



First Nations Health Council

**ENGAGEMENT REPORT**  
*to inform the Development of Federal Indigenous  
Distinctions-Based Health Legislation*

*First Nations Health Council*

# Contents

- Introduction ..... 3
  - First Nations Perspective on Health and Wellness ..... 3
  - First Nations Health Governance Structure in BC..... 4
  - Cultural Safety and Humility ..... 5
- Federal Indigenous Distinctions-Based Health Legislation ..... 6
- Purpose of Document ..... 6
- Methodology..... 6
  - Engagement Activities..... 6
- Phase 1 – What we Heard ..... 7
- Phase 2 Methodology ..... 10
  - Engagement Questions ..... 10
- What We Heard ..... 11
  - Feedback on Phase 1 Engagement Summary ..... 11
  - Guiding Principles for Indigenous Health Legislation ..... 13
  - First Nations Health Governance Structure in BC..... 14
  - Approach to Implementation ..... 15
- The Path Forward..... 16
- Appendix A: Fall 2022 Engagements..... 19
- Appendix B: Reporting Requirements ..... 20

## Introduction

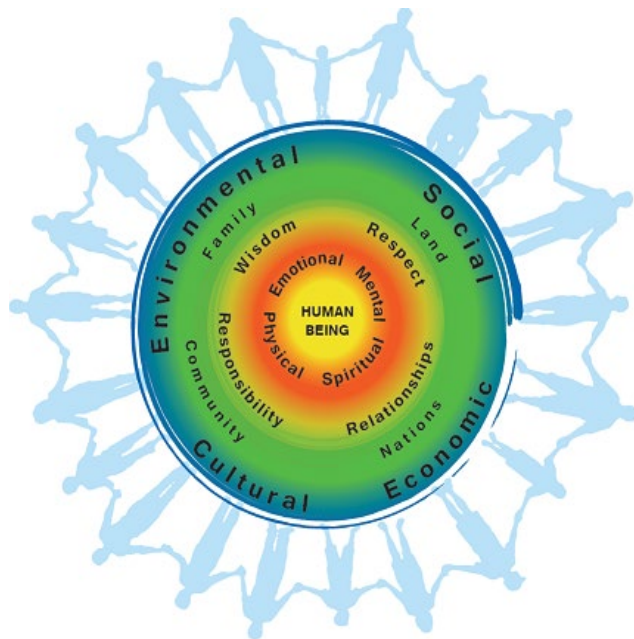
---

In British Columbia (BC), there are over 200 unique and diverse First Nations, with 26 cultural groups, speaking 34 languages and some with their own self-governance structures and treaty rights. Most First Nations people in BC live off-reserve. Just over half of First Nations communities have a population of 500 or less residents, and 41 communities are considered either isolated or remote. First Nations in BC continue to work in partnership with BC and Canada to transform health and wellness service delivery to First Nations individuals, families and communities.

### First Nations Perspective on Health and Wellness

The First Nations Perspective on Health and Wellness depicts a shared understanding between First Nations in BC of a wholistic view of health and well-being.<sup>1</sup> It forms the basis for our shared work on health and wellness transformation. This view understands health and wellness journeys as being owned by the individual and influenced by families, communities, environments and other Social Determinants of Health (SDOH). It is intended to serve as a starting point for discussion by First Nations communities regarding their concepts of wellness for themselves and the First Nations Health Authority (FNHA).

The **Centre Circle** represents the individual. Wellness starts with each of us taking responsibility for our own health and wellness (whether we are First Nations or not).



The **Second Circle** illustrates the importance of mental, emotional, spiritual and physical facets of a healthy, well and balanced life.

The **Third Circle** represents the overarching values that support and uphold wellness: respect, wisdom, responsibility and relationships.

The **Fourth Circle** depicts the people who surround us and the places from

---

<sup>1</sup> FNHA, [First Nations Perspective on Health and Wellness](#).

which we come: Nations, family, community and land—all critical components of healthy experiences.

The **Fifth Circle** depicts the social, cultural, economic and environmental determinants of our health and well-being.

The **Outer Circle** represents strong children, families, Elders and people in communities, holding hands to demonstrate togetherness.

### **First Nations Health Governance Structure in BC**

Since 2005, First Nations in BC, and federal and provincial governments have been committed to a shared agenda to establish a new relationship based on mutual respect and recognition. A key component of this work involved establishing a new governance arrangement for health programs and services utilized by First Nations in BC.

