

Vancouver Coastal Region Report on the Social Determinants of Health

Introduction

This regional summary report is a living document that presents a summary of engagement with the Vancouver Coastal Region Caucus on the social determinants of health since 2015. This draft report presents a summary of what has been heard to date and areas for further discussion with the Nations through Sub-Regional Caucuses and the Regional Caucus on the social determinants of health.

The First Nations Health Council (FNHC) is seeking feedback from the Nations on this draft report to make sure it is an accurate reflection of the engagement.

This draft report is divided into three main sections:

- Section 1 highlights the recent engagement pathways that have led to the current discussions on the social determinants of health and health system decision-making.
- Section 2 focuses on the key feedback from the Vancouver Coastal Region Caucus from 2015 to 2017.
- Section 3 offers a summary of short- and longer-term capacity development pathways that were identified at the Vancouver Coastal Caucus. The steps proposed in Section 3 are meant to support regional-level discussions about the steps the Nations want to take and the possible capacities required for such steps to be taken.

Section 1: Our Engagement Story So Far

The FNHC is engaging First Nations across BC on the social determinants of health – the conditions in which people are born, grow, work, live and age, and the broader set of forces and systems shaping the conditions of daily life.

In 2015, the FNHC engaged each Regional Caucus on the concept of developing a ten-year strategy to advance the transformation of First Nations health decision-making and service delivery in BC. As part of this engagement process, the FNHC asked each Regional Caucus to define the shared vision of “healthy, self-determining and vibrant BC First Nation children, families and communities.”

The results of the discussion with the Vancouver Coastal Caucus are presented in the table below.

Group	Theme	Outcome Statement
Children	Physical Health	Well-nourished and physically active children
	Emotional Health	Children with positive social relationships and high self-esteem and confidence
	Tradition and Culture	Child has a sense of belonging and pride in family and culture
	Education	Child draws from blend of traditional and formal education
Family	Economic Stability	Families have base environmental, economic, and social needs met with access to social services
	Tradition and Culture	Thriving and active in traditional knowledge and practices
	Family Relations	Proud health-conscious family units positively involved in community affairs and activities
Community	Tradition and Culture	Grow and maintain traditional structures, teachings and practices
	Environment	To live and thrive through a healthy and safe environment
	Economic Stability and Sustainability	Economic security and control over means of economic growth
	Community Health and Wellbeing	Meet all the base needs of the community and create physical spaces for recreational and cultural

Since that time, there have been three main points of engagement between the FNHC, BC First Nations political and health leaders, and service providers to continue to develop a ten-year strategy on the social determinants of health:

- **Fall 2016** – discussions focused on children and family services, justice, public safety, education and advanced education;
- **Spring 2017** – discussions focused on children and family services, early learning and child care and poverty; and,
- **Fall 2017** – discussions focused on mental health and addictions, early learning and childcare, and children and youth mental health.

Section 2: Vancouver Coastal Region Feedback on the Social Determinants of Health

The social determinants of health are the conditions in which people are born, grow, work, live, and age, as well as the wider set of forces and systems shaping the conditions of daily life. The social determinants of health include: culture and language; social support networks; income and social status; employment and working conditions; physical environment (housing, land, water, food security); personal health practices and coping skills; early childhood development; access to health services; genetics; gender; and social inclusion.

This section summarizes the specific issues, concerns and ideas that emerged during the fall 2017 Vancouver Coastal Regional Caucus. We begin by framing the feedback with four cross-cutting themes: maintaining a Nation-specific approach; collaboration and accountability; cultural safety and respect; and the role of culture in healing. These themes speak to First Nations' collective commitment to the wellness of their people through strong connections to culture, nurturing partnerships and building on Nations' strengths. The rest of the section details the key insights and issues for each social determinant of health. In Section 3 we further develop the ideas offered to meet these challenges.

