



LOOKING BACK TO SHAPE OUR WORK FORWARD

VANCOUVER
COASTAL
REGION

2017 SPRING
SUB-REGIONAL
CAUCUS REPORT



VANCOUVER COASTAL REGION
First Nations Health Authority

“We now have a real opportunity to work together more as Nations rebuilding, to share our needs and develop solutions together to help the people in health and wellness. We can now prepare for the 10 year social determinants of health.”

ERNEST ARMANN,
VANCOUVER COASTAL
CAUCUS CHAIR



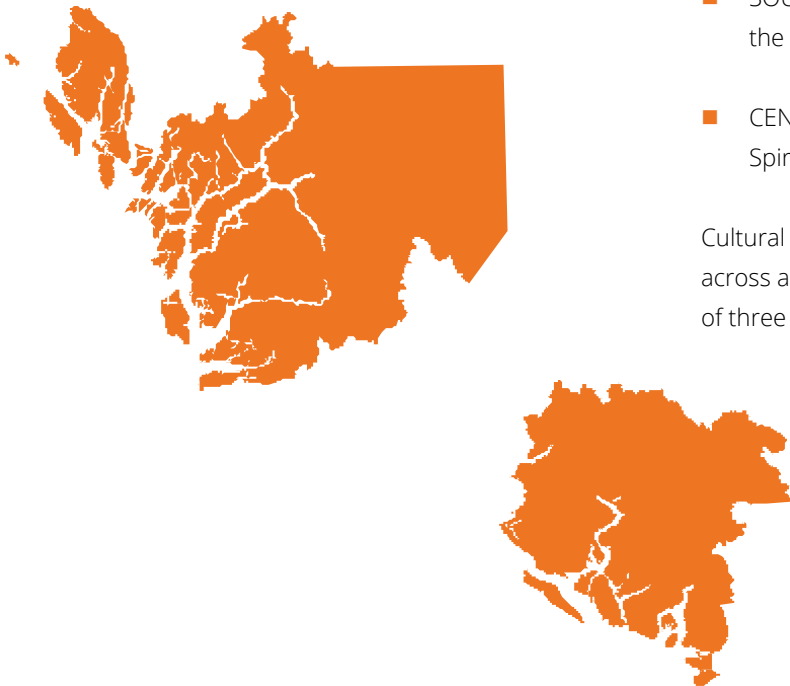
OUR ENGAGEMENT PATHWAY

The purpose of the VCR **LOOKING BACK TO SHAPE OUR WORK FORWARD** is to share updates on the progress of our work, key engagement activities, reflect on accomplishments, and acknowledge the work together moving forward. Content has been organized by the four FNHA Summary Service Plan goals.

In the Vancouver Coastal Region, the three sub-regional caucuses meet bi-annually during the Spring and Fall. This is our opportunity to share information, develop common positions, address governance business, and validate direction on sub-regional health and wellness priorities. The Vancouver Coastal Regional Health and Wellness Plan (VCRHWP) guides our collective work, and is a commitment of our 2012 Vancouver Coastal Partnership Accord. These gatherings create a space where Community-Driven, Nation-Based approaches drive sub-regional work. The 2017 Spring sub-regional caucuses were hosted during the month of April:

- SOUTH COAST communities gathered April 11-12 at the Pinnacle Hotel in shared Squamish and Tsleil-Waututh territory
- SOUTHERN STL'ATL'IMX communities gathered April 18-19 at the Ullus Community Centre in Lil'wat territory
- CENTRAL COAST communities gathered April 25-26 at the Spirit Bear Lodge in Kitsoo territory

Cultural sharing and traditional approaches were embedded across all three sub-regional caucus gatherings with the guidance of three Traditional Knowledge Keepers from each sub-region.





FNHA GOAL 1

ENHANCE FIRST NATIONS HEALTH GOVERNANCE

This work is a result of the self-determination voice of First Nations across the province. We need to recognize governance is what this is all about, and each Nations' inherent ability to make decisions for the things that belong to them.

