



First Nations, Inuit, and Métis Engagement by PCNs

The new Primary Care Network (PCN) governance structure reaffirms the central role of First Nations, Inuit, and Métis communities in the design and delivery of primary care services, aligning with the core principles established in the 2012 Health Partnership Accord. All PCN Steering Committees must prioritize genuine partnerships with Indigenous communities, adhering to the principles of the 2012 Health Partnership Accord. This entails transparent engagement to collaboratively determine appropriate pathways and ensure the voices and choices of Indigenous communities' in PCN planning, implementation, operations, and oversight.

The PCN Steering Committee holds the responsibility of partnering effectively with First Nations, Inuit, and Métis communities within the PCN geographic region in alignment with the Declaration of the Rights of Indigenous Peoples Act, specifically, but not limited to, a manner that affirms Indigenous Peoples' right¹:

1. To self-determination and autonomy or self-government in matters relating to their internal and local affairs [Articles 3 & 4];
2. Without discrimination, to the improvement of their economic and social conditions, including in areas of health [Article 21];
3. To be actively involved in developing and determining health programs affecting them and, as far as possible, to administer such programs through their own institutions [Article 23] and ensure the appointed representative has pathway to speak to the needs of the communities/Nations;
4. To their traditional medicine and to maintain their health practices, right to access without any discrimination to all social and health services, and an equal right to the enjoyment of the highest attainable physical and mental health [Article 24].

Enhancing PCN service planning and implementation may be achieved through the integration of existing Indigenous governance structures and processes, including First Nations, Inuit, and Métis health governance structures, into the PCN governance framework. It is the responsibility of the PCN Steering Committees to actively engage their PCN Manager in initiating discussions with local First Nations, Inuit, and Métis partners. These discussions should be used to identify how these communities prefer to participate in PCN governance but also the appropriate enablers, such as financial resources, required to facilitate meaningful partnerships. Additionally, the Committee must understand the impacts of geographic boundaries, including their effects on community capacity and resources. Furthermore, it is essential to identify and address any barriers to engagement, ensuring that PCNs are optimized to best partner with communities.

Throughout this process, the PCN Manager will learn the preferred modes of engagement as voiced by Indigenous partners, including First Nations, Inuit, and Métis. Effective engagement is instrumental in integrating Indigenous perspectives into ongoing service plan development, thus fostering cultural safety in PCN primary care services for patients and families.² It is important for PCN Steering Committees to recognize that there are systemic barriers to achieving this level of effective partnership. An examination of these challenges is essential to ensure meaningful partnership while understanding and taking into

¹ <https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/19044>

² https://www.pcncbc.ca/media/pcn/PCN_Planning_Guide_for_PCNs - Preventive_Care_2019-01-22.pdf, pg. 4.



consideration First Nations, Inuit, and Métis community capacity, infrastructure and resource constraints. This is vital for creating an environment where Indigenous voices actively shape the course of PCN development and ongoing service provision.

As well, it is expected that PCN Steering Committees define the benchmarks for successful partnership, which includes establishing criteria for ongoing measurement, evaluation, and reporting, with a particular focus on upholding the core attributes of culturally safe and appropriate care, which serves as the foundational principle across all of the PCN core attributes.

While PCN Steering Committees are required to engage with local First Nations, Inuit, and Métis representatives for direction on the role they would like to take in the PCN Steering Committee, the First Nations Heath Authority (FNHA) will also be included to provide a supportive role to Nations where appropriate and where directed by existing Nation governance structures which differ amongst the regions. The FNHA supports a community-driven, Nation-based approach to health systems planning and implementation. FNHA is here to support with navigating the system, communities and Nation tables, as Nations have existing regional governance structures. The PCN committees are also expected to seek guidance from the following groups while respecting self-determination:

- Indigenous-led clinics in their geographic area;
- Métis Nation BC and local Métis representatives; and
- Representatives for Urban-and-Away from Home Indigenous community members, if applicable.

It is understood that many communities have PCN planning and implementation processes underway. Along with the PCN governance refresh, it is expected that a strong Indigenous voice is reflected in ongoing planning and implementation that reflects local Indigenous community priorities and respects existing Nation governance pathways.

PCN Steering Committees are expected to share their service plans with FNHA for awareness to reduce duplication and replication of services and support alignment with FNHA primary care initiatives. Local First Nations, Inuit, and Métis who wish to review PCN service plans should also be meaningfully engaged in the annual review process.

Resources:

1. Health Partnership Accord:
https://www.fnha.ca/Documents/Health_Partnership_Accord_Publication.pdf
2. FNHA 7 Directives (to understand FNHA's role): <https://www.fnha.ca/about/fnha-overview/directives>