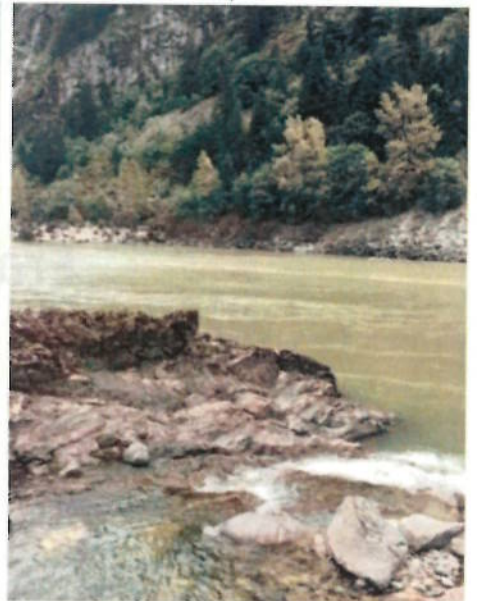
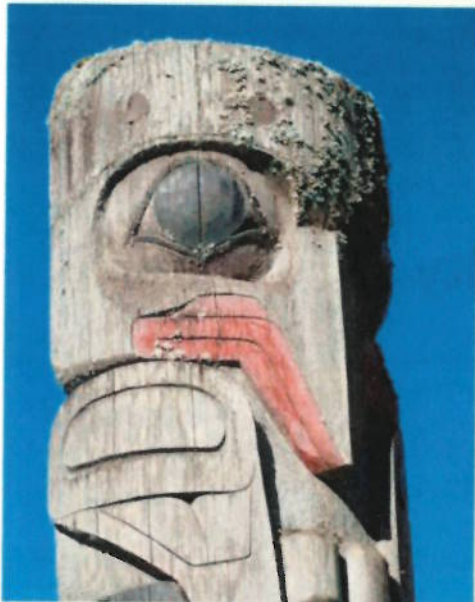


# Fraser Partnership Accord

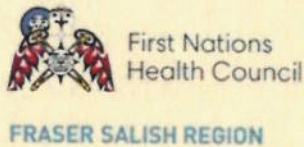
## BETWEEN

Fraser Salish Regional Caucus  
Fraser Health Authority  
First Nations Health Authority



**VISION » Blending the best of two worlds in health – modern medicine and ancestral teachings and ways.**

**January 2020**



**Fraser Partnership Accord**  
("Accord")

Between

**Fraser Salish Regional Caucus**  
("Regional Caucus")

And

**Fraser Health Authority**  
("Fraser Health")

And

**First Nations Health Authority**  
("FNHA")

Collectively referred to as "the Parties"

# 1. Preamble

---

- 1.1 This Fraser Partnership Accord is made in the spirit of partnership, true collaboration, and sets out a joint commitment to improve the health and wellness of all First Nations people living in the Fraser Salish Region, regardless of Nationhood, status or residence.
- 1.2 In accordance with the commitments made in the *British Columbia Declaration On The Rights Of Indigenous Peoples Act* for all provincial government ministries, including the Ministry of Health and its Health Authorities, the Parties to this Accord endorse and commit to work to implement the UN Declaration on the Rights of Indigenous Peoples which affirms, amongst other things, that “...*Indigenous peoples have the right to self-determination.*”
- 1.3 This Fraser Partnership Accord replaces the previous *Document of Intent (2010)* and *Fraser Partnership Accord (2011)* and incorporates additional priorities and considerations that have evolved since those two documents were signed.
  - The first *Document of Intent* between Fraser Health and the First Nations Health Society (on behalf of the First Nations Health Council – Fraser Salish Region) formalized and strengthened the relationship between the two Parties, and set out agreed strategic approaches, roles and collaborative responsibilities in relation to health services delivered to First Nations people in the Fraser Salish Region.
  - The first in British Columbia - *Fraser Partnership Accord (2011)*, signed by Fraser Health and the First Nations Health Council – Fraser Salish Region (on behalf of the Fraser Salish Regional Caucus), while not replacing the *Document of Intent*, was complementary and facilitated further commitments to partnership and engagement between Fraser Health and the Fraser Salish Regional Caucus.
  - Fraser Health also acknowledges the traditional and oral governance practices of Indigenous people of the Fraser Salish Region in its commitment to improve the health of the First Nations population. In September 2008, the CEO of Fraser Health participated in an honoring ceremony affirming the commitment of Fraser Health to partner with Fraser Salish First Nations and respect Fraser Salish cultural practices while providing health services to First Nations in the region. Two hundred witnesses in attendance gave their commitment to hold Fraser Health accountable for keeping this commitment.
- 1.4 This Accord is also informed by several provincial and regional foundational governance documents:
  - *The Transformative Change Accord: First Nations Health Plan (2006) (TCA:FNHP)*

