

# FRASER SALISH

## 2020 5-YEAR REGIONAL HEALTH AND WELLNESS PLAN



FRASER SALISH REGION  
First Nations Health Authority



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



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## AT THE BEGINNING OF TIME

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At the beginning of time, the Chíchelh Siyá:m (*Creator*) looked at all the beauty of the earth, and decided to create a man and a woman, just as he had created all other beings. The Chíchelh Siyá:m called all the other beings to gather and witness what was going to happen.

The Chíchelh Siyá:m asked the Áxe (*Goose*) to be a witness and represent all the flying beings; the Tl'élx̄xel (*Spring salmon*) to be a witness and represent all the water beings; the Ts'esláts (*Saskatoon berry*) to be a witness and represent all the plant beings, and the Tl'alqtéle (*Deer*) to be a witness to represent all the four-legged beings. The Chíchelh Siyá:m wanted the new beings to be able to see, touch, smell, and eat all that was available.

So the Chíchelh Siyá:m picked up some Teméth (*earth soil*) with each hand and blew into one hand and the dust formed a handsome brown-skinned young man, and the Chíchelh Siyá:m was pleased. Then again, he blew into the other hand, and the dust formed a beautiful brown-skinned young woman, and the Chíchelh Siyá:m was pleased, he called them Xwéxwelmexw (*Human beings*).

The Chíchelh Siyá:m asked the witnesses to speak to the new Xwéxwelmexw. The Áxe (*Goose*) came forward and said *"I offer myself and other flying beings to be used as food, clothing, shelter, medicine, and utensils for the new beings, and all we ask in return is respect. Do not be greedy and take more than you need, share what you have with other beings, and learn to pray and give thanks."*

The Tl'élx̄xel (*Spring salmon*) came forward and said *"I offer myself and other water beings to be used as food, clothing, shelter, medicine, and utensils for the new beings, and*

*all we ask in return is respect. Do not be greedy and take more than you need; share what you have with other beings, and learn to pray and give thanks."*

The Ts'esláts (*Saskatoon berry*) came forward and said *"I offer myself and other plant beings to be used as food, clothing, medicine, shelter, and utensils for the new beings, and all we ask in return is respect. Do not be greedy and take more than you need; share what you have with other beings, and learn to pray and give thanks."*

The Tl'alqtéle (*Deer*) came forward and said *"I offer myself and other four-legged beings to be used as food, clothing, medicine, shelter, and utensils for the new beings, and all we ask in return is respect. Do not to be greedy and take more than you need, share what you have with other beings, and learn to pray and give thanks."*

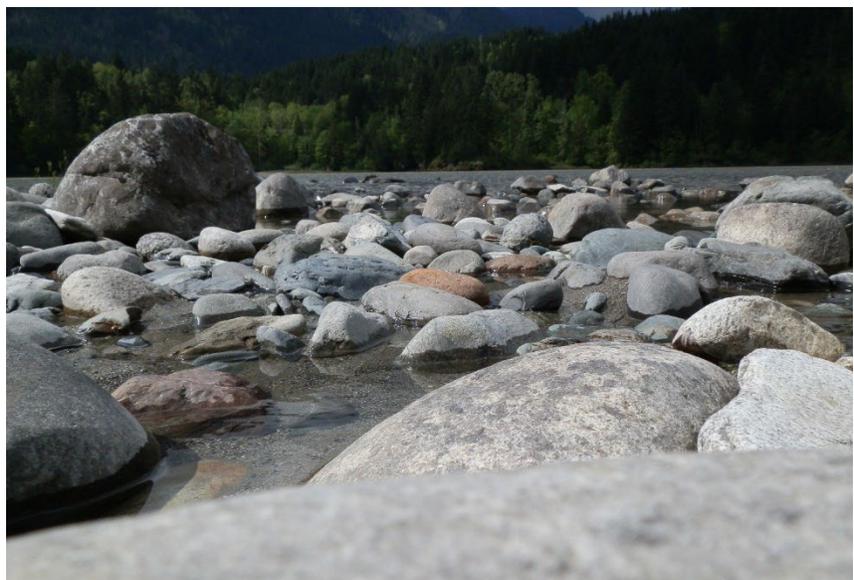
The Sp'óqes (*Eagle*) swooped down and offered one more thing: to take the prayers of the new Human beings to the Chíchelh Siyá:m when offered in a good way.

So this is the story of the beginning of time and this is why we pray and give thanks for all that we have, and are not greedy. We share Mother Earth amongst all other living beings with respect for her well being, this is why we say...

Mekw' tel Sq'eqó:

*(All my relations)*

Th'et-simiya,  
Wendy Ritchie  
Traditional Wellness  
Coordinator, FNHA



# OVERVIEW OF GOALS

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Welcome to the 2020 Fraser Salish 5-Year Regional Health and Wellness Plan (RHWP)!

Thank you to everyone who helped put this together for all the good work. Without all the input from our 32 Fraser Salish communities, all the meetings over Zoom, GoToMeeting, Skype, and dialogue by phone and email, along with the 2-day in person Fall 2019 engagement session, this document would not have been possible.

These combined efforts have resulted in 15 goals for our region to work towards over the next five years. Each area of work has a goal that ultimately aims to carry the Fraser Salish region forward, towards better health and wellness outcomes for our people. The 2020 RHWP goals are:



To ensure regional decision-making processes are sound, clearly communicated, and directly influence regional, provincial, and federal health services affecting Fraser Salish First Nations.



To partner with communities to ensure the Fraser Salish voice informs and guides the design and implementation of all health services delivered in the region.



To ensure a person-centred experience of care that is wholistic, integrated, coordinated, and accessible – and that diversity and culture are respected at the first point of contact between a patient and the health care system.



To promote, maintain, and enrich personal and population health and wellness through individual, family, community and regional action that is grounded in wellness approaches throughout the lifespan.



To provide supports across the spectrum of mental health and encourage healing and wellness using the best of traditional and western practises.



To work in partnership with other sectors to govern more collaboratively, ensuring health is considered in the development of legislation, standards, major strategies, programs, and decisions.



To partner with the Fraser Health Authority (FHA) to transform health care by embedding lateral kindness to increase trust and safety in the system.



To integrate wholistic Traditional Wellness into all pillars of the RHWP, where possible.



To support the urban and away-from-home population to meet our vision of healthy, self-determining and vibrant Fraser Salish children, families and communities.



To establish a comprehensive planning process to develop, review, align, and refresh regional and community level plans.



To demonstrate that the Fraser Salish RHWP has resulted in improvements for our people.



To develop strategic approaches to evaluate the region's progress on achieving goals in the RHWP.



To work with the First Nations Health Authority (FNHA) and the FHA to initiate and develop a research agenda that resonates with the Fraser Salish First Nations.



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



To increase the number of Indigenous peoples in health careers and to support their advancement in their chosen health career path.

