

# Northern First Nations Health and Wellness Plan



First Nations Health Authority  
Health through wellness



First Nations  
Health Council

## Northern First Nations Health Partnership Committee

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September, 2013

# Table of Contents

Northern First Nations Health Partnership Committee .....	ii
Table of Contents .....	iii
Appendices .....	iv
Figures.....	iv
Tables .....	iv
Terminology and Acronyms.....	v
<b>I. Introduction and Background.....</b>	<b>1</b>
<b>II. Vision, Values and Guiding Principles.....</b>	<b>2</b>
<i>BC First Nations Perspective on Wellness</i> .....	3
<b>III. Northern First Nations Context .....</b>	<b>3</b>
<i>Geography</i> .....	3
<i>Northern First Nations</i> .....	4
<i>Community-based Health Programs and Services</i> .....	5
<b>IV. Northern Health Context .....</b>	<b>6</b>
<i>Geography</i> .....	6
<i>Northern Health Structure</i> .....	6
<i>Northern Health Aboriginal-specific Programs and Services</i> .....	7
<b>V. Northern Region Governance Structures .....</b>	<b>9</b>
<i>Northern Partnership Accord</i> .....	9
<i>Provincial (BC) First Nations Health Governance Structures</i> .....	10
<i>Northern First Nations Governance Structures</i> .....	12
<i>Northern Health Governance Structures</i> .....	13
<b>VI. Northern First Nations Priorities .....</b>	<b>14</b>
<b>VII. Northern Goals and Objectives.....</b>	<b>14</b>
<b>VIII. Community Engagement.....</b>	<b>18</b>
<i>First Nations Health Authority- Community Engagement and Hubs</i> .....	18
<i>Northern Health – Aboriginal Health Improvement Committees (AHICs)</i> .....	19
<b>IX. Implementation Considerations .....</b>	<b>19</b>
<i>Cross Cutting Themes</i> .....	19
<i>Operations</i> .....	19
<b>X. Evaluation and Reporting .....</b>	<b>19</b>
<b>References .....</b>	<b>21</b>

## Appendices

- Appendix 1 – Northern Partnership Accord
- Appendix 2 – Northern BC First Nations Issues Paper
- Appendix 3 – DRAFT Regional Profile, First Nations Communities in Northern Region
- Appendix 4 – Northern Health Strategic Plan
- Appendix 5 – Map: Northern Health Regions
- Appendix 6 – Northern First Nations Health Partnership Committee – Terms of Reference
- Appendix 7 – First Nations Health Authority Organization and Functions Chart
- Appendix 8 – Implementation Work Plans
- Appendix 9 – Northern Community Engagement Hubs

## Figures

- Figure 1 – Landmark Events in First Nations Health Governance in BC.....1
- Figure 2 – First Nations Perspective on Wellness.....3
- Figure 3 – Map: Northern Health Regions.....7
- Figure 4 – Relationship with Northern Health.....10
- Figure 5 – Engagement and Approval Pathway.....12
- Figure 6 – Northern First Nations Structures.....13

## Tables

- Table 1 – Northern First Nations Voting Communities by Sub-region.....4
- Table 2 – Community-based Health Programs and Services.....6

## **Terminology and Acronyms**

AANDC – Aboriginal Affairs and Northern Development Canada

AHIP – Aboriginal Health Initiative Program

AHIC – Aboriginal Health Improvement Committee

ASO – Aboriginal Service Organizations

FNHA – First Nations Health Authority

FNHC – First Nations Health Council

FNHDA – First Nations Health Directors Association

HDA – Health Directors Association

Hubs – The community engagement hub initiative is to support the capacity of First Nations communities to communicate, collaborate and plan together with respect to the Tripartite First Nations Health Plan.

iRHWP – interim Regional Health and Wellness Plan

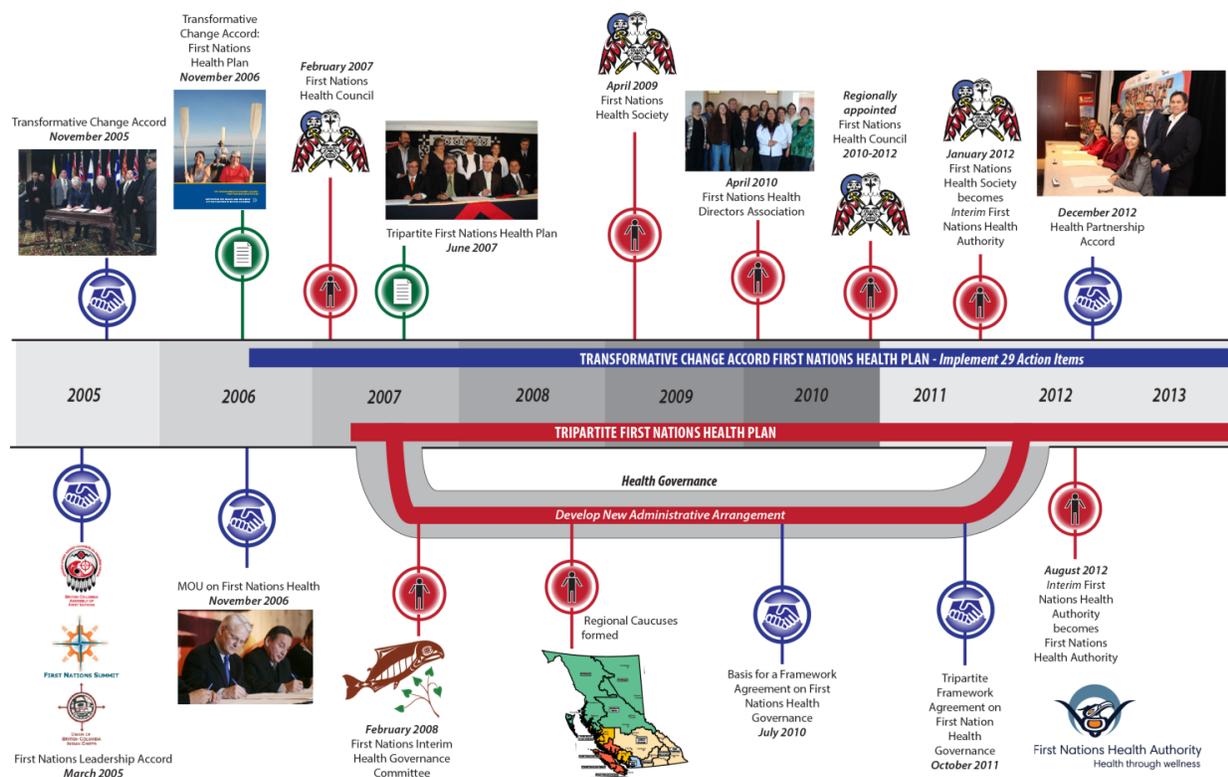
NFNHPC – Northern First Nations Health Partnership Committee

NH – Northern Health

## I. Introduction and Background

With the signing of the *Transformative Change Accord* in 2005 and, in the following year, the *Transformative Change Accord: Health Plan (2006)*, the landscape of health for First Nations peoples in British Columbia was forever altered. Since signing these agreements, much has changed. The tripartite relationship has taken form and continues to evolve. A *Tripartite First Nations Health Plan (2007)* was developed. Regional Caucuses were formed. A First Nations Health Authority (2012) was created and a *Tripartite Framework Agreement on First Nation Health Governance (2011)* laid the groundwork for the transfer of Health Canada's First Nations Inuit Health Branch (BC Region) to First Nations control. This will lead to new and innovative health partnerships at the regional and provincial levels. Figure 1 illustrates these agreements and other landmark events on this journey of transformation and change.

