and partnerships (across sectors and levels of care) are all needed to reclaim cultures of wellness.

> While healing approaches, cultural infrastructure, Nation-based health governance and sustainable funding are described individually, in reality these strategies are interconnected, sometimes overlap and depend upon one another

Descriptions of each strategy area below include a vision of where First Nations should be in 10 years as a result of the strategy, a brief overview of engagement findings and a list of high-level partnership objectives.

LOOKING AHEAD 10 YEARS:
Four Strategic Priorities to Decolonize Health Care

Healing Approaches

Vision: By 2033, First Nations communities in BC will be delivering close-to-home health and social services grounded in Indigenous knowledge that address self-determined community and Nation priorities. Indigenous knowledge and healing practices stand as legitimate and vital elements of First Nations health in partnership with culturally safe provision of other health care services. First Nations members have access to wholistic services that affirm, uphold and support restoration of cultural practices and facilitate access to cultural supports (even when members are urban or remote). Healing approaches may be language- based, on the land, embedded in facilities or take any other form Nations may create to ensure cultural alignment, safety, strengthen trauma-informed care and safeguard culture and health sustaining environments.

Engagement support: Recent engagements on racism in health care, DRIPA and federal health legislation, regionalization and short- and long-term social determinants of health priorities (in addition to engagements prior to 2020) reveal that while there is diversity among First Nations in BC, there is broad agreement among First Nations on the need for holistic perspectives on health and wellness, grounded in culture and tradition. First Nations leaders also broadly agreed that health and wellness approaches and priorities (especially those that are most urgent) need to be self-determined at the community and Nation level. Leaders know that traditional, culturally based healing-centred approaches and medicines are essential to reclaiming wellness. Self-determined healing approaches must be trauma-informed, cover the lifespan from prenatal to end of life, and address the needs of remote communities, members away from home and special populations (i.e., veterans, LGBTQ+, etc.). Leaders have recommended changing funding processes and strengthening partnerships to support reclamation of cultural practices and knowledge keepers as partners in healing and to promote environments and cultures of wellness.

Partnership Objectives: To fulfill the promise of this strategy FNHC will:

- Increase funding for community-driven, Nation-based demonstration projects that support implementation of innovative, culturally based healing approaches addressing self-determined social determinants of health priorities, expanding work begun with the *Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness* in 2018.
- Foster personal health and wellness behaviours that are informed and supported by self-determined Indigenous approaches to healing and wellness.
- Enhance opportunities to gather, cultivate and eat traditional foods using approaches that teach about the cultural foundation of these practices and their relationship to health and wellness.
- Work with partners to design and deliver services that connect people with processes that are non-invasive, including approaches such as land- and water-based healing and connection with ancestors.
- Support culturally based healing approaches involving reconnection with the land and water, traditional foods and plants, healing of industrial or climate-related damage and environmental preservation which contribute to healthy environments and well-being.
- Support Nations to design, deliver and realign services and wellness approaches across a broad spectrum of urgent and long-term health and wellness concerns, including chronic disease management, emergency management, mental health and addictions treatment, maternal and child health, treating injury or acute illnesses and public health practices.
- Support Nations to design wellness approaches and deliver services that address the needs of away from home members and other self-determined populations of interest, such as children, youth, Elders, members living remotely, veterans, LGBTQ+ members, violence survivors, people with disabilities, and so forth.
- Engage partners, Nations and communities in implementing healing approaches to address traumatic impacts from recent losses brought about by fires and floods as well as losses related to the toxic drug crisis and the Covid-19 pandemic.
- Strengthen the linkages between federal, provincial and First Nations agencies that provide health and wellness services with First Nations communities and Indigenous knowledge keepers and support First Nations working directly with local, provincial and federal partners to ensure services incorporate the best Western and Indigenous approaches to health and wellness.
- Build upon efforts already underway, ensuring continued alignment with existing agreements and discussions with ministries within the Government of Canada (e.g., ongoing discussions on federal Indigenous health legislation should be implemented locally).

Cultural Infrastructure

Vision: By 2033, First Nations communities will have the human resources (including fairly compensated and sustainably funded traditional healers and other cultural staff), equipment, facilities (including housing), plans and partners needed to implement self-determined healing approaches that wrap around and protect their people's health day to day, as well as during emergencies. First Nations members will experience high-quality, culturally safe services in accessible and affirming facilities close to home (regardless of whether home is remote, urban, or someplace in between). Care is delivered utilizing up-to-date technology and equipment in a self-defined, culturally congruent context of processes, programs, procedures, management systems and facilities. Services with fully functioning cultural infrastructure are designed, implemented and staffed by First Nations community members and coordinated with supportive partners.

