



First Nations Health
Directors Association

Sharing experience for community wellness



First Nations
Health Council



First Nations Health Authority
Health through wellness

VANCOUVER COASTAL REGIONAL

2018 FALL CAUCUS

MEETING MINUTES SUMMARY

NOVEMBER 20-22, 2018

Coast Coal Harbour Hotel, 1180 West Hasting Street, Vancouver BC

Prepared by:



minutes made **simple**

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VANCOUVER COASTAL REGIONAL 2018 FALL CAUCUS

November 20-22, 2018 | Coast Coal Harbour Hotel, 1180 West Hasting Street, Vancouver BC

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TECHNICAL DAY #1 – NOVEMBER 20, 2018



First Nations Health
Directors Association



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Welcome and Overview of Day #1 Draft Agenda

Leah George-Wilson, First Nations Health Council (FNHC) Representative, South Coast, welcomed delegates to Day 1 – November 20, 2018 of the Caucus at 8:46 a.m. Deborah Baker, Council Member, Squamish Nation, as one of the three host Nations, offered an Opening Drum Song. Ms. George-Wilson reviewed the agenda for Day 1 of the Caucus.

Health and Wellness Planning

An Introduction to a Toolkit for BC First Nations

Annie Merritt, Planner, Planning, Policy and Quality, First Nations Health Authority (FNHA), provided a presentation titled “Health and Wellness Planning Overview”. Ms. Merritt discussed the soft-launch of the Planning Toolkit at the First Nations Health Directors Association (FNHDA) 2018 AGM. She highlighted Planning Toolkit implementation next steps – planning funding model, phased rollout with the agreement holders that have expired plans, and training and supports.

Honouring Community Wise Practices: Southern St’atl’imx Health Society ‘Decolonizing Your Health Plan’

Rosemary Stager, Board Member, FNHDA, provided a presentation titled “De-Colonizing Our Health Plan”.

Discussion: Q&A

Discussion ensued in which questions/comments and responses (R) provided, including:

- *Current membership for the four Southern St’atl’imx Nations*
- *Best practices for community engagement to receive the highest participation*
- *Strategies to move beyond the victim mode of thinking so no one is left behind, e.g. the lateral kindness campaign and education that this mindset resulted from residential schools*
- *Importance of awareness relative to sovereignty specifically with regard to wellness plans*
- *Potential unrealistic expectations in reaching milestones of social determinants of health (SDH) and inherent rights*
- *Anticipation of the outcomes of the Southern St’atl’imx’s wellness plans*
- *Ways FNHA can support Southern St’atl’imx in its work*
- *Need for traditional wellness practices and for supporting Knowledge Keepers*
- *Apprenticeