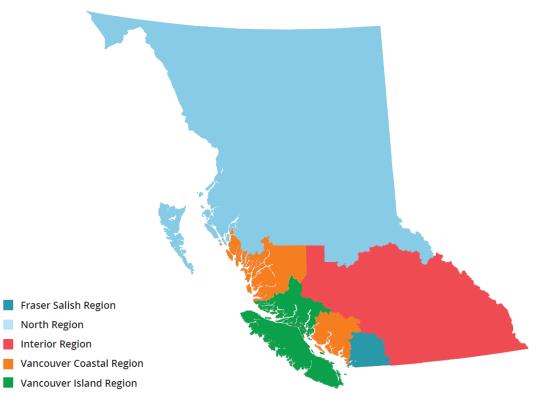


## First Nations Health Authority Regions





### **Interior**

- 54 communities
- 7 Nations

Dakelh Dene | Tsilhqot'in | Secwepemc | St'at'imc | Nlaka'pamux | Syilx | Ktunaxa

### **OUR DIRECTIVES**

DIRECTIVE #1

COMMUNITY-DRIVEN, NATION-BASED DIRECTIVE #2 INCREASE FIRST NATIONS DECISION-MAKING AND CONTROL DIRECTIVE #3
IMPROVE SERVICES

DIRECTIVE #4

FOSTER MEANINGFUL
COLLABORATION AND
PARTNERSHIP

DIRECTIVE #5
DEVELOP HUMAN AND ECONOMIC CAPACITY

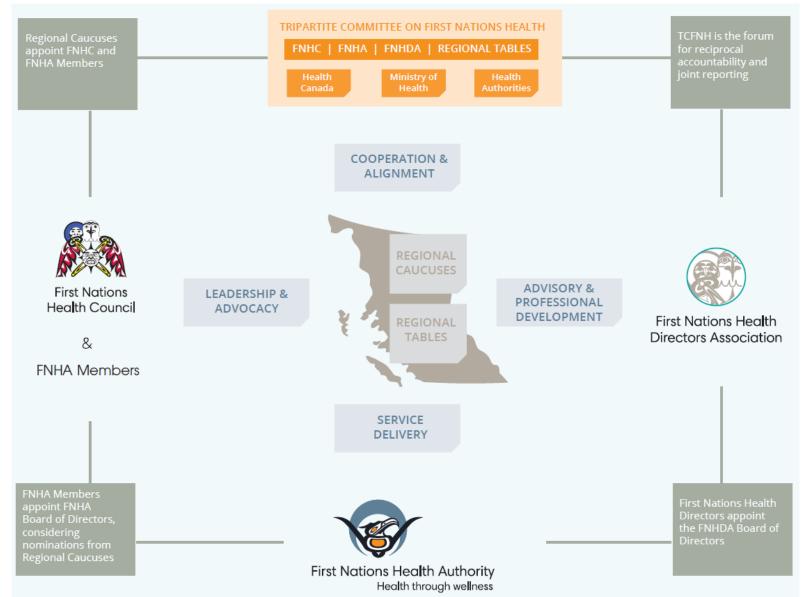
DIRECTIVE #6

BE WITHOUT
PREJUDICE TO FIRST
NATIONS INTERESTS

DIRECTIVE #7
FUNCTION AT A
HIGH OPERATIONAL
STANDARD

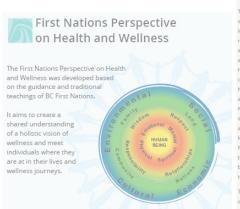
# First Nations Health Governance Structure in BC Four components





### First Nations Health Governance Structure in BC





#### HEALTH GOVERNANCE

The First Nations Health Governance structure belongs to First Nations in BC. It consists of political representation, leadership, and advocacy through the regionallyappointed 15-member First Nations Health Council; technical advice and capacity development on behalf of First Nations community Health Directors and Health Managers through the First Nations Health Directors Association: and health service delivery and associated partnership and leadership functions through the First Nations Health Authority (including the services formerly delivered in BC by Health Canada's First Nations Inuit Health Branch Pacific Region).