Figure 1 – Landmark Events in First Nations Health Governance in BC



Signing the *Tripartite Health Partnership Accord (2012)* between the First Nations Health Council, Health Canada and the Province of BC signifies a commitment by the three partners to work together to achieve a higher-quality, more integrated, culturally appropriate and effective health system for BC First Nations. The *Accord* speaks to changes already made and changes that need to continue in order to realize the signatories vision. This includes the continued evolution of a First Nations health governance structure, collaborative planning, design, management and delivery of services along with the implementation of health systems improvements and innovations in the areas of health planning, health services, eHealth, economic innovation and cultural competency (p. 5). Opportunities to include Indigenous teachings and traditions in a broader system of wellness are also discussed in the *Accord* (Tripartite Committee on First Nations Health Annual Report, 2012/13).

While these tripartite activities have focused on systemic and structural change at the provincial level, opportunities and possibilities for meaningful change at the regional level have likewise been unfolding.

Following the lead of the *Tripartite Health Partnership Accord (2012)*, regional health authorities and First Nations Regional Caucuses entered into *Regional Partnership Accords*. These regional agreements open new possibilities for regional cooperation, partnership and collaboration in the delivery of health services that respect the diversity, cultures, languages and contributions of BC First Nations. They offer opportunities to strengthen relationships and align regional health care priorities with First Nations communities and regional health plans (Tripartite Committee on First Nations Health Annual Report, 2012/13).

The *Northern Partnership Accord* was signed May 11, 2012. (See *Appendix 1* for a copy of the *Accord*.) The signatories of the agreement: the Northern Regional Health Caucus, Northern Health and First Nations Health Authority commit to work together to improve health outcomes for First Nations people residing in the North region by involving First Nations leadership in the planning and monitoring of health services that impact First Nations individuals and communities. This *interim Northern First Nations Health and Wellness Plan (2013)*, informed by the *Northern BC First Nations Issues Paper (2009)*, articulates the vision, goals, objectives and activities necessary for realizing improved health for First Nations peoples residing in the north. (See *Appendix 2* for a copy of the *Issues Paper*.) The *Plan* also describes the realities in which we live and grow and how we will know that we have achieved our vision and goals. Given the nature of our changing realities it is likewise expected that so too will this document evolve over time. It begins with our vision, values, and the principles that guide our actions.

## II. Vision, Values and Guiding Principles

The collective vision of the *Northern Partnership Accord* (May, 2012) signatories is:

**To improve health outcomes for First Nations people residing in the North region.**

The work undertaken to realize this vision is guided by values and principles. They are:

1. Respecting *cultural diversity*
2. Supporting *community driven, Nation-based* local and regional health planning
3. Ensuring *inclusive participation* in decisions about the planning, implementation and evaluation of health programs and services
4. Increasing *understanding and respect* for the rights, responsibilities and roles of all parties
5. Ensuring *mutual support and reciprocal accountability* in everything we do
6. Supporting service delivery that is *culturally responsive*, safe and effective
7. Willingness to be *innovative and integrative* to increase the impact on the health and well-being of First Nations peoples in the north
8. Developing *capacity* in communities and within Northern Health

These values and guiding principles are purposefully aligned with the ‘7 Directives’ that the First Nations Health Authority is using to guide their work in this area. They are:

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

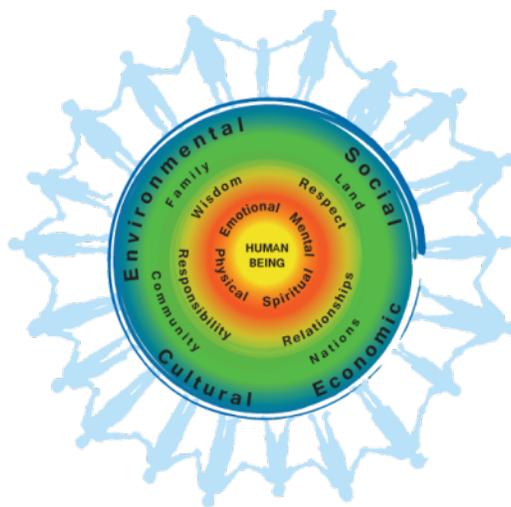
## BC First Nations Perspective on Wellness

The First Nations Perspective on Wellness is a holistic health and wellness approach that provides a guide for health and wellness planning and program and service delivery throughout BC. It builds on the recognition that health and wellness are intimately connected and encompass emotional, mental, spiritual and physical aspects of health and well-being.

This approach aims to achieve health and wellness by taking a look at nurturing the internal and external factors that affect well-being. Many of these concepts are based on traditional knowledge.

Despite what appears as distinct layers, the circles are interconnected and linked with each other as well as with their component parts. All of these elements are essential and need to be balanced in order to achieve wellness. The incorporation of traditional medicines and approaches to healing, including traditional healing policy development, will be part of implementing this concept. Figure 2 depicts these concepts.

Figure 2 – First Nations Perspective on Wellness (First Nations Health Authority, 2013a)



This *Northern First Nations Health and Wellness Plan* builds on this holistic approach, recognizing that this type of approach is fundamental to successfully achieving improved health and wellness outcomes for First Nations people in the Northern region.

## III. Northern First Nations Context

### Geography

The northern geographies of British Columbia are breathtakingly beautiful and diverse. From Kermode bears and ancient forests of the west coast, to the interior rivers and lakes running red with salmon, to the rolling ranch lands of the southern reaches of the northern region, these are the landscapes in which the people of the north live, grow and learn. These are the lands of the First peoples. Their languages are rooted in the land and their cultures are born of these places.

Today these landscapes are dotted with four residential schools, long since closed, yet a tangible reminder of a conflicted past still being felt today. Natural resource extraction especially mining, oil and gas and forestry are actively redefining northern geographies physically, socially, and economically, for both individuals and collectives. These geographies are home to Northern First Nations.

## Northern First Nations

The territorial land base in the Northern Region, as defined by BC Regional Health Authority boundaries is 592,116 km squared, 64.0% of the total provincial land base. This territory is home to approximately 47,200 registered First Nations, representing over one third (35.6%) of this population in B.C. (Aboriginal Affairs and Northern Development Canada, 2011). There are 54 Northern First Nations communities that vary in size and include many small and isolated communities along with numerous tribal councils including: Carrier Sekani Tribal Council, Treaty 8 Tribal Association; Kaska Tribal Council, Kaska Dena Council, Dakh-ka Tlingit Nation Tribal Council, Council of the Haida Nation, Gitxsan Government Commission and the Wetsuwet'en Office of the Chiefs. See *Appendix 3* for complete list of tribal councils.

