

# Vancouver Coastal Region



VANCOUVER COASTAL REGION  
First Nations Health Authority

## 2022-2027 Regional Health and Wellness Plan



### **FNHA BRAND**

The First Nations Health Authority (FNHA) brand is based on the thunderbird, a traditional symbol of transformation and healing. The crescent around the thunderbird represents our environment, families, communities and the context in which our health is determined. The thunderbird's wings reach beyond this crescent, working within our context, but looking to break new ground in First Nations health. The thunderbird is shown looking up to signify a healthy future.

The design was created by Andrew (Enpaauk) Dexel, a Nlaka'pamux artist well known for his prints and paintings.

Front cover photo credit: Heiltsuk territory, S. Sturrock

### **Print version:**

This is the second print version. The first version was printed in May 2022.

The 2022-2027 Regional Health and Wellness Plan (RHWP) is best viewed online:

[fnha.ca/about/regions/vancouver-coastal](https://fnha.ca/about/regions/vancouver-coastal)



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Photo credit: Bella Bella, S.Sturrock

## Territory and land acknowledgment

The primary author for the Vancouver Coastal Region 2022-2027 Regional Health and Wellness Plan would like to gratefully acknowledge the land on which this planning work was conducted. From April 2021 to May 2022, this work was done on the ancestral, unceded and traditional territories of the Skwxwú7mesh, səlílwətaʔt and xʷməθkʷəy̓əm peoples. The author also acknowledges the 11 other Vancouver Coastal nations and communities: Gitdisdzu/Xai'xais, Nuxalk, Haíłzaqv, 'Wuikinuǰv, N'Quatqua, Samahquam, Skátin, Xa'xtsa, Lílwat, ɬəʔamən and shíshálh. The author of the 2022-2027 plan acknowledges the author of Regional First Nations Health and Wellness Plan 2016-2021 for their work. Finally, the regional team extends their gratitude to the health leadership, Health Directors, Elders, traditional Knowledge Keepers and staff who provided their wisdom, guidance and enthusiasm for the 2022-2027 Regional Health and Wellness Plan.



## Regional Elder opening



Elder Xwechtáal (Dennis Joseph) from Skwxwú7mesh Úxwumixw provides a blessing.  
Click image to listen.

# Community names: Spelling and pronunciation

## Central Coast

## Southern Stl'atl'imx

Pronunciation: Shtl-at-lee-um-x (with a slight throaty sound for the "x" at the end)

## South Coast

COMMUNITY NAME	PRONUNCIATION	COMMUNITY NAME	PRONUNCIATION	COMMUNITY NAME	PRONUNCIATION
<b>Gitdisdzu</b> (Kitasoo)/ <b>Xai'Xais</b>	Kitasoo	<b>N'Quatqua</b>	Ne-Q <b>wh</b> -at-q <b>wh</b> -a or eN-Q <b>wh</b> -at-q <b>wh</b> -a	<b>təʔamən</b> (Tla'amin)	t <b>LA'</b> <b>AH</b> -min
<b>Nuxalk</b>	Noo halk	<b>Samahquam</b>	Sha-mock-q <b>wh</b> -um (the "wh" sound is like <b>who/what/where</b> /etc.)	<b>shíshálh</b> (shishalh)	<b>SHEESH</b> -al (the "i" sounds like the "ee" in "meet," the "a" sounds like the "a" in "far," and the "lh" is pronounced like the "thl" in "Kathleen." Both syllables have a strong stress.
<b>Haítzaqv</b> (Heiltsuk)	hai-lh-zaqv	<b>Skátin</b>	Sh-kaw-teen or Ska-teen	<b>Skw̓xwú7mesh</b> <b>Úxwumixw</b> (Squamish)	<b>SKWA</b> -mish
<b>'Wuikinuǰv</b> , (Wuikinuxv)	O-wik-en-o	<b>Xa'xtsa</b> (Douglas)	<b>Hawk</b> -cha (Xa is a throaty sound in the "Ha" part)	<b>səlílwətaʔt</b> (Tsleil-Waututh)	t <b>SLAY</b> -wah-tooth
		<b>Lílwat<sup>1</sup></b> (Lil'wat)	Leel- <b>wh</b> -at and said closely together, not Lil-a-watt, Lil-wet or Lillooet	<b>xʷməθkʷəy̓əm</b> (Musqueam)	<b>MUSS</b> -quee-um



# Greetings

yáu

(Haíłzaqv̋la/Heiltsuk)

ʔajεč̣xʷut

(łəʔamen/Tla'amin)

Yaw smatmc

(it7Nuxalkmc/Nuxalk)



## Welcome from Kim Brooks, Vice President, Regional Operations — Vancouver Coastal

In recent weeks and days, I have found myself contemplating what it means to renew, refresh, and plan forward. Reflecting on the last two years and our collective call to action to respond to an unprecedented global pandemic in our generation, I have been witness to the overwhelming value and strength of planning and working together with our partners. We have clear evidence of the ability to make real, immediate and sustainable change when we have clarity about our shared priorities and goals. In this time of renewal, I am pleased to share our refreshed RHWP on behalf of your Vancouver Coastal regional team. As we move from heightened pandemic response to recovery and business resumption, I cannot think of a more appropriate time to have a refreshed RHWP to guide us in our shared work.

Consistent with our commitment to ensure our work is grounded in the priorities of the First Nations communities in this region, you will see a strong methodology has been implemented to ensure this refreshed regional plan reflects the wisdom and guidance provided by community health leadership. This plan represents countless hours of dialogue, review and feedback. In addition to engagement through our Regional Caucuses, Sub-Regional Caucuses, Regional Town Halls, and Regional Health Director Meetings, this year we offered additional one-to-one meetings with Health Directors and other key leadership to achieve a deeper shared understanding of what we are planning together.

I offer my sincere gratitude to every person who has contributed to this refreshed regional plan. This plan provides us with a strong foundation from which to continue our partnerships, grounded in the rich cultural diversity of the First Nations communities in our region and honouring their inherent rights and self-determination in their wellness journey.

I also offer special thanks to Shareen Chin, Senior Planner, Vancouver Coastal, whose expertise, passion and dedication has made the refresh of our regional plan a reality.

*Gunalchéesh,*  
(thank you)

A handwritten signature in blue ink, appearing to read 'Kim Brooks', written over a light blue circular graphic element.

Kim Brooks



# Introduction

This Vancouver Coastal Region 2022-2027 RHWP defines strategic priorities, goals and objectives for the Vancouver Coastal Region over a five-year period from 2022-2027. Developed collaboratively with communities and endorsed by the Vancouver Coastal Caucus, the RHWP refreshes and follows up from the successes of the [2016-2021 RHWP](#). The RHWP is intended to support annual regional work plans, align with more detailed sub-regional plans and activities, and reflect the unique needs of First Nations communities within the Vancouver Coastal Region. The RHWP will guide approaches, strategies, partnerships and investments at the regional and/or sub-regional levels, and it serves as a common voice for the region and plays a key role in informing strategy and action at the provincial level.

The RHWP aims to answer three key questions:

- ***Who is involved?*** Nations and their health partners.
- ***Who does what?*** Roles and mandates.
- ***What are we planning together?*** Priorities, goals and objectives.





## Background

Since 2005, First Nations in BC, and the federal and provincial governments, have been committed to a shared agenda to improve the quality of life of First Nations people. This shared agenda, described in the [Transformative Change Accord](#), includes five key areas of focus:

- Relationships;
- Education;
- Health;
- Housing; and
- Infrastructure and economic opportunities.

In health, progress has been made through a series of political agreements between First Nations in BC and the federal and provincial governments:

- [Transformative Change Accord: First Nations Health Plan \(2006\)](#);
- [First Nations Health Plan Memorandum of Understanding \(2006\)](#);
- [Tripartite First Nations Health Plan \(2007\)](#);
- [Basis for a Framework Agreement on Health Governance \(2010\)](#);
- [Tripartite Framework Agreement on First Nations Health Governance \(2011\)](#);
- and
- [Health Partnership Accord \(2012\)](#).

Photo credit: Mountain view down to valley Q'aLaTku7em, P. Aleck and C. Smith



The *Tripartite Framework Agreement on First Nations Health Governance* (the Framework Agreement) describes the legal commitments of the parties to create a new First Nations health governance structure that consists of:

**The First Nations Health Authority (FNHA):**

The FNHA is a health service delivery organization responsible for administering a variety of health programs and services for First Nations people living in BC. This is the organization through which operational and business implementation of health plans and agreements occurs.



First Nations Health Authority  
Health through wellness

**The First Nations Health Council (FNHC):**

The FNHC provides political leadership and oversight for the First Nations health governance process in BC, including responsibility to uphold the governance structure established by BC First Nations. This is the process through which BC First Nations Chiefs speak with a common governance voice on health matters and resolve governance matters.



First Nations  
Health Council

**The First Nations Health Directors Association (FNHDA):**

The FNHDA is a membership-based professional organization dedicated to supporting Health Directors and managers working in First Nations communities in BC. Their mission is to advocate for change, build partnerships and support the development of First Nations Health Directors, their mandated health organizations and others to build competence and excellence in traditional First Nations wellness.



First Nations Health  
Directors Association

Sharing experience for community wellness

**The Tripartite Committee on First Nations Health (TCFNH):**

The TCFNH was established in 2011 as part of the Framework Agreement and its members – who are senior leaders of First Nations, federal and provincial governments – fulfil a collective mandate to improve the planning, delivery and evaluation of health services for First Nations in BC.



This is the First Nations health governance structure that operates at a province-wide level. It is rooted in and guided by the governance and partnership processes and structures in place in each of the FNHA's five regions in BC.

A photograph of a dirt trail winding through a lush green forest. The trail leads towards a body of water, likely Tenas Lake, under a clear blue sky. The trees are tall and dense, with sunlight filtering through the canopy.

## FNHA shared vision and values

The collective efforts of British Columbia (BC) First Nations are united and guided by a shared vision of *"Healthy, Self Determining and Vibrant BC First Nations Children, Families and Communities."* In support of the overall vision, the following shared values are in place:

- Respect;
- Discipline;
- Relationships;
- Culture;
- Excellence, and
- Fairness.

Through comprehensive engagement with BC First Nations in the formation of the BC First Nations health governance structure, made up of the FNHC, the FNHA and the FNHDA, the following Seven Directives were developed as 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 Standard

Photo credit: Paqulh trail to Tenas Lake, D.J.





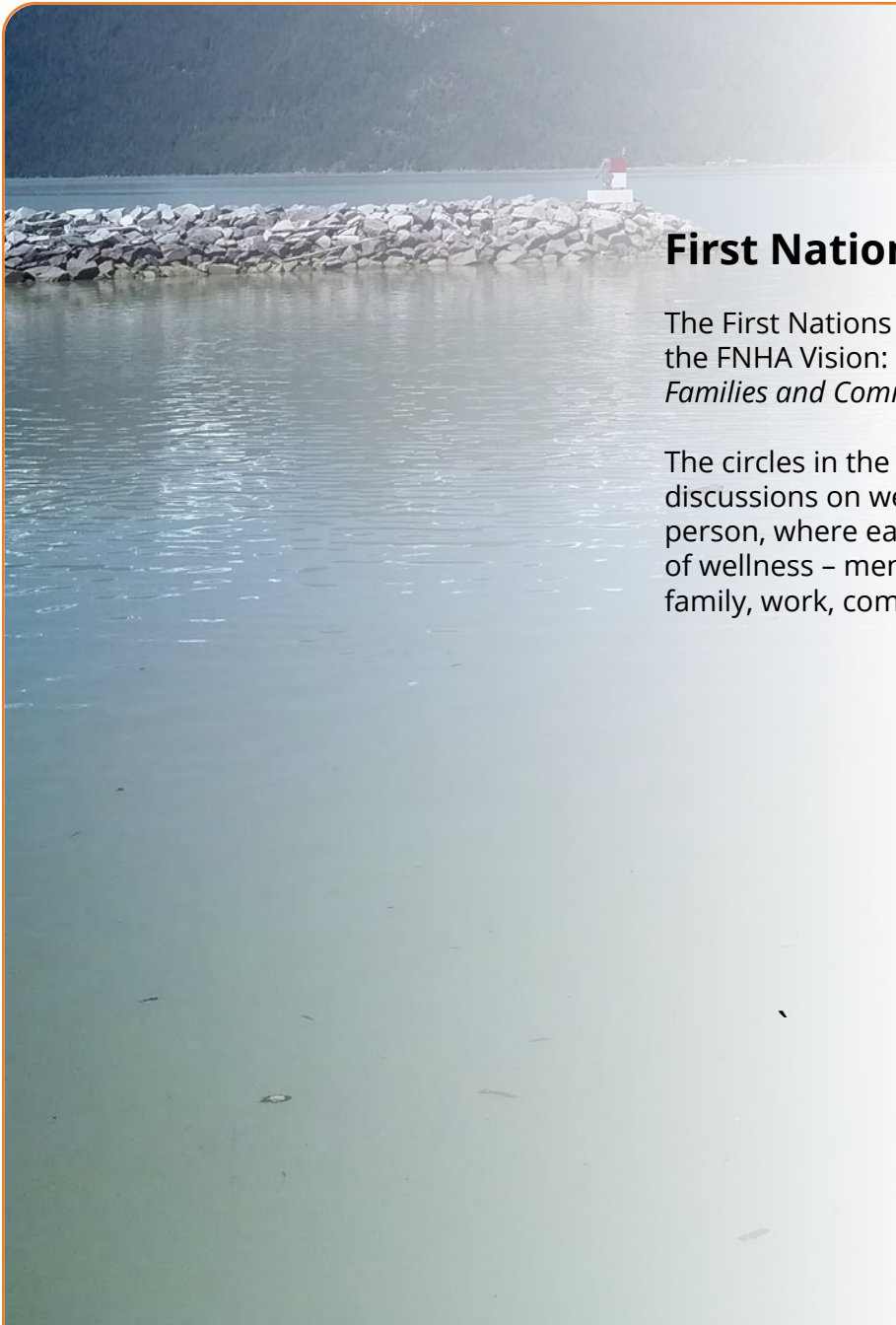
## FNHA guiding principle

**Reciprocal accountability** is a core principle of the First Nations health governance structure. Reciprocal accountability is a shared responsibility that each individual and organization has to achieve, with all involved accountable to one another for the effective implementation of the commitments towards the shared outcomes. Everyone has a role and each partner's actions affects others and contributes to the outcomes of the interdependent and interconnected system.

**Cultural safety and humility** is another core principle of working with First Nations communities. Individuals who embrace cultural safety engage in a lifelong process of self-reflection and self-critique to understand personal biases and develop and maintain mutually respectful partnerships and trust. Cultural safety seeks to create an environment free of racism and discrimination where people feel safe receiving health care. [Cultural humility](#) enables cultural safety, and when partners are committed to cultural humility, cultural safety will be improved for all British Columbians.