Four Big Picture Themes

Maintaining a Nation-Specific Approach: As Nations move forward with the collective work to resolve the issues and challenges listed below, it is critical to continue to take a Nation-level approach to creating solutions. The Vancouver Coastal Region is home to 14 First Nation communities, each of which has its own governance structures, protocols and existing capacity to plan for and deliver health services and programs. Canada and BC need to recognize First Nations' authority and autonomy to design and deliver services in ways that work for them. The Vancouver Coastal Region Nations believe that any health service or program policy or agreement must be made with Nations, while funding should be more flexible and flow directly to communities where possible to ensure continuity of services and allow them to build healthy families according to their local needs.

Collaboration and Accountability: Policies are too often created without the Nations' input, which is why they do not work: top-down government control is not the right approach. Nations must move forward as true partners with Canada and BC, breaking down silos between agencies and building accountability into relationships between government and communities, and between families and service providers. This includes: shared decision-making, respecting community processes, sharing information,

communicating with each other and collecting and sharing data on outcomes and spending.

Cultural Safety and Respect: Provincial agencies and Ministries working with First Nations must understand and respect Indigenous ways of living, knowing and governing. Creating policies and offering health services in a culturally safe and trauma informed way (as defined by the Nations) is critical to truly improve First Nations people's wellness – it is not enough to increase access to health providers and services if those services are harmful.

The Role of Culture in Healing: The importance of recognizing and integrating culture into all aspects of health and wellness planning, service design and delivery cannot be overstated. Culture is First Nations' biggest strength. Accessing specific funding and supports to continue building communities' cultural infrastructure will help people reconnect to their culture, rebuild their families and improve health outcomes.

Culture and Language

It is important to recognize that many First Nations health and wellness issues stem from colonial policies, including the loss of connection and access to traditional territories and the resources and food sources First Nations people have relied on for millennia. First Nations were historically healthy, and First Nations culture is the key to designing a wellness model of health, not sickness; culture can help people heal from the impacts of colonialism and intergenerational trauma and reconstitute traditional family and social structures that support all generations.

Supporting cultural connections across all generations within First Nations communities will continue to be a key to ensuring that children grow up healthy and supported at home. This also includes ensuring that children in care can stay connected to their cultural roots, family ties and home community (this has happened in the past but is no longer funded by MCFD).

Participants have seen the positive results of bringing people together on the land, but without dedicated funding towards cultural and language activities, communities cannot offer much needed traditional wellness services regularly. Communities also need the freedom to be able to hire cultural wellness workers who lack "professional" credentials, as currently communities are prevented from hiring people in their own way.

Social Support Networks

Parents need to have access to stronger social support networks in their communities, especially because the Indian Residential School system and the sixties scoop policies negatively impacted traditional family structures. Parents struggle to connect with their children, leading to social disconnection and continuing the cycle of losing children to

MCFD. It is essential to provide supports for all people to heal, to break the intergenerational cycles of trauma. Providing these social supports within a cultural and/or language-driven context should be a priority.

Income and Social Status

Poverty is a major factor in First Nations families' ability to care for their children, and is related to many social determinants of health including social support networks, low self-esteem, stress and mental health issues, safe housing and lack of employment opportunities. Many parents do not have adequate financial resources to care for their children, which sometimes leads to children being apprehended. Further, the social and economic cost of fractured families is much higher than the cost to implement poverty reduction and prevention strategies. Poverty reduction must be meaningfully addressed to acknowledge that poverty and neglect are separate issues, and that First Nations' perspectives on poverty and wealth are directly tied to the culture, language, land and waters. Other orders of government must also stop criminalizing First Nations people for poverty.

Participants also report that medical professionals often treat First Nations people disrespectfully and with a lack of cultural awareness. First Nations children are often treated differently or assumed to have special needs due to cultural bias. Professionals whose mandate is to serve all members of the public with dignity and respect must be held accountable for any racism towards First Nations people.

Employment and Working Conditions

There is a severe lack of training and employment opportunities in First Nations communities, particularly remote and semi-remote communities, which hampers people's ability to reach their full potential. School counsellors further limit youth by encouraging First Nations students to take the bare minimum of courses needed to graduate. The impacts of intergenerational trauma also contribute to people's lack of work-ready skills. Low wages in many job sectors are also a challenge, as people are dedicated to their work and want to support their communities, but struggle to maintain a good standard of living, which can contribute to burnout. Recruiting and retaining service providers in this climate is challenging.