The new health governance arrangement included a number of components, entities and documents, including the signing and implementation of the BC Tripartite Framework Agreement on First Nations Health Governance (signed in 2011) and the establishment of a unique First Nations Health Governance Structure in BC. Endorsed by First Nations in BC, it includes the FNHA, the First Nations Health Council (FNHC) and the First Nations Health Directors Association (FNHDA). As the strategic and operational arm of this structure, the FNHA's mandate includes planning, design, management, delivery and funding of First Nations health programs in BC. As the advocacy arm, the FNHC leads the implementation of an engagement pathway designed by First Nations in BC, which includes ongoing regional caucuses held in the spring and fall of each year. The FNHDA serves as an advisory body to the FNHA and FNHC on the administration and operation of health services in First Nations communities.

Together, the FNHC, FNHA and FNHDA are working to achieve a shared vision of healthy, self-determining and vibrant BC First Nations children, families and communities. Toward this vision, our organizations are undertaking a number of initiatives to transform programs and services to be more accessible and responsive to the needs of First Nations people in BC. Any steps taken in transforming services are



considered through the lens of the 7 Directives<sup>2</sup>, which First Nations in BC established as a guidepost for our work. In approaching engagement on Indigenous health legislation, the FNHC, FNHA, and FNHDA are mindful of all of the 7 Directives, and in particular Directive #6: “Be without prejudice to First Nations interests.”

## Cultural Safety and Humility

Cultural safety and humility is a key area of focus for the FNHC, FNHA and FNHDA. Eliminating anti-Indigenous racism in health care and addressing the need for health equity have been longstanding priorities for First Nations in BC. In response, the FNHC, FNHA and FNHDA developed an Anti-Racism, Cultural Safety & Humility Framework and Action Plan, which commits our health governance entities to work with partners to support a racism-free health system with embedded cultural safety and humility practices.<sup>3</sup>

In 2022, the FNHA completed the development of the BC Cultural Safety and Humility Standard<sup>4</sup> in collaboration with the Health Standards Organization. The Standard serves as an important focal point for our own work as an organization and can be utilized throughout the health system to enable health care and social organizations to address Indigenous-specific racism and build a culturally safe health care environment.

<sup>2</sup> FNHA (2011). [7 Directives](#).

<sup>3</sup> FNHC, FNHA and FNHDA (2021). [Anti-Racism Cultural Safety and Humility Framework](#).

<sup>4</sup> FNHA and Health Standards (2022). [British Columbia Cultural Safety and Humility Standard](#).

# Federal Indigenous Distinctions-Based Health Legislation

---

In January 2021, Indigenous Services Canada (ISC) launched an initiative to engage with Indigenous peoples on the development of Federal Indigenous Distinctions-Based Health Legislation.<sup>5</sup> In 2021, the *United Nations Declaration on the Rights of Indigenous Peoples Act* was passed, committing Canada to align federal laws to the *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP). Recognizing the need for and importance of gathering feedback from First Nations people in BC, the FNHC utilized federal funding to conduct engagement with First Nations in BC in 2021 and 2022 on the development of Indigenous distinctions-based health legislation. This report provides a summary of the feedback gathered from First Nations in BC through these engagements.

## Purpose of Document

---

Two phases of engagement were carried out by the FNHC on the Indigenous distinctions-based health legislation: Phase 1, which was carried out in 2021 and included preliminary information gathering and engagement; and Phase 2, which was carried out in 2022 and included validation of feedback gathered in Phase 1 and opportunities for further reflection and input (see description of phases below). The purpose of this document is to report on the second phase of engagement conducted with First Nations in BC relating to the development of Indigenous health legislation initiated by ISC.

## Methodology

---

### Engagement Activities

The engagement work carried out by the FNHC included two phases of engagement, as follows:

- **Phase 1**, during which the FNHC hosted engagements on Indigenous health legislation at Spring Caucus 2021, Fall Caucus 2021 and Spring Caucus 2022.
- **Phase 2**, during which the FNHC hosted sub-regional and Nation-based engagements throughout Fall 2022 at sub-regional health assemblies and Nation-based gatherings (see Appendix A). Four questions were posed to First Nations in BC (see below). These questions were put forward to validate the themes emerging from Phase 1 engagement and to seek First Nations views on the guiding principles and approaches for Indigenous health legislation, as well as the potential benefits of enshrining into law the First

---

<sup>5</sup> Government of Canada. (2022). [Engagement Guide: Co-developing Federal Distinctions-Based Indigenous Health Legislation](#).

Nations Health Governance Structure in BC. Notes from these engagement sessions were anonymized and analyzed to consider the emerging themes.

## Phase 1 – What we Heard

---

BC First Nations highlighted the following themes as important for consideration within Federal Distinctions-based Health Legislation during initial engagement in spring 2021.