Photo credit: School under moon Q'aLaTku7em, P.Aleck and C. Smith





## First Nations Perspective on Health and Wellness

The First Nations Perspective on Health and Wellness visually depicts and describes the FNHA Vision: *Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities*.

The circles in the image below are intended to serve as a starting point for discussions on wellness. As a combination of elements, wellness begins with the person, where each person is a champion of their own wellness. The four realms of wellness – mental, emotional, spiritual and physical – are deeply connected to family, work, communities, institutions, environments and culture.

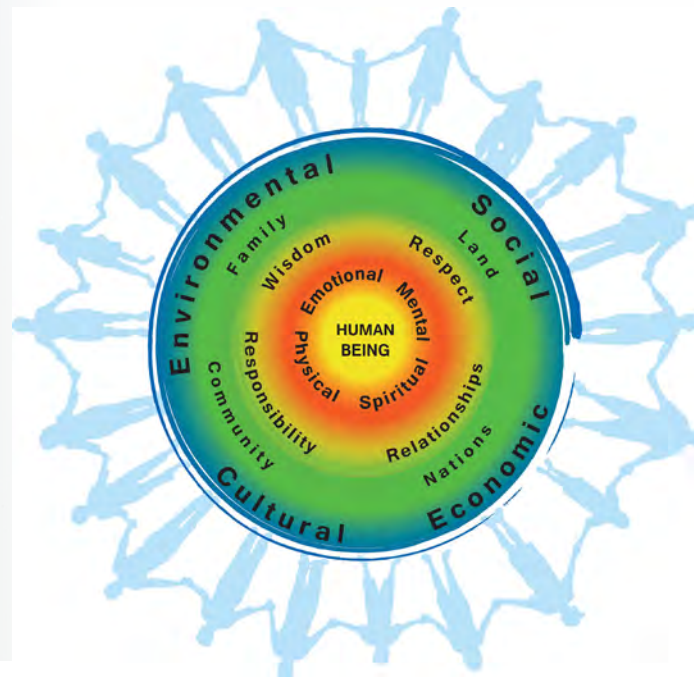


Photo credit: Bella Coola, S.Sturrock

# Vancouver Coastal Region

This section provides a high-level overview of the Vancouver Coastal Region, including the area it encompasses, its governance structure, the 14 First Nations communities it serves, the Partnership Accord that governs the partnerships between First Nations and health authorities, and a description of the health care partners who are working together to transform health and wellness for First Nations in the region.

As mostly defined by the province's regional health authority boundaries, the territorial land base in the Vancouver Coastal Region is 53,426 square kilometres or 5.8 per cent of the total provincial land base.

The Vancouver Coastal Region is home to 14 First Nations community members of the Coastal Nations, the Southern Stl'alt'imx communities and the Coast Salish Nations. For the Vancouver Coastal Region, the governance of these 14 communities is reflected in three sub-regions: the Central Coast, Southern Stl'atl'imx and South Coast.



Photo credit: 4a7amen waterfront, S.Tom

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## Regional profile

In 2019, according to Indigenous Services Canada (ISC), the First Nations population of the Vancouver Coastal Region was 17,630. This consists of an estimated 9,517 First Nations people living at-home/on-reserve and 8,113 living away-from-home/off-reserve. The region's First Nations population represents 12 per cent of the province's total First Nations population.

The ISC Registered Indian Population data under-reports membership numbers. Communities will know the current numbers of their population and are the best source. Therefore, the Vancouver Coastal Region will follow the membership that are self-determined by the communities.

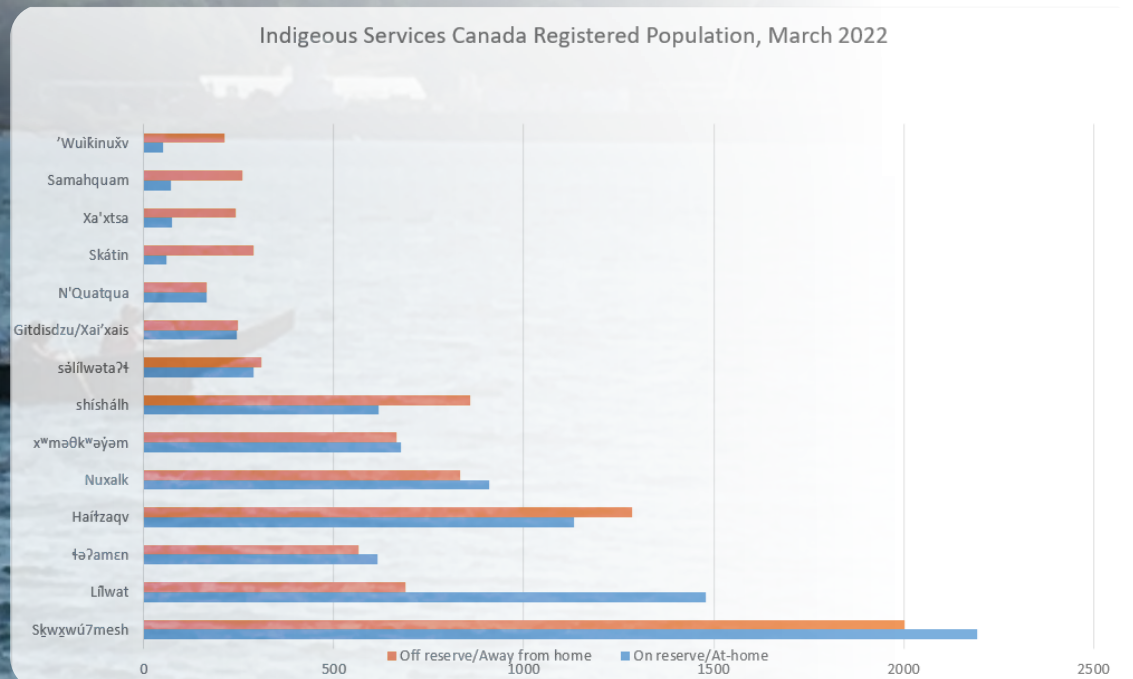


Photo credit: Men men (children) on səlilwətaʔ and Skwxwú7mesh territory, E.Joe



## Sub-regions and community profiles

First Nations in the Vancouver Coastal Region are a unique family. Each of the 14 communities and three sub-regional families are unique in their culture, traditions and geography. This is reflected in their diverse strengths, needs and challenges. The Central Coastal sub-regional family, for example, is only accessible by plane or boat, whereas communities in the Southern Stl'atl'imx sub-regional family are accessed on long drives on poor road conditions. The South Coast sub-regional family includes diverse communities from both rural and urban environments. Each sub-regional family faces health and service delivery constraints that require different approaches and supports.

Sub-regional gatherings occur several times annually, bringing together political and technical leaders in a purposeful way to plan, communicate and collaborate on shared health priorities.

Supporting one another sub-regionally, communities work in partnership and collaborate with other service delivery organizations such as Vancouver Coastal Health. These collaborative partnerships enable communities to innovate and leverage new opportunities, including Joint Project Board projects. In addition, sub-regional gatherings further strengthen political engagement and participation in caucus decision-making processes. Finally, as described above, each sub-region also makes an appointment to the FNHC.

The following profiles highlight aspects of the community or Nation's past, present and future. The FNHA acknowledges that this information came from community- or Nation-owned websites and Knowledge Keepers and belongs solely to them. Readers are encouraged to follow the hyperlinks to the community or Nation's webpage to learn more.

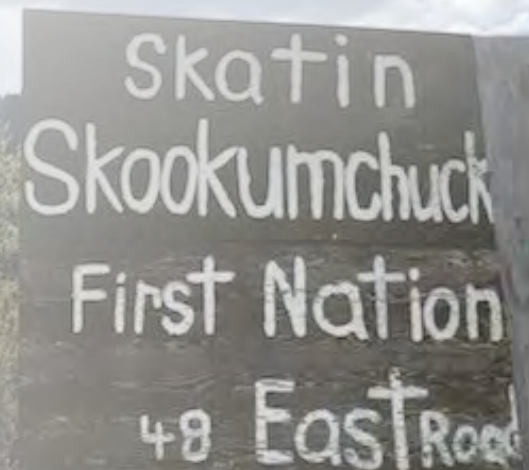
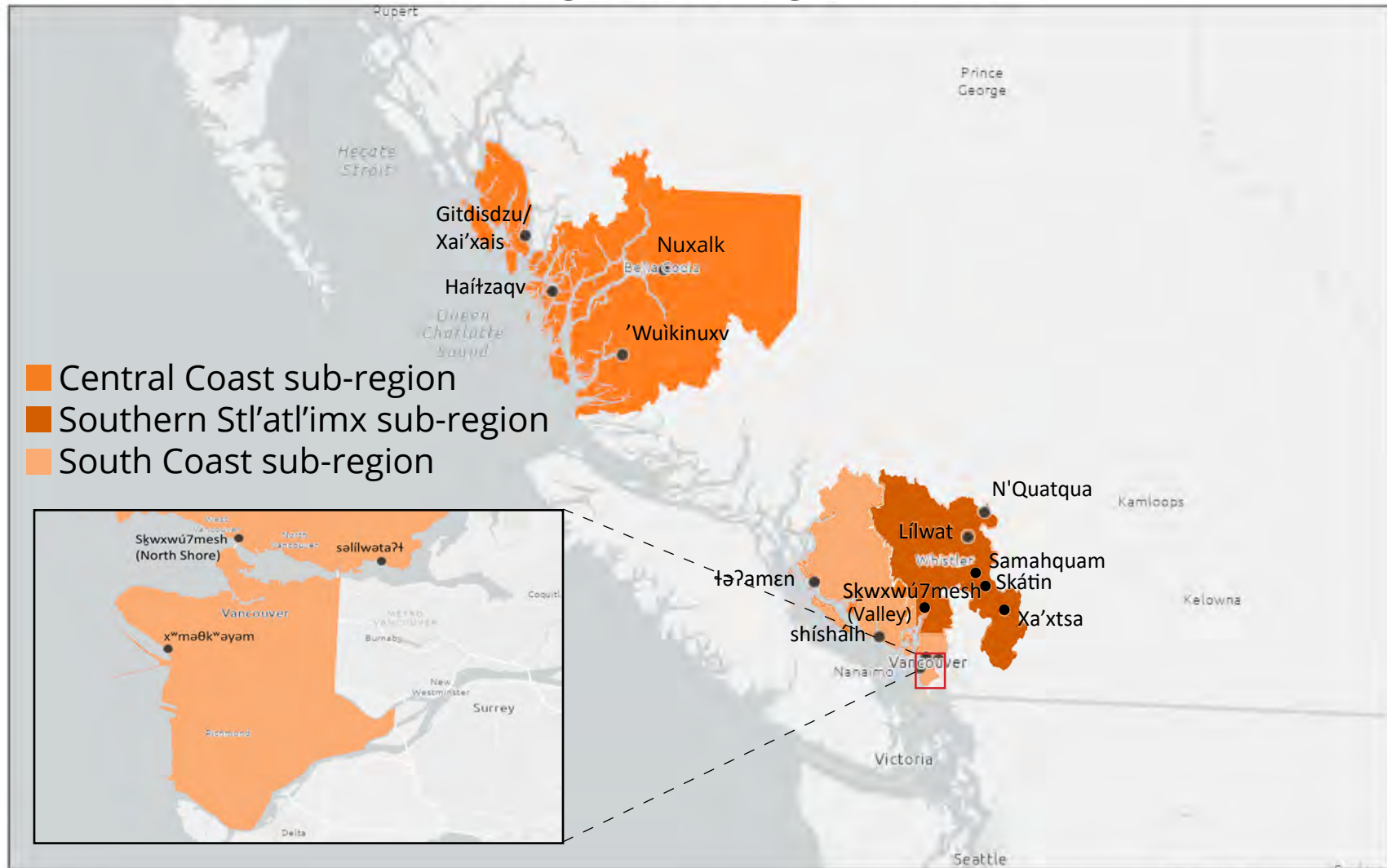
A photograph of a wooden sign for the Skatin Skookumchuck First Nation. The sign is made of dark wood and has white text. It reads "Skatin" on the first line, "Skookumchuck" on the second line, "First Nation" on the third line, and "48 East Road" on the fourth line. The sign is set against a background of a cloudy sky and some greenery.

Photo credit: Skatin, A.Lee

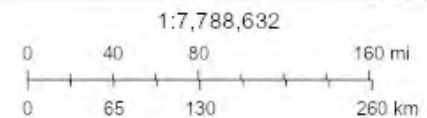
# Vancouver Coastal Region: Sub-regions and communities



2022-03-09



Accessibility to communities in the Central Coast and Southern Stl'atl'imx sub-region is influenced by season and road conditions. Some communities are only accessible by boat or air.



Esri, HERE, Garmin, FAO, NOAA, USGS, EPA, NRCan, Parks Canada



Photo credit: Big House Pole, B.Calhoose

## Central Coast sub-region: Coastal First Nations

The Coastal First Nations are a unique alliance of nine Nations living on BC's north and central coast and Haida Gwaii. Each Nation has its own distinct culture, governance and territory. Traditional territories of member communities occupy the Great Bear Rainforest and 102,000 square kilometres of marine coast.

Of these nine Nations, four reside within the Vancouver Coastal Region: the 'Wuikinuḵv, Hałtzaqv, Gitdisdzu/Xai'xais and Nuxalk Nation.





## 'Wuikinuḡv (Wuikinuxv)

The 'Wuikinuḡv are people whose traditional territory extends from Koeve River to Cranston Point to the head of Wuikinuxv Lake. They are a people whose heritage, history and culture, including their language and spiritual practices, are tied to the land, water and natural environment. Located 480 kilometres northwest of Vancouver,

the 'Wuikinuḡv Nation is only accessible by boat and floatplane. The community currently lives on the banks of the Waanukv River, which connects Owikeno Lake to the head of Rivers Inlet. The nearest town is Port Hardy – located across Queen Charlotte Strait – and there is no direct transport between 'Wuikinuḡv and Bella Bella or Bella Coola.

The 'Wuikinuḡv Nation is a member of the 'Wuikinuḡv-Gitdisdzu-Nuxalk Tribal Council. The 'Wuikinuḡv people speak 'Wuikala, a northern Wakashan language.

The 'Wuikinuḡv Health Centre provides health services and programs to members of the 'Wuikinuḡv Nation. Services include general checkups and wellness, pregnancy and prenatal care, mental health and wellness and other health promotion and disease prevention programs.



## Haíłzaqv (Heiltsuk)

The Haíłzaqv Nation is located in the central Coast region, centred on Campbell Island in the community of Waglisla (Bella Bella). The traditional territory of the Haíłzaqv encompasses 35,553 square kilometres, extending from the southern tip of Calvert Island, up the Dean and Burke channels as far as Kimsquit and the head of Dean Inlet to the northeast, and up the Mathieson and Finlayson channels to the north.