This section summarizes the First Nations Health Council (FNHC) and First Nations Health Directors Association (FNHDA) updates to each sub-regional caucus gathering. Leadership provided updates on the progress of their strategic plans. Also included in this section are highlights from the FNHA Vancouver Coastal Region, Regional Director 'Year-In-Review' updates and progress of work during 2016-2017 fiscal year. Finally, there are highlights and updates from our partners, Vancouver Coastal Health.

CLOCKWISE FROM RIGHT:
South Coast
Central Coast
Southern St'l'at'imx



FIRST NATIONS HEALTH COUNCIL (FNHC)



First Nations
Health Council

The FNHC presentation was shared by the FNHC Regional Representative of each sub-region: Leah George-Wilson for South Coast, Ernest Armann for Southern Stl'atl'imx, and Maria Martin for Central Coast. Each began by providing an overview of the FNHC activities for 2016-2017. Our representatives also shared on the FNHC Social Determinants of Health work. There was a report back on 2016 Fall Vancouver Coastal Caucus engagement on the Social Determinants of Health related to healthy children, families, and communities held in Squamish with relevant BC Government Ministers. Next, information was shared on the Memorandum of Understanding (MOU) FNHC formed with the BC government related to the Social Determinants of Health. An overview was provided on the new MOU with Canada (signed in Feb 2017). Commitments were made for each community to send three representatives to the 2017 Spring Caucus for a focused engagement on the Social Determinants of Health with federal partners at the table.

The FNHC noted addressing the social determinants as a success indicator of the Vancouver Coastal Partnership Accord. The Vancouver Coastal Regional Health and Wellness Plan also notes the need to expand engagement with partners, whose mandate impacts the determinants, including Ministry of Children and Family Development (MCFD) and Indigenous and Northern Affairs Canada (INAC). Our RHWP also identified the common gap of resources for community-based services specific to children, youth and families.

FIRST NATIONS HEALTH DIRECTORS ASSOCIATION (FNHDA)



First Nations Health
Directors Association

The FNHDA presentation was shared by the Vancouver Coastal Regional Table Health Director Representative for each sub-region: Kim Brooks for South Coast, Rachel Andrew-Nelson for Southern Stl'atl'imx, and the Regional Director, Vancouver Coastal Region shared on behalf of Cindy Robinson for the Central Coast. The FNHDA presentation provided background on its role within the governance structure and an overview of executive Board members and Elder Advisor. The Updates and news included (but not limited to): FNHC-FNHA-FNHDA Declaration on Lateral Kindness (signed Feb 27, 2017), the FNHDA 2017 Engagement Plan, Regional Mentorship Circles, made-in-BC Health Director Certification and Technical Advice Pathway (TAP) activities.

The FNHDA Head to Heart campaign was featured along with announcing the Fall FNHDA AGM to be hosted in Vancouver Coastal Region with tentative plans for it to be held in shared Squamish and Lil'wat territories in Whistler.

VANCOUVER COASTAL REGION (VCR)

With guidance from the Regional Table (Caucus Terms of Reference), regional work happens with a team of ten staff partnering with our 14 First Nations and Vancouver Coastal Health partner. Naomi Williams-Shackelly, Acting Regional Director provided a presentation with information on our unique context: with our 14 First Nations and growing population of approximately 16,000 (INAC, 2011). Our governance structure – Caucus and Regional Table, was profiled along with our engagement pathway. Highlights of accomplishments from the last year are shared below according to our six Regional Health and Wellness Plan (RHWP) Priorities.

Priority # 1: Health Governance.

- Tripartite Committee on First Nations Health (TCFNH) meets bi-annually to increase and support for First Nations decision-making in health service design and delivery e.g. Cultural Humility commitments from all five provincial health authorities and annual reporting on progress on our shared health and wellness commitments with VCH; and
- In 2016, two Vancouver Coastal Caucuses and two Sub-Regional Caucuses were held; these engagement opportunities drive the Urban Vancouver Aboriginal Health Strategy (UVAHS) with the FNHC working with Squamish, Tsleil-Waututh and Musqueam Nations on a cooperation and relationship protocol agreement to uphold a governance voice as the Host Nations. A refreshed UVAHS Discussion Document was shared in 2016 based on 2015 engagements.