- *The Tripartite First Nations Health Plan (2007) (TFNHP)*
- *The Consensus Papers (2011 and 2012)*
- *The BC Tripartite Framework Agreement on First Nation Health Governance (2011)*
- *Health Partnership Accord (2012)*
- *Fraser Salish Regional Health & Wellness Plan (2014)*
- *Declaration of Commitment on Cultural Safety and Humility in Health Services (2015)*
- *Fraser Salish First Nations Unity Health Declaration (2016)*
- *British Columbia Declaration On The Rights Of Indigenous Peoples Act*
- *Fraser Health Aboriginal Work Plan “The Way Forward” 2019-2024 – Under Development*
- *Fraser Health Cultural Safety & Humility Framework and Action Plan – Under Development*

## 2. Purpose

---

- 2.1 To achieve Letse’mot (“Everyone working together” - Halq'eméylem) by cooperating in good faith to achieve joint and shared decision-making in all decisions relating to health services delivered to First Nations people within the Fraser Salish Region.
- 2.2 To improve the health outcomes for First Nations people residing in the Fraser Salish Region, by achieving greater service integration through sharing decisions on planning, management, service delivery and evaluation of culturally appropriate, safe and effective services.
- 2.3 To formalize and strengthen the relationship between the Parties and to set out good governance standards, agreed strategic approaches and roles, collaborative responsibilities, and expectations of the Parties in relation to health and wellness services delivered to First Nations in the Fraser Salish Region.
- 2.4 To develop a Joint Work Plan to advance the implementation of commitments outlined within this Accord, including steps to align with and implement the *B.C. Declaration on the Rights of Indigenous Peoples Act*, as it relates to health for First Nations peoples in the Fraser Salish Region. A report on progress against the Joint Work Plan will be presented to the Regional Caucus and Fraser Health’s Board of Directors each year.

## 3. Shared Principles

---

The Parties agree to:

- 3.1 **Letse’mot** (“Everyone working together” - Halq'eméylem)

**ĆÁI,NEUEL TFE MEQ SÁN** (“Everyone working together” – SENĆOŦEN)

**ɕhi:yayəstəl'kʷθə məkʷ wet** (“Everyone working together” - hənqəminəm)

**Piye? wí?x e? sc'úw** ("Everyone working together" – Nlaka'pamux)

### 3.2 **First Nations Perspective on Health and Wellness:**

- Each person is a champion of their own wellness;
- Holistic, vibrant health is achieved through a balance of Mental, Emotional, Spiritual and Physical wellness;
- The values of Respect, Wisdom, Responsibility, and Relationships support and uphold wellness;
- Personal wellness is deeply influenced by connections to family, work, communities, institutions, environments, and culture.