Haíłzaqv speak Haíłzaqv!a, a living language that expresses their world view and way of life. Each of its five dialects has its own distinct pronunciation, tones and phrases.

In April 2019, the Haíłzaqv!a Authority Board and the Heiltsuk Tribal Council approved the [Haíłzaqv!a Revitalization Strategic Plan: Setting Our Course for the Next Five Years 2019-2024](#). In 2021, the Haíłzaqv Nation celebrated July 1 as "Heiltsuk Day" with the purchase and transfer of the 70-year-old Shearwater Resort and Marina using funds secured through a reconciliation agreement signed with the Canadian government.

The Hailika'as Heiltsuk Health Centre and its health board are located on-reserve and provides various health services to the community.



## Gitdisdzu/Xai'xais (Kitasoo)

Two distinct tribal organizations live in the town of [X̱m̱duuḻx̱k](#) (Klemtu): the Gitdisdzu Nation (Tsimshian), originally from Kitasu Bay, and the Xai'Xais Nation of Kynoc Inlet. The Gitdisdzu/Xai'xais people are the only permanent residents within the traditional territories of this First Nation, and they are members of the

'Wuikinuᖃv-Gitdisdzu-Nuxalk Tribal Council.

The Gitdisdzu/Xai'xais Nursing Station serves the community. Staffed by a community health nurse, the station provides primary care services for urgent and emergent conditions. The nurse also promotes health and wellness by delivering maternal/child health programs, immunizations and disease and illness prevention programs.

Gitdisdzu Nation's vision for their land and resources is to ensure that the wealth of forests, fish and wildlife – and the complexity of all life – will be here forever. For the Gitdisdzu and Xai'xais people to remain here forever, they must protect and enhance their culture and heritage. The Gitdisdzu and Xai'xais people acknowledge that they live in the modern world and will have the jobs, revenue and economic development to sustain the community.



## Nuxalk

Pre-contact, Nuxalk people enjoyed a fully developed society, culture, economy and system of governance established within their four distinct territories of Nuxalkmc (Bella Coola Valley), Talyuunc (South Bentinck), Kw'alhnamc (Kwatna), and Ista-Suts'lhmc (Lower Dean, King Island, Dean and Kimsquit Rivers). Geological and historical research has proved that Nuxalk people have

been in this region for over 14,000 years. Present-day Nuxalkmc are the descendants of peoples from these four territories who came together at the village of Q'umk'uts after the smallpox epidemic of 1862. This catastrophe reduced their population from around 30,000 to approximately 300 survivors.

Today, Nuxalk have seven reserves in total, measuring about 2,025 ha; this is approximately 0.1 per cent of their ancestral territory and their population now numbers 1,787 people. Nuxalk is a non-treaty nation; they view their land as their legal inheritance from the Creator and they will continue to exercise their rights and title throughout their four territories as entrusted to them by their ancestors.

*Way!*

## Southern Stl'atl'imx sub-region

The St'át'imc are the original inhabitants of the territory that extends north to Churn Creek and to South French Bar; northwest to the headwaters of the Bridge River; north and east toward Hat Creek Valley; east to the Big Slide; south to the island on Harrison Lake and west of the Fraser River to the headwaters of the Lillooet River, Ryan River and Black Tusk.

The St'át'imc Nation is made up of 11 distinct self-governing communities, including the Líl'wat Nation, a distinct Nation with linguistic, cultural, familial and political ties to the St'át'imc Nation.

Five out of 11 St'át'imc communities reside within the Vancouver Coastal Region. These five southern Stl'atl'imx communities include the N'Quatqua, Samahquam, Skátin, Xa'xtsa and the Líl'wat Nation.



Photo credit: Paqulh, Samahquam youth camp DJ.





## N'Quatqua

Located near Anderson Lake and the community of D'Arcy in the southern Coast Mountains, the Státimcets-speaking N'Quatqua community is part of the Stl'atl'imx Nation.

As a member of the Lower Stl'atl'imx Tribal Council and the St'at'imc Chiefs Council, N'Quatqua collaborates with fellow St'at'imc First Nations on a variety of projects and initiatives to promote their physical, economic and social well-being. N'Quatqua is one of four nations served by the Southern Stl'atl'imx Health Society and has also developed many health services through its Health Station and Child and Family Development Centre.

The N'Quatqua vision statement is:

*We will honour and respect our lands and resources through a holistic approach. We will be committed to a strong, loving, healthy and sustainable community that will have a consistent approach to education, culture and language. A self-governance system that will allow us to grow and meet our needs.*



## Samahquam

Samahquam Ucwalmicw is a Státimcets-speaking southern Stl'atl'imx community near Lillooet Lake. The Nation is a member of the Lower Stl'atl'imx Tribal Council and is served by the Southern Stl'atl'imx Health Society. Through culture, language and familial ties, Samahquam are related to the Xa'xtsa and Skatin.

As part of the Státimcets Ucwalmicw, Samahquam's vision is of a continuing and renewed relationship between the St'at'imc people (ucwalmicw) and the land (tmicw).



Photo credit: Winter cabin in Q'aLaTku7em, P.Aleck and C. Smith



## Skátin

The Skátin are Ucwalmícwts-speaking Státimcets members of the Lower Stl'atl'imx Tribal Council. The community of Skátin is located on the east side of the Lillooet River, on the 19-Mile Post of the old Harrison-Lillooet wagon road (about 35 kilometres from the head of Harrison Lake).

Before the arrival of European settlers, this community was considered the largest on the lower Lillooet River, comparable in size to the pre-contact village of present-day Lílwat. A moderately sized waterfall on the Lillooet River, about one kilometre north of the community, had a significant effect on the size of the community in prehistoric times and today. Now commonly known as Skookumchuck Rapids, the Ucwalmicwts call the waterfall qmemps (k-MEMP-sh). This site was and continues to be an excellent fishing spot.

Located 60 kilometres east of the Southern Stl'atl'imx Health Society offices, the community is accessible by the Lillooet forestry service road; however, this road is subject to washouts and challenging winter driving conditions.



## Xa'xtsa (Douglas)

The Xa'xtsa consists of the Port Douglas and Tipella communities. Xa'xtsa is part of the Stl'atl'imx linguistic group and is a member of the Stl'át'imc Chiefs Council and Lower Stl'atl'imx Tribal Council. Nearby, the Xa'xtsa is related to the Skatin and Samahquam communities through familial ties and culture and language.

In 2015/16, the Nation completed its child care centre in Tipella and expanded its early childhood development offerings with the Southern Stl'atl'imx Health Society. In addition to early childhood development support, the Southern Stl'atl'imx Health Society ensures Xa'xtsa members have access to holistic health services that support the whole person in culturally appropriate ways and that consider the land, family, community and nation.

Xa'xtsa's vision:

*Focuses to be the community that our members call home. We will create and maintain a healthy lifestyle-sufficiency, promotion of Ucwalmicwts and our culture. With infrastructure and recreation opportunity services, we will be a self-governing, self-supporting, equal and united community. We will be the eyes, the ears and the voice for the present and the future to protect our children; moreso, to create a secure path for all other future generations to come.*



## Lílwat

The Lílwat Nation, an Interior Salish People, is a progressive First Nations community located seven kilometres north of Pemberton. The Lílwat7úl's 797,131 ha traditional territory is about one-quarter of the size of Vancouver Island, extending south to Rubble Creek, north to Gates

Lake, east to the Upper Stein Valley and west to the coastal inlets (Toba Inlet) of the Pacific Ocean. However, starting in the late 19th century, the Lílwat Nation was increasingly disenfranchised and confined to 10 reserves, totalling only 2,930 ha or 0.4 per cent of their traditional territory.

Lílwat Nation is a member of the Lower Stl'atl'imx Tribal Council. The first language of the Lílwat, and other Interior Salish people, is Ucwalmícwts. The Lílwat Nation is the third-largest First Nation in BC. The Pqusnalhcw Health Centre, located within the community, provides various health services.

Today, the Nation continues to work towards self-determination and remains committed to the preservation of Lílwat lands, language and culture for future generations.



Photo credit: Tszil Mountain, D.J.





Photo credit: Okeover Inlet, S.Tom

## South Coast sub-region: Coast Salish Nations

The Coast Salish Nations include First Nations living along the northwest Pacific coast in BC, from the Lower Mainland and Vancouver Island south to western Washington and northwestern Oregon in the United States. Although these Nations have distinct customs and traditions and speak various languages and dialects, they share strong ethnic and cultural ties. For example, unlike their northern neighbours, they have a patrilineal rather than matrilineal kinship system.

The Coast Salish Peoples that reside in the Vancouver Coastal Region include the łaʔəmən, shíshálh, Skwxwú7mesh, səlililwətaʔt and xʷməθkʷəyəm.



## łəʔamən (Tla'amin)

The łəʔamən is part of the Coast Salish Indigenous peoples inhabiting the western coast of BC, located north of Powell River. The traditional łəʔamən territory was along the northern part of the Sunshine Coast, extending along both sides of the Strait of Georgia. As a self-governing treaty nation, the Tla'amin Nation is a member

government of the Naut'sa mawt Tribal Council. The Tla'amin Final Agreement seeks to bring many benefits to their people and future generations and to dramatically – and positively – impact their Nation's status.

Tla'amin Health provides health-care services to the Tla'amin Nation and First Nations between Salterty Bay and Lund and the surrounding area.

As an Accreditation Canada health-care service provider, Tla'amin Health's mission statement is:

*Tla'amin Health continues to support and assist the Tla'amin people in creating a healthier community. We are committed to forming respectful partnerships that maintain and advance our health and wellbeing in an equitable and holistic manner.*



## shíshálh

The shíshálh First Nation is located on the scenic Sunshine Coast between Queens Reach in Jervis Inlet and Howe Sound on BC's south coast. The sashishalhem language, a Coast

Salish dialect, is the traditional and distinct language of the shíshálh Nation.

In 1986, the shíshálh Nation became an independent self-governing body, a unique third order of the Government of Canada. The Sechelt Indian Government District holds jurisdiction over its lands and exercises the authority to provide services and education for its residents. Independent and self-governing, the shíshálh Nation chooses to participate in and is welcomed into FNHA governing structures.

shíshálh vision:

*The shíshálh Nation is committed to innovation in program and service delivery designed to assist our members and community to achieve greater interdependence, wellness and self-sufficiency. Foundational to our shared work is the protection, promotion and practice of shíshálh culture, language and laws within our swiya. We proudly advance the work of those that have gone before us.*



## Skwxwú7mesh Úxwumixw

### Squamish Nation

rich history and bright future. Skwxwú7mesh Úxwumixw speak the Squamish language and are descendants of the Coast Salish Indigenous peoples who lived in the present-day Metro Vancouver area, Gibson's Landing and the Squamish River watershed. The modern era of Skwxwú7mesh Úxwumixw was declared on July 23, 1923, through the "Prayer of Amalgamation." This resulted from eight years of discussion and planning and a legal agreement signed by the 16 Skwxwú7mesh Chiefs.

Yúustway Health Services provides service to Skwxwú7mesh Úxwumixw. With the traditional name Yúustway (meaning "taking care of each other"), this department strives to improve the health and wellness of its members by providing community health services and promoting and supporting access to all health services.

The Yúustway mission is:

*Providing quality holistic care in a respectful, safe manner to ensure the health and wellness of all people by empowering our community and offering the tools for living in health from birth to end of life.*

## Skwxwú7mesh Úxwumixw

The Skwxwú7mesh Úxwumixw is a vibrant and dynamic Coast Salish Nation with a strong culture,



## səlililwətaʔt (Tsleil-Waututh)

The səlililwətaʔt is located on the north shore of səlilwət (Burrard Inlet) and is surrounded by the City of North Vancouver. The səlililwətaʔt is one of many groups of Coast Salish peoples living in the Pacific Northwest, throughout BC, Washington and Oregon. The knowledge of the lands and waters in their territory has shaped this strong and growing Nation.

Community members access services from the health team located on-reserve and through North Shore physicians, Vancouver Coastal Health's Lions Gate Hospital and community services. As of 2021, a new Tsleil-Waututh Nation Administration and Health Centre, a focal point for community and administrative affairs, is being built.

səlililwətaʔt's vision for the future is:

*To maintain our identity as Tsleil-Wautt people, respecting our past and being mindful of our future, sharing a collective vision for a healthy, holistic community in harmony with our surroundings, guided by our spiritual, emotional, mental and physical teachings, thriving in our cultural excellence.*





## xʷməθkʷəṽəm (Musqueam)

The xʷməθkʷəṽəm are traditional hə́ŋqəmiŋə́ŋ-speaking people whose traditional territory occupies what is now Vancouver and its surrounding areas. Many members currently live on a small portion of their traditional territory, known as the Musqueam Indian Reserve, located south of Vancouver's Marine Drive near the mouth of the Fraser River. However, xʷməθkʷəṽəm has always moved through their lands and waters for cultural, traditional and economic practices.

The name xʷməθkʷəṽəm is derived from the flowering plant, məθkʷəṽ, which grows in the Fraser River estuary. A xʷməθkʷəṽəm's ancient history that has been passed on from generation to generation explains how they became known as the xʷməθkʷəṽəm – People of the məθkʷəṽ plant.

