

THE ASSEMBLY OF FIRST NATIONS

GETTING THE RELATIONSHIPS RIGHT:

Guiding Principles for Working
in Partnership with the AFN
Health Sector



SPRING 2018

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ACRONYMS

- AFN- Assembly of First Nations
- CCOH- Chiefs Committee on Health
- CIHI- Canadian Institute of Health Information
- CIHR - Canadian Institute of Health Research
- CMA- Canadian Medical Association
- CPAC -Canadian Partnership Against Cancer
- FNHMA- First Nations Health Managers Association
- FNHTA- First Nations Health Transformation Agenda
- FNIIHB -First Nation and Inuit Health Branch
- FNIGC- First Nation Information Governance Centre
- HSF- Heart and Stroke Foundation
- Infoway- Canada Health Infoway
- MHCC- Mental Health Commission of Canada
- PHAC- Public Health Agency of Canada

BACKGROUND

Over the past ten years there has been increasing public recognition of the generally poor health outcomes faced by First Nations people in Canada. Stories of First Nations struggling to address youth suicide, or the emergence of a “diabetes epidemic” in the First Nations population are now commonplace in Canadian media. In addition to the greater public attention to the health crisis facing First Nations, the Truth and Reconciliation Commission’s (TRC) Calls to Action¹ call on all governments, organizations and individuals within health care settings to take action towards achieving reconciliation. In response, many national health organizations and institutions have expanded their mandates to include First Nations and/or Indigenous health.

The Assembly of First Nations (AFN) is encouraged that citizens and non-First Nations organizations see themselves as allies in the struggle towards reconciliation, and specifically in achieving equitable health outcomes for First Nations. There is also no doubt that these efforts are guided by a commitment to justice, truth and reconciliation. It is paramount, however, that all work undertaken in First Nations health support the aspirations, goals and priorities of First Nations, as well as reflect/respect the inherent, Treaty and international rights of First Nations peoples.

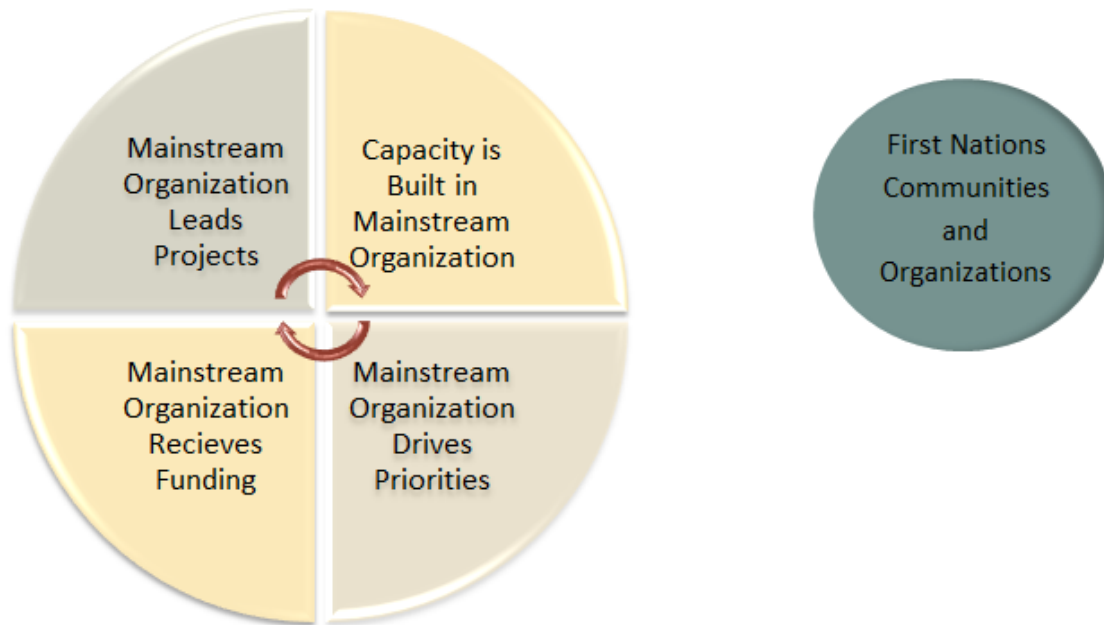
The risk of “getting it wrong”, when it comes to non-First Nations organizations undertaking work on First Nations health, is to replicate the paternalist logic that First Nations have fought so hard to get out from under. Recently, we have seen some cause for concern in this regard. For example, tens of millions of dollars- often federal dollars- are invested in mainstream organizations with little or no connection or accountability to the First Nations they are intended to serve. We have heard many First Nations say they feel like mere line-items in a budget rather than equal partners- at minimum- in developing and directing the work.