Engagement support: Throughout engagements on varying topics, including the recent engagements on DRIPA and federal health legislation, regionalization and short-term social determinants of health priorities, leaders have recommended changing funding, reporting and other processes to support restoration of cultural infrastructure to

support cultures of wellness. Leaders have stressed the need for new and updated facilities (buildings, wheelchair ramps, etc.), emergency response and other types of equipment and communication infrastructure to strengthen partnerships (among Nations, as well as with other partners). Human resource investments are also critically needed to implement and enhance healing approaches as well as combat persistent staff shortages (especially in remote areas). Leaders emphasized that equitable, sustainable funds are required now to establish and retain traditional healers and other cultural staff roles. Planning processes at all levels need to support capacity to design and implement local systems that reflect and promote the values, traditions and cultures of their Nations.

Partnership Objectives: To empower the potential represented by investing in cultural infrastructure FNHC will:

- Focus on enhancing protective factors associated with positive cultural teachings about health and wellness, such as revitalizing language, enhancing community involvement, fostering connections with Elders, reconnection with traditional practices and foodways and supporting families with childrearing.
- Work with partners to make immediate investments in infrastructure to address community-driven, Nation-based urgent health and wellness needs and priorities.
- Advocate with partners to provide First Nations the capacity to establish close-to-home facilities and services, equip and bring existing facilities up to date and address other unmet facility concerns (such as housing).
- Advocate with partners to provide First Nations the capacity to plan strategies and make investments to address staffing and workforce needs.
- Support First Nations knowledge keepers, urban liaisons, navigators and others to provide culturally based and/or culturally safe care and to advocate, navigate, problem solve and help manage crises.
- Work to ensure fair, respectful and sustainable support and compensation for Indigenous knowledge keepers for delivery of healing services.
- Make space for Indigenous knowledge keepers to safely teach, practice and share Indigenous knowledge and skills.
- Work with partners to develop and implement a cultural wellness framework that provides standards for inclusion of Indigenous healing approaches that work within First Nations health systems.
- Work with federal and provincial partners to ensure First Nations can determine and develop the infrastructure needed to implement Indigenous healing and wellness approaches close to home, such as on-the-land detox centres and treatment facilities.
- Enhance First Nations' capacity to create healthy environments for young children and youth that foster resilience through self-determined approaches, such as supporting healthy parenting, Elder engagement and mentorship and youth engagement.
- Enhance First Nations' capacity to provide culturally safe and affirming Elder care services in-home, during emergencies, as well as long-term care (including in Elder housing).
- Facilitate a whole-of-government approach that supports First Nations to design comprehensive cultural infrastructure integrated into community services to make them culturally safe and responsive.
- Advocate for partners to include First Nations as full partners in developing emergency management plans.
- Engage partners and communities in restoring cultural knowledge over the long term to heal from losses suffered under colonialism as well as from recent losses due to environmental disasters, the toxic drug crisis, and the Covid-19 pandemic.
- Engage government partners, communities and other social determinants of health partners such as educational institutions in investing significant resources in growing the capacity of First Nations people over the long term to deliver a broad range of health care services while being well grounded in Indigenous concepts of health and wellness.

Nation-Based Governance

Vision: By 2033, First Nations communities will have the capacity and autonomy to design their own health and wellness systems that incorporate and promote the vision, values and teachings of their Nation. These services are administratively efficient and effective. First Nations will deliver health and wellness services through self-defined structures and partnerships that make sense culturally, linguistically and politically. First Nations have relationships with partners that support health and wellness capacity (including emergency response), improve cultural safety and reclaim and revitalize pre-colonial mutual support among Nations. Nations exercise full data governance and sit alongside provincial and federal government representatives at planning and decision-making tables as equal, credible, respected partners.

Engagement support: Recent engagements on racism in health care, DRIPA and federal health legislation, regionalization and short- and long-term social determinants of health priorities have affirmed that communities working in isolation is not the way of First Nations people. Prior to contact, First Nations communities were part of larger Nations. Nations were self-defined by shared language and culture as well as mutual support and familial relationships. First Nations in BC have asserted the community-driven, Nation-based principle, grounded in self-determination, is overarching and foundational to the entire health governance structure. There is consensus that health and wellness priorities (especially those that are most urgent), as well as service delivery models and solutions, need to be self-determined at the community and Nation level. Leaders believe Nation-based governance means First Nations must sit alongside provincial and federal government representatives at planning and decision-making tables as equal credible, respected partners. First Nations must be supported to work in a targeted way with partners to address existing and persistent barriers to care. First Nations are stewards of the people, land and culture, and thus best suited to make and implement the health policies, practices and services that are right for their circumstances.