Table 1 – Northern First Nations Voting Communities by Sub-region

Northeast	North Central	Northwest
<ul style="list-style-type: none"> <li>• Blueberry River First Nations</li> <li>• Doig River First Nations</li> <li>• Fort Nelson First Nations</li> <li>• Halfway River First Nations</li> <li>• Saulneau First Nations</li> <li>• Tsa'a Tse K'Nai First Nation (Prophet River First Nations)</li> <li>• West Moberly Lake First Nations</li> </ul>	<ul style="list-style-type: none"> <li>• Burns Lake Band</li> <li>• Cheslatta Carrier Nations</li> <li>• Kwadacha Nations</li> <li>• Lake Babine Nations               <ol style="list-style-type: none"> <li>1. Old Fort</li> <li>2. Fort Babine</li> <li>3. Tachet</li> <li>4. Woyenne</li> <li>5. Pinkut Lake/Donalds Landing</li> </ol> </li> <li>• Lheidli T'enneh</li> <li>• McLeod Lake</li> <li>• Nadleh Whuten</li> <li>• Nak'azdli Band</li> <li>• Nazko</li> <li>• Nee-Tahi-Buhn Band</li> <li>• Saik'uz First Nations</li> <li>• Skin Tyee Nations</li> <li>• Stellat'en First Nations</li> <li>• Takla Lake First Nations</li> <li>• Tl'azt'en Nations               <ol style="list-style-type: none"> <li>1. Tache</li> <li>2. Binche</li> <li>3. Dzitl'ainli</li> <li>4. K'uzche</li> </ol> </li> <li>• Tsay Keh Dene</li> <li>• Wet'suwet'en First Nations</li> <li>• Yekooche</li> <li><b>Belong to an Interior Regional Hub:<sup>1</sup></b> <ul style="list-style-type: none"> <li>• ?Esdilagh Indian Band</li> <li>• Lhoosk'uz Dene Government (Kluskus)</li> <li>• Lhatko Dene</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Daylu Dena Council<sup>2</sup></li> <li>• Dease River First Nation<sup>3</sup></li> <li>• Gingolx</li> <li>• Gitanmaax</li> <li>• Gitanyow</li> <li>• Gitga'at Nation</li> <li>• Gitlaxt'aamiks</li> <li>• Gitsegukla</li> <li>• Gitwangak</li> <li>• Gitwinksihlkw</li> <li>• Gitxaala Nation</li> <li>• Hagwilget Village</li> <li>• Haisla Nation</li> <li>• Iskut</li> <li>• Kispiox</li> <li>• Kitselas Band Council</li> <li>• Kitsumkalum Band</li> <li>• Laxgalt'sap</li> <li>• Lax Kw'alaams First Nations</li> <li>• Metlakatla Indian Band</li> <li>• Moricetown</li> <li>• Old Massett Village Council</li> <li>• Sik-e-dakh Village</li> <li>• Skidegate Band</li> <li>• Tahltan Nation               <ol style="list-style-type: none"> <li>1. Dease Lake Band</li> </ol> </li> <li>• Taku River Tlingit First Nations</li> </ul>

<sup>1</sup> ?Esdilagh First Nation, Lhoosk'uz Dene and Lhtako Dene Nation are included in the Northern Region but have signed a unity declaration with Interior Region Nations. They are included in both Northern and Interior Regional profiles.

<sup>2</sup> Most of the Liard First Nation is geographically in Yukon, but one community (Lower Post a.k.a. Daylu Dena) is just inside the BC border.

<sup>3</sup> Dease River First Nations is counted amongst Yukon communities by AANDC despite the fact that it is geographically in BC.

Significantly, the last census (2006) indicated more than 80 continuously inhabited First Nations communities in northern BC along with numerous harvesting and cultural-specific communities occupied during various seasons.

The diversity of the Northern First Nations communities is apparent in numerous distinct language groups. Those language groups include:

- Dakelh
- Dene-thah
- Dunne-za
- Gitxan
- Haisla
- Inland Tlingit
- Kaska
- Nisga'a
- Sekani
- Tagish
- Tahltan
- Tsimshaian
- Tutchone
- Wet'suwet'en
- Nat-oot'en

Many First Nations individuals residing in the north live outside of their home community in rural cities and towns. These are significant realities to consider. (For more detailed information about Northern First Nations see *Appendix 3*.)

#### Rural and Away from Home

A number of First Nations communities such as Lax K'walaams, Gitga'at and Gitxaala are only accessible by boat, barge or float plane weather permitting. Other communities such as Takla, D'zitlainli (Middle River), Tachet, Wit'at (Fort Babine) Kwadacha, Tsay Keh Dene, Nazko, Kluskus, Iskut, Telegraph Creek and Good Hope Lake are accessible via secondary and gravel resource roads where the surface, environmental conditions and drive-ability vary considerably with the seasons.

A combination of community poverty and a lack of local service centres, for example, vehicle maintenance, means that persons travelling for health services on these roads often do so in poorly maintained vehicles and at considerable risk. In fact, over the years, the need to fly or travel by resource roads in adverse conditions has claimed the lives of community members travelling out of community as well as individuals travelling into community.

It is misleading however, to say that most First Nations people live on-reserve. A significant number of First Nations people live on the land while others have moved to more urban centres such as Prince Rupert, Prince George, Terrace and Smithers, to access employment, education and other opportunities. It is estimated that in British Columbia over 60 % of First Nations people live in urban settings.

This tendency towards off-reserve/urban/*Away from Home* residency is reflected not only in the publications of the provincial and federal governments but also in the work of First Nations-operated agencies such as the former Skeena Native Development Society (SNDS). The SNDS Annual Labor Market Census, last conducted in 2006, indicated that for northwest First Nations, an average of more than 65% of the working age population (ages 15-65) lived off-reserve in the nearby urban centres.

The need to explore and address health issues for the *Away from Home* population has been stressed by First Nations community leadership, and it is in the implementation of the *Northern Partnership Accord* where the first steps for change may lie.

#### **Community-based Health Programs and Services**

First Nations have historically received limited funding support for community-based programs from Health Canada's First Nations Inuit Health Branch. On October 1, 2013, the BC First Nations Health Authority takes over health program and service delivery responsibilities from Health Canada. Table 2 identifies those programs and services.

Table 2 – Community-based Health Programs and Services (First Nations Health Authority, 2013b)

<b>Healthy Living</b>	<b>Health and Wellness Planning</b>
<ul style="list-style-type: none"> <li>The Healthy Living programs will identify, develop and support strategic methodologies which will allow for the greatest degree of systemic changes for BC First Nations Communities (Chronic Disease Prevention and management, injury prevention control)</li> </ul>	<ul style="list-style-type: none"> <li>Community Health Planning</li> <li><i>Interim</i> Health Plan</li> <li>Regional Health and Wellness Planning</li> </ul>
<b>Communicable Disease Control</b>	<b>Children, Youth and Maternal Health</b>
<ul style="list-style-type: none"> <li>Blood Borne Disease and Sexually Transmitted Infections (HIV/AIDS)</li> <li>Communicable disease emergencies (Pandemic Influenza)</li> <li>Immunization (Vaccine preventable diseases)</li> <li>Respiratory infections (Tuberculosis)</li> </ul>	<ul style="list-style-type: none"> <li>Aboriginal Head Start on Reserve</li> <li>Children’s Oral Health Initiative</li> <li>Dental Therapy</li> <li>Early Childhood Development</li> <li>Fetal Alcohol Spectrum Disorder</li> <li>Healthy Pregnancy and Early Infancy</li> <li>Maternal and Child Health</li> <li>Prenatal Nutrition Program</li> <li>Youth Solvent Abuse and Suicide Prevention</li> </ul>
<b>eHealth</b>	<b>Mental Wellness and Substance Use</b>
<ul style="list-style-type: none"> <li>Connectivity</li> <li>eMR/hHR</li> <li>Telehealth</li> </ul>	<ul style="list-style-type: none"> <li>Residential Schools</li> <li>Substance use prevention and treatment</li> </ul>
<b>Environmental health</b>	<b>Traditional Medicine</b>
<ul style="list-style-type: none"> <li>Environmental public health</li> </ul>	
<b>Health Human Resources</b>	<b>Nursing Services</b>
<ul style="list-style-type: none"> <li>Health Careers Program</li> </ul>	<ul style="list-style-type: none"> <li>Clinical and client care</li> <li>Home and community care</li> </ul>
<b>Health Knowledge and Information</b>	
<ul style="list-style-type: none"> <li>Data Management</li> <li>Health Indicators</li> <li>Research</li> <li>Surveillance</li> </ul>	