In addition, many non-Indigenous organizations and decision-making bodies, including federal departments and agencies, research institutions and non-governmental organizations, have tended to approach First Nations health from a deficits perspective. Simply, work has been focused on **solving** First Nations health “issues” rather than fostering strengths and wisdom as the solution to resolving health gaps. This deficits-based methodology privileges non-Indigenous organizations by holding up mainstream “experts” rather than viewing First Nations as experts in their own lives armed with cultural teachings to build healthy and resilient First Nations.

The continued practice of providing non-Indigenous organizations with resources to do work on First Nations health is rooted in a logic that says, given the scale and urgency of First Nations health needs, mainstream organizations can deliver the economies of scale and immediate expertise. While this may be true, the reality is that this logic leads to a never-ending cycle; **First Nations and organizations will never have capacity until they are supported to build capacity.**

¹ A more fulsome discussion of the TRC and health can be found on page 8.

**Historical Approaches to Partnerships:
Mainstream Organizations Working on First Nations Topics**



The increased interest- from mostly mainstream organizations- to work on First Nations health has resulted in requests for partnerships that far outstrip the AFN Health Sector’s current capacity to respond. Certainly, organizations demonstrating interest in working with the AFN in partnership is a positive sign, however, it is the AFN’s responsibility to ensure that any potential partnership opportunity respect the inherent, Treaty and international rights of First Nations peoples, reflect First Nations priorities, and support First Nations capacity. In addition to increased interest from external organizations to partner, the AFN Health Sector has identified the need to ensure that existing partnerships meet high ethical standards and support First Nations aspirations on health.

THE ROLE AND MANDATE OF THE AFN

The AFN is a national advocacy organization representing First Nations citizens in Canada, which includes more than 900,000 people living in 634 First Nations and in cities and towns across the country. First Nations Chiefs, from coast to coast, direct the work of AFN through resolutions passed at Chiefs Assemblies held at least twice a year. The AFN National Executive Committee is made up of the National Chief, 10 Regional Chiefs and the chairs of the Elders, Women’s and Youth councils. Regional Chiefs are elected every three years by Chiefs within their regions. Within the AFN National Executive Committee, Regional Chiefs are tasked with specific portfolios including Health, Environment, Economic Partnerships, Education, Lands, Resources and Territories, Languages, Social Development, and Housing/Infrastructure/Water/Emergency Management. The Regional Chief/portfolio holder then becomes a political spokesperson, and advocate, for that particular file area within and outside the AFN.

The role of the National Chief and the AFN is to advocate on behalf of First Nations as directed by Chiefs-in-Assembly. This includes facilitation and coordination of national and regional discussions and dialogue; advocacy efforts and campaigns related to the Budget, legislation, policies and programs; legal

and policy analysis; communicating with governments; including facilitating relationship building between First Nations and the Crown as well as public and private sectors and the general public.

As mentioned above, the AFN Health Sector is directed by resolutions passed by Chiefs in Assembly. Further, the AFN Health Sector works with the Chief Executive Officer (CEO) and the National Chief's Office to ensure the organizational priorities on health are being met. The primary advisory body is the AFN Chiefs Committee on Health (CCOH). The CCOH is comprised of a representative Chief from each of the ten AFN regions across the country and is chaired by the AFN Executive Committee member (Regional Chief) who holds the portfolio for health. CCOH subsequently reports back and is accountable to the Chiefs in Assembly.