Partnership Objectives: To achieve Nation-based governance, FNHC will:

- Support Nations and communities to organize governance structures in ways that work for them. The meaning and use of the term "Nation" must be self-determined.
- Work with partners to support First Nations to build capacity to design and implement local systems that reflect and promote the values, traditions and cultures of their Nations.
- Support Nations to partner with local health and service organizations as well as with other Nations to strengthen services, promote resource sharing and address persistent barriers to care.
- Aligning with the spirit and principles of UNDRIP, work with the Governments of Canada and BC to establish Tripartite Nation-based tables with each self-identified Nation in BC, if so desired by the Nations, in which leaders will discuss with partners how to make progress on Nation-based plans and priorities.
- Work together with its government partners and First Nations to support communities to develop, renew or redesign health and wellness plans that align with their cultural approach to healing and are responsive to the local vision of health and wellness, as well as locally determined service gaps and priorities.
- Advocate for approaches that support First Nations communities to make decisions about funding, policy, services and how services reach the people.
- Work with partners to align their governance, services delivery models and service delivery boundaries with those outlined by the Nations to eliminate barriers to Nations determining their service structures and partnerships.
- Advocate for inclusion of First Nations as equal, credible, respected partners in planning and decision making regarding their Nations' health and wellness, including in emergency management planning.
- Support local planning with resources that complement existing community planning, budgeting, fiscal management and reporting processes.

- Ensure that Nation-based governance supports building long-term capacity in addition to addressing urgent on-the-ground issues defined by the Nations.
- Provide support for nations with treaties and self-governing agreements as it relates to strategy, if requested.
- Ensure that FNHC's governance structure facilitates Nation-based governance.

Through these processes, the strategies will promote innovative partnership arrangements among First Nations that facilitate greater cross-Nation collaboration and the alignment of funding and services with Nation-based health and wellness plans.

Sustainable Funding

Vision: By 2033, First Nations in BC receive direct transfer payments aligned with their health and wellness plans. Nations have full authority over how they allocate and use funding. Communities and Nations have the flexibility to design, manage and deliver services in ways that work for them, as well as to be responsive to emergent needs. Reporting is based on objectives and metrics outlined in their community-driven, Nation-based plans. Funding is equitable across Nations, sufficient, sustainable and aligned with First Nations governance structures, cultural infrastructure and healing approaches.

Engagement support: Across all recent engagements (and in those since at least 2016), leaders have said that funding for programs and services needs to be flexible and support a wholistic vision of wellness, covering a wide spectrum of planning and service-delivery activities. Immediate investments are needed to support implementation of healing approaches and address infrastructure needs. The unique needs of each region and community require that funding be flexible as well as sustainable to ensure Nations and communities can make progress toward long-term goals. Funding allocations need to be equitable across Nations. Chiefs, leaders and caregivers have been continuously advocating for direct, long-term, flexible funding arrangements, with funds invested directly by partners into community and Nation-based plans (i.e., health and wellness transfer payments). Direct, flexible and sustainable funding is essential to self-determination and to meaningfully implement community-driven, Nation-based approaches.

Partnership Objectives: To fully realize financial sustainability (i.e., direct, flexible, sufficient and sustainable Funding), FNHC will do the following:

- Work collaboratively with funding partners in 2023–2024 to develop and implement direct health and wellness transfer payments to support, sustain and foster the evolution of these strategies over the long term.
- Collaboratively develop a new funding and accountability framework in BC that addresses existing inequities; provides increased investment and greater flexibility in the design, management and delivery of community-based services; and adheres to established mechanisms for reciprocal accountability.
- Enter into dialogue with partners to further articulate and design the protocols and processes for reciprocal accountability so that partners and funders as well as First Nations are clear on and capable to meet the obligations in the funding framework.
- Work with Canada and BC to develop a direct, long-term and flexible investment mechanism, which consolidates the multiple funding and reporting streams currently managed by communities into a single "health and wellness transfer payment," investing directly in priorities outlined in Nation-based health and wellness plans.
- Advocate for funding to address capital projects without sacrificing services, enabling responses to urgent service needs, long-term capacity building and mitigation of the realities of the geographic challenges.
- Work with partners to further design and support data sovereignty.