Physical Environment

It is well understood that mental health and addictions issues among Indigenous people of all ages are the symptoms and consequences of colonization, including the loss of access and connection to territory that has resulted from natural resource extraction and depletion without First Nations consent. There is a strong relationship between a healthy

environment and people's health, and First Nations people can no longer fish, hunt or gather traditional foods in many of their territories. The use of Nations' traditional lands and resources cannot continue in this way. The health of lands and waters must be integrated into human health planning, in keeping with a holistic view on health.

Climate change induced forest fires and floods also threaten communities' health and safety, with inadequate emergency response plans in place and few resources to address these gaps. The 2017 forest fire season has shown both communities' strengths in the face of emergency, as well as the challenges they face, and many communities are still in the slow process of recovering. Beyond the physical damage, people are experiencing trauma from these disasters, which must be meaningfully addressed. Further, First Nations knowledge is routinely denied within the emergency management system and often states of emergency are only declared when a non-Indigenous community is also affected. Many Nations express significant concerns around existing ocean protection planning, particularly related to oil tanker activities, as the health of the oceans is integral to their way of life and their food security.

Finally, on a community infrastructure level, coastal communities' isolation is compounded by the lack of transportation infrastructure, making emergency medical travel especially challenging (e.g., access to ambulances). Many communities lack the resources to provide safe housing for all their members, and overcrowded homes pose health and safety issues (e.g., spread of diseases). Limited housing stock also means it is challenging for local families to foster children from their community. There are limited emergency places, such as safe houses, for people of all ages to access in times of crisis. There are also few community-based childcare, elders care or other specialized facilities, or dedicated youth centres.

Early Childhood Development

The negative impacts of the Indian Residential School system on First Nations families are increasingly well understood. Nations seek a return to healthy family relations and wellness in their communities so that children can know their true identities and where they belong in the world.

Some communities are implementing language and Head Start programs on-reserve, which have been positive for children's development. That said, education resources and supports for children of all ages need significant improvement overall: creating culturally relevant early learning materials, including language immersion programs and storytelling, is essential to children's development. Existing childcare and daycare spaces are limited and finding and retaining qualified early childhood educators is extremely challenging. Children of trauma are lacking much needed supports, with schools and communities struggling to fill positions to support children and youth. Unreliable funding makes it impossible to sustain community-based programs and services for children and families,

even those with successful track records; this contributes to children and youth burying their traumas, which follow them into adulthood.

Working with the Ministry of Children and Family Development continues to be one of the biggest and most complex challenges for communities and Nations when it comes to caring for their children. MCFD is slow to change and unresponsive to First Nations culture, family structures and needs. Its policies fracture families, communities and Nations by continuing to apprehend children. Case management is inconsistent, social workers violate community protocols with respect to removals, and trust in the Ministry is very low. Some communities' relationships to their DAA are tenuous, adding another layer of conflict and complexity to ensuring children's wellbeing. Children have no voice in the system. While reforms toward a prevention model of child care and wellbeing are essential, true consultation and collaboration with communities and Nations must be part of any changes.

Access to Health Services

There is a constant and ongoing need for more funding and resources to meet the health needs of First Nations people, including prevention and intervention funding. Access to health services remains a significant issue in communities. Barriers include delays and wait times; a lack of services in communities and the need for and cost of medical travel; stigma and a lack of understanding around mental health issues and addictions; a lack of integrated health data systems; and racism and cultural insensitivity within the medical system. This often results in people not accessing services at all. There is a strong perception that people must be in crisis to receive care and that existing cultural safety and humility training for health professionals is inadequate. Ultimately, the goal is to ensure there is health service equity on and off reserve, and that First Nations people's health and wellness outcomes are on par or better than mainstream BC communities.