## ENGAGEMENT SUMMARY

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The 2020 RHWP was compiled from both existing regional guiding documents and outcomes from engagement priorities:

- Regional Health and Wellness Plan (2014);
- Regional Health and Wellness Plan Progress Report (2019);
- Partnership Accord (the “Accord”) (2020);
- Regional Joint Working Group meetings (Engagement & Transformation and Collaboration & Partnerships);
- Regional Caucuses;
- 2019 2-Day RHWP Engagement (Nov 7-8, 2019);
- 2020 Fall RHWP Engagement (September-November Joint Working Groups); and
- Regional Operations Team meetings and feedback.

It also aligns with and informs the following guiding documents or plans:

- Fraser Salish Regional Team Annual Work Plan
- Fraser Salish 5-Year Mental Health and Wellness Service Plan (the “MHW Service Plan”);
- Fraser Salish 5-Year Primary Care Service Plan (In Development);
- Fraser Salish 5-Year Family Wellness, Health Literacy and Prevention Service Plan (In Development);
- Fraser Salish Closer to Home / Chémat Plan
- Fraser Salish Closer to Home / Chémat Implementation Plan
- Fraser Salish Closer to Home / Chémat Business Plan
- FNHA Urban and Away-from-Home Health and Wellness Framework (the “Urban and Away-from-Home Framework”); and
- FNHA 5-Year Plan (2022–2027)

The 2020 Fraser Salish 5-Year Regional Health and Wellness Plan was approved at the Fall 2020 Fraser Salish Regional Caucus (held virtually) on December 4, 2020.

# FRASER SALISH REGIONAL MAP

We are Fraser Salish people, composed of 32 communities, including the people who live on the “Land facing the sea” – the Tsawwassen people – to the people who live up in the Fraser Canyon (see Figure 1).

Athelets (Aitchelitz)	Boothroyd	Boston Bar	Chawathil
Xwchíyò:m (Cheam)	Katzie	Kwantlen	Kwaw-kwaw-Aplit
Kwi’Kwetlem	Leq’á:mel	Mathexwi (Matsqui)	Peters
Popdw’em (Popkum)	Qayqayt	Sq’welets (Scowlitz)	Seabird Island
Semiahmoo	Shxw’ówhámél	Shxwhá:y Village	Sq’ewa:lxw (Skawahlook)
Sq’ewqel (Skowkale)	Skwah	Soowahlie	Spuzzum
Sxwoyeha:la (Squiala)	Sts’ailes	Sema:th (Sumas)	Tsawwassen
Ch’iyaqtel (Tzeachten)	Union Bar	Yaqweqwi:ws (Yakweakwoose)	Yale

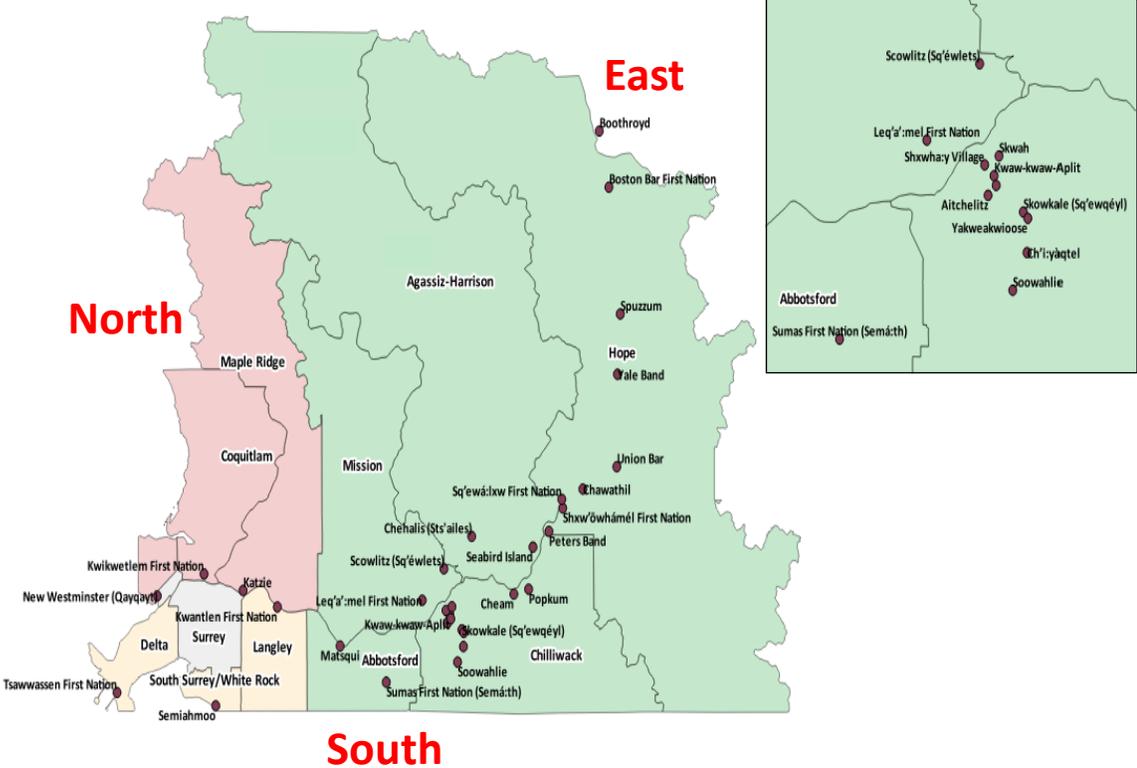


Figure 1: Fraser Salish Community Listing and Map Location

# INTRODUCING OUR SITEL

The Halq’eméylem word for basket is *sitel* (pronounced “see-tell”).

Continuing the work done in the 2014 RHWP, the image of a cedar basket, or *sitel* (Figure 2), will still represent the 2020 Fraser Salish RHWP. The 2020 RHWP is going to be a five-year evergreen plan, and will grow and develop along with the regional needs. It will be informed by an Annual Work Plan, developed by the Regional Team and approved at the annual Spring Caucus.

This *sitel* is woven together from a strong base that threads together the pillars to develop into a vessel capable of carrying all the tools and other items we will need on our journey forward towards health and wellness for our communities. The base, pillars, common threads, and contents of the *sitel* make up this RHWP.