Priority #2: Planning, Engagement, and Communication.

- Developed two guiding products: Refreshed VC RHWP (2016-21) and Sub-Regional Planning Days (What We Heard, June, 2016);
- Strengthened community engagement and communications efforts including our regional eNews and Engagement Update; and
- Onboarded full team of FNHA based Community Engagement Coordinators streamlining efforts.

Priority #3. Holistic Wellness and Health Service Delivery.

- Timely, comprehensive responses to community crisis with a strategic, long term view (12 crises);
- Wellness Grants for community-driven initiatives: Winter Wellness, Traditional Tobacco (13 communities), Day of Wellness, Commitment Stick (12 communities), and Healthy Medication Use (13 communities);



“Mental Wellness in our communities is the top priority and I look forward to the Flagship Project. There will be topics that need to be discussed that will be difficult for our people, and I am encouraged hearing Patricia Vickers presentation on our own Indigenous Laws to deal with issues. This is something that is near and dear to my heart, helping our people put our ancient laws and obligations into words for today’s generations, wherever appropriate. hay ce:p qa’ (thanking all of you).”

LEAH GEORGE-WILSON,
FNHC REPRESENTATIVE FOR
SOUTH COAST



- Community-designed Primary Care Joint Project Board (JPB) projects are at implementation (23.5 new positions across region) pushing innovation, partnership and integration. Tremendous learnings come from this work which identifies and removes policy and operational barriers; and
- Early reports show increased client attachment to primary care providers and improved health and wellness outcomes.

Priority #4. Health Human Resources.

- Trainings hosted include: Postpartum Doula, Hope Help and Healing Toolkit, ASIST (4 workshops), safeTALK (1 workshop), Roots of Trauma (3 workshops), and Traditional Parenting trainings (10 communities participated);
- Supported the Declaration of Commitment on Cultural Safety and Humility in Health Services with the engagement and distribution of the “Creating a Climate for Change Resource Booklet” across the region; and
- First Responders trained previously continue to build skills and network across the region.

“I used what I learned in SafeTalk and for the first time I was able to have a conversation about suicide that didn’t end up in an argument.”

- PARTICIPANT

Priority #5. Operational Excellence.

- Timely, comprehensive responses to community crisis with a strategic, long term view;
- Operational policies and procedural support for health leads, i.e. for JPB;
- Promotion of sound, safe, and accessible facilities for programs and health service practitioners; and
- Advancement of Partnership working groups (based on RHWP priorities): Urban Aboriginal Health Strategy, Indigenous Cultural Safety, Mental Wellness and Substance Use, Data and e-Health, and Primary Care.

Priority #6. Data and Research.

- 632 surveys completed for the First Nation Regional Health Survey (FNRHS) 2016 (9 communities); and
- 702 surveys completed for the First Nations Regional Early Childhood, Education and Employment Survey (FNREES).

WHAT GUIDES OUR WORK?

- OUR VALUES
 - Respect
 - Discipline
 - Relationships
 - Culture
 - Excellence
 - Fairness
- OUR DIRECTIVES
 - Community-Driven, Nation-Based
 - Increase First Nations Decision-Making and Control
 - Improve Services
 - Foster Meaningful Collaboration and Partnership
 - Develop Human and Economic Capacity
 - Be Without Prejudice to First Nations Interests
 - Function at a High Operational Standard
- VANCOUVER COASTAL REGIONAL HEALTH AND WELLNESS PLAN
- VANCOUVER COASTAL PARTNERSHIP ACCORD
- VANCOUVER COASTAL CAUCUS TERMS OF REFERENCE

Key highlights of the VCH partnership update included:

