

April 6, 2023

Re: Report on Gathering Wisdom for a Shared Journey XII: Approval of the 10-Year Strategy on the Social Determinants of Health and Next Steps

Dear Chiefs, leaders, Health Directors and health leads,

Thank you for making time to attend and participate in Gathering Wisdom for a Shared Journey XII (GW XII). The First Nations Health Council (FNHC) is grateful for your direction and input at GWXII as well as at the dozens of preceding engagement sessions on the social determinants of health, held since 2016. Out of the 203 First Nations communities that are part of the five regional caucuses in BC, an unprecedented 196 communities were represented at GWXII.

Chiefs, leaders and proxy holders came together and made a historic decision to approve the **10-Year Strategy on the Social Determinants of Health: A Framework for the Future** (10-Year Strategy). With 146 votes in favour of Resolution #2023-01, 24 votes against, and excluding the three abstentions, 86% of the 173 Chiefs and leaders present who voted endorsed the resolution – the highest level of support of any FNHC resolution presented for consideration to Chiefs and leaders.

The historic level of support for the 10-Year Strategy is significant and shows that the process for building consensus in the BC First Nations Health Governance Structure works. With the Engagement & Approvals Pathway as our foundation, we'll build upon our collective progress since 2013 to improve health and wellness. The welcome [video](#) from Gathering Wisdom tells this story.

The FNHC recognizes that some Chiefs and leaders had concerns and did not endorse the 10-Year Strategy. The FNHC commits to having direct conversations with Chiefs and leaders to discuss their concerns and address questions about the 10-Year Strategy.

Attached is the final version of Resolution #2023-01, reflecting the thoughtful input and amendments from Chiefs and communities. The FNHC representatives also appreciated the manner in which the discussion on the resolution took place at Gathering Wisdom. You listened to each other, provided space for different perspectives, and came together with your communities' best interest at heart.

Through the 10-Year Strategy, Chiefs and leaders have directed the FNHC to use this framework for continued transformation of the health system to reach our collective vision of healthy, self-determining and vibrant First Nations children, families and communities in BC. On the ground, the strategy will bring new resources to support the implementation of your Community-driven, Nation-based health and wellness plans.

As your appointed representatives, the FNHC's next steps include supporting the implementation of the 10-Year Strategy in a way that respects your regional governance processes and structures as Title and Rights holders. This will be done in close collaboration with the FNHA, which will operationally develop a workplan that is key to implementation and reporting on our collective progress. We commit to keep you informed of these items as well as on the FNHC evaluation currently underway by the independent evaluator Ference & Co.

In wellness and partnership,



Wade Grant
Chair
South Coast, Vancouver Coastal
Region



Wenecwtsin (Wayne Christian)
Deputy Chair
Secwepemc Nation, Interior
Region Representative



Chief John Powell
North Island, Kwakwaka'wakw
Representative, Vancouver Island
Region



Telaxten (Paul Sam)
South Island, Coast Salish
Representative, Vancouver Island
Region



Mariah Charleson
Central Island, Nuuchah-nulth
Representative, Vancouver Island
Region



Wilfred Adam
North Central Representative,
Northern Region



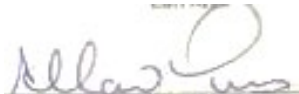
Bev Lambert
Northeast Representative,
Northern Region



Chief Tracey Woods
Northwest Representative,
Northern Region



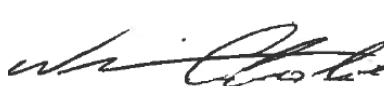
Ko'waintco Michel
Nlaka'pamux, Interior Region
Representative



Allan Louis
Syilx Nation, Interior Region
Representative



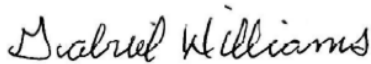
Chief Andrew Victor (Sexómestel)
Stó:lō Tribal Council Representative,
Fraser Salish Region



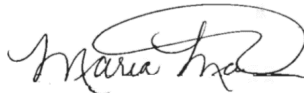
Willie Charlie (Chaquawet)
Independents Representative,
Fraser Salish Region



Loren Muth
Stó:lō Nation Representative,
Fraser Salish Region



Gabe Williams
Southern Stl'atl'imx Representative,
Vancouver Coastal Region



Maria Martin (g'lixvstaqlah)
Central Coast Representative,
Vancouver Coastal Region

Resolution #2023-01

First Nations Health Council Chiefs and Leaders in Assembly

Gathering Wisdom for a Shared Journey XII

March 1, 2023

Coast Salish Territory, Vancouver, BC

SUBJECT: APPROVAL OF A TEN-YEAR STRATEGY ON THE SOCIAL DETERMINANTS OF HEALTH: A FRAMEWORK FOR THE FUTURE

WHEREAS:

- A. The definition of BC First Nation, as used in the *British Columbia Tripartite Framework Agreement on First Nation Health Governance* (2011, Section 1.1(4)), means:

“(i) a “band” within the meaning of the *Indian Act* (Canada) in British Columbia and (ii) Any Self-Governing First Nation, and the plural term **BC First Nations** refers to all or a number of such bands of Self-Governing First Nations as the context requires.” (p. 6)

For clarity, BC First Nations are the people who hold title and rights on behalf of those distinct Nations of Indigenous Peoples who, since time of Creation, have stewarded the lands now known as British Columbia (BC).

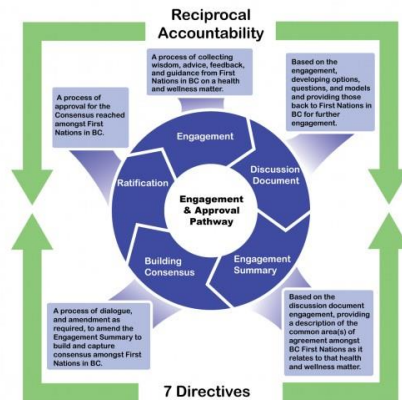
- B. In 2005, the First Nations Leadership Council (FNLC), Government of Canada, and Province of British Columbia (BC) signed the *Transformative Change Accord*, committing to establishing: a new relationship based on mutual respect and recognition as well as 10-year plans to, at a minimum, close the gaps in socio-economic outcomes between First Nations and other British Columbians, particularly in the areas of education, housing, economic opportunities, and health; moving towards each Nation’s goals and verification of parity.
- C. The First Nations Health Council (FNHC) was established in 2007 to mirror the membership of the provincial First Nations Leadership Council (FNLC) and included three representatives of the Union of British Columbia Indian Chiefs (UBCIC), three representatives of the First Nations Summit (FNS), and one representative of the British Columbia Assembly of First Nations (BCAFN). The FNHC was not developed as a legal entity, but as a political council to focus on implementation of the *Transformative Change Accord: First Nations Health Plan* (2006) and the *Tripartite First Nations Health Plan* (2007) at a political leadership level.
- D. In the area of health, further progress was realized through a series of political agreements between First Nations and federal and provincial governments including the *Transformative Change Accord: First Nations Health Plan* (2006), *First Nations Health Plan Memorandum of Understanding* (2006), the *Tripartite First Nations Health Plan* (2007), and the *British Columbia Tripartite First Nations Health Basis for a Framework Agreement on Health Governance* (2010).

- E. In 2010, by way of resolutions passed through their respective assemblies, Chiefs in Assembly directed the FNS, the UBCIC and the BCAFN to change the membership of the FNHC to fifteen members – three each appointed by the five regional caucuses (Fraser Salish, Interior, Vancouver Coastal, North and Vancouver Island). The resolutions that set out this revised structure stated, "[The FNHC] will be responsible for reporting to Nations within their regions, accountable for progress and processes at all levels, representation, and ensuring that ratification and decision-making processes are community driven and Nation based."
- F. On May 26, 2011, through a historic level of participation, 72% of First Nations in BC cast a vote in support of Resolution #2011-01 approving the *British Columbia First Nations Perspectives on a New Health Governance Arrangement: Consensus Paper, 2011* at Gathering Wisdom for a Shared Journey IV. Through Resolution #2011-01, First Nations set out that the FNHC's mandate included a provision to:

"Develop relationships and alliances with other First Nations organizations, government Ministries and Departments, and others, to achieve progress in the Social Determinants of Health" (p. 18).