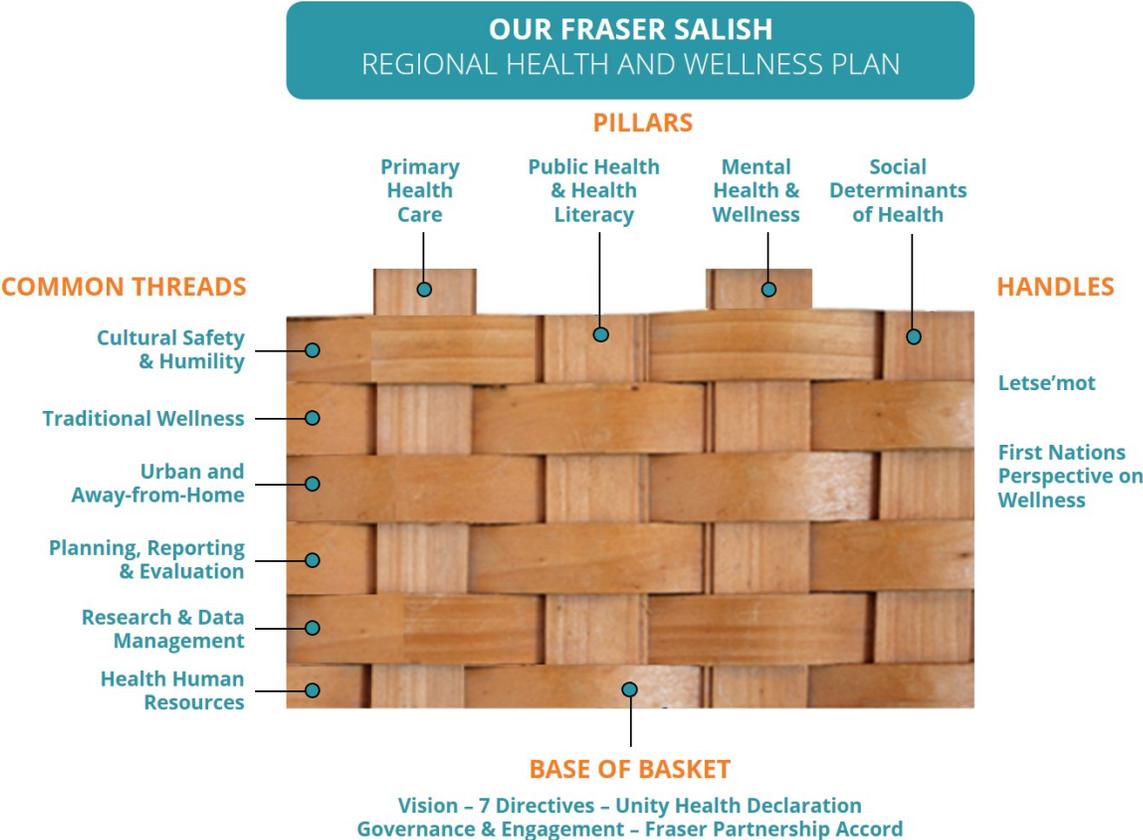


Figure 2: Our basket, representing the work being woven together and carried in the region

# HANDLES OF OUR SITEL

A sitel is easier to carry on a journey when it has handles. For the purposes of this RHWP, our handles represent the fundamental concepts of *Letse'mot* and the First Nations Perspective on Wellness. Keeping these concepts foremost in our hearts, minds, and spirits enables us to lift our sitel and bring it forward on our health and wellness journey.

## Letse'mot

*Letse'mot* is the Halq'eméylem word for the phrase "everyone working together." This concept encompasses the idea that no one is alone, and that everything and everyone is joined and connected in a community spirit as strong as our history is long. As one of the handles of our basket, this word joins our nations in "one heart, one mind, and one spirit." See Figure 3.



Figure 3: The concept of "everyone working together" in our region's four languages

## First Nations Perspective on Health and Wellness

The [First Nations Perspective on Health and Wellness](#) aims to visually depict and describe the FNHA Vision: Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities (Figure 4).

The various circles in the image below are intended to serve as a starting point for discussions on wellness. As a combination of elements, wellness begins with the person, where each of us is a champion of our own wellness. The four realms of wellness – mental, emotional, spiritual and physical – are deeply connected to family, work, communities, institutions, environments and culture.

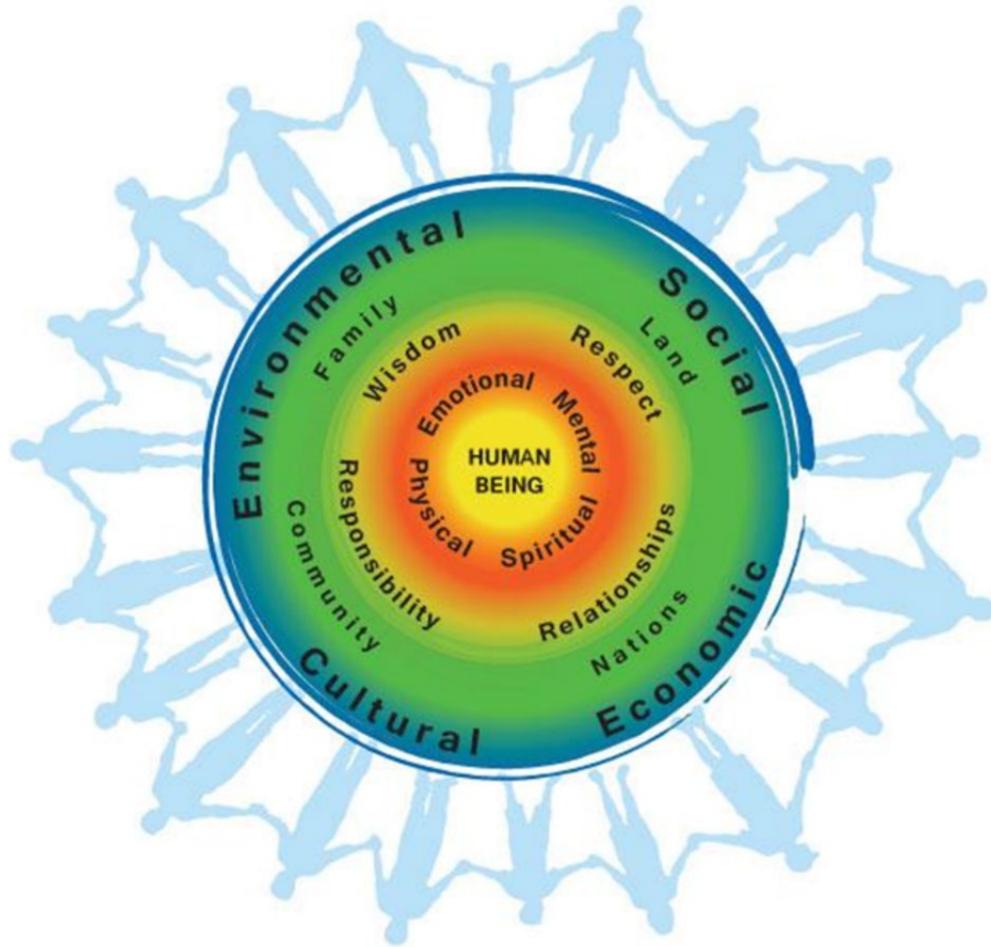


Figure 4: First Nations Perspective on Health and Wellness<sup>1</sup>

## THE BASE OF OUR SITEL

The base of this sitel is the foundation for forward movement and growth, drawing on the strengths of our past, our traditions, and our roots. Through governance and engagement with our communities and partners, we can achieve the best possible outcomes by weaving our threads around the pillars that make our region strong and healthy. This engagement will also draw upon the [Fraser Salish Vision, the 7 Directives](#), the Fraser Salish Unity Health Declaration (the “Declaration”), and the Accord.