The xʷməθkʷəṽəm's vision is:

*The Musqueam, a proud and unified people, will, as a self-governing nation, work together to ensure enhanced quality of life for all generations of our people to develop a sustainable, self-reliant, vibrant community that is built upon the historical and traditional values of our community.*

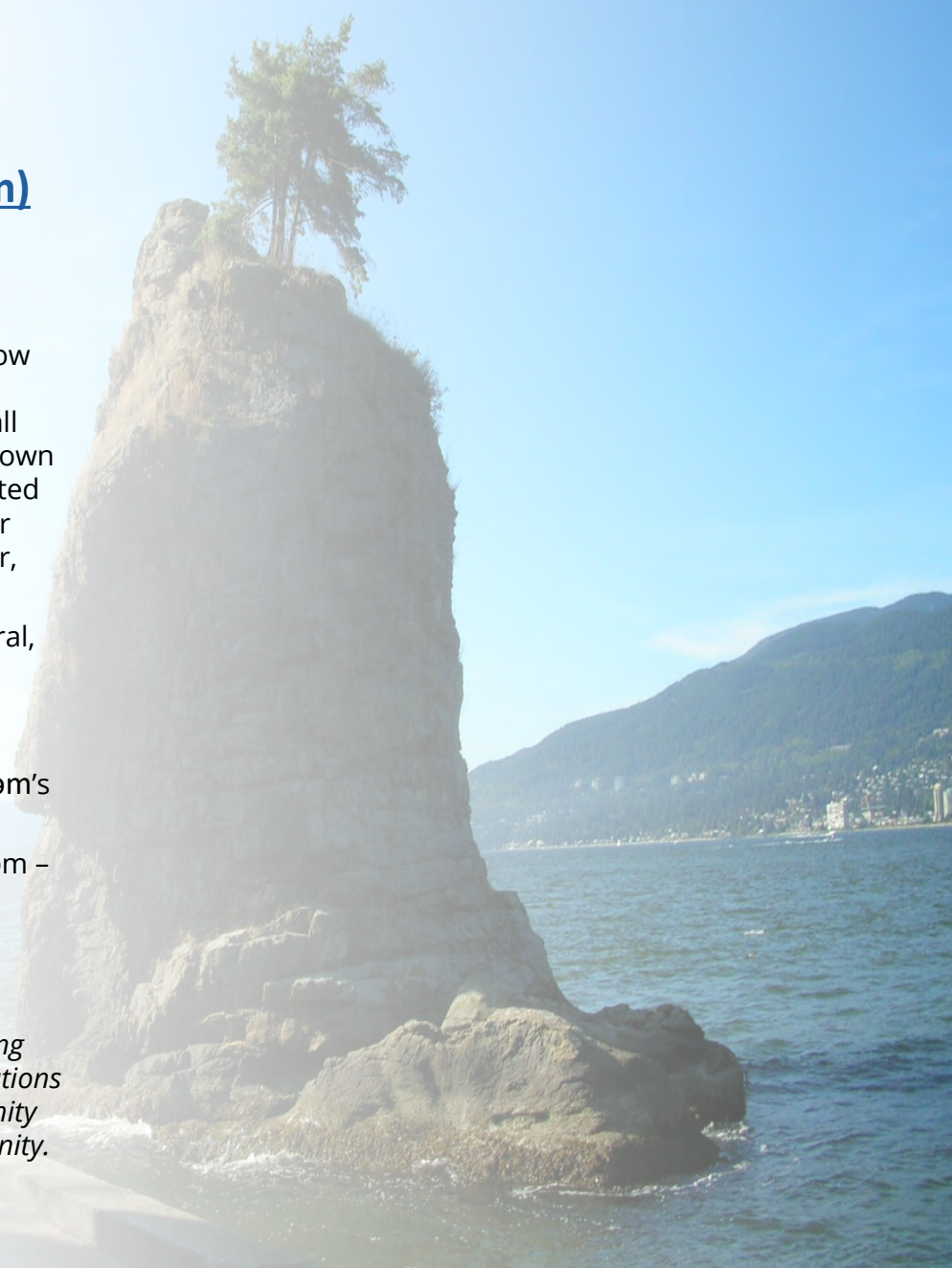


Photo credit: Slhxi7lsh (Sḵwəxwú7mesh) or sṭxil'əx (xʷməθkʷəṽəm), S.Sturrock

## 2016 to 2021 key milestones

2016



The Lu'ma Med clinic opens in Vancouver improving access to primary care for Indigenous people.

2017

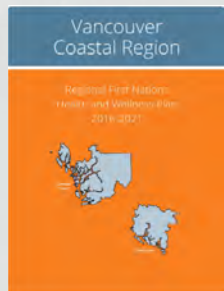
[BC government budget includes \\$322 million to combat the opioid crisis.](#)

2018



[The BC government provides the FNHA with \\$20 million over three years to support community-driven culturally relevant responses to the overdose public health emergency.](#)

Projects are funded for land, water or blended based healing.



[Vancouver Coastal 2016-2021 Regional Health and Wellness Plan](#) endorsed Vancouver Coastal Caucus.

BC and Health Canada sign a new [10-year health funding agreement](#), under which BC will receive an additional \$10 million to help its response to the opioid crisis.

The Ministry of Mental Health and Addictions launches a new Overdose Emergency Response Centre. The FNHA's CEO and chief medical officer provide governance through their positions on the Health Sector Oversight Committee.

In 2018, as part of its ongoing commitment to First Nations governance, the Vancouver Coastal Region successfully completed a Partnership Accord



2019

[2019 Indigenous Peoples Day of Wellness Grants](#) support community-led events that are grounded in ceremony, traditional practices and incorporate BC First Nations cultures.

The [Ministry of Health and FNHA partner](#) to provide more than \$1.8 million in ongoing funding and over \$200,000 in one-time funding to the Lu'ma Medical Centre to expand Indigenous primary care services.

2020

[Dental, Vision Care, and Medical Supplies and Equipment Plans Administered Through Pacific Blue Cross](#)



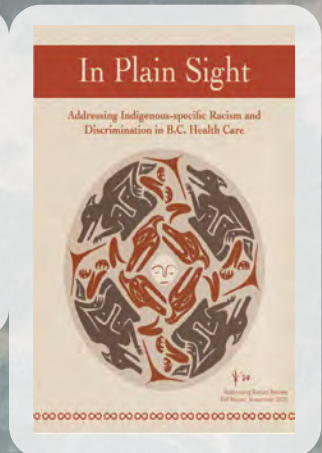
[After the World Health Organization declares COVID-19 a global pandemic](#), BC First Nations determine the actions they will take to protect their communities, with regional and central health authority partners providing support with co-ordination.



2021

*In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in the B.C. Health Care* report released by BC Minister of Health Adrian Dix and Independent Reviewer Hon. Dr. Mary Ellen Turpel-Lafond.

[In Plain Sight Full Report](#)  
[In Plain Sight Summary Report](#)



The Vancouver Coastal Region begins the refresh for the 2022-2027 Regional Health and Wellness Plan.

Photo credit: Rutherford Creek, Squamish Google Earth, 2021-08-20



## Vancouver Coastal Region First Nations health governance structure

The First Nations health governance structure established by First Nations, for First Nations, supports and enables decision-making and influence across the health system. As a result, First Nations are in a position to transform the healthcare system in BC. The RHWP will guide the work of the region as the FNHA contributes to this system transformation journey. The process and work is grounded in the 7 Directives, shared values, the BC First Nations Perspective on Health and Wellness and guiding principles.

### Caucus

The Vancouver Coastal Caucus is made up of 28 representatives from the 14 First Nations communities within the Vancouver Coastal Region. Each First Nation within the region uses its own process to select or designate one political representative and one technical (health service delivery lead) representative. The Caucus meets approximately twice per year, usually in the spring and the fall.

The Vancouver Coastal Caucus is the leading regional forum for communications, collaboration and accountability, creating a structure for the FNHC, FNHDA and FNHA to engage directly with First Nations Caucus leadership about their regional and provincial work. In addition, the Caucus provides guidance to the Regional Table.

### Regional Table

The Vancouver Coastal Regional Table is made up of three FNHC governance representatives from each of the sub-regions (who serve for three-year terms) and three technical leads from each sub-region (who serve for two-year terms). The Regional Table's purpose is to carry out the direction of the Vancouver Coastal Caucus, and to implement the Vancouver Coastal Partnership Accord by responding to regional issues and working with FNHA regional health leads, regional health leads, senior staff and board members of Vancouver Coastal Health, and community health and technical leads.

The Vancouver Coastal Regional Table works to improve service delivery by collaborating with Vancouver Coastal Health and the First Nations communities they serve, the FNHC, the FNHA

and the region's First Nations health organizations. In addition, the Vancouver Coastal Regional Table supports the vision of the Partnership Accord to increase the influence of First Nations regarding health services in the Vancouver Coastal Region to attain shared decision-making status.

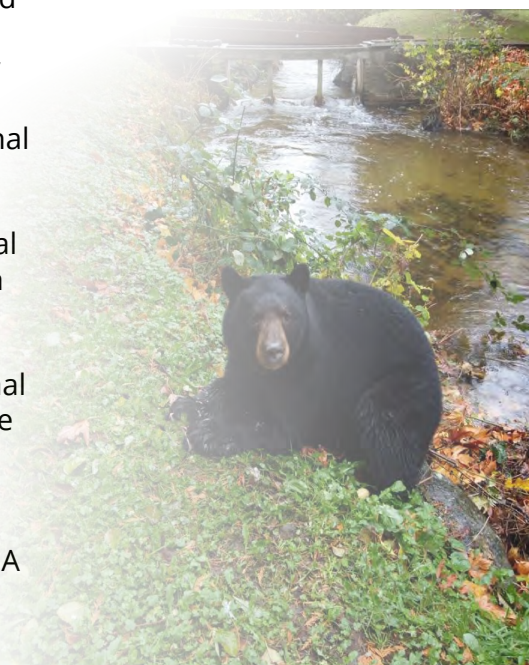
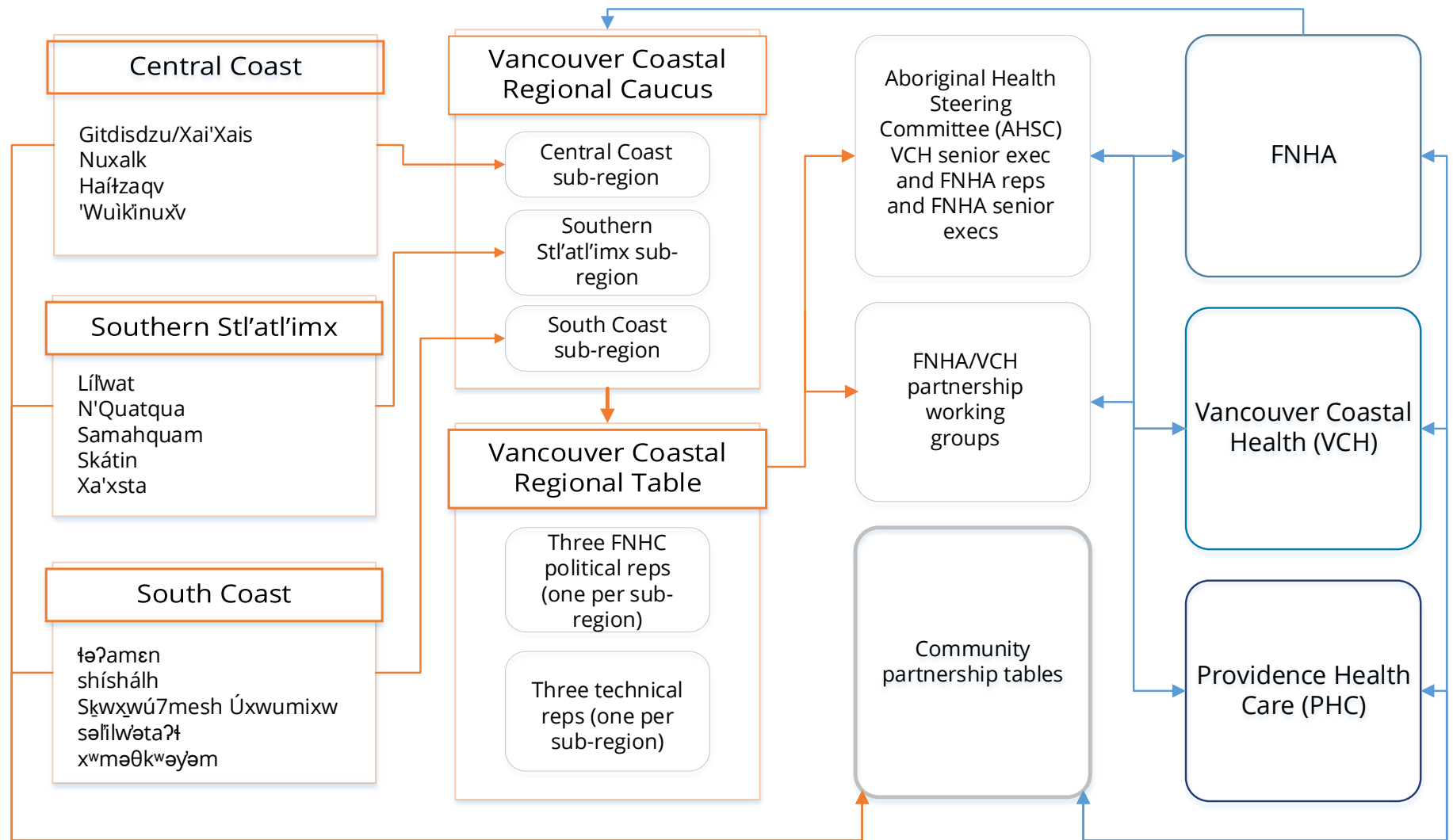


Photo credit: ʔəʔamən fish hatchery, S.Tom

# Vancouver Coastal Region health governance structure



Structure as of March 2022

## Partnership Accord

The Framework Agreement establishes a broad vision for high-functioning partnerships between First Nations and health authorities at a regional level. The Vancouver Coastal Partnership Accord was signed in May 2012 by the FNHC regional representatives (on behalf of the Vancouver Coastal Caucus), the FNHA and VCH to outline what this partnership looks like in the Vancouver Coastal Region. A refreshed Partnership Accord is currently being developed by the partners.

The Partnership Accord calls for the transformation of the health system in the region through collaboration between First Nations, the FNHA, VCH and other regional partners. The Accord also directs co-operative work with community health leaders to develop more

culturally safe health care delivery. It sets out a vision of shared decision-making with First Nations regarding health services in the region.

The Partnership Accord directs partners to develop and implement strategies for:

- Jointly co-ordinating community engagement activities;
- Serving urban and away-from-home populations across the region;
- Advancing [cultural safety and humility](#) and [anti-racism](#) within our institutions, care settings and engagement with First Nations; and
- Collaborating to achieve the milestones and deliverables of the RHWP.

The Partnership Accord has led to the development of a Joint Community Engagement

Strategy, an Urban Aboriginal Health Strategy, and a First Nations and Aboriginal Culturally Competent and Responsive Strategic Framework. Current priorities include:

- Collaborating on ways to apply cultural safety and humility and anti-racism to urban and away-from-home settings, including decolonizing relations and strengthening Indigenous representation and self-determination;
- Updating our joint commitments in response to the recommendations of the *In Plain Sight* report recommendations, the UN's Declaration on the Rights of Indigenous Peoples (DRIPA) and the provincial DRIPA legislation; and
- Co-ordinating community engagement activities and events to respect each

partner organization's unique relationships and conversations with First Nations.

The AHSC oversees the implementation of the Vancouver Coastal Partnership Accord. It serves as a senior forum for providing strategic direction and identifying key priorities to be advanced through partnership, collaboration and joint efforts in the region. The AHSC membership includes:

- The three regional representatives appointed to the FNHC;
- The FNHA CEO, board chair and other defined executives;
- The VCH CEO, board chair and other defined executives;
- The PHC CEO, board chair and other defined executives; and
- Any ex-officio members as jointly appointed by



the parties.

As per the AHSC Terms of Reference, the AHSC Executive Committee operationalizes strategic priorities, ensures execution of joint initiatives, plans for AHSC meetings and communicates accordingly to all partners. The scope of the Executive Committee includes leading operational decision-making related to advancing the priorities of the AHSC and elevating relevant strategic questions and decisions to the AHSC. The Executive Committee is comprised of:

- The FNHA Vice President Regional Operations – Vancouver Coastal;
- The VCH Vice President, Indigenous Health;
- The Providence Health Care Vice President, Indigenous Wellness and Reconciliation; and
- Other senior leadership

from each organization, as relevant for ongoing discussions.

