



Interior Region

Regional Health and Wellness Plan

REFRESH 2018



INTERIOR REGION

First Nations Health Authority

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INDIGENOUS NATIONS OF THE INTERIOR

Declaration of Unity

FEBRUARY 24, 2010

Whereas, Indigenous Nations of the Interior of British Columbia endorse the UN Declaration on the Rights of **Indigenous People** which affirms that **Indigenous peoples** have the right to the lands, territories and resources which they have traditionally owned, occupied or otherwise used or acquired; and that

Indigenous peoples have the right to maintain and strengthen their distinct political, legal, economic, social and cultural institutions, while retaining their right to participate fully, if they so choose, in the political, economic, social and cultural life of the State; and further that

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; and ...in exercising their right to self-determination, have the right to autonomy or self-government in matters relating to their internal and local **affairs...; and**

Whereas, the title and rights of First Nations of British Columbia have been intact since time immemorial and remain intact, despite numerous attempts by other governments to disregard or otherwise extinguish these rights; and

Whereas, historically, Indigenous Nations of the Interior acknowledged each others' autonomy, collectively stating in a letter to Sir Wilfred Laurier in 1910 that ... they found the people of each tribe supreme in their own territory, and having tribal boundaries known and recognized by all and **more recently reaffirmed this spirit and intent in the All Our Relations accord of 2007; and**

Whereas, the Nations of the Interior of British Columbia: ***Dishk'laan, Kwantlen, Nlaka'pamux, Spiti, Secwepemc, St'at'imc and Tsilhqot'in*** of the Interior wish to reaffirm and build upon these historic agreements; and

Whereas, the Nations of the Interior continue to recognize the sovereignty of each Nation and their inherent rights for their citizenry, which includes the right to plan for and **respond to their specific social, cultural, economic and environmental realities** with support and investment, not interference, from outside sources; and

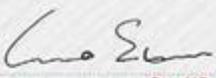
Whereas, the Indigenous Nations of the Interior of British Columbia, as Indigenous Nations, each assert their authority to govern over both their lands (territorial jurisdiction) and their peoples (personal jurisdiction) and to relate Nation-to-Nation with the government of Canada and government-to-government with the government British Columbia; and

Whereas, the Nations have stated their desire to establish and maintain a desired level of capacity in the areas of health research, health career development, health service delivery (including traditional practices), information management and governance (health planning, administration, policy/program design and implementation and...), in order to achieve their individual and collective Nation visions.

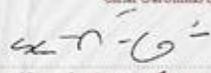
THEREFORE, the Nations of the Interior hereby declare that we will respectfully work together, collaborating for the betterment of the health, safety, survival, dignity and well-being of all of our peoples; and further

THAT we will be guided by the following principles while working together:

- Health and Wellness Outcomes and Indicators will be defined by each Nation
- Partnerships will be defined by each Nation
- Agreements will be negotiated and ratified by the Nations
- No Nation will be left behind; needs are addressed collectively
- The federal fiduciary obligation must be strengthened, not eroded
- Services will be provided to all of our people regardless of residency/status
- Adequate funding will be provided for our corporate structure(s)
- Socio-economic indices will be incorporated into planning and projections – plan for 7 generations
- Negotiations will be interest based - not position based (Nations define)
- Community hubs will be linked to the health governance process
- Documents will be kept simple and understandable
- The Interior Leadership caucus will meet regularly
- Liability will be minimized; the Nations will inherit no liability from other entities
- Celebration will be included in all activities
- The speed at which development occurs will be determined by the Nations
- The authority to govern rests with each Nation, as does the responsibility for decision-making

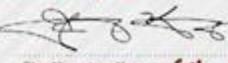

Chief Geronimo Squinas - ***Dishk'laan***

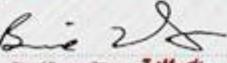

Owen Phillips - ***Kwantlen***


Chief Shana Cottredon - ***Secwepemc***


Chief Ko'wan'atco Michal - ***Nlaka'pamux***


Chief Arthur Adolph - ***St'at'imc***


Chief Jonathan Krupar - ***Spiti***


Chief Bernie Elkins - ***Tsilhqot'in***

Executive Summary

The Interior Regional Health and Wellness Plan (RHWP) identifies the path forward for the First Nations Health Authority (FNHA) in the Interior in supporting the seven Nations of the region to achieve their health and wellness goals.

The seven Nations—Dākelh Dené, Ktunaxa, Nlaka’pamux, Secwepemc, St’át’imc, Syilx and Tsilhqot’in—are all signatories to the Unity Declaration which provides overarching guidance for all of the health planning in the Interior. These principles of the Declaration are embedded in the work of the regional FNHA team and place culture and traditional wellness at the heart of health planning, providing a means of balancing the strengths of the traditional/indigenous and contemporary worlds. To achieve our shared vision of Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities, we recognize that our strength comes from our ability to be unified, taking guidance from the Unity Declaration for a Community Driven, Nation Based approach. We strive to ensure that the decisions that impact all of us are made by all of us.

PURPOSE: The RHWP relies upon direction from Interior First Nation communities and the seven Nations to identify collective health needs, priorities, and strategies. Input from each of the Nation’s Health Plans is foundational to the RHWP which serves: to outline regional health goals, priorities, and strategies; to identify work with regional health authorities; and to inform provincial health planning.

REFRESHING THE RHWP: The RHWP Refresh 2018 was undertaken to reflect the current health landscape and bring clarity to the strategic and operational work of the region by updating the original plan created in 2014. The Refresh aligns more effectively with the regional planning process and the FNHA Multi-Year Health Plan as well as supporting enhanced accountability.

GUIDING PRINCIPLES: The work of the RHWP Refresh is guided by principles established by the FNHA through community engagement at every level. These include the FNHA Shared Vision of “Healthy, self-determining, vibrant BC First Nations children, families, and communities,” as well as the Seven Directives, and the principles of the Unity Declaration.

THE INTERIOR REGION: The largest of the BC Health Authority regions, the Interior has a First Nations population of almost 33,000 people and a total of 54 First Nations communities. A profile of each of the seven Nations is provided in the Nations section (see page 17). Health governance in the region involves a number of entities that provide oversight and input as discussed in the Governance section (see page 26). The Interior Region FNHA team supports the goals of the Nations by improving access to health services, facilitating meaningful engagement, and creating space for leadership to make decisions regarding the health of their people.

Nation Shared Services: The Interior Region is unique within the FNHA in developing a Nation Shared Services approach to deliver, administer, and govern services closer to home while balancing economies of scale. The model is in line with the FNHA Primary Care ++ vision to further integrate health services. Currently, Nation Shared Services is being implemented with considerable flexibility in each Nation in a manner intended to complement existing services.

METHODOLOGY: The RHWP Refresh involved an extensive review of existing documents prior to the development of an updated mission and corresponding goals for the region. All elements of the Refresh were reviewed and approved by the Interior Region Technicians Table (IRTT) and the Interior Region Nation Executive (IRNE).

REGIONAL GOALS AND OBJECTIVES: A refreshed set of core goals that align with the new mission statement were identified in collaboration with Nation representatives. These streamlined goals—and their objectives—reflect regional priorities and provide the framework for ongoing health planning.

FNHA Interior Region Mission Statement: *“We work together to strengthen Nation rebuilding through the development of a health system that increases human and financial capacity, brings decision making closer to home, and is deeply rooted in the values, principles, and culture of the seven Interior Nations.”*

Goal 1: Improve Health Programs and Services

- 1.1 Improve the operational mechanisms of service delivery to better meet the needs of the Interior Region Nations and communities.
- 1.2 Improve recruitment and retention of health service providers.
- 1.3 Incorporate and promote First Nation knowledge, beliefs, values, practices, medicines, and models of health and healing into all health programs and services.
- 1.4 Improve mental wellness of Interior First Nations.

Goal 2: FNHA Interior Region Functions as an Excellent and Efficient Organization

- 2.1 Support management capacity at region, Nation, and community levels.
- 2.2 Improve planning and evaluation processes.

Goal 3: Establish Effective Governance and Partnership Relationships

- 3.1 Informed decision making led by Nation health and wellness governance processes.
- 3.2 External relations are supported by effective government to region partnership.

NEXT STEPS: The RHWP Refresh 2018 will support the Interior Region in continued planning, investment, implementation, and accountability as a living document.

Introduction

The seven Nations of the Interior Region—Dākelh Dené, Ktunaxa, Nlaka'pamux, Secwepemc, St'át'imc, Syilx and Tsilhqot'in—have worked together with the FNHA and the Interior Health Authority (IHA) to identify the path forward for the Interior Region FNHA in terms of best supporting the Nations with their health and wellness goals.

The interim Regional Health and Wellness Plan (iRHWP) was developed in 2014, just one year following the transfer of health services to the FNHA. The process of refreshing the RHWP was undertaken in 2018 to further refine the strategic and operational work of the region.

Purpose

This RHWP describes the strategic direction and priorities identified by the seven Nations of the Interior Region. The RHWP is based upon valuable direction provided by Interior communities, Nations, and Nation Health Plans, in order to identify the collective health needs, priorities, and strategies of the region. This Nation-based direction is informed by shared historical experience, relationships, health outcomes, opportunities, and the latest Nation Health Plans prepared by communities. The community-level input of the Nation Health Plans drives the RHWP and the identification of Interior Region priorities.

In terms of health and wellness, the priorities of the Nations of the Interior Region focus on:

- Improving health programs and services.
- Bringing financial resources and decision-making closer to home.
- Strengthening, maintaining, and aligning capacity with communities and Nations.
- Creating a system that is deeply rooted in the values, principles, and cultures of the seven Nations of the Interior.