The AFN Health team and the CCOH also receive advice from numerous advisory committees comprised primarily of issue experts and regional First Nations representatives. Some committees are longstanding and stable while others are built to serve a shorter term objective. Some of the current committees work in the areas of public health, mental wellness, and Non-Insured Health Benefits, among others.

It must be understood that, while the AFN is a First Nations mandated organization, it is not a rights-bearing organization and does not replace the voice of First Nations themselves. This is a particularly important point for government departments and government mandated organizations that hold a legal obligation to consult with First Nations when there is potential for their actions or decisions that may affect an Aboriginal person's Aboriginal or Treaty rights. That obligation is to First Nations themselves, and not with the AFN.

ALIGNMENT WITH AFN HEALTH SECTOR PRIORITIES

As part of achieving our mandate, the AFN Health Sector seeks to participate in relationships that serve our larger strategic vision, as outlined in the AFN's *First Nations Health Transformation Agenda (FNHTA)*, and the AFN Health Sector Strategic Plan (2018/19 to 2021/22). The foundational messages of both the FNHTA and the Strategic Plan are three-fold. They are:

- 1. Getting the Relationships Right:** for all of those within the healthcare world to work with First Nations in a way which respects First Nations right to self-determination as part of Treaty, inherent and international rights.
- 2. Meaningful and Sustainable Investments:** Simply put, effective First Nations led health systems require significant and sustainable investment to achieve positive health and wellness outcomes.
- 3. Supporting First Nations Capacity First:** For far too long, non-First Nations governments and organizations have claimed to address First Nations health by investing in their own human and organizational capacity. In contrast, sustainable solutions require supporting capacity at the First Nations and organizational level as a first priority.

WHY PARTNERSHIP PRINCIPLES AND PROTOCOLS

As identified above, the AFN has a clear responsibility to ensure that any potential partnership opportunity respect the inherent, Treaty and international rights of First Nations peoples, reflect First Nations priorities, and support First Nations capacity. As such, in 2016 the AFN Chiefs Committee on Health (CCOH) asked the AFN Health Sector to articulate a set of strategic principles to guide the development of working relationships between the AFN and external organizations. These principles will guide AFN staff and potential or existing partners via the clear articulation of expectations on both sides of the relationships. Transparency regarding the AFN's expectations for partnerships will lead to more positive and durable relationships and ultimately greater positive impacts within First Nations themselves.

In addition to the CCOH, the AFN Health Sector is guided in this work through national resolutions from Chiefs-in-Assembly. In particular, Resolution 07-2016 mandates the AFN to *'Support Partnerships with Indigenous Health Organizations'*. Specifically, the resolution directs the AFN to:

1. *"Request that the Federal Government prioritize support for First Nations organizations over mainstream organizations doing work on behalf of First Nations, in order to build capacity within First Nation communities and organizations."*
2. *"Direct the Assembly of First Nations (AFN) to work more closely with First Nation organizations, when possible, to address the issues and priorities faced by First Nation communities in a culturally competent and relevant way."*

PARTNERSHIP FUNCTIONS

There is clear value in building strong and sustainable partnerships between the AFN and outside organizations. Principles for partnership development must begin with a clear understanding of the AFN's objectives and outcomes in any partnership opportunity. The AFN's objectives and outcomes for partnerships are both proximal and global. When it comes to the proximal objectives, for example, the AFN seeks to participate in partnerships that have clear goals, timelines and activities that build towards meaningful action. The global objectives of health partnerships for the AFN is fundamentally about building First Nations capacity and supporting First Nations self-determination.

Partnerships can take many forms and can last for varying lengths of time. At the AFN, partnerships are typically developed for the following purposes:

1. **Educational Function:**

To work with organizations to help them understand the processes involved in engaging and working with First Nations. The AFN has a strong role in advocating for regional and local First Nations processes that respect the principles outlined in this document.

