

**RELATIONSHIP AGREEMENT**

Amongst

**First Nations Health Authority**

**First Nations Health Council**

**First Nations Health Directors Association**

May 2018



First Nations Health Authority  
Health through wellness



First Nations  
Health Council



First Nations Health  
Directors Association

Sharing experience for community wellness

## 1. PREAMBLE

In 2006, BC First Nations embarked upon a shared journey of health reform. The foundation for this change was the creation of a new First Nations health governance structure, enabling BC First Nations to participate fully in the design and delivery of health and wellness programs and services. Adopted by a significant degree of consensus by BC First Nations, this new health governance structure was built from the ground-up, and includes The First Nations Health Council (FNHC) which provides governance leadership; The First Nations Health Authority (FNHA) which manages, designs, delivers, and funds health and wellness programs, services, and initiatives in partnership with First Nations; and The First Nations Health Directors Association (FNHDA) which provides technical advice for health policies and programs that is informed by community-based health and wellness knowledge, and supports professional development. In addition, the First Nation health governance structure includes the *Tripartite Committee on First Nations Health* and the *Regional Caucuses*.

As partners in our First Nations health governance structure, the First Nation Perspective on Health and Wellness, as well as our shared vision and values, guide our journey of health transformation. Our vision is for a governance partnership that:

- supports achieving of the vision of “Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities”,
- inspires health & wellness journeys,
- improves health literacy,
- supports reciprocal accountability,
- works from a perspective of mutual recognition and respect, and
- ensures the voices of our people at the forefront of our discussions and decision-making.

Recognizing each of our key roles as pillars in the First Nations health governance structure, we articulate our partnership through shared values, joint process commitments, reciprocal accountability, lateral kindness, and cultural safety and humility. We build our partnerships through our relationships by recognizing the gifts and roles each of our partners bring to the table, working together to form shared messaging, and aligning ourselves strategically. We recognize that, as we cultivate meaningful partnerships internally with each other, we in turn strengthen our ability to collaborate with other health service partners.

The joint processes for collaboration described in this agreement steer and steward this relationship, while the governance structure and systems – such as *Regional Caucuses* – drive our planning.

This renewed relationship agreement serves to outline how, and in what context, the BC First Nations Health Governance structure operates. It provides a clear picture of the partners' joint and individual accountability to community, a shared understanding of our collective and respective roles and responsibilities, and agreed-upon processes for coordination and collaboration.

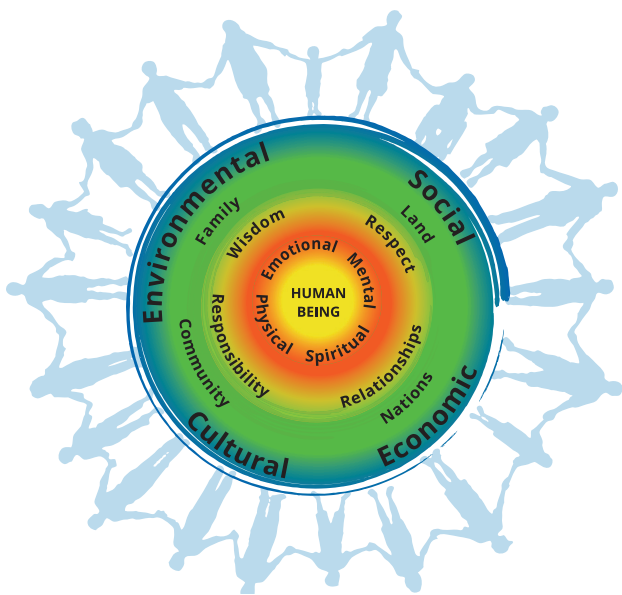
## 2. CONTEXT AND PURPOSE

The partnership between the FNHC, FNHA and FNHDA is directed and mandated by BC First Nations through the following governing documents: *Tripartite First Nations Health Plan; Resolution 2011-01* and the *Consensus Paper 2011: BC First Nations Perspectives on a New Health Governance Arrangement; British Columbia Tripartite Framework Agreement on First Nation Health Governance*; and, *Resolution 2012-01* and the *Consensus Paper 2012: Navigating the Currents of Change – Transitioning to a New First Nations Health Governance Structure*.