## IV. Northern Health Context

### Geography

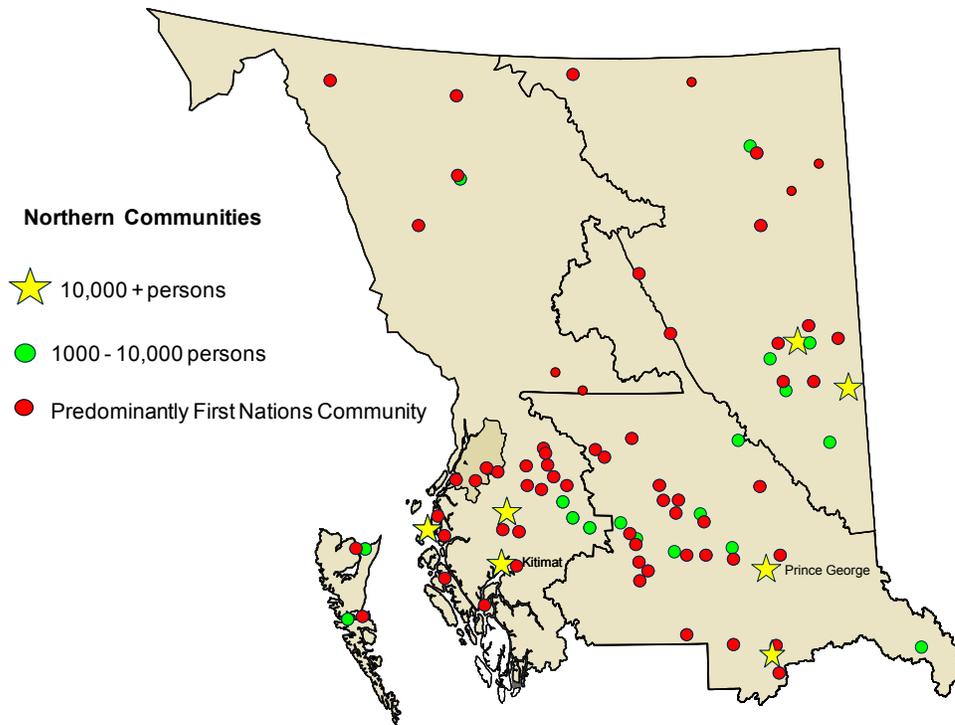
The area served by Northern Health lies roughly between 53 and 60 degrees north latitude and covers 592,116 square kilometers. This region accounts for nearly two-thirds of the land area of British Columbia, an area close to the size of France. Across this vast geographical landscape resides less than 7% of the BC population (about 300,000 people) in small communities some fewer than 500 people. Approximately 35.6% of the entire First Nations population in BC live in the northern part of the province.

### Northern Health Structure

Northern Health is governed by a ten-member board with representation from across the north (governance structures are elaborated on in *Section V* of this document). The work of Northern Health is guided by their *Strategic Plan 2009-2015*, which may be found in *Appendix 4*. Operationally, Northern Health is divided into three Health Service Delivery Areas (HSDAs): Northeast, Northern Interior, and Northwest. More than 7,000 people comprise 4,000 full time staff positions. There are 18 hospitals and 13 long-term care facilities in Northern Health and many program and services including a number of Aboriginal-specific ones. These numbers do not include the Southside Health and Wellness Centre, a partnership between Northern Health, the Southside Bands (three bands located on the south side of Francois Lake) and Carrier Sekani Family Services. An independent body governs the health and

wellness centre. The map below identifies the Northern Health Regions, for more detailed information see *Appendix 5*.

Figure 3 – Map: Northern Health Regions



### Northern Health Aboriginal-specific Programs and Services

#### Aboriginal Health Program (in Northern Health)

Northern Health is committed to partnering with Aboriginal people and to building a health system that honors diversity and provides services in a culturally relevant manner. To that end, Northern Health established an Aboriginal Health Program with a specific goal to support the integration of Aboriginal perspectives into all aspects of the organization. This intentional inclusion and commitment to Aboriginal Health is underscored by the recent creation of an executive Vice President of Aboriginal Health position and many other Aboriginal-specific activities, not the least of which are community engagement activities and Indigenous Cultural Competency (ICC) Training. The ICC program is intended to increase Aboriginal-specific knowledge, enhance individual self-awareness and strengthen skills for professionals working directly or indirectly with Aboriginal people. To date, over 18% of Northern Health staff (almost 1200 individuals) have completed the ICC training. The Aboriginal Health Program undertakes a variety of activities such as: delivering community workshops, offering information through the website and occasional newsletters, and participating in community events like health fairs and health career promotion.

#### Aboriginal Health Services Plan

The Draft *Taking Action: Aboriginal Health Services Plan 2012-2015* is a foundation document for the Aboriginal Health Program. Anchored in Northern Health's overarching strategic plan, this plan strives to meet the needs of First Nations and Aboriginal peoples by employing an integrated, population health approach built on their strengths and those of Northern Health. Values that promote equitable

relationships and that bring the ‘voices’ of First Nations and Aboriginal communities to the forefront of their health and well-being form the foundation of this plan.

There are synergistic and specific principles that guide the work of Northern Health as they develop and maintain positive relationships with the Aboriginal peoples and communities they serve. Those principles are:

- Respect *diversity* and the unique interests of Aboriginal peoples.
- Support the *inclusion and participation* of Aboriginal peoples in the Northern Health care system.
- Incorporate *Indigenous knowledge(s)* and *holistic* approaches.
- Facilitate *partnerships, collaborations* and *capacity building*.
- Ensure *relevant* initiatives and activities by reflecting the needs of those being served.

These principles guide the work set out in four Strategic Directions. They are:

1. foster engagement and enhance partnerships between Northern Health and Aboriginal communities, stakeholders, organizations and individuals;
2. increase effective service delivery;
3. increase investment in the Aboriginal workforce; and
4. develop and undertake program and service monitoring and evaluation.

Developing meaningful relationships with Aboriginal people of the north is a critical step toward improving Aboriginal health outcomes. Northern Health has established relationships with Aboriginal leaders in the Health Service Delivery Areas. These relationships are evidenced in the Aboriginal Health Improvement Committees (AHIC) first established in 2007.

#### Aboriginal Health Improvement Committees

Approximately 160 people are currently sitting on seven regional Aboriginal Health Improvement Committees (AHICs). AHIC membership is intended to be inclusive of First Nations and Aboriginal people residing on or off reserve, and Métis people along with Aboriginal organizations and government bodies such as: the First Nations Health Authority, the Friendship Centers, and First Nations and Inuit Health.

