

2022-2026

# Indigenous Health & Wellness Strategy



Interior Health  
INDIGENOUS PARTNERSHIPS





## Acknowledgments

Interior Health (IH) provides health and wellness services across the ancestral, unceded, and traditional territories of the Dākelh Dené, St'át'imc, syilx, Tšilhqot'in, Ktunaxa, Secwépemc, and Nlaka'pamux Nations. We honour the First Nations as the traditional stewards of these lands and waters.

Land acknowledgment is rooted in respect for those whose land we stand upon and guides how we move forward in both conversations and actions. IH is committed to acknowledging the traditional territories where we live, work and play with mindfulness, intention and reflection. Acknowledgment is an important step IH staff have taken to further our commitment to partnership and reconciliation. Please refer to the [IH Welcoming and Acknowledgment of First Nations Traditional Territory Policy](#) for more information about how IH is putting this commitment into action.

IH recognizes Métis Nation British Columbia (MNBC) and Métis peoples in the Interior region who contribute to the diverse landscape of Indigenous knowing and being.

We offer our sincere gratitude to Indigenous partners who have contributed to the development of this strategy through meaningful conversations and crucial relationships including representatives from First Nations Health Authority (FNHA); MNBC; the Dākelh Dené, St'át'imc, syilx, Tšilhqot'in, Ktunaxa, Secwépemc, and Nlaka'pamux Nations; urban and 'away-from-home' Indigenous community members; and Interior Health.





## A NOTE ON TERMINOLOGY

After careful consideration and engagement with self-identified Indigenous IH staff and Indigenous leadership committees in the Interior Region, IH will use the collective term “Indigenous” rather than “Aboriginal” going forward.

This transition is rooted in the feedback we received from self-identified Indigenous IH staff, community partners, First Nations in the Interior Region and Métis Nation BC leadership, and Indigenous service providers.

This change is in response to the need to adopt more inclusive and respectful terminology that aligns with the spirit of reconciliation and a renewed relationship with Indigenous Peoples in the Interior Region.

IH recognizes that many individuals do not identify with or agree on collective terminology. We are committed to taking a distinctions-based approach to support staff in using respectful and appropriate terminology, recognizing the unique culture and histories of First Nations, Métis and Inuit.

## CONTENT WARNING:

We recognize that some of the content and subject matter within this document may be triggering and cause trauma to readers. Indigenous Peoples may reflect on their own experiences of cultural unsafety and discrimination in the health system. For crisis support in B.C., please contact the 24-hour KUU-US Crisis Line at 1-800-KUU-US-17 (1-800-588-8717).



**DR. DOUG COCHRANE**

Interior Health Board Chair

As we put forward Interior Health’s Indigenous Health and Wellness Strategy for 2022-2026, I reflect back on the successes we have achieved together — through partnership and collaboration. Interior Health has been guided by the wisdom of the seven First Nations in the Interior Region and Métis Nation British Columbia as we work together to improve the health outcomes of Indigenous Peoples living in the Interior Region but there is more work to be done as inequities in health and access to services remain.

As Board Chair, I must ensure that everyone who resides within the Interior has equitable access to our services and facilities. We recognize that racism and cultural unsafety are serious barriers to access and quality, compassionate care. As a board and as a health authority, we are committed to combating racism and embracing cultural humility at every level of the organization.

We have much to learn as a health authority, the history and culture of Indigenous Peoples and how the effects of colonialism have affected our planning and delivery of health services.

We are in the infancy of our journey together and I look forward to ongoing relationships with the seven First Nations in the Interior Region and Métis Nation BC; your leadership and advocacy are invaluable to this important work. Together, we can create positive change and improve the health of our communities. On behalf of the Interior Health Board of Directors, I thank you for this opportunity to move forward in partnership.





**SUSAN BROWN**

President and CEO

The 2022-2026 Indigenous Health and Wellness Strategy articulates a direction and vision, jointly determined and pursued in collaboration with Indigenous partners. This strategy will help us improve health and wellness services for community members and Nation partners, including those who contributed their stories and insights to its development. I am grateful to the Indigenous leaders who worked with Interior Health and guided the development of this vision for our more than 21,000 staff, 1,900 physicians, and 4,800 volunteers within IH.

These past few years have presented unique challenges—challenges that have disproportionately impacted Indigenous Peoples and communities. The dual public health emergencies of the toxic drug supply and COVID-19, along with the environmental emergencies of fires and floods have strained the health and well-being of individuals and communities. In the midst of these challenges, the heartbreaking confirmations of unmarked graves at former residential schools serves as an undeniable

reminder that colonialism has left a legacy of racism and negative health outcomes for Indigenous people. The investigation into Indigenous-specific racism and subsequent In Plain Sight Report focused our attention to gaps in culturally safe care and outlined areas for change but we have more work to do.

The 2022-2026 Indigenous Health and Wellness Strategy is our road map forward as we face these challenges and answer the call for positive change.

On behalf of the Senior Executive Team, a heartfelt thank you to all partners and Interior Health staff who have helped us move closer to safely and effectively meeting the health and wellness needs of the Indigenous people we serve.



**ADDIE PRYCE**

Vice President,  
Indigenous Partnerships

The strategy outlined in the following pages reflects the respect and honour held for our commitments to Indigenous partners and the joint progress we have made over the past five years. This document highlights the many accomplishments achieved and opportunities that remain for improvements as we move forward.

The Indigenous landscape has changed significantly over the past five years in light of both the federal and provincial governments accepting the Truth and Reconciliation Commission of Canada Calls to Action, the BC provincial government enshrining the Declaration on the Rights of Indigenous People Act (DRIPA) into law, the investigation into racism in the BC health-care system and subsequent In Plain Sight Report, and the federal government inquiry and subsequent Missing and Murdered Indigenous Women and Girls' Reclaiming Power and Place Report. The tragic confirmation of hundreds of unmarked graves at multiple residential school sites in the Interior has taken an immeasurable toll on Indigenous Peoples and communities.

We take ownership of the systematic change and reconciliation required within the health system to eradicate anti-Indigenous racism, advance Nation self-determination, share decision-making with Nation partners and improve the health outcomes for Indigenous Peoples living in the Interior Region.

I am excited for the years ahead as we chart a renewed course that supports reconciliation and transformative change.







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# Organizational Overview

## INTERIOR HEALTH

For more than 20 years, IH has been working and partnering for the health and well-being of everyone in the B.C. Interior so we can all enjoy a healthier tomorrow.

By working together with the Ministry of Health and Ministry of Mental Health and Addictions, as well as health organizations, communities and leaders, we deliver services and solutions to more than 834,000 people, with a goal to make a positive difference in the lives of everyone in the region. The region covers 215,000 square kilometres located on the ancestral, unceded, and traditional territories of seven First Nations: Dākelh Dené, St'át'imc, syilx, Tšilhqot'in, Ktunaxa, Secwépemc, and Nlaka'pamux. We honour and thank these Nations as the traditional stewards of the lands and waters.

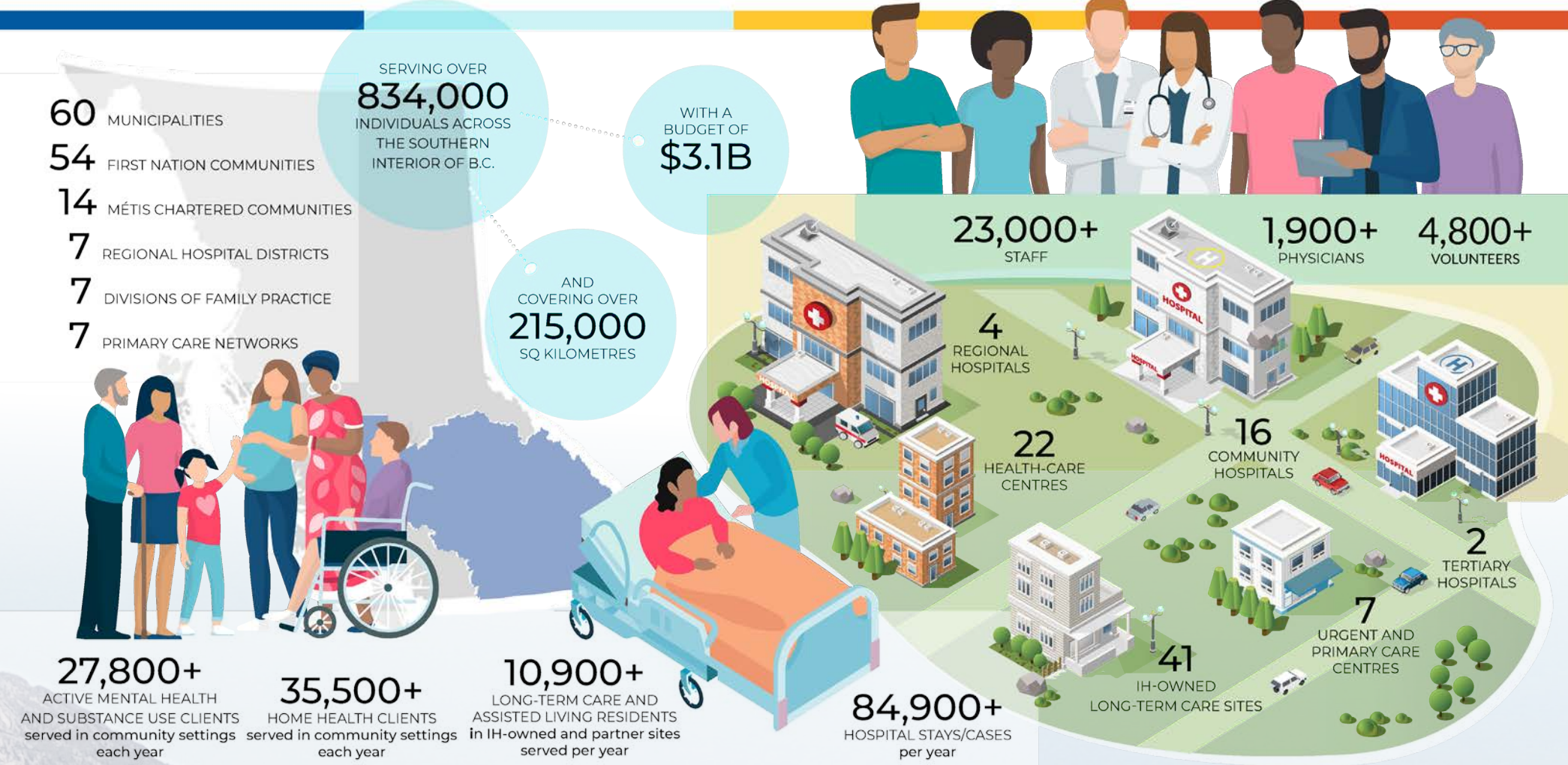
IH recognizes Métis Nation BC, the 14 Métis Chartered Communities within the Interior, and the contributions of Métis people in the interior to Indigenous knowing and being.

Population health needs, which aim to improve the health of the entire population and reduce health inequities, drive the mix of services and supports provided. Programs and services cover areas such as, but not limited to: primary and community care, mental health & substance use (MHSU), population and public

health, hospitals, long-term care, allied health, laboratory services, medical imaging, and pharmacy. A variety of support departments enable the delivery of care and include: human resources, medical affairs, professional practice, infection prevention and control, financial services, housekeeping/food services/laundry services, digital health services, research, planning, and communications.

Service delivery is co-ordinated through a network of more than 23,000 employees, 1,900 physician partners and 4,800 volunteers in settings that include hospitals, community health centres, primary health clinics, long-term care and assisted living facilities.

As an organization, we are committed to our vision of health and well-being for all and our mission of working together in partnership to improve quality of life for individuals and communities, inspired by innovation and partnership.







**INDIGENOUS PARTNERSHIPS PORTFOLIO**

IH welcomed our first Vice President (VP) for Indigenous Partnerships in the fall of 2021. As a member of the Senior Executive Team, the VP, Indigenous Partnerships provides strategic advice and leadership to facilitate culturally safe care across IH. The Indigenous Partnerships portfolio is focused on improving the health, wellness and care needs of Indigenous people across the Interior and meeting commitments made to advancing action towards Recommendations from the In Plain Sight Report, the Inquiry into Missing and Murdered Indigenous Women and Girls, the Calls to Action set out by the Truth and Reconciliation of Canada and the B.C. Declaration on the Rights of Indigenous Peoples Act.