<sup>1</sup> <https://www.fnha.ca/wellness/wellness-and-the-first-nations-health-authority/first-nations-perspective-on-wellness>

## Vision

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

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

The collective vision of the Accord signatories is:

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

## The 7 Directives

The 7 Directives were developed through comprehensive engagement with BC First Nations in the formation of the BC First Nations health governance structure, comprised of the First Nations Health Council (FNHC), the FNHA, and the First Nations Health Directors Association (FNHDA).

The 7 Directives are the fundamental standards and requirements for how health governance must operate at the community, regional and provincial levels:

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

## The Fraser Salish Unity Health Declaration

The Declaration was created to remind ourselves that our region needs to work together for collective priorities, and not for the needs of individual communities. Taking the concept of *Letse'mot* into consideration, the declaration reinforces this united ideal.

Under the Declaration, consensus was reached that we, the Fraser Salish people, will:

- Have a shared vision, and desired outcomes;
- Address needs collectively for the benefit of everyone regardless of where they live in our territories or their status;
- Have frank, honest, and respectful dialogue with each other and in our relationships;
- Be committed to an enduring yet evolving shared learning journey;
- Include celebrations and ceremonies as an integral part of our work together;
- Ensure that partnerships are defined by each Nation where each Nation chooses – however, where the collective enters into a partnership, a consensus decision-making model shall be used;
- Uphold our responsibility to care for other First Nations when they live within or visit our territories; and
- Acknowledge that the responsibility for decision-making, information-sharing and authority to govern rests with each Nation through their appointed representative.

## Governance & Engagement

### GOVERNANCE



To ensure regional decision-making processes are sound, clearly communicated, and directly influence regional, provincial, and federal health services affecting Fraser Salish First Nations.

### Fraser Salish Regional Caucus

Governance refers to the authority to make decisions and the processes by which those decisions are made. Since 2005, First Nations have been involved in a historic journey of health governance and systems transformation. Fraser Salish leadership have formed the Fraser Salish Regional Caucus (the “Caucus”), which serves as an engagement forum for our political (i.e. Chiefs) and technical leaders (i.e. Health Directors or Health leadership) to have a conversation on health (see Figure 5).

## Fraser Salish Health Governance Structure and Partnership Process

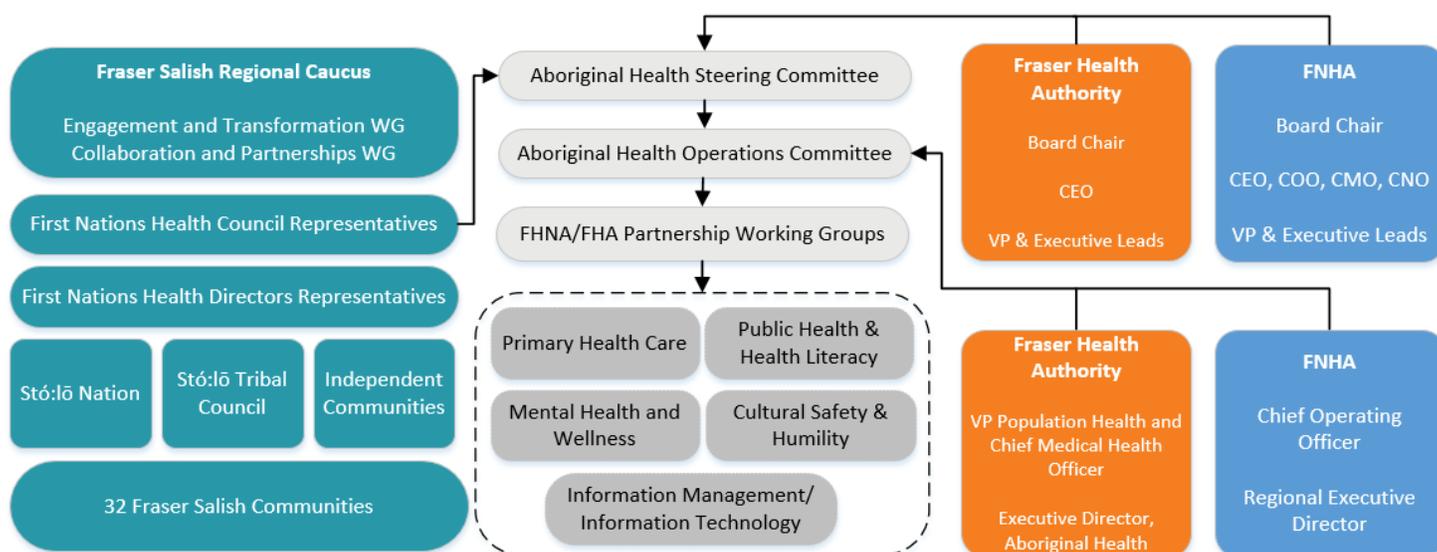


Figure 5: Fraser Salish Health Governance Structure

The Fraser Salish Regional Caucus (shown on the left, above):

- Has representation from all 32 Fraser Salish communities;
- Is the decision-making body for matters relating to Fraser Salish First Nations health;
- Elects three representatives to the FNHC. These positions represent and report back to the Caucus at various tables such as the Partnership Accord Aboriginal Health Steering Committee (PA AHSC), and the Provincial FNHC;
- Elects three representatives to the FNHDA. These positions represent and report back to the Caucus at the Provincial FNHDA;
- Meets twice per year to receive updates, engage in dialogue, and make decisions on regional and provincial health matters;
- Has created two working groups, made up of regional health leadership:
  - The Engagement and Transformation working group guides the development and implementation of the RHWP;
  - The Collaboration and Partnerships working group provides strategic direction on addressing the Social Determinants of Health priorities within the RHWP; and
- Further roles and responsibilities are outlined in the Fraser Salish Caucus Terms of Reference.

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

### **Fraser Salish Regional Office**

As outlined in the *Consensus Paper 2012: Navigating the Currents of Change*, regional offices provide technical support for the work of the regions. This upholds Directive 1: Community-Driven, Nation-Based. The Fraser Salish Regional Office provides shared support to regional FNHC and FNHDA representatives, and the FNHA central office. These roles will be clarified further within the Fraser Salish Closer to Home / Chémat Plan (in development).