### 3.3 **Respect, Recognition, Reconciliation**

- Cultural knowledge and traditional health practices are respected as integral to the wellbeing of First Nations;
- Health services need to reflect the diversity, interests and vision of First Nations;
- *United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)*: In accordance with the *British Columbia Declaration On The Rights Of Indigenous Peoples Act*, the Parties agree to work together with Fraser Health to ensure all policies, programs, services, and organizational culture as a whole is consistent with UNDRIP. Work will be linked to the provincial action plan outlined in the *Act*;
- *Truth and Reconciliation Report*: Federal and provincial governments have endorsed the *Truth and Reconciliation Commission Report* and its Calls to Action and the Parties are committed to working with each other and communities to promote cultural safety and humility across the health system and address the ongoing legacies of colonization in the spirit of reconciliation.

### 3.4 **The 7 Directives**

The 7 Directives were developed through comprehensive engagement with B.C. First Nations in the formation of the B.C. First Nations health governance structure, including the First Nations Health Council, First Nations Health Authority, and First Nations Health Directors Association. The 7 Directives are the fundamental standards and requirements for how health governance must operate at the community, regional and provincial levels:

- Directive # 1: Community-Driven, Nation-Based
- Directive # 2: Increase First Nations' Decision-making and Control
- Directive # 3: Improve Services
- Directive # 4: Foster Meaningful Collaboration and Partnership
- Directive # 5: Develop Human and Economic Capacity

- Directive # 6: Be Without Prejudice to First Nations' Interests
- Directive # 7: Function at a High Operational Level

### 3.5 **Commitment to Action**

- The way forward requires joint commitment to transition from an illness-based health services model to a wellness model encompassing a continuum of care that truly blends modern medicine with ancestral teachings and ways;
- The Parties will each deploy available assets, authorities, capacities and resources within their part of the health system to support the work under this Accord, to the extent possible within the legislative, organizational, and resource context in which they operate.

### 3.6 **Reciprocal Accountability**

- The actions of the Parties are based on reciprocal accountability; the Parties will support one another to uphold and enrich respective mandates and commit to being responsive, transparent, collaborative and diligent in advancing common priorities and striving for creative problem-solving to overcome challenges.

### 3.7 **Capacity Development**

- Capacity development within the First Nations health sector will be paramount, through planned growth, knowledge and skill transfer. Expansion and enhancement of Health services will be achieved through regional partnership and engagement with local land-based and urban/away from home First Nations.

### 3.8 **Authorities**

- The Parties acknowledge each other's mandates and focus - and intend to find mutually agreeable ways to manage any issues arising from these multiple and overlapping authorities.
- The Parties' shared intention is that the work done through the partnership is of broader benefit to all First Nation, Métis and Inuit peoples across the Fraser Salish Region, and all others from all races and places.

## **4. The Parties**

---

### **The Fraser Salish Regional Caucus**

---

- 4.1 The First Nations in the Fraser Salish Region have inherent responsibilities for the wellbeing of all First Nations people living in the region, regardless of Nationhood, status or residence.

- 4.2 Through the BC First Nations health governance structure established and set out by the *Tripartite First Nations Health Plan (2007)* and *Consensus Paper (2011)*, the Fraser Salish Regional Caucus represents the First Nations in the Fraser Salish Region.
- 4.3 First Nations in the Fraser Salish Region have formed the Fraser Salish Regional Caucus which provides a forum for the governance and health leads from the region's First Nations to come together at regular intervals to engage on key health and wellness issues through:
- Sharing information and perspectives as it relates to the work of the First Nations health governance structure;
  - Providing guidance on regional health matters;
  - Developing, and monitoring progress of, a regional health and wellness plan;
  - Monitoring the progress of the Regional Partnership Accord;
  - Providing direction and guidance to the Regional Table and Fraser Salish First Nations Health Council (FNHC) Representatives; and
  - Providing direction for political advocacy.
- 4.4 The Fraser Salish Regional Caucus is represented by the First Nation communities that reside within the Fraser Salish Region, which is organized into three sub-groups: Stó:lō Nation, Stó:lō Tribal Council, and Independent communities. Each sub-group appoints one representative to serve as a member of the First Nations Health Council.
- 4.5 The Regional Caucus has created two working groups, "Engagement & Transformation" and "Collaboration and Partnerships," which serve as the working extension of the Caucus, and whose collective responsibilities are to:
- Advise on the development and implementation of agreements with Fraser Health;
  - Engage with key stakeholders, organizations and government agencies, as appropriate;
  - Collaborate with the First Nations Health Council, First Nations Health Directors Association, First Nations Health Authority, and Fraser Health to implement the regional health and wellness plan;
  - Carry out work directed by the Regional Caucus; and
  - Plan the engagement with First Nations in the region.
- 4.6 The Fraser Salish Regional Caucus receives administrative, professional, technical and logistical support from the First Nations Health Authority – Fraser Region.