The expanded portfolio includes two new corporate director positions (Indigenous Health & Wellness, Indigenous Cultural Safety & Humility), two manager positions (Indigenous Engagement, Strategy & Accountability) and support staff positions to advance our joint initiatives with Indigenous partners.

Indigenous Partnerships supports IH to meet the health-care needs of Indigenous people and assists IH in creating culturally safe sites and spaces where health and wellness services are accessed. We strive to create meaningful, culturally safe and person-centred care in programs and services that produce positive patient outcomes. We aim to promote and maintain sustainable, respectful, responsive partnerships between Indigenous people and IH and ensure Indigenous partners are involved in the planning, delivery and determination of health services.

The Indigenous Partnerships portfolio is founded on a population health approach. This approach looks at the wellness of the entire population – or sub-population – and aims to reduce health inequities among the population by looking at and responding to the broad range of factors that influence wellness. When we consider an Indigenous population health approach, we recognize the diversity of Indigenous populations and the need to tailor approaches based on local context.



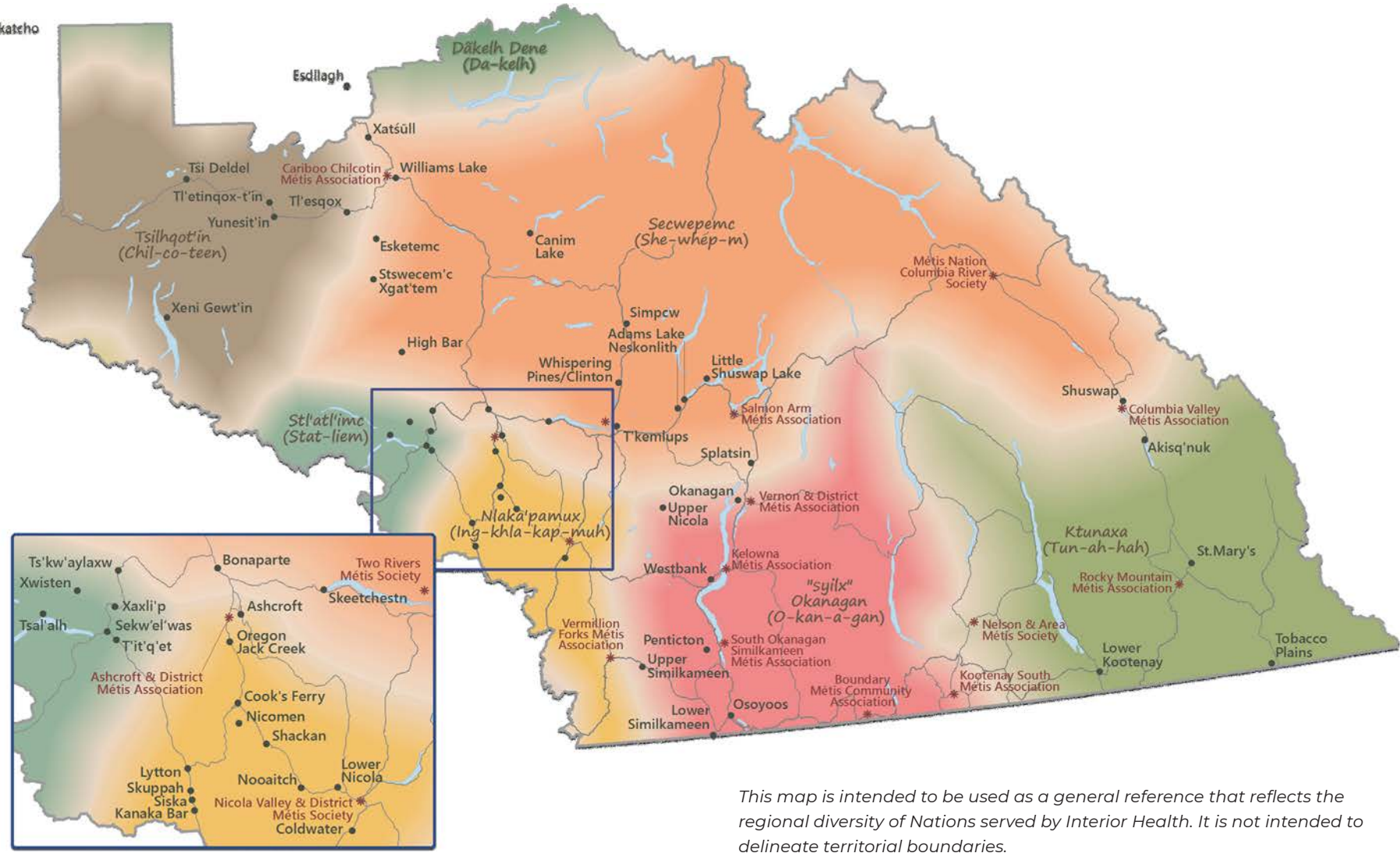




### INDIGENOUS PEOPLES IN THE INTERIOR

The Interior Region and the Traditional Territories of the T̓silhqot'in, Secwépemc, Dākelh Dené, St'át'imc, syilx, Nlaka'pamux, and Ktunaxa Nations, are home to 54 First Nation Communities. There are also 14 Métis Chartered Communities within the Interior Region. The Indigenous population represents about nine per cent (63,855) of the region's total population. Within the Interior, the majority of Indigenous people live off-reserve. IH has formal agreements with the seven First Nations in the Interior Region and MNBC via Letters of Understanding (LOUs). LOU joint committees are the foundation of IH's engagement with Indigenous partners

to bring Nation-identified priorities to the forefront of health-care planning and decision making. The Partnership Accord agreement and Partnership Accord Leadership Table (PALT) brings First Nations executives and IH leadership together to address regional First Nations priorities. The Métis Nation BC-IH Leadership Table (MILT) brings MNBC and IH executives together to support improved health outcomes for Métis people living in the Interior. Many communities have Friendship Centres, Métis and/or urban Indigenous service providers that support Indigenous people in urban settings.



*This map is intended to be used as a general reference that reflects the regional diversity of Nations served by Interior Health. It is not intended to delineate territorial boundaries.*





# The Current Environment

## DEVELOPING THE INDIGENOUS HEALTH AND WELLNESS STRATEGY 2022-2026

Engagement with First Nations in the Interior Region and Métis Nation BC through LOU joint committees has been foundational in the renewal of the strategy. Review of Nation health and wellness plans, LOU joint committee work plans and other key documents have helped shaped the path forward (see Reviewed Documents, page 63). In the spirit of cross-portfolio collaboration and accountability, IH leadership teams contributed to developing the initiatives that will be implemented across the organization to achieve the outcomes within the four focus areas identified in this strategy.

The principles and findings within the Truth and Reconciliation Commission Calls to Action, Declaration on the Rights of Indigenous Peoples Act, the National Inquiry into Missing and Murdered Indigenous Women and Girls Calls to Justice, and the In Plain Sight Report recommendations are the foundation on which this strategy was built. IH is dedicated to working alongside Indigenous partners to understand and address the recommendations within these pivotal documents and strengthen our commitment to transform our system.

## IN PLAIN SIGHT (IPS) REPORT RECOMMENDATIONS



In June 2020, Dr. Mary Ellen Turpel-Lafond was appointed by the B.C. Minister of Health to conduct a review of Indigenous-specific racism in the provincial health system. Widespread, systematic racism against Indigenous Peoples

was confirmed through the thousands of voices heard in survey results, interviews with Indigenous people impacted by the health system, direct submissions, health-care practitioners and leaders. The report also found that this widespread racism was not a secret and known to many within the system, including those in positions of power and influence and widely acknowledged by many health-care workers. The findings describe a significant problem of Indigenous-specific racism in the B.C. health-care system. The problem has considerable impacts on Indigenous patients, communities and health-care workers.

The In Plain Sight Report outlines 24 recommendations aimed to advance an integrated and comprehensive change approach where actions in relation to systems, behaviours and beliefs are purposely designed in relation to, and to reinforce, one another. Addressing Indigenous-specific racism requires attacking the root causes of the problem and addressing the underlying causes of racism.

## TRUTH AND RECONCILIATION COMMISSION (TRC) OF CANADA: CALLS TO ACTION



To address the legacy of residential schools and advance reconciliation, the TRC of Canada called on government to take action on the 94 calls to action identified in its final report. The federal and provincial governments have fully

committed to implementing the report’s calls to action and to establishing a renewed nation-to-nation relationship with Indigenous Peoples based on recognition of rights, respect, and partnership. Improving the cultural humility of staff is at the forefront of this strategy, in addition to increasing a representative Indigenous workforce, addressing the health needs of away-from-home Indigenous Peoples, and incorporating Indigenous healing practices into services.

## B.C. DECLARATION ON THE RIGHTS OF INDIGENOUS PEOPLES ACT (DRIPA) AND B.C. DRIPA ACTION PLAN (DRIPA AP)



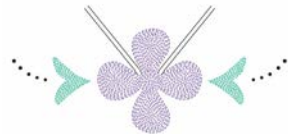
A landmark commitment to upholding the basic and inherent rights of Indigenous Peoples globally, the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) was ratified by the UN General Assembly in 2007. In 2016, Canada became a full signatory to UNDRIP and declared a national commitment to fully implement the 46 articles contained within, including rights to self-determination (article 3), autonomy (article 4), land (article 26), culture (articles 9-15), and health care (articles 23-24). In October 2019, B.C.’s provincial government introduced Bill 41, the Declaration on the Rights of Indigenous Peoples Act (DRIPA). On November 28, 2019, B.C. became the first jurisdiction in Canada to formally enshrine the declaration into law. This bill requires all provincial laws to align with DRIPA, and is an important and concrete step to implementing it into a provincial legislative framework. As such, all health authorities in B.C., including IH, are accountable for developing and implementing policies, programs and practices which promote and advance the articles and directives comprised within DRIPA.





On March 31, 2022, the province of B.C. released the Declaration Act Action Plan, developed in consultation and co-operation with Indigenous Peoples, outlining 89 specific actions every ministry in government will take to create a better province for Indigenous Peoples in B.C.

**NATIONAL INQUIRY INTO MISSING AND MURDERED INDIGENOUS WOMEN AND GIRLS (MMIWG)**



The National Inquiry’s final report reveals that persistent and deliberate human and Indigenous rights violations

and abuses are the root cause behind Canada’s staggering rates of violence against Indigenous women, girls, and lesbian, gay, bisexual, transgender, transsexual, two-spirit, queer, questioning, intersex, and asexual (2SLGBTQQIA) people. Colonial violence directed toward cultural practice, family, and community creates conditions that increase the likelihood of other forms of violence, including interpersonal violence, through its distinct impacts on the physical, mental, emotional, and spiritual health of Indigenous Peoples.

In sharing stories about the health issues they or their missing or murdered loved ones faced and the experiences they had in seeking health services, family members and survivors illustrated how addressing violence against Indigenous women, girls, and 2SLGBTQQIA people must also address their right to health.

**CONFIRMATION OF UNMARKED RESIDENTIAL SCHOOL SITE GRAVES**

Ground surveys and site investigations now confirm what has long been known by survivors of residential schools, their families and communities. Over the past year, increasing numbers of unmarked graves on the grounds of these schools have been found across Canada. A number of the former residential school sites are located in the Interior Region – including the first location to release their preliminary findings, the former Kamloops Indian Residential School.

Following the confirmation in Kamloops, investigations across the country continue to uncover Indigenous children buried in unmarked graves at former residential schools. The numbers are expected to grow considerably and Indigenous communities estimate the total to be as high as 25,000 children.

- On May 27, 2021, 215 unmarked remains were confirmed buried on the grounds of the former Kamloops Indian Residential School. This school was in operation from 1890 to 1969, when the federal government took over administration from the Catholic Church to operate as a day school, until closing in 1978. At its peak in the early 1950s, up to 500 students were registered at the school at one time, with children coming from First Nation communities across B.C. and beyond, according to the National Centre for Truth and Reconciliation.