This new approach will simplify funding and reporting structures with the view to streamline the process for First Nations to access federal and provincial funding for health and wellness services and related activities. This will be achieved by increasing service delivery funds and lowering administrative burdens through eliminating proposal-driven processes and shifting to outcome-agreement based funding, pooling federal and provincial funding for health and wellness services, consolidation and streamlining of reporting processes. The shift from program-based, proposal-driven funding processes to an approach of outcome-based investment implemented through a health and wellness transfer payment system will provide Nations the flexibility to align resources with their health and wellness plans and priorities. Additionally, initiating the strategies will be facilitated by aligning the processes and the Canada Funding Agreement (CFA) to ensure that resources are available to support the 10-year process and beyond.

Strategy Tracking and Correction Evaluation

Initiatives implemented under these strategies must be connected with clear outcomes and agreed-upon measures to track and report on progress. Defining methodology to use the foundational *7 Directives* as a measurement tool to track adherence with the overall vision will keep the strategies aligned with the established values of the shared First Nations health governance structure. For example, each of the *7 Directives* can be assessed by creating a descriptive scale of actions or conditions that represent how that directive is being actualized. First Nations, FNHC and partners will collaboratively develop clear action and outcome statements and implement an efficient and holistic reporting framework for First Nations health and wellness in BC.

Health and Wellness Reporting Framework

FNHC and government partners will work to implement the health and wellness indicators that First Nations, BC and Canada have jointly identified that align with the outcomes the parties aim to achieve through the flexible funding approach. Nations will work to implement the strength-based indicators that have been identified to align with agreed-upon population-level outcomes and that reflect the unique cultures, languages and capacities of their communities.

Beginning in 2023–2024, FNHC will work with partners to implement the health and wellness reporting framework and begin data collection on outcomes.

Commitment to Ongoing Collaboration and Partnership

Making progress on improving the social determinants of health will require a strong commitment to collaboration, collective action and reciprocal accountability. At its core this commitment must include empowering First Nations data governance as well as providing the resources needed to support it. FNHC is committed to leading this work by engaging First Nations Chiefs, leaders, providers and communities along with government partners to mobilize their respective contributions, authorities, assets and innovations in support of the shared vision.

Participation of Canada and the Province of BC will build on the shared vision and commitments of the partners in the health plans and agreements, including the outstanding commitments in the *Transformative Change Accord* (2005).

The Government of Canada and Province of BC have key accountabilities related to the social determinants of health; therefore, the FNHC commits to invite these federal and provincial government partners to participate in Tripartite agreements supporting the implementation of the strategies.

Next Steps

This Strategy is a framework for action – the next step is implementation. FNHC, in its governance and advocacy role, recognizes FNHA as the lead implementing body. FNHA will lead the implementation process for the strategies that will reshape health services for First Nations, with steps to implement the strategy will be planned and developed by First Nations and communities across BC. The timeline for implementation will be determined by First Nations and include flexibility to be responsive to individual Nation and community-level circumstances.

In adopting these strategies, First Nations leaders, providers and communities entrust the vision expressed in this Consensus Paper to the authority and technical expertise of the FNHA and, in that approval, celebrate the strength of the governance framework that has made this vision possible.

Initiating the Strategies

- During the first year after adoption of this Consensus Paper, FNHC will meet with partners to **develop a 2-year implementation plan** (2023-2025) that sets timelines, deliverables, engagement priorities and principles consistent with the commitments set out in this Consensus Paper.
- Align short-term resource distribution with Tripartite negotiations around the CFA, utilizing the infrastructure of the FNHA to efficiently disburse resources to Nations.
- At the earliest date possible, affirm with government partners the need for flexibility in spending and reporting.
- Set a schedule with clear timelines to establish and define Tripartite structures regionally and provincially that build on the First Nation health governance structures and support First Nation communities in each of the five regions to implement the *10-Year Strategy*.
- **Implement this Tripartite, *10-Year Social Determinants of Health Strategy*** with agreements that set out pragmatic, effective, responsive and culturally appropriate actions, clear outcomes and agreed-upon measures to track and report progress.
- Advocate for the establishment of a Tripartite committee structure to operationally oversee the implementation of the strategy and coordinate and align planning, programming and service delivery related to health and wellness in BC.
- Make this implementation plan public as a measure to track and report on progress to BC First Nations.
- **Establish a reporting framework** based on the FNHA *7 Directives* that identifies the degree to which FNHC is achieving each of the directives across the First Nations health system and within each of the regions.
- **Revisit the Tripartite *10-Year Strategy on Social Determinants of Health*** on an annual basis with the understanding that the consensus will be renewed or replaced as the strategy develops.