### ***Services for Urban and Away from Home***

Equitable access to quality health care for First Nations members who reside in urban centres or away from their home community should be built into the health legislation, including a way to track data on their health.<sup>6</sup> First Nations noted that urban and away from home community members are often underserved, and requested greater transparency around the selection criteria/decision-making process in relation to services for away-from-home members.<sup>7</sup>

### ***Equitable Funding for Service Delivery***

First Nations asked for equitable funding criteria that takes into consideration the remoteness and size of community to address different funding needs between remote/non-remote communities.<sup>8</sup> Remote, isolated communities have different needs for health services (such as emergency response) to function at the same level as non-isolated communities.<sup>9</sup> Funding for health programs and services should be on par with funding for non-First Nations populations.<sup>10</sup>

### ***Infrastructure Investments***

First Nations request direct infrastructure investments to build local infrastructure to deliver culturally safe services (e.g. hospitals) that incorporate both western knowledge and traditional wellness within communities.<sup>11</sup> Infrastructure investments should also be provided to address housing shortages for health staff.<sup>12</sup> First Nations would like to see equity in asset management funding for building maintenance and operations, including costs of building upgrades, replacement and expansion.<sup>13</sup> First Nations also raised the importance of

---

<sup>6</sup> FNHC Summary Reports for Spring Caucus 2021 (Fraser Salish)

<sup>7</sup> FNHC Summary Reports for Spring Caucus 2021 (Fraser Salish, Vancouver Island).

<sup>8</sup> FNHC Summary Reports for Spring Caucus 2021 (Vancouver Coastal, Fraser Salish, North)

<sup>9</sup> FNHC Summary Reports for Spring Caucus 2021 (Vancouver Coastal, North)

<sup>10</sup> FNHC Summary Reports for Spring Caucus 2021 (Vancouver Island)

<sup>11</sup> Ibid.

<sup>12</sup> Interior Region Health Assembly and Caucus Engagement Summary Report, 2021.

<sup>13</sup> FNHC Summary Reports for Spring Caucus 2021 (Fraser Salish)

infrastructure investments to bring services closer to home, particularly detox, mental health services, trauma, palliative care and wellness centres.<sup>14</sup>

### ***Strengthening First Nations-led Capacity***

First Nations seek to build Indigenous health care knowledge and skills, and to increase employment opportunities, with competitive wages, for Indigenous people, both to address staff shortages and to provide culturally relevant services.<sup>15</sup> Capacity should also recognize and embed different skills and forms of care into community care practices (e.g. spiritual advisors; traditional healing; First Nations-led Primary Health Care Initiative).<sup>16</sup> First Nations shared that there should also be equity in supporting capacity across regions and communities, both within hospitals and the broader health system.<sup>17</sup> Initiatives to support capacity building could include opportunities for First Nations communities to share policies, procedures and wise practices for implementing new healthcare services in community, so that communities do not have to build these from scratch.<sup>18</sup> First Nations would also like to see a commitment for all First Nations, regardless of whether they live in urban centres or rural/remote locations, to have universal access to culturally safe, First Nations-led primary health care, emergency and ambulance services.<sup>19</sup>

### ***Anti-Racism, Cultural Safety and Humility***

First Nations continue to request that anti-racism, cultural safety and humility be reflected in legislation and policy at all levels, and have highlighted the urgency for legislation to hardwire anti-racism and cultural safety and humility into the health system.<sup>20</sup> First Nations shared that legislation provides an opportunity to address systemic racism, care quality, and cultural safety and humility of services.<sup>21</sup> Others noted that Canada should entrench service standards directly into law, and hold provincial and territorial governments accountable to eradicate systematic racism.<sup>22</sup> First Nations in BC describe safety in the health and wellness setting as one that is informed by First Nations cultures and traditions of health and wellness, and that consists of a safe environment, safe service, and safe relationship.<sup>23</sup>

---

<sup>14</sup> Interior Region Health Assembly and Caucus Engagement Summary Report, 2021.

<sup>15</sup> FNHC Summary Reports for Spring Caucus 2021 (Vancouver Coastal, Fraser Salish, Vancouver Island, North)

<sup>16</sup> FNHC Summary Reports for Spring Caucus 2021 (Vancouver Island, North)

<sup>17</sup> FNHC Summary Reports for Spring Caucus 2021 (Vancouver Island, Fraser Salish)

<sup>18</sup> FNHC Summary Reports for Spring Caucus 2021 (North)

<sup>19</sup> FNHC BN: Findings from the 2021-2022 Fall-Winter Caucus (Provincial)

<sup>20</sup> FNHC Summary Reports for Spring Caucus 2021 (North, Vancouver Island, Fraser Salish)

<sup>21</sup> FNHC Summary Reports for Spring Caucus 2021 (Vancouver Island).