The RHWP reflects the overall strategic and operational direction of FNHA in the Interior Region. The RHWP serves to inform and guide work plans, investment strategies, and partnerships. It addresses how collaborative work will take place with regional health authorities and other regional partners. Functions of the RHWP include:

- Outlines goals, priorities and approaches to guide regional work.
- Identifies the shared work with regional health authorities.
- Informs actions, plans and decisions within the First Nations health governance structure and the mandates of its component entities (FNHA, FNHC, and FNHDA).

Governance structures and processes continue to evolve to support implementation of the mission of the Interior Region. The RHWP describes the various entities that the seven Nations

will establish in partnership with IHA and the FNHA to support technical work and decision-making.

Traditional Wellness: Culture is Foundation

The RHWP Refresh is aligned with the directive to make culture and tradition an integral part of service delivery. The work of restoring the roles of traditional practices and protocols is being led by the Nations. The Nation Shared Services approach is grounded in holistic traditional wellness. Culture-specific interventions are holistic; they attend to the spirit, mind, body and emotions simultaneously. In support of this work, mainstream and Nation-based positions are being supported to recognize and incorporate the services of traditional providers. Culture must be at the centre of health and wellness planning and must guide the work. Culture as a foundation means starting from the point of Indigenous knowledge and culture and then integrating current policies, strategies and frameworks.¹

Nation-Based Services

The Interior Region is unique within the FNHA in developing a Nation Shared Services approach to programs and services. This approach supports Nation rebuilding by developing delivery mechanisms that ensure benefits for communities are maximized through shared delivery of culturally appropriate and holistic health care services.

The Nation Shared Services model is being supported to deliver, administer, and govern wellness services closer to home while balancing economies of scale and operating at a high operational standard.² The model is in line with the FNHA Primary Care++ vision and other financial opportunities to further integrate health and wellness services, but differs in that it places greater governance and management responsibilities with the Nations themselves, supported by the FNHA.

The direction to locate human and financial resources closer to home came from Interior leadership and was shared at Nation Assemblies and Caucus in 2015. “The message for the Nations is that the Interior Region has chosen to develop Nation Shared Services that incorporate multi-disciplinary teams and put traditional wellness front and centre. Our approach to service delivery will be guided by principles of Indigenous sovereignty.”³ As further outlined in Strategic Directions 2015, this requires the development of a clear vision of the model, how it is supported through governance structures, and how it is operationalized “in different ways in different Nations based on Nation autonomy.”

¹ First Nations Mental Wellness Continuum Framework. Summary report Jan 2015, p 6 (Thunderbird).

² Research including the Harvard Project has shown that Nations exercising sovereignty over their own health care services will always outperform external decision makers.

³ Strategic Directions 2015, prepared by Interior Region Nation Executive (IRNE), Direction #3.

Based on this direction, the Interior Region has been working to develop Nation Shared Services as both a mechanism for getting resources closer to home and also as an innovative process for unity that brings our communities together instead of the previous colonial approach that divided communities. As the FNHA continues with transfer and transformation, the Interior Region is identifying support for governance structures and processes that allow Nations to enhance their Nation Shared Services as a delivery mechanism. The Region recognizes that this is a long-term process that is in alignment with Nation rebuilding.

RHWP Refresh

The RHWP Refresh 2018 identifies priorities in programs and service delivery, the organizational function of the Interior FNHA team, and the activities of governance and partnerships within the Interior Region. The Refresh is intended to align more effectively with the current regional planning process and with the work of FNHA as a whole.

Key objectives for the RHWP Refresh include:

- Affirm the Interior Region’s mission and goals.
- Align the region’s goals and objectives with the mission.
- Restructure the RHWP core organizing goals to create greater clarity and provide strategic guidance for regional planning.
- Support enhanced accountability by enabling progress towards Interior Region mission and goals to be more easily measured.

Subsequent to an extensive review process (described in the Methodology section), the Interior Region developed the following mission statement and set of core goals to provide the framework for ongoing health planning.

FNHA Interior Region Mission Statement: We work together to strengthen Nation rebuilding through the development of a health system that increases human and financial capacity, brings decision making closer to home, and is deeply rooted in the values, principles, and culture of the seven Interior Nations.

Goal 1: Improve Health Program and Services

Goal 2: FNHA Interior Region Functions as an Excellent and Efficient Organization

Goal 3: Effective Governance and Partnership Relationships

The timeline for the RHWP Refresh is 2018–2021 to align with the planning cycle of the FNHA Multi-Year Health Plan. The RHWP will function as a living document and is intended to be updated annually.

Vision and Principles

The vision that drives the RHWP and the principles that define it have been established through extensive community engagement at the provincial and regional levels. Interior Nations also continue to further refine their own Nation plans. This section lays out key directions in health and wellness that have been provided by interior communities through engagement at the provincial and regional levels.

It is important to note that the Unity Declaration signed by the seven Nations of the Interior Region, as shared on page 4 of this document, provides overarching guidance for all of the health planning work in the region. The principles of the declaration are embedded in the work of the team at the FNHA Interior Region and offer direction throughout this document.

BC First Nations

FNHA Shared Vision: The collective efforts of First Nations in BC are united and guided by the vision of: “Healthy, self-determining, vibrant BC First Nations children, families, and communities.”⁴

FNHA Seven Directives: As approved by BC Chiefs in the 2011 Consensus Paper, First Nations of BC have agreed on the following directives to guide work in health and wellness:

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

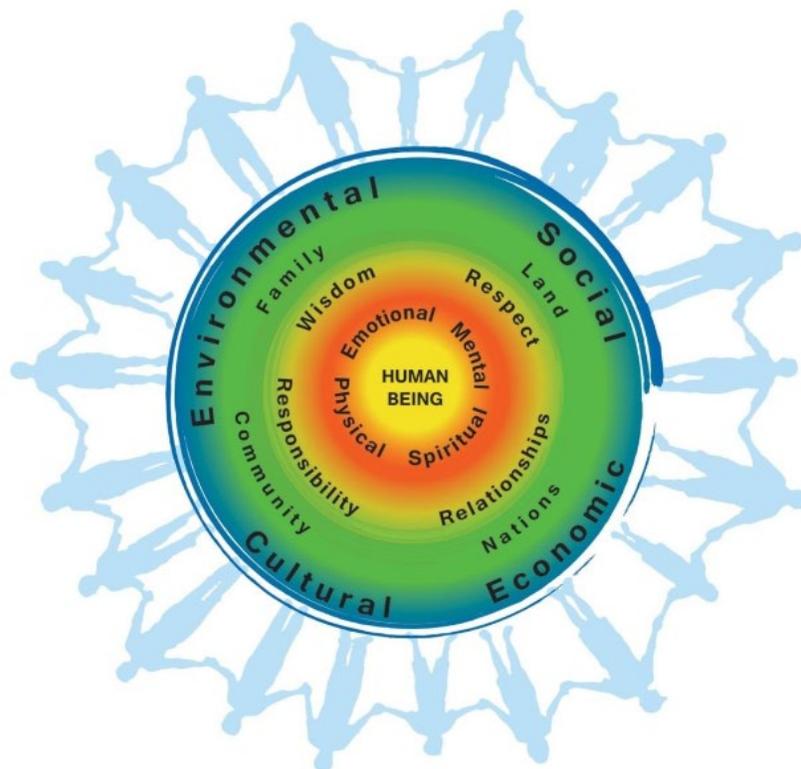
Values: BC First Nations have identified the following values as being important for grounding the work of improving health and wellness outcomes for our communities:

- Respect
- Discipline
- Relationships
- Culture
- Excellence
- Fairness

⁴ FNHA, FNHC, and FNHDA Shared Vision

BC First Nations Perspective on Health and Wellness⁵ reflects the rich shared understanding of a holistic vision of wellness shared amongst BC First Nations wherever individuals are at in their own wellness journey. In the diagram that follows:

- The centre circle represents individuals, recognizing that health and well-being starts with self-determination, and that health and wellness service providers must work to understand each person and their context in order to provide the best possible care.
- The second circle illustrates the mental, emotional, spiritual, and physical facets of a healthy life.
- The third circle represents values that support wellness: Respect, Wisdom, Responsibility, Relationships.
- The fourth circle depicts Nations, Family, Community, and Land as key components of our healthy experience.
- The final circle depicts the social, cultural, economic, and environmental determinants of well-being.
- Surrounding the circles are our people holding hands – representing the inclusivity of our vision of wellness as BC First Nations.



⁵ Direct quote source: FNHA Multi-Year Health Plan 2016/17-2020/21, Draft February 4, 2016

Interior Region

FNHA Interior Region Mission: We work together to strengthen Nation rebuilding through the development of a health system that increases human and financial capacity, brings decision making closer to home, and is deeply rooted in the values, principles, and culture of the seven Interior Nations.