These documents call upon the Partners to work with federal and provincial governments to ensure “the health and well-being of First Nations is improved, the gaps in health between First Nations people and other British Columbians are closed, and First Nations are fully involved in decision-making regarding the health of their peoples.” The Partners recognize that achieving this outcome while upholding the 7 Directives adopted by BC First Nations requires coordination, cooperation, and a shared understanding. The Partners further recognize that the strength of our work arises from a collective voice amongst us.

While each organization has its own governance documents and processes, this Relationship Agreement outlines the sound partnership sought by the Partners – a partnership based on shared values and understanding of our collective and respective roles, responsibilities, and accountabilities. This Relationship Agreement therefore defines those roles, responsibilities and accountabilities that create and maintain an ethical and productive partnership between us and is written in the spirit of the shared values upon which our partnership is based. It also seeks to align the work of the Partners through establishing shared understandings, clarifying roles and responsibilities, and establishing processes for coordination and collaboration.

## 3. FIRST NATIONS PERSPECTIVE ON HEALTH AND WELLNESS



First Nations have a unique definition of wellness, as depicted by the First Nations Perspective on Health and Wellness. The Perspective on Health and Wellness acknowledges that health is an outcome of interconnected and interdependent factors and realities:

- Individual human beings, recognizing that wellness starts with individuals taking responsibility for their health and wellness and that all individuals start this journey in different places.
- The importance of Mental, Emotional, Spiritual and Physical facets of a healthy, well, and balanced life.
- The overarching values that support and uphold wellness: Respect, Wisdom, Responsibility, and Relationships.
- The people that surround us and the places from which First Nations come: Nations, Family, Community, and Land.
- The Social, Cultural, Economic and Environmental determinants of our health and well-being.

This holistic way of understanding health and wellness is foundational to the work of the FNHA, FNHC, FNHDA, and the tripartite partners. Without attention to these dimensions of health and wellness, care will neither be meaningful nor effective for First Nations people. Understanding the First Nations Perspective on Health and Wellness is integral to fostering a health system that reflects the diverse cultures and perspectives of BC First Nations and delivers the type of care desired. The Partners will approach their work in a manner consistent with the First Nation Perspective on Health and Wellness.

## 4. VISION AND VALUES

The Partners are committed to working in partnership to upholding the vision of: “Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities and the Shared Values:

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

## 5. SEVEN DIRECTIVES

Consensus Paper 2011: BC First Nations Perspectives on a New Health Governance Arrangement sets out the 7 Directives for the establishment and operation of the BC First Nations health governance structure. These directives guide decision-making and serve as standards to ensure that decisions meet the intentions of our people.

**Directive 1:** Community-Driven, Nation-Based

**Directive 2:** Increase First Nations Decision-Making

**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

## 6. RECIPROCAL ACCOUNTABILITIES

Traditional First Nations social systems were founded on reciprocal accountability – each member of the community was accountable for the impact of their decisions and actions, and for their contributions to the community's wellness as a whole. These ancestral teachings are the underpinning of the definition and processes for reciprocal accountability in our First Nations health governance structure.

The principle of reciprocal accountability acknowledges that BC First Nations collectively own the First Nations health governance structure, and are therefore together responsible for resolving concerns and issues, making key decisions, and celebrating our successes. In assuming collective responsibility for our health system, BC First Nations believe that we as customers of health care services deserve high quality care, and that in part, the quality of care provided through our health system depends on what we collectively contribute to that system as its owners. We are all now simultaneously customers and owners.

We have defined reciprocal accountability as a shared responsibility to achieve our shared vision and goals. Each of us as individuals and organizations must be responsible for our commitments and to uphold our accountabilities, recognizing that our actions affect others, and contribute to the outcomes of our interdependent and interconnected system. We all commit to support reciprocal accountability by:

- Providing consensus leadership and a unified approach recognizing that each organization has important contributions to make, and ensure their decisions and behaviours reflect: a) their shared values; b) the 7 Directives; and c), their respective roles and mandates.