Many communities report that they are in a mental health crisis. Mental health needs that are currently unmet in the Vancouver Coastal region include: better and more resources for culturally safe counselling, mental health and trauma counselling and suicide prevention for people of all ages; more spaces in detox and treatment programs, longer treatment times, more centres across the region, family and culture-based treatment options and better post-treatment services; access to assessment and services for people of all ages struggling with FASD, autism and other special needs; better access to respite services; and a lack of harm reduction and prevention approaches to addictions and insufficient resources to address the opioid/fentanyl crisis.

Other identified health needs include: navigation supports to understand the health system, including new Pharmacare processes; assessing and improving adult home care, institutional care and palliative care; youth diabetes prevention; and investing in indigenous-led health and wellness service organizations.

When it comes to children and youth, the lack of services, funds and consistency is unacceptable; for children who are in crisis, there is no time to wait. Families must often open a file with MCFD for their children to access a range of health services, which breeds mistrust and fear of children being taken away, or else leads to children not accessing needed services at all. It is also often difficult to get a child assessed before entering school; many children are undiagnosed or misdiagnosed and fall through the cracks. Finally, there are inadequate supports for youth aging out of care (e.g., transition programs, housing options).

Underpinning all these challenges is the isolation and remoteness of many coastal First Nations communities (discussed in the Physical Environment section above). Communities' high needs, combined with a lack of resources to recruit and retain qualified and culturally aware health workers and the cost of operating in remote areas, makes it near impossible to meet these challenges without significant funding, capacity and infrastructure investments.

Social Inclusion

Mental health programs and services must address the lateral violence, trauma, child abuse, sexual abuse and elder abuse that is ongoing in First Nations communities. Families, communities and Nations must have these difficult conversations together – about what has happened in the past, what is happening now, and how to come together to heal and move forward. This means empowering First Nations people to solve their own problems.

Self-Determination

Communities have the inherent knowledge to guide their children to live healthy lives. There is a renewed call for a Nation-to-Nation approach to planning, designing and delivering health services by First Nations people, for First Nations people. Ultimately, health and mental health providers should be working in partnership with, not for communities and Nations. Many laws and policies currently in place impede communities' ability to lead their health system transformation.

A Nation-specific approach to addressing health challenges includes moving away from region-level approaches; recognizing and affirming First Nations' right and ability to protect their children; supporting Nations to make their own plans toward health and wellness for their people on their terms; and supporting these plans' implementation with adequate and reliable funding. Participants also called for the money for all health programs to go directly to communities. Vancouver Coastal First Nations have invited the Canadian government to visit and understand their community contexts firsthand; it is time that government take up these invitations and engage in meaningful face-to-face discussions to see the impacts of colonial policy and commit to moving forward in partnership with Nations.

Section 3: Actions for Addressing the Social Determinants of Health

As Nations and communities have regained control over their health and wellness planning and services, their capacity to plan, design and deliver relevant community-based health services has grown. Communities and Nations in BC are strengthening their health governance systems, investing in their people through training and education opportunities and expanding programs and services every day.

Capacity development is the process of working from these existing strengths to address the structural and system issues that affect how health services are delivered, so that Nations can create positive change within the current system. This section offers some opportunities for organizing health and social services in a different way, one that reflects the holistic perspectives that communities have for their health and wellness. The proposed actions aim to address the challenges outlined in Section 2 in both the short- and longer-term, and fall into one of five broad categories:

- **Funding**
- **Infrastructure**
- **Human Resources**
- **Administrative Capacity**
- **Governance**

It is also important to note that the suggested actions may relate to one or more organizations that fund or deliver health services in First Nations communities, including: services the FNHA funds; services the FNHA delivers; and services the provincial or federal governments fund and/or deliver.