- G. As per the Consensus Paper approved through Resolution #2011-01, the First Nations health governance structure serves First Nations in BC. It consists of political representation, leadership, and advocacy through the FNHC; technical advice and capacity development on behalf of First Nations community Health Directors and Health Managers through the First Nations Health Directors Association (FNHDA); and health service delivery and associated partnership and leadership functions through the First Nations Health Authority (FNHA).
- H. On October 13, 2011, the signing of the legal *British Columbia Tripartite Framework Agreement on First Nation Health Governance* (Tripartite Framework Agreement) with the Government of Canada and the Province of BC changed the course of First Nations health in BC. It formally created a new First Nations health governance structure that supported First Nations in BC to participate in the design and delivery of health services. Decision-making was brought closer to home through the recognition and involvement of First Nations decision-making and service delivery processes, structures and institutions at federal, provincial, regional and local levels. The Tripartite Framework Agreement also committed the Parties to evaluate the implementation of the Agreement every five years.
- I. BC First Nations also instructed the FNHC, FNHA and FNHDA to follow Seven Directives as they work through transfer and transformation of health services. These Seven Directives are:
- a. Directive #1: Community-Driven, Nation-Based
 - b. Directive #2: Increase First Nations Decision-Making and Control
 - c. Directive #3: Improve Services
 - d. Directive #4: Foster Meaningful Collaboration and Partnership
 - e. Directive #5: Develop Human and Economic Capacity
 - f. Directive #6: Be Without Prejudice to First Nations Interests
 - g. Directive #7: Function at a High Operational Standard

- J. As per the direction of First Nations in Resolution #2011-01, the FNHC released a *Resolution 2011-01 Workplan* in the fall of 2011. This Workplan set out milestones, timeframes, key decision points and indicators for achieving the direction established by First Nations. This Workplan also established an Engagement & Approval Pathway, as illustrated below, a consistent process by which the FNHC gathers input, guides and builds consensus on key decisions that concern governance, general direction, long-term goals, philosophies, and values.



- K. On May 16, 2012, First Nations in BC passed Resolution #2012-01 at Gathering Wisdom for a Shared Journey V to respond to and overcome the significant disparities in health and outcomes experienced by First Nations in BC due to the impacts of colonialism. Through Resolution #2012-01, BC First Nations approved the *Consensus Paper 2012: Navigating the Currents of Change – Transitioning to a New First Nations Health Governance Structure*, including the following key elements:
- Setting the Standards: Affirming and implementing the 7 Directives, Corporate Governance Requirements, and Competencies for the Board of Directors of the interim and permanent FNHA;
 - Setting the Stages: Ensuring a deliberate and planned approach to the work, in accordance with the key stages of Transition and Transformation;
 - Setting the Structure: Confirming the establishment of a regionally-representative Board of Directors, a holistic First Nations health governance model, and Regional Offices; and,
 - Upholding our Commitments: Affirming that high standards of Reciprocal Accountability and Engagement are the foundation for our ongoing success.
- L. On December 17, 2012, the Government of Canada, the Province of BC and the FNHC – supported by the FNHA – signed a *Health Partnership Accord* as a statement of their shared vision of healthy and vibrant First Nations children, families, and communities in BC playing an active role in decision-making (i.e. self-determination) regarding their personal and collective wellness. Taking a Social Determinants of Health approach, the Parties committed to work together to institute parity in the health status between First Nations in BC and other residents of BC by creating a better, more responsive and integrated health system for First Nations in BC. Actions toward that vision included creating and supporting a new First Nations health governance structure; better coordination in service planning, design, management and delivery of health services for First Nations in BC; removing jurisdictional impediments and supporting collaboration, common sense approaches; and shared services.