The FNHA, FNHC, and FNHDA receive direction from community leadership and Nations throughout the five regions of the province through community engagement





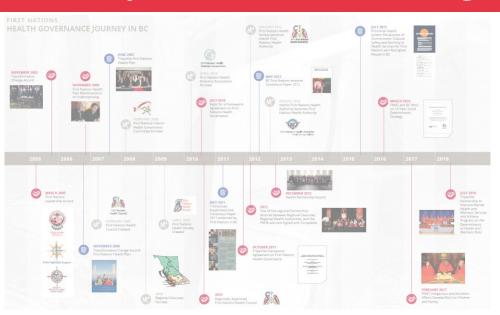
### Reciprocal Accountability

First Nations traditional social systems were founded on the concept of reciprocal accountability – that all members of the community were accountable for their decisions and actions and for their contributions to the community's wellness as a whole. These ancestral teachings provide the foundation for our definition and processes for reciprocal accountability.

First Nations in BC collectively own the First Nations health governance structure and are together responsible for resolving concerns and issues, making key decisions and celebrating successes.

The below "Engagement and Approvals Pathway" begins in the centre of the diagram and is the process by which input, guidance and consensus is built for key decisions within the Health Governance

### https://www.fnha.ca/about/governance-and-accountability



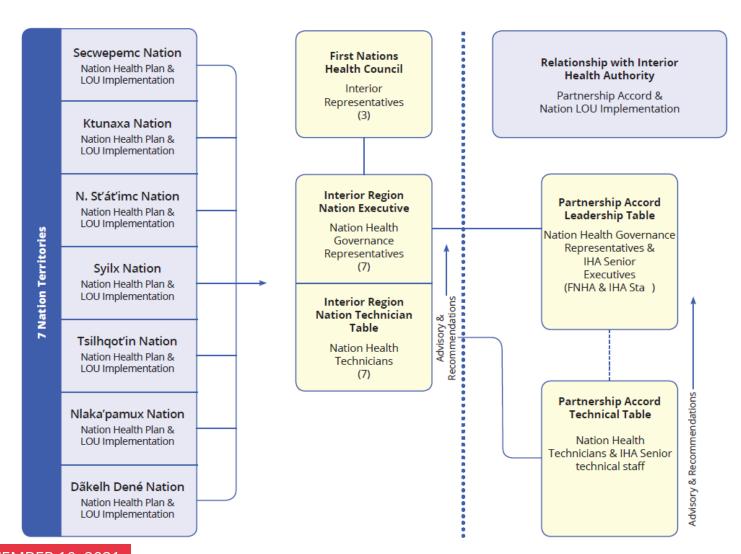


CCRHD: DECEMBER 10, 2021

# First Nations Health Governance Structure Interior Region



#### Interior First Nations Health Caucus - 54 Communities



### How We Do Our Business



- Declaration of Unity of the Interior Nations (2010)
- Terms of Reference (Interior Entities, PATT, PALT)
- Interior Partnership Accord (2019-2024)
- 7 Nation LOUs with Interior Health
- 7 Directives

## Declaration of Unity

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

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

Indigenous peoples have the right to self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development; and ...in exercising their right to self-determination, have the right to autonomy or selfgovernment in matters relating to their internal and local affairs...; and

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

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

Whereas, the Nations of the Interior of British Columbia: Dakelle Dens, Klupases, Mekai panux, Sysles, Seewepene Statione and Toillagotion of the Interior wish to reaffirm and build upon these historic agreements; and

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

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

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

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

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

- Health and Wellness Outcomes and Indicators will be defined by each Nation
- Partnerships will be defined by each Nation
- Agreements will be negotiated and ratified by the Nations
- No Nation will be left behind; needs are addressed collectively
- The federal fiduciary obligation must be strengthened, not eroded
- Services will be provided to all of our people regardless of residency/status
- Adequate funding will be provided for our corporate structure(s)
- Socio-economic indices will be incorporated into
- planning and projections plan for 7 generations

  Negotiations will be interest based not position
- based (Nations define)
- Community hubs will be linked to the health governance process
- · Documents will be kept simple and understandable
- The Interior Leadership caucus will meet regularly
- Liability will be minimized; the Nations will
- inherit no liability from other entities
- · Celebration will be included in all activities
- The speed at which development occurs will be determined by the Nations
- The authority to govern rests with each Nation, as does the responsibility for decision-making