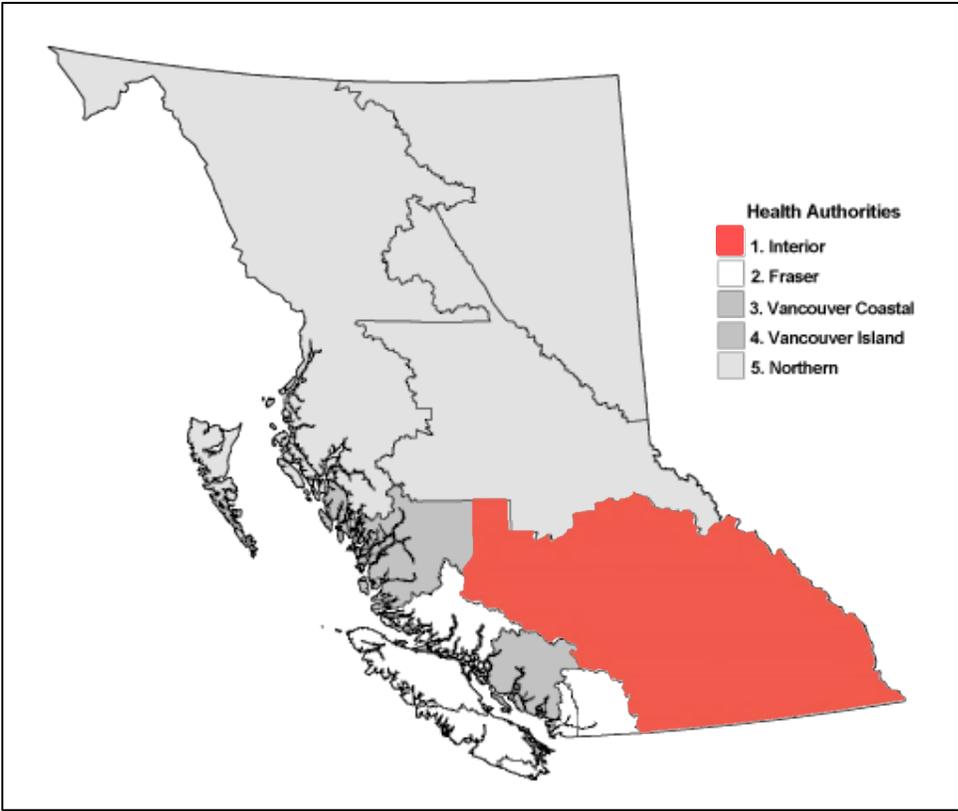
Unity Declaration • Guiding Principles: In 2010, the Interior Nations came together and signed the Unity Declaration stating that “we will respectfully work together, collaborating for the betterment of the health, safety, survival, dignity and well-being of all of our people.” The Declaration states that the work together will be guided by the following principles:

- Health and Wellness Outcomes and Indicators will be defined by each Nation.
- Partnerships will be defined by each Nation.
- Agreements will be negotiated and ratified by the Nations.
- No Nation will be left behind; needs are addressed collectively.
- The federal fiduciary obligation must be strengthened, not eroded.
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- Adequate funding will be provided for our corporate structure(s).
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- Negotiations will be interest based - not position based (Nations define).
- Community hubs will be linked to the health governance process.
- Documents will be kept simple and understandable.
- The Interior Leadership caucus will meet regularly.
- Liability will be minimized; the Nations will inherit no liability from other entities.
- Celebration will be included in all activities.
- The speed at which development occurs will be determined by the Nations.
- The authority to govern rests with each Nation, as does the responsibility for decision-making.

The Region

In both population and geography, the Interior Region is large and diverse. As defined by BC Regional Health Authority boundaries, the region is almost 216,000 kms² and encompasses urban, rural, and remote areas. The 2nd largest of the regions, it brings geographic considerations that include a diverse population base, distances to travel, varied weather, and roads—all of which impact service delivery models, recruitment, retention, transportation, and communication. There are strengths in the geography as well: community and Nation members are connected to the land and culture with opportunities for land-based practices, access to food and food security, and traditional wellness and medicines.

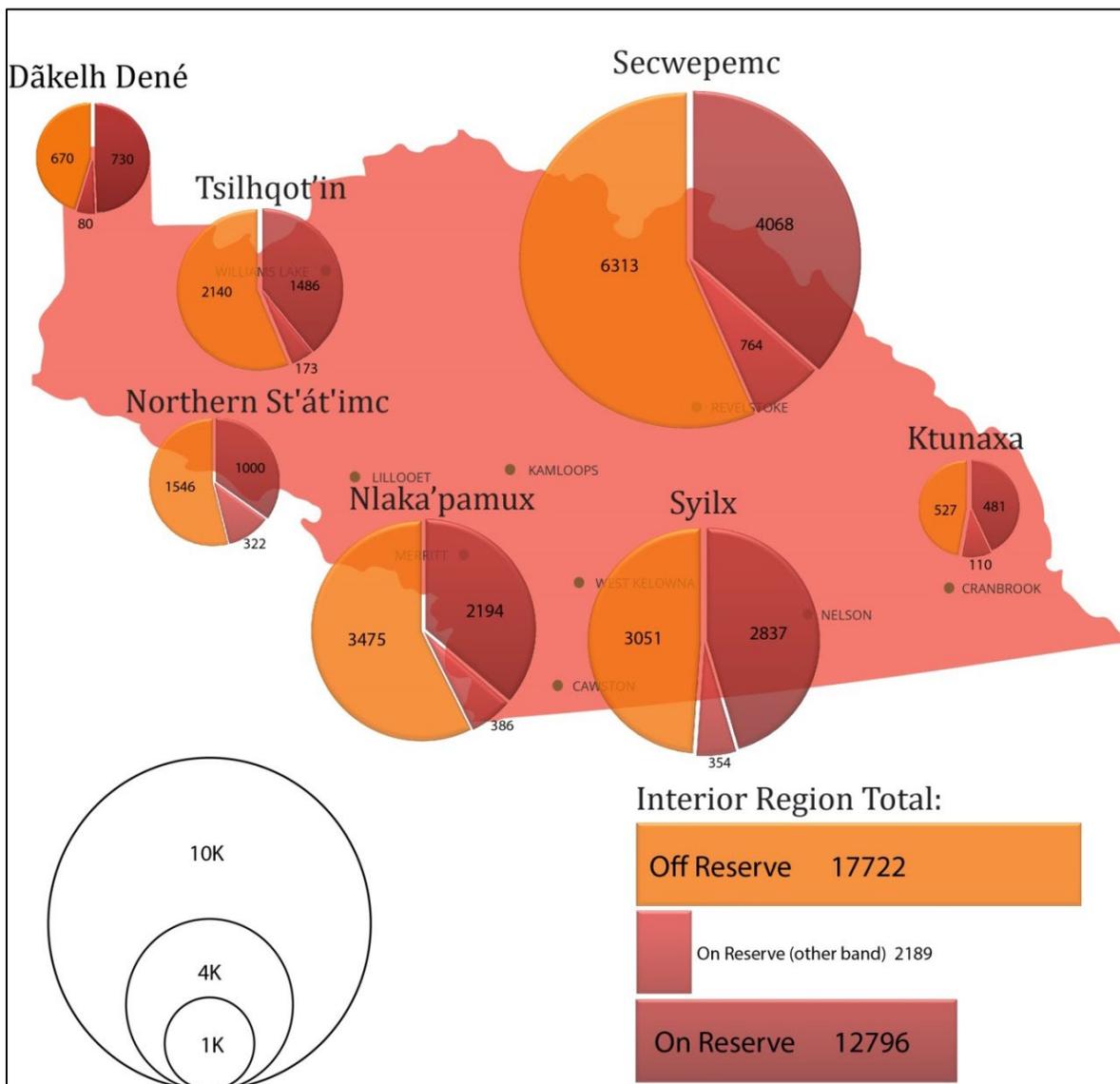
Regional Health Authorities in BC



Interior Region Nations

The First Nations population in the Interior Region is almost 33,000.⁶ This represents just over 22% of the First Nations population in BC. There are seven Nations represented within the region and a total of 54 First Nations communities that vary in size and include a number of small and isolated communities. Three of the Interior Nations have communities that are located geographically in other Health Authority Regions: Dakeh Dene, St'at'imc, and Nlaka'pamux. This section introduces each of the seven Interior Nations.

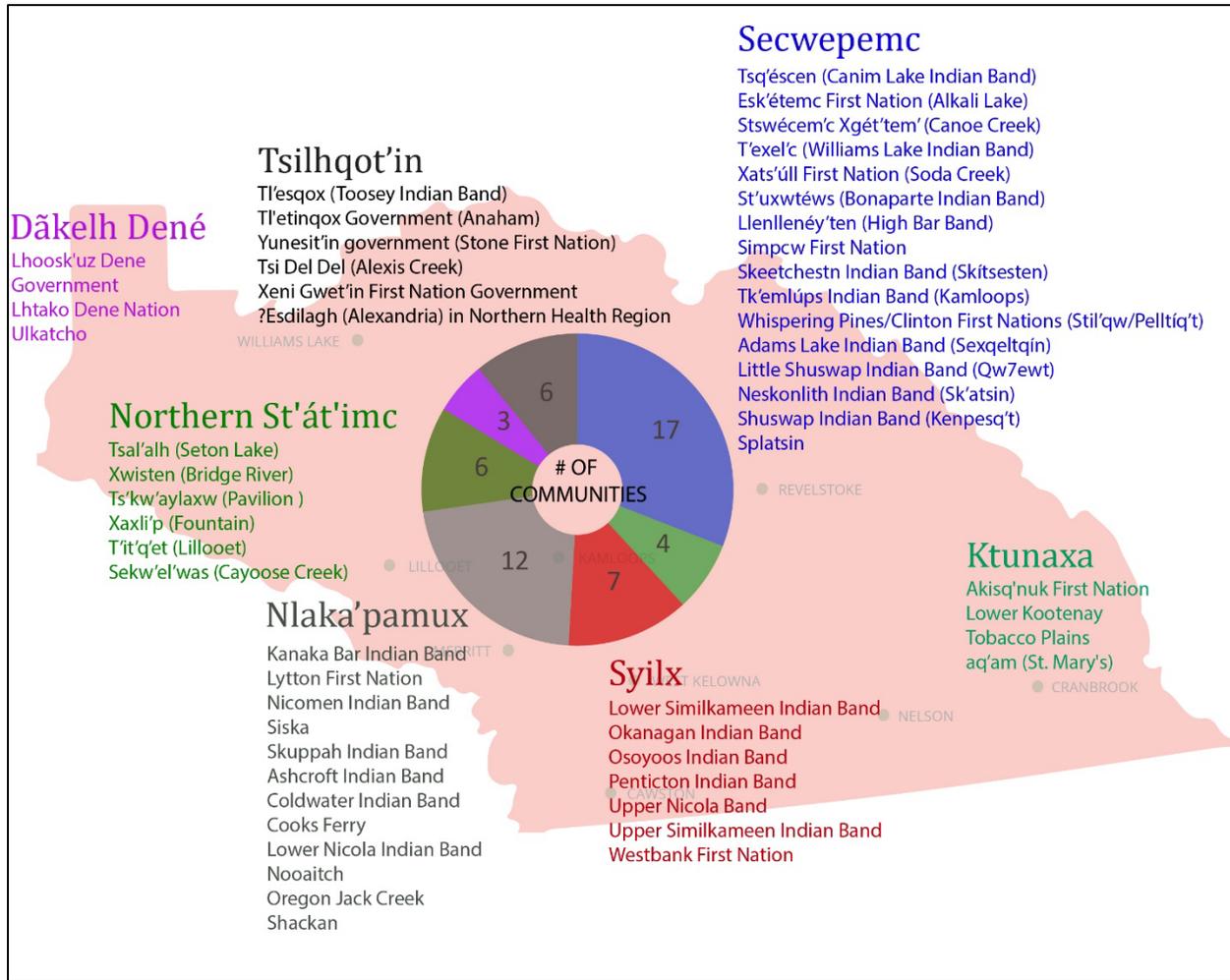
First Nations Population in the Interior Region by Nation⁷



⁶ AANDC's Indian Registration System showed 32,746 First Nations people living in the Interior Region as of December 31, 2017.