- On June 30, 2021, the community of ?Aq’am (St. Mary’s Indian Band) of the Ktunaxa Nation shared preliminary results from an investigation that found 182 unmarked burial sites near the former St. Eugene’s Mission School. This school was run by the Roman Catholic Church from 1912 until the early 1970s and was part of the federal government’s residential school system.
- On January 25, 2022, the Williams Lake First Nation of the Secwépemc Nation announced preliminary findings on their investigation into St. Joseph’s Mission Residential School and nearby Onward Ranch that identified 93 sites of potential human burials. The St. Joseph’s Mission Residential School opened in 1891 and operated until 1981. It began as an industrial school and later grew to include Onward Ranch, which was acquired in 1964 to sustain the school. The vast majority of school buildings have been torn down since its closure.

These tragic confirmations have a significant and ongoing impact on the health and well-being of the Tk’emlups te Secwépemc, ?Aq’am and Williams Lake First Nation communities and children from all communities who were forced to attend these schools. We recognize the findings only deepen the immense pain felt by survivors, families and all Indigenous Peoples and communities affected by the residential school system. We are unable to bring back the children who were lost, however, we can tell the truth about these injustices. Without truth there can be no reconciliation.

Interior Health is committed to meaningful collaborations with Indigenous partners to take concrete action on TRC Calls to Action, MMIWG Calls to Justice, key recommendations from the In Plain Sight Report, the DRIPA Action Plan, and supporting Indigenous people through Mental Health and Substance Use support, and trauma informed and culturally safe practices as they suffer from the ongoing traumas of residential schools.

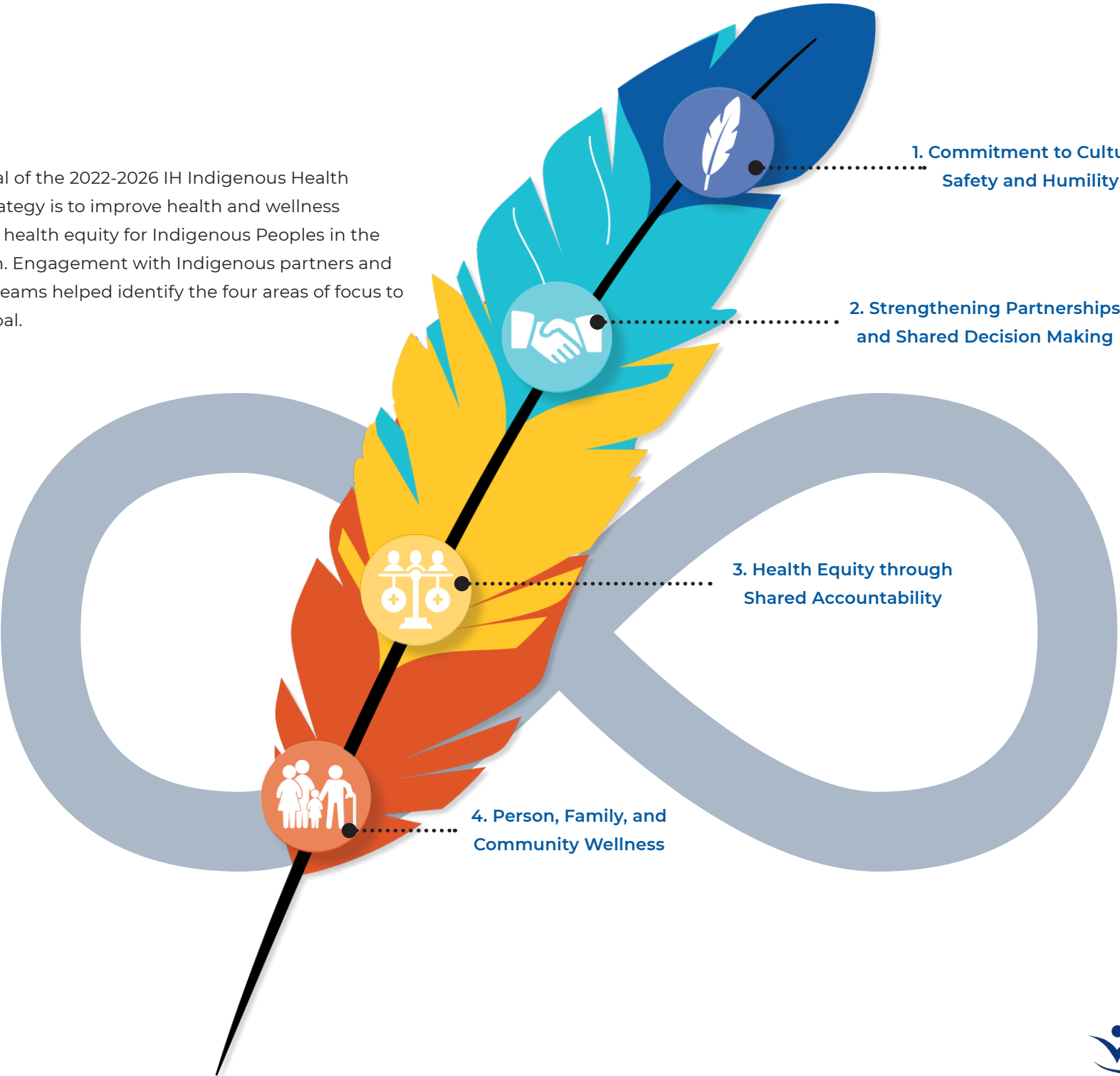




# Moving Forward with Accountability: 2022-2026



The overall goal of the 2022-2026 IH Indigenous Health & Wellness Strategy is to improve health and wellness outcomes and health equity for Indigenous Peoples in the Interior Region. Engagement with Indigenous partners and IH leadership teams helped identify the four areas of focus to achieve this goal.





# INDIGENOUS HEALTH AND WELLNESS STRATEGY 2022-2026: AT A GLANCE

Our goal is to improve health services and health and wellness outcomes for all Indigenous Peoples in the Interior Region.

This strategy is a guide for all those providing IH services — including our over 21,000 staff — to provide high-quality, culturally safe, and effective health services to all Indigenous Peoples in the Interior Region.



## Commitment to Cultural Safety and Humility

We will:

- Implement the Indigenous Human Resource Plan to address racism, support diversity and inclusion for Indigenous employees, and increase the Indigenous workforce
- Develop and deliver Indigenous Cultural Safety Education
- Create culturally and psychologically safe environments and welcoming spaces
- Enhance communication opportunities and tools
- Support community-led research and knowledge translation
- Explore with Indigenous partners how IH can support the implementation of the health-related TRC Calls to Action, B.C. DRIPA, the MMIWG Calls to Justice and In Plain Sight Report Recommendations

**Outcome:** All recipients of care feel safe and supported; IH care sites and work environments have a representative workforce and are free of racism and discrimination.



## Strengthening Partnerships and Shared Decision Making

We will:

- Evolve Nation-IH LOUs to engage, plan, and support Nations to achieve successful outcomes for their key priorities
- Enhance community relationships and engagement opportunities
- Strengthen Métis partnerships
- Leverage the Interior Region Partnership Accord and Tripartite Committee on First Nations Health (TCFNH) to advance concerns and reduce barriers
- Develop an urban Indigenous health framework
- Respond to public health and environmental crises and emergencies in partnership

**Outcome:** Partnerships are strengthened with all Indigenous Peoples, communities, and Nations; shared decision making with Indigenous partners and Nation self-determination informs a culturally safe system of care.



## Health Equity through Shared Accountability

We will:

- Develop a data governance framework with Nation partners to enhance information and reporting to support planning and service delivery
- Utilize a quality improvement approach to reviewing select IH programs and services prioritized by Indigenous partners
- Enhance the Indigenous patient voice in quality improvement work
- Enhance primary and community care resources
- Support Elders to remain close to home
- Improve discharge planning and transitions in care
- Advance digital health initiatives to increase access to services

**Outcome:** Indigenous health and wellness outcomes and health equity are improved by advancing key initiatives identified by, and in collaboration with, Indigenous partners.



## Person, Family, and Community Wellness

We will:

- Incorporate traditional wellness and spiritual health into service delivery as requested by patients
- Support the Indigenous Patient Navigator program
- Support healthy communities by partnering on upstream promotion and prevention initiatives
- Align harm reduction services with trauma-informed and culturally safe practices
- Continue to implement and evaluate the Indigenous Mental Wellness Plan
- Improve cancer care

**Outcome:** People have equitable access to physical, mental, emotional, and spiritual wellness services that honor the holistic strengths of Indigenous Peoples.

Key initiatives within the IHWS are linked to key recommendations and calls to action of the TRC (👉), B.C. DRIPA (👉), MMIWG (👉) and IPS (👉)







## COMMITMENT TO CULTURAL SAFETY AND HUMILITY

### We are working to achieve a future where:

- Recipients of care have autonomy over their own experiences and report that they feel culturally safe and supported when accessing care.
- IH care sites and work environments have a representative work force.
- All IH environments are free of racism and discrimination as supported by education, relationships, and accountability.
- Commitment to the Provincial Declaration of Cultural Safety and Humility, the TRC Calls to Action, B.C. DRIPA, the Final Report of the National inquiry into MMIWG and the In Plain Sight Report evolves into action.

### We will:

#### Implement the Indigenous Human Resource Plan to address racism, support diversity and inclusion for Indigenous employees, and increase the Indigenous workforce

- Address Racism. Take action to support IH environments that are free of harassment and discrimination for Indigenous

(and all other) employees. Evaluate the Indigenous Cultural Safety and Humility and Anti-Racism policies, in collaboration with Indigenous partners. Create IH workplace environment policies and procedures to support complaint and investigation practices that enable and elevate Indigenous employees' voices, including safe and supported avenues for concerns of cultural unsafety. Support patients, staff, physician partners, and other allies to recognize, report, and respond effectively to harassment and discriminatory behaviors.

- Implement and evaluate the IH Diversity and Inclusion Plan that contributes to an inclusive and safe workplace for Indigenous employees.
- Take action to achieve 10 per cent Indigenous employee representation by 2025. Implement recruitment activities to increase the hire rate of Indigenous job candidates. Create targets for high-priority career areas based on a representative workforce approach to care. To improve safety and engagement of Indigenous employees, implement a retention framework that includes developing a network of support that is informed by Indigenous employees.

🌐 # 23 i, ii, 🌿 #7.7, 7.8, 🍷 #2, 11, 14, 20, 🏹 AP 3.7





Develop and Deliver Indigenous Cultural Safety Education

- Implement Indigenous cultural safety education requirements for staff, leadership, and physicians. Continue to develop in-person and online training and education that situates cultural safety to place. Obtain accreditation status for Interior-specific cultural safety training for employees and physicians.
- Build existing and new Indigenous cultural safety education curriculum and theory on a foundation of anti-racism and addressing anti-Indigenous racism.
- Support Nations in developing cultural safety training at a pace determined by Nations, and integrate training into local orientations and ongoing learning opportunities.

 # 23 iii, 24,  #7.6,  #8, 20,  AP 3.7, 4.11

Create Culturally and Psychologically Safe Environments and Welcoming Spaces

- Support all IH sites and spaces, including new builds and renovations, where health and wellness services are accessed, to be culturally and psychologically safe. Develop tools, resources, and processes to support site managers and staff to implement continuous quality improvement for culturally safe environments. Partner with Divisions of Family Practice

to support patient medical homes, primary care networks and urgent primary care centres to achieve the cultural safety attribute of primary and community care transformation. Work with patients, families, and clients to improve site cultural safety and integrate community member perspective into capital planning processes.

 #10

Enhance Communication Opportunities and Tools

- Develop communication materials, resources, and tools that contextualize cultural safety to the Interior landscape. Support IH staff in learning about Indigenous wellness; past and present colonization, including the legacy of residential schools; the TRC Calls to Action; the DRIPA; the Final Report of the National Inquiry into MMIWG; treaties; the In Plain Sight Report Recommendations and Indigenous rights. Acknowledge and celebrate success with Indigenous partners by developing a communications strategy directed at Nation, community and Health leadership. Design appropriate branding and marketing for Indigenous Partnerships that integrates Interior-specific Indigenous considerations and creates consistent, relevant communication materials.

 #18,  #7.6,  #1, 22,  AP 3.7

Support Community-led Research and Knowledge Translation

- Support community-led research in collaboration with Indigenous partners and educational institutions, in accordance with OCAP (ownership, control, access, and possession) principles, to increase the understanding and inclusion of Indigenous ways of knowing and being into health and wellness models. Share effective practices to enhance how services are delivered to Indigenous Peoples in culturally appropriate and safe ways. Support pathways in which community-based, Nation-led research and evidence informed practice is used to evolve health systems, service planning, and evaluation within IH.