- Introduction to Aboriginal Health team strategic leads, wellness counselors, and patient navigators;
- Joint VCH-FNHA Infant Mortality Review Committee work and the Vancouver Urban Health Strategy (engagement underway) update;
- FNHA and VCH partnership working groups;
- Feb 16th Indigenous Community of DTES gathering;
- Active Community Grants Initiative notice of \$30,000 grants;
- Cultural Protocols document for hospital staff;
- Elder in-house support;
- Urban Indigenous Women's Day of Wellness; and
- Cultural Competency Framework and cultural safety approaches: ICS training provided to 211 VCH staff in 9 training sessions; Lions Gate Hospital Pilot Project (on cultural safety)– May launch; “Cultural Safety Starts with Me” campaign; lending library for staff; Aboriginal recruitment and retention strategy; Sea-to-Sky Manager/Director engagement with Southern St’atl’imx communities; Partnerships with post-secondary programs; ongoing work with hospital leadership and Urban Aboriginal Primary Health Care Network; goals to develop an Aboriginal Health Epi-Centre, establishment of baseline evaluation for Lions Gate Hospital; and various research projects.

“Uplifting and nurturing our Elders as traditional knowledge keepers” SOUTH COAST





FNHA GOAL 2

CHAMPION THE BC FIRST NATIONS PERSPECTIVE ON HEALTH AND WELLNESS

First and foremost for us as an organization. Our people approach health from a holistic perspective and we have to champion that voice. That's what makes us different from other health organizations in this province. It's about us looking at continually improving and learning which ensures that our services are meeting the needs of First Nations people and that they're culturally safe.

This section summarizes the Traditional Wellness discussions at our Spring, 2017 Sub-Regional Caucuses.

TRADITIONAL WELLNESS ENGAGEMENT

Traditional Wellness is a foundation of health and wellness within First Nations Communities. In 2014, the FNHA released the *Traditional Wellness Strategic Framework*. The purpose of the document was to outline key objectives and strategies for the promotion, incorporation, and protection of traditional medicines and practices, and to suggest some key objectives and strategies for further advancing the traditional wellness work in community.

The Vancouver Coastal Region First Nations communities initiated discussions on traditional wellness and its incorporation into current programs, as well as innovative and transformative ways in which the FNHA can support the inclusion of traditional wellness and traditional knowledge keepers within communities. Three engagement questions guided the dialogue with community leadership:

- What does Traditional Wellness mean to you?
- How do you currently incorporate Traditional Wellness in your work with community?
- How can the FNHA support community with Traditional Wellness and Knowledge Keepers?

There was rich dialogue on the unique and diverse perspectives across our communities, and across our sub-regions. Common, region-wide themes emerged. These are described below.

The FNHA Vancouver Coastal Region team wishes to honour the words and wisdom shared during the Traditional Wellness engagement. We acknowledge the good words are shared as gifts and that the following report back was written with humility. We humbly acknowledge the deep strength and wisdom that is inherent in each community, family, and individual.



"As I understand it when we come into this world we are close to the spirit world and as we make a circle around we move further away. When we get older we're close again. So the teaching is our spirit here will long to be home in the spirit world as we move further out in the circle of our life. So we must do things to make it happy. Such as our culture singing dancing etc. So the teaching goes that all of us our spirit will always long to be home in the spirit world. Can cause sadness and other problems. And that we must nurture our spirit and look after that spirit to make it feel at home here."

GABE GEORGE SR.,
 TSLEIL-WAUTUTH TRADITIONAL KNOWLEDGE KEEPER

WHAT DOES TRADITIONAL WELLNESS MEAN TO YOU?

Traditional wellness is rooted in our connection to the land, especially our traditional foods and medicines. The interconnectedness and protocol that surrounds the process of picking, using, and preserving traditional medicines needs to be shared through mentorship, education, and awareness. Public ceremonies such as burnings, cedar brushings, brushing with water are all ceremonies that will enhance wellness in Community. These ceremonies can acknowledge new life, coming of age, and letting go when need be. Essentially, traditional wellness is “knowing who you are, where you come from, and where you are”, the creation of space for healing regardless of where one is in their journey.

HOW DO YOU INCORPORATE TRADITIONAL WELLNESS IN YOUR WORK WITH COMMUNITY?