## First Nations Health Authority

---

- 4.7 FNHA is the first and only province-wide First Nations health authority in Canada and is one of four component entities of the First Nations health governance structure established by BC First Nations leadership (the other entities being the First Nations Health Council, First Nations Health Directors Association, and the Tripartite Committee on First Nations Health).
- 4.8 The FNHA is governed by a 9-member Board of Directors responsible for overseeing the mandate of the organization which is to:
- Plan, design, manage, deliver and fund the delivery of First Nations Health Programs in British Columbia;
  - Receive federal, provincial and other health funding for or to support the planning, design, management and delivery of First Nations Health Programs and to carry out other health and wellness related functions;
  - Collaborate with the BC Ministry of Health and BC Health Authorities to coordinate and integrate their respective health programs and services to achieve better health outcomes for First Nations in British Columbia;
  - Incorporate and promote First Nations knowledge, beliefs, values, practices, medicines and models of health and healing into the First Nations Health Programs, recognizing that these may be reflected differently in different regions of BC;
  - Be constituted with good governance, accountability, transparency and openness standards;
  - Establish standards for First Nations Health Programs that meet or exceed generally accepted standards;
  - Collect and maintain clinical information and patient records and develop protocols with the BC Ministry of Health and the BC Health Authorities for sharing of patient records and patient information, consistent with law;
  - Over time, modify and redesign health programs and services that replace Federal Health Programs through a collaborative and transparent process with BC First Nations to better meet health and wellness needs;
  - Design and implement mechanisms to engage BC First Nations with regard to community interests and health care needs;
  - Enhance collaboration among First Nations Health Providers and other health providers to address economies of scale and service delivery issues to improve efficiencies and access to health care;
  - Carry out research and policy development in the area of First Nations health and wellness;
  - The FNHA may undertake other functions, roles and responsibilities connected to health and wellness of First Nations and other Aboriginal people in BC.



## Fraser Health Authority

---

- 4.9 Fraser Health is one of five regional health authorities in B.C. responsible for acute care, long term care, mental health and substance use, home health, community care and public health services. There are 32 First Nations communities, and 5 Metis chartered communities that are served by Fraser Health from Tsawwassen to the Fraser Canyon / Boothroyd. The Province of BC, including regional health authorities, are responsible for providing health services to all residents of British Columbia including all First Nations, Métis, and Inuit. It is with this responsibility that Fraser Health acknowledges the need to partner with First Nations and other Aboriginal people in the Fraser Salish Region to ensure culturally safe and effective delivery of services to them.
- 4.10 The Government of British Columbia, through the Ministry of Health, sets goals, standards and performance agreements for the delivery of health services in B.C. Fraser Health's purpose is to improve the health of the population and the quality of life of the people we serve with the vision of *Better Health Best in Health Care*. Fraser Health is governed by a government-appointed board of directors (the "Fraser Health Board"). The Fraser Health Board works with Fraser Health's senior executive team to establish overall direction, review long-term plans and ensure appropriate community consultation. The CEO has overall responsibility for delivery of health programs and services in the Fraser Health region.
- 4.11 Given Fraser Health's values of respect, caring and trust, Fraser Health acknowledges the Fraser Salish Regional Caucus and the First Nations Health Authority as equal partners. Fraser Health enters this relationship with the recognition that improving the health status of First Nations and other Aboriginal peoples in the region requires a collaborative approach.