## **ENGAGEMENT**



**To partner with communities to ensure the Fraser Salish voice informs and guides the design and implementation of all health services delivered in the region.**

Engagement refers to the robust and dynamic community engagement network that feeds into the Fraser Salish Health Governance Structure.

The Fraser Salish Engagement team plays several critical roles, supporting:

### **1. Direct engagement with First Nations**

- Including promoting and facilitating wellness initiatives; hosting service planning sessions; supporting emergency management and pandemic planning and follow-up;

### **2. Engagement with the FNHC and FNHDA**

- Including hosting Regional Caucus sessions, Provincial Gathering Wisdom Forums, Regional Joint Working Groups, and engaging with Health Directors;

### **3. Engagement with the urban and away-from-home population**

- Including building and developing relationships with urban service organizations (i.e. Surrey Urban Indigenous Leadership Committee, regional Friendship Centres etc.) and regional school districts; and

### **4. Collaboration with Central FNHA**

- Including support for 5-Year Plan Renewal, Regional Health Survey, Health Benefits/Medical Transportation, Funding Arrangements, etc.

## **Fraser Partnership Accord**

The Accord was first signed in 2011, and again in 2020. It consists of a partnership between the Caucus, FHA, and FNHA, and sets out the following objectives:

1. To cooperate in good faith to achieve joint and shared decision-making in all decisions relating to health services delivered to First Nations people within the Fraser Salish Region.
2. To improve health outcomes by achieving greater service integration through sharing decisions on planning, management, service delivery and evaluation of culturally appropriate, safe and effective services.
3. To formalize the relationship between the Parties and set out good governance standards, agreed strategic approaches and roles, collaborative responsibilities, and expectations.
4. To develop a Joint Work Plan to advance the implementation of commitments outlined within the Accord, including steps to align with and implement the B.C. Declaration on the Rights of Indigenous Peoples Act.

### **Key priorities of the Accord are:**

- Primary Health Care;
- Public Health and Health Literacy;
- Maternal Child and Family Health;
- Mental Health and Wellness (MHW);
- Cultural Safety and Humility and Traditional Wellness; and
- Social Determinants of Health.

An additional key priority for the Fraser Salish Caucus and Fraser Health is to develop an Indigenous Anti-Racism Plan. This plan is currently being developed by the Aboriginal Health Steering Committee and will be jointly approved by the Fraser Salish Caucus, Fraser Health Authority Board, and FNHA.

A summary of the Accord structure has three levels:

- Strategic level: the Aboriginal Health Steering Committee (AHSC) provides direction and oversight to the Accord and Joint Work Plan;
- Operations level: the Aboriginal Health Operations Committee (AHOC) provides operational oversight and implements priorities within the Joint Work Plan; and
- Program level: the working groups carry out initiatives and objectives identified in the Joint Work Plan (Primary Health Care; Public Health and Health Literacy; Mental Health and Wellness; Cultural Safety and Humility and Information Management/Information Technology).

## THE PILLARS

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The pillars are the areas of focus in the region that give shape and structure to our basket. These areas reach down to our roots at the base of the sitel and hold the threads together to lend strength and direction to the outcomes our communities wish to achieve.

The four pillars of the RHWP are:

- Primary Health Care;
- Public Health & Health Literacy;
- MHW; and
- Social Determinants of Health.

### Primary Health Care



**To ensure a person-centered experience of care that is holistic, integrated, coordinated, and accessible - and that diversity and culture are respected at the first point of contact between a patient and the health care system.**

The Fraser Salish regional team is currently developing a 5-Year Primary Health Care Service Plan with the vision to provide long-term access to timely, quality, culturally safe and integrated primary healthcare services for all BC First Nations individuals, families and communities.

*Primary health care* refers to health care that includes a wider range of health professionals and services than *primary care*. Primary health care is devoted to health care for all ages, from infancy to elder care, across the spectrum of delivery from prevention to tertiary care.

Based on the goals laid out in the RHWP and the Multi-Year Health Plan, the 5-Year Primary Health Care Service Plan (PHCSP) intends to: transform the health system from a sickness system to a wellness system; move from a siloed model to an integrated and coordinated care model; and support healthy, self-determining communities. Two of the major priorities for the PHCSP are the implementation of regional Primary Care Networks (PCNs) and First Nations Primary Care Initiatives.

### **Primary Care Networks**

The Ministry of Health is in the process of developing PCNs across BC. A PCN is a network of medical family practices in a defined geography linked with each other and with other primary care services, delivered by the regional health authority and other community-based organizations. PCNs will include networking of patient medical homes, urgent primary care services, and community health centres<sup>2</sup>.

### **First Nations Primary Care Initiatives**

The First Nations Primary Care Initiatives (FNPCIs) are a partnership between the Ministry of Health and the FNHA to collaborate in developing innovative Indigenous primary health care service models and delivery formats that also address the social determinants of health. The FNPCIs will be centred on four key principles:

- Providing a person-centered experience of care that is wholistic, integrated, coordinated, accessible, and where diversity, spirit, tradition, community and culture are respected;
- Providing access to an innovative, comprehensive primary health care service model for underserved populations;
- Improved health outcomes for Indigenous people through a team-based care approach that ensures an integrated process for accessing different parts of the healthcare system and promotes cultural safety during each person's wellness journey; and
- Incorporating a two-eyed seeing approach, by including traditional and cultural wellness providers in the care team.

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<sup>2</sup> From the Primary Care Network of BC website: <https://www.pcnbc.ca/pcn>

## Primary Care Working Group

As set out in the Accord, a Primary Care Working Group (PCWG) has been established to provide a space for collaboration, information-sharing and to provide operational guidance on joint initiatives and issues related to primary care in the Fraser Salish region. The membership of this working group has participation from the FHNA, FHA, Ministry of Health and FNHDA representatives.

Two key priorities for collaboration and joint work planning have been identified:

- Co-development of a 5-Year Indigenous Primary Care Service Plan; and
- Collaborative development of Ministry of Health initiatives such as PCNs, First NPCIs, Urgent and Primary Care Centres, and Specialized Community Services Programs.

## Public Health & Health Literacy



**To promote, maintain, and enrich personal and population health and wellness through individual, family, community and regional action that is grounded in wellness approaches throughout the lifespan.**

### Wholistic Wellness

When we nurture our health and wellness, we live longer and more self-determining lives. The Fraser Salish region views Public Health and Health Literacy as a wholistic continuum of services offered to communities inclusive of Nursing, Maternal Child and Family Wellness, Primary Health Care, MHW, Client Quality Care, Communicable Disease Control, and Environmental Public Health Services (EPHS). We have adopted the philosophy shared with us from our communities, which is to offer these services to individuals from the time they are born until the time they enter the spirit world.

We take a culturally-informed and community-based approach, with a strong focus on prevention. Our goal is to empower Fraser Salish First Nations and eradicate gaps caused by systemic barriers (i.e. poverty, racism, oppression) that have resulted in the fragmentation of services and increased health system inequities.