<sup>22</sup> FNHC Summary Reports for Spring Caucus 2021 (Fraser Salish)

<sup>23</sup> Shared Secretariat Deck. Fall\_Winter 2021\_22 Governance Caucus – Provincial Level Findings CLEAN



### ***Mental Health and Wellness***

First Nations shared that Health Directors are limited in their ability to advocate for, or protect community members who may be at high risk and requiring further assessments or monitoring.<sup>24</sup> Various regions raised issues and limitations with the provincial *Mental Health Act*, and asked that health legislation provide more authority to First Nations within mental health, in order to keep community members safe.<sup>25</sup> First Nations raised the value of investing in community-driven, nation-based mental health services, with sustainable, flexible, and long-term funding<sup>26</sup> that goes directly to communities (instead of through a regional health authority, for example).<sup>27</sup> In line with this, First Nations also raised the critical importance of lower barrier, culturally safe and inclusive wellness and substance use services that are accessible in community, which could eliminate the need for community members to wait several weeks to access services elsewhere.<sup>28</sup>

### ***Cultural Healing and Traditional Wellness***

First Nations would like to see the prioritization of land-based healing, which includes increasing the availability, protection, and access to land, cultural foods and medicines through education, program design, harvesting, processing, and sharing.<sup>29</sup> First Nations also raised an interest in how legislation could support consistent and coordinated recognition, adequate funding and equitable access to quality traditional and cultural wellness services and providers across health, education and social service sectors for First Nations people.<sup>30</sup>

### ***Access to Health Data and Information***

First Nations shared that having equitable and consistent access to First Nations health data and information would support a better understanding of their own health and Social Determinants of Health, enable First Nations to better identify health priorities and contribute to better accountability for the healthcare system.<sup>31</sup> Some shared that Aboriginal patient navigators are unable to access information that they need to be able to effectively communicate with patient families.<sup>32</sup> First Nations also raised the importance of having integrated Electronic Medical Records across the health system, to reduce barriers in information sharing and services.<sup>33</sup>

---

<sup>24</sup> FNHC Summary Reports for Spring Caucus 2021 (North)

<sup>25</sup> FNHC Summary Reports for Spring Caucus 2021 (North, Fraser Salish)

<sup>26</sup> Ibid.

<sup>27</sup> FNHC Summary Reports for Spring Caucus 2021 (Vancouver Island)

<sup>28</sup> FNHC Summary Reports for Spring Caucus 2021 (Vancouver Island, Vancouver Coastal, North)

<sup>29</sup> FNHC Summary Reports for Spring Caucus 2021 (Vancouver Island, North)

<sup>30</sup> FNHC BN: Findings from the 2021-2022 Fall-Winter Caucus (Provincial)

<sup>31</sup> FNHC Summary Reports for Spring Caucus 2021 (Vancouver Coastal)

<sup>32</sup> Interior Region Health Assembly and Caucus Engagement Summary Report, 2021.

<sup>33</sup> Interior Region Health Assembly and Caucus Engagement Summary Report, 2021.

## ***Emergency Management and Environmental Public Health***

First Nations are interested in exploring whether legislation could provide clearly delegated roles, and remedy overlapping areas of responsibility in Environmental Public Health and in Emergency Management.<sup>34</sup> Interest in strengthening First Nations' mandates in various areas of environmental public health, including epidemiology, research and surveillance was also expressed.<sup>35</sup> Finally, First Nations would like to see their perspectives and approaches to emergencies supported within federal legislation, and integrated into the emergency response management process and structure, at federal and provincial levels.<sup>36</sup>

## **Phase 2 Methodology**

---

### **Engagement Questions**

Four engagement questions were posed during the engagements with First Nations in BC in Phase 2:

1. The themes outlined earlier emerged from engagement with Chiefs/Leaders during Spring 2021 Caucus. Has the FNHC presented the issues around Health Legislation completely? Is anything missing?
2. Which of the following approaches to Federal Indigenous health legislation would you prefer or like to see implemented?
  - A. Broad Health Legislation applicable to *all* First Nations across BC/Canada;
  - B. Enabling Health Legislation that supports First Nations-developed health laws;
  - C. A different approach.
3. How might it benefit BC First Nations to have the First Nations Health Governance Structure (i.e., the FNHC, FNHA, FNHDA) enshrined into law via this process? What other process might be preferred?
4. Do you support the inclusion of the 7 Directives as the principles for Distinctions-Based Health Legislation? Are there other principles that ought to be included, such as Joyce's Principle?

---

<sup>34</sup> FNHC Summary Reports for Spring Caucus 2021 (Fraser Salish)

<sup>35</sup> FNHC Summary Reports for Spring Caucus 2021 (Fraser Salish, North)

<sup>36</sup> Ibid.

The following section provides a summary of the themes that emerged in conjunction with the four engagement questions posed.

## Phase 2 - What We Heard

---

This section presents what we heard from First Nations in BC during Phase 2 engagement.

