

Memorandum of Understanding

BETWEEN

Government of British Columbia

AND

First Nations Health Council

(COLLECTIVELY THE "PARTIES")

A Regional Engagement Process and Partnership to
Develop a Shared Ten-Year Social Determinants
Strategy for First Nation Peoples in BC



MEMORANDUM OF UNDERSTANDING
BETWEEN THE
Government of British Columbia AND First Nations Health Council
(COLLECTIVELY THE “PARTIES”)

**A Regional Engagement Process and Partnership to Develop a Shared
Ten-Year Social Determinants Strategy for First Nation Peoples in BC**

1. PREAMBLE

The Province of British Columbia and BC First Nations have established a broad and enduring health partnership that is based on mutual recognition and respect, reciprocal accountability, and the desire to improve health and wellness outcomes by increasing First Nations decision-making in the design and delivery of services and making progress on the social determinants of health.

As set out in the *Protocol on the Social Determinants of Health* (2015) between the First Nations Health Council (FNHC) and the First Nations Leadership Council (FNLC), the FNHC is mandated to advocate on First Nation health and wellness matters, support health systems transformation, and build partnerships to address the broader determinants of health in support of the shared vision of healthy, self-determining and vibrant BC First Nation children, families and communities. With this agreement, the FNHC is responsible for tracking progress in the implementation of regional strategies related to the social determinants of health and identifying relevant outcomes for joint review and action with the FNLC.

The shared vision and commitments of the Parties is set out in the *Transformative Change Accord* (2005), the *Transformative Change Accord: First Nations Health Plan* (2006), the *First Nations Health Plan Memorandum of Understanding* (2006), the *Tripartite First Nations Health Plan* (2007), the *Basis for a Framework Agreement on First Nation Health Governance* (2010), the *British Columbia Tripartite Framework Agreement on First Nation Health Governance* (2011) and the *Health Partnership Accord* (2012).

Through these agreements, the Parties have agreed to work together to eliminate disparities and inequities in the health status between First Nations in British Columbia and other residents of British Columbia.

It is recognized that, as set out in the aforementioned health plans and agreements, First Nations in BC have established a health governance structure that is guided by fundamental standards for good governance and enables First Nations to participate fully in the design and delivery of services. This approach is supported by the shared commitment to bring decision-making closer to home by recognizing and involving First Nations decision-making and service delivery structures and processes at provincial, regional and local levels.

It is recognized that health for First Nations encompasses the spiritual, mental, economic, emotional, environmental, social and cultural wellness of the individual, family and community. As such, the Parties work from a broad wellness perspective that is informed by the First Nations Perspective on Wellness. The Parties agree that advancing the broader purpose of reconciliation by improving the health and wellness status of First Nations requires concerted and coordinated action to address the related and underlying circumstances that determine individual and collective wellbeing with the collaborative goal of building healthy communities.

The Parties believe that the approach taken for health governance provides a platform from which to collaborate to achieve this goal and will invite First Nation communities, as represented by respective Chiefs and Leaders, to employ the ‘*engagement and approvals pathway*’ as set out in the Consensus Paper (Navigating the Currents of Change, 2012). This would result in five (5) regional multi-year social determinant strategies that reflect regional priorities and perspectives and support holistic models of healthy child and family development as a shared priority regionally and provincially.

These five (5) regional strategies will inform and guide the development of specific interim regional action plans to be mutually agreed upon with the ministries referenced in this MOU. The Parties envision that this collaborative partnership will lead to a ten-year social determinants strategy.

The Parties agree to work with BC First Nations to take steps to include the Government of Canada in the development of a tripartite ten-year social determinants strategy that more fully describes actions to be taken to address the social determinants of health as a means to accelerate improvements in the health and well-being status of First Nations in BC.

It is intended by the Parties that this MOU will minimally remain in place through the end of Fiscal Year 2019/20 and if successful as an approach would serve as the basis for an ongoing ten year social determinants strategy. It is recognized that this MOU may evolve into a more formal agreement through the involvement of the Government of Canada in a tripartite process.

2. PURPOSE

The purpose of this Memorandum of Understanding is to affirm a common understanding and shared commitment of the Parties to:

- 2.1** Define the initial engagement framework from which the Parties will determine mutual priorities and interests related to the social determinants of health.
- 2.2** Establish and define bilateral structures regionally and provincially that builds from the First Nation health governance structure and supports First Nation communities in each of the five (5) regions to engage in an ongoing process of planning, priority-setting, decision-making and reporting that is shared and reflects the authorities and accountabilities of the partners involved regionally and provincially.
- 2.3** Develop a tripartite ten-year social determinants strategy that sets out pragmatic, effective, responsive and culturally appropriate actions to address the social determinants of health with clear outcomes and agreed upon measures to track and report on progress.
- 2.4** Set out expectations for engagement of the Provincial Government and BC First Nations with the Government of Canada in developing the tripartite ten-year social determinants strategy.