The AHICs provide a forum for community representatives to collaboratively identify health issues of local importance, establish local priorities, brainstorm opportunities and practical solutions, and where possible implement locally specific approaches for improving the health of Aboriginal people living within their respective communities. These collaborative opportunities also support committee members’ meaningful engagement with local service providers and with Northern Health.

In addition, Health Gatherings are undertaken to support the engagement of Aboriginal stakeholders with other Northern Health staff, representatives from different levels of government and with each other. These events planned by the AHICs, in addition to focusing locally generated topics of learning, showcase community strengths and promising practices specifically those activities that support collaboration, improve health outcomes by combining traditional knowledge with current health care approaches, build relationships, and enhance local capacity. An evaluation of the AHICs was completed in 2011.

#### Aboriginal Patient Liaison Program

The Aboriginal Patient Liaison (APL) Program seeks to support Aboriginal patients’ access to health services, to improve their health care experiences, and to enhance the quality of care interactions. There

are currently nine Aboriginal Patient Liaison workers located throughout Northern Health in Prince Rupert, Terrace, Smithers, Hazelton, Burns Lake, Quesnel, Prince George, and the North and South Peace regions. This program, evaluated in 2011, continues to grow and develop. Resulting from the evaluation, the APLs have formed a community of practice. In support of this program Northern Health funds APL training at the College of New Caledonia.

#### Aboriginal Health Improvement Program (AHIP)

The AHIP is a short-term grant program administered by the Aboriginal Health Program within Northern Health. AHIP grants are used to fund projects that: support collaboration, improve health outcomes, and build relationships and capacity of local Aboriginal staff. Since the program's launch in 2002, AHIP has funded more than 240 community-based projects. An evaluation of this program was completed in 2006 and another is planned for the upcoming year.

#### Other Aboriginal Health Funding Opportunities, Initiatives and Partnerships

Other programs within Northern Health also support Aboriginal-specific initiatives. For example, Imagine Grants, funded by Northern Health's Population Health Program, are provided to groups and communities in Northern BC that are looking to take charge of health and wellness in their communities. They include: Healthy Living Active Living (HEAL), HEAL for your heart, injury prevention, road health, men's health, tobacco reduction and HIV. During 2012, 47 Imagine grants were dispersed to Aboriginal communities and groups totaling over \$171,788.

Specific initiative funding from within Northern Health, but outside of the Aboriginal Health Program, such as, the prevention STOP HIV/AIDS, is another way it supports Aboriginal peoples' pursuit of health and well-being. Partnerships with other Aboriginal Services Organizations (ASOs) in the delivery of health services, for example, partnerships with Aboriginal Friendship Centres, Carrier Sekani Family Services (CSFS), Central Interior Native Health Society (CINHS), Positive Living North, and Nak'azdli Health Centre adds to the list of ways Northern Health engages with and supports Aboriginal peoples' health and well-being.

## **V. Northern Region Governance Structures**

Most significant amongst the regional governance structures which engage the northern BC First Nations and Northern Health is the *Northern Partnership Accord*. The signatories committed to establishing a Northern First Nations Health and Wellness Planning Committee and to developing a Northern First Nations Health and Wellness Plan. This plan is part of that commitment.

### **Northern Partnership Accord**

The *Northern Partnership Accord* is a formal recognition of the relationship between northern First Nations and Northern Health as they collectively strive to improve the health and well-being of First Nations peoples and communities in the north. This *Accord* is underpinned by provincial agreements and regional structures all of which are aimed at realizing partnership and change. See *Appendix 1: Northern Partnership Accord*.

#### Northern First Nations Health Partnership Committee

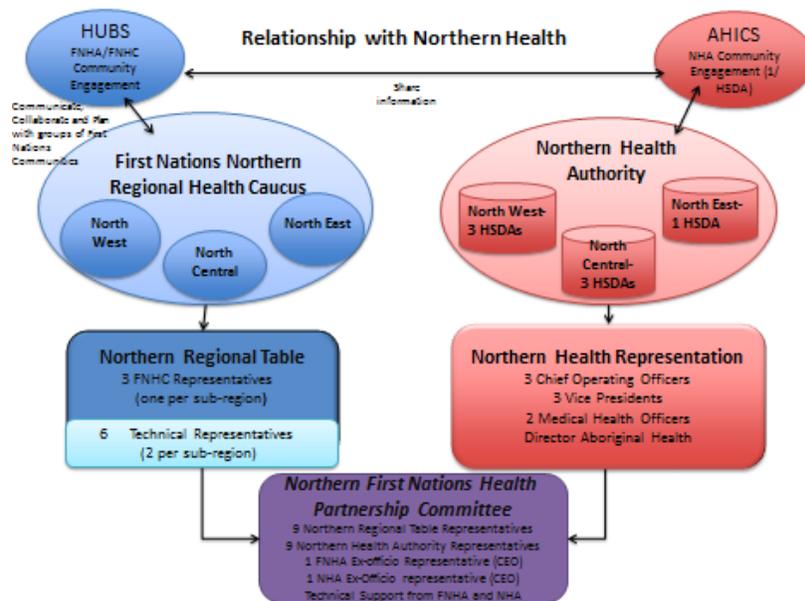
To implement the goals of the *Northern Partnership Accord* the *Northern First Nations Health Partnership Committee* (NFNHPC) (originally known as the Northern First Nations Health and Wellness Planning Committee) was established. The committee is populated by Northern First Nations and Northern Health representatives, along with one ex-officio member from the First Nations Health Authority and one from Northern Health. For details of membership refer to *Appendix 6: Northern First Nations Health Partnership Committee—Terms of Reference*.

The Committee serves as an influential platform for committee members to collaborate and partner on planning, implementation, and evaluation of culturally appropriate, safe and effective services for First Nations residing in the North Region. It works alongside the First Nations Health Council, First Nations Health Directors Association, First Nations Health Authority, and Northern Health.

The Committee is committed to addressing gaps and removing barriers to improve access to health services for First Nations peoples living on- and off-reserve. Activities of the committee include:

1. establishing a Terms of Reference;
2. collaborating on the development of a Northern First Nations Health and Wellness Plan;
3. developing and implementing an evaluation process of the NFNHPC work plan;
4. developing an annual progress report;
5. identifying the health needs and service gaps of First Nations people in the North;
6. organizing First Nations and Aboriginal Health Gatherings in each of the sub-regions: the Northwest, Northeast, and Northern Interior;
7. developing partnerships with other Ministries, municipal governments and non-profit organizations; and
8. facilitating engagement, communication and participation of local First Nations particularly through and between Community Engagement Hubs and the Regional Caucus and the Aboriginal Health Improvement Committees.

Figure 4 – Relationship with Northern Health



### Provincial (BC) First Nations Health Governance Structures

The British Columbia First Nations Health Governance Structures are made up of four components:

1. The First Nations Health Authority (FNHA) is responsible for planning, management, service delivery and funding of health programs, currently provided by Health Canada's First Nations Inuit Health Branch Pacific Region. The work of the FNHA is guided by a seven member Board of Directors who provide leadership and oversight for all corporate activities of the FNHA. In

short, this Board is the corporate governance arm of the BC First Nations Health Authority. See *Appendix 7* for a copy of the *FNHA Organization and Functions Chart*.