The ways in which each community within each sub-region weaves Traditional Wellness into existing service provision is vast and honors their unique cultural protocol and processes. The ideas, thoughts, and opinions expressed during the sub-regional caucus session are a mix of current practices, as well as ideas on different ways in which community can incorporate traditional wellness. Some common themes that speak to traditional wellness centers around ceremonial activities that instill healing modalities, lifting up of the people, empowering individuals and family systems to return to traditional ways of being, knowing and doing. It is clear that traditional wellness encompasses the land, medicines, ancestral teachings, language, and working together towards wellness.

HOW CAN FNHA SUPPORT COMMUNITY WITH TRADITIONAL WELLNESS AND KNOWLEDGE KEEPERS?

For FNHA to assist in the creation of a network system of traditional knowledge keepers was a more prominent theme that was shared across the region. This could include organizing a symposium of traditional knowledge keepers as per sub-region and helping them to network effectively. The need for mentorship, especially with respect to traditional medicines, was also emphasized. Our communities recognize the importance of transferring knowledge to ensure continued traditional practices within their communities.



“We are having a big change, we built a Bighouse. We built it ourselves. We decided to build it on our own, our own design, and our own people. These two warring families are happy now, because it is ours, there is a spirit in there. We built it on our own. It was a big change. When you feel bad, you just go and sit by your house post. Things work way better since we had that. We have dances, potlatches, hang your B.S. outside the door and walk in. Sheer joy when they dance. We need to go back to our roots.”

FRANK HANUSE,
WUIKINUXV ELDER





FNHA GOAL 3

ADVANCE EXCELLENCE IN PROGRAMS AND SERVICES

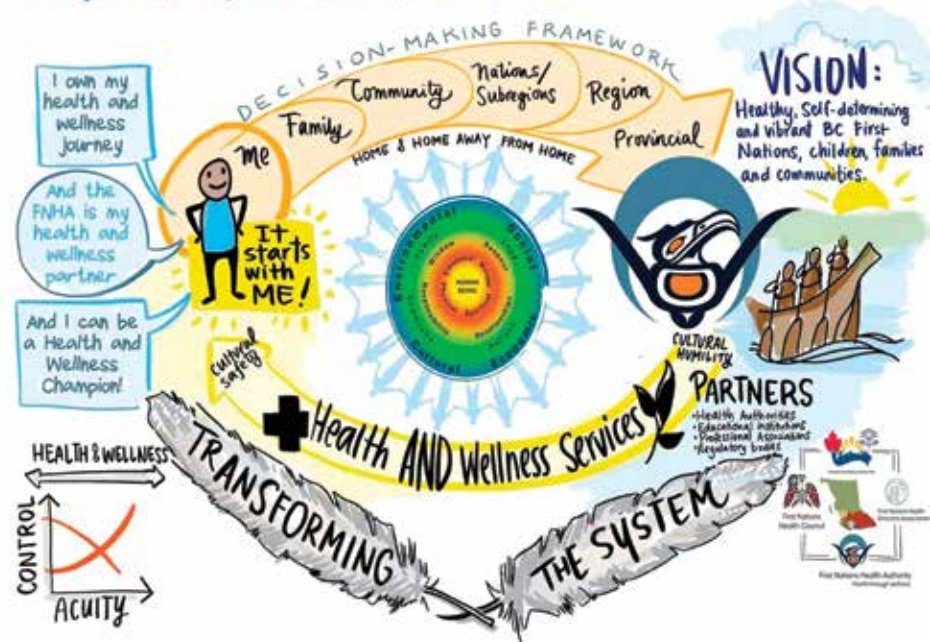
The third goal is to advance excellence in programs and services. It's about us looking at continuous improvement and learning to ensure that our services are meeting the needs of First Nations people and that they're culturally safe.

This section summarizes the FNHA Programs & Community Wellness Services and FNHA Vancouver Coastal Region Planning discussions at our 2017 Spring Sub-Regional Caucuses.

PROGRAMS & COMMUNITY WELLNESS SERVICES ENGAGEMENT

Communities had an opportunity to provide engagement feedback to guide FNHA programs and community wellness services transformation for the following teams: funding arrangements, environmental public health services, mental health and wellness, and community programs support. This engagement built on past engagement efforts of Community Health and Wellness Program engagements (including the 2015 Caucus, 2017 Quality Forum). The Programs and Community Wellness Services team continues to engage across all five FNHA regions to ensure a Community-Driven, Nation-Based, transformation of services.