 #24,  AP 4.8

Explore with Indigenous Partners How IH Can Support the Implementation of the Health-related TRC Calls to Action, B.C. DRIPA, the MMIWG Calls to Justice and IPS Report Recommendations

- Implementing the health-related TRC Calls to Action, DRIPA Action Plan and IPS Report Recommendations are priorities for IH, and will be until the recommendations are fully implemented. To realize this priority, the initiatives within the IHWS 2022-2026 closely align with the TRC health-related calls to action, DRIPA, MMIWG calls to justice and IPS Report

Recommendations. To ensure accountability, IH will publicly report progress on a semi-annual basis. IH is committed to collaborating with the Associate Deputy Minister for Indigenous Health on provincial tables for health systems transformation and action related to IPS Recommendations. IH is committed to exploring what adoption of the DRIPA means for our health authority.

 #16,  AP 3.7







## STRENGTHENING PARTNERSHIPS AND SHARED DECISION MAKING

### We are working to achieve a future where:

- Partnerships and accountability are strengthened with all Indigenous Peoples, communities, and Nations. Indigenous partners inform our shared vision of building a more responsive and integrated health system for Indigenous Peoples. Shared decision-making in governance structures with Indigenous partners and Nation self-determination informs a culturally safe and more effective system of care.

### We will:

#### Evolve Nation-IH LOUs to Engage, Plan, and Prioritize Key Issues

- In alignment with partnership principles of transparency and shared decision-making, advance objectives within our signed formal agreements with First Nations in the Interior Region and Métis Nation BC. Improve accountability of LOU joint committees and ensure they are supported to be the foundation of IH engagement with Indigenous partners to bring Nation identified priorities to the forefront. Implement the eight Nation health care advocate positions with each First Nation in the Interior Region and MNBC to improve local relationships with local IH and Nation health staff,

address barriers to care, and support implementation of IPS recommendations.

🏞️ #21, 23, AP 3.7, 4.8, 4.26, 🌿 #7.1, 🍷 #6, 7

#### Enhance Community Relationships and Engagement Opportunities

- Strengthen community-level relationships between local IH leaders and staff, First Nation and Métis communities, and urban Indigenous partners. Identify local priorities and improve coordination and communication for local health service delivery, transitions in care, and discharge planning. Identify opportunities to integrate Indigenous patient and client voice into health service planning in a meaningful way.

🏞️ #21, 23, AP 4.10, 4.11, 🌿 #7.1

#### Strengthen Métis Partnerships

- Fully implement a Métis Engagement Framework to enhance partnerships with MNBC, and the 14 Métis Chartered Communities in the Interior Region. Partner with MNBC to

identify gaps in services and health inequities that Métis peoples experience and develop approaches to address key issues.

🍷 #20, 🏞️ #21, 23, AP 4.26, 🌿 #7.1, 🍷 #6, 7

#### Leverage the Interior Region Partnership Accord and Tripartite Committee on First Nations Health (TCFNH) to Advance Concerns and Reduce Barriers

- Advance objectives within the Partnership Accord, re-signed with First Nations in the Interior Region in 2019 and guided by reciprocal accountability and community-driven, Nation-based principles. Utilize the PALT and TCFNH to elevate and address unresolved issues and barriers to a provincial leadership level. Embed refreshed partnership principles into the engagement and strategic planning work of the Partnership Accord Technical Table.

🏞️ #21, 23, AP 4.8, 🌿 #7.1, 🍷 #6

#### Develop an Urban Indigenous Health Framework

- Continue to improve health-care coordination, planning and service delivery among the Ministry, health authorities, MNBC, and FNHA, as well as other Indigenous service organizations. At a regional level, develop strategies to improve health and

wellness for urban and away-from-home individuals and families, and take steps to ensure the voices of this population are embedded in health service planning and delivery.

🍷 #20, 🏞️ #21, 23, AP 4.10, 4.11, 🌿 #7.1

#### Respond to Public Health and Environmental Crises and Emergencies in Partnership

- Support the needs of Indigenous people by ensuring meaningful collaboration and engagement in the planning, development, and implementation of the Interior Region Rural, Remote and First Nations and Métis COVID-19 Response Framework and subsequent iterations of a broader Emergency Response Framework. Ensure a coordinated and collaborative response to public health emergencies (i.e., COVID-19, toxic drug supply) and environmental disasters (i.e., wildfires, flooding) with Indigenous partners, at both local and regional levels. Focus on ways to support Indigenous Peoples and communities to prepare for emergencies and better adapt to threats of the climate emergency. Support Indigenous communities to prepare for, respond to, and recover from health emergencies and crisis, and support activities to prevent and reduce the impact of crises.

🍷 #15, 🏞️ AP 4.14







## HEALTH EQUITY THROUGH SHARED ACCOUNTABILITY

An important focus of this strategy, in its entirety, is health equity as many other areas of focus and initiatives contribute to improving health equity, for example addressing racism, involving Indigenous partners in service planning, sharing decision making, and integrating traditional food and healing practices. Specific initiatives are focused on recognizing and promoting health equity.

### We are working to achieve a future where:

- Through cross-portfolio accountability and shared leadership within IH portfolios, meaningful and measurable strides are made to improve health equity. Indigenous health outcomes are improved by advancing key initiatives identified by, and in collaboration with Indigenous partners. Indigenous Peoples within the Interior Region have equitable access to culturally safe and high quality health and wellness services that address underlying determinants of health. IH collaborates with Nations to adapt service delivery models to better meet the unique needs and priorities of communities, respecting the principle of Nation self-determination.

### We will:

#### Develop a Data Governance Framework with Nation Partners to Enhance Information and Reporting to Support Planning and Service Delivery

- Develop a data governance framework to ensure appropriate, culturally safe, and meaningful use of the Indigenous Self-Identification (ISI) data through collaboration with Nation partners. Increase the visibility of and access to relevant, timely and appropriate Indigenous health data to inform population health and service delivery planning. Support development of indicators, as determined by Indigenous partners, to measure progress towards health equity and guide IH in organizational accountability. Expand Indigenous health reporting to improve understanding of the health and wellness of Indigenous people within the Interior. Expand ISI collection into all community health information systems.

 #19,  AP 4.8





Utilize a Quality Improvement Approach to Reviewing Select IH Programs and Services Prioritized by Indigenous partners

- Evaluate service delivery, operational initiatives and cross portfolio projects by utilizing a structured, systems approach to evaluating health equity. In many circumstances, evaluation initiatives are co-developed and assessed in collaboration with Nation partners. Reporting of key findings and recommendations from collaborative evaluation efforts include Nation and IH leadership. Evaluation is strength-based, culturally safe, and integrates an Indigenous evaluative lens.

#19, #9

Enhance the Indigenous Patient Voice in Quality Improvement Work

- In a safe and culturally relevant way, improve the process to receive, review, and address patient care quality concerns in collaboration with Indigenous partners and IH staff. Actively seek opportunities for Indigenous patients to raise concerns without fear of negative consequences in care. Create a dedicated Indigenous Patient Care Quality and Safety Consultant team to support feedback and response to adverse events for Indigenous clients and communities. Create patient and staff feedback mechanisms that are responsive, respectful,

and patient-centred in resolution. Create opportunities to collect and share quantitative and qualitative data that relates to Indigenous patient experience and elevates the Indigenous patient voice.

#5, AP 3.7

Enhance Primary and Community Care Resources

- Improve the accessibility, acceptability and cultural safety of primary health-care services for Indigenous Peoples.
- Increase the number of team-based, culturally competent primary care providers and health-care staff serving Indigenous communities and populations, including physicians, nurse practitioners, nurses, allied health professionals, and traditional wellness practitioners.
- Work collaboratively with First Nation communities, Métis Chartered Communities, community-based primary care providers, health service organizations, FNHA, MNBC, and the Divisions of Family Practice to develop, implement, and support the delivery of full service primary care (including patient medical homes, community health centres, and urgent and primary care centres). Support primary care provider access to cultural safety education and improve cultural

competency of team-based care in primary and community care services.

- Support First Nations-led primary care projects in partnership with Nations, FNHA, and the Ministry of Health.

#21, #7.4, AP 4.10

Support Elders to Remain Close to Home

- Support Elders to remain close to home by making direct investments in nursing and community supports. Advance home health priorities of Indigenous communities including access to InterRAI, on-reserve outreach, and co-care management. Implement key strategies within the IH Seniors Care Strategy that support culturally safe care, closer to home for Elders and Indigenous individuals and families.

#22, AP 4.11, #7.4

Improve Discharge Planning and Transitions in Care

- Improve discharge planning and transitions in care through collaborative care partnerships and clinical pathways with communities and enhanced communication with Indigenous patients and families. Provide First Nations community health

nurses with access to IH clinical information systems (i.e. Meditech) to improve coordination and transition back to community. Increase communication around the Circle of Care to frontline providers throughout the Interior. Identify and address barriers to transitions in care, to and from IH sites, ensuring solution driven approaches are guided by Indigenous partners.

AP 4.11

Advance Digital Health Initiatives to Increase Access to Services

- Focus on bridging the distance between care providers (IH and community) and clients through technological innovation. Through flexible deployment of enabling technologies, enhance and expand digital health and technological initiatives to increase access to services, including mental health and specialist services. Improve virtual care access to services for Indigenous Peoples with chronic disease and co-morbidities. Increase the administrative human resources and training opportunities that support Nations and communities to improve telehealth utilization in partnership with FNHA. Support tele-education and tele-mentoring opportunities to build specialist skillsets in general provider population.







## PERSON, FAMILY, AND COMMUNITY WELLNESS




### We are working to achieve a future where:

- Recipients of care have equitable access to physical, mental, emotional, and spiritual wellness services that honour the holistic strengths of Indigenous Peoples and Indigenous ways of knowing and being. Indigenous partners define and support the traditional, cultural, and spiritual initiatives and practices to be implemented and supported by IH. Indigenous ways of trauma-informed, person centred healing practices are respected and integrated into patient care as desired by patients.

### We will:

#### Incorporate Traditional Wellness and Spiritual Health into Service Delivery as Requested by Patients

- Recognize the value of Indigenous healing practices and ensure they are available in the treatment of Indigenous patients in collaboration with Indigenous healers, Knowledge Keepers and Elders where requested by patients. Improve translation and interpreter services to support this delivery. Expand traditional food pilot programs and increase access to traditional inspired diets and foods in a sustainable, food safe and holistic manner in partnership with Nation Knowledge Keepers.

 #22,  #24, 25, AP 4.11,  #7.4, 7.5


### Support the Indigenous Patient Navigator Program

- Enhance the care experience of Indigenous patients and their families by improving Indigenous Patient Navigator (IPN) program access across the Interior Region. Create opportunities for leadership and professional development for the IPN program and develop standard resources and tools to better support clients. Support linkages between the IPN program and primary care networks, including building relationships with Nation and urban Indigenous service provider health staff. Create an Elders, Knowledge Keepers & Helpers advisory group to evolve supports in care settings for Indigenous clients.

 AP 4.10

### Support Healthy Communities by Partnering on Upstream Promotion and Prevention Initiatives

- Work alongside Indigenous communities to reduce the burden of chronic disease by creating supportive environments for health, focusing on: healthy eating, food sovereignty and security, physical activity, tobacco reduction, and healthy built environments. Support Indigenous students and families through culturally appropriate school health initiatives.

 7.3, 7.9

### Align Harm Reduction Services with Trauma-Informed and Culturally Safe Practices




- Work alongside Nations, communities, service providers, and Indigenous Peoples to support community conversations around harm reduction. Support communities to elevate harm reduction principles as defined by Nations and communities, and develop strategies to promote wellbeing and prevent crises. Increase access to culturally relevant harm reduction supplies that are accessible in culturally safe spaces. Collaborate to support Indigenous-led prevention and community awareness related to 2SLGBTQQIA issues and sexual positivity.