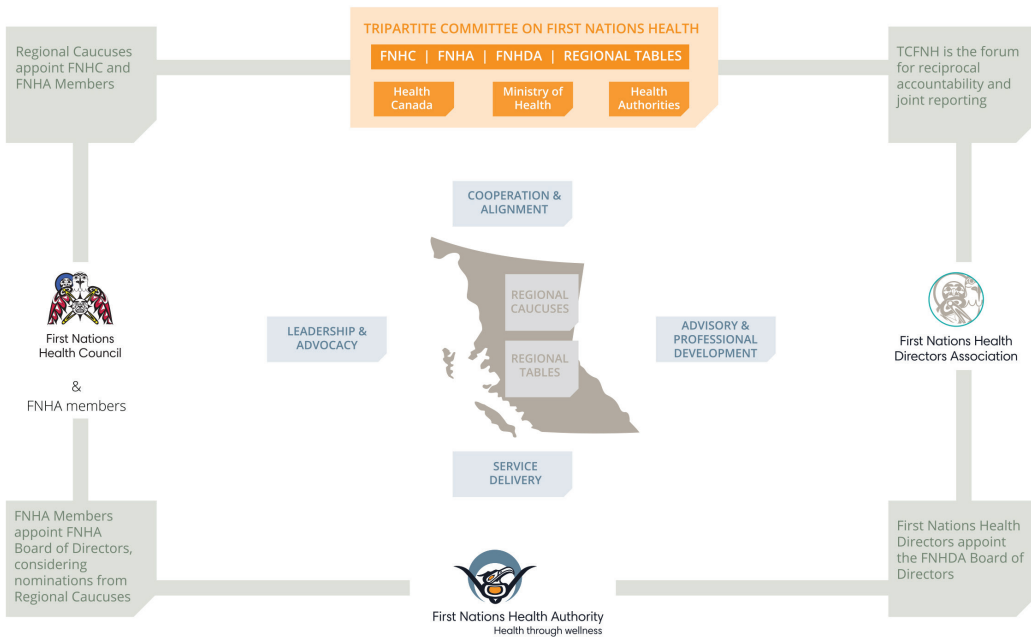
- Investing in and supporting our own health and well-being as individuals, understanding how our personal health status impacts our families, communities, regions, and our health system as a whole;
- Learning about the process, including reviewing available information, being open to new ideas, and sharing what we have learned with those that we serve and work with;
- Cooperating with each other at all levels (community, region, province), in accordance with our appropriate political or technical roles, to develop harmonious working relationships, guided by our shared values and the seven Directives;
- Supporting decisions that have been duly made through the decision-making processes established;
- Approaching issues in the interests of the greater good and, to the extent possible, in a manner that advances the interests of all First Nations in BC;
- Participating actively in the meetings and forums designed for our respective roles and responsibilities;
- Upholding our commitments in our signed plans and agreements at local, regional, and provincial levels, including this Relationship Agreement and the key documents it references; and,
- Maintaining a separation between business and politics.

For us, consensus leadership means striving for alignment through decision-making that involves open listening, problem-solving approaches, flexibility, and lateral kindness. Through this approach the Partners will strive to reach consensus on shared perspectives/issues/priorities, recognizing that each group makes decisions related to their own mandate.

The FNHA, FNHC and FNHDA are collectively accountable to BC First Nations through the mandates (attached in Appendix "A"), processes and mechanisms established by BC First Nations. The FNHA, FNHC and FNHDA have responsibilities for reporting and accountability that flow from the relationship that each entity maintains with First Nations. Within this network of relationships, the FNHA, FNHC and FNHDA work collaboratively to support the health and wellness aspirations and priorities of First Nations while upholding strong, but separate, governance and operational roles.

Reciprocal Accountability at the health partnership level means that the Partners "will work together at all levels in a collaborative manner to achieve our shared goals, living up to our individual and collective commitments". Reciprocal accountability is also shared amongst the Tripartite Partners – Health Canada, the Ministry of Health, and provincial Health Authorities. Agreements acknowledge that we are collectively and individually responsible for achieving our common agenda through maximizing our respective contributions and ensuring that our respective parts of the health system are working effectively.