Actionable Ideas for Improving Funding	
Priority Areas	Specific Actions
Immediate increases in funding for existing programs and services	Hire additional frontline support workers, including child, youth and adult mental health counsellors, to increase access to and frequency of services in communities
	Hire additional clinicians and nurse practitioners to eliminate wait times for mental health assessments, referrals and prescription renewals
	Hire specialized workers to work with people with FASD, autism and other specific health needs and increase funding for families caring for people with special needs
	Hire family support workers, particularly for communities that do not have child or day care options
	Hire health system navigators to support clients' access to health and mental health services in ways that are culturally safe, both on and off reserve
	Hire Jordan's Principle health system navigators for the region, to ensure that all children receive the care they need, regardless of jurisdiction and with culturally safe supports and advocacy from their health system navigator
	Hire community members to provide in-home elder support for basic day-to-day tasks (e.g., dishwashing, cleaning, getting to medical appointments, running errands)
	Fund communities directly to address the opioid crisis in a culturally relevant way
	Fund early intervention programs that prioritize keeping people in the community by offering services in the community (e.g., mobile service teams)
	Fund Indigenous ways of healing (e.g., ceremony, being on the land, traditional healers and medicines), including providing honoraria to elders, Traditional Healers and Knowledge Holders, to expand access to culturally relevant wellness opportunities and re-establish cultural connections
	Build on already successful programs like Head Start to improve child wellness and preparedness for school
	Hire early education professionals to provide more one-on-one support in schools
	Improve medical travel funding to remove financial barriers to accessing needed care
	Provide separate funding for capital investments and maintenance (e.g., childcare centre, treatment centre) and training and capacity building

Actionable Ideas for Improving Funding	
Priority Areas	Specific Actions
	<p>initiatives, to safeguard communities' ability to provide ongoing needed health and wellness services while also acting on key infrastructure and capacity needs</p> <p>Improve crisis response planning and mobilization to ensure communities can respond to emergency situations in safe, coordinated and effective ways, including emergency planning, volunteer training and stipends for volunteer responders</p>
MCFD-provided funding	<p>Reinstate Guardian Financial Assistance (GFA) funding and financial support for family adoptions, which supports keeping children in their home communities and preserves family structures as much as possible</p> <p>Increase funding for community-based child advocates and family workers to support First Nations families who are navigating the MCFD system</p> <p>Support families at risk through a financial supplement for “at risk” children out of care that matches the resources dedicated to children in care (i.e., foster parent financial support), as a preventative measure that empowers parents to care for their families before resorting to child apprehension</p> <p>Hire a MCFD-funded cultural coordinator for each sub-region to facilitate strong and respectful connections between MCFD and communities</p>
Increase earmarked funding for health promotion and prevention services	<p>Expand health, vision and dental service coverage for preventative health care (e.g., dentist check-ups, vaccines, physical therapies, complementary medicine therapies)</p> <p>Offer regular, accessible culture and language programs for all ages that promote positive self-identity, connect people to the land and bring generations together</p> <p>Fund partnerships with school districts to teach indigenous languages in schools K-12</p> <p>Ensure communities can identify their own prevention and healing priorities to direct investments based on the needs of children, youth and families in each community</p>
Improve funding processes overall	<p>Increase funding amounts overall, with an attentiveness to including culture and language funding as part of health and wellness, to bring First Nations health and wellness access rates to the same or better levels as provincial rates</p> <p>Consolidate funding processes in ways that reduce application and reporting requirements (i.e., social transfer payment or block funding), including removing policy limits that create program/service delivery barriers or pit communities against each other, empowering communities</p>

Actionable Ideas for Improving Funding	
Priority Areas	Specific Actions
	<p>to use the funds according to local needs</p> <p>Create equitable funding formulas that take into account regional operating cost differences, regional health statistics and medical travel needs, to ensure that smaller and remote communities have access to health services and programs at the same levels as more urban service hubs</p>
Increase opportunities for own-source funding	<p>Explore community economic development opportunities, including establishing a social enterprise around pharmacy services</p> <p>Explore opportunities for multiple communities to engage in joint economic development ventures, with revenues being reinvested in community health initiatives</p>