⁷ Data Source: AANDC Indian Registration System, December 31, 2017

Interior Region Nations and Communities



Dăkelh Dené

“Health is Wealth.”

—Vision statement for the Dăkelh Dené Nation, Health and Wellness Plan 2016-17

The Southern Carrier territory is part of the Cariboo-Chilcotin region. Most Carrier call themselves Dăkelh which means "people who travel around by boat." The traditional Carrier way of life is based on seasonal rounds that include gathering, hunting, fishing, and being on the land.

Tribal Councils or Tribal Affiliations:

- **Carrier Chilcotin Tribal Council**

Communities (3): • **Lhoosk'uz Dené Nation** (Kluskus); • **Lhtako Dene Nation** (Red Bluff);

- **Ulkatcho**

Demographics: Nation population 2017:⁸ **1,480 total:** 730 on-reserve, (80 on-reserve from other bands); 670 off-reserve.

Nation Shared Services: Hosted by Carrier Chilcotin Tribal Council

Due to geography and community histories, each Dăkelh Dené community receives provincial health services differently:

- **Lhoosk'uz Dené Nation** receives services from Northern Health and at times Interior Health when members are referred.
- **Lhtako Dene Nation** receives services from Northern Health.
- **Ulkatcho** is part of Vancouver Coastal Health but currently receives a limited number of services from Interior Health through a Memorandum of Understanding.

Nation Health Plans: The community-driven Nation health planning process in the Dăkelh Dené Nation has resulted, to date, in the following plans:

- Dăkelh Dené Nation Health and Wellness Plan –December 30, 2016

⁸ Data Source: AANDC Indian Registration System, December 31, 2017.

Ktunaxa

“Strong, healthy citizens and communities, speaking our languages and celebrating who we are and our history in our ancestral homelands, working together, managing our lands and resources, as a self-sufficient, self-governing Nation.”

—Ktunaxa Vision

Ktunaxa people have occupied the lands adjacent to the Kootenay and Columbia Rivers and the Arrow Lakes for more than 10,000 years. The Ktunaxa people enjoyed the natural bounty of the land, seasonally migrating throughout their traditional territory to follow vegetation and hunting cycles. Their traditional territory covers approximately 70,000 km² in the Kootenay region of southeast BC and historically included parts of Alberta, Montana, Washington, and Idaho.

Tribal Councils or Tribal Affiliations:

- **Ktunaxa Nation Council**

Communities (4): •?Akisq'nuk First Nation; • Lower Kootenay; • Tobacco Plains; • ?aq'am (St. Mary's)

Demographics: Nation population 2017:⁹ **1,118 total:** 481 on-reserve, (110 on-reserve from other bands); 527 off-reserve.

Nation Shared Services: Hosted by Ktunaxa Nation Council

Nation Health Plans: The community-driven Nation health planning process in the Ktunaxa Nation has resulted, to date, in the following plans:

- Ktunaxa Nation Health and Wellness Plan, 2018-2022

Nlaka'pamux

The traditions and culture of the Nlaka'pamux Nation members are valued assets transferred from past generations to the present. Nlaka'pamux traditional territory lies along the Fraser and Thompson Rivers including the Fraser Canyon, Nicola Valley, and parts of the North Cascades region of Washington. The Nation is rich in natural resources with significant water ways and numerous species of wildlife, fish, plants, medicines, and natural foods.

Tribal Councils or Tribal Affiliations:

- **Nicola Tribal Association**
- **Nlaka'pamux Nation Tribal Council**

⁹ Data Source: AANDC Indian Registration System, December 31, 2017.

Communities (12)¹⁰:

- **Nlaka’pamux-Canyon (5):** • Kanaka Bar Indian Band; • Lytton First Nation; • Nicomen Indian Band; • Siska; • Skuppah Indian Band;
- **Nlaka’pamux-Nicola (7):** • Ashcroft Indian Band; • Coldwater Indian Band; • Cooks Ferry; • Lower Nicola Indian Band; • Nooaitch; • Oregon Jack Creek; • Shackan

Demographics:

- **Nlaka’pamux-Canyon:** 2,852 total, 1,261 on-reserve (44.2%), and 1,591 off-reserve
- **Nlaka’pamux-Nicola:** 3,206 total 1,322 on-reserve (41.2%), and 1,884 off-reserve
There are 3 on crown land

Nation Shared Services:

- **Nlaka’pamux-Canyon** is hosted by Lytton First Nation.
- **Nlaka’pamux-Nicola** is hosted by Scw’exmx Community Health Services Society, and Conayt Friendship Society.

Nation Health Plans: The community-driven Nation health planning process in the Nlaka’pamux Nation has resulted, to date, in the following plans:

- Nlaka-pamux Nation Health and Wellness Plan, April 4, 2018

Secwepemc

“Xwe’weyt ren k’wseltkn t’uce sle7kt.” “All our relations Healing and Healthy together.”

- Hub Vision Statement, From Secwepemc Health Caucus 2018/2019 Strategic Plan

The Secwepemc are one of the largest Indigenous Nations in BC both in land base and population. Their lands, Secwepemcúl’ecw, cover over 180,000 km² or approximately 18% of the total area of the province and range from the eastern Chilcotin Plateau through the Thompson country to Kamloops and the Shuswap Country, and spans the Selkirk Mountains and Big Bent of the Columbia River to include the northern Columbia Valley.

Tribal Councils or Tribal Affiliations:

- **Northern Shuswap Tribal Council – Williams Lake**
- **Shuswap Nation Tribal Council – Kamloops**

¹⁰ Note that Boothroyd, Boston Bar First Nation, and Spuzzum are part of the Nlaka’pamux Nation but are within the Fraser Health Authority region.

Communities:

- **Secwepemc-North (5):** • Tsq'ésceḥ (Canim Lake Indian Band); • Esk'étemc First Nation (Alkali Lake); • Stswécem'c Xgét'tem' (Canoe Creek); • T'exel'c (Williams Lake Indian Band); • Xats'úll First Nation (Soda Creek)
- **Secwepemc-Central (7):** • St'uxwtéws (Bonaparte Indian Band); • Llenllenéy'ten (High Bar Band); • Simpcw First Nation; • Skeetchestn Indian Band (Skítsesten); • Tk'emlúps Indian Band (Kamloops); • Whispering Pines/Clinton First Nations (Stil'qw/Pell'tíq't); Ts'kw'aylaxw First Nation (Pavilion)
- **Secwepemc-Lakes (5):** Adams Lake Indian Band (Sexqeltqín); • Little Shuswap Indian Band (Qw7ewt); • Neskonlith Indian Band (Sk'atsin); • Shuswap Indian Band (Kenpesq't), Splatsin

Demographics:

- **Secwepemc-North:** 3,655 total, 1,636 on-reserve (44.8%), and 2,019 off-reserve
 - **Secwepemc-Central:** 4,502 total, 1,706 on-reserve (37.9%), and 2,796 off-reserve
 - **Secwepemc-Lakes:** 2,998 total, 1,500 on-reserve (50.1%), and 1,498 off-reserve
- There are 10 on crown land

Nation Shared Services:

- **Secwepemc-North** is hosted by Three Corners Health Services Society
- **Secwepemc-Central** is hosted by Simpcw First Nation and Interior Health
- **Secwepemc-Lakes** is hosted by Splatsin First Nation

Nation Health Plans: The community-driven Nation health planning process in the Secwepemc Nation has resulted, to date, in the following plans:

- Secwepemc Health Caucus 2018/2019 Strategic Plan

Northern St'át'imc

“It is the vision of Northern St'át'imc health leadership to work towards improving the health and wellness of the next seven generations.”

—Northern St'át'imc Health Plan

There are 11 St'át'imc communities, six of which are part of the Interior Region. St'át'imc traditional territory extends north to Churn Creek and to South French Bar; northwest to the headwaters of Bridge River; north and east toward Hat Creek Valley; east to the Big Slide; south to the island on Harrison Lake; and west of the Fraser River to the headwaters of Lillooet River, Ryan River and Black Tusk. The St'át'imc way of life is inseparably connected to the land with different locations throughout the territory where the people continue to exercise the right to hunt, fish, harvest food and gather medicines.

Tribal Councils or Tribal Affiliations:

- **Lillooet Tribal Council**

Communities (6-1): • Tsal’alh (Seton Lake); • Xwisten (Bridge River); • Ts’kw’aylaxw (Pavilion); • Xaxli’p (Fountain); • T’it’q’et (Lillooet); • Sekw’el’was (Cayoose Creek)

Demographics: Nation population 2017:¹¹ 2,868 total: 1,000 on-reserve, (322 on-reserve from other bands); 1,546 off -reserve. There are 3 on crown land.