## 5. Commitments of the Parties

---

### Regionalization and Shared Investment

---

#### 5.1 Regionalization

The Consensus Paper 2012 set a course for the transition to a new First Nations health governance structure in BC, including the development of FNHA regional offices to support proactive regional service planning and the refresh of health programs and services transferred from Health Canada to better meet the needs of First Nations.

FNHA Regional Offices support:

- Engagement, planning, and reporting functions with communities;
- Collaboration with regional First Nations Health Council and First Nations Health

- Director Association representatives;
- Development and implementation of agreements with Regional Health Authorities to improve regional health and wellness services for First Nations;
  - Development of regional health and wellness plans, regional health initiatives and social determinants strategies.

The intended outcome of Regionalization is to: bring decision-making and service delivery closer to community; align with processes led by regional First Nations leadership; and develop integrated models of service including FNHA, communities and Regional Health Authorities.

The Parties to this Accord commit to ongoing support and implementation of Regionalization as envisioned in the Consensus Paper 2012.

## 5.2 Shared Investment

The Parties commit to shared investment in Key Priorities (Sec. 6.2) and Specific Objectives (Sec 6.3) outlined in this Accord to the extent possible within the legislative, organizational, and resource context in which they operate.

## Ongoing Collaboration

---

- 5.3 The Parties are committed to collaboration and increasing integration and understanding of the Partnership Accord throughout all levels of their respective organizations, including in the areas of policy and planning, health services, communication and public relations, information management, and research and knowledge exchange.
- 5.4 The Parties will discuss potential changes to policy, programs and services that might impact one another, including changes in provincial and federal policy, programs and services.
- 5.5 The Parties commit to collaboration and coordination of community engagement with First Nations in the Fraser Salish Region.
- 5.6 The Parties will communicate in a timely and effective manner about potential risks or impediments to the implementation of this Accord.

## 6. Joint Work Plan and Key Priorities

---

### Joint Work Plan

---

- 6.1 The Parties will develop a Joint Work Plan to advance the implementation of commitments outlined in this Accord. This work plan will align with Fraser Salish First Nation community health and wellness plans, the Fraser Salish Regional Health and

Wellness Plan, the Fraser Health Aboriginal Health Work Plan *“The Way Forward”* (2019-2024) – *Under Development*, the Fraser Health Cultural Safety & Humility Framework and Action Plan – *Under Development*, and the *B.C. Declaration on the Rights of Indigenous Peoples Act*.

The Parties will meet for an annual strategic planning session to review/update the Joint Work Plan. They will also prepare a report on progress against the work plan and present it to the Regional Caucus and Fraser Health’s Board of Directors each year.

The foundation of the Joint Work Plan will be made up of the Key Priorities listed in Section 6.2, with additional Specific Objectives listed in Section 6.3.

## Key Priorities

---

6.2 The Parties are committed to focusing on the following six key priority areas of shared interest:

- **Primary Health Care**, including:
  - Co-development of a 5-year Indigenous Primary Care Service plan;
  - Collaborative development of Ministry of Health initiatives such as Primary Care Networks, Urgent and Primary Care Centres, Community Health Centres Specialized Community Services Programs.

These work plan initiatives and others will be assigned to the Primary Health Care Working Group (Sec. 7.6)

- **Public Health and Health Literacy**, including:
  - Co-development of a 5-year Wellness and Prevention Service Plan;
  - Prioritize wellness approaches to avoid the current fragmentation of service approaches;
  - Develop community and culturally specific approaches to public health and health literacy, with a philosophy of empowerment;
  - Build capacity in communities to provide wellness programs.

These work plan initiatives and others will be assigned to the Public Health and Health Literacy Working Group (Sec. 7.6).