3. GUIDING PRINCIPLES

The Parties agree to uphold the principles endorsed by BC First Nations in the Consensus Paper (*British Columbia First Nations Perspective on a New Health Governance Arrangement*, 2011) in the implementation of this Memorandum of Understanding:

- 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
- Function at a High Operational Standard

4. ROLES AND RESPONSIBILITIES

The Parties agree to uphold the following roles and responsibilities in the implementation of this Memorandum of Understanding:

- 4.1 The Parties recognize and respect established and evolving relationships, responsibilities and accountabilities in the implementation of this Memorandum of Understanding.
- 4.2 The Parties agree that the principle of reciprocal accountability is central to collaboration and collective action. This means that we will work together at all levels in a collaborative manner to achieve our shared goals, living up to our individual and collective commitments. That the Parties are accountable to each other for their actions and the effective implementation and operation of their responsibilities and systems.
- 4.3 The Parties agree to engage at the appropriate level and through agreed upon processes, ensuring each Partner has the authority, accountability and capacity to fully contribute.
- 4.4 The Parties agree to resource an initial process of regional and provincial engagement with First Nations to build consensus on a common vision for addressing the social determinants of health in British Columbia. As such, the Parties agree to negotiate additional funding to enhance the currently funded health governance infrastructure for Fiscal Year 2016/17. It is recognized that resources invested in this process must be used in a manner that is efficient and effective and, where possible, uses or builds from the existing health collaboration infrastructure
- 4.5 The Parties acknowledge that the Government of Canada has key accountabilities related to the social determinants of health and therefore commit to invite the Government of Canada to participate in tripartite discussions to develop the tripartite ten-year social determinants strategy as soon as practicable.
- 4.6 The Parties acknowledge that the FNHC will collaborate with the FNLC in shaping and implementing the tripartite ten-year social determinants strategy in accordance with the FNLC and FNHC *Protocol on the Social Determinants of Health* (2015).

5. THEMES OF WORK

The Parties share the vision of healthy and vibrant BC First Nations children, families and communities playing an active role in decision-making regarding their personal and collective wellness, and drawing upon the richness of their traditions of health and wellbeing.

The Parties agree that the Government of Canada should be a full partner in developing the tripartite ten-year social determinants strategy consistent with the shared vision and commitments of the Parties in the health plans and agreements, including the outstanding commitments in the *Transformative Change Accord* (2005). The Parties will take steps to include the Government of Canada in the development of a tripartite 10-year social determinants strategy. It is envisioned that the tripartite strategy could describe a collective vision for the social determinants of health and set the foundation for future agreements that advance specific priorities. However, the Parties agree that there are a number of areas that can be advanced bilaterally while at the same time pursuing the full engagement of the Government of Canada as a partner in this process.

The Parties agree that priorities mutually identified for implementation on a bilateral basis will be developed in full collaboration with First Nations through the '*engagement and approvals pathway*'. The result of this Community-Driven, Nation-Based engagement exercise will be pragmatic, effective, responsive, and culturally appropriate actions for addressing the social determinants of health and strengthening linkages between health, education, child and family services, and justice systems on a regional basis.

It is understood that the path to community wellness is to be found within a holistic framework that includes the mental, physical, cultural and spiritual dimensions of wellbeing and promotes reconciliation through the restoration of family and community structures and traditions of healing and wellbeing. To this end, the Parties believe that the *Truth and Reconciliation Commission Calls to Action* (2015) and the recommendations of the Representative for Children and Youth and the Provincial Health Officer in the *Growing up in British Columbia* (2015) report provides a framework for exploring evidence-based strategies that focus on the upstream factors that shape health and wellness outcomes. For greater clarity, this encompasses the dimensions of physical and mental wellbeing, family income and food security, child safety, early learning and education, and connectedness to family, community, culture and language.

The Parties acknowledge that addressing the social determinants is complex and therefore must work in full collaboration with First Nations to set priorities and take a staged approach to implementation over the proposed ten-year time frame.

6. HEALTHY CHILD AND FAMILY DEVELOPMENT

While the Parties work toward the tripartite ten-year social determinants strategy as set out in the section above, it is acknowledged that bilateral and collaborative steps can be taken to increase and strengthen the involvement of First Nations in decisions and strategies that impact key social services available to and accessed by First Nation children, youth and families in British Columbia. To this end, the Parties have identified specific areas of focus with the interest to support holistic models of healthy child and family development and will invite First Nation communities, as represented by respective Chiefs and Leaders, to engage in identifying priority areas for mutually agreed bilateral action in these areas.