Ecosystem of Health and Wellness



VANCOUVER COASTAL REGION: PLANNING INTO ACTION ENGAGEMENT

A second engagement opportunity during our Sub-Regional Caucus ensured First Nations community perspectives on monitoring progress made on sub-regional Regional Health and Wellness Plans (RHWP) priorities. Our planning engagement session created the space to:

- recognize past planning efforts;
- discuss what health and wellness 'looks like' unique to each sub-region;
- validate the sub-regional priority-setting exercise each sub-regional caucus completed in June, 2016; and
- assess and monitor progress on sub-regional RHWP goals and objectives from a community and sub-regional lens.

The FNHA uses a from-the-ground-up planning approach to ensure priorities, goals and perspectives expressed by BC First Nations guide plans and investments regionally and provincially. This approach ensures all activities support one another and are complementary to and consistent with our 7 Directives, Operating Principles and other guiding elements. In our region, First Nation Community Health and Wellness Plans inform Vancouver Coastal RHWP, which in turn inform the FNHA and our partner plans. Within our dynamic ecosystem, all of these aligned plans are intended to create a more integrated health system based on logical, transparent and synchronized planning with clearly defined service standards at each level.

The sub-regional planning engagement exercise asked us to assess each of our RHWP year 1 goals and objectives, which we prioritized by sub-region in June, 2016. Sub-Regions were asked what is working well, and what needs to be done. Below is a summary of that engagement.



WHAT IS WORKING WELL?

Where telehealth was in place, the ability to track, monitor health team interactions, related ability to print reports and use info/patterns to plan, has been successful. Other region-wide activities going well include: volunteer suicide response team, family support outreach, youth coordinators and suicide prevention coordinators, safety committee(s), wellness pamphlet, RCMP where good relationships exist, and outreach response. Also, VC Region sees emergency monies, ASIST and SafeTALK as activities that are working well to address suicide prevention, intervention and postvention. There was a shared view that having specially trained workers to outreach and support was going well. The establishment of partnership working groups and regional office support is going well. Vancouver Coastal regional First Nations revalidated the following RHWP objectives as top areas of interest across the region in the next year:

- Objective 2.1.1: Support communities to develop Community Health and Wellness Plans
- Objective 3.1.1: Implement the MWSU Flagship Project to address health service priorities and gaps identified by VC Region.
- Objective 3.1.2: Support suicide prevention, intervention, and postvention regionally and sub-regionally

Central Coast

One on one surveys, planning sign-up sheets and follow-up as approaches. Medical transportation positions in community being done to a high operational standard with limited resources. Education materials for community, such as the Hope, Help, and Healing and Quit Smoking materials.

Southern Stl'atlimx

FNHA agreements changing, preparations along with 3rd party assessments. FNHA communications, 'progress at FNHA.' The long-standing history, commitment and investment for the Mental Wellness Flagship Project (MWFP).

South Coast

Electronic Medical Records or integrated case management, documentation of work being done. Strength of learning from lessons, partner relationships improving including cultural spaces at VCH facilities.