Chief Geronimo Squinas - Dakallo Dend

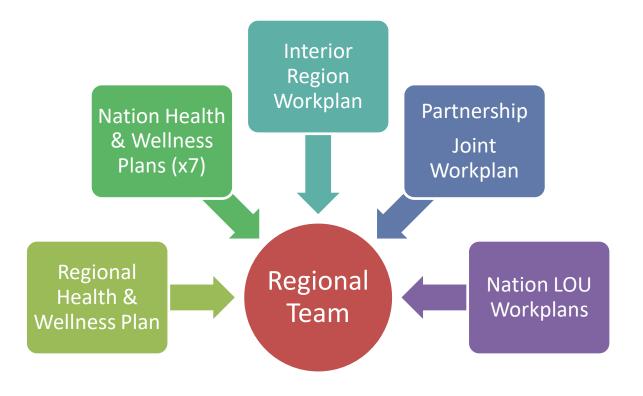
Chief Shane Gottfriedson - Secutifore

Chief Ko'wainteo Michel - Nedacjamac

Chief Romie Elkim - Tellagol'in

### What Guides Our Work



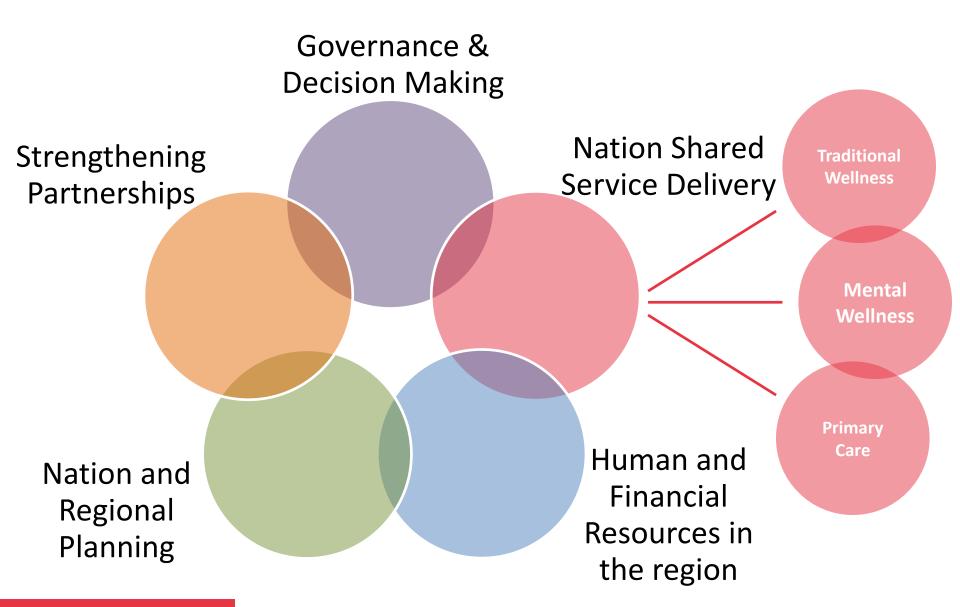




CCRHD: DECEMBER 10, 2021 www.FNHA.ca

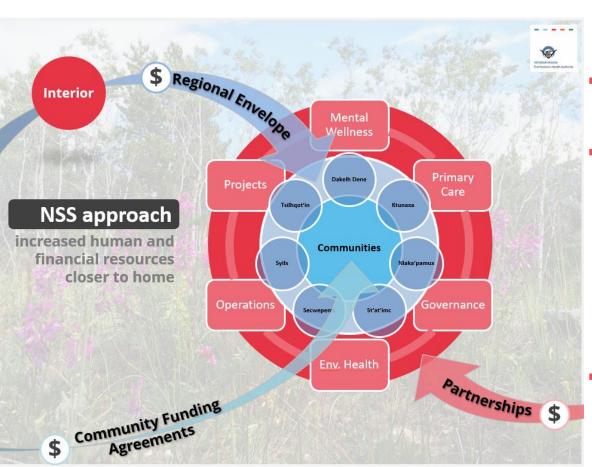
## **Key Priorities**





### **Nation Shared Services**





- Improve access to health and wellness services by providing services closer to home while balancing economies of scale.
- NSS is a service delivery model unique to the Interior region.
- The model maximizes benefits for communities through shared service delivery via client- and family-centered, multi-disciplinary teams that provide Nation-wide, culturally appropriate, and holistic health care services.
- NSS is a mechanism for Interior communities to increase capacity and access to health professionals through internal collaboration and external partnerships with IHA, FNHA, and other providers.





**CCRHD:** DECEMBER 10, 2021