## 7. GOVERNANCE STRUCTURE:



## 8. JOINT COMMITMENTS

### A. Processes for Collaboration

The original Relationship Agreement (2012) called for the creation of a Collaboration Committee to ensure coordination, information sharing and common understanding amongst the Partners. As planning environments and priorities have evolved, the Partners have acknowledged the need to evolve their collaboration processes. The Partners have agreed to the following processes to facilitate communication, collaboration and consensus building:

- The Partners will hold a joint FNHA-FNHC-FNHDA strategic planning session twice per year that focuses on the strategic plans and priorities of the Partners. These joint strategic planning sessions will be supported by reports on strategic plan implementation and indicators of the governance relationship between the FNHA, FNHC and FNHDA.
- The Partners will ensure that time is made available on respective meeting agendas for presentations from each other. The Partners will maintain a shared agenda of strategic priorities and interests between each other to increase the frequency of information sharing and to facilitate a more focused discussion on priorities that reflects separate political and operational roles and mandates within the health governance structure.
- The executives of the Partners will meet, at minimum, on a quarterly basis to discuss collective priorities and refine community participation activities in advance of external engagement. The executives of the Partners will maintain and promote unity, coordination and collaboration among the Partners through regular information sharing, issue resolution, strategizing and monitoring the implementation of this agreement.
- The Partners are accountable, including through clear, regular and transparent reporting, to make best and prudent use of available resources, and will implement appropriate competencies for key roles and responsibilities at all levels. Through the processes described above, the Partners will work together on shared initiatives in a positive and proactive way. Partners are accountable to each other for their own mandates, for meaningfully including each other in their work, and for upholding their commitments in the Relationship Agreement and the Tripartite Agreement.
- These processes will be guided by the planning processes at local, regional and provincial levels. The Partners are committed to a bottom-up approach to planning where Community Health and Wellness Plans inform Regional Health and Wellness Plans that, in turn, inform the strategic plans of the FNHA, FNHC and FNHDA.

## **B. Engagement**

Engagement has been the cornerstone of First Nations Health Governance success to date. FNHC, FNHDA and FNHA remain committed to a shared engagement network inclusive of the Regional Teams, Sub-Regional and Regional Caucuses and Regional Tables.

The FNHC will have primary responsibility for planning the Regional Caucuses and Gathering Wisdom for a Shared Journey forums. The FNHC will work in collaboration with the FNHA and FNHDA to ensure engagement is cost-effective, coordinated and accounts for the interests and priorities of each party and the Nations that participate in these processes.

In support of a consistent and streamlined approach, the FNHC, FNHA and FNHDA will use a shared network for community engagement administered by the FNHA and establish an annual engagement plan identifying the priorities and forums for engagement for the upcoming year. This shared engagement plan will be implemented in accordance with our values. We expect our teams to work together in accordance with this engagement plan.

The FNHA and FNHDA agree that quality improvement is an ongoing process informed by the experiences, perspectives and priorities of First Nations clients, families and communities. The FNHA and FNHDA will explore new opportunities to engage Health Directors in the design, delivery and evaluation of health services.

## **C. Planning Process**

Regional Health & Wellness Plans, Regional Summaries, and outcomes of any relevant engagement sessions will be reviewed and summarized to inform an annual FNHC-FNHDA-FNHA joint session on planning. The purpose of the joint session on planning is to:

- support the identification of any shared priorities;
- discuss their working partnership as reflected in the Relationship Agreement;
- encourage governance development, cross-learning and cross-work amongst the Partners;
- promote team-building and shared understanding; and
- ensure linkages between the Partners' strategic plans and activities, including engagement priorities

## **D. Evaluation**

The Partners are committed to undertaking an evaluation of the effectiveness of the Health Governance Structure consistent with commitments in the Framework Agreement (2011). As part of this, the Partners will participate in an evaluation of the governance relationship that can inform shared learning and an evolving process of collaboration among the Partners.

## **E. Social Determinants of Health**

BC First Nations have always viewed health from a holistic perspective. Each Nation has stories, teachings and traditions that speak to a perspective of health that reflects the connection between the mental, physical, emotional and spiritual dimensions of wellbeing that are key to a healthy and balanced life.