2. **Communications Function:**

Related to the above point, some partnership relationships are developed primarily to share programs, initiatives and opportunities with the AFN's expansive health-related networks.

3. **Advocacy Function:** There are times when the AFN is asked to partner with organizations where advocacy work is mutually beneficial.
4. **Program Development Function:** The AFN supports program development in situations where there is a national mandate that is supported through regional and AFN processes.
5. **Strategic Planning Function:** If proper engagement is followed, the AFN works with national organizations to develop strategic plans focused on local First Nations.

THE PARTNERSHIP LANDSCAPE

There are numerous types of organizations that seek partnership/support from the AFN including government departments, federal agencies, professional organizations, private corporations, researchers and universities and philanthropic organizations.

Federal government departments/agencies that work in the area of First Nations health include Health Canada's First Nation and Inuit Health Branch (FNIHB), the Public Health Agency of Canada (PHAC) and Statistics Canada. The AFN works with FNIHB on national-level priorities and supporting the aspirations of First Nations on health from across the country.² The AFN has long sought to establish clear guidelines for the relationship between itself and FNIHB in order to standardize the engagement process and ensure AFN perspectives are respected within the policy development process. This led to the signing of the AFN-FNIHB Engagement Protocol in 2014.³ While implementation has not always been perfect, the engagement protocol is certainly a best practice which holds important lessons for organizations and governments seeking to work with the AFN and First Nations broadly.

There are also many organizations/institutes mandated and funded by the federal government which have assumed an Indigenous focus in their work. Some examples include the Canadian Partnership Against Cancer (CPAC), Canadian Institute of Health Research (CIHR), the Mental Health Commission of Canada (MHCC) and Canada Health Infoway (Infoway). Given their federal mandate and funding, these organizations have an even greater responsibility to ensure engagement with First Nations is adequate and ethical and in line with Federal commitments to reconciliation, the United Nations Declaration on the Rights of Indigenous Peoples (the *UN Declaration*) and nation-to-nation relationships.

The AFN has worked with numerous professional and non-profit organizations to varying degrees such as the Canadian Medical Association (CMA), the Canadian Dental Association (CDA), the Canadian Pharmacists Association (CPhA), the Canadian Physiotherapy Association (CPA), the Heart and Stroke Foundation (HSF), the Canadian Public Health Association (CPHA), and HealthCareCAN, among numerous others. These relationships generally involve coordinated advocacy efforts on key priorities of shared concern. However, in line with Resolution 07-2016, the AFN generally avoids working with non-Indigenous, non-governmental organizations who seek federal funding to work specifically on First Nations issues. Rather, these federal investments should be provided to build capacity within First Nations organizations.

² In the past, the role of the AFN, vis-à-vis FNIHB, was much more focused on guiding the development of specific Federal policies. Given FNIHB's move to a regional approach and the commitment to nation-to-nation relationships, the AFN has sought to take up a larger advocacy role and supporting First Nations achieve their own particular visions of health transformation.

³ AFN-FNIHB Engagement Protocol, 2014

Universities and researchers have also pursued AFN as partners pertaining to First Nations health research initiatives. The research projects that the AFN has partnered on tend to be national in scope as regional or local level initiatives are more appropriately addressed at the local level, tribal council or First Nations provincial/territorial organization (PTO) level. In addition, AFN participation in any research project is contingent on the demonstrated commitment to ethical research practices including OCAP®.



In addition, there have been instances when private service providers and pharmaceutical companies have sought partnerships with the AFN Health Sector. While each partnership opportunity is different, unless directed by the Chiefs in Assembly, it is not generally AFN practice to work with private corporations in a manner which may be viewed as promoting a particular product or service.