- M. On October 1, 2015, the FNHC and the FNLC signed a *Protocol on the Social Determinants of Health Between the First Nations Leadership Council and First Nations Health Council* to confirm their shared commitment, within the scope of their respective mandates, to ongoing collaboration, information sharing and coordinated action in addressing the Social Determinants of Health.
- N. Between 2016 and 2018, the FNHC worked with federal and provincial partners to engage with First Nations leaders on the Social Determinants of Health to address priorities through a series of Memoranda of Understanding (MOUs):
- a. *MOU Between British Columbia and First Nations Health Council: A Regional Engagement Process and Partnership to Develop a Shared Ten-Year Social Determinants Strategy for First Nations Peoples in BC* (FNHC-BC MOU 2016)
 - b. *Agreement Between Indigenous and Northern Affairs Canada and the First Nations Health Council in Relation to services for First Nations Children and Families in British Columbia* (FNHC-Canada MOU 2017)
 - c. *MOU: Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness* (Tripartite MOU 2018)
 - d. Collectively, the engagement done in relation to these MOUs shaped the FNHC's work towards a 10-Year Strategy on the Social Determinants of Health. These MOUs brought the federal and provincial governments into dialogue with First Nations about their priorities related to child and family wellbeing (including services to these populations), reducing poverty, and mental health and wellness, which was the number one health priority across all five regions in BC.
- O. The implementation of the Tripartite MOU 2018 resulted in the allocation of a flexible pooled \$30 million investment for BC First Nations to support mental health and wellness planning accessible to BC First Nations, as well as Community-Driven, Nation-Based models of service delivery that incorporate traditional values and a wholistic approach.
- P. The Tripartite MOU 2018 also provided partners with an opportunity to commit an additional \$60 million joint investment to renovate and build First Nations treatment centres in BC.
- Q. Since Gathering Wisdom X in 2020, four rounds of regional and sub-regional caucus meetings have taken place to inform the discussions and deliberations that BC First Nations directed the FNHC to hold on health care policy, governance and Social Determinants of Health priorities.
- R. Consistent with the Engagement & Approvals Pathway endorsed by First Nations in BC in 2011, in response to the interest shown by First Nations Chiefs and leaders through ongoing engagement on the Social Determinants of Health, the FNHC prepared workbooks and facilitated discussions during a series of First Nations regional caucus sessions across the province. First Nations Chiefs, leaders and senior health professionals were asked to confirm the summary of feedback set out in the workbooks and share new thoughts and perspectives as the **discussion document stage** of the Engagement & Approval Pathway. Each region's specific feedback into the workbook, along with their regional caucus discussions with respect to the topics addressed, was captured in a regional summary document, signifying the **engagement summary** step of the Pathway. Each region held further meetings to review and confirm its summary document, which were then merged into a province-wide *Consensus Paper 2023 and Ten-Year Strategy on the Social Determinants of Health: A Framework for the Future*. This Consensus Paper represents the **building consensus step** of the Pathway.

- S. The *Consensus Paper 2023 and Ten-Year Strategy on the Social Determinants of Health: A Framework for the Future* is being put forward for review and consideration in accordance with the **ratification** step of the Pathway at the Gathering Wisdom for a Shared Journey Forum XII to be held from February 28 – March 2, 2023. Its purpose is to establish the First Nations Health Council's 10-Year Strategy on the Social Determinants of Health.