Nation Shared Services: Hosted by Lillooet Tribal Council

Nation Health Plans: The community-driven Nation health planning process in Northern St’át’imc has resulted, to date, in the following plans:

- Interim Northern St’át’imc Health Plan: Creating Health System Reform in the Northern St’át’imc Territory 2015-2016, updated February 2018

Syilx

“We, the Sovereign Syilx Peoples, are the recognized owners of the lands and resources, living in political, social, cultural and economic unity for the purpose of exercising our inherent responsibilities, preserving and practicing our language, culture and traditions.”

—Vision statement for the Okanagan Nation Alliance

The Syilx/Okanagan people have always governed according to principles that are embedded in traditional knowledge, teachings, and ceremonies. These principles carry with them a sacred, inherent responsibility to care for the tmx^wulax^w (the land). The Syilx/Okanagan traditional territory is a diverse landscape of deserts and lakes, alpine forests and endangered grasslands. It extends over approximately 69,000 kms². The northern reach of this territory is just north of modern day Revelstoke, and the eastern boundary is between Kaslo and Kootenay Lakes. The southern boundary extends to the vicinity of Wilbur, Washington and the western border extends into the Nicola Valley.

Tribal Councils or Tribal Affiliations:

- **Okanagan Nation Alliance**

Communities (7): • Lower Similkameen Indian Band; • Okanagan Indian Band; • Osoyoos Indian Band; • Penticton Indian Band; • Upper Nicola Band; • Upper Similkameen Indian Band; • Westbank First Nation

¹¹ Data Source: AANDC Indian Registration System, December 31, 2017.

Demographics:¹² 6,242 total: 2,837 on-reserve, (354 on-reserve from other bands); and 3,051 off-reserve. There are 7 on crown land.

Nation Shared Services are hosted by the Okanagan Nation Alliance

Nation Health Plans: The community-driven Nation health planning process in the Syilx Nation has resulted, to date, in the following plans:

- Okanagan/Syilx Nation Health Plan, July 2010

Tsilhqot'in

“Our vision is that all Tsilhqot'in people lead stable, healthy, responsible lives; that we integrate traditional teachings and language into health services; and foster capacity and wellness in the Nation.”

-Tsilhqot'in Nation Health and Wellness Plan

The Tsilhqot'in are the most southern of the Dené speaking (Athabaskan) peoples in BC. Their name means “People of the red river” and also refers to the Chilcotin Plateau region. Tsilhqot'in traditional territory is characterized by undulating grasslands, expansive lodgepole pine and Douglas fir forests, a scattering of lakes and rivers, volcanic and glaciated landforms, and magnificent snow-covered peaks. The territory reaches from the high plateau of the Coast Range on the west and slopes down to the Fraser River in the east, including most of the drainage of the Chilcotin River and the headwaters of the Homathko, Kliniklini, and Dean Rivers flowing westward through the Coast range.

Tribal Councils or Tribal Affiliations:

- **Tsilhqot'in National Government**

Communities (6): • Tl'esqox (Toosey Indian Band); • Tl'etinqox Government (Anaham); • Tsi Del Del (Alexis Creek); • Yunesit'in government (Stone First Nation); • Xenigwet'in First Nation Government (Nemiah Valley Indian Band); • ?Esdilagh (Alexandria) in Northern Health Region

Demographics:¹³ 3,799 total: 1486 on-reserve, (173 on-reserve from other bands); and 2,140 off-reserve. There are 16 on crown land.

Nation Shared Services are hosted by the Tsilhqot'in National Government.

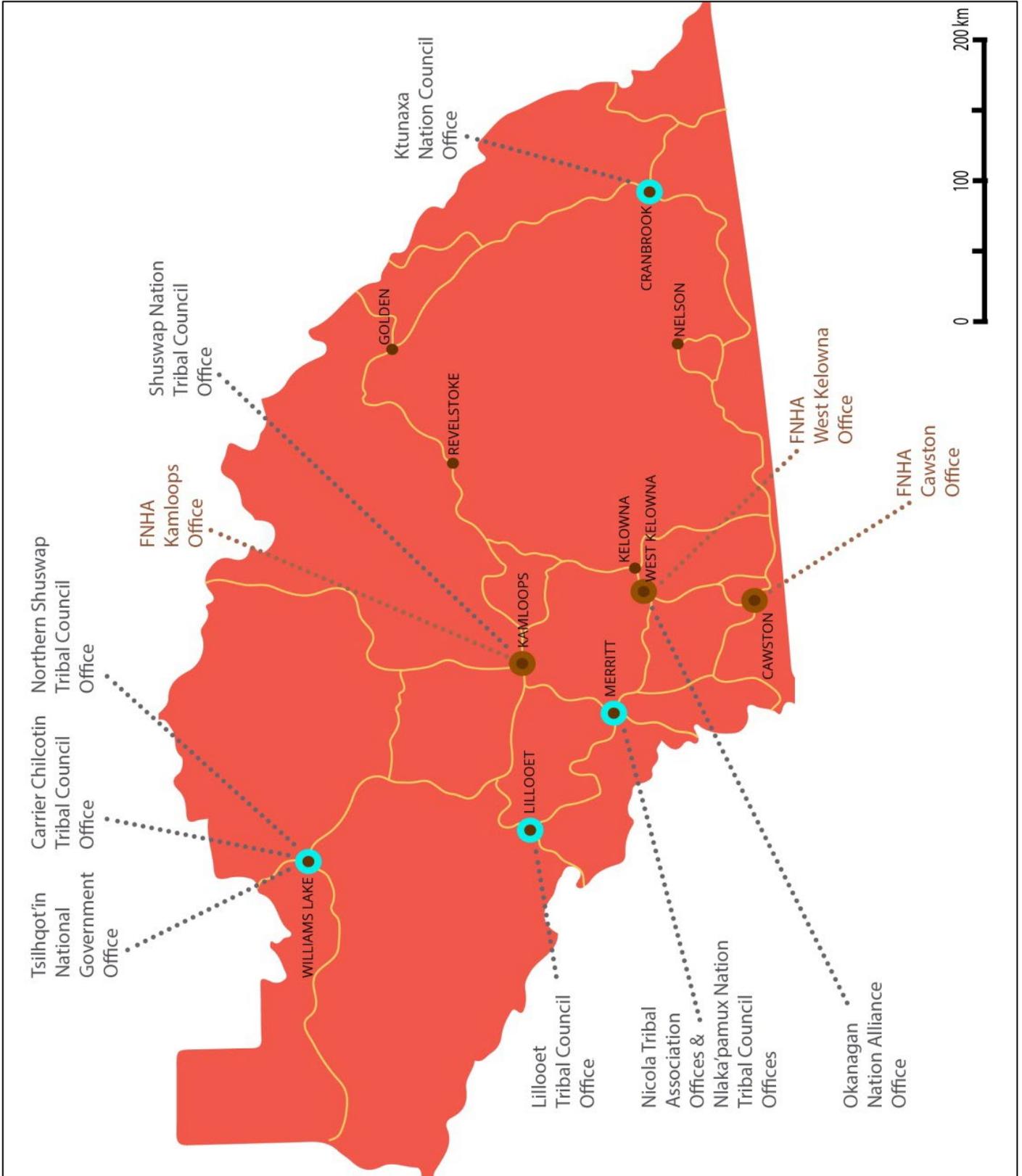
Nation Health Plans: The community-driven Nation health planning process in Tsilhqot'in Nation has resulted, to date, in the following plans:

- Tsilhqot'in Nation Health and Wellness Plan – Moving Forward Together, July 2016

¹² Data Source: AANDC Indian Registration System, December 31, 2017.

¹³ Data Source: AANDC Indian Registration System, December 31, 2017.

Interior Region FNHA Main Offices and Nation Host Agencies



Interior Region First Nations Health

BC First Nations have been working with the Province of BC and the Government of Canada to address the significant health disparities experienced by First Nations peoples. The Transformative Change Accord, which was signed in 2005, began the work of forging a new relationship between these three partners. A series of agreements and plans have followed, further developing this tripartite partnership.¹⁴ With each agreement, the partnership has evolved as the partners learn how to work better with one another.