The social determinants of health are the conditions in which people are born, grow, work, live and age and the wider set of forces and systems shaping the conditions of daily life. In this way, health is an outcome. Improving health outcomes requires a comprehensive and coordinated approach to health care that accounts for and addresses the social determinants of health.

Within the scope of respective mandates and responsibilities, the FNHA, FNHC and FNHDA jointly commit to advance integrated approaches to health care that facilitate action on the social determinants of health.



## **F. Tripartite Committee on First Nations Health (TCFNH)**

The Tripartite Committee on First Nations Health coordinates discussions planning, programming and services between First Nations, British Columbia and Canada. It is made of representatives from FNHC, FNHA, FNHDA, Regional Tables, Health Canada, BC Ministry of Health, and Regional Health Authorities.

The Partners are committed to ensuring coordinated, consistent, and unified messaging and approaches at meetings of the TCFNH, and will achieve this through: discussions at the Collaboration Committee; and, TCFNH preparatory and debriefing sessions amongst the representatives of the Partners that attend TCFNH meetings.

## **G. Communications and Information Sharing**

The Partners are committed to clear, consistent, and productive communications in support of community needs by:

- ensuring that the right message is delivered by the right organization or individual in the right manner;
- supporting shared messaging and shared communications materials; and,
- using appropriate communications channels and central service engagement support provided by the FNHA Communications Department.

The Partners are also committed to regular and ongoing formal and informal information sharing and will share correspondence, briefings, information, and issues as relevant to one another's mandates.

## **H. Learning and Development**

The Partners will identify and implement opportunities to get to know one another and build a team culture, including through incorporating our shared values and First Nations cultural practices.

The Partners will identify measures to assess their progress in achieving their vision and mandates, and their process for doing so, such as adherence to shared values, roles, and accountabilities, and the 7 Directives as a team, as individual organizations, and by senior management. Collaboration Committee will evaluate the progress of the relationship and the overall impact on the health and wellness of BC First Nations, including their satisfaction with the work of the governance structure.

## **I. Operations and Support**

Each Party is responsible for implementing this Relationship Agreement through its organizational processes and capacity. The organizational processes and capacity of the FNHC and FNHDA will be provided for by the FNHA, through the Shared Secretariat. The Shared Secretariat is housed by FNHA and is FNHA staff. The FNHC/FNHDA Shared Secretariat will include an Executive Director that reports functionally to the Chief Executive Officer of the FNHA. The Executive Director will support the work of the FNHC and FNHDA in a manner consistent with the policies and procedures of the FNHA and work collaboratively with the FNHA CEO, Board of Directors and staff to support the implementation of the FNHC and FNHDA Strategic Plans. The FNHA will enter into understandings with the FNHC and FNHDA respectively that describes these operational functions and support services in more detail.

## **J. Dispute Resolution**

FNHC, FNHDA and FNHA Board Directors are committed to identifying any issues and disagreements quickly and resolving them in the most effective and expeditious manner possible, and in a non-adversarial and collaborative atmosphere. Should a dispute arise amongst the Partners with respect to their shared agenda, the issue will first be discussed by the Chairs of each Party in a timely manner, recognizing there is equal space for each Party to raise concerns in a positive way. If further resolution is needed, it will be referred to the Executives of the FNHC, FNHA and FNHDA for open discussion and attempts to reach resolution utilizing the values, roles, and other content described in this Relationship Agreement as a guide. The Partners will use alternative forms of dispute resolution that incorporate traditional practices and protocols that may be appropriate for facilitating positive outcomes.



## **9. AMENDMENT**

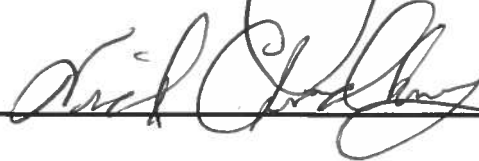
The Partners may make amendments to this Relationship Agreement through all Partners indicating their agreement in writing. This Relationship Agreement will be revisited every two years or as the Partners deem necessary.