The *BC Tripartite Framework Agreement on First Nation Health Governance* requires FNHA to prepare an annual Interim Health Plan that sets out its operational start-up plans, goals, priorities, program plans and services, evaluation process and use of funding provided by Canada and BC. The Interim Health Plan spans from April 1, 2013 to March 31, 2014 and is an operational plan adopted by the FNHA Board of Directors and deemed satisfactory by Canada and BC to trigger funding as laid out in the BC Tripartite Framework Agreement. It outlines the activities required to ensure a successful transfer and transition of responsibilities from First Nations and Inuit Health Branch (FNIHB) to the FNHA. The Interim Health Plan is informed by BC First Nations, and is summarized into a Summary Service Plan released to First Nations and the general public. The Summary Service Plan provides an overview of the Interim Health Plan, summarizing the key FNHA priorities and milestones. (<http://www.fnha.ca/what-we-do/health-and-wellness-planning/interim-health-plan>)

2. The First Nations Health Council (FNHC) provides political leadership for implementation of Tripartite commitments and supports health priorities for BC First Nations.

On May 24, 2012, BC First Nations Chiefs passed a resolution in favour of a new First Nations health governance structure including key ways that BC First Nations will manage change in transitioning to a new health governance structure. Resolution 2012-01 adopted the “Consensus Paper 2012: Navigating the Currents of Change – Transitioning to a New First Nations Health Governance Structure.”

During Gathering Wisdom IV the Chiefs passed Resolution 2011-01 and directed the FNHC to develop a work plan for it. In 2013, First Nations again called on the FNHC to update and enhance the Resolution 2011-01 work plan, to include the action items set out in the Consensus Paper 2012 and Resolution 2012-01, and to issue quarterly progress reports on the work plan’s implementation. (The 2012-01 Work plan and Quarterly progress reports are available at [www.fnhc.ca](http://www.fnhc.ca))

3. The First Nations Health Directors Association (FNHDA) is comprised of Health Directors and Managers working in First Nations communities. The association supports education, knowledge transfer, professional development and best practices for Health Directors and Managers. 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 the Health Plans.
4. The Tripartite Committee on First Nations Health (TCFNH) is the forum for coordinating and aligning programming and planning efforts between the FNHA, BC Regional and Provincial Health Authorities, the BC Ministry of Health, and Health Canada Partners.

On November 6, 2012, the FNHC, FNHA and FNHDA held a signing ceremony for the FNHC-FNHA-FNHDA *Relationship Agreement*. The *Relationship Agreement* builds on the direction provided by BC First Nations regarding mandates of the FNHC, FNHA, and FNHDA. It outlines the roles and mandates of each First Nations Health Governing component and sets out processes to ensure that the FNHC, FNHA, and FNHDA have regular communications and provide mutual support to one another.

The Agreement also sets out six shared values of the FNHC, FNHA and FNHDA: Respect; Culture; Relationships; Excellence; Fairness; and, Discipline along with commitments to

reciprocal accountability and consensus leadership.

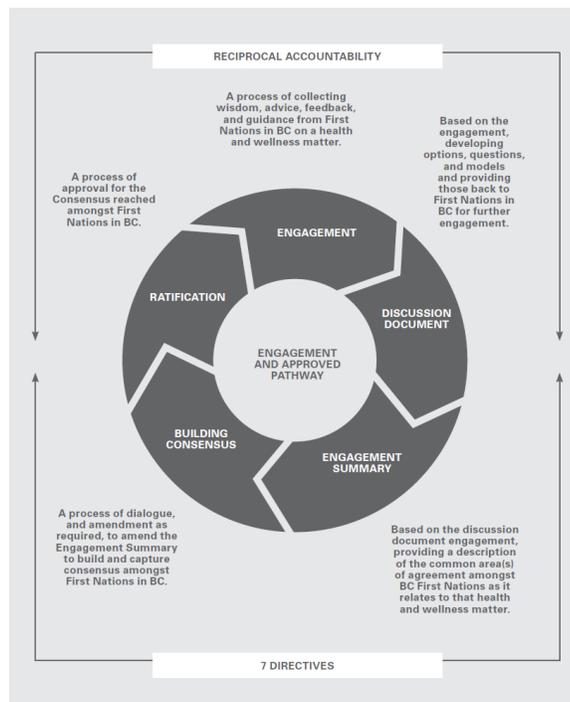
([http://www.fnhc.ca/index.php/news/article/relationship\\_agreement\\_strengthens\\_connections\\_between\\_fnhc\\_fnha\\_fnhda/](http://www.fnhc.ca/index.php/news/article/relationship_agreement_strengthens_connections_between_fnhc_fnha_fnhda/))

### Engagement Process

Communication and engagement are critical to the success of the four governance structures. The "Engagement and Approvals Pathway", designed and adopted by and for BC First Nations as part of the Resolution 2011-01 at Gathering Wisdom IV, outlines the process by which the First Nations Health Council and First Nations Health Authority gather input and guidance from First Nations and build consensus on key decisions. This process includes the following steps and is depicted in Figure 5:

1. Engagement: A process of collecting wisdom, advice, feedback, and guidance.
2. Discussion Document: Based on the engagement, developing options, questions, and models and providing those back for further engagement.
3. Engagement Summary: Based on the discussion document engagement, providing a description of the common area(s) of agreement.
4. Building Consensus: A process of dialogue, and amendment as required, to amend the Engagement Summary to build and capture consensus.
5. Ratification: A process of approval for the Consensus reached.

Figure 5 – Engagement and Approval Pathway



### Northern First Nations Governance Structures

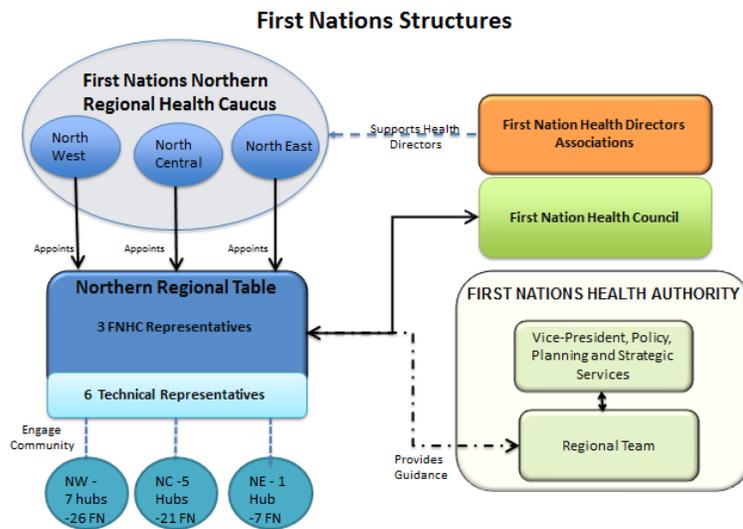
Northern First Nations have formed the *Northern Regional Health Caucus* which serves as an engagement forum for the political (i.e. Chiefs) and technical leaders (i.e. Health Directors or Health leadership) to come together and support an overall conversation and planning on health and wellness programs and services used by First Nations in the region. The Caucus is represented by 54 First Nations, which are divided into 3 sub-regions:

- Northeast
- Interior/Central
- Northwest

To engage in relationship-building with Northern Health, the North Regional Table was established by the Northern Regional Health Caucus. Comprised of nine representatives – three regional FNHC Representatives and two members appointed at large by each sub-region – the Regional Table carries out the directions of the Northern Caucus, including developing and implementing agreements and arrangements with the Northern Health Authority. These structures and their relationships are depicted in Figure 6.