Finally, a number of First Nations organizations work directly with AFN on their national mandates. AFN participation is, generally, to act in an advisory and advocacy role to support these organizations. The First Nations Information Governance Centre (FNIGC), the Thunderbird Partnership Foundation, and the First Nations Health Manager's Association (FNHMA) are examples of national-scope First Nations organizations. The AFN has been a partner in the formation, leadership and development of these First Nation-led organizations and they serve as successful examples of First Nations partnership development.

GUIDING PRINCIPLES IN “GETTING THE RELATIONSHIPS RIGHT”

1. RESPECTING AND IMPLEMENTING THE RECOMMENDATIONS OF THE TRUTH AND RECONCILIATION COMMISSION OF CANADA

The first principle is about respecting and working to implement the *Calls to Action of the Truth and Reconciliation Commission of Canada*⁴. This includes establishing transparent communication, understanding and respecting distinct points of view, the recognition of rights, co-operation, and shared accountability and authority over decision-making.

The Calls to Action are based on a framework for reconciliation at all levels and across all sectors of Canadian society. They create a foundational understanding of the approaches and attitudes which are necessary for building strong and fruitful partnerships with First Nations. Some highlights of the Calls to Action that are pertinent to this understanding are:

- First Nations, Inuit, and Métis, as the original peoples of this country and as self-determining peoples, have Treaty, constitutional, and human rights that must be recognized and respected.
- Reconciliation is a process of healing relationships that requires public truth sharing, apology, and commemoration that acknowledge and redress past harms.
- Reconciliation requires constructive action to address the ongoing legacies of colonialism that have had destructive impacts on Aboriginal peoples’ education, cultures and languages, health, child welfare, the administration of justice, and economic opportunities and prosperity.
- Reconciliation must create a more equitable and inclusive society by closing the gaps in social, health, and economic outcomes that exist between Aboriginal and non-Aboriginal Canadians.
- All Canadians, as Treaty peoples, share responsibility for establishing and maintaining mutually respectful relationships.
- The perspectives and understandings of Aboriginal Elders and Traditional Knowledge Keepers of the ethics, concepts, and practices of reconciliation are vital to long-term reconciliation.
- Supporting Aboriginal peoples’ cultural revitalization and integrating Indigenous knowledge systems, oral histories, laws, protocols, and connections to the land into the reconciliation process are essential.
- Reconciliation requires political will, joint leadership, trust building, accountability, and transparency, as well as a substantial investment of resources.

⁴ What We Have Learned, Principles of the Truth and Reconciliation a, Truth and Reconciliation Commission of Canada, 2015 The full report can be found at <http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Principles of Truth and Reconciliation.pdf>

Reconciliation requires sustained public education and dialogue, including youth engagement about the history and legacy of residential schools, Treaties, and Aboriginal rights, as well as the historical and contemporary contributions of Aboriginal peoples to Canadian society.

Partnership Principle: Respect and Implementation of the TRC Calls to Action



- Does the proposed partnership/project contribute to the reconciliation process identified in the TRC Calls to Action?

2. FIRST NATION DRIVEN

First Nations must drive the development of programs and services for First Nations for practical, moral and sometimes legal reasons. To be truly effective, interventions must be developed and supported by First Nations as they understand, firsthand, the context of their health and the challenges associated with improving health outcomes. As a result, pre-determined agendas do not fit this model as they likely will not align with community needs. When First Nations are brought to the table after the initiative is well underway, the message sent is that First Nations expertise is not valued. In addition, re-aligning projects that have already been developed is exceptionally challenging and not a productive use of time.

Ensuring that First Nations have decision-making authority is also essential. The AFN Health Sector is generally not interested in participating only in an advisory capacity, but rather in a decision-making capacity.

Partnership Principle: First Nations Driven



- Was the AFN engaged early in the project development stage?
- Is the AFN's role in a decision-making capacity?
- Does the organization/project account for and respect the AFN's timelines and governance processes?

3. ENHANCE FIRST NATION CAPACITY

The AFN Health Sector seeks, first and foremost, to support First Nations and organizations in their work. There are many First Nations organizations that have spent much time, energy and limited financial resources to build their own capacity to develop programming and services to serve their people.