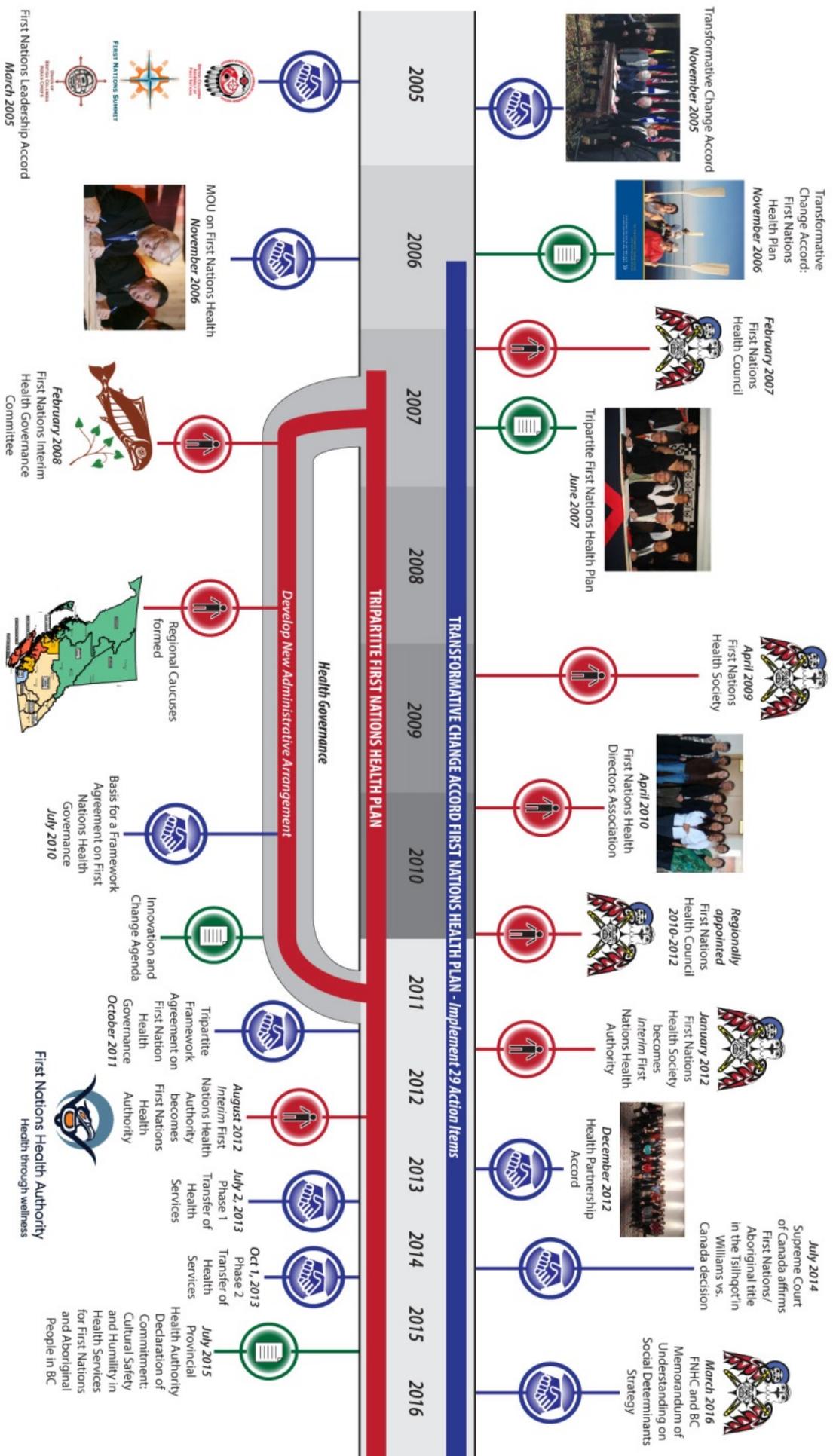
Background: Provincial Context

In 2011, BC First Nations, BC, and Canada signed the Tripartite Framework Agreement on First Nations Health Governance. This agreement created a new First Nations health governance structure intended to enable First Nations to participate fully in the design and delivery of health services. Decision-making moved closer to home with the involvement of First Nations decision-making and service delivery processes, structures, and institutions. The tripartite partners committed to nurture the partnerships between First Nations in all regions and with each provincial Regional Health Authority. Chiefs overwhelmingly endorsed the Tripartite Framework Agreement, voting for greater control by BC First Nations over our own health care.

The BC First Nations health governance structure includes four entities:

- **First Nations Health Authority (FNHA)** is responsible for planning, management, service delivery and funding of health programs (that were previously provided by Health Canada through the First Nations Inuit Health Branch Pacific Region).
- **First Nations Health Council (FNHC)** provides political leadership for implementation of tripartite commitments and supports health priorities for BC First Nations.
- **First Nations Health Directors Association (FNHDA)** is composed of health directors and managers working in First Nations communities and supports their education, knowledge transfer, professional development, and best practices. It also acts as a technical advisory body to the FNHC and the FNHA on research, policy, program planning and design, and the implementation of health plans.
- **Tripartite Committee on First Nations Health (TCFNH)** coordinates and aligns programming and planning efforts between the FNHA, BC Regional and Provincial Health Authorities, the BC Ministry of Health, and Health Canada partners.

¹⁴ Subsequent plans and agreements include: • *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), • *British Columbia Tripartite Framework Agreement on First Nation Health Governance* (2011).



Interior Region Governance

The seven Nations of the Interior work together in ways which promote our values of collaboration, trust, inclusion, celebration and innovation. The Nations of the Interior entered into a Declaration of Unity (2010) that sets out principles for Interior Nations to work together for the betterment of the health, safety, survival, dignity and wellbeing of Interior First Nations. The Nations of the Interior have also endorsed the 7 Directives that describe the fundamental standards for First Nations health governance in BC.

The Interior Region Governance Model includes the following entities:

- Interior Region First Nations Community Health Caucus
- Interior Nation Health Assemblies
- Interior Region Nation Executive Table
- Partnership Accord Leadership Table
- Interior Region Aboriginal Wellness Committee
- Letter of Understanding Tables

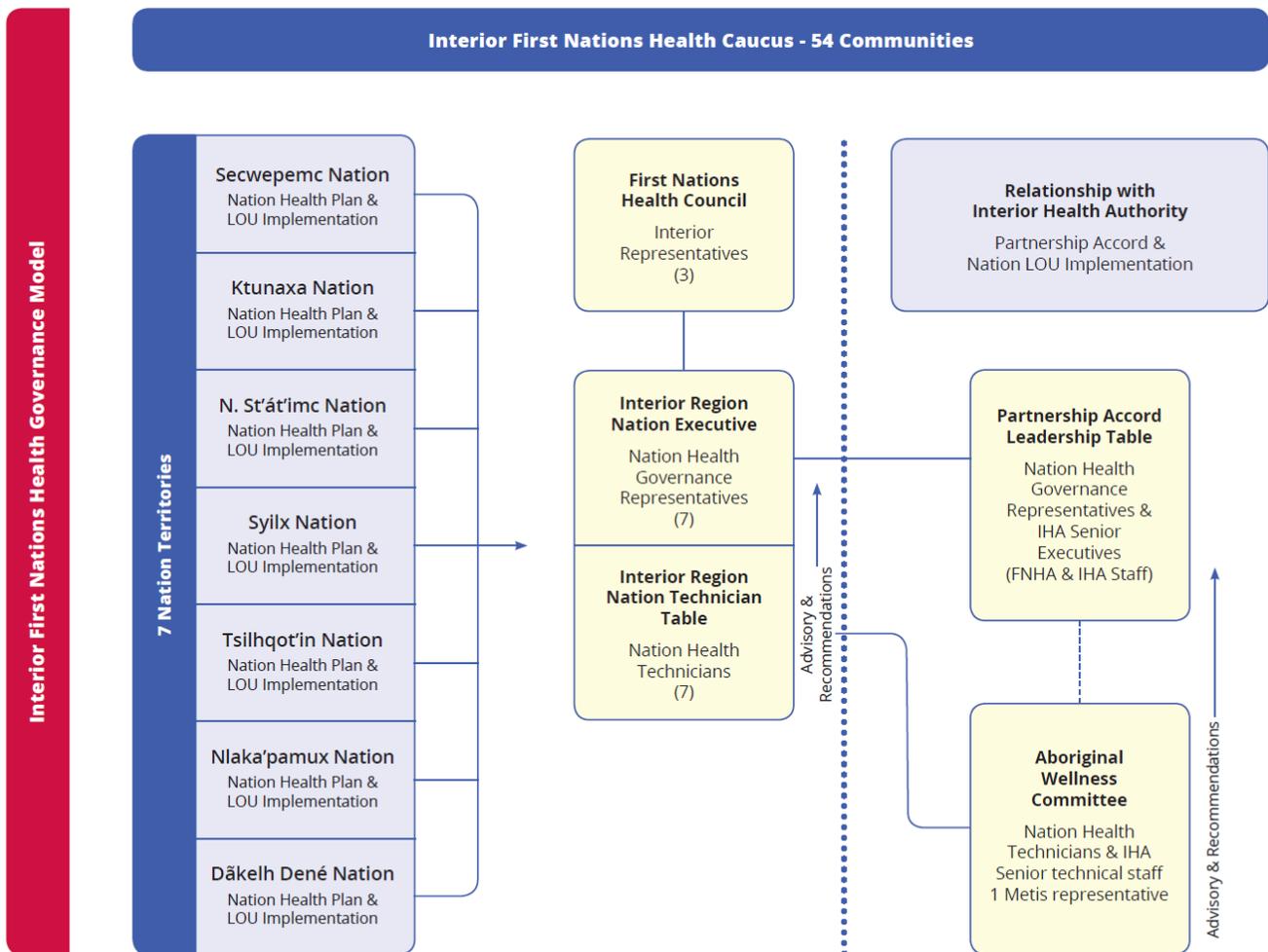
The Interior Caucus provides a forum for the 54 First Nations of the Interior region to share information, develop common positions, perspectives and priorities, set direction on regional health matters, nominate and appoint representatives to regional and provincial bodies, coordinate Nation and regional health and wellness planning, and set direction for the implementation of the Interior Partnership Accord.

Nation Health Assemblies allow each of the seven Nations in the Interior to meet prior to Interior Region Health Caucus Sessions and have Nation specific dialogue, including creating common positions or perspectives to bring to Caucus Sessions.

The scope of the Interior Region Nation Executive (IRNE) encompasses strategic direction that is intended to address the needs of Interior First Nations. The IRNE provides leadership and guidance in resolving health program and service policy issues. The IRNE functions as a governance forum to facilitate the achievement of Interior First Nation's wellness plan priorities related to policy, programs, services, capacity and resources.

Partnership between Interior First Nations and Interior Health is facilitated through the Partnership Accord Leadership Table, which comprises senior officials from Interior Health and representatives from each of the seven Nations. Technical advice and recommendations to the Partnership Accord Leadership Table are provided through the Interior Region Aboriginal Wellness Committee technical table, consisting of senior management from Interior Health, technicians from the seven Nations and one Métis representative. The Partnership Accord Leadership Table and Interior Regional Aboriginal Wellness Committee meet quarterly.