Further, the sub-regional health Caucuses provide opportunities for First Nations to discuss local issues and for community members to voice their specific health needs. The overlap of representation at the sub-regional and regional committee levels ensures community ‘voice’ is informing and setting direction for health planning and implementation of policies, programs and services. Structures like the Community Engagement Hubs also provide another avenue for ensuring First Nations communities are involved in health system transformation and change. See section *VIII Community Engagement* for further information about the Northern Hubs.

Figure 6 – Northern First Nations Structures



### Northern Health Governance Structures

Northern Health is led by a government-appointed Board of Directors that is accountable to the Ministry of Health. The Northern Health Board sets the mission, vision, values and strategic plan for Northern Health within the broad directions set for the health care system by the Government of British Columbia through the Ministry of Health. The CEO is responsible for leading Northern Health’s operations in accordance with the direction set by the Northern Health Board and ensuring the implementation of directives issued, from time to time, by the BC Ministry of Health.

Northern Health is divided into three operational areas called Health Service Delivery Areas (HSDAs): the Northeast, the Northern Interior, and the Northwest. These are similar to the three sub-regions that First Nations communities have organized around. A Chief Operating Officer (COO) manages the services in each HSDA and reports directly to Northern Health’s CEO.

Northern Health's work is guided by their *Strategic Plan 2009-2015*. See *Appendix 4* for the *Plan*.

## **VI. Northern First Nations Priorities**

The Northern First Nations Health Partnership Committee has eight priorities. They are:

- Cultural Competency\*
- Population and Public Health\*
- Primary Health Care\*
- Mental Wellness and Substance Use\*
- Health Human Resources
- Urban Aboriginal (Away from Home)
- Communications
- AHIC – HUB Communication and Collaboration

## **VII. Northern Goals and Objectives**

The Northern First Nations Health Partnership Committee identified four broad themes containing 12 goals that form the foundation for development of specific objectives and implementation activities. These goals align with the Health Actions identified in the Tripartite First Nations Health Plan and at times overlap and support each other. The four broad themes are listed below with specific goals and objectives. Key actions and activities that are related and can contribute to achieving the objectives are listed in bullet form. *Appendix 8* contains specific *Implementation Work Plans* for each of the goals and objectives.

### **A. PROGRAMS AND SERVICES**

The goals in this theme are designed to promote effective, accessible, culturally safe programs and services for First Nations peoples residing in Northern BC.

#### **GOAL A1. Cultural Competency**

##### **Enhance cultural competency and safety in the delivery of programs and services**

**Objective A1.1** Encourage and support participation in the Indigenous Cultural Competency (ICC) training

- Review Aboriginal Patient Experience data
- Increase awareness of the ICC training and its importance
- Support participation of Northern Health employees and physicians in the ICC training
- Track participation of Northern Health employees in the ICC training and related educational activities

**Objective A1.2** Support and enhance the Aboriginal Patient Liaison initiative

**Objective A1.3** Develop cultural competency resources that reflect northern First Nations

- Develop cultural guidelines outlining accepted traditional protocols and practices

**Objective A1.4** Identify and create local learning opportunities focused on cultural competency and safety for NH professionals and paraprofessionals, administrators, and staff

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\* These activities will be focused on first.

- Engage AHICs and HUBs in promoting cultural competency and safety

## **GOAL A2. Primary Health Care**

### **Improve accessibility to high quality primary health care services**

**Objective A2.1** Undertake an inventory (asset mapping) of primary care services for First Nations communities

- Identify gaps and strengths to build targeted strategies and activities

**Objective A2.2** Describe ‘primary health care’ in the context of a First Nations community

- Promote and support Northern Health, First Nations and physicians to utilize existing structures and events to engage individuals and groups in examining the many dimensions of primary health care
- Invite Northern Health representatives to present information about primary health care in Northern Health

**Objective A2.3** Enhance coordination and alignment between Northern Health Divisions of Family Practice, Primary Care Physicians and Northern First Nations in planning and implementing primary health care services

- Build on the work of the asset mapping and ongoing initiatives to develop structures and processes that facilitate the engagement of First Nations communities in planning and implementing Primary Health Care in the Northern Health region
- Facilitate relationships to ensure continuity of care between First Nations Health Centres and Northern Health
- Collaborate with primary care physicians, Divisions of Family Practice and the Ministry of Health to address needs related to access to primary health care services by First Nations peoples

**Objective A2.4** Identify and support opportunities for improving accessibility of primary care services for northern First Nations communities and peoples

- Explore alternative methods of service delivery for primary health care including alternative payment plans
- Review and communicate the NH complaint process

## **GOAL A3. Public and Population Health**

### **Undertake and participate in specific population and public health initiatives utilizing population and public health approaches**

**Objective A3.1** Undertake an inventory (asset map) of population and public health activities currently underway with First Nations individuals and communities

**Objective A3.2** Consider the social determinants of health in planning and implementing population and public health activities

**Objective A3.3** Incorporate a holistic approach to public and population health activities

- Finalize and release community report on holistic health

**Objective A3.4** Engage and collaborate with First Nations communities in the development and implementation of population and public health activities

- Develop relevant and useful health promotion tools, activities, and processes with First Nations communities
- Participate in regional and sub-regional gatherings and events focused on sharing best practices in population and public health promotion

**GOAL A4. Mental Wellness and Substance Use**

**Support enhanced mental wellness and reduced harmful substance use**

**Objective A4.1** Partner with FNHA in their regional initiative related to Mental Wellness and Substance Use

**Objective A4.2** Facilitate partnerships and collaborations between NH’s Mental Health and Addictions Program and FNHA Mental Wellness and Substance Use team

**B. OPERATIONS AND INFRASTRUCTURE**

The goals in this theme focus on the operations and development of infrastructure intended to support the health and well-being of First Nations peoples residing in Northern BC.

**GOAL B1. Communications**

**Develop and implement a coordinated strategy for collaborative communication activities**

**Objective B1.1** Co-create a comprehensive communication strategy including ‘boiler plates’ for sharing information between FNHA and NH, and externally

**Objective B1.2** Develop a collaborative master electronic distribution list

**Objective B1.3** Develop protocols and structures to facilitate joint communication activities such as ‘notification period’ for announcements, conflict resolution mechanisms, and messaging and branding and celebrating success

**Objective B1.4** Facilitate sub-regional relationship building between First Nation organizations and departments within them and NH

**Objective B1.5** Foster and support opportunities to share best practices and collectively address challenges

**GOAL B2. Aboriginal Health Improvement Committees (AHIC)/HUB Committees**

**Facilitate meaningful communication between the First Nations HUBs and Aboriginal Health Improvement Committees (AHICs)**

**Objective B2.1** Review mandates and responsibilities of the HUBs and AHICs identifying synergies and differences

**Objective B2.2** Articulate a communication process for sharing issues and successes related to either the AHIC or HUB or both

**GOAL B3. Health Human Resources**

**Employ a locally representative workforce**

**Objective B3.1** Review leading policies and practices in First Nations and Aboriginal Workforce Development

**Objective B3.2** Review NH human resource and related policies

- Review current Northern Health human resource policies and practices
- Create new Northern Health human resource policies and practices specific to First Nations and Aboriginal employees

**Objective B3.3** Promote self-identification amongst current and future Northern Health employees

- Promote self-identification amongst current Northern Health employees
- Develop a confidential self-identification process for current and future Northern Health employees

**Objective B3.4** Create recruitment and retention strategies for First Nations and Aboriginal professional and paraprofessional health care employees

**Objective B3.4** Participate in health career promotion activities

- Identify health careers promotion events and activities at the community, regional and provincial levels across diverse disciplines and sectors including mentorships and internships
- Partner with Aboriginal and First Nations communities, schools, institutions and related organizations and agencies in health career promotion activities

**GOAL B4. Health Gatherings**

**Organize collaborative health gatherings**

**Objective B4.1** Collaborate in planning, delivering and evaluating health gatherings based on community needs and regional priorities

**C. MANAGING INFORMATION**

The goals in this theme are aimed at supporting the effective and efficient organization and use of information relative to First Nations health and well-being.