Operational-level co-ordination between First Nations communities and partners in the health system occur at various tables and committees that exist outside of the AHSC's structure. Partners support relationship-building at these spaces wherever possible and look for opportunities to lift priorities and concerns identified through them for action and decision-making at the AHSC.

First Nations in the region ultimately guide all of this work. Acknowledging that each partner organization has its own accountability structure, the First Nations health governance structure serves as the primary mechanism through which First Nations provide political leadership on health system transformation. The structure follows the engagement and

approvals pathway and is guided by the principle of reciprocal accountability. First Nations participate in their Sub-Regional Caucus as well as Regional Caucus, where they make collective decisions and appoint representatives to the Regional Table. The Regional Table is responsible for performing the work directed by caucus, including through participation in the AHSC. Leadership from partner organizations also attends caucus to listen to the community and provide important updates.

The diagram on the following page summarizes the overall regional First Nations health governance structure described above.

Photo credit: Winter road path Q'aLaTku7em, P.Aleck and C. Smith

## Vancouver Coastal regional partners

This image identifies the key partners involved in the delivery of the RHWP. With these partners, the Vancouver Coastal Region wisely uses its resources to provide health care to communities based on what each community has identified as a priority.



## Regional health authority partners

### [VCH](#)

As one of the six health authorities in BC guided by policy and directions from the BC Ministry of Health, VCH covers an area that includes 14 First Nations communities that reside in 12 municipalities and four regional districts. VCH serves over 1.2 million residents and is responsible for providing services to First Nations people living away-from-home/off-reserve (whether from BC or not), and Indigenous Peoples living in the region's urban areas.

### [Island Health](#)

Due to its proximity to Vancouver Island, the 'Wuikinuŋv Nation receives a range of services from the Island Health Authority.

### [Provincial Health Services Authority](#)

The Provincial Health Services Authority ensures that BC residents have access to a co-ordinated network

of high-quality, specialized health care services. These include selected services provided in facilities governed by other health authorities, as well as those programs and services provided through the following provincial agencies:

- BC Cancer
- BC Centre for Disease Control
- BC Children's Hospital (and Sunny Hill Health Centre)
- BC Mental Health and Substance Use Services
- BC Renal Agency
- BC Transplant
- BC Women's Hospital and Health Centre
- Cardiac Services BC
- Perinatal Services BC

### [Divisions of Family Practice](#)

The Divisions of Family Practice (Divisions) are a community-based group of family physicians working together to achieve common health care goals. Divisions works collaboratively with community and health care partners to enhance local

patient care and improve professional satisfaction for physicians. In the Vancouver Coastal Region, there are five Divisions of Family Practice:

- Richmond Division of Family Practice
- Vancouver Division of Family Practice
- North Shore Division of Family Practice
- Sea-to-Sky and Sunshine Coast Division of Family Practice
- Powell River Division of Family Practice

### [Rural and Remote Division of Family Practice](#)

The Rural and Remote Division of Family Practice is a uniquely structured 13 community-based chapter voice of family doctors who understand the realities of practising in rural and remote communities. The Rural and Remote Division works out of the chapters in Pemberton, Bella Coola and Bella Bella to support the Coastal First Nations located in the Vancouver Coastal Region.



## Vancouver Coastal First Nations health organizations partners

The FNHA also partners and supports the 11 First Nations health organizations in the region. These health organizations provide community members with access to culturally safe essential health, mental wellness, and home and community care programs on-reserve.

The First Nations health organizations are:

- [Gitdisdzu Xai'Xais Health Centre](#) (FNHA Nursing Station)
- [Nuxalk Health and Wellness](#)
- [Hailika'as Heiltsuk Health Centre Society](#)
- [Wuikinuxv Health Centre](#)
- [Southern Stl'atl'imx Health Society](#) (serving N'Quatqua, Skátin, Samahquam and Xa'xtsa)
- [Líl'wat Health and Healing](#)
- [Tla'amin Health](#)
- [shíshálh Community Services Division Health Department](#)

- [Yúustway Health and Wellness Centre](#) (Squamish Nation Health Centre)
- [céćəwəṭ leləm Helping House](#) (Tsleil-Waututh Nation Health Centre)
- [Musqueam Health Centre](#)

### First Nations-led Primary Care Initiatives

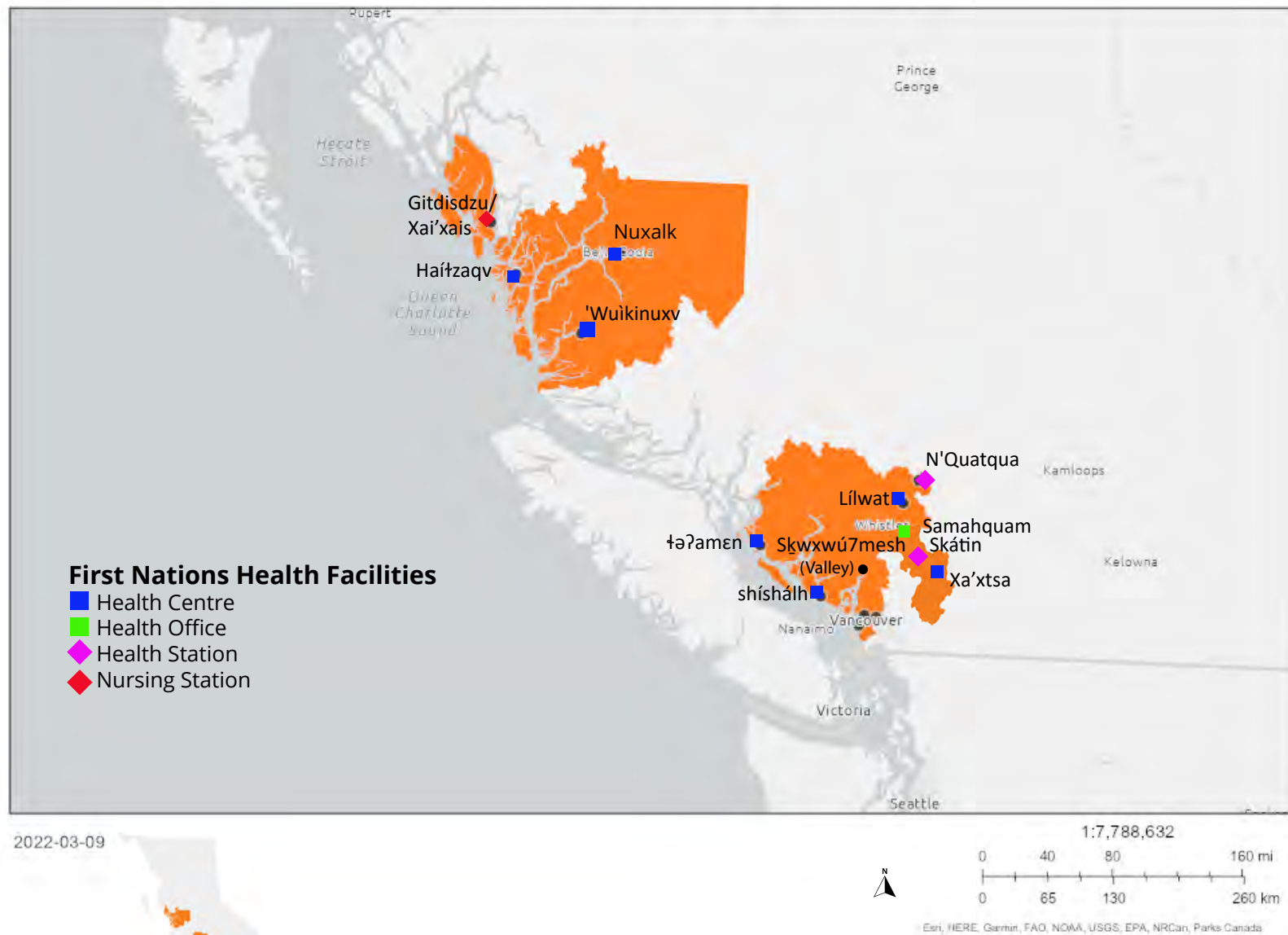
First Nations-led Primary Care Initiatives (FNPCI) are FNHA and BC Ministry of Health initiatives to increase access to culturally safe and appropriate primary health care services. In 2022, there is one FNPCI successfully running and another two are planned for Southern Stl'alt'imx and Nuxalk.

- [Lu'ma Medical Centre:](#)  
Opened in 2016, Lu'ma Medical Centre is the first FNPCI announced in BC. Located in Vancouver, Lu'ma provides health and outreach services to urban-based First Nations, Métis and Inuit individuals.

### Other service providers and partners

Many other service providers deliver all forms of health care for First Nations community members. Some are under contract arrangements with the Nations themselves, and some operate independently in towns and cities located within the region. These service providers include dentists, pharmacists, optometrists, chiropractors, physiotherapists and occupational therapists. There are also non-profit agencies that provide some services for First Nations communities.

## Vancouver Coastal First Nations health facilities



# Health facilities

## Health centres

Health centres are staffed by registered nurses or licensed practical nurses who provide a comprehensive range of nursing services, including health promotion and disease prevention. The nurses' practice aims to build the capacity of individual, family and community wellness. Nurses work with communities to develop and implement relevant, culturally centred interventions, providing services in clinical, home and community settings. Community health nurses at health centres are not on call and do not provide emergency services.

## Health stations

A health station offers various health services and programs to First Nation community members. Services include community health programs, Elder and family support, housing assistance, nutrition support, youth activities and wellness programs. In addition, service providers can travel to the community and use health stations to provide their services and programs.

## Health office

A health office is typically located within an administration building, and practitioners visiting the community may use this space to provide services. For example, a physician, community health nurses and [traditional wellness](#) practitioners may use a health office.

## Nursing stations

Nursing stations are staffed by remote certified registered nurses who work in an expanded scope of practice, providing primary care and emergency care (including after-hours on-call care), as well as public health and health promotion services.



Photo credit: Kunsoot Wellness Centre, M.Martin



## First Nations engagement and approval pathway

Since the official transfer of Health Canada's First Nations Inuit Health branch to the FNHA in October 2013, the collaborative discussions about health system change have grown in both specificity and volume.

The FNHC, the FNHDA and the FNHA collectively share the First Nations health governance engagement structure, which engages First Nations political and health leadership on various aspects of health transformation. The framework is designed to support and inform province-wide and consensus-based decision-making processes based on the 7 Directives. Engagement is a broad term that describes a range of activities.

Through past Regional Caucus evaluations and feedback, the FNHC, the FNHA and the FNHDA jointly agreed to evolve the engagement processes to ensure Chiefs and health leadership are leading the conversation on the social determinants of health and Nation-rebuilding, and that meeting spaces are available for discussions on health programs and services.



Photo credit: Black bear, Gitdisdzu, T.Mason

## IAP2 Spectrum of Public Participation in the First Nations health governance context

As engagement-driven organizations, the FNHC, the FNHDA and the FNHA are committed to bringing Vancouver Coastal First Nations communities together to collect and share wisdom, advice, feedback, guidance and direction on health and wellness issues.

Since the Regional First Nations Health and Wellness Plan 2016-2021, the IAP2 Spectrum of Public Participation is now being used to develop the engagement processes. Regional tables, health director tables, working groups, family and regional caucuses, and Gathering Wisdom for a Shared Journey forums are created with the Spectrum's promise and public participation goals. Along with the good guidance from community leadership, the region adopted using the Spectrum helps to ensure that space is created for each First Nations community voice to be heard and impact transformational change.

## IAP2 Spectrum of Public Participation

IAP2's Spectrum of Public Participation was designed to assist with the selection of the level of participation that defines the public's role in any public participation process. The Spectrum is used internationally, and it is found in public participation plans around the world.



INCREASING IMPACT ON THE DECISION					
	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
PUBLIC PARTICIPATION GOAL	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision making in the hands of the public.
PROMISE TO THE PUBLIC	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

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## Vancouver Coastal engagement approach

The regional engagement approach creates and provides intentional spaces to collaborate and address health and wellness issues. The partners that participate in these spaces may include some, if not all, of the following:

- Vancouver Coastal Nation community members
- Community representatives
- Traditional Knowledge Keepers
- The FNHC
- The FNHDA
- The FNHA
- VCH
- Other health care and wellness professionals

This approach informs parties involved on when, how and what is engaged in the region. It also clarifies the roles and responsibilities of each party. Some of the region's engagement sessions are formalized and ongoing, while others arise in response to community-driven requests, concerns or inquiries.

The FNHA Vancouver Coastal Regional Engagement Team supports communities with improving health for their members through communication, collaboration and planning, and local community engagement activities. This work is guided by community-driven and directed processes, and is led by the Director, Regional Engagement, Regional Health Liaison and three Community Engagement Coordinators supporting each of the three sub-regions.



Photo credit: Spirit bear, Gitdisdzu, T.Mason

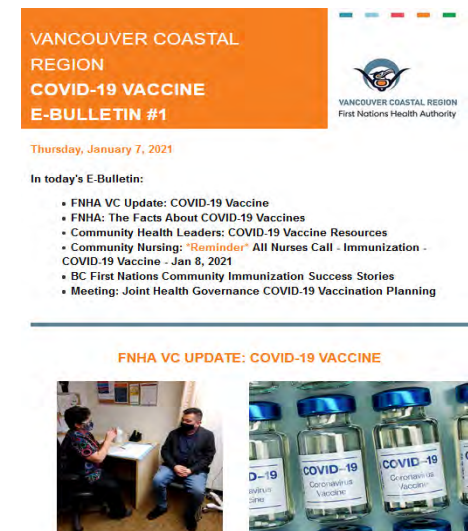


## Vancouver Coastal Region one-window communication approach

The region's current external-facing communication tools, including the E-Newsletter and E-Bulletin, establish an informative and meaningful public communications stream and bring health and wellness information closer to communities. This co-ordinated communication approach from the region ensures that communities regularly receive up-to-date and curated details on critical issues.

All past E-Newsletters and E-Bulletins may be found in the [newsletter archives](#).

The FNHA Vancouver Coastal Regional Team is committed to supporting engagement, communication and information sharing that facilitate Nation-based decision-making at the regional level and create opportunities for partnering pathways.



## Methodology and process

The refresh for the RHWP began in March 2021, with the public announcement that work was starting at the Regional Table held on April 20, 2021. The process began by acknowledging the successes of the previous five-year plan, and this became the foundation for engaging with community members for their input. [Traditional Knowledge Keepers](#) and Elders were invited to meaningfully participate in the process of developing the RHWP.

Under the guidance of the Vice President, Regional Operations, a charter and the following four-phased project plan and timeline were developed to guide the work:

- Phase 1: Information gathering and initial dialogue, April to June 2021;
- Phase 2: Community engagement, July to September 2021;
- Phase 3: Validation of information and draft writing, October to December 2021; and
- Phase 4: Finalization of the draft plan, January to May 2022.