 #7.2, 7.3,  AP 4.7, 4.11, 4.13

### Continue to Implement and Evaluate the Indigenous Mental Wellness Plan

- Improve public awareness and understanding of mental health and wellness programs, and how to access the health-care system, by better informing Indigenous individuals, their families, and organizations about available IH services and support programs. Improve the access, availability, and cultural safety of mental wellness services for Indigenous clients.

Continue to collaboratively plan and address with Indigenous partners IH mental health and substance use services to meet the needs of Indigenous individuals and families. Advance key initiatives in partnership with Nations and Indigenous service providers to respond to the toxic drug supply.

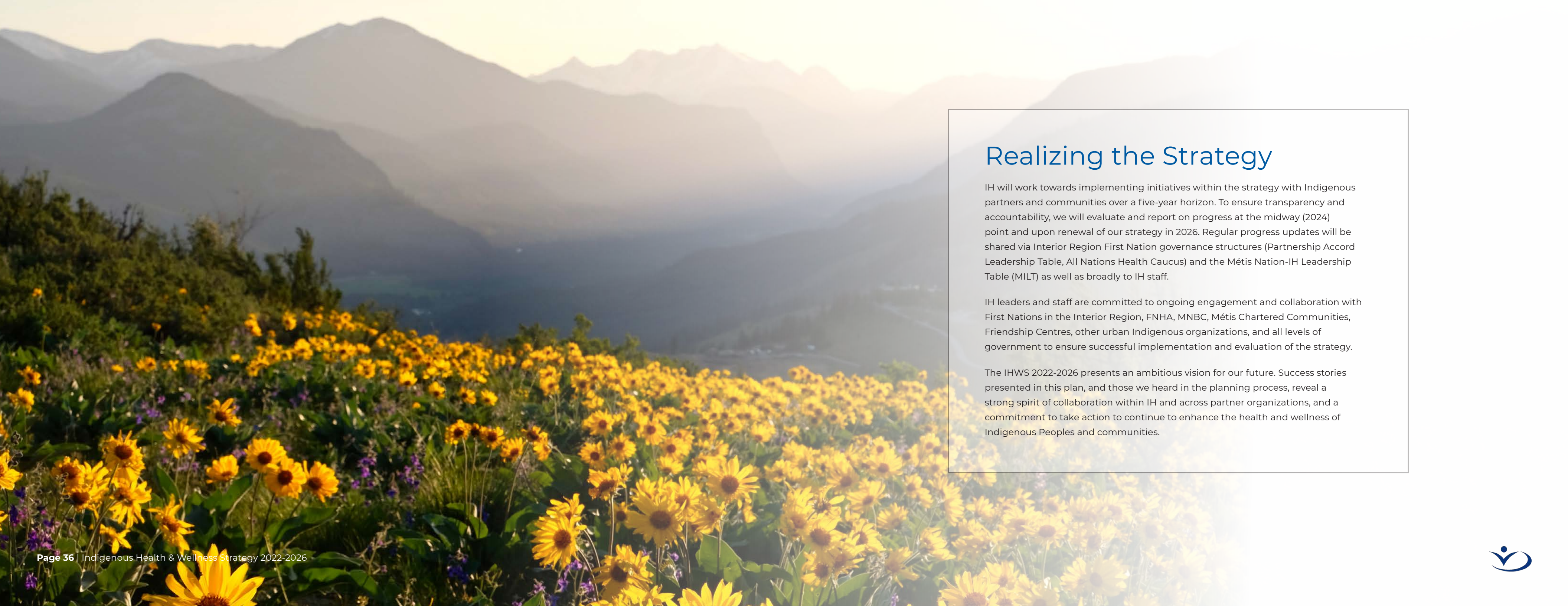
 #24, AP 4.7, 4.13,  7.3,  #17

### Improve Cancer Care

- Collaborate with Indigenous partners and BC Cancer to ensure alignment of regional cancer care strategies with the provincial Indigenous cancer strategy, [Improving Indigenous Cancer Journeys in BC: A Road Map](#).
- Ensure IH cancer care services (prevention, early detection, screening, surgical oncology, end-of-life) are culturally safe and accessible. Engage with and seek guidance from Indigenous partners to develop strategies to assist Indigenous people in navigating the cancer care system.







## Realizing the Strategy

IH will work towards implementing initiatives within the strategy with Indigenous partners and communities over a five-year horizon. To ensure transparency and accountability, we will evaluate and report on progress at the midway (2024) point and upon renewal of our strategy in 2026. Regular progress updates will be shared via Interior Region First Nation governance structures (Partnership Accord Leadership Table, All Nations Health Caucus) and the Métis Nation-IH Leadership Table (MILT) as well as broadly to IH staff.

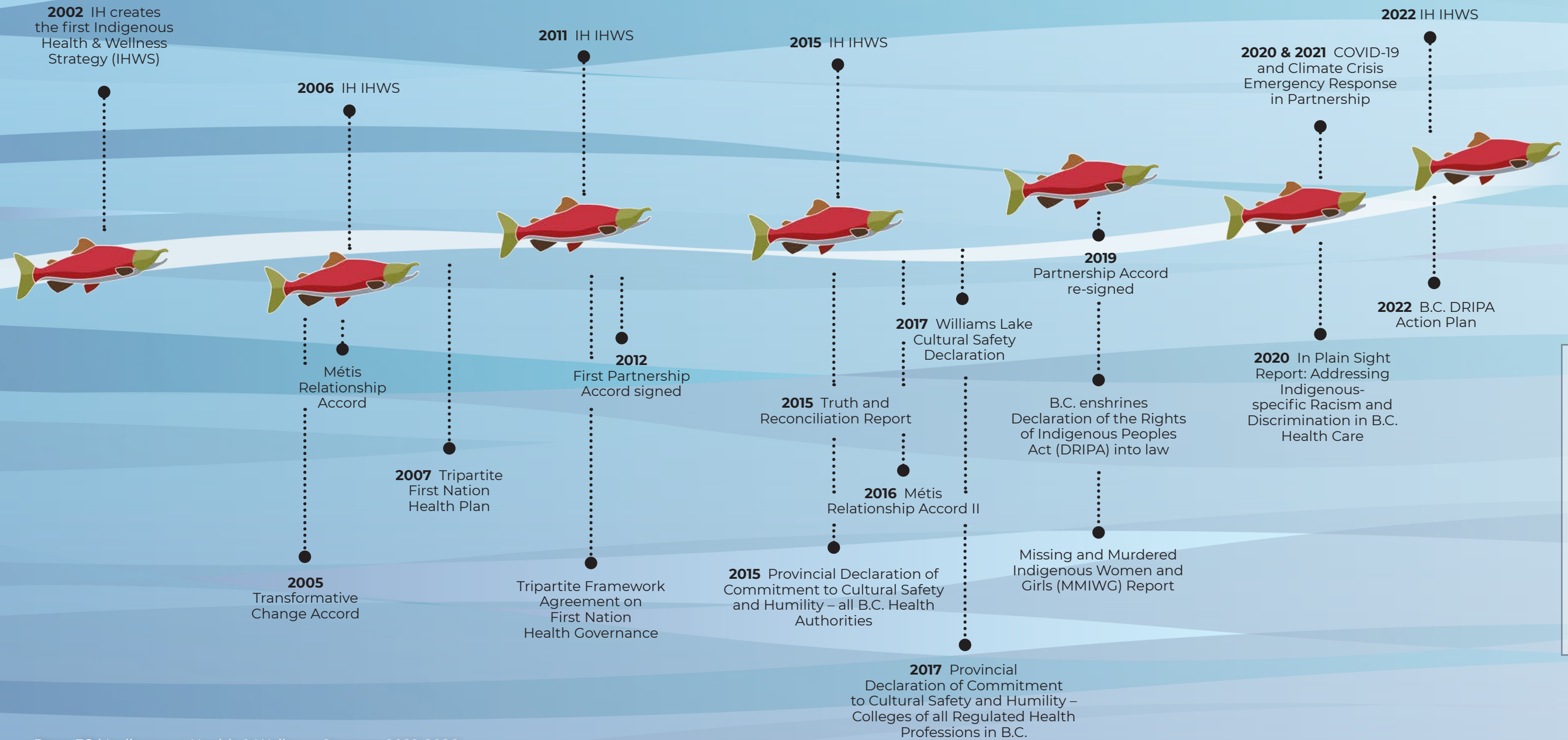
IH leaders and staff are committed to ongoing engagement and collaboration with First Nations in the Interior Region, FNHA, MNBC, Métis Chartered Communities, Friendship Centres, other urban Indigenous organizations, and all levels of government to ensure successful implementation and evaluation of the strategy.

The IHWS 2022-2026 presents an ambitious vision for our future. Success stories presented in this plan, and those we heard in the planning process, reveal a strong spirit of collaboration within IH and across partner organizations, and a commitment to take action to continue to enhance the health and wellness of Indigenous Peoples and communities.





FROM 2002 TO TODAY: A TIMELINE OF MILESTONES



Celebrating Success: 2015-2022

IH's most recent Indigenous Health and Wellness Strategy, in place from 2015-2019, focused on working alongside Indigenous partners to define and improve the health and wellness of Indigenous Peoples through four strategic themes: advancing cultural competency and safety, ensuring meaningful participation, improving health equity, and improving mental wellness. These four themes had seven clear objectives that supported IH in advancing key priorities towards our vision.







*IH and First Nations representatives gather at the Partnership Accord re-signing.*

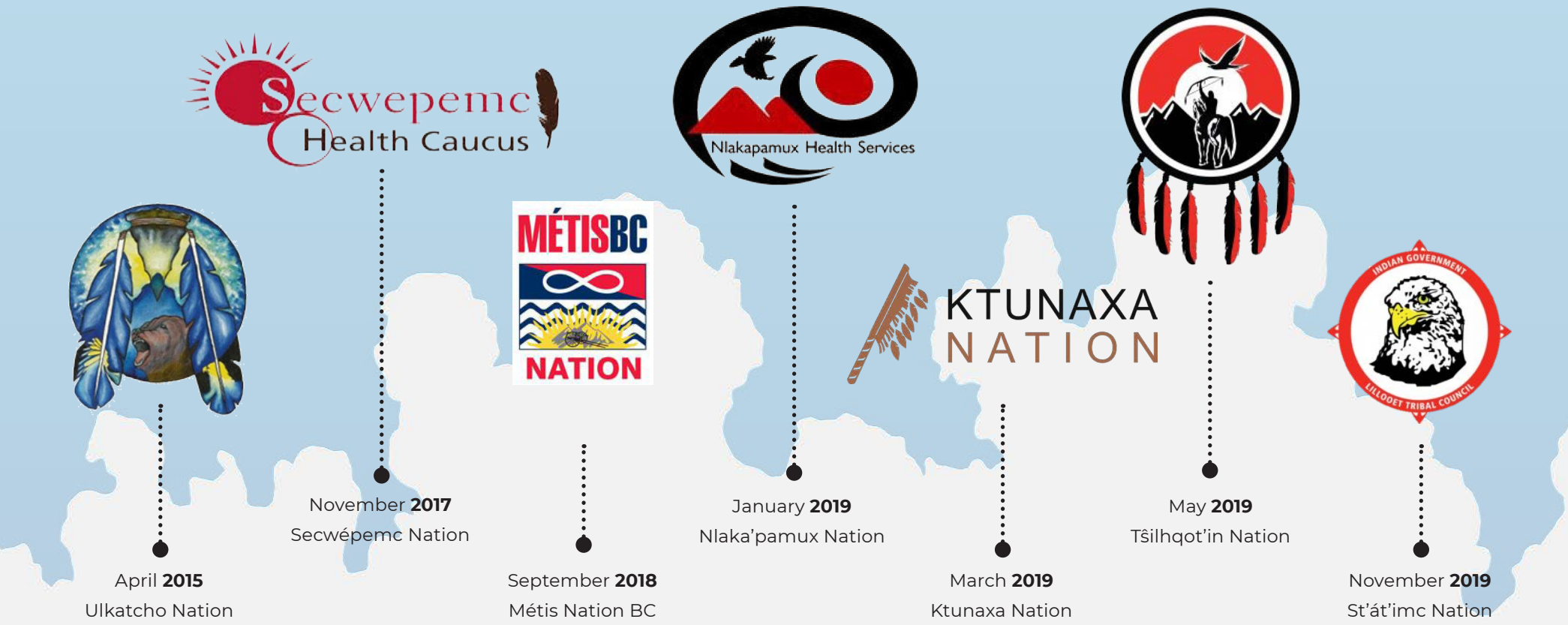
### PARTNERSHIP ACCORD RE-SIGNING

The seven First Nations in the Interior region and IH have committed to work together to improve Indigenous health outcomes and ensure cultural safety across the health system by endorsing the renewal of the Interior Region Partnership Accord through 2024. The re-signing signifies IH's commitment to provide Indigenous people with equitable access to quality and culturally safe care that meets the needs of patients and families. Leaders from the Nlaka'pamux, Däkelh Dené, Secwépemc, Tsilhqot'in, St'át'imc, Ktunaxa, and syilx Nations joined the IH Board chair and the IH president & CEO for the signing ceremony.