**GOAL C1. Information Technology (IT)**

**Use technology to improve access to health care in the North**

**Objective C1.1** Conduct an environmental scan of current telehealth and use of other technology employed by NH in the provision of health services

**GOAL C2. Shared Records Management**

**Develop a shared records and information management framework between the First Nations Health Authority, Northern Health and First Nations communities to ensure continuity and improved health care for First Nations peoples of northern BC**

**Objective C2.1** Identify current data sources and data sharing arrangements regionally and provincially including barriers

**Objective C2.2** Respect First Nations Data and Information Governance

**Objective C2.3** Create and implement ‘boiler plates’ for sharing data and information between NH and First Nations

## **D. MEASURING STATUS AND SUCCESS**

The goals in this theme are meant to identify and measure the success of implementation activities.

### **GOAL D1. Health Status Indicators**

**Identify meaningful health status indicators including locally-specific indicators related to Northern First Nations communities and individuals**

**Objective D1.1** Identify meaningful, measurable health status indicators

- Review lists of health indicators for Indigenous peoples
- Engage with FNHA, First Nations health administrators and leaders in discussions focused on health indicators
- Develop a list of health status indicators for Northern First Nations and Aboriginal peoples
- Use health status indicators to evaluate the health status gap between First Nations and non-First Nations residents of the North

### **GOAL D2 Evaluation**

**Develop and implement an evaluation strategy**

**Objective D2.1** Develop an Evaluation Framework that includes both qualitative and quantitative methods and measures

**Objective D2.2** Create and implement formative and summative evaluation strategies

## **VIII. Community Engagement**

### **First Nations Health Authority - Community Engagement and Hubs**

Over the past four years, the FNHA has invested over 13 million dollars to support a province-wide community engagement hub initiative. A vast majority of BC First Nations have chosen to participate, and today, the engagement network is over 190 communities. The purpose of the community engagement hub initiative is to support the capacity of First Nations communities to communicate, collaborate, and plan together with respect to the *Tripartite First Nations Health Plan*.

The process has provided positive impact in supporting communities to participate in the implementation of the Tripartite Plan. Through the hub investments, communities work together to explore local challenges and solutions and share that information in support of sub-regional, regional and provincial discussions. Moving forward there will be a focus on enhancing this alignment between communities and a broader sub-regional and regional set of interests, priorities and structures.

There are 12 Community Engagement Hubs within the Northern region (see *Appendix 9 – Northern Community Engagement Hubs*) with 53 of the 55 First Nations communities participating. From a practical perspective, the hubs provide political and technical leads/representatives from each sub-region opportunity to meet and share knowledge regarding local health concerns and priorities. The hubs also support discussions at the regional table, provide briefing notes regarding pertinent topics and establish new working relationships with Northern Health.

For details on the “Engagement and Approval Pathway” see Figure 5 in *Section V* of this document.

## **Northern Health – Aboriginal Health Improvement Committees (AHICs)**

The Northern Health AHICs, first established in 2007, are described earlier in this document in *Section IV* continue to act as a forum for community representatives to collaboratively identify health issues of local importance, establish local priorities, brainstorm opportunities and practical solutions, and where possible implement locally specific approaches for improving the health of First Nations and Aboriginal people living within their respective communities.

In this landscape of transformation and change, the AHICs play a key role in facilitating collaborative partnerships between Aboriginal communities and Northern Health. A part of this work will be examining the interface between the FNHA’s Community Engagement Hubs and the AHICs. While these forums serve different purposes and have different reporting and accountabilities, an important next step is to identify where they do share common goals and in those situations promote opportunities for collaboration and partnership.

It is important to underscore here the criticality of creating space for Northern First Nations Health organizations and departments at the sub-regional level to engage with Northern Health and for them to inform the broader Northern First Nations regional processes and initiatives as well as those province-wide.

In reality, the First Nations and Northern Health community-based structures and processes that occur at both the sub-regional and regional levels, are the foundation upon which to form meaningful relationships across multiple levels of governance and operations and to build on the strengths of communities in planning and developing meaningful programs and services. It is these relationships that will support successful and effective: governance and decision-making; health programs and service delivery; and capacity in development and planning.

## **IX. Implementation Considerations**

### **Cross Cutting Themes**

Cross cutting themes are to be taken into account for all goals. In some cases specific strategies are developed to ensure consideration of the theme. The specific cross-cutting themes are:

- urban – *Away from Home* (which has a specific strategy);
- regional rural and remoteness factors;
- First Nations peoples who access multiple Health Authorities;
- social determinants of health; and
- traditional approaches and practices.

### **Operations**

- Establish an overarching Policy Review Committee
- Create working groups for the implementation of each goal

## **X. Evaluation and Reporting**

Monitoring, evaluation and reporting are critical components for determining successful achievement of the goals and objectives set out in the *Northern Partnership Accord*. These processes help track progress, measure success and provide evidence of the impact of action that lead to improved health outcomes for First Nations peoples. Annually, the Co-chairs of the *Northern First Nations Health Partnership Committee* will meet with the Chair of the North Regional Health Caucus and the CEOs of the First Nations Health Authority and Northern Health to review progress in achieving the *Northern First Nations Health and Wellness Plan* goals and objectives, and progress in developing the relationship outlined in

the *Accord*. A formal progress report will also be provided to the North Regional Health Caucus and Northern Health Board.

Additionally, the results of the evaluation and reporting processes will be communicated to the sub-regions, communities and partners and will be used to inform future versions of the *Northern First Nations Health and Wellness Plan*. One of the first actions to be undertaken by the *Northern First Nations Health Partnership Committee* will be to develop an Evaluation Framework that will guide the monitoring and evaluation of actions and activities related to this plan.

To inform the development of an Evaluation strategy, including creation of an Evaluation Framework, the *Northern Partnership Accord* identifies success indicators designed to provide evidence of progress made in achieving the goals and objectives outlined in the *Northern First Nations Health and Wellness Plan*. These indicators include:

- improved access and cultural competency of health services for First Nations;
- coordination and alignment of planning and service delivery between the North Region's First Nations and Northern Health;
- enhanced accessibility of health care services for remote and isolated communities;
- increased partnerships between North Regional First Nations and Northern Health to improve the quality of health services at the local and regional level;
- stronger linkages between Northern Health and First Nations Health Centers for patient referral and service collaboration and integration;
- improved communication between First Nations and Northern Health;
- increased partnership opportunities between Northern Health, Divisions of Family Practice where these exist in the North, and First Nations communities to incorporate the needs of First Nations in primary care development;
- increased coordination of e-Health initiatives in the North Region within the Tripartite approach; and
- recruitment and retention of health professionals in the Northern region.

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