### Feedback on Phase 1 Engagement Summary

First Nations participants in the Phase 2 engagement sessions were provided a summary of the Phase 1 engagement themes and were asked to comment on these themes. Overall, participants in Phase 2 indicated support for the Indigenous health legislation themes that were gathered during Phase 1. In relation to these themes, the following additional points were raised.<sup>37 38 39</sup>

- **Equitable Funding for Service Delivery:** First Nations highlighted the lack of equitable and flexible funding<sup>40</sup> and transparency around funding<sup>41</sup> for First Nations health and wellness service delivery across BC. Participants noted that there is increasing demand for these programs and services, as well as increasing costs due to current levels of inflation.<sup>42</sup>
- **Medical Transportation:** The current coverage within the medical transportation policies is inadequate for those who need to travel to access services.<sup>43</sup> This disproportionately affects rural/remote and Urban and Away-from-Home populations who often receive referrals requiring travel far from home.
- **Mental Health and Wellness:** Continued prioritization of mental health and wellness is needed, specifically support with addictions and mental health and wellness emergencies,<sup>44</sup> including new treatment centres, community healing sites and wellness spaces.<sup>45</sup>

---

<sup>37</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (Coast Salish, Kwakwaka'wakw and Nuuchahnulth, 1, 2, 4, 14; Fraser-Salish, 16)

<sup>38</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (Central Coast Summary, 22-23; Nlaka'pamux, 1)

<sup>39</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (Nlaka'pamux, 1)

<sup>40</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (North East; Fraser-Salish, 16; Southern St'at'imx 21-22)

<sup>41</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (Nlaka'pamux, 1; Central Coast Detailed Nation Feedback, 23)

<sup>42</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (North East)

<sup>43</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (North East; Southern St'at'imx Detailed Nation Feedback, 22-23; Coast Salish, Kwakwaka'wakw and Nuuchahnulth, 5; Fraser-Salish, 15)

<sup>44</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (North West, 6; Fraser-Salish, 17)

<sup>45</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (Fraser-Salish, 16; Southern St'at'imx, 21-22 Detailed Nation Feedback)

- **Emergency Management and Environmental Public Health:** First Nations noted that responsiveness to emergency events must be improved, through increased emergency management capacity, a proactive approach and an increased role for ISC.<sup>46</sup> First Nations highlighted the importance of securing clean drinking water.<sup>47</sup>

As part of the discussion on the themes raised in Phase 1 engagement, the following themes also emerged during the Phase 2 engagement sessions:

- **Self-Determination:** Indigenous health legislation and accompanying funding should enhance self-determination, autonomy and First Nations capacity.<sup>48</sup>
- **UNDRIP/Reconciliation:** It is important that ISC is in alignment with First Nations communities, that the Truth and Reconciliation Commission 94 Calls to Action are prioritized and that engagement is meaningful and conducted at a grassroots level.<sup>49</sup>
- **Health Human Resources:** There are widespread funding gaps related to Health Human Resources, specifically in areas relating to mental health and addictions, nursing, and home and community care. The gaps amplify the challenges with recruitment and retention that communities have been grappling with for some time, and also hinder the continuity of community projects.<sup>50</sup>
- **SDOH:** It is important that the SDOH are incorporated into discussions and considerations on Indigenous health legislation.<sup>51</sup> Participants indicated a need to consider how the SDOH relate to a wholistic approach to health as set out by First Nations in BC through the First Nations Perspective on Health and Wellness.<sup>52</sup>
- **Jordan's Principle:** First Nations noted concerns with funding and access to services for children and youth via Jordan's Principle.<sup>53</sup>
- **Physical Wellness:** Participants indicated that it is crucial to consider ways to enhance the quality of life for individuals dealing with physical health

---

<sup>46</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (Nlaka'pamux, 2; Coast Salish, Kwakwaka'wakw and Nuu-chah-nulth, 6)

<sup>47</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (North West, 4)

<sup>48</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (Central Coast Detailed Nation Feedback, 26; Southern Stl'atl'imx Detailed Nation Feedback, 21)

<sup>49</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (North Central, 9)

<sup>50</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (North East; Southern Stl'atl'imx Detailed Nation Feedback, 22-23; Central Coast, 23)

<sup>51</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (Coast Salish, Kwakwaka'wakw and Nuu-chah-nulth, 10, 16, 17; Nuu-chah-nulth, 8)

<sup>52</sup> FNHA, [First Nations Perspective on Health and Wellness](#).

<sup>53</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (North East; Southern Stl'atl'imx Detailed Nation Feedback, 21)

complications such as diabetes, cancer and arthritis, as well as encourage healthy lifestyles, long-term planning and traditional diets.<sup>54</sup>

## Guiding Principles for Indigenous Health Legislation

The FNHC sought feedback from First Nations in BC on what principles they would like to see included as part of Indigenous health legislation.