Our work is supported by dedicated and experienced teams:

- The *Programs and Services Supports* team of Wellness Initiative Facilitators, Wellness Navigators, Child and Youth System Navigators, an Aboriginal

- Head Start On-Reserve (AHSOR) Coordinator, and a Tobacco Cessation Coordinator, with more supports planned for the future;
- The *Regional Nursing* team consists of a Regional Nursing Manager and two Community Health Practice Consultants shared with the Vancouver Coastal Region; and
  - The *Environmental Public Health Services (EPHS)* team consists of an EPHS Manager and four Environment Health Officers and a Technician, also shared with the Vancouver Coastal Region.

## **5-Year Family Wellness, Health Literacy and Prevention Service Plan**

The Fraser Salish region, in collaboration with the FHA, have set out to jointly develop a 5-Year Family Wellness, Health Literacy and Prevention Service Plan with the following priorities:

### Health Literacy

Fraser Salish First Nations are resilient and continue to survive and thrive in the face of the ongoing effects of colonization. Health and wellbeing have always been at the centre of Indigenous culture, and the Fraser Salish region supports this inherent strength. We will engage with and empower community members to become strong and informed health advocates and champions at both the individual and community levels. This will inform, educate, and build capacity in community.

### Maternal Child and Family Wellness

A core priority is the development of a Fraser Salish Maternal Child and Family Wellness approach grounded in wellness from birth to spirit. This approach is inclusive of services and supports, encompassing:

- Pre/post natal;
- Sexual and reproductive health – men, women, adolescents;
- Healthy relationships;
- Early years not limited to AHSOR;
- Family, parenting, care provider advocacy and support;
- Access to early learning;
- Children and youth celebrating life; and
- Engagement and advocacy with child and family service agencies and the FHA.

## Client Quality Care

The Fraser Salish Region will champion and implement a client quality care/complaints process that aligns with FNHA values and reflects the culture and the resilience of Fraser Salish First Nations. We will develop a system that serves our people, in our way, in an effort to reconcile historic injustices. We will examine existing plans, policies and laws that have inhibited fair treatment and create the opportunity for a Fraser Salish-specific process.

## Collaboration and Partnerships

- We will continue to develop collaborative internal partnerships to enhance service delivery between Nursing, Maternal Child and Family Wellness, Primary Health Care, Mental Health and Wellness, Client Quality Care, Communicable Disease Control, and Environmental Public Health departments;
- We will continue to build trust and strength-based relationships with multi-sector agencies to produce culturally respectful and aligned information, messaging and resources promoting health across the lifespan; and
- We will actively engage in dialogue with community and urban and away-from-home populations to ensure they are heard, resulting in effective and informed health promotion initiatives.

## Mental Health and Wellness



**To provide supports across the spectrum of mental health and encourage healing and wellness using the best of traditional and western practices.**

The Tripartite Mental Health and Wellness Memorandum of Understanding (MoU) (2018) was signed with the purpose of transforming MHW services by putting First Nations at the centre of the design and delivery of these services.

As these delivery structures evolve, community-driven, Nation-based approaches will contribute towards healing and Nation rebuilding and improvements in the design of MHW and substance use services and supports.

As a result of the MoU, the Fraser Salish region has developed, through extensive community engagement, a 5-Year Mental Health and Wellness Plan (the “MHW Plan”). The plan focuses on addressing the root causes of violence, abuse and all

addictions as an important step towards being able to make healthier wellness-based life choices.

## **5-Year MHW Plan Priority Areas**

Through engagement and asset mapping, the current priorities in the area of MHW for the Fraser Salish region are:

### **1. Traditional and cultural supports**

Integrating and increasing accessibility to traditional and cultural supports is a key priority. Initiatives include: developing cultural materials; creating a traditional wellness advisory committee; and supporting our partner agencies in including traditional wellness into their services.

### **2. Places of healing**

There is a further need to create spaces of healing including those specific to MHW and those addressing healing from violence, sexual abuse, residential schools and colonization as a whole. These new spaces will take the wise practices of both our worlds to create the most supportive and relevant opportunities.

### **3. Capacity development in community**

An essential component of the plan aims to increase capacity development on suicide prevention, understanding and working with trauma, sexual abuse response, various clinical skills, substance use, harm reduction and other requested topics.

### **4. Addressing root causes**

Addressing the root causes of mental illness, all addictions, and intergenerational trauma by supporting changes to current programs and services will ensure more trauma is not caused by modern systems and impacts of colonization.

### **5. Services/programs for men**

Our boys and men experience a lack of culturally safe, appropriate services and programs that promote wellness and safety. Areas we can improve include reducing stigma and toxic masculinity and providing opportunities for boys and men to sit and learn from role models to encourage traditional ways.

## **Supporting mental wellness concerns brought forward by COVID-19**

The 5-Year MHW Plan was developed before COVID-19. But the evergreen nature of our plans enables us to respond to the awareness of current need and demand. During the pandemic, the MHW team is strongly emphasizing health literacy, virtual connectivity, harm reduction, and enhancing existing social supports during the

pandemic. These topics will continue to be key work areas for years to come as we adjust to this “new normal” introduced by COVID-19.

## Social Determinants of Health



**To work in partnership with other sectors to govern more collaboratively, ensuring health is considered in the development of legislation, standards, major strategies, programs, and decisions.**

Our health and wellness is largely influenced by – but not limited to – culture, language, housing, early childhood development, child and family welfare, education, employment, justice, being home/away-from-home, food security, and land stewardship. These aspects of our lives are often managed by government sectors other than the health sector.

The objectives of both First Nations and the federal and provincial governments are best achieved when all sectors include health and wellness as a key component of policy development. We need to ensure that policies introduced across sectors thoroughly consider our health and the health systems’ implications of the decisions undertaken to implement them. We must thus work in partnership with other sectors to govern more collaboratively, to ensure that health is considered in the development of legislation, standards, major strategies, programs, and initiatives.

Work addressing the Social Determinants of Health is undertaken by the Caucus Collaboration & Partnerships joint working group, which is open to all Fraser Salish Chiefs, Health Directors/Leads, and other community members. This group provides advice and recommendations to the Caucus, FNHC, FNHA and FNHDA.

This group focuses on the following sectors to support building supportive partnerships:

1. Child and Family Services
2. Housing
3. Environment
4. Employment
5. Food Sovereignty
6. Justice
7. Education
8. Urban and Away-from-Home Population

## THE COMMON THREADS

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The common threads that weave our sites together are shared priorities *across all pillars*. This means each common thread below helps inform and enable us to accomplish the breadth of our regional work in a wholistic, culturally-appropriate and efficient way. Our six common threads are:

- Cultural Safety and Humility;
- Traditional Wellness;
- Urban and away-from-home;
- Planning, Reporting, and Evaluation;
- Research and Data Management, and;
- Health Human Resources.