The following areas of focus will form the basis of engagement with First Nations in each of the five (5) regions during the first phase of engagement and planning regionally and provincially:

6.1 Child and Family Wellbeing

- 6.1.1** Collaborate with First Nations in each of the five (5) Regions to identify priority actions and approaches that support individual health and wellness, support family functioning, relationships and wellbeing, support healthy child and adolescent development, support vulnerable families, and strengthen culture and community.

6.2 Child Welfare

- 6.2.1** Engage First Nation Chiefs and Leaders, First Nation service providers, and Directors of Aboriginal Delegated Agencies in each of their respective regions on the following:

- The planning, design, delivery and evaluation of legislation, policy, operational protocols and service standards for child welfare services, including programs for prevention and protection services, to ensure service plans and priorities for First Nation children and families reflect the diverse needs, priorities and perspectives of First Nations in BC.
- The development and implementation of a strategy for strengthening the collaborative governance, both regionally and provincially, of all child and family services provided to First Nations that is based on fundamental standards for good governance, reciprocal accountability, measurable outcomes, operational and service standards, and mutually agreeable measures to transparently track and report on progress.

6.2.2 Engage First Nation leaders at regional and provincial levels on the following:

- Find constructive and collaborative processes to resolve disputes between the Ministry of Children and Family Development (MCFD) and individual First Nations as it relates to the exercise of jurisdiction over children and families.
- Approaches that enable First Nations communities and child and family service providers to keep First Nation families together where it is safe to do so, and to keep children in culturally appropriate environments, regardless of where they reside.
- Approaches that recognize the potential for First Nation families and communities to provide more appropriate solutions for family healing through improved training and relationships while maintaining a strong shared focus on safety, wellbeing, and human rights of the child or youth.
- Find constructive and collaborative processes to review, modify or develop child welfare policy as it applies to First Nation children, youth and families, as appropriate, to better address the needs of First Nation children and families while maintaining a strong and shared focus on safety, wellbeing, and human rights of the child or youth.

6.3 Education

6.3.1 Collaborate with the First Nations Education Steering Committee (FNESC) and the Ministries responsible for education and skills development to identify priority actions for reducing disparities in education and employment outcomes. This includes, but is not limited to, consideration of settings-based health promotion, mental health services, skills development, supplemental learning supports, and family-based prevention measures.

6.4 Justice

6.4.1 Collaborate with relevant First Nation partners and the Ministries responsible for justice and public safety services to identify priority actions for addressing the disproportionate rate of incarceration amongst First Nations youth and young adults. This includes, but is not limited to, consideration of community-based mechanisms that provide realistic alternatives to imprisonment and measures to address and prevent Fetal Alcohol Spectrum Disorder (FASD).

The Parties acknowledge that these areas of focus provide an initial focal point for collaboration in the immediate term and will evolve with the identification of regional priorities and interests related to the social determinants of health as part of an evolving ten-year social determinants strategy, particularly with the inclusion of the Government of Canada as a participant in a tripartite agreement.

7. STRUCTURE AND PROCESS FOR IMPLEMENTATION

7.1 Immediate Actions

The Parties agree to take a staged approach to address the social determinants of health. As an initial step, and within the scope of respective authorities and accountabilities, the Parties will work together to implement an initial six month engagement process from April to September that concludes with the Gathering Wisdom for a Shared Journey forum in Fall 2016.

The Parties agree that the results of this initial engagement process will form the basis for a meeting between the FNHC and the relevant Ministers in the Fall of 2016 before the Gathering Wisdom for a Shared Journey forum to identify and agree upon a potential first set of pragmatic, effective, responsive, and culturally appropriate actions in the areas of health, education, child and family services, and justice. These potential action

items will be brought forward by the Parties to the Chiefs and Leaders at Gathering Wisdom for a Shared Journey forum in fall 2016 for discussion and feedback. This discussion and feedback will inform the development of respective 2017/18 to 2019/20 Ministry Service Plans. It is recognized that potential actions may require policy review, investments and/or improvements in the design or delivery of programs and services, and other innovative approaches to advancing the shared agenda regionally and provincially.

The Parties agree to immediately invite the Government of Canada to be part of the process to develop a tripartite ten-year social determinants strategy to make progress on the social determinants of health per the *British Columbia Tripartite Framework Agreement on First Nations Health Governance* (2011).