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Actionable Ideas for Improving Spaces and Built Infrastructure	
Priority Areas	Specific Actions
Community based services	Improve services to families by building safe, healthy and accessible buildings for wraparound services and programs that could include: youth-designated spaces, Elders' centre, family healing and wellness spaces, child care, playgrounds, etc.
	Build primary care facilities and homes for elders that support their independence and allow them to age in their community, thus preserving their social support networks and connections and alleviating caregivers' responsibilities
	Build community-based housing for visiting medical specialists and professionals to stay short-term, thus reducing barriers for professionals to serve remote/smaller communities, increasing medical staff retention and expanding services offered in communities (e.g., mental health, dental, vision, occupational therapy, etc.)
	Build community gardens to increase food sovereignty and access to healthy food
	Increase access to age-specific library resources (e.g., children books in local language, books for visually impaired people and elders)
Housing	Build safe long-term housing for a variety of family structures and needs (e.g., options for vulnerable youth and women, people experiencing homelessness) in recognition that healthy, clean homes contribute to family wellbeing
	Build safe transition and recovery housing for people returning to their home community after detox/treatment, including longer term sober living options
	Create partnerships with Community Living BC to develop supported housing options on reserve for youth leaving care, people with disabilities and other groups
Community safety	Build emergency shelters, safe houses and transition houses in communities to facilitate better community-based crisis response for people of all ages/backgrounds (i.e., youth, women, men, elders) facing crises that compromise their personal safety
	Build and operate safe houses and foster homes for children and youth within communities or Nations, which include providing on-site counselling and supports for children, allowing at risk children and youth to stay connected to their families and community while parents receive needed support
Community connectivity	Improve communities' internet bandwidth to improve telehealth options and remote work opportunities for people to live in their home

	community
Detox and addictions treatment	Build additional treatment centres, with associated funding for Nations to plan for the centres (i.e., locations, physical design of the buildings, services to be offered) and regular reliable funding to operate the buildings and services, to reduce travel and wait times to access needed detox and treatment
Mental health	Increase the number of mental health hospital beds across the Vancouver Coastal region's existing hospitals

Actionable Ideas for Improving Human Resources and Program/Service Delivery	
Priority Areas	Specific Actions
Staff hiring, training and supports	Create and implement a policy to prioritize educating and training community members to fill service needs, rather than bringing outsiders into communities
	Require mandatory and regular cultural safety and trauma-informed practice training for all frontline workers and medical professionals, and implement community-based evaluations on their experiences of cultural safety in the medical and wellness field
	Provide community staff training on the social determinants of health
	Develop training and supports for teachers to better support children with autism, ADHD and FASD
	Hire a short-term Pharmacare benefits coordinator or navigator for each sub-region, to ease the transition to new systems and train local health staff to build local understanding of Pharmacare
Community education and workshops	Build local community capacity through education, workshops, peer education groups and training courses
	Educate community members on mental health issues (e.g., depression, FASD, autism, schizophrenia, PTSD) to reduce stigma and increase their ability to care and advocate for their families
	Offer culturally-based programming around traditional family structures and roles, to address the harms of the IRS system and reconstitute communities
	Offer "MCFD 101" education workshops for community members to understand their rights in relation to the MCFD system and advocate for their families
	Offer workshops on how to be a homeowner and how to maintain healthy homes
	Increase community capacity and improve crisis response processes (e.g., through regular readiness drills) to improve response times and increase community safety

Actionable Ideas for Improving Human Resources and Program/Service Delivery	
Priority Areas	Specific Actions
	Develop workshops for extended family to create a family/kinship plan to care for children, including identifying resource gaps that MCFD can fund instead of apprehending kids
Programs and services	Create mobile service teams and schedules for clusters of rural/remote/small communities to access services in-place (e.g., nurse practitioners, trauma response team, detox, OT/PT, vision and hearing, dental, traditional healers, nutritionists)
	Invest in family-oriented programming and parenting supports, both on and off reserve, including: family planning and safe sex, childcare, parenting skills programs, pre- and post-natal care, perinatal anxiety counselling, family counselling, caregiver support groups, respite care, single parent supports and programs (men and women specific)
	Organize and support a wide range of language and cultural activities on a regular basis, as opposed to one-off events (e.g., gathering medicines, land culture camps)
	Increase strengths-based activities and programs for children and youth that incorporate culture and language, physical activity, learning supports and life skills, and that are available to children in care to reconnect with their home community
	Develop resiliency-based programs and services for people returning home from foster care, treatment or jail, that support their reintegration into the community and the maintenance of strong life skills
	Increase mental health and youth counselling supports within communities for people in need to receive timely and regular services
	Review the mental health intake assessment requirements and redesign these according to best practices; while we need more frontline workers doing more assessments, we also need to do things differently (e.g., look to intake clinics' processes that increase how many clients can be seen, incorporate traditional healing)
	Provide supports to break the cycle of domestic violence and sexual abuse across generations (e.g., education and training workshops, community-based individual and family healing programs)
	Invest in innovative, culturally-based approaches to healing and addictions treatment (e.g. reconnecting with the land, log cabin building, ceremony, youth groups, family friendly approaches; Kvai camp in Heiltsuk territory as a model)
	Develop and implement resiliency-based health programs that focus on healing and wellness instead of crisis response and incorporate