### 7 Directives

First Nations across BC support including the 7 Directives as guiding principles for Indigenous health legislation.<sup>55</sup> First Nations in BC developed the 7 Directives through regional and sub-regional caucus meetings and Health Partnership Workbooks.<sup>56</sup> They describe the fundamental standards and instructions for the new health governance relationship between the FNHA, the FNHC and the FNHDA:

1. Community-driven, Nation-based.
2. Increase First Nations decision-making and control.
3. Improve services.
4. Foster meaningful collaboration and partnership.
5. Develop human and economic capacity.
6. Be without prejudice to First Nations interests.
7. Function at a high operational standard.

For Indigenous health legislation, First Nations in BC placed particular emphasis on Directive #1: “Community-driven and Nation-based,”<sup>57</sup> Directive #2: “Increase First Nations Decision-making and control,” and Directive #4: “Foster meaningful collaboration and partnership.”<sup>58</sup> First Nations shared that the 7 Directives are indivisible from the Shared Values, and so the values of respect, discipline, relationships, culture, excellence, and fairness should also be incorporated into legislation.<sup>59 60</sup>

### Joyce’s Principle

Joyce's Principle “aims to guarantee all Indigenous Peoples the right of equitable access, without any discrimination, to all social and health services, as well as the right to enjoy the best possible physical, mental, emotional and spiritual health.”<sup>61</sup>

---

<sup>54</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (Fraser-Salish, 18)

<sup>55</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (Central Coast, 24; Coast Salish, Kwakwaka'wakw and Nuu-chah-nulth, 16; Fraser Salish, 17; North West, 6; North East, 5; North Central, 10.)

<sup>56</sup> FNHA, FNHC, and FNHDA (2011). 7 Directives.

<sup>57</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (North Central, 10)

<sup>58</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (Fraser Salish, 17)

<sup>59</sup> FNHA, FNHC, and FNHDA (2011). [Shared Vision, Mission, and Values](#).

<sup>60</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (Coast Salish, Kwakwaka'wakw and Nuu-chah-nulth, 9, 10)

<sup>61</sup> Government of Canada (2021). [Government of Canada Honours Joyce Echaquan's Spirit and Legacy](#).

First Nations requested that Joyce’s Principle also be included to help hardwire cultural safety and humility into Indigenous health legislation and promote equity in care.<sup>62</sup> First Nations want to expand Joyce’s Principle with strong record keeping and enforcement processes,<sup>63</sup> education for frontline workers, as well as budget and purpose akin to Jordan’s Principle.<sup>64 65</sup>

## Other

First Nations also indicated that Indigenous health legislation should adopt the principles of self-determination, decolonization and reciprocal accountability.<sup>66 67</sup> It was raised that Indigenous health legislation should not override any existing treaties or established forms of First Nations governance.<sup>68</sup> In addition, some participants saw Indigenous health legislation as a potential opportunity to hold the government accountable and support the implementation of UNDRIP,<sup>69</sup> the Truth and Reconciliation Commission Calls to Action<sup>70</sup> and the Missing and Murdered Indigenous Women and Girls Calls to Justice.<sup>71 72</sup>

## First Nations Health Governance Structure in BC

First Nations provided feedback on enshrining the BC First Nations Health Governance Structure, set out above, into law through Indigenous health legislation. While First Nations in BC are generally supportive of enshrining the health governance structure into law, they provided the following feedback to help guide thinking on this potential direction forward:

- Pursue regional engagement to build consensus (e.g. regional discussions and community focus groups) so as to not leave any Nations behind.<sup>73</sup>
- Provide First Nations leaders the opportunity to share their views on the evolution of the existing structure, to support future adaptability.<sup>74</sup>
- Seek legal opinions to consider ways that the law could protect the health governance structure beyond existing contractual relationships.<sup>75</sup>

---

<sup>62</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (Fraser Salish, 15, 17; Secwepemc, 1-2)

<sup>63</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (Secwepemc, 1-2)

<sup>64</sup> Government of Canada (2022). [Jordan’s Principle](#).

<sup>65</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (Fraser Salish, 15, 17)

<sup>66</sup> FNHC (2011). [British Columbia First Nations Perspectives on a New Health Governance Arrangement: Consensus Paper](#).

<sup>67</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (North Central, 11; Central Coast, 26; Secwepemc, 2)

<sup>68</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (North West, 6)

<sup>69</sup> United Nations (2007). [United Nations Declaration on the Rights of Indigenous Peoples](#).

<sup>70</sup> Truth and Reconciliation Commission of Canada (2015). [Truth and Reconciliation Commission of Canada Calls to Action](#).