Although the project plan suggests that community engagement happened primarily in Phase 2, engagement occurred throughout the process, from the initial Regional Table meeting until the end of Phase 4. In addition to regular updates at Regional Tables, Health Director meetings, sub-regional gatherings and Caucus,

one-on-one meetings through Zoom were conducted with Health Directors and leads, FNHC representatives and other community members who expressed interest in the process. Regular updates were also provided through Vancouver Coastal E-Newsletters.

Please see [Appendix A](#) for project engagement summary.

Key contacts for the RHWP included:

- Community Regional Table members and Health Directors;
- Elders and Traditional Knowledge Keepers; and
- VCH; and
- FNHA staff – Vancouver Coastal and Central.

Important documents and sources of data included the Regional First Nations Health and Wellness Plan 2016-2021, First Nations-Led Primary Health Care reporting, community health and wellness plans, the FNHA's multi-year health plans, [anti-racism](#), [cultural safety and humility](#) action plans and other regional health and wellness plans.

## 2022-2027 Regional priorities

The RHWP is a five-year living document that will grow and develop along with the region's needs and priorities. At the time of writing, the identified seven priorities were informed by reflection on the 2016–2021 priorities, community engagement, regional and central team consultations and work already underway.

The priorities are not meant to be ranked in importance or separated in silos. Recognizing that these priorities are often connected, readers can imagine the priorities as interconnected circles that influence the whole.

Three priorities from the Regional First Nations Health and Wellness Plan 2016-2021 – planning, engagement and communications; data and research; and human health resources – have not been carried forward as priorities for 2022-2027. These three priorities were operationalized over the last planning period and are now subsumed within the 2022 priorities.

In addition, while there is a specific *cultural safety and humility and anti-racism priority*, cultural safety and humility is a core principle for working with First Nations and, therefore, serves as a foundation for all regional work. Cultural safety and humility and anti-racism is further embedded into the region's work because of the [Anti-Racism, Cultural Safety and Humility Framework](#) released jointly by the FNHA, the FNHC and the FNHDA. Operating within this framework guides the region in championing cultural safety and humility across the healthcare system.







## Primary Care: Wholistic Wellness and health service delivery

**Goal:** Through community engagement that identifies community health and wellness needs, improve the quality of culturally safe wholistic wellness and medical services.

**Objectives:**

- Integrate culturally safe practices and approaches for communities or Nations into First Nations Primary Care Centres (FNPCC), allowing communities to access family physicians or nurse practitioners closer to home.
- Support the active and meaningful engagement of First Nations in their respective Primary Care Networks.
- Prioritize and implement innovative sub-regional Joint Project Board initiatives.
- Collaborate with communities to evaluate the effectiveness of programs funded through the Joint Project Board.
- Collaborate with First Nations communities and Nations to support physicians, nurses, maternal and child health workers and Joint Project Board teams to deliver wholistic, culturally safe services.
- Support healthcare practitioners to access culturally safe training developed, adapted, reviewed and endorsed by local communities.
- Ensure two more FNPCC are established and functioning at high operational and culturally safe standards.
- Collaborate with the central FNHA office to advocate the Ministry of Health for more FNPCCs.
- Ensure all communities, including rural and remote, have community health services in the community or access to services.

Photo credit: N'Quatqua River, C.Thevarge

## **Primary Care: Wholistic Wellness and health service delivery**

**Goal:** Re-establish reciprocal working relationships with communities and health partners.

**Objectives:**

- Hold regular in-person meetings, activities and events in communities rather than online when safe and possible.
- Explore opportunities to communicate the lived experiences of rural and remote communities to stakeholders in transportation infrastructure.
- Support First Nations to formalize health agreements with health authorities where needed.
- Formalize the transfer of services between health authorities or partners if communities request support.
- Emphasize with regional health authorities that the diversity of the Vancouver Coastal communities requires service delivery that takes into account rural and remote realities.

**Goal:** Build the capacity of staff and service providers to improve the workforce's understanding of culturally safe and humble health services.

**Objectives:**

- Advance the cultural humility of practitioners in delivering culturally safe services for First Nations peoples.
- Ensure clinicians are aligned with health and cultural safety guidelines and standards.
- Provide input into the onboarding of new medical staff to ensure a culturally safe training component, including information about the First Nations communities the team will be working with.
- Support Health Directors and staff to integrate wholistic and clinical models of prevention and wellness and traditional healing into programming, including new regional and sub-regional service mode.

## **Primary Care: Wholistic Wellness and health service delivery**

### **Goal: Planning within a wholistic healthcare system**

#### **Objectives:**

- Support communities to implement and evaluate community health and wellness plans.
- Maintain reporting on health status and outcomes and provide this data annually at Caucus to inform planning and investment.
- Through strengthened partnerships, identify which FNHA resources may be needed to support the outcomes of the community health and wellness plans.

### **Goal: Operational excellence in a wholistic healthcare system**

#### **Objectives:**

- Improve regional strategizing between subject matter experts in primary care, health emergency management and rural and remote management to ensure a coordinated approach to supporting communities.
- Connect the central FNHA primary care team with the regional FNHA primary care team to support communities.
- Ensure the regional primary care team has the internal capacity and staffing needed to maintain sustainable service delivery.
- Support First Nations communities that want to run income-generating healthcare facilities while providing more accessible services for their communities.



## **Primary Care: Wholistic Wellness and health service delivery**

**Goal: Data and research within a wholistic healthcare system**

Objectives:

- Ensure that collection of the “Aboriginal Identifier” is included in the planning and implementation of the new Collaborative Services Committee project comprehensive electronic health record at VCH.
- Support Aboriginal patient navigators to improve the quality of services available to First Nations clients.
- Support communities that want to receive and share medical information to develop data-sharing agreements with regional health partners.
- Support the standardization of electronic medical records, if desired.



## Mental health and wellness

**Goal:** Advance improvements in mental wellness, traditional wellness, care for vulnerable populations and Elders, and maternal, child, youth and family health throughout the entire life course.

**Objectives:**

- Advance traditional wellness and the wisdom from community Elders and traditional Knowledge Keepers as a foundation of personal and community wellness.
- Sustain and evaluate the delivery of the Indigenous Mental Wellness and Substance Use Virtual Team (previously known as Mental Health and Substance Use Flagship Project) to address health service priorities and gaps identified in the Vancouver Coastal region.
- Continue to support life promotion, intervention and postvention at the community, sub-regional and regional levels.
- Support and encourage communities to develop specific goals for their community's mental health and wellness.
- Continue to support community-driven, meaningful, Nation-based approaches to addressing trauma from colonialism, residential institution discoveries and other events through an approach grounded in land and culture.
- Collaborate with professionals, providers and partners to develop and deliver wholistic, culturally safe and trauma-informed services and care.
- Update and continuously refine regional crisis response systems to support communities to restore balance consistent with staff, community member and community standards.
- Increase access to mental health and wellness providers for community members.

Photo credit: Forest logging roads in Southern Stl'atl'imx, A.Lee

## **Mental health and wellness**

**Goal:** Improve quality and care for patients requiring culturally safe mental health services.

**Objectives:**

- Engage with communities and patients to highlight and change existing healthcare system gaps.
- Address barriers to healthcare access to ensure increased quality support in mental health, substance use and traditional wellness at a community level.
- Make it easier for people to access and navigate the FNHA's Complaints, Compliments and Incidents (CCI) process.
- Implement a regional CCI process that includes VCH Indigenous Health and PHC follow-up.
- Develop and implement an individually-driven, practical and transparent process for complaints in the Vancouver Coastal region, including determining follow-up actions in response to quality care concerns from First Nations patients, clients, communities and families.
- In collaboration with other FNHA and VCH teams, develop and implement culturally safe, individual- or community-driven processes for gathering experiences and feedback. This process will support the follow-up healing of people who have experienced an incident in the various health and wellness systems.



## Mental health and wellness

**Goal: Build the capacity of staff and service providers to improve workforce understanding of culturally safe and humble mental health services.**

**Objectives:**

- Continue collaborating with the Nicola Valley Institute of Technology to provide ongoing mental health and wellness workforce development opportunities.
- Continue collaborating with other institutions to provide ongoing mental health and wellness workforce development opportunities.
- Advance practitioners' positive attitude and knowledge of cultural humility in delivering culturally safe mental health services for First Nations peoples.
- In partnership with regional health authorities, ensure clinicians are aligned with mental health and cultural safety guidelines and standards.
- Work with communities and service providers to build their capacity and integrate wholistic models of preventative wellness and traditional healing for Health Directors at the community, sub-regional and regional levels.
- Continue to offer opportunities for education in cultural safety and humility and for other relevant training in mental health and wellness and substance use.
- Adopt a "wellness web" approach to improve the interconnectivity of mental health and wellness funding streams to facilitate a coordinated interagency and wraparound approach in the community.
- Support leadership and community staff wellness at sub-regional and regional meetings, events, training and opportunities.
- Improve regional strategizing between subject matter experts in primary care and health emergency management to ensure a coordinated approach when supporting communities.
- Strengthen reciprocal accountability with regional health authority partners to understand how the FNHA can participate in the circle of care that supports individuals and communities.

## **Mental health and wellness**

**Goal:** Increase peer- and community-driven, culturally safe supports to reduce the harm from toxic substances.

**Objectives:**

- Support community-driven, Nation-based approaches using land, water or blended methods to prevent, intervene and treat people that use substances and also support general mental health wellness. (i.e., Health and Wellness Centres).
- Support an Indigenous harm reduction system change that increases support to individuals as they move from detox to stabilization and then to health and wellness.
- Increase the knowledge of harm reduction to decrease overdose risks in the region.
- Support a community or Nation's efforts in the destigmatizing of substance use.

## Cultural safety, humility and Indigenous specific anti-racism

**Goal:** Guided by collaboration and engagement with the leadership of the VCH governance structures, work with partners in BC to advocate for a racism-free health care system with embedded cultural safety, humility and anti-racist principles, practices and approaches.

### Objectives:

- Work through existing partnership tables and agreements to advance specific cultural safety humility and Indigenous-specific anti-racism priorities.
- Promote community-driven decision-making and self-determination by supporting Nation-based, grassroots work on the regional priorities and supporting existing partnerships, relationships and innovations at the regional and local levels.
- Support a vision within organizational cultures of a health and wellness system in BC free of racism and discrimination against First Nations.
- Explore new culturally safe and humble approaches and concepts through regional and sub-regional engagement pathways.
- Identify resources needed to successfully support a racism-free healthcare system.
- Prioritize the regional assessment and identify regional culturally safe and humble activities, initiatives and practices.
- Evaluate the performance of regional culturally safe initiatives aligned to provincial and regional health authority measures and indicators.
- Recommend and develop new policies ensuring that cultural safety is a core attribute of quality healthcare.

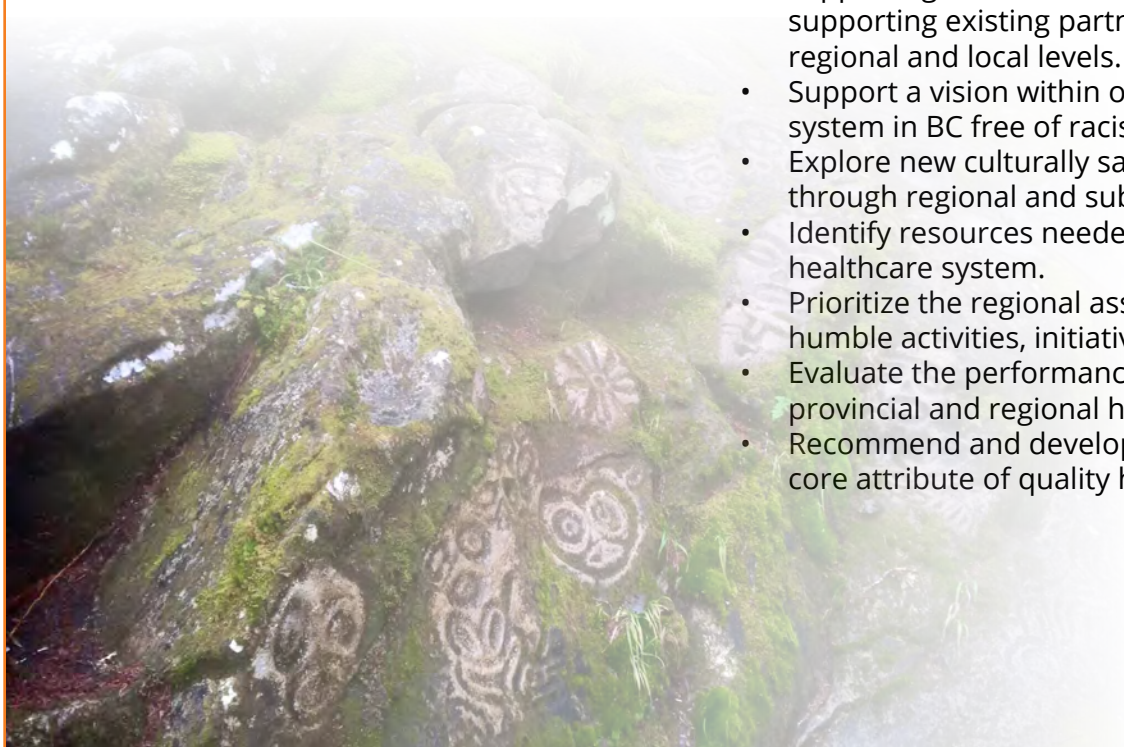


Photo credit: Nuxalk petroglyphs, B.Cahoose



## Cultural safety, humility and Indigenous specific anti-racism

Goal: Enhance and promote community-driven, Nation-based, and regionally led cultural safety, humility and Indigenous specific anti-racism solutions.

### Objectives:

- Maintain and develop solutions that address each Vancouver Coastal First Nations community's diverse and individual needs.
- Support and build on Indigenous ways of knowing in the resolution process.
- Build on and celebrate the success of local initiatives that are community-driven and Nation-based.
- Develop more local initiatives, training and learning opportunities to address racism and further embed cultural safety, humility and Indigenous anti-racism across the health system.
- Incorporate cultural exchange and relationship building between First Nations and care providers in the local area into training and learning.
- Strengthen regional partnership accords, with solid linkage and alignment to *In Plain Sight*, DRIPA and UNDRIP.
- Enhance access to care that positively affirms First Nations cultures, rights and identities.
- Promote a [\*Etuaptmumk\*](#) (Two-Eyed Seeing) approach to care that integrates traditional wellness, healing, medicine and the wisdom of Knowledge Keepers and Elders into individual wellness journeys.

## **Cultural safety, humility and Indigenous specific anti-racism**

**Goal:** Work with the FNHC, the FNHDA, other FNHA regions and communities to champion cultural safety and humility and Indigenous-specific anti-racism in BC to improve health outcomes for First Nations people.