Actionable Ideas for Improving Human Resources and Program/Service Delivery

Priority Areas	Specific Actions
	<p>culture into healing</p> <p>Develop and implement a process (with associated resources/funding) for staff to follow up with clients who have been denied services, to ensure they do not get left behind or progress to a crisis state</p> <p>Establish an “immediate assessment protocol” for children and youth (with associated resources/funding), that connects them to a health professional according to their needs, includes a fast-track process for children in crisis and activates a communications plan to ensure cases are managed consistently and effectively</p> <p>Develop and implement crisis response processes for communities, with associated resources/funding and flexibility to offer crisis services outside of regular hours (e.g., local crisis help phone line, FNHA trauma team, regional response team)</p> <p>Reform youth mental health prevention, care and services to reflect a new approach that focuses on building capacity to keep youth well (e.g., through mentorship, peer support, training, building self-esteem, culture) instead of responding to crises while also providing extended treatment, crisis response and support opportunities</p> <p>Develop and implement a child and family-focused prevention and intervention process to address alcohol and drug use, incorporating Indigenous harm reduction principles (wolf, bear, eagle, raven) and non-judgmental approaches that meet people where they are at</p>

Actionable Ideas for Improving Administrative Capacity

Priority Areas	Specific Actions
Reporting	<p>Reduce reporting burdens by consolidating funding processes, thus reducing application and reporting requirements</p> <p>Develop new program/service performance indicators in collaboration with community members and FNHA that are based on Indigenous worldviews and the Seven Directives, align with OCAP and focus on wellness instead of sickness</p>
	<p>Develop and implement a wage parity policy that ensures that all health providers working in the region are paid equitably, with attention to the differing cost of living in different communities and the need for attractive benefits packages</p> <p>Create work environments where staff's healthy work-life balance is encouraged</p>
Wages and staff retention	

	Recognize community-based workers for their dedication and successes
Community involvement in decision-making	Improve efforts to involve children and youth in decision-making that affects their lives, empowering younger generations to be involved in their futures
	Provide opportunities for staff to inform training content to ensure cultural relevance
	Create and implement a working group to provide advisory support on health planning and service delivery for each community
	Involve community members in the process to develop community and/or Nation-based protocols and laws for child safety
	Develop Indigenous design guidelines for new community facilities
	Give First Nations the power to write their own mandates and job descriptions to ensure they can meet their local health needs based on their local knowledge
Accountability and information management	Create effective communication and feedback loops to monitor planning progress and successes across all health partners and within communities and Nations
	Develop an accountability framework for social workers, to ensure that communities have recourse if MCFD does not respect community protocols (particularly when a child is apprehended)
	Implement regularly scheduled face-to-face meetings between MCFD and DAAs and community representatives to share updates on children and families
	Clarify and enact an advocacy protocol to hold Vancouver Coastal Health accountable for promises to collaborate, as well as instances of discrimination
	Develop an accountability structure that gives First Nations health professionals a strong voice in the provincial mental health system to ensure the new Ministry of Mental Health and Addictions operate in a culturally safe and responsive way
	Create and maintain an integrated case management system across all health agencies and providers, including the coordination of a secure shared electronic medical records system, to improve service delivery based on Nations' statistics
	Create a regional inventory of programs and services to facilitate referrals and Region-level asset mapping, planning, evaluating and priority-setting
	Improve communities and Nations' IT capacities through training and investments
Internal processes and readiness	Engage in a detailed needs assessment for each community to develop associated recruitment, retention and capacity-building strategies for staff, helping Nations move toward readiness for a block transfer/social