THEREFORE BE IT RESOLVED:

1. That the Chiefs and leaders in Assembly direct the FNHC structure to acknowledge and respect the current, future and unique governance processes and structures adopted by First Nations in BC – including Directive #1: Community-Driven and Nation-Based;
2. That the Chiefs and leaders in Assembly direct the FNHC to:
 - a. Fulfill its commitments to engage on its roles and responsibilities, including completion of the voluntary independent FNHC evaluation. The FNHC evaluation final report will be brought forward to Chiefs and leaders to consider implementation of the findings. The FNHC will also report back on progress to ensure reciprocal accountability.
 - b. This will inform the development of a consensus paper on the evolving structure of First Nation health governance that will be brought forward for consideration at Gathering Wisdom for a Shared Journey XIII, through the formal Engagement and Approval Pathway.
3. That the Chiefs and leaders in Assembly at Gathering Wisdom for a Shared Journey XII approve the enclosed *Ten-Year Strategy on the Social Determinants of Health: A Framework for the Future* (10-Year Strategy). The 10-Year Strategy supports a broad framework for the future and continuous improvement derived from Community-Driven, Nation-Based and regionally supported planning and implementation of priorities derived by First Nations in BC. The 10-Year Strategy does not preclude First Nations from advancing priorities in a manner that aligns with their own approaches, timing and the 7 Directives; particularly, Directive # 6 to “Be Without Prejudice to First Nations’ Interests”. The 10-Year Strategy includes the following key elements:
 - a. Upholding the BC First Nations health governance structure’s shared vision, 7 Directives and the principle of Reciprocal Accountability;
 - b. Consistent with those 7 Directives and the principle of Reciprocal Accountability, alignment with the principles of the *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP) and the implementation of both the *BC Declaration on the Rights of Indigenous Peoples Act* (DRIPA) and Canada’s *United Nations Declaration on the Rights of Indigenous Peoples Act* (UNDRIPA), without prejudice to First Nations title, rights and responsibilities;
 - c. There is recognition of the need for Community-Driven, Nation-Based approaches and responses to the specific health-related impacts of climate change on First Nations in BC. This does not absolve Canada and British Columbia’s obligation to meaningfully address those impacts in a way that is agreeable to First Nations in BC;
 - d. Alignment with the Calls for Justice arising from *The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls* (2019); in particular to improve both the quality of the health and wellness system and the health and wellness outcomes for Indigenous Woman, Girls, and people who are two spirit, lesbian, gay, bisexual, transgender and/or gender expansive, queer and/or questioning, intersex and asexual (2SLGBTQIA+), which overall will reduce the chances of going missing or being murdered;

- e. Consistency with the review recommendations from *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care* (2020) and the strategic objectives and priorities from the FNHC, FNHA, FNHDA's *Anti-Racism, Cultural Safety & Humility Framework* (2021) to ensure accountability by government partners;
 - f. Alignment with the health related Calls to Action made by the Truth and Reconciliation Commission of Canada;
 - g. Equitable, timely access to health care across all regions, even when members are urban and away-from-home, or live in rural, remote and isolated First Nations communities; and,
 - h. The development of the *Ten-Year Strategy on the Social Determinants of Health: A Framework for the Future* must be guided by the human rights law of "substantive equality." The provision of essential health services and infrastructure, mental wellness services and the implementation of the 10-Year Strategy shall be substantively equal, culturally appropriate, wholistic, and in the best interest of the First Nations children, youth and families – including their needs relating to historical disadvantage, structural racism and geographical needs and circumstances.
4. That the Chiefs and leaders in Assembly at Gathering Wisdom for a Shared Journey XII endorse the following four strategy areas from the *Ten-Year Strategy on the Social Determinants of Health: A Framework for the Future* that describe a collective approach for the Social Determinants of Health and set the foundation for future agreements that advance specific Community-Driven and Nation-Based priorities, as defined by each First Nation:
- I. Healing Approaches:
 - a. By 2033, First Nations communities in BC will have access to improved trauma-informed care at all levels, including best-in-class clinic equipment and emergency transportation. This will include Indigenous knowledge and healing practices standing equally as legitimate and vital elements of First Nations Health in full partnership with culturally safe provision of Western medicine and the traditional medicine approaches of our people.
 - II. Cultural Infrastructure:
 - a. By 2033, First Nations communities will have the capacity and autonomy to rebuild the cultural infrastructure damaged through colonialism to reclaim and hold up healing practices and traditions. This includes designing their own health and wellness systems that protect their people using the vision, values and teachings of their Nation.
 - III. Nation-Based Governance:
 - a. By 2033, First Nations communities will deliver or have access to inherent health and wellness services through self-defined structures and partnerships that make sense culturally, linguistically, and politically.
 - b. These services will support systems-level changes to better respond to approaches and solutions that meet Nations' needs and priorities.