7.2 Continuing Commitments

The Parties commit to continue with the '*engagement and approvals pathway*' towards achieving consensus on a ten year social determinants strategy. The ongoing and regular process of engagement regionally and provincially would enable provincial Ministries to work collaboratively with First Nations in their respective regions. This would include the joint development, implementation and evaluation of multi-year regional social determinant strategies. Similar to the intent of Section 6.2 of the *Framework Agreement* (2011), it is envisioned that First Nations and provincial Ministries will enter into arrangements for collaborative governance in each of the five (5) regions as a means to define mechanisms for shared planning, priority-setting, decision-making and reporting.

This will include an annual Fall meeting between the FNHC and relevant Ministers as a means to review progress in the implementation of this agreement, discuss shared priorities and emerging expectations, and to further develop and implement an evolving bilateral ten-year social determinants strategy or, with the involvement of the Government of Canada, a tripartite ten year social determinants strategy. This will be supported by quarterly meetings between the FNHC and relevant Deputy Ministers in fulfilment of commitments made in the Basis for a *Framework Agreement* (2010) and *Framework Agreement* (2011).

The Parties understand that resources will be required to support this ongoing, coordinated and collaborative approach and agree to negotiate additional funding to enhance the currently funded health governance infrastructure starting Fiscal Year 2016/17. It is recognized that resources invested in this process must be used in a manner that is efficient and effective and, where possible, uses or builds from the existing health collaboration infrastructure. The Parties will therefore take steps to:

- Establish additional secretariat resources to provide appropriate administrative and strategic support to bilateral and potentially tripartite discussions at the provincial level.
- Establish additional capacity in each of the five (5) regions that will support First Nations with planning, communications and collaboration at regional levels.

8. MEASURING PROGRESS

The Parties agree that initiatives must be connected with clear outcomes and agreed upon measures to track and report on progress. The Parties acknowledge that limitations exist with respect to the availability and reliability of data related to the health of First Nations children, families and communities in BC.

To this end, the Parties agree to seek the assistance of the Office of the Chief Medical Officer of the First Nations Health Authority, the Office of the Provincial Health Officer, and the Office of the Representative for Children and Youth in developing clear action and outcome statements and contributing to the overall design of a holistic reporting framework for First Nations health and wellness in BC.

9. DISPUTE RESOLUTION

The Parties agree that taking action together on shared commitments must be enabled by a strong and enduring partnership that the Parties nurture and evolve over time. We acknowledge that, in spite of our best efforts, we will make mistakes. We agree that we will learn from the past, move forward together, and resolve conflict in a good way, that we will not abandon our journey together, even when we encounter obstacles along the way.

Consistent with the principle of reciprocal accountability, the Parties are committed to working collaboratively and to prevent, or alternatively, minimize disputes with respect to the implementation of this Memorandum of Understanding. To that end, the Parties will:


- Establish clear lines of communication and clearly articulate expectations in the interpretation and implementation of this agreement.
- Seek to address anticipated disputes in a manner that is expeditious and cost-effective.

It is understood by the parties that as an MOU this document is a statement of intentions and not intended to be legally enforceable in court. The Parties nevertheless acknowledge that disputes may arise and agree that we will strive to resolve any such disputes in a non-adversarial, collaborative and informal atmosphere. In the spirit of recognition and respect, cooperation and reconciliation, the Parties will incorporate alternative forms of dispute resolution that reflect First Nation values and protocols that may be appropriate for facilitating positive outcomes in particular circumstances.

If disputes arise in relation to respective commitments under this agreement, the Parties shall each nominate a representative who shall promptly and diligently make all reasonable efforts to resolve the dispute and determine a mutually agreeable course of action. Where the representatives nominated by the Parties are unable to resolve the dispute in a timely manner, the matter will be referred to the signatories for resolution.

GOVERNMENT OF BRITISH COLUMBIA

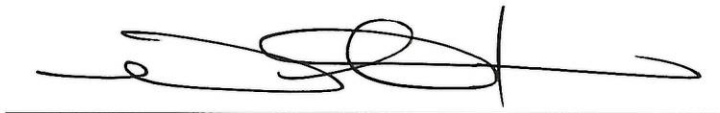

HONOURABLE JOHN RUSTAD,
MINISTER OF ABORIGINAL RELATIONS AND RECONCILIATION


WITNESS

DATE: March 03, 2016

FIRST NATIONS HEALTH COUNCIL


GRAND CHIEF DOUG KELLY,
CHAIR, FIRST NATIONS HEALTH COUNCIL


WARNER ADAM,
DEPUTY CHAIR, FIRST NATIONS HEALTH COUNCIL

DATE: March 2, 2016





First Nations
Health Council



BRITISH
COLUMBIA