While supporting First Nations organizations is our first priority, there may be value in partnering with mainstream organizations in achieving AFN priorities. However, these partnerships must work to, both in the immediate and long-term, *Enhance First Nations Capacity*.

There may also be opportunities to connect First Nations and mainstream organizations in order to facilitate the cross-pollination of knowledge and skills.

Building and enhancing First Nations capacity, from prospective AFN partners, could include:

1. Enhancing existing First Nations projects/programming, where capacity has already been developed.
2. Ensuring that all projects/programming works towards building and leaving capacity within First Nations.
3. Acknowledging the contributions of First Nations within the project and organization.

Partnership Principle: Enhanced First Nations Capacity



- Does the proposed partner receive federal funding to do work on behalf of First Nations? (applicable to non-First Nations organizations)
- Is there an Indigenous or First Nations organization that is doing similar work, or is better suited to do the proposed work?
- Will the project contribute to community capacity both in the immediate and long-term?

4. INCORPORATE TRADITIONAL KNOWLEDGE AND CULTURE

The fourth founding principle for partnership development is *incorporation of Traditional Knowledge and Culture* into programs/initiatives targeting First Nations. At the root of First Nations' cultures is the understanding that achieving individual and local First Nations wellness requires attention to the physical, mental, spiritual and emotional aspects of community life. The corollary is that culture must permeate successful, relevant health and wellness programming for First Nations. Language, spirituality, land, leadership are all foundational components of culture. Another component is the value of nurturing relationships. Though not universal, many First Nations are guided by the Seven Grandfather Teachings of Love, Respect, Courage, Honesty, Wisdom, Humility and Truth. These are integral to successful relationships and partnership building.

When First Nations are involved in all aspects of policy and program development, culture becomes an integral part of the initiative, and not “added in” as an afterthought.

Partnership Principle: Incorporating Traditional Knowledge and Culture



- Does the potential partner recognize the value of traditional knowledge and culture in policy and program development for First Nations?

5. RESULTS IN ORGANIZATIONAL CHANGE

Partnering organizations/institutions must adapt as a result of the working relationship with First Nations. In being open to organizational change, groups demonstrate a commitment to meaningfully addressing First Nations priorities beyond a single project or initiative, both within and beyond the organization.

One way to operationalize this principle is through the establishment of a Board of Director's position, where appropriate, to act as a conduit to address First Nations specific issues. This position would carry expertise and intimate knowledge of First Nations cultures and communities, along with the ability to make decisions and advocate for community-driven initiatives and investments. A clear communications and accountability process will need to be developed to ensure that this position is accountable to the First Nations it represents and carries the power to influence the organizational agenda.

The question of accountability within these positions is particularly important. A key role that the AFN can play in identifying a First Nations representative for these positions is that the AFN is responsible back to communities through the AFN health governance structure and via Chiefs-in-Assembly. In addition, with a connection to the AFN through a Board position, the good work undertaken by the partner organization can be more easily communicated to First Nations via AFN networks, thus maximizing impact.

It is also strongly recommended that a senior leadership position(s) be created to advocate and develop strategies within the organization to support First Nations initiatives and work both internally and externally on First Nations priorities. These strategies must also recognize the *Getting the Relationships Right* principles along with the expectation that resources will flow to and through First Nations organizations, wherever possible.

Another potential way to enact organizational change is the development of a human resources strategy aimed at the recruitment and retention of Indigenous employees to direct, operate and implement organizational priorities as they relate to Indigenous peoples. The result is a built-in cultural awareness and competency, as well as working towards a larger reconciliation priority of building First Nations capacity in the area of health and wellness.