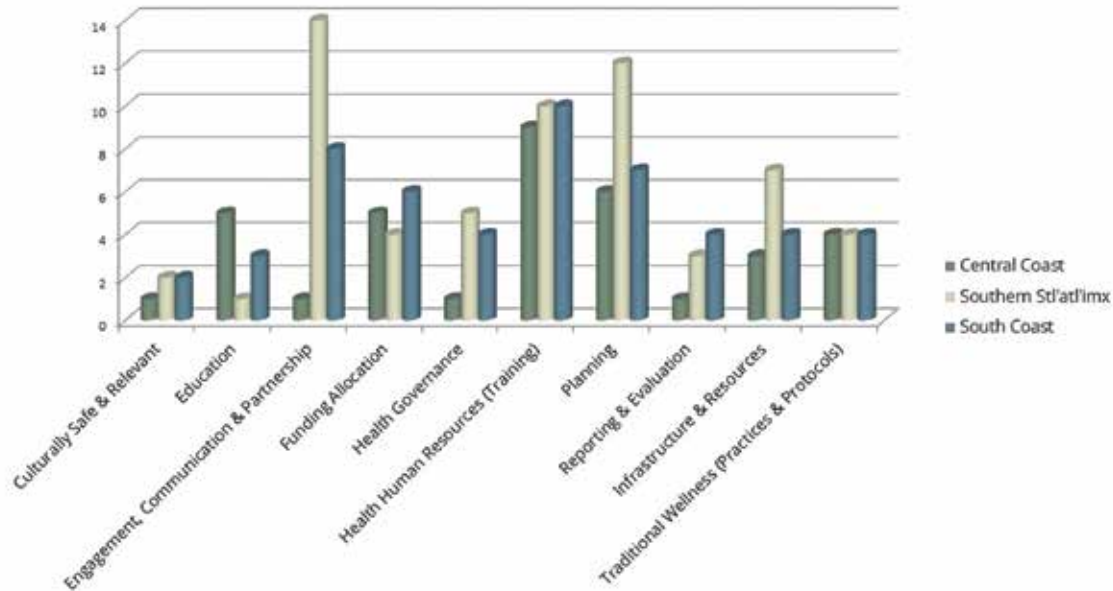
“Make a book of names of traditional practitioners, have seminars, have them attend health fairs – we have been given permission.”

SOUTHERN STL'ATL'IMX

WHAT NEEDS TO BE DONE?

All three VCR sub-regions identified the following as needing to be done: increased capacity building (mentorship, training, workshops, etc.), planning (including needs assessment), and engagement and communication. There was recognition of the level of readiness and capacity within each sub-region. Building off the Mental Wellness Regional Implementation Forum held in Musqueam on Feb 25, 2014, there continues to be a strong, shared need to address mental health as a key priority across the region. This includes: Mental Wellness Flagship Project (MWFP) project implementation with a project re-design, re-launch and re-evaluation based on key lessons learned and the Community Knowledge Exchange sessions (held Oct/15-Mar/16). Capacity building (mentorship, training, workshops), planning, and the need to allocate related MWFP funding to community. Designing in-community MWFP positions and specialists, and ensuring traditional wellness and culturally rooted healing practices are embedded. Advancing improvements in mental wellness overall, with specific support for suicide prevention, intervention and postvention. Traditional Practices and Protocols as foundational to informing related planning and support. Capacity building (training, workshops and mentorship) and increased planning. The region acknowledges and recognizes the importance of training and workshops such as ASIST and SafeTALK, partnerships between community, VCH and FNHA also recognizes the need and urgency to further advance this area.

Figure: Sub-regional Themes on What Needs to be Done (n= number of health/political lead(s))



WHAT NEEDS TO BE DONE SUB-REGIONALLY?

Central Coast

“Acknowledgement of place in healing to lift people to their journey to begin.”

Empowerment through education and awareness. Connection to the land, support for Elders and traditional practices and protocols. A mobile mental health rehab clinic and long term support for youth rediscovery programs. Solution-focused talk over the event itself (suicide) - be open to teachings to cleanse from trauma. Traditional wellness and culture to be incorporated into community health and wellness planning. Better understanding of the planning process for communities. FNHA job exchange. Medical Transportation training support and funding. Telehealth engagement, infrastructural support, and additional information and training. promote mental health awareness to de-stigmatize mental health.

Southern Stl'at'imx

“Permission to take action. Having the courage to do it.”

Supportive network of traditional healers, keepers and support for Elders in addition to counseling services. Further support in training, mentorship and capacity building for community (including youth). Further community health and wellness planning input and engagement to better inform the planning process, with discussion on the need to host a Nation-wide planning day ('Gathering Wisdom' type of event) to engage the 5 First Nation communities in a broad-based determinants planning discussion (inviting Gwen Phillips and involving traditional wellness workers.

South Coast

“When everything around is well, we will be well again.”