<sup>71</sup> National Inquiry into Missing and Murdered Indigenous Women and Girls (2019) [Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls](#).

<sup>72</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (Coast Salish, Kwakwaka’wakw and Nuu-chah-nulth, 14-15)

<sup>73</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (North East, 4; Coast Salish, Kwakwaka’wakw and Nuu-chah-nulth, 14; Central Coast, 23)

<sup>74</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (Coast Salish, Kwakwaka’wakw and Nuu-chah-nulth, 7)

<sup>75</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (Central Coast, 23, 26)

- Acknowledge ongoing progress with regards to Nation-rebuilding.<sup>76</sup>

## Approach to Implementation

The FNHC sought feedback from First Nations in BC on their preferred approach to the implementation of Indigenous health legislation. They presented options: a) Broad Health Legislation applicable to all First Nations across BC/Canada; b) Enabling Health Legislation that supports First Nations-developed health laws; or c) A different approach.

### A Flexible, Differentiated Approach

Responses from First Nations in BC are most in line with the option of enabling Indigenous health legislation that supports First Nations-developed health laws<sup>77</sup> or an approach that develops Indigenous health legislation starting at the ground level then seeking alignment at the provincial and federal levels.<sup>78</sup> First Nations emphasized the importance of an approach to Indigenous health legislation that takes into account the unique contexts and realities across Nations and provinces and BC's unique context,<sup>79</sup> the distinctiveness of individual Nations and their respective readiness,<sup>80</sup> as well as the diversity in treaty and governance agreements.<sup>81</sup> Consideration should also be given to rural/remote communities and Urban and Away-From-Home members.

It was noted that an ideal approach for developing Indigenous health legislation would involve significant flexibility and respect for context and self-determination.<sup>82</sup> <sup>83</sup> <sup>84</sup> There was discussion around how Indigenous health legislation could be an empowering tool that enables action and upholds community-driven, Nation-based processes.<sup>85</sup> First Nations raised concerns about how Indigenous health legislation initiated at the federal level may override other forms of governance, treaties,

<sup>76</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (Central Coast, 23)

<sup>77</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (Coast Salish, Kwakwaka'wakw and Nuu-chah-nulth, 2, 3, 4, 6, 14, 16; Nuu-chah-nulth, 5; North Central, 9, 10; Central Coast, 23, 24, 25-26; Southern Stl'atl'imx, 24)

<sup>78</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (Central Coast, 23)

<sup>79</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (North Central, 10, Nlaka'pamux, 2; Coast Salish, Kwakwaka'wakw and Nuu-chah-nulth, 2; Central Coast, 23, 25-26)

<sup>80</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (Coast Salish, Kwakwaka'wakw and Nuu-chah-nulth, 3-4, 6, 14, 16; Nuu-chah-nulth, 5; Central Coast, 23, 25-26)

<sup>81</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (Nlaka'pamux, 2; Coast Salish, Kwakwaka'wakw and Nuu-chah-nulth, 15, 17)

<sup>82</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (North Central, 10, Nlaka'pamux, 2; Coast Salish, Kwakwaka'wakw and Nuu-chah-nulth, 2; Central Coast, 23, 25-26)

<sup>83</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (Coast Salish, Kwakwaka'wakw and Nuu-chah-nulth, 3-4, 6, 14, 16; Nuu-chah-nulth, 5; Central Coast, 23, 25-26)

<sup>84</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (Nlaka'pamux, 2; Coast Salish, Kwakwaka'wakw and Nuu-chah-nulth, 15, 17)

<sup>85</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (Central Coast, 24; North Central, 9)

rights or funding arrangements, but were keen for this legislation to replace the *Indian Act* and other colonial models developed without First Nations input.<sup>86</sup>

### **Further Direct, Informed Engagement**

Some First Nations in BC expressed concerns about the process for developing Indigenous health legislation, including wanting legal advisors present during engagement.<sup>87</sup> Participants at the Sylix Health Assembly declined to provide input through this engagement mechanism, indicating Indigenous health legislation presented a Title and Rights issue that should be directed to Chiefs and Council.<sup>88</sup>

Many First Nations raised the importance of ISC coming to further engagements at the community or Nation level as a part of developing Indigenous health legislation to better understand the realities on the ground.<sup>89</sup> They also requested more information, noting the briefing materials currently provided were insufficient, and more time for dialogue and consultation to support good decision making, as some felt the process was rushed.<sup>90</sup>

### **Legal and Capacity Support**

First Nations requested funding to support their capacity for thoughtful, informed engagement on Indigenous health legislation and prioritize a ground up process.<sup>91</sup> In particular, participants highlighted the need for independent legal guidance to understand the implications of Indigenous health legislation and the ability to make informed decisions when co-developing the legislation.<sup>92</sup>