Letters of Understanding have been signed between each of the seven Interior Nations and Interior Health. These agreements create a strong link between Interior Health and Nations to provide a setting where community health concerns and initiatives can be shared and discussed and local decisions impacting First Nations communities can be made. Although these agreements are in the early stages of maturity, with many opportunities to build upon, LOUs have created strong partnerships and improved local coordination of services and provided a platform to resolve some local health issues.



Interior Region FNHA Team

The regional team shares the common goal of supporting the work of the Interior Region, including communication, engagement, and planning with the seven Nations and with the Interior Health Authority.

The team aims to positively influence the health of Interior First Nations by improving access to health care services, facilitating meaningful engagement, and creating a space for leadership to make decisions regarding the health of their people.

The regional FNHA team is available, accessible, and serves as a conduit for the voices of the 54 communities through advocacy that is provided equally. The team provides culturally safe and transparent communication and support with the overall objective of contributing to achieving the shared commitments to improve the health status of First Nations in the Interior Region and to build a better, more responsive, and more integrated health system.

Interior Region Timeline

Unity Declaration signed – February, 2010

FNHA Interior Region consisted of one staff member, Community Development Liaison, August, 2010

Interior Partnership Accord signed, Nov. 14, 2012

Establishment of the Interior Region Team, November 2013

Interior Region Technicians Table established, March 2014

Interim Regional Health and Wellness Plan, June 4, 2014

Partnership Accord Leadership Table Terms of Reference, July 2014

Interior Regional Caucus Interior Region Health Governance Entities Terms of Reference, March 18, 2014

Community Engagement Coordinator's established:

- Ktunaxa Nation Hub, 2008/2009
- Merritt Area Hub, 2008/2009
- Okanagan Nation Alliance Hub, 2008/2009
- Secwepemc Hub, 2008/2009
- Tsilhqot'in Hub, 2009/2010
- Lytton Hub, 2009/2010

- Northern St'át'imc Hub, 2010/2011
- Carrier Chilcotin Tribal Council Hub, 2011/2012

Interior Region Aboriginal Wellness Committee established, September 2015

Nation Shared Services, ongoing - confirmed 2015 Caucus

CEO to CEO protocol signed with IH and FNHA, April 12, 2017

Regional Envelope endorsed, February 2018

Phase One Regionalization:

- Nursing, June 2018
- EPHS, September 2018
- Headstart, January 8, 2019

Interior Region Nation Plans dates:

DǃKELH DENÉ NATION - Health and Wellness Plan, 2016/2017

NLAKA-PAMUX NATION - Nlaka-pamux Nation Health and Wellness Plan, April 4, 2018

NORTHERN ST'AT'IMC - Interim Northern St'át'imc Health Plan: Creating Health Systems Reform in the Northern St'át'imc Territory 2015-2016, February 2018

SECWPEMC NATION - Secwepemc Health Caucus 2018/2019 Strategic Plan, Spring 2018

TSILHQOT'IN NATION - Tsilhqot'in Nation Health and Wellness Plan Moving Forward Together - Tsilhqot'in Sutsel Deni Jinlin Lha Yudint'ih, July 2016

KTUNAXA NATION - Health and Wellness Plan, 2018-2020

SYILX NATION - Okanagan/Syilx Nation Health Plan, July 2010

Nation Shared Services

Nation Shared Services is a service delivery model unique to the Interior Region where benefits for communities are maximized through shared delivery via multi-disciplinary teams providing Nation-wide culturally appropriate and holistic health care services. It is a mechanism for Interior communities to increase capacity and access health professionals through internal collaboration and partnerships with IHA, FNHA, and other providers.

Nation Shared Services and Wraparound Approach



Guidance

In developing the Nation Shared Services approach, the Interior Region is responsive to the following directions provided by the IRNE and IRTT:

- Health service delivery respects the principles of self-determination and Indigenous sovereignty. Nations know best how to tailor services for ultimate performance; exercising sovereignty over health care will always out-perform external decision makers such as Health Canada.
- Services are delivered in a holistic, culturally-safe manner and focus on prevention.
- Services are designed to maximize efficiencies in order to ensure their sustainability.
- Capacity building at the community and Nation-level is a cornerstone of our work.
- All communities, regardless of size or location, have a right to high quality health services that are equitable to those off-reserve.

Implementation

Currently, the Nation Shared Service model is being implemented differently in each Nation. Nation Shared Services are meant to complement and build upon—not replace—existing community services and programs. In doing this, Nations have considerable flexibility on how to tailor services to reflect their unique priorities, population, and geography.

The Nation Shared Service model is administered by a host organization representing the Nation as a whole such as a Tribal Council or a Health Society. The host organization is responsible for hiring and managing positions and collaborating with FNHA and IHA to ensure successful implementation. Currently, the project is overseen by either the host organization's Executive Director or the Nation Health Manager/Community Engagement Coordinator, but individual community Health Directors also play an integral role.

The landscape of Nation Shared Services is complex and requires strong and clear working relationships both within and between communities, the FNHA, regional health authorities, and other service organizations. Delivering the best care to our diverse communities involves many different parties working together in a holistic, multi-disciplinary fashion. To date, together with Health Directors, each Nation's Health Manager/Community Engagement Coordinator has been an integral player in maintaining these diverse relationships both on and off reserve.

Existing Nation-Shared positions include:

- Nation Health Director/Manager or Community Engagement Coordinator
- Nurse Practitioner
- Mental Health Clinician
- Traditional Wellness Coordinator
- Social Worker
- Health Advocate
- Dietician
- Physiotherapist

As well as direct-to-patient services, the approach relies on strong relationships with service enablers providing a range of supports required by the multi-disciplinary teams, including:

- Management and Human Resources
- Medical Office Assistant (MOA) positions
- Health Benefits
- Data Governance, Data Sharing
- Capital, Accommodations, and Finance
- Policy, Research, and Development
- IM/IT infrastructure, Telehealth, Electronic Medical Records (eMR)

Health System Matrix Data

The Health System Matrix (HSM) database facilitates research and analysis regarding the health data of First Nations in the Interior Region. The HSM database includes data related to physician and specialist visits, chronic conditions, mental health and substance use diagnostics, hospital admissions, ambulatory care, and home and residential care services. In 2016, FNHA led a project in partnership with the Interior Health Authority to compare First Nations to other residents in terms of per capita use and associated costs based on data for the years 2008/09 and 2013/14. This analysis has contributed towards informing partnership efforts with IHA and priority setting in primary care and health promotion investments for the Interior Region. The HSM data continues to provide a valuable opportunity to support the ongoing work of identifying and streamlining regional health priorities.

Methodology: Developing the Refresh

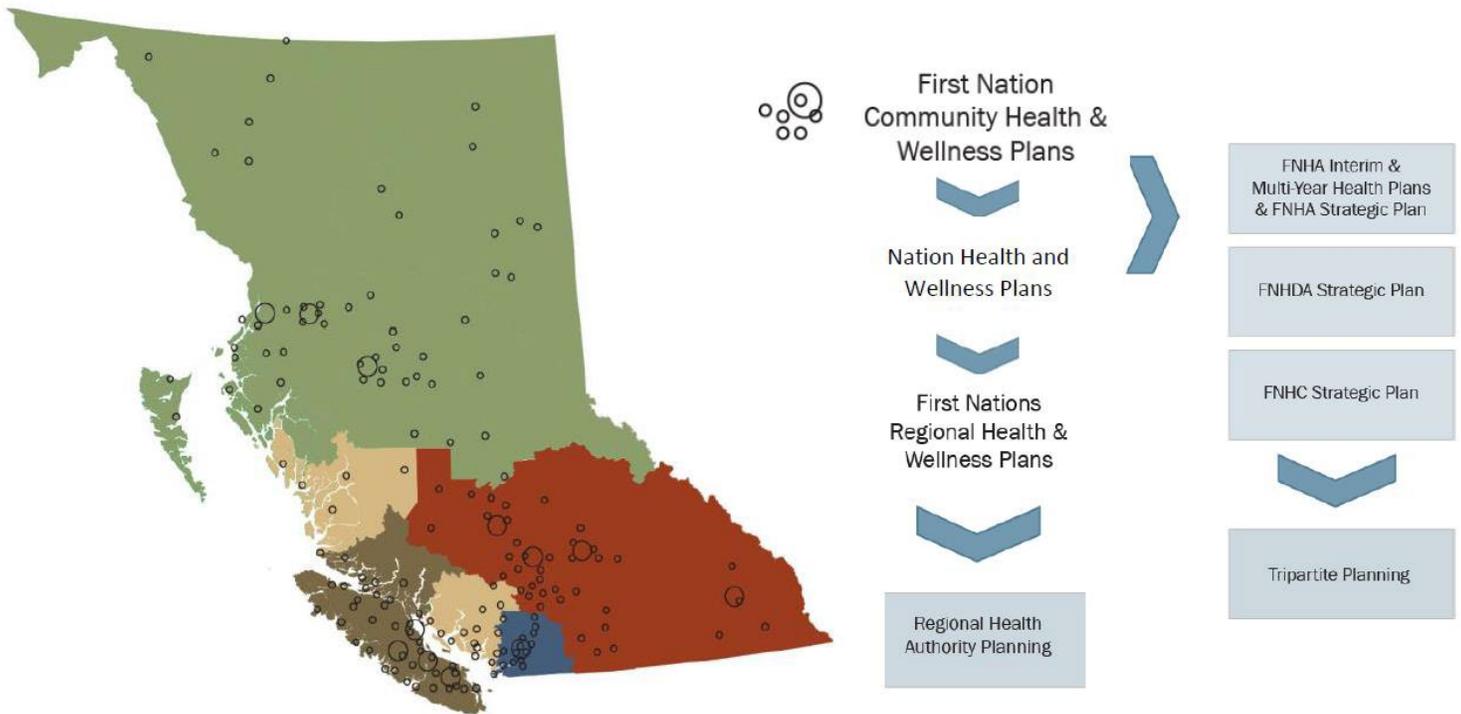
Background

The previous Regional Health and Wellness Plan for the Interior (completed in 2014) was called the Interim RHWP. It was developed through a process that included:

- Reviewing existing planning work already completed by the Nations.
- Holding discussions about Nation priorities at Nation Assembly meetings conducted throughout 2014.
- Supporting the Community Engagement Hubs to do further engagement to gather and refine the priorities and profiles of each of their respective Nations.