- **Maternal Child and Family Health**
  - Develop a maternal child health strategy that endeavors to find ways to reduce infant mortality, eliminate infant apprehensions, and improve core childhood health outcomes;
  - Prioritize maternal child health and children, youth and family health, with a focus on wellness and prevention-based support services;

- Increase supports for vulnerable women, men's wellness, and end of life care.

These work plan initiatives and others will also be assigned to the Public Health and Health Literacy Working Group (Sec. 7.6)

- **Mental Health and Wellness**

- Collaboratively plan and integrate services in alignment with the FNHA Fraser Salish 5-year Mental Health and Wellness Service Plan;
- Increase development of trauma-informed, full-spectrum (prevention, intervention, postvention), wrap-around services across the life span;
- Increase education to destigmatize mental health and addictions;
- Support wise practices and professional standards for those working in the mental health field.

These work plan initiatives and others will be assigned to the Mental Health and Wellness Working Group (Sec. 7.6)

- **Cultural Safety & Humility and Traditional Wellness**

- Collaborate and Partner on initiatives to embed Cultural Safety and Humility across Fraser Health; support the Fraser Health Cultural Safety & Humility Framework and Action Plan – *Under Development*.
- Strive to eradicate racism within Fraser Health.
- Improve the complaints, concerns, and feedback processes.
- Conduct joint reviews of critical injuries and deaths of First Nations persons.

These work plan initiatives and others will be assigned to the Cultural Safety and Humility Working Group (Sec. 7.6)

- **Social Determinants of Health**

- Develop a strategy to reduce isolation of services and increase collaboration and planning with the following Ministries:
  - Ministry of Health;
  - Ministry of Mental Health & Addictions;
  - Ministry of Child & Family Development;
  - Ministry of Social Development & Poverty Reduction;
  - Ministry of Public Safety;
  - Other Ministries or Agencies, as required.

Work plan initiatives for Social Determinants of Health priorities will be assigned directly to the Aboriginal Health Operations Committee (Sec. 7.4)

## Specific Objectives

---

6.3 The parties are further committed to incorporating the following into the Joint Work Plan:

- Work with the Government of BC to:
  - formalize policies and processes for the appointment of two (2) permanent Aboriginal positions to the Fraser Health Board – one (1) from a land-based community within the Fraser-Salish Region and the other an Urban Aboriginal representative, and;
  - Consider candidates that the Aboriginal Health Steering Committee (described in Sec. 7.1) recommends for these positions
- Jointly develop an internal communications plan to increase integration and understanding of the Accord throughout all levels of each organization, including onboarding and orientation training for senior staff. Jointly develop an external communications plan to enhance public awareness of the Accord;
- Develop joint engagement, feedback, and evaluation mechanisms with the Regional Caucus to ensure representatives from the 32 First Nations in the region are informed about and involved in all decisions relating to health services delivered to First Nations in the Fraser Salish Region.
- Collaboratively develop success indicators that measure how the Accord impacts service delivery and reporting functions against the Partnership Accord Joint Work Plan;
- Measure effectiveness of the internal Partnership Accord governance structure based on reciprocal accountability of all Parties, and First Nations participation at all levels;
- Incorporate applicable recommendations from all organization evaluations undertaken by each Party into the Joint Work Plan, including the FNHA Partnership Accord Review;

## 7. STRUCTURE OF THE RELATIONSHIP

---

The Parties have established a committee structure to manage strategic, operations, and program level workflow:

- Strategic level: the Aboriginal Health Steering Committee provides direction and oversight to the Partnership Accord and Joint Work Plan;
- Operations level: the Aboriginal Health Operations Committee provides operational oversight and implements priorities within the Joint Work Plan;

- Program level working groups carry out initiatives and objectives identified in the Joint Work Plan:
  - Primary Health Care (PHC)
  - Public Health and Health Literacy (PHL)
  - Mental Health and Wellness (MHW)
  - Cultural Safety and Humility (CSH)
  - Information Management/Information Technology (IMIT)