IV. Sustainable Funding:

- a. By 2033, there are established flexible and sustainable approaches for federal and provincial investments in – including but not limited to – mental health, primary care and wellness planning, capacity building and service delivery. This includes funding that is sufficient, sustainable and aligned with First Nations’ governance structures, including but not limited to cultural, social and institutional infrastructure and healing approaches.
5. That the Chiefs and leaders in Assembly at Gathering Wisdom for a Shared Journey XII direct the FNHC to advocate and work with the Province of BC and the Government of Canada, to:
 - a. Fulfill the commitments in the Tripartite MOU and confirm the needed sufficient, flexible, predictable and sustainable funding required for BC First Nations to plan, design and deliver a full continuum of mental health and wellness services, in a manner consistent with the *Ten-Year Strategy on the Social Determinants of Health: A Framework for the Future*.
6. That the Chiefs and leaders in Assembly at Gathering Wisdom for a Shared Journey XII direct the FNHC to support the implementation of the *Ten-Year Strategy on the Social Determinants of Health: A Framework for the Future*, by fostering partnerships with First Nations and Indigenous organizations, the Province of BC, Government of Canada, and other regional, local, non-profit and international organizations on the Social Determinants of Health. This work includes but is not limited to:
 - a. The FNHA’s operational development of a Workplan for the implementation of Resolution #2023-01, that sets out milestones, timeframes and key decision points consistent with the 7 Directives and the principle of Reciprocal Accountability, including evaluation and a high standard of transparency.
 - b. The implementation of a mental health and wellness reporting framework and indicators that support Nations’ use of strength-based indicators that have been identified to align with agreed upon population-level outcomes, multi-generational perspectives, and reflect the unique cultures, languages and capacities of their communities.
 - c. This reporting framework will respect Community-Driven and Nation-Based standards in adherence with the principle of Reciprocal Accountability.
7. That the Chiefs and leaders in Assembly at Gathering Wisdom for a Shared Journey XII direct the FNHC to support the empowerment of First Nations data sovereignty and governance as well as advocating for supporting resources. The FNHC is committed to working in collaboration with First Nations Organizations leading this work by engaging First Nations Chiefs, leaders, providers and communities as requested along with government partners to mobilize their respective contributions, authorities, assets and innovations. The FNHC will also support First Nations in BC to incorporate Indigenous data sovereignty over knowledge and healing practices as appropriate and upon request.

8. That the Chiefs and leaders in Assembly at Gathering Wisdom for a Shared Journey XII direct the FNHC to, consistent with the Consensus Paper 2011 and the Consensus Paper 2012, continue to engage and share information with, and be directly accountable to, First Nations through a variety of mechanisms, including but not limited to: Sub-regional and Regional Caucuses; Gathering Wisdom for a Shared Journey forums; reports; and, online and digital media.
9. Be it further resolved that the adoption of this *Ten-Year Strategy on the Social Determinants of Health: A Framework for the Future*, does not include endorsement of federal or provincial legislation; any engagement on such legislation should be at the Nation-to-Nation level with the Province of British Columbia and the Government of Canada.

Moved: Chief Byron Louis – Okanagan Indian Band

Seconded: Tyrone McNeil – Kwantlen First Nation (Proxy)

Abstentions: Chief Pam Robertson – Boston Bar First Nation, Chief James Hobart – Spuzzum First Nation, Katie Alexander – Tsawwassen First Nation (Proxy)

Disposition: Carried

Date: March 1, 2023

Endorsed:



Wade Grant, First Nations Health Council Chair



Wayne Christian (Wenecwtsin), First Nations Health Council Deputy Chair