**Objectives:**

- Develop a solid and safe regional Indigenous-specific CCI process.
- Advance the cultural humility of practitioners to deliver more culturally safe health services for First Nations peoples.
- Apply a decolonizing approach through the meaningful participation of First Nations as equal partners at health service decision-making tables.
- Enable meaningful integration of cultural healing and wellness into the health system.

## Urban and away-from-home health

As a part of supporting Vancouver Coastal Region communities and nations, the region also recognizes the importance of the urban and away-from-home members that live on the North Shore, in the city of Richmond and the city of Vancouver. As identified in Regional Profile, the Vancouver Coastal Region will follow the membership that are self-determined by the communities. However, for an urban and away-from-home estimate based on 2016 Census data, please go to [Appendix B](#).

The following resources guide the work of the priority to support urban and away-from-home members to meet the FNHA's vision of healthy, self-determining and vibrant individuals, families and communities to achieve and enjoy their highest level of health and wellness:

- [Urban Aboriginal Health Strategy \(UAHS\), 2018](#)
- [Urban and Away-from-Home Health and Wellness Framework, January 2021](#)

Strategies from the UAHS were woven into this regional health and wellness plan to ensure it aligns with the strategy and framework goals. However, readers are encouraged to review the full UAHS 2018 as the following strategies are an abridged version. Progress in improving the health and wellness of urban and away-from-home First Nations individuals is reported on in the annual [Tripartite Committee on First Nations Health](#) report.



Photo credit: Garden harvest, N'Quatqua, C.Thevarge



## Urban and away-from-home health

### Strategy one: Strengthen relationships in the urban community

- Recognize the territories of the Skwxwú7mesh, səlílwətaʔ and xʷməθkʷəy̓əm Nations in urban Vancouver and support their role as host nations to embrace and collaborate with Indigenous service providers (e.g., ceremony, formalized networks).
- Create and formalize an urban First Nations health network consisting of three First Nations and designated Indigenous service providers to strengthen relationships and collaboration in wholistic primary healthcare.
- This network would meet regularly with partners to coordinate shared care, referrals and wholistic service development and would include community health centre and mental health and substance use directors, Divisions of Family Practice, VCH, the FNHA and municipalities.
- Invest in training and workforce development to build capacity.

### Strategy two: Strengthen access to culturally appropriate primary healthcare

- Enhance the First Nations and Indigenous urban primary care network to strengthen referrals and information sharing and prevent people from “falling through gaps.”
- Develop respectful and sustainable contracts with key First Nations and Indigenous service providers in primary healthcare.
- Integrate culture into primary health services (e.g., VCH community health centres) using the best available evidence and expert advice on culturally safe approaches.
- Consider a shared urban mobile dental and wellness service across Vancouver between the three host nations, urban Indigenous service organizations, the FNHA and VCH.

## **Urban and away-from-home health**

### **Strategy three: Strengthen access to culturally appropriate mental health and wellness services**

- Develop respectful and sustainable contracts with key First Nations and Indigenous service providers in mental wellness and substance use.
- Facilitate linkage of VCH mental health and addiction services for First Nations and Indigenous primary healthcare and mental health and substance use services to deliver place-based, community and outreach services.
- Support cultural integration into VCH and PHC mental health and substance use services using the best available evidence and expert advice on culturally safe approaches.

### **Strategy four: Promote wellness and prevention of illness**

- Invest in a wellness program to address service gaps across Vancouver (smoking cessation, injury prevention and alcohol/substance use, etc.), particularly with early childhood education and schools and strengthen the role of public health.
- Work with municipalities, park boards and school boards to strengthen the connection with host First Nations health and well-being programs and initiatives. This is reflected in official community plans and healthy cities strategies.
- Identify opportunities for host nations and Indigenous service providers to deliver health promotion and prevention programs away-from-home.
- Support reconciliation initiatives that enable the broader community to understand the Indigenous history of colonization, residential institution, child welfare impacts and childhood survivors of residential institutions.
- Develop an advocacy strategy to promote wellness determinants that includes advocacy for improved employment, housing, education and social support options and efforts to address homelessness.

## **Urban and away-from-home health**

- Support and strengthen efforts to improve the health literacy of the Indigenous population, including information and health education resources.

### **Strategy five: Increase information about, and access to, services**

- Expand the VCH Indigenous Patient Navigator program to provide more support in acute facilities across the authority to help “steer” inappropriate primary health care admissions into First Nations and Indigenous primary healthcare networks.
- Convene the “navigators” forum to better coordinate the navigational resources (people, information, databases) across greater Vancouver (navigate the navigators).

### **Strategy six: Improve data and information on Indigenous health outcomes**

- Improve monitoring and reporting on Indigenous health outcomes through the routine collection of the Indigenous identifier at all VCH community-based and acute sites.
- Improve reporting and sharing of examples of successful services or initiatives that can be used as best practices for others to learn from.
- Work with the Divisions of Family Practice to encourage and advocate for collecting and reporting Indigenous patient identification (and attachment) to member medical practices.
- Report on Indigenous service utilization, admissions (especially emergency) and discharges for each critical specialty to monitor over- or underuse of designated services and any barriers to improving outcomes.
- Align Indigenous health outcome measurement with those recommended by the Truth and Reconciliation Commission - Recommendation # 19 (May 2015).

## Health emergency management

The FNHA Vancouver Coastal Region has an opportunity to design and build a Health Emergency Management (HEM), programs and services structure to support the ongoing delivery and management of regional response to health emergencies, including environmental and natural disasters and public health emergencies such as infectious disease outbreaks, the toxic drug crisis and residential institution discoveries. The HEM programs and services structure will work in partnership with the FNHA framework for public health response and strong collaborative partnerships with regional health and emergency agencies, central FNHA services, other regional teams, First Nations communities and other partners.

**Goal: Through partnership, communication, engagement, information sharing and guidance from the community, develop a region-specific health emergency structure.**

### Objectives:

- Ensure that communities have the resources to navigate the provincial and federal emergency management response systems.
- Establish liaison roles in regional and provincial response and coordination centres to support community needs during health emergencies.
- Ensure health supports are integrated into the multi-agency support teams that the FNHA's agency and government partners formed in response to BC's most recent climate crisis events.
- Improve and streamline communications and engagement between Emergency Management BC and FNHA and with First Nations, particularly in preparation for and during emergency response.



Photo credit: Flood mudslide path, Q'aLaTKu7em, P. Aleck and C. Smith



## Health emergency management

**Goal:** Ensure the health emergency management approach is trauma-informed, culturally safe, humble, anti-racist and respectful of the uniqueness of each Vancouver Coastal community.

**Objectives:**

- Work together to incorporate First Nations perspectives into provincial emergency management legislation, strategies, policies and actions.
- Design and build a multidisciplinary team to provide wraparound sub-regional supports closer to home in each sub-region.
- Support a commitment to integrate the First Nations Perspective on Health and Wellness into the provincial emergency management system.
- Take action to address systemic anti-Indigenous racism and continue to champion cultural safety and humility in the four pillars (mitigation, preparedness, response and recovery) of emergency management. Align with reconciliation goals of the provincial government and signatories commitment to continuously improve the emergency management system to better serve First Nations.
- Strengthen existing supports for community emergency management coordinators.
- Complement existing and future emergency response investments or initiatives originating from the community.
- Operationalize an internal team structure that ensures fast, responsive and continuous health emergency response during a crisis event.

## Health emergency management

**Goal: Capacity building in health emergency management.**

Objectives:

- Collaborate on responding to First Nations' training needs and integrating training materials where possible, including participating in training exercises together to improve collective preparedness.
- Increase regional and community capacity through to support logistics and internal redeployment of current FNHA staff to provide emotional, cultural, psychological, nursing and environmental health support.
- Establish a regional staff team to ensure wellness during uninterrupted community support during an emergency response.
- Provide culturally safe health emergency response training to build community and regional staff capacity during health emergencies.
- Support communities in their community-driven efforts in developing emergency preparedness and response plan.
- Develop joint planning, monitoring and reporting mechanisms to measure progress towards health emergency management goals and objectives.



## Operational excellence

**Goal: Support the development and documentation of operational policies and procedures for First Nations health centres and sub-regional service delivery providers.**

Objectives:

- Support First Nations health centres and sub-regional service delivery providers to regularly review and update documented policies and procedures.
- Support Nations or communities who choose to go through the Accreditation Canada process.

**Goal: Promote access to culturally safe and accessible health facilities for programs, health services and sub-regional service delivery.**

Objectives:

- Support partners to work with and in First Nations and sub-regional service delivery models.
- Work with Community Capital Planning and Operations to ensure that adequate and appropriate spaces are planned and maintained effectively and efficiently to address region-wide needs.
- Continue to support the safety and quality of existing health facilities.
- Utilize partnerships and innovative opportunities across communities and with others to support sustainable, high-quality facilities aligned with new service models.

Photo credit: Tsek trees, D.J.

## **Operational excellence**

**Goal: Support the region, sub-regions and communities to maximize flexible funding opportunities, including the regional envelope.**

Objectives:

- Improve collaboration between health partners to leverage funding arrangements.
- Strategically dedicate financial and human resources, such as the regional envelope, focused on achieving regional health and wellness plan priorities.

**Goal: Support the increase in the number of Indigenous health and wellness professionals delivering health and wellness care services.**

Objective:

- Encourage First Nations and sub-regional service delivery provider partnerships to attract, retain and develop a high-quality workforce.

**Goal: Evolve the current regional FNHA operational practices, protocols and processes to include regionalization.**

Objectives:

- Ensure all partners have clear access and understanding of regional operations and engagement pathways.
- Improve alignment of work between FNHA Central office and Vancouver Coastal regional work.
- Improve access to primary care, mental health and wellness services for Indigenous peoples across the region.
- Enhance the capacity of the Vancouver Coastal team to fulfill finance, communications and other operational areas.
- Continuously improve engagement pathways at community, sub-regional and regional spaces.



## Health governance

**Goal:** Acknowledge, respect and support First Nations decision-making in health service design and delivery.

**Objectives:**

- Refresh and adopt the Partnership Accord with VCH, and similar agreements with other regional partners, to enhance integrated and effective service delivery in alignment with First Nations perspectives and needs.
- Continue to support communities, Nations and sub-regions in actively designing and participating in governance structures.
- Identify opportunities for partners to participate in and commit to sub-regional and regional governance and effectively engage health and political leadership in health service design and delivery.
- Expand engagement, through the AHSC and the FNHC, with Emergency Management BC and other partners whose mandates impact the determinants of health.
- Continue effective regional participation at the Tripartite Committee on First Nations Health.
- Continue to improve the inclusion of First Nations into decision-making and planning spaces that impact them, including Primary Care Network steering committees.
- Strengthen relationships between First Nations and their service-level partners in the health system by establishing regular meetings and planning tables.

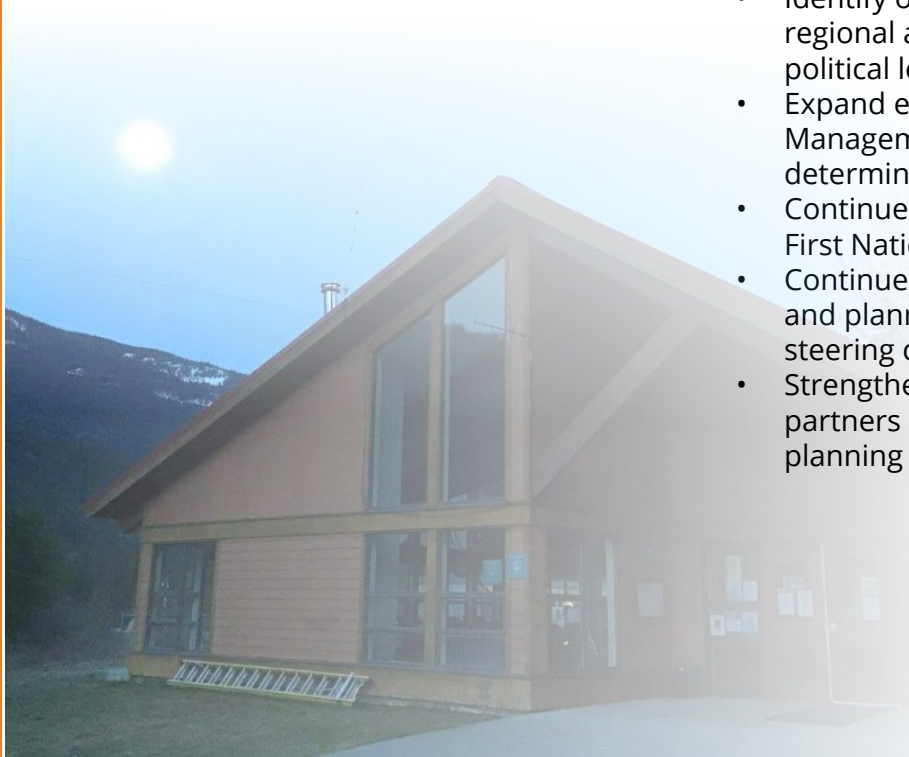


Photo credit: Office under the moon, Q'aLaTku7em, P. Aleck and C. Smith

## Health governance

**Goal:** Support reciprocal accountability throughout the Vancouver Coastal Region's health governance structure.

- Ensure reciprocal accountability is upheld through regional table meetings, Health Director meetings, town halls and other engagement pathways.
- Support the regional table, the FNHC, the FNHDA representatives and the FNHA teams to report back to communities at Caucus, including sharing annual updates and report(s) where required.
- Collaborate with the regional health partners in obtaining guidance from communities at Caucus and seeking community and sub-regional guidance in implementing Caucus decisions.

## Next steps

The 2022-2027 RHWP provides a direction for the priorities, goals, and objectives for the next five years. This plan is a **living** document to guide and support the work of the region and health partners in meeting Vancouver Coastal communities where they are in their health journeys. The future may bring unexpected or unplanned situations. In these moments, the regional team will continue to meet communities where they are and work with them to support the transformational health system work we are doing together.

There will also be a continued development of a reporting framework for critical program areas, such as primary care, mental health and wellness, health emergency management and regionalization that includes success indicators. These success indicators will be developed with community guidance and will be provided in annual progress reports at Caucus, Gathering Wisdom and other engagement spaces.

This plan reflects the guidance, direction and wisdom shared by Health Directors, FNHA representatives, past and current FNHA staff and community leadership. The region continues to be grateful for the direction provided and remains steadfast and unwavering in the commitment to upholding FNHA's Shared Vision, Values and the 7 Directives that ground the work on the journey towards healthy, self-determining and vibrant BC First Nations children, families and communities.