	transfer health system
	Support communities to create social development and wellness plans and implementation strategies that align with existing community and Nation plans, facilitate department collaboration and work around the social determinants of health
	Support communities to develop and share emergency preparedness protocols and identify and fund needed risk mitigation work with partners (i.e., EMBC, PreparedBC)
Nation-building	Support Nations to create administrative structures that support cultural connections, rebuild Nations on their terms and foster their participation in broader strategies
	Create a community of practice for communities and Nations to share best practices, partner with and mentor each other to achieve their unique goals

Actionable Ideas for Strengthening Governance	
Priority Areas	Specific Actions
Government policy making and transparency	Develop and foster meaningful Nation-to-Nation partnerships with BC and Canada that centre Indigenous free prior and informed consent in all decisions about traditional territories, waters, policies and processes that affect Indigenous people
	Continue to demand that the provincial and federal governments implement the UN Declaration on the Rights of Indigenous Peoples, the Truth and Reconciliation Commission's calls to action, and court orders that have yet to be implemented that directly impact Indigenous people's rights and health
	Establish a true reciprocal accountability framework between BC, Canada and Nations whereby the provincial and federal governments must report to Nations on specific items and collaborate together on policy frameworks
	Lobby for a shift the provincial and federal policy orientation away from risk mitigation and crisis response, and towards a holistic prevention model of health and wellness, that removes government silos, pools resources and aligns planning and funding mechanisms, all done in full collaboration with First Nations
	Evolve the role of INAC into one of connector between Nations and other governments (municipal, federal departments) whereby INAC supports and advocates for Nations on their terms instead of directing Nations to do specific work

	Acknowledge that poverty reduction is central to Indigenous health and wellness, and invest in poverty prevention and alleviation measures accordingly
	Work with Nations to expand accreditation frameworks such that they acknowledge a wider range of credentials (e.g., lived experience, community-based mentorship)
	Include and compensate local First Nations people for participating in hiring panels
	Mandate that all health providers and policymakers must visit the communities they serve to understand their unique needs by listening to the people (i.e., children, youth, families, elders) before amending service and funding policies
	Fund communities to create orientation processes for visiting and new staff
	Evolve contracting policies for services to be Nation-driven, not provincially decided
	Consider budgeting policies that redirect funding for the justice system toward the mental health system and other prevention policies
	Fund a First Nations-designed public education campaign that engages settler Canadian society in decolonizing their history to better understand the present
MCFD policies	Overhaul the MCFD's suite of policies, with First Nations' involvement, towards a focus on community-based solutions that ensure each community is directly and meaningfully involved in decisions about the wellbeing of its children and defines the prevention resources, supports and services they need, with MCFD providing support for these initiatives
	Mandate that all MCFD staff undergo mandatory and regular cultural safety training
	Mandate that MCFD must automatically notify Nations when one of their children is involved in a court case
	Provide funding directly to communities to hire their own staff and operate their own child and family services, allowing communities to act on their local knowledge and moving away from non-Indigenous foster options
FNHA and FNHC policies	Release all agreements signed by the FNHC and FNHA that relate to communities, to ensure all communities are fully aware of all governance decisions regarding their health and wellness and can make informed decisions accordingly
	Mandate that the FNHC do more community-based engagements and visits as they develop province-level strategies and frameworks
	Support the Vancouver Coastal sub-regions to develop their own sub-regional plans for increased collaboration in health and wellness initiatives

Next Steps

Based on the issues, opportunities and actions identified in this summary report, the FNHC is looking for your feedback on what the next steps should be to advance the work on a social determinants of health strategy.

Discussion questions:

- Is this summary reflective of your voice? What is missing?
- What aspects of the opportunity are most exciting to you? Do you have any concerns?
- How should we move forward in collaborating and planning as Nations in the Vancouver Coastal Region together, based on the issues and ideas highlighted in this summary?