### LETTERS OF UNDERSTANDING RE-SIGNING

IH was the first health authority in Canada to sign Letters of Understanding (LOU) with First Nations and Métis Nation BC. LOUs are the foundation of our commitment to engage with First Nations and Métis partners to advance our co-developed objectives to improve health disparities that exist for Indigenous Peoples in the Interior. These LOUs represent a commitment to shared decision-making and Nation self-determination with Nation partners.

Key priorities identified by Nations include: a collaborative and partnered response to the dual public health emergencies – COVID-19 pandemic and toxic drug supply – and natural disasters, addressing anti-Indigenous racism, increasing access to primary care services closer to home, and providing culturally safe mental health and wellness services. Each version of the IHWS has been guided by and founded on key priorities voiced by Indigenous partners through our LOU joint committees. Since 2015, LOUs have been signed (or re-signed) with each of the Nations included below:







### HUMAN RESOURCES PLAN AND RESOURCES

Evidence supports that health-care systems and patient outcomes benefit when caregivers have cultural understanding and reflect the diversity of the population. To reach an ambitious goal of 10 per cent of our staff self-identified as Indigenous by 2025, the Indigenous Human Resources Plan was revitalized and dedicated Indigenous positions were created to strengthen recruitment and retention efforts focused on Indigenous Peoples careers in health care, and to support existing staff to feel safe to self-identify. As of March 31, 2022, IH has 1,489 active Indigenous self-identified employees working across the organization, translating to a workforce representation of 6.3 per cent.

In March 2021, the IH Board of Directors approved two key policies ([Indigenous Cultural Safety & Humility](#), [Anti-Racism](#)) that are integral to decreasing health outcome disparities between Indigenous and non-Indigenous populations within the Interior. These policies support the elimination of racism in health care by acknowledging that systemic racism exists within IH workplaces and health care, declares a clear and unwavering commitment to eradicate racism, addresses the unequal power dynamic affecting racialized groups and the structures that sustain it, and outlines the responsibilities and procedures to respond to racism for staff and patients.



You can listen to staff discuss the development of these policies in [Season 1 Episode 13 of the Interior Voices podcast](#).



*Detail from a mural created by artist Chris Bose at the Community MHSU Lansdowne Centre.*

### INDIGENOUS MENTAL WELLNESS PLAN

Improving the mental wellness of Indigenous Peoples is one of the priorities outlined in the Interior Health Indigenous Health and Wellness Strategy. The Indigenous Mental Wellness Plan sets a clear path to work towards this goal and focuses on key areas: improve awareness and understanding of MHSU programs and how to access; participate in meaningful engagement; ensure trauma-informed, culturally safe and relevant MHSU services; increase equitable access, improve transitions, and reduce barriers; and continuous quality improvement. This work also encompasses working with Indigenous partners to respond to the toxic drug crisis as well as supporting MHSU training and



Learn more about Indigenous Mental Wellness' efforts to create welcoming spaces in [Season 3, Episode 2 of the Interior Voices podcast](#).

education opportunities for Interior Health staff and care providers working with Indigenous communities.

Guided by the voices of Indigenous patients, families, Peers, partners and communities, the Indigenous Mental Wellness Team supports the ongoing implementation of this plan. We envision access to equitable, culturally safe, stigma-free, timely and relevant MHSU services to improve the health and wellness of Indigenous populations within the interior region. Inquiries can be directed to: [IndigenousMentalWellness@interiorhealth.ca](mailto:IndigenousMentalWellness@interiorhealth.ca)





INDIGENOUS CULTURAL SAFETY

The goal of the Indigenous Cultural Safety and Humility Education team is to ensure that all IH employees are equipped with the knowledge and skills needed to provide culturally safe care, and that all IH services are safe and welcoming for Indigenous Peoples. As of April 13, 2022, over 20,000 IH staff have completed the four required Indigenous Cultural Safety (ICS) training modules, representing a 92 per cent compliance rate of IH staff. In January 2021, these foundational ACS training modules became a job ready requirement for all IH staff.

We are proud to report that both physician-specific education modules received accreditation status through the University of British Columbia in January 2021. Physicians can now apply to receive up to eight credits for completing our Interior Region, instructor-led modules.

An Indigenous Cultural Safety Advisory Committee, comprising First Nations and Métis representatives from around the Interior, help guide and provide unique perspective on ACS educational content creation. The committee comes together monthly as we continue to expand on our ACS education offerings and strive for ongoing quality improvement of existing education.

A culturally safe approach involves paying attention to the roots of health and health-care inequities, including colonization and taking action. IH is dedicated to upholding commitments focused on advancing Indigenous health and cultural safety within health service delivery.



A series of physician engagement videos and a video explaining cultural safety were released in 2019.

INDIGENOUS PATIENT NAVIGATORS (IPN) PROGRAM

January 2022 marked the 12-year anniversary of the Indigenous Patient Navigator program. There are 13 IPNs at IH sites who support patients and families in hospitals and communities, help connect them to appropriate health-care services, and provide emotional and cultural support. IPNs collaborate with other health-care workers in the early identification and assessment of patient needs, and participate in discharge planning to support continuity of care and safe transitions home.



An animated video was created in 2019 to familiarize community members with the IPN program.



Indigenous Patient Navigators Deb Donald and Cassie Michell join [Episode 3 of the Interior Voices](#) to talk about the IPN program.



Gloria Big Sorrel Horse is one of three Indigenous Patient Navigators who has been with the program since the start.





# 2020 & 2021: Emergency Response in Partnership

As the refresh of the IHWS was headed towards completion in 2020, Interior Region partners turned their attention to multiple, compounding emergency and crisis situations over the course of 2020 and 2021. IH worked closely with FNHA and MNBC, provincial organizations and Indigenous partners to collaboratively respond to each situation, build on lessons learned from the past, and move forward together in partnership. It is important to acknowledge the collective emotional, spiritual, and mental weight, borne by partners over the last two years, that has come from constant crisis and emergency response efforts. The events described ahead often disproportionately impacted Indigenous Peoples and communities, prompting further need for a consistent equity-based response. In developing the IHWS 2022-2026, important initiatives, partnerships, and efforts occurred in 2020 and 2021 are recognized and threaded throughout the Strategy moving forward.

When asked what was successful in COVID-19 pandemic response, one Indigenous partner shared, “Partnership and transparency was crucial as this work got underway, and a steady commitment to work together in implementing COVID-19 pandemic response. Honesty and flexibility in working together to meet provincial pressures and deadlines while putting the communities in the Interior region first.”

## COVID-19 PANDEMIC

On March 11 2020, the World Health Organization (WHO) declared coronavirus disease, or COVID-19, a global pandemic. On March 17, 2020, B.C.’s Provincial Health Officer (PHO) declared a public health emergency under the Public Health Act in response to the pandemic. A provincial state of emergency was declared on March 18, 2020.

In response to the COVID-19 public health emergency, Interior Health convened with First Nations and MNBC health executives in March 2020, via leadership tables (PALT, MILT) to provide crucial information on the pandemic, seek guidance in our joint response to mitigate the impact in Indigenous communities and take inventory of current medical supplies in community. At the direction of First Nations leadership in the Interior, a First Nations, IH and FNHA COVID-19 working group was formed in April 2020. The jointly developed COVID-19: Response in Partnership outlines the collaborative approach to be implemented between First Nations communities in the Interior Region, FNHA and IH. A parallel engagement structure with MNBC was implemented to ensure MNBC was intimately involved in pandemic planning and implementation to support Métis citizens throughout the Interior.



*Nurse Spotted Fawn Minnabarriet providing the vaccine to St’át’imc Elder Rose Casper*

Self-determination of Nations and their leadership was the founding principle in our joint response to the pandemic. In May 2020, the provincial government set out a framework for supporting Indigenous Peoples living in rural and remote communities. As a result of significant, regular and meaningful engagement, the Rural, Remote, First Nations, and Métis COVID-19 Response Framework was developed with the support of a dedicated team to ensure timely access to culturally safe health-care resources and supports to Indigenous Peoples and

communities. Despite the evolving uncertainty of the pandemic over the past two years, meaningful engagement and partnership between First Nations in the Interior Region, MNBC, FNHA and IH, enabled key deliverables within the framework to be informed and implemented to support Indigenous Peoples throughout the region.

The approach developed under this framework ensures Nation self-determination and decision-making in our ongoing efforts to





mitigate the impact of COVID-19 in communities. Strengthening relationships and building trust between partners are at the forefront of our response. While the pandemic appears to be transitioning to less severe outcomes, planning for future impacts of COVID-19 continues. The partnerships built during the pandemic provide a foundation for the future.

**Notable Partnership Successes:**

- Clinical partnership pathways enabled ongoing timely, seamless and equitable access to COVID-19 care.
- FNHA and IH ensured effective and appropriate vaccination program rollout, resulting in an all community approach for members in community and for those considered urban and away from home.
- FNHA and IH supported First Nations communities with in-community COVID-19 specimen collection, ensuring that equitable access to testing.
- A team of regional pandemic health co-ordinators was created to support culturally safe and client-centered approaches to self-isolation for clients and families either in home or at community cohort centres.

IH recognizes that the COVID-19 pandemic adversely affects Indigenous Peoples and communities and has caused increased stress given historical impacts of previous communicable disease outbreaks and government intervention. Collaborative pandemic response has illustrated the effectiveness of ‘response in partnership’ and the need for flexible approaches to client centered care when addressing inequitable access to health services often experienced by rural, remote, and Indigenous communities.

Transitioning through ongoing waves of the pandemic while experiencing other events such as the toxic drug crisis and multiple natural disasters, has led to continued emergency readiness/response and health equity initiatives to support rural, remote, and Indigenous communities in the Interior.



Learn more about how Nations, FNHA and IH have partnered during the Pandemic Response in [Season 4 Episode 1 of the Interior Voices podcast](#)

**TOXIC DRUG CRISIS**

On April 14, 2016, B.C.’s PHO declared a public health emergency under the Public Health Act. This action was in response to the increasing availability of highly toxic, illegally produced opioid fentanyl analogues and resulting increases in overdose and mortality associated with these substances. According to the B.C. Coroners Service, 2021 was the deadliest year of the opioid overdose crisis so far; 2,224 people died from suspected toxic drug deaths in 2021, a 26 per cent increase from 2020.

The toxic drug emergency continues to have a staggering impact on individuals, families and communities; it has impacted people from all walks of life, nearly all ages, education levels, professions and incomes in every region of B.C., including Indigenous Peoples, communities, and families. The poisoned drug supply has become a long-term public health crisis that requires a long-term response.

- Due to historical and complex underlying causes, Indigenous Peoples are over represented in the toxic drug crisis.
- First Nations people are five times more likely to experience an overdose than non-Indigenous people and three times more likely to experience a fatal overdose ([Escalating BC's Response to the Overdose Emergency Report](#)).
- First Nations people died at 5.4 times the rate of other B.C. residents in 2021 ([First Nations and the Toxic Drug Poisoning Crisis in BC](#)).

The province has made significant financial investments and launched initiatives to reduce harms resulting from the toxic drug crisis in B.C., however the poisoned drug supply has impacted every region and community throughout the region. IH has partnered with First Nations in the InteriorRegion, FNHA, MNBC, urban Indigenous service providers and intergovernmental agencies to ensure services are more culturally safe, appropriate and accessible to those in need. This collaborative approach with Indigenous partners reinforces and advances the principles of reconciliation through concrete action — by ensuring services are informed by Indigenous experiences, needs and priorities — taking a community-driven, Nation-based approach in planning mental health and wellness services needs and priorities. The foundational principles IH strives for include: reclaiming wellness by ensuring culturally safe and trauma-informed health-care services, emphasizing a connection to the land, ensuring access to traditional healing resources, reducing stigma around substance use and implementing harm reduction.