### Cultural Safety & Humility



**To partner with the Fraser Health Authority to transform health care by embedding lateral kindness to increase trust and safety in the system.**

Cultural Safety refers to the social and historical contextual power imbalances inherent in the health care system, and how vulnerable a client can feel. Cultural Humility refers to the lifelong process of self-reflection and self-critique to understand personal biases and to develop and maintain reciprocally respectful partnerships based on mutual trust. Addressing both as equally important enhances the establishment of trust and the efforts being made to eliminate discriminatory treatment. Together, these pieces speak to Quality Care and the acknowledgment by the healthcare practitioner that imposition of their own cultural beliefs may disadvantage the recipient of healthcare is fundamental to the delivery of culturally safe care.

The Caucus and AHSC provide joint oversight of cultural safety work in the region. Operational objectives are implemented by the Accord Cultural Safety & Humility Working Group.

The Aboriginal Health Steering Committee is currently developing an Anti-Indigenous Racism Plan to be jointly approved by the Fraser Salish Caucus, Fraser Health Authority Board, and FNHA.

## Cultural Safety & Humility Working Group

This working group consists of members from the community who work closely with the FHA and FNHA to agree upon the best approaches to take. The Cultural Safety & Humility Working Group key priorities are:

- Partnering to embed Cultural Safety & Humility across the FHA;
- Striving to eradicate racism within the FHA;
- Improving the complaints, concerns, and feedback processes; and
- Conducting joint reviews of critical injuries and deaths of First Nations persons.

Feedback from the communities indicated community members want to feel safer in the system. Empowering people to build their personal skill sets will allow the feeling of safety to grow. Having a better understanding of the roles and responsibilities will help rebuild trust. Holding everyone accountable for their actions will create consistency and open more of the doors leading to better health outcomes.

The Fraser Salish Caucus acknowledges that systemic racism and a lack of cultural safety exists within all service sectors of Canadian society. Therefore, the Caucus also promotes cultural safety across sectors affecting the Social Determinants of Health of Fraser Salish First Nations.

## Traditional Wellness



**To integrate wholistic Traditional Wellness into all pillars of the RHWP, where possible.**

Traditional Wellness weaves throughout all aspects of the pillars, playing an integral role in rounding out health and wellness across the entire spectrum of work done in the region. Traditional Wellness weaves our cultural practices into the modern ways, actualizing the concept of blending both worlds. Our cultural practices need to be allowed more space alongside western practises in order to advance the progress of the pillars.

Traditional Wellness practices include medicines, methods, ceremonies, foods, spirituality, and aspects of how family and community elements are important in traditional healing. The wholistic model of Traditional Wellness encompasses

practices, approaches and knowledge that can enhance wellbeing in partnership with the current provincial health care system.

Some of the feedback points gathered from the communities regarding how they would like to see Traditional Wellness included more throughout the region are:

- Increasing traditional medicines into practice;
- Reconnecting communities with traditional Healers and Elders;
- Using more traditional land-based activities and practices:
  - Hunting, fishing, gathering, basket-making, pow-wows, building canoes, drum circles, sweat lodges, longhouse meetings, mountain hikes, story-telling.

## Urban and Away-from-Home



**To support the urban and away-from-home population to meet our vision of healthy, self-determining and vibrant Fraser Salish children, families and communities.**

Services need to be as accessible to the away-from-home members as they are to the members in the communities. Supports need to be inclusive and available, regardless of where a member is located across the region. Culturally safe services are essential to wellness, perhaps even more so when away from a familiar community.

Currently, there are existing relationships (such as Aboriginal Friendship Centres and other First Nations service organizations) that could be developed further to encourage and expand the support for the urban and away-from-home population. Being strong health and wellness partners is key to bringing wellness closer to home.

The Fraser Salish region has the largest total off reserve population in BC (Table 1). This serves as a reminder of how important the need is to support these community members. Using the FNHA Urban and Away-from-Home Health and Wellness Framework (the “Urban and Away-from-Home Framework”) (2020), we can work towards securing the supports needed to ensure our away-from-home populations have access to the same supports available to them at home.

Region	Total First Nations	On-reserve First Nations	Off-reserve First Nations
Fraser Salish	34,715	4,490	30,225
Interior	35,840	11,105	24,735
Northern	40,500	14,450	26,050
Vancouver Coastal	22,020	7,950	14,070
Vancouver Island	37,720	11,995	25,725
<b>BC</b>	<b>170,795</b>	<b>49,990</b>	<b>120,805</b>

Table 1: Population totals comparing on-reserve to off-reserve statistics. (2016 Census)

The Urban and Away-from-Home Framework brings the work closer to home by putting forward a set of high-level principles, strategic directions and implications for improving health and wellness services for the urban and away-from-home population. Three streams identify principles and directions necessary:

**1. Setting the Foundation for Success**

- Meaningful representation via sustainable engagement pathways;
- Ethical and solution-oriented strategies to collect information and data; and
- Nurturing partnerships with agencies provincially, regionally, with First Nations and all other health and wellness organizations.

**2. Being a Health and Wellness Partner**

- Coordinating services to increase efficiency and avoid duplication;
- Enhancing programs that operationalize a continuum of care between traditional and cultural approaches within Western approaches; and
- Investing in upstream and preventative supports.

**3. Bringing Wellness Closer to Home**

- Developing participation and inclusion of urban communities in health and wellness services; and
- Advocate for models to create economies of scale able to provide comprehensive and integrated health and wellness services for all.

## Planning, Reporting & Evaluation

### PLANNING



**To establish a comprehensive planning process to develop, review, align, and refresh regional and community level plans.**

As the First Nations healthcare delivery landscape evolves in the Fraser Salish region, there is an increased need for planning how to effectively manage, coordinate, and deliver on new available resources and opportunities. In order to maximize economies of scale, the Fraser Salish Caucus has agreed to pool resources when implementing services, and to ensure no community is left behind.

The foundation of our planning process is this RHWP. As outlined thus far, the plan's health and wellness priorities were identified through engagement with Fraser Salish First Nations community health leadership. As a high-level strategic plan, this document sets the path forward for the next five years.

Within the RHWP, each pillar will eventually link to its own 5-Year Service Plan (i.e., the 5-Year Mental Health and Wellness Service Plan approved at Fall 2019 Caucus). Each pillar's service plan outlines operational objectives for the FNHA Regional Team to carry out in support of the overall goal of that pillar.

#### **Additional Areas of Planning:**

##### Closer to Home/Regionalization Planning

As regions take on more responsibility and accountability in health service planning and delivery, there is a need to plan this work as well. This will be captured in the Fraser Salish Closer to Home / Chémat Plan, also in development.