## Strategic Level

---

- 7.1 The Parties have established an **Aboriginal Health Steering Committee (AHSC)** to oversee the implementation of this Accord and serve as a senior and influential forum for partnership, collaboration, and joint efforts on First Nations health priorities, policies, budgets, programs and services in the Fraser Salish Region. A terms of reference has been developed for the AHSC which provides further details on its purpose, scope, membership, etc.
- 7.2 The objectives of AHSC are to:
- Provide a forum for the Parties to develop a mutual understanding of the problems, strengths and issues supporting a population health approach; and, understand each other's cultures, strategic priorities, ways of working, points of view, priorities, points of leverage and limitations.
  - Provide oversight and direction to the development and implementation of the Partnership Accord and Joint Work Plan.
  - Jointly monitor performance indicators and strategic initiatives related to First Nations health.
  - Monitor outcomes of population health approaches that are jointly implemented and evaluated with the Fraser Salish First Nations to evaluate progress on closing the health disparity gap between First Nations people and non-Aboriginal residents.
  - Ensure that mutually agreed upon First Nations' health priorities are incorporated into annual work plans for all Fraser Health programs.
- 7.3 Meetings:
- The AHSC will meet quarterly to review progress on the Partnership Accord and Joint Work Plan. One of these meetings will also coincide with the annual report on progress to Caucus.

## Operational Level

---

- 7.4 The Parties have created an **Aboriginal Health Operations Committee (AHOC)**, accountable to the AHSC, made up of senior leadership of the FNHA and Fraser Health. AHOC provides operational oversight of the implementation of the Joint Work Plan, including assigning initiatives identified within the work plan to the appropriate working group(s) (Sec. 7.6).
- 7.5 The AHOC meets quarterly, two-weeks prior to the quarterly AHSC meetings.

## Program Level

---

- 7.6 The Parties have committed to creating the following joint working groups to develop effective working relationships and collaborative planning processes, at the departmental and program level, and to carry out objectives identified in the Joint Work Plan:
- **Primary Health Care (PHC).** Objective is to ensure a person-centered experience of care that is holistic, integrated, coordinated, and accessible – and that diversity and culture are respected at the first point of contact between a patient and the health care system;
  - **Public Health and Health Literacy (PHL).** Objective is to promote and protect personal and population health and wellness through individual, family, community and regional action that is grounded in wellness approaches throughout the lifespan, with an emphasis on maternal child and family health.
  - **Mental Health and Wellness (MHW).** Objective is to promote and support mental wellness and prevent substance use harms in settings such as communities, schools, workplaces and care facilities through partnerships and evidence-based action;
  - **Cultural Safety and Humility (CSH).** Objective is to create system-wide transformation and eliminate structural barriers inhibiting First Nations, Métis and Inuit peoples' equitable access to high quality and culturally safe health care services.
  - **Information Management/Information Technology (IMIT).** Objective is to support the FNHA and Fraser Health in their review of opportunities for information management and systems including identity management; ambulatory and community electronic medical records; information exchange and integration; information sharing agreements; telehealth, etc.;
- 7.7 One Health Lead (elected Councilor) per Fraser Salish sub-group (Stó:lō Nation, Stó:lō Tribal Council, Independent communities), and the three Fraser Salish First Nations Health Directors Association Reps will also be invited to contribute to the working groups outlined in Sec. 7.6.

## 8. General Guidelines

---

- 8.1 This Partnership Accord may be reviewed and updated over time as the relationship between the Parties develops and First Nations health governance in B.C. evolves. The Parties acknowledge that transformation needs to be systemic and not person-dependent.
- 8.2 Notwithstanding anything else to the contrary in this Fraser Partnership Accord, the Fraser Salish Regional Caucus, First Nations Health Authority, and Fraser Health agree that this Accord is intended to be a general statement of goals but is not intended to create, and does not create, legally binding obligations on the Parties, nor is it enforceable against any of the Parties in any court of law or through any Indigenous decision-making body or otherwise.
- 8.3 Nothing in this Accord shall be construed so as to abrogate or derogate from the protection provided for existing First Nations or treaty rights of the First Nation people of the Fraser Salish Region; neither does it intend to undermine or interfere with the rights of Fraser Health to govern its health services delivery in compliance with all laws, rules and regulations, and medical ethical requirements. Rather, this Accord speaks to collaboration and commitment between the Parties.