The overdose statistics are tragic yet the loss of life would be much higher if not for the work of Indigenous communities, service providers, first responders, and community volunteers. They have reversed thousands of overdoses using naloxone and have worked endlessly to advocate for more urgent measures to save lives. However, the change is not happening fast enough and gaps still exist in the system. We need to continue to escalate our response by ending the institutional stigma against people with substance use disorders, ensure mental health and substance use services are culturally safe and trauma-informed, and leverage relationships with Indigenous partners to combat this devastating crisis.





# Environmental Disasters and Response

## WILDFIRES AND EXTREME HEAT

In July 2021, record high temperatures (49 Celsius) brought drought and uncontrollable wildfires across the province, especially in the Interior Region. A provincial state of emergency was declared on July 21, 2021 and stayed in effect for the next 56 days.

Wildfire season was exacerbated by the ongoing COVID-19 pandemic, which limited our ability to import out-of-province firefighting resources. Historically high temperatures in late June and early July, which claimed the lives of hundreds of people in the province, accelerated the drying and curing of already excessive forest fuels to dangerous levels.

From April 1, 2021 to September 30, 2021, 1,610 wildfires burned 8,700 square kms (868,203 hectares) in B.C.—50,000 people evacuated and two lives were lost. The Interior Health Region saw 48 of the 67 fires of note that burned. There were seven wildfire ‘complexes’ (group of wildfires) throughout the province; all occurred within the Interior Region. Hundreds of businesses, homes and entire communities were destroyed and thousands of people were evacuated.

Evacuation orders were issued for numerous First Nations communities with many more placed on alert. Resources

across the Interior were stretched as emergency responders, First Nations, local governments, the province, businesses and volunteers came together to support evacuees from neighbouring communities, and take steps to protect people, homes and infrastructure as best as possible.

Regional IH Emergency Operations Centres (EOC) and local incident command centres were implemented and included First Nations, FNHA and IH leaders to jointly respond to Indigenous Peoples and communities impacted by wildfires, to help ensure a culturally appropriate and safe response during wildfire activity.

IH Indigenous Partnerships, Indigenous Mental Wellness, and FNHA worked together to identify and respond to needs of the vast number of First Nations communities in the Interior Region impacted by the devastating wildfires. The collective teams developed a First Nations community tracker to ensure the IH EOC was aware of which communities were on evacuation order, evacuation alert, or otherwise impacted by wildfires, heat, or smoke and to track identified needs and response efforts. In addition, the teams worked with Fraser Health and FNHA Fraser Salish Region to respond to needs of First Nations community members evacuated to the Fraser Health region, notably Seabird Island Band.





The partnership enabled collaborative development of lessons learned and improvements intended to inform subsequent response efforts. Additionally, partners formed a wildfire recovery committee in August to identify recovery needs, such as mental health and wellness supports, and share resources for First Nations community recovery efforts.

FNHA and IH Indigenous teams held a wildfire response debrief in October 2021, the first-ever post-wildfire debrief between the two teams, facilitated by Health Emergency Management BC (HEMBC), to share successes, challenges, and opportunities for improvement. It was an emotional, honest, and humbling debrief that has led to improved relationships and strengthened partnerships.

One of the most devastating fires of 2021, was the complete destruction of the village of Lytton on June 30, 2021. This community provides services including health services to several surrounding Indigenous communities within the Nlaka’pamux First Nation. Health service planning is underway to identify health service needs in the Lytton area following this tragic event and destruction of the St. Bartholomew’s Health Centre. Return of services to the community and surrounding area has begun including mental health and substance use services, home health, public health, and increasing primary care services. Planning for longer-term solutions is underway with ongoing dialogue with First Nations and community partners to ensure health services meet local population needs.

FLOODS

On November 13, 2021, torrential rain began falling across much of the province, dumping nearly a month’s worth of precipitation on some communities over a 48-hour period and forcing tens of thousands of people from their homes due to flooding. The floods destroyed entire towns and triggered mudslides that damaged every major highway connecting the Lower Mainland to the rest of the country. This was the second time in six months that the province endured a major weather-related emergency. Further compounding the situation was the summer’s extreme heat, drought and wildfires, which left little vegetation to slow or prevent mudslides. A provincial state of emergency was declared on November 17, 2021 and remained in effect for 62 days, ending January 18, 2022.

Evacuation orders were issued for four Nlaka’pamux Nation communities and local states of emergency were issued by community leadership. The Coldwater, Tulameen and Similkameen rivers overflowed and thousands of people in the communities of Merritt and Princeton were ordered to evacuate as water and sewage infrastructure failed. Medically high-risk community members were evacuated by helicopter and supplies were air delivered to isolated or landlocked communities. IH Patient Transport assisted multiple First Nations communities with the evacuation and eventual return of Elders and vulnerable populations.

Paralleling the wildfire experience, similar coordinated response efforts occurred between IH Indigenous Partnerships, Indigenous Mental Wellness, and FNHA for flooding. The flooding response activities occurred on the heels of wildfire debriefing, placing strengthened partnerships in a prime position to return to response efforts in collaboration.

As climate emergencies adversely affect First Nations communities and Indigenous Peoples, especially in rural and remote areas of the Interior, engagement between IH and FNHA now occurs throughout the year to plan and prepare for wildfire and flood seasons to further enable a co-ordinated response and build on ‘response in partnership’ efforts in 2021.







## Conclusion

As IH works to implement this strategy, we acknowledge and are guided by the findings of the Truth and Reconciliation Commission, the B.C. Declaration on the Rights of Indigenous Peoples Act, B.C. Declaration of Indigenous Peoples Act Action Plan 2022-2027, the Final Report of the National Inquiry into National Inquiry into Missing and Murdered Indigenous Women and Girls, and the In Plain Sight (Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care) Report Recommendations.

We will continue to explore how we can create culturally safe environments for patients, families, and staff, including structures that support the organization to eradicate Indigenous racism and enhance our capacity to deliver services in a trauma-informed manner. It will take inspired action to make strides in these areas and address complex realities.

This strategy speaks to the progress that has been made and areas of continued opportunity. By building on our cumulative strengths, experience, and networks of caring individuals, it is possible to achieve transformation.

Completing the initiatives set out in this strategy will be one step toward improved health for all people in the Interior Region. It is important that every person working in the health-care system knows that they can positively contribute to a new narrative moving forward. We invite you to work with us to create this positive change for current and future generations.

## Appendices

### The Truth and Reconciliation Commission of Canada (TRC): Calls to Action

#### Health related calls to action 18 - 24

**18.** We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.

**19.** We call upon the federal government, in consultation with Aboriginal Peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.

**20.** In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal Peoples.

**21.** We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.

**22.** We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.

**23.** We call upon all levels of government to:

- i. Increase the number of Aboriginal professionals working in the health-care field.
- ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.
- iii. Provide cultural competency training for all health-care professionals.

**24.** We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.





**The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)**

**Health related articles 21-25**

**Article 21**

1. Indigenous Peoples have the right, without discrimination, to the improvement of their economic and social conditions, including, inter alia, in the areas of education, employment, vocational training and retraining, housing, sanitation, health and social security.
2. States shall take effective measures and, where appropriate, special measures to ensure continuing improvement of their economic and social conditions. Particular attention shall be paid to the rights and special needs of indigenous elders, women, youth, children and persons with disabilities.

**Article 22**

1. Particular attention shall be paid to the rights and special needs of indigenous elders, women, youth, children and persons with disabilities in the implementation of this Declaration.
2. States shall take measures, in conjunction with Indigenous Peoples, to ensure that indigenous women and children enjoy the full protection and guarantees against all forms of violence and discrimination.

**Article 23** Indigenous Peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, Indigenous Peoples have the right to be actively involved in developing and determining health,

housing and other economic and social programs affecting them and, as far as possible, to administer such programs through their own institutions.

**Article 24**

1. Indigenous Peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, all social and health services.
2. Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.

**Article 25** Indigenous Peoples have the right to maintain and strengthen their distinctive spiritual relationship with their traditionally owned or otherwise occupied and used lands, territories, waters and coastal seas and other resources and to uphold their responsibilities to future generations in this regard.

**B.C. Declaration on the Rights of Indigenous Peoples Act (DRIPA) Action Plan 2022-2027**

**Ministry of Health actions**

**3.7** Implement recommendations made in the In Plain Sight: Addressing Indigenous-specific racism and discrimination in B.C. health care report, striving to establish a health care system in B.C. that is culturally safe and free of Indigenous-specific racism.

**4.7** Demonstrate a new and more flexible funding model and partnership approach that supports First Nations to plan, design and deliver mental health and wellness services across a full continuum of care and to address the social determinants of health and wellness.

**4.8** In alignment with the tripartite health plans and agreements, continue to strengthen and evolve the First Nation health governance structure in B.C. to ensure First Nations are supported to participate as full and equal partners in decision-making and service delivery at local, regional and provincial levels, and engage First Nations and the Government of Canada on the need for legislation as envisioned in the tripartite health plans and agreements.

**4.10** Prioritize the implementation of Primary Care Networks, the First Nations-led Primary Health Care Initiative, and other primary care priorities, embedding Indigenous perspectives and priorities into models of care to increase Indigenous Peoples’ access to primary care and other health services, and to improve cultural safety and quality of care.

**4.11** Increase the availability, accessibility and the continuum of Indigenous-led and community-based social services and supports that are trauma-informed, culturally safe and relevant, and address a range of holistic wellness needs for those who are in crisis, at-risk or have experienced violence, trauma and/or significant loss.

**4.13** Increase the availability and accessibility of culturally safe substance use services, including through the renovation and

construction of Indigenous-run treatment centres and the integration of land-based and traditional approaches to healing.

**4.14** Increase the availability and accessibility of resources to Indigenous partners in COVID-19 pandemic health and wellness planning and response, including the implementation of the Rural, Remote, First Nations and Indigenous COVID-19 Framework to ensure access for all Indigenous Peoples to immediate and culturally safe and relevant care closer to home.

**4.26** Strengthen the health and wellness partnership between Métis Nation British Columbia, the Ministry of Health and the Ministry of Mental Health and Addictions, and support opportunities to identify and work to address shared Métis health and wellness priorities.

**The National Inquiry Into Missing and Murdered Indigenous Women and Girls (MMIWG)**

**Calls for Health and Wellness Service Providers:**

**7.1** We call upon all governments and health service providers to recognize that Indigenous Peoples – First Nations, Inuit, and Métis, including 2SLGBTQQIA people – are the experts in caring for and healing themselves, and that health and wellness services are most effective when they are designed and delivered by the Indigenous Peoples they are supposed to serve, in a manner consistent with and grounded in the practices, world views, cultures, languages, and values of the diverse Inuit, Métis, and First Nations communities they serve.





**7.2** We call upon all governments and health service providers to ensure that health and wellness services for Indigenous Peoples include supports for healing from all forms of unresolved trauma, including intergenerational, multigenerational, and complex trauma. Health and wellness programs addressing trauma should be Indigenous-led, or in partnership with Indigenous communities, and should not be limited in time or approaches.

**7.3** We call upon all governments and health service providers to support Indigenous-led prevention initiatives in the areas of health and community awareness, including, but not limited to programming: community awareness, including, but not limited to programming:

- or Indigenous men and boys
- related to suicide prevention strategies for youth and adults
- related to sexual trafficking awareness and no-barrier exiting
- specific to safe and healthy relationships
- specific to mental health awareness
- related to 2SLGBTQIA issues and sex positivity.

**7.4** We call upon all governments and health service providers to provide necessary resources, including funding, to support the revitalization of Indigenous health, wellness, and child and Elder care practices. For healing, this includes teachings that are land-based and about harvesting and the use of Indigenous medicines for both ceremony and health issues. This may also include: matriarchal teachings on midwifery and postnatal care for both woman and child; early childhood health care; palliative care; Elder care and care homes to keep Elders in their home communities as valued Knowledge Keepers; and other measures. Specific

programs may include but are not limited to correctional facilities, healing centres, hospitals, and rehabilitation centres.