The Interim RHWP was endorsed by the Interior Health Caucus in 2014, and became the basis for the development of subsequent regional work plans.

Nation-Based Health Planning Process



Refreshing the RHWP

This new planning document was developed between January and September 2018. The process for refreshing the Interim RHWP began with an extensive review of existing planning documents prior to developing the updated mission, goals, and objectives. Once these were articulated, the refreshed mission and goals were reviewed from a variety of lenses prior to being put forward for endorsement. These goals appear in the next section “Regional Goals and Objectives.”

The refreshed mission statement appears in the earlier section “Vision and Principles” as below:

FNHA Interior Region Mission: We work together to strengthen Nation rebuilding through the development of a health system that increases human and financial capacity, brings decision making closer to home, and is deeply rooted in the values, principles, and culture of the seven Interior Nations.

The refreshed mission statement, goals, and objectives were brought to the Interior Region Nation Executive (IRNE) for review and approval on February 15, 2018. Subsequently, the RHWP Refresh was endorsed on May 14, 2019 at the Interior Region Spring Caucus.

Refresh Process

The steps taken in the development of the RHWP Refresh included:

- Review of key planning documents that have been developed by FNHA, both at the Central and the Interior Region offices, including:
 - First Nations Health Authority Health Plan
 - Interior Region Interim Regional Health and Wellness Plan (2014)
 - Interior Region Multi Year Work plan
 - Nation Shared Services (NSS BN) Briefing Notes
 - Regional Envelope Action Plan documents
- Develop a refreshed mission statement for the Interior Region based on a review of regional priority areas, directives, goals and Interim vision statements.
- Develop themed and streamlined Interior Region goals based on a review of priorities and directives. The three resulting goals are:
 - Goal 1: Improve health programs and services.
 - Goal 2: Function as an excellent and efficient organization.
 - Goal 3: Establish effective governance and partnership relations.
- Develop a series of themed sub-goals including objectives and actions that further unpackage each of the regional goals.
- Undertake extensive review of the proposed mission, goals, objectives, and actions including:

- Review for consistency of theme and content across existing key strategy documents.
- Review goals, sub-goals, objectives, and actions to ensure consistency with the new RHWP refresh definitions across the range of terms used.
- Undertake an internal staff review of the refreshed RHWP.
- Review the proposed vision, mission, and goals with CEC, IRTT, and IRNE.

Regional Goals and Objectives

The Interim RHWP was created just one year after the transfer of health services to the FNHA. This refresh of the RHWP restructures the overarching goals of the Interior Region to better align with the work that FNHA is doing across the province and in the Interior. Furthermore, the refreshed goals serve to create greater clarity and better guidance for regional planning, while also enabling progress towards achieving the Interior Region mission to be more easily measured.

The overarching goals of the Interior Region inform investment strategies and partnership and are guideposts by which annual work plans are developed. The Interior Region team at FNHA, together with input and direction from the seven Nations, identified the following goals as being foundational to activities in the region.

- Goal 1: Improve health programs and services.
- Goal 2: Function as an excellent and efficient organization.
- Goal 3: Establish effective governance and partnership relations.

This section of the RHWP Refresh outlines these goals together with the sub-goals and objectives that pertain to each of them.

Goal 1: Improve Health Programs and Services

GOAL 1.1 Improve the operational mechanisms of service delivery to better meet the needs of Interior Region Nations and communities.

Objectives

- 1.1.1** Influence and improve the First Nations Health Benefits Program to better meet the needs of Interior Region First Nations.
- 1.1.2** Improve Elder wellness services and increase supports (capacity and infrastructure) enabling Elders to remain at home or close to home.
- 1.1.3** Improve access to primary care services in communities.

GOAL 1.2 Improve recruitment and retention of health service providers.

Objective

- 1.2.1** Support Nations in increasing the number of health service providers in Interior First Nation communities.

- 1.2.2 Increase capacity to improve recruitment and retention of health service providers in First Nations communities.
- 1.2.3 Explore economic opportunities that will support sustainability and build First Nations health sector capacity.
- 1.2.4 Support Nations in training and education initiatives in support of improving recruitment and retention.

GOAL 1.3 Incorporate and promote First Nation knowledge, beliefs, values, practices, medicines, and models of health and healing into all health programs and services.

Objective

- 1.3.1 Support Nations to incorporate language, culture and traditional knowledge in health programs and services.
- 1.3.2 Support in restoring roles of knowledge keepers and traditional healers within community health and healing services.
- 1.3.3 Support community-led programs that encourage knowledge keepers and traditional healers to share with community members, especially youth.
- 1.3.4 Embed cultural safety and humility in all health programs and services.
- 1.3.5 Integrate Traditional Wellness into Nation Shared Services

GOAL 1.4 Improve the mental wellness of Interior First Nations.

Objective

- 1.4.1 Promote healthy living through increased cultural knowledge and practice.
- 1.4.2 Improve access to trauma informed mental wellness services that are delivered closer to home.
- 1.4.3 Develop evidence-based First Nations programs that align with regional mental wellness guiding principles.
- 1.4.4 Implement the NNADAP Action Plan.
- 1.4.5 Support the reduction of harmful substances use and dependencies.
- 1.4.6 Improve services and supports for child and family wellness through collaboration with social service partners.
- 1.4.7 Ensure Interior Nation mental wellness priorities inform provincial frameworks and strategies.

Goal 2: Function as an excellent and efficient organization

Ensure that FNHA Interior Region administrative and management functions are conducted in an efficient manner.

GOAL 2.1 Support management capacity at region, Nation, and community levels.

Objectives

- 2.1.1 Increase access to services and support in identifying opportunities that ensure effective and efficient use of existing and future financial resources.
- 2.1.2 Support in developing a sustainable Nation Shared Services delivery model.
- 2.1.3 Ensure all Nations have access to and are supported with adequate service enablers in relation to Nation Shared Services (IMIT, HR, MedAccess, Infrastructure etc.).
- 2.1.4 Identify and develop strategies and policies for topics that require a regional approach.

GOAL 2.2 Improve planning and evaluation processes

Objectives

- 2.2.1 Conduct asset and service mapping and complete the Interior Region expenditure analysis to support planning processes.
- 2.2.2 Develop, implement, and support in championing Nation Health and Wellness Plans in each of the seven Nations.
- 2.2.3 Align community, Nation, region, and FNHA planning processes.
- 2.2.4 Develop regional data governance processes to ensure data and research activities are conducted in accordance with Nation priorities, policies, and protocols.
- 2.2.5 Align FNHA, IHA, and partner investments to support Nation priorities.
- 2.2.6 Find meaningful resolutions to the issue of Nations whose territories encompass more than one Regional Health Authority.
- 2.2.7 Develop information management and information technology systems that align with Nation planning and priorities.
- 2.2.8 Support development of Emergency Response Plans and process in partnership with key stakeholders and Nations.

Goal 3: Establish Effective Governance and Partnership Relationships

Goal 3.1 Informed decision making led by Nation health and wellness governance processes.

Objectives

- 3.1.1** Support implementation of Nation Shared Services model.
- 3.1.2** Establish governance and technical structures and processes enabling regional and Nation-based decision-making.
- 3.1.3** Promote the Interior Region Caucus as an avenue for supporting self-determination and jurisdiction interests of Interior Nations.
- 3.1.4** Promote reciprocal accountability with Nations and partners.
- 3.1.5** Establish clear, consistent communication and information-sharing among Nations and partners.
- 3.1.6** Continue to engage with Ministry of Health primary care transformation planning.
- 3.1.7** Utilize opportunities with FNHA headquarters and IHA for improved access to services.
- 3.1.8** Develop options to address jurisdictional issues - on reserve/off reserve service delivery from IHA to ensure equitable service delivery.

Goal 3.2 External relations are supported by effective government to region partnerships

Objectives

- 3.2.1** Establish processes for engaging Metis and urban Aboriginal groups that respect and reflect the inherent rights and interests of First Nations peoples.
 - 3.2.2** Continue to build a collaborative relationship with Interior Health Authority based on the Partnership Accord, Ministry of Health Priorities, and Nation Letters of Understanding.
 - 3.2.3** Collaborate with partners across sectors to protect the health of the land and environment and address the social determinants of health.
 - 3.2.4** Develop an Urban Health Strategy with partners.
-

Next Steps

The Interior Region has taken great strides forward on its journey toward transforming health services for First Nations. The Regional team has grown and has transformed along this path to support and enable the Nations of the Interior to continue on a healing journey towards healthy, self-determining, vibrant BC First Nations children, families, and communities. Ultimately, it is the long term objective of FNHA to have the BC First Nations planning process evolve so that regional plans will reflect the goals and objectives of community health and wellness plans. In the Interior Region, community goals would be reflected in Nation Plans and Nation Plans would be reflected in the Regional Plan.

The RHWP Refresh 2018 will be a guiding document in support of this journey and will support the Region in continued planning, implementation and accountability. The RHWP will be a living document that is intended to be continually refreshed on a yearly basis, culminating in an update to the plan in 2021 in alignment with the FNHA Multiyear Health Plan.

Interior Region Health and Wellness Plan – Planning Cycle