Traditional knowledge and cultural protocols are essential, support for Elders and knowledge keepers and inclusion of cultural practices of healing (e.g ceremony). Planning for crisis management protocols, toolkits, policy and procedures; also increased capacity building and training of specialized staff to properly assess clients including for trauma informed practice. For the MWFP, establishing a community advisory body to guide the planning process with community consultation for its re-design.



“Students learned from late Fraser Andrew, our traditional knowledge keeper, to be one-to-one with the plant, a process of clearing mind, keeping it clear when going to get medicine. If medicine branch doesn’t break then you leave it, refocus, clear mind and move on to next. No snippers, be one-to-one. They learned a discipline, made it more meaningful. Thankfulness, gratefulness, and humbleness are key.”

MARTINA PIERRE
ELDER AND COUNCILOR
LIL’WAT NATION





FNHA GOAL 4

OPERATE AS AN EFFICIENT, EFFECTIVE AND EXCELLENT FIRST NATIONS HEALTH ORGANIZATION

It's about us last. At the end of it all we look at ourselves to be a health organization that BC First Nations can be proud of, that works in an effective and efficient manner to achieve the changes that we need for our own people.

This section outlines the Spring 2017 Sub-Regional Caucus emerging themes, key commitments, and closing reflections.

EMERGENT THEMES

- Further Traditional Wellness engagements with community are welcomed by all our First Nations;
- Three main RHWP objectives continue to be our top priorities across all three Sub-Regions:
 - Objective 2.1.1: Support communities to develop Community Health and Wellness Plans;
 - Objective 3.1.1: Implement the MWSU Flagship Project to address health service priorities and gaps identified by VC Region; and
 - Objective 3.1.2: Support suicide prevention, intervention, and postvention regionally and sub-regionally
- Sub-Regions share the view that Traditional Wellness, planning, Health Human Resources (training and workshops) and funding are the top three areas where focused action is required in order to put planning into action.

“Nurturing Elders to empowerment. Mentoring and teaching traditional knowledge.”

SOUTH COAST

KEY COMMITMENTS

- To honour the respective roles of our three governance pillars: FNHC, FNHA, FNHDA;
- Each community to send 3 representatives to the May 30, 31 and June 1st Vancouver Coastal Caucus (leads for political, technical, and social programs and services that support children, family, and community);
- Regional team partnership with community for community determined approaches (**Directive #1**);
- Hold up importance of relationship in our partnership work - ensuring Indigenous, cultural approaches and sensitivity;
- Honour community engagement pathway as central to a refreshed VCH-FNHA-FNHC Partnership Accord and related commitments;
- Ongoing Traditional Wellness dialogues to hold its space in our work, ensuring Traditional Wellness is felt in our regional sub-caucus and caucus work;
- Continued partnered and supportive approaches to continue elevating Traditional Wellness in all aspects of health and wellness services, with particular attention to the MWFP and suicide prevention, intervention, and postvention activities and Crisis response;and
- Redesign of Mental Wellness Flagship Project to be closer to community.

“Knowing who you are, where you come from, and where you are.”

SOUTH COAST





VANCOUVER COASTAL REGION
First Nations Health Authority

CLOSING REFLECTIONS

Moving forward, and with gratitude, we honour our Community-Driven, Nation-Based directive in the regional work to come: we proceed based on our 2017 Spring Sub-Regional Caucus directions noting continuous learnings from evaluations. Next gathering: Vancouver Coastal Regional Caucus May 30, 31 and June 1st. in Richmond, B.C. We look forward to discussions with our two governance pillars: FNHC and FNHDA, and to set directions on our approach for ongoing engagement with the federal government on social programs and services that support children, family and community health.

“Elevate who we are. Having the courage to do it.”

SOUTHERN STL'ATL'IMX



“The FNHA supports BC First Nations individuals, families and communities to achieve and enjoy the highest level of health and wellness by: working with them on their health and wellness journeys; honoring traditions and cultures; and championing First Nations health and wellness within the FNHA organization and with all of our partners.”

FNHA MISSION

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VANCOUVER COASTAL REGION
First Nations Health Authority