**7.5** We call upon governments, institutions, organizations, and essential and non-essential service providers to support and provide permanent and necessary resources for specialized intervention, healing and treatment programs, and services and initiatives offered in Indigenous languages.

**7.6** We call upon institutions and health service providers to ensure that all persons involved in the provision of health services to Indigenous Peoples receive ongoing training, education, and awareness in areas including, but not limited to:

- the history of colonialism in the oppression and genocide of Inuit, Métis, and First Nations Peoples;
- anti-bias and anti-racism;
- local language and culture; and
- local health and healing practices.

**7.7** We call upon all governments, educational institutions, and health and wellness professional bodies to encourage, support, and equitably fund Indigenous people to train and work in the area of health and wellness.

**7.8** We call upon all governments and health service providers to create effective and well-funded opportunities, and to provide socio-economic incentives, to encourage Indigenous people to work within the health and wellness field and within their communities. This includes taking positive action to recruit, hire, train, and retain long-term staff and local Indigenous community

members for health and wellness services offered in all Indigenous communities.

**7.9** We call upon all health service providers to develop and implement awareness and education programs for Indigenous children and youth on the issue of grooming for exploitation and sexual exploitation.

**In Plain Sight (IPS) Report Recommendations**

**Recommendations: Systems**

**Recommendation 1:** That the B.C. government apologize for Indigenous specific racism in the health care system, setting the tone for similar apologies throughout the health system, and affirm its responsibility to direct and implement a comprehensive, system-wide approach to addressing the problem, including standardized language and definitions, and clear roles and responsibilities for health authorities, regulatory bodies, associations and unions, and educational institutions.

**Recommendation 2:** That the B.C. government, in collaboration and cooperation with Indigenous Peoples in B.C., develop appropriate policy foundations and implement legislative changes to require anti-racism and “hard-wire” cultural safety, including an Anti-Racism Act and other critical changes in existing laws, policies, regulations and practices, ensuring that this effort aligns with the UN Declaration as required by DRIPA.

**Recommendation 3:** That the B.C. government, First Nations governing bodies and representative organizations, and MNBC jointly establish the position of B.C. Indigenous Health Officer with co-developed legislative recognition and authority in the Public Health Act, and a structured relationship with the Provincial Health Officer.

**Recommendation 4:** That the B.C. government, First Nations governing bodies and representative organizations, and MNBC jointly establish the Office of the Indigenous Health Representative and Advocate with legislative recognition and authority to provide a single, accessible, supportive, adequately funded resource for early intervention and dispute resolution for Indigenous people who require assistance to navigate, fully benefit from, and to resolve problems within, B.C.’s health care system including all health authorities, regulatory colleges and other health providers. The position should be reviewed in five years after establishment to determine if it has been effective in rooting out racism in the health care system in B.C.

**Recommendation 5:** That the B.C. government, First Nations governing bodies and representative organizations, and MNBC jointly develop a strategy to improve the patient complaint processes to address individual and systemic Indigenous-specific racism.

**Recommendation 6:** That the parties to the bilateral and tripartite First Nations health plans and agreements work in co-operation with B.C. First Nations to establish expectations for addressing commitments in those agreements that have not been





honoured, and for how those expectations will be met through renewed structures and agreements that are consistent with the implementation of DRIPA.

**Recommendation 7:** That the Ministry of Health establish a structured senior level health relationship table with MNBC, and direct health authorities to enter into Letters of Understanding with MNBC and Métis Chartered Communities that establish a collaborative relationship with clear and measurable outcomes.

**Recommendation 8:** That all health policy-makers, health authorities, health regulatory bodies, health organizations, health facilities, patient care quality review boards and health education programs in B.C. adopt an accreditation standard for achieving Indigenous cultural safety through cultural humility and eliminating Indigenous-specific racism that has been developed in collaboration and cooperation with Indigenous Peoples.

**Recommendation 9:** That the B.C. government establish a system-wide measurement framework on Indigenous cultural safety, Indigenous rights to health and Indigenous-specific racism, and work with First Nations governing bodies and representative organizations, MNBC, the Indigenous Health Officer, and the Indigenous Health Representative and Advocate to ensure appropriate processes of Indigenous data governance are followed throughout required data acquisition, access, analysis and reporting.

**Recommendation 10:** That design of hospital facilities in B.C. include partnership with local Indigenous Peoples and the Nations on whose territories these facilities are located, so that

health authorities create culturally-appropriate, dedicated physical spaces in health facilities for ceremony and cultural protocol, and visibly include Indigenous artwork, signage and territorial acknowledgement throughout these facilities.

**Recommendations: Behaviours**

**Recommendation 11:** That the B.C. government continue efforts to strengthen employee “speak-up” culture throughout the entire health care system so employees can identify and disclose information relating to Indigenous specific racism or any other matter, by applying the Public Interest Disclosure Act (PIDA) to employees throughout the health care sector without further delay.

**Recommendation 12:** That the Ombudsperson consider including a focus on Indigenous-specific racism in the health care system as a key priority and seek input from appropriate partners on current plans to strengthen this priority through engagement, special activities to promote greater fairness in public services to Indigenous Peoples, and reporting to the public on progress.

**Recommendation 13:** That the B.C. government establish the new position of Associate Deputy Minister for Indigenous Health within the Ministry of Health, with clear authorities including supporting the Deputy Minister of Health in leading the Ministry’s role in implementing these Recommendations.

**Recommendation 14:** That the B.C. government, PHSA, the five regional health authorities, B.C. colleges and universities with health programs, health regulators, and all health service

organizations, providers and facilities recruit Indigenous individuals to senior positions to oversee and promote needed system change.

**Recommendation 15:** That the B.C. government, First Nations governing bodies and representative organizations, MNBC, the Provincial Health Officer and the Indigenous Health Officer develop a robust Indigenous pandemic response planning structure that addresses jurisdictional issues that have arisen in the context of COVID-19, and which upholds the standards of the UN Declaration.

**Recommendation 16:** That the B.C. government implement immediate measures to respond to the MMIWG Calls for Justice and the specific experiences and needs of Indigenous women as outlined in this Review.

**Recommendation 17:** That the B.C. government and FNHA demonstrate progress on commitments to increase access to culturally safe mental health and wellness and substance use services.

**Recommendation 18:** That the B.C. government require all university and college degree and diploma programs for health professionals in B.C. to implement mandatory strategies and targets to identify, recruit and encourage Indigenous enrolment and graduation, including increasing the safety of the learning environment for Indigenous students. Recommendation 19: That a Centre for anti-racism, cultural safety and trauma-informed standards, policy, tools and leading practices be established and provide open access to health care organizations, practitioners,

educational institutions and others to evidence-based instruments and expertise and to expand the capacity in the system to work collaboratively in this regard.

**Recommendation 19:** That a Centre for anti-racism, cultural safety and trauma-informed standards, policy, tools and leading practices be established and provide open access to health care organizations, practitioners, educational institutions and others to evidence-based instruments and expertise and to expand the capacity in the system to work collaboratively in this regard

**Recommendations: Beliefs**

**Recommendation 20:** That a refreshed approach to anti-racism, cultural humility and trauma-informed training for health workers be developed and implemented, including standardized learning expectations for health workers at all levels, and mandatory, low-barrier components. This approach, co-developed with First Nations governing bodies and representative organizations, MNBC, health authorities and appropriate educational institutions, to absorb existing San'yas Indigenous Cultural Safety training.

**Recommendation 21:** That all B.C. university and college degree and diploma programs for health practitioners include mandatory components to ensure all students receive accurate and detailed knowledge of Indigenous-specific racism, colonialism, trauma-informed practice, Indigenous health and wellness, and the requirement to provide service to meet the minimum standards in the UN Declaration.





**Recommendation 22:** That the B.C. government, in consultation and cooperation with Indigenous Peoples, consider further truth-telling and public education opportunities that build understanding and support for action to address Indigenous-specific racism in the health care system; supplemented by a series of educational resources, including for use in classrooms of all ages and for the public, on the history of Indigenous health and wellness prior to the arrival of Europeans, and since that time.

**Recommendation 23:** That the B.C. government, in partnership with First Nations governing bodies and representative organizations, MNBC, Indigenous physicians, experts, and the University of British Columbia or other institutions as appropriate, establish a Joint Degree in Medicine and Indigenous Medicine. That the B.C. government, in partnership with First Nations governing bodies and representative organizations, MNBC, Indigenous nurses, experts, and appropriate educational institutions, establish a similar joint degree program for nursing professions.

**Recommendation: Implementation of Recommendations**

**Recommendation 24:** That the B.C. government establish a task team to be in place for at least 24 months after the date of this report to propel and ensure the implementation of all Recommendations, reporting to the Minister of Health and working with the Deputy Minister and the Associate Deputy Minister for Indigenous Health, and at all times ensuring the standards of consultation and co-operation with Indigenous Peoples are upheld consistent with the UN Declaration.

# Reviewed Documents

- *Transformative Change Accord, 2005.*
- *Tripartite First Nations Health Plan, 2007*
- *The Truth and Reconciliation Commission of Canada, Calls to Action, 2015*
- *Provincial Declaration of Commitment on Cultural Safety and Humility, 2015*
- *William’s Lake Cultural Safety Declaration of Commitment, 2017*
- *Reclaiming Power and Place, The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019*
- *B.C. Declaration on the Rights of Indigenous Peoples Act, 2019*
- *Declaration on the Rights of Indigenous Peoples Act Action Plan 2022-2027*
- *Remembering Keegan: A B.C. First Nations Case Study Reflection*
- *Interior Region Partnership Accord, 2019-2024. Interior Health, 2019*
- *Interior Region FNHA Regional Health and Wellness Plan, Refresh 2018*
- *Métis Relationship Accord V2, 2017*
- *Ktunaxa Nation Council and Interior Health, Letter of Understanding, 2019. Ktunaxa-IH Letter of Understanding Joint Committee, 2019*
- *Ktunaxa Nation Health & Wellness Plan, 2018-2022. Ktunaxa Nation Council Social Sector, 2020*
- *Métis Nation British Columbia and Interior Health, Letter of Understanding, 2018. Métis-IH Letter of Understanding Joint Committee, 2022*
- *First Nations and the Toxic Drugs Poisoning Crisis in BC, 2021*
- *Nlaka’pamux Nation and Interior Health, Letter of Understanding, 2019. Nlaka’pamux-IH Letter of Understanding Joint Committee, 2022*
- *Nlaka’pamux Health Services Society Annual Report 2019-2020*
- *Northern St’at’imc and Interior Health, Letter of Understanding, 2019. Northern St’at’imc-IH Letter of Understanding Joint Committee, 2022*
- *Northern St’at’imc Nation Health Plan, 2015-2019*
- *Okanagan Nation Alliance and Interior Health, Letter of Understanding, 2012. ONA-IH Letter of Understanding Joint Committee, 2022*
- *Secwepemc Health Caucus and Interior Health, Letter of Understanding, 2017. Secwepemc-IH Letter of Understanding Joint Committee, 2022*
- *Tsilhqot’in National Government and Interior Health, Letter of Understanding, 2018. Tsilhqot’in-IH Letter of Understanding Joint Committee, 2021*
- *Tsilhqot’in Nation Health Plan, 2018. Tsilhqot’in Nation, 2018.*
- *Ulkatcho First Nation and Interior Health, Letter of Understanding, 2015. Ulkatcho-IH Letter of Understanding Joint Committee, 2022*
- *BC Ministry of Health Mandate Letter, 2021/2022. Provincial Government of BC, 2021*
- *Interior Health Aboriginal Health and Wellness Strategy, 2015-2019*
- *Interior Health Aboriginal Human Resources Plan 2018-2025*
- *Interior Health Aboriginal Mental Wellness Plan, 2017. Interior Health, 2017*
- *Interior Health Service Plan, 2020/21 – 2022/23*
- *Interior Health Strategy Map, 2019/2020. Interior Health, 2019*
- *Review of the IH Aboriginal Health Portfolio: Perspectives from External Partners, Internal Stakeholders and Portfolio Members, 2020*
- *Fraser Health Aboriginal Health Plan, 2019-2024*
- *Island Health Indigenous Health Strategic Plan, 2017-2021*
- *Vancouver Island Aboriginal Health – Year in Review 2019/2020*
- *Toronto’s First Indigenous Health Strategy, 2016-2021*