Photo credit: Wuikinuxv Lake, B.Cahoose

# Thank you

**kúkwstum'ckacw**

(St'át'imcets (Ucwalmícwts)/ Líl'wat)

**ǃGiásixa**

(Xai'xais)

**hay č xʷ q ə**

(həŋqəmiŋəŋ/Musqueam)

**ǃGiăksiă**

*or* **wŋíksiă**

(Haítzaqv̓a/Heitlsuk)

**Huy chexw a**

(Sk̓wx̓wú7mesh/Squamish)

**čəčəhaθəč**

*or* **ʔimot**

(təʔamen/Tla'amin)

**ǃGiànakatsi**

(ʷuik̓ala/Wuikinuxv)

**Stutwiniitscw**

(it7Nuxalkmc/Nuxalk)

N.B.: Audio files added upon availability.



## Appendix A: Project engagement summary

### The 2022-2027 Regional Health and Wellness Plan (Mar 2021-May 2022)

- **30+ hours** of direct one-on-one health director or FNHC rep meetings
  - CECs attended 95% of these meetings
  - If meetings were not possible with HD, email with RHWP information shared to inform.
- **18+ hours** of VC internal staff meetings
- **Four** regional table meeting updates
  - 2021 (July and Oct), 2022 (Jan and March)
- **Three** health director meeting updates
  - 2021 (Sept), 2022 (Feb and May)
- **Seven** E-Bulletin Engagement updates
  - 2021 (August, Sept, Oct and Nov), 2022 (January, Feb, April)
- **Three** April 2021 sub-regionals
- **October** sub-regional program document update
- **November Caucus 2021** presentation
- **20+ documents** reviewed
  - RHWP, CHWP, MHWP, MYHP, CDE, UAH, Traditional wellness etc.
- Professionally edited following FNHA editorial and brand guidelines

## Appendix B

HSDA	Total - Census 2016 (based on LHA)		On Reserve - Census 2016 (based on CSD)		Off Reserve - Census 2016 (based on CSD)		FNCF 2017		
	Aboriginal identity	First Nations identity	Aboriginal identity	First Nations identity	Aboriginal identity	First Nations identity	ALL	HOME	AWAY
Vancouver Coastal Region	30,850	22,085	8,040	7,950	22,745	14,070	24,704	7,591	17,113
31 Richmond	1,595	920	0	0	1,600	920	774	0	774
32 Vancouver	14,875	9,850	795	785	13,905	8,930	12,405	674	11,731
33 North Shore-Coast Garibaldi	14,380	11,315	7,245	7,165	7,240	4,220	11,525	6,917	4,608

### Abbreviations:

CSD: Census Subdivision; FNCF: First Nations Client File; HSDA: Health Service Delivery Area; LHA: Local Health Area;

- Please note that Census values for On Reserve and Off Reserve may not add up to Total Census because they are derived from different geographies (i.e. health boundaries versus census subdivisions).
- Census gives populations for individuals **self-identifying** as Aboriginal or First Nations. People are considered as living On Reserve if they live within the strict boundaries of CSDs classified as reserve lands.
- People living just outside of these borders would be considered as living Off Reserve even if they engaged in community life in all other ways.
- Living On Reserve does not necessarily mean living in a rural area and living Off Reserve does not necessarily mean living in an urban area.
- The FNCF identifies Status/Status-eligible First Nations who either live in the same LHA as their registered community (i.e. Home) or in a different LHA than their registered community (i.e. Away from Home).
- "Away from Home" does not necessarily mean living Off Reserve as someone could be living in a different LHA than their registered community, but on the reserve lands of another band.
- \* The populations for Ulkatcho is included in On Reserve populations by CSD even though the community is affiliated with FNHA Interior. Geographically, its reserve lands are located within the borders of Vancouver Coastal Health Authority.

## Appendix C: Glossary of terms

**Anti-racism** is the practice of actively identifying, challenging, preventing, eliminating and changing the values, structures, policies, programs, practices and behaviours that perpetuate racism. It is more than just being “not racist” but involves taking action to create conditions of greater inclusion, equality and justice (p.8).

**Cultural safety** is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.

**Cultural humility** is a process of self-reflection to understand personal and systemic conditioned biases and develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a life-long learner when understanding another’s experience.

***Etuaptmumk*** is a Mi’kmaw word that “refers to learning to see from one eye with the strengths of Indigenous knowledges and ways of knowing, and from the other eye with the strengths of Western knowledges and ways of knowing, and to use both of these eyes together for the benefit of all.” *Etuaptmumk* is a guiding principle developed by Mi’kmaq Elder Albert Marshall.

**Racism** is the belief that a group of people are inferior based on the colour of their skin or due to the inferiority of their culture or spirituality. It leads to discriminatory behaviours and policies that oppress, ignore or treat racialized groups as “less than” non-racialized groups.

**Systemic racism** is enacted through routine and societal systems, structures, and institutions such as requirements, policies, legislation, and practices that perpetuate and maintain avoidable and unfair inequalities across racial groups including the use of profiling and stereotyping.

## Appendix C: Glossary of terms

**Traditional knowledge** will be defined differently by each First Nations community according to their own philosophies, language, practices and context, and will be interpreted according to their own protocols and preferences. The WHO Traditional Medicine Strategy provides a useful and comprehensive definition of Traditional Knowledge, which is:

“the sum total of knowledge, skills, and practices based on the theories, belief and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement of treatment of physical and mental illness”.

**Traditional Knowledge Keepers** are knowledge-keepers, spiritual guide and practitioners who possess the gifts passed down from time immemorial to share traditional healing practices. They are acknowledged, recognized and respected by the people in the communities that they live and/or practice in.

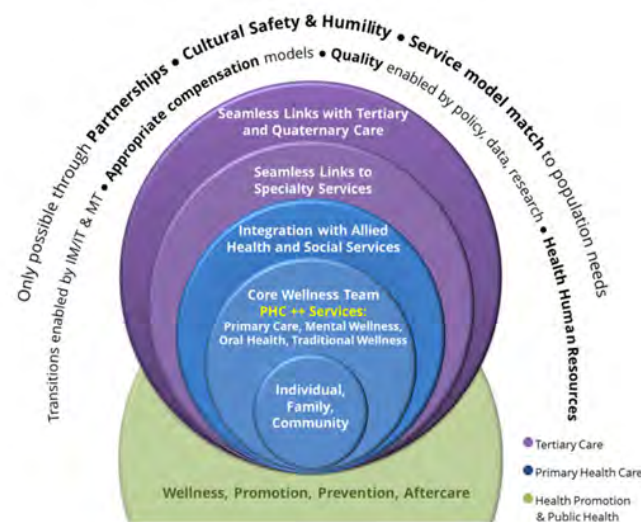
**Traditional wellness** can mean taking care of one's self spiritually, physically emotionally and mentally. It meant living a good balanced lifestyle and practicing the traditions, beliefs and culture of First Nations to ensure the connection to the land and generations past and future. As one respondent put it “if the land is well the people will be well”. Many believe wellness is individually defined and holistic in nature. The four aspects of the medicine wheel were also identified as important to ensure community wellness. Some defined wellness in one word answers such as „happiness; respect; nation-building and inspiration.



## Appendix C: Glossary of terms

Wholistic program services are defined by the [First Nations Perspective on Health and Wellness](#) and by the following:

“To guide efforts towards increasing access to quality, culturally safe care, FNHA envisions a wholistic approach to primary health care for First Nations, informed by a decade of engagement with First Nations in BC. The Primary Health Care++ (PHC++) Approach places the individual, family and community at the center, supported by interdisciplinary team-based care and wrap-around services provided at primary, secondary and tertiary levels with seamless integration enabled by technology. The ‘++’ represents unique perspectives on health and wellness for First Nations living in BC, including: the importance of cultural safety and humility as well as trauma-informed care; the provision of traditional wellness, oral health and mental health and wellness at the primary care level; and strong integration with upstream community public health, allied health and wellness services.” Source: Indigenous Engagement and Cultural Safety Guidebook: A resource for Primary Care Networks



## Appendix D: Hyperlinks to external documents or news articles

Name	Hyperlink
10-year health funding agreement	<a href="https://www.canada.ca/en/health-canada/news/2017/02/canada_reaches_healthfundingagreementwithbritishcolumbia.html">https://www.canada.ca/en/health-canada/news/2017/02/canada_reaches_healthfundingagreementwithbritishcolumbia.html</a>
2016-2021 Vancouver Coastal Region Health and Wellness plan	<a href="https://www.fnha.ca/about/news-and-events/news/2019-indigenous-peoples-day-of-wellness-grants">https://www.fnha.ca/about/news-and-events/news/2019-indigenous-peoples-day-of-wellness-grants</a>
2019 Indigenous Peoples Day of Wellness Grantss	<a href="https://www.fnha.ca/Documents/FNHA-Vancouver-Coastal-Regional-First-Nations-Health-and-Wellness-Plan-2016-2021.pdf">https://www.fnha.ca/Documents/FNHA-Vancouver-Coastal-Regional-First-Nations-Health-and-Wellness-Plan-2016-2021.pdf</a>
WHO Global Pandemic	<a href="https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020">https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020</a>
Anti-racism, cultural safety and humility framework	<a href="https://www.fnha.ca/Documents/FNHA-FNHC-FNHDA-Anti-Racism-Cultural-Safety-and-Humility-Framework.pdf">https://www.fnha.ca/Documents/FNHA-FNHC-FNHDA-Anti-Racism-Cultural-Safety-and-Humility-Framework.pdf</a>
FNHA Health Benefits announcement	<a href="https://www.fnha.ca/Documents/FNHA-First-Nations-Health-Benefits-Pacific-Blue-Cross-Fact-Sheet.pdf">https://www.fnha.ca/Documents/FNHA-First-Nations-Health-Benefits-Pacific-Blue-Cross-Fact-Sheet.pdf</a>
First Nations Perspective on Health and Wellness	<a href="https://www.fnha.ca/wellness/wellness-for-first-nations/first-nations-perspective-on-health-and-wellness">https://www.fnha.ca/wellness/wellness-for-first-nations/first-nations-perspective-on-health-and-wellness</a>
Health partnership accord 2012	<a href="https://www.health.gov.bc.ca/library/publications/year/2012/health-partnership-accord.pdf">https://www.health.gov.bc.ca/library/publications/year/2012/health-partnership-accord.pdf</a>
In Plain Sight Full Report	<a href="https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Full-Report.pdf">https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Full-Report.pdf</a>
In Plain Sight Summary Report	<a href="https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Summary-Report.pdf">https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Summary-Report.pdf</a>
Lu'ma Medical Centre gifted \$2 million from BC MoH and FNHA	<a href="https://globalnews.ca/news/5905690/bc-luma-medical-centre-expansion/">https://globalnews.ca/news/5905690/bc-luma-medical-centre-expansion/</a>
Lu'ma Medical Centre	<a href="http://lnhs.ca/luma-medical-centre/">http://lnhs.ca/luma-medical-centre/</a>
Nuxalk Radio	<a href="http://nuxalkradio.com/programs/it7nuxalkmc-eWN">http://nuxalkradio.com/programs/it7nuxalkmc-eWN</a>
\$322 million to combat opioid crisis	<a href="https://archive.news.gov.bc.ca/releases/news_releases_2017-2021/2017PREM0089-001647.htm">https://archive.news.gov.bc.ca/releases/news_releases_2017-2021/2017PREM0089-001647.htm</a>
\$20 million to support community driven solutions to overdose emergency	<a href="https://www.fnha.ca/about/news-and-events/news/\$20-million-to-support-community-driven-solutions-to-overdose-emergency">https://www.fnha.ca/about/news-and-events/news/\$20-million-to-support-community-driven-solutions-to-overdose-emergency</a>
Lu'ma Medical Centre opens in Vancouver	<a href="https://news.gov.bc.ca/releases/2019HLTH0129-001783">https://news.gov.bc.ca/releases/2019HLTH0129-001783</a>
Tripartite Committee on First Nations Health	<a href="https://www.fnha.ca/about/news-and-events/news/the-tripartite-committee-on-first-nations-health-releases-2019-2020-annual-report">https://www.fnha.ca/about/news-and-events/news/the-tripartite-committee-on-first-nations-health-releases-2019-2020-annual-report</a>
Urban Aboriginal Health Strategy (UAHS) 2018	<a href="https://www.fnha.ca/Documents/FNHA-2018-Vancouver-Coastal-Caucus-Spring-Draft-Urban-Aboriginal-Health-Strategy-2018.pdf">https://www.fnha.ca/Documents/FNHA-2018-Vancouver-Coastal-Caucus-Spring-Draft-Urban-Aboriginal-Health-Strategy-2018.pdf</a>
FNHA Urban and Away from Home Health and Wellness Framework	<a href="https://www.fnha.ca/WellnessSite/WellnessDocuments/FNHA-Urban-and-Away-From-Home-Health-and-Wellness-Framework.pdf">https://www.fnha.ca/WellnessSite/WellnessDocuments/FNHA-Urban-and-Away-From-Home-Health-and-Wellness-Framework.pdf</a>
2016-2021 First Nations Health and Wellness Plan	Vancouver Coastal 2016 - 2021 Regional Health and Wellness Plan endorsed by Vancouver Coastal Caucus
Sound clip for Xlmduulxk 74 FNHA - Vancouver Coastal Region	<a href="https://soundcloud.com/firstnationshealthauthority/xlmduulxk">https://soundcloud.com/firstnationshealthauthority/xlmduulxk</a>

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## Version control

Section	Version	Description of change	Contributors	Date of contributor review	Date of a professional edit
Cultural components	1.0	Added for RHWP 2022-'27	Senior Planner, TKK Coordinator, Engagement team, VPRO	Apr 2021 – Apr 2022	Apr 2022
Introduction, background and FNHA, and Vancouver Coastal Region context information	2.0	Updated from RHWP 2016-'21. Tone match and orthographic spellings used. Updated map.	Senior Planner	July 2021	Apr 2022
Update to Central Coast Communities	2.0	Updated by Communication Manger, Nuxalk	Senior Planner, Nuxalk	May 2022	May 2022
Vancouver Coastal Region First Nations health governance structure, partnership information and health facilities information	2.0	Updated from RHWP 2016-'21. Tone match and governance structure image updated.	Senior Planner, a/Dir. Engagement, a/Manager Primary Care, Regional Advisor	Apr 2021 – Apr 2022	Apr 2022
First Nations engagement and approval pathway, IAP2 and Vancouver Coastal engagement approach	2.0	Updated from RHWP 2016-'21. Permission to use the Spectrum image was formally granted Feb 2022 by IAP2	Senior Planner, a/Dir. Engagement	Feb – March 2022	Apr 2022
Vancouver Coastal Region 2022-'27 Regional Health and Wellness Plan priorities	2.0	Updated from RHWP 2016-'21	Senior Planner, Health Directors, FNHC reps, VPRO, a/Dir Engagement, a/Dir. Primary Care, a/Mgr. Primary Care, Reg. Mgr. Mental Health and Wellness, Reg. Mgr. Health Emergency Management, Engagement team, Regional Advisor.	June 2021 – Apr 2022	Apr 2022
Second print edits		Minor edits for job titles, table headings and editorial brand.	Senior Planner, VPRO, FNHA Communications	June 2022	July 2022



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