# Approval

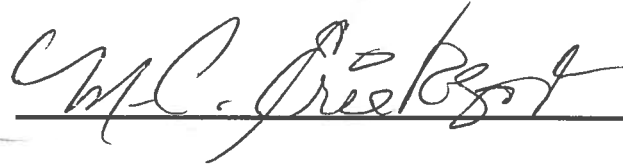
On Behalf of the First Nations Health  
Council:



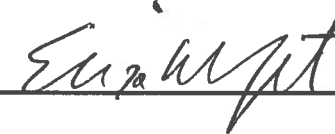
Witness:



On Behalf of the First Nations Health  
Authority:



Witness:



On Behalf of the First Nations Health  
Directors Association:



Witness:



Signed this 15 day of May, 2018.

## **APPENDIX "A" – MANDATES OF THE FNHA, FNHC AND FNHDA**

---



First Nations  
Health Council

### **FIRST NATIONS HEALTH COUNCIL**

The FNHC is composed of a total of 15 members – three members appointed by each of the five regions in BC. Each region determines its own selection process for its members.

#### **FNHC Mission Statement:**

As champions of change and personal well-being, our FNHC team leads systems transformation by honouring our ancestral teachings, upholding our governance structures, and building healthy partnerships.

The FNHC is a political and advocacy organization, representative of and accountable to BC First Nations, with the following mandate:

- Dedicated political leadership for the implementation of the Tripartite and bilateral Health Plans and agreements
- Support to First Nations in achieving their health priorities and objectives
  - Promote individual health and wellness responsibilities, including self-care and health literacy
  - Promote the transfer of health services to local and regional levels wherever possible, practical and feasible
- Health Advocacy and Relationships
  - Health advocacy, knowledge sharing and collaboration with government partners and others at the highest levels (including internationally)
  - Advocacy for service improvements for First Nations
  - Provide a BC First Nations leadership perspective to research, policy and program planning processes related to First Nations health in BC
  - Develop relationships and alliances with other First Nations organizations, government Ministries and Departments, and others, to achieve progress in the social determinants of health
- Provide political and governance development support and leadership at local, regional and provincial levels
- Promote and ensure communication, transparency, cost-effectiveness and accountability of the FNHC to First Nations
- Operate to a good governance standard including having an approved and transparent Terms of Reference; transparent processes; active participatory members; cost-efficiency; professionalism; regular accountability and reporting; on-going evaluation of the role and benefit of the FNHC.



First Nations Health Authority  
Health through wellness

## FIRST NATIONS HEALTH AUTHORITY

The FNHA is a non-profit legal entity. To support accountability of the FNHA to First Nations, the 15 members of the First Nations Health Council (appointed by the regions) serve as Members of the First Nations Health Authority non-profit society. The role of the Members is to appoint the FNHA Board Directors, adopt the bylaws of the Society, and approve the annual Director's Report of the Society. The FNHA Board is appointed based on competencies and criteria adopted by First Nations and regional nominations. The role of the Directors is to work collectively to oversee the sound governance, administration, and accountability of the organization for the benefit of BC First Nations health and wellness.

### **FNHA Mission Statement:**

The FNHA supports BC First Nations individuals, families and communities to achieve and enjoy the highest level of health and wellness by working with them on their health and wellness journeys; honouring traditions and cultures; and championing First Nations health and wellness within the FNHA organization and with all of our partners.

### **The FNHA, representative of and accountable to BC First Nations, mandate includes:**

- Administering initiatives at a population and public health level, including establishing infrastructure for province-wide initiatives such as data collection and information management and technology
- Planning, designing, managing, delivering and funding First Nations health programs to carry out other health and wellness related functions
- Collaborating with the BC Ministry of Health Services and Health Authorities to coordinate and integrate their respective health programs and services to achieve better outcomes for First Nations
- Influencing the health industry to promote First Nations inclusion in the health education system, hospitals, health clinics etc.
- Incorporating and promoting First Nations knowledge, beliefs, values, practices, medicines and models of health and healing into First Nations health programs, recognizing regional differences
- Establishing standards for First Nations health programs
- Collecting and maintaining clinical information and patient records and developing protocols for data and information sharing
- Modifying and redesigning health programs and services delivered by the First Nations Health Authority through a collaborative and transparent process with BC First Nations to better meet their health needs
- Promoting community wellness to advance healthy individuals, families, and communities to assist in building community capacity
- Engage BC First Nations through the Regional Tables with regard to regional and local interests and health care needs
- Enhancing collaboration among First Nations health providers and others to address economies of scale in service delivery
- Carrying out research and policy development
- Partnering with Federal and Provincial governments and health service providers to develop and redesign health programs, services, policy and legislation to meet First Nations health needs and priorities
- Maintaining appropriate financial records and preparing financial statements for audit.