##### Capital Planning

In order to ensure that there are enough spaces for the delivery of community services as well as for providing space for regional staff to work, the regional team will work with Community Capital Planning and Operations to ensure that adequate and appropriate spaces are planned for in an effective and efficient manner, recognizing that there are limited funds to address region-wide needs.

## IMIT Planning

IMIT Planning will support the region in the review of opportunities for information management and information technology solutions including, but not limited to: identity management; electronic medical records; virtual care; home health monitoring; MHW services (virtual psychiatrists); health system performance; health data information exchange and integration; information sharing agreements, intellectual property; and, information security and privacy.

## Community Health and Wellness Planning

In addition, as time and capacity permits, each community will be working on renewing and refreshing their Community Health and Wellness Plan (CHWP). The regional team will collaborate as much or as little as each community directs to ensure the CHWPs are all-encompassing and include the core areas of focus. These community-written and -directed plans will be informed by community input, engagement, and feedback, with options to include any applicable region-wide initiatives. The CHWPs will reflect the unique nature of the Fraser Salish communities and be community-driven and Nation-based.

## Economic Development

In alignment with Directive #5: *Develop Human and Economic Capacity*, the Caucus will also develop an economic strategy, including options such as procurement opportunities, to generate additional resources for First Nations health programs. Health human resources priorities are outlined later in this document.

## **REPORTING**



**To demonstrate that the Fraser Salish RHWP has resulted in improvements for our people.**

Keeping this goal strategic allows other 5-Year plans in the region to focus on the specific and more operational aspects regarding reporting. The communities would like to see more stories incorporated into reporting, as this makes communication more personal and relatable. It also allows for more culture to be included in the reports.

Major reporting milestones:

- Yearly Accord report to Caucus;

- Regular reporting to the region via Working Group; and
- Annual submission of publicly available FNHA report.

## EVALUATION



**To develop strategic approaches to evaluate the region’s progress on achieving the goals in the RHWP.**

Evaluation needs to target the Region’s overall health goals of eradicating health illiteracy and managing a person’s wellness through the health care system. These evaluations need to be part of a regular cycle to keep fluid with the activities within the region.

The evaluations need to generate meaningful feedback from the communities without creating survey fatigue. The use of emerging social platforms to host virtual World Cafés have met with recent success, providing a potential way to connect and communicate with more members than in-person meetings.

The findings related to progress can be used to indicate effectiveness of current programming while identifying where gaps might be addressed to achieve overall health of the communities. Improvements need to be occurring all the way from the individual level, families through to communities and the entire Nation.

Feedback on what is important to the communities on evaluating includes:

- Change how data is collected to reflect what works for our communities;
- Collect data in community census-type format to better target services; and
- Establish outcomes to evaluate addressing community needs, eradication of health illiteracy and access to services.

## Research & Data Management

### RESEARCH



**To work with the FNHA and FHA to initiate and develop a research agenda that resonates with the Fraser Salish First Nations.**

Research is important in obtaining new and emerging data about our region. Concerns exist around who will have access and who will be able to use this data

again brings up the idea of “Nothing about us without us.” For example, a research project to look into the long-term effects of spills that drain into the Fraser River ties back to concerns the communities have regarding the quality of fish, wild and plant life in our region.

Communities want to be involved in designing data collection methods. Response numbers will be greater if there is a sense of personal ownership and involvement. About us will be with us and driven, gathered, and used by us on a local and community level, rather than only provincially or federally.

Timeframes need to be put in place for any research undertakings to ensure projects are kept on task. In addition, we need to release the results back to the communities in a timely fashion that will allow the information to be disseminated and used in a manner that works to the best advantage for our people.

Themes identified as ones needing more attention from the 2020 engagement activities are:

- Research methodologies;
- Data collection and sources;
- Data quality and accuracy; and
- Electronic Medical Record policy.

## DATA MANAGEMENT



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

Locally gathered data will be processed into meaningful results that will improve services based on current and up to date community information. Actions put into use to address both ongoing and immediate issues will include traditional ways of supporting clients.

Improvements to connectivity and a defined circle of care will allow for a smoother and more efficient transfer of information between health care providers. Establishing reciprocal accountability between organizations, team members, communities and wellness workers will ensure results are being followed up on in a timely manner. Seeing the results sooner than later will more effectively guide the direction care needs to follow in order create solutions and positive outcomes.

Highlighting gaps and identifying needs will be direct results of accurate sample sizes and ensuring the questions asked are relevant and representative of the local landscape, whether that be on- or off-reserve.

Having an intimate knowledge of the statistics on occurrences of health events in the communities can better allow customized solutions to be put in place, because one size does not fit all. Follow up will be meaningful and community driven, wrapped in a culturally safe and sensitive way. About us, with us and for us, on our terms.

Feedback from community indicates they want:

- Data collected to better reflect what works for the communities; and
- To use a community census data approach to better target improving services, tailoring to the specific needs across the Fraser Salish region.

## Health Human Resources



**To increase the number of Indigenous peoples in health careers and to support their advancement in their chosen health career path.**

Health Human Resources includes: promoting health careers; encouraging growth and development for existing health professionals; workforce recruitment and retention; and forecasting future employment trends and/or gaps. Keeping up to date and competitive in various health fields will allow the communities to retain staff and avoid lapses in service provision.

Developing a pool of talent that has relevant cultural perspectives and insights promotes these health service providers to become health champions to help foster regional progress. Offering ongoing skills upgrades and education opportunities will attract a workforce looking for careers and provide long-term retention of that workforce. Reducing job vacancy rates will lead to more stability which then boosts the fostering of trust with our communities. Job satisfaction and security will create a better live-work-life balance that will enable more focus on providing high quality care.

This win-win situation enhances the level of care delivered to communities. High staff retention rates means having consistent and reliable service providers, thereby increasing community trust. This reliability also enables long-term planning

and forecasting to better predict the future, and helps us to improve services pro-emptively.

Community suggestions on how to encourage this growth include:

- Engaging, encouraging and educating our youth, earlier and more often;
- Helping students navigate the post-secondary education process; and
- Creating peer mentorship/career champion possibilities.

## **CARRYING OUR SITEL FORWARD**

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Going forward in the Fraser Salish region, we will carry our sitel with its goals and ideas on the journey we want our people to travel: towards healthier and happier wholistic health and wellness outcomes; strengthened by the knowledge our communities will be safe and strong, and continuing to be the resilient and proud people we have been since time immemorial.

Within the second RHWP in our region, we continue our commitment to working with community to create CHWPs that will keep the dialogue and priority-setting focused on the decisions made in our region by our Fraser Salish people.

Using each pillar's 5-Year Operational Plan, decisions will be made to inform projects, priorities and planning, as directed by community engagement feedback in an ongoing evergreen process of improving health and wellness for the Fraser Salish children, individuals and families.