### Review and Amendment

---

- 8.4 The Accord will be reviewed in three years from date of signing.
- 8.5 Any party to this Partnership Accord may request that it be reviewed, replaced or amended by providing six (6) months written notice to the other Parties. A process to review, amend or replace this Partnership Accord must be undertaken within a timeframe agreed to by all Parties at commencement of that process.
- 8.6 As a living document, this Accord may be amended as needed to maintain the validity of the document or to further develop/define the partnership between the Parties.

## APPENDIX: Joint Work Plan

---

Under development.



## Glossary

---

AHOC	Aboriginal Health Operations Committee
AHSC	Aboriginal Health Steering Committee
FNHA	First Nations Health Authority
FNHC	First Nations Health Council
FNHDA	First Nations Health Directors Association
FNHS	First Nations Health Society – precursor to the FNHA
Fraser Health	Fraser Health Authority
Fraser Health Region:	<p>The administrative and geographic area prescribed to Fraser Health in the <i>Regional Health Boards Regulation to the Health Authorities Act</i> covering Burnaby, Delta and White Rock through to Hope and surrounding areas.</p>
Fraser Salish First Nations:	<p>The 32 First Nation communities within the Fraser Salish Region.</p>
Fraser Salish Region:	<p>The First Nations Health Authority - Fraser Salish Region uses the same administrative and geographic boundaries as the Fraser Health Region.</p>
Fraser Salish Regional Caucus:	<p>The Fraser Salish Regional Caucus is represented by the 32 First Nation communities that reside within the Fraser Salish Region and appoints 3 members to the First Nations Health Council.</p>
UNDRIP	United Nations Declaration on the Rights of Indigenous Peoples

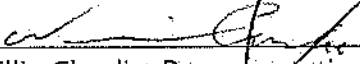
# Fraser Partnership Accord

Signed on \_\_\_\_\_, 2020

## For Fraser Salish Regional Caucus:



Grand Chief Doug Kelly, Representative for the Stó:lō Tribal Council

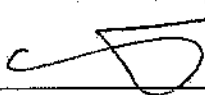


Willie Charlie, Representative for the Independent Fraser Salish Communities



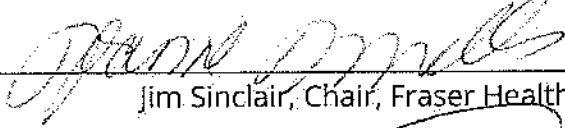
Derek Hansom, Representative for the Stó:lō Nation Chiefs Council

Witness:

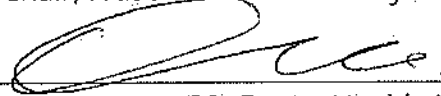


Michelle DeGroot, Executive Director, FNHA Fraser Salish Region

## For Fraser Health Authority:

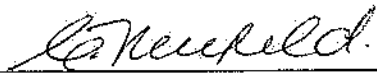


Jim Sinclair, Chair, Fraser Health Authority Board of Directors



Dr. Victoria Lee, CEO, Fraser Health Authority

Witness:



Carolyn Neufeld, Executive Director, Aboriginal Health, Fraser Health Authority

## For First Nations Health Authority:

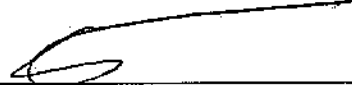


Colleen Erickson, Chair, First Nations Health Authority Board of Directors



Richard Jock, Interim CEO, First Nations Health Authority

Witness:



Michelle DeGroot, Executive Director, FNHA Fraser Salish Region