## First Nations Health Directors Association

Sharing experience for community wellness

### FIRST NATIONS HEALTH DIRECTORS ASSOCIATION

The FNHDA is a registered non-profit Society, the FNHDA is comprised of Full Members who are health directors of the senior health manager working for the 203 First Nations in BC. The FNHDA is composed of health directors and managers working in First Nations communities and: supports education, knowledge transfer, professional development and best practices for health directors and managers; and, 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. FNHA members elect 15 Board representatives to the FNHDA Board (3 representatives from each of the 5 regions). According to the FNHDA Constitution and By-Laws, the FNHDA Board is accountable to its membership of Health Directors. At a minimum, the FNHDA membership meets provincially once a year at the FNHDA Annual General Meeting.

#### **FNHDA Mission Statement:**

The FNHDA works to promote culturally strong, experienced, professionally trained First Nations Health Directors; provide technical advice on research, policy, program planning and design; and support the implementation of community Health Plans.

The purpose of the FNHDA is to provide a forum for First Nations Health Directors to advance health planning and service delivery on behalf of First Nations in British Columbia, through two key functions – acting as a professional development and training body for First Nations Health Directors; and, serving as a tripartite partner in the First Nations Health Governance structure, which includes but is not limited to:

- Providing technical advice and strategic feedback, through the FNHDA Technical Advice Pathway (TAP), while respecting First Nations governance with the aim of shaping health policy and systems transformation;
- Supporting First Nations Health Directors in the development and implementation of health plans;
- Creating a system for networking, knowledge, information sharing and communication;
- Providing opportunities for First Nations Health Directors to engage in professional development, training and mutual support initiatives; and,
- Supporting the implementation of the “Transformative Change Accord: First Nations Health Plan” and the “Tripartite First Nations Health Plan”.

#### **The FNHDA has *Standards of Excellence* to which its members strive towards as First Nations Health Directors in BC:**

##### **1. Grounding Work Within Culture and Tradition**

A Health Director is someone who is respectful of diversity and recognizes that there are different cultural ways of being within First Nations communities in BC. Respecting cultural protocols and acknowledging a variety of knowledge systems, this person navigates sensitively, confidently and flexibly to meet the health needs entrusted to them by the community.

##### **2. Providing Health and Wellness Leadership for the Community**

A Health Director is an active leader in the provision of health and wellness services to the First Nations community that they serve. A Health Director plans for existing and emerging health needs by soliciting input from the community and other health professionals, and creates and implements Nation-based community health and wellness plans. With the aim of improving the health and wellness of the First Nations community that they serve, this person creates health programs, implements them with qualified staff, as well as monitors and evaluates their progress.

### **3. Providing Informed Technical Advice**

A Health Director's technical advice ensures that transformation is informed by community-based health and wellness knowledge. They are often called upon to share their wisdom at the community, regional and provincial levels to provide technical advice regarding health policies and programs, thereby contributing to the transformation of BC First Nations health and wellness services.

### **4. Establishing and Maintaining Beneficial Partnerships**

A Health Director is a person who builds and nurtures relationships with health and wellness partners, and who can utilize these relationships as part of assisting their community to achieve its health and wellness goals.

### **5. Providing Effective Health Administration**

A Health Director provides culturally-relevant health and wellness programs, as necessitated by the First Nations communities they serve, through financial management skills.

### **6. Being a Supportive Manager and a Health Team Leader**

A Health Director is invested in building up the health human resources capacity of the community and taps into the existing strengths and knowledge inherent in the communities to fill health positions as appropriate.

### **7. Participating Actively in Professional Development & Continuous Learning**

A Health Director is committed to building skills to effectively participate in the transformation of the First Nations health and wellness system in BC, interested in regularly updating their skills and knowledge, and open to using new technologies to assist them in their role.