## **The Path Forward**

---

The feedback gathered through this engagement initiative provided a number of key considerations for the development of Federal Indigenous Distinctions-Based Health Legislation, including the need for equitable funding and sufficient time to engage with communities as this work progresses. Some First Nations people in BC commented on the need for continuity in funding, particularly to support communities in delivering health services. Some noted that Indigenous health

---

<sup>86</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (Southern St'at'l'imx, 22; North Central, 9; Coast Salish, Kwakwaka'wakw and Nuuchahnulth, 15, 17)

<sup>87</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (Secwepemc, 1, 2; Nlaka'pamux, 2, 3)

<sup>88</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (Sylix, 1)

<sup>89</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (North Central, 9, 10; Nlaka'pamux, 2; Nuuchahnulth, 8)

<sup>90</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (Central Coast, 23, 27; Secwepemc, 1; North East, 8, 10)

<sup>91</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (Central Coast, 23; Southern St'at'l'imx, 22; Nuuchahnulth, 9; Coast Salish, Kwakwaka'wakw and Nuuchahnulth, 3, 4, 10; Nlaka'pamux, 1)

<sup>92</sup> Fall 2022 Sub-Regional & Nation Health Assembly Engagement Minutes (Central Coast, 26; Nlaka'pamux, 2-3)



legislation must be flexible, enabling, and tailored to the unique contexts of First Nations across Canada.

In addition to revealing some of the concerns and interests First Nations people in BC have in regards to the development of Indigenous health legislation, the engagement provided an opportunity to reflect on the process of creating legislation and what it means for supporting the health of First Nations people. While legislation is an important tool for change, there are also a number of drawbacks and challenges to enacting legislation including significant costs, resources and time, as well as addressing the diverse interests of First Nations across Canada. Also, new Indigenous health legislation, whether it be overarching legislation or legislation aligned to specific services, will require significant funding to implement.

The continued co-development of Indigenous health legislation must proceed with significant care. The FNHC maintains its commitment to honour Directive #6: "Be without prejudice to First Nations interests." Co-development will require sufficient time for engagement and will need to include direct engagement with First Nations themselves and transparency. Some have asked what Canada's long-term goals are for this work. Funding for engagement by First Nations needs to be built into any future engagement activities involving First Nations people, including funding for legal expertise.

The FNHC looks forward to continued dialogue with ISC on how the above considerations and interests can be advanced as Indigenous health legislation moves into the next phase of co-development.



## Appendix A: Fall 2022 Engagements

---

Phase 2 engagements took place at the following regional, sub-regional and Nation assemblies.

<b>Region</b>	<b>Sub-Regional Nation Assembly</b>	<b>Date</b>
Interior	Xaxlip (Fountain)	October 4, 2022
	Syilx	October 11, 2022
	Tsilhqot'in	October 18, 2022
	Nlaka'pamux	October 18-19, 2022
	Secwepemc	October 20-22, 2022
Vancouver Island	Coast Salish	October 11-12, 2022
	Kwakwaka'wakw	October 13-14, 2022
	Nuu-chah-nulth	October 20-21, 2022
Fraser Salish	Fraser Salish Joint Working Group	November 2, 2022
Vancouver Coastal	Southern St'at'imx	October 18-19, 2022
	Central Coast	October 27-28, 2022
	South Coast	Nov 1-2, 2022
North	North West Sub-Regionals	October 4-6, 2022
	North East Sub-Regionals	October 18-20, 2022
	North Central Sub-Regionals	November 1-3, 2022

## Appendix B: Reporting Requirements

---

### SECTION 4 - REPORTING

**4.1** A report of all engagement sessions shall be submitted no later than December 31, 2021. ISC officials may ask FNHA officials for interim updates on the nature of the conversations during the engagement period. Reporting shall include the following information:

<b>Overview of Engagement</b> <i>Briefly summarize the main elements of the engagement session, e.g., purpose, objectives, scope, and list of participants and their affiliations, if applicable.</i>	
<b>Date:</b>	
<b>Location:</b>	
<b>Purpose and objective(s):</b>	
<b>Scope (local, regional, national):</b>	
<b>Number of BC nations engaged:</b>	

<b>Current context, in applicable (e.g., circumstances surrounding engagement):</b>	
<b>Summary of Feedback</b> <i>Provide a summary of the feedback that was received by those who participated in the engagement session, e.g., analysis of the feedback, outline of key points, themes, issues, or trends that emerged.</i>	
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	
<b>Next Steps</b> <i>Describe any potential actions or options that are being considered, going forward, e.g., additional engagement sessions that will take place, other, etc.</i>	
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	

**4.2 Annual Report:** On September 30 of each year, the FNHA shall provide Canada with an annual report that includes:

- (a) A brief description of the outcome of the engagement sessions.