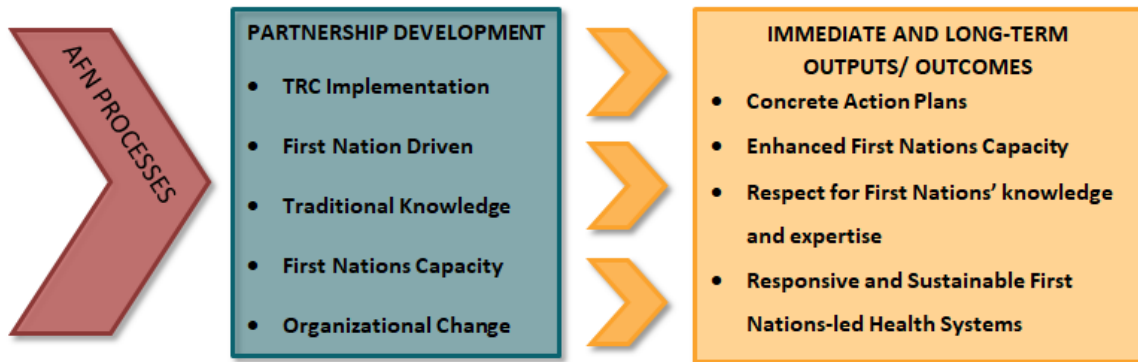
The simple fact is, organizational change takes time and it costs money. Mainstream organizations must demonstrate a firm commitment to a long-term vision of supporting First Nations health; for example, this commitment must not be subject to shifting political tides or changes in organizational leadership. Indeed, this is the standard required in moving towards reconciliation.

Partnership Principle: Results in Organizational Change



- Is the potential partner open to organizational change to better address First Nations priorities?
- Has the potential partner demonstrated a willingness to commit financially to First Nations priorities?
- Is there a position with decision-making authority such as a Board or senior leadership dedicated to First Nations interests?

Getting the Relationships Right: Principles for Partnership Development with the AFN Health Sector




CONCLUSION

One of the lessons coming from the TRC is that all Canadians have a vital role to play in the reconciliation process. Indeed, many non-Indigenous people and organizations have sought to take up their responsibilities towards First Nations in Canada. In going down this shared path, however, we must ensure that these efforts, however unwittingly, is not a replication of the kinds of paternalism that have historically disempowered communities. First Nations have the right and responsibility to be self-determining on health, and they hold the knowledge and solutions to the health challenges facing local First Nations today. Mainstream organizations can play a role in embracing and supporting First Nations knowledge and authority on health issues and supporting the development of First Nations capacity. With this in mind, the AFN Health Sector looks forward to building ethical and mutually-beneficial relationships with like-minded organizations.



55 Metcalfe Street
Suite 1600
Ottawa, ON K1P 6L5
1-866-869-6789
www.afn.ca

ANNEX A

| PARTNERSHIP CHECK LIST  | | |
|--|--|-----|
| Principle | Question | Y/N |
| Respecting and Implementing the Recommendations of the Truth and Reconciliation Commission of Canada | Does the proposed partnership/project contribute to the reconciliation process identified in the TRC Calls to Action? | |
| First Nations-Driven | Was the AFN engaged early in the project development stage? | |
| | Is the AFN's role in a decision-making capacity? | |
| | Does the organization/project account for and respect the AFN's timelines and governance processes? | |
| Enhanced First Nations Capacity | Does the proposed partner receive federal funding to do work on behalf of First Nations? (applicable to non-First Nations organizations) | |
| | Is there an Indigenous or First Nations organization that is doing similar work, or is better suited to do the proposed work? | |

| | | |
|---|---|------------|
| | Will the project contribute to community capacity both in the immediate and long-term? | |
| Respecting Indigenous Knowledge and Culture | Does the potential partner respect the value of Indigenous knowledge and culture in policy and program development for First Nations? | |
| Results in Organizational Change | Is the potential partner open to organizational change to better address First Nations priorities? | |
| | Has the potential partner demonstrated a willingness to commit financially to First Nations' priorities? | |
| | Is there a position with decision-making authority such as a Board or senior leadership dedicated to First Nations interests? | |
| RECOMMENDATION FOR AFN HEALTH SECTOR PARTICIPATION | | Y/N |
| | | |