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Glossary

Accessible	Able to be reached. A place or service that is readily available to everyone.
Bias	To have a set and often prejudiced outlook on a different group. To cause a prejudiced view; to prejudice or influence someone.
Building consensus	A process of dialogue and amendment as required, to arrive at a general agreement.
Collaboration	The act of working together to achieve a common goal or interest based on a decision to act jointly while preserving independence and integrity.
Colonialism	The policy, practice and action of one government to acquire full or partial control over another sovereign government. Extinguishing or subjugating an Indigenous population for political and economic gain.
Consensus	Most participants in dialogue agree. All feel they have had input. Those who do not agree fully can support the outcome or at least have chosen to not block it.
Cultural infrastructure	The human resources, equipment, facilities, plans, policies, processes and partners needed to fully integrate Indigenous cultural ways of knowing and healing into First Nations health care.
Cultural knowledge	Knowledge that represents the history, values, beliefs, behaviours, health practices, spirituality and relationship with place of a people with a shared culture.
Cultural safety	An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system.
Decolonize	The process of remembering, reclaiming and restoring to Indigenous people control of the land, natural resources, sovereignty, cultural knowledge and children taken by colonial oppression.
Engagement	A process of collecting wisdom, advice, feedback and guidance from First Nations in BC on a health and wellness matter.
Equity	The quality of being fair and impartial. A practice of genuine respect for all people. Just access to the rights and resources of society.
Governance	The acts, mechanisms and infrastructure of governing.
Healing approaches	Treatments, actions and practices that promote traditional wellness and support a human being's (body, spirit, mind) capacity to heal itself.
Inclusion	Including all members of society in opportunities and resources available as full members and participants in society.

Nation	A self-defined First Nation based on shared culture, language and mutual support across related communities governed under a self-determined governance structure.
Nation-based governance	Governance and operation of governmental functions and services by a self-determined First Nation.
Nation rebuilding	A process of remembering and reclaiming First Nations' traditions and definitions of self-determined governance.
Pathways	The Engagement and Approvals Pathway is a process of engagement and dialogue to guide significant, province-wide decisions regarding roles, responsibilities and mandates of First Nation health governance structure's co-equal partners.
Racism	Withholding access to rights or resources based on racial prejudice. Discrimination based on the concept of race. The acted-upon belief that one race is superior to another in ways related to biological inheritance, innately determined. The racism may be either covert or overt in nature. Covert racism is concealed, hidden or secret. Overt racism is open and observable.
Reciprocal accountability	FNHC and First Nations are accountable to each other in a process of dialogue, engagement, consensus building and decision making.
Regionalization	The process of moving health planning and policy, service design and delivery closer to the community.
Self-determination	A process by which First Nations as sovereign governments that predate colonization rightfully determine their own governance, laws, policies, services and the solutions to their own challenges.
Social determinants	Societal circumstances and conditions such as poverty, lack of access to quality education, employment, pose persistent challenges to the quality of life and are known to impact health outcomes.
Sovereignty	Means having the status of being a distinct political society, separated from others, capable of managing its own affairs and governing itself.
Strategy	A plan of action and set of policies designed to achieve an overall aim.
Sustainability	Able to be maintained at a desired level despite changing circumstances and shifting demands.
Traditional healer	Any person recognized by their community as being able to bring about healing through a variety of means (mental, social, emotional, physical or spiritual).

Traditional wellness	A system of health maintenance in which knowledge keepers, traditional healers, families and individuals use Indigenous knowledge of human behaviour and relationships, spirituality, one's relationship with the land, plants, foods, and water, and knowledge of the body, fitness and diet to achieve a balance life, good health, happiness and harmony.
Transformation	A thorough and dramatic change in form and substance.
Treaty	An agreement between sovereign governments that has the force of law.
Tripartite partners	Shared by or involving three parties. A collaboration among three governments: First Nations, provincial and federal.
Truth and reconciliation	A process of truth telling, acknowledgement, restoring, and realignment of power between an oppressed people and the oppressing power.
Truth and Reconciliation Commission of Canada (TRCC)	A commission created to facilitate reconciliation among former students, their families, their communities and all Canadians to redress the wrongs suffered in residential schools.
UNDRIP	*United Nations Declaration on the Right of Indigenous Peoples*.
Western medicine	The practice of allopathic medicine. A system in which medical doctors and other health care professionals (such as nurses, pharmacists, and therapists) treat symptoms and diseases using drugs, radiation, or surgery. Also called biomedicine, conventional medicine, and mainstream medicine.
Worldview	A conceptual framework for understanding the world. The sum total of culturally based ideas, concepts, constructs, and paradigms, making up the understanding of human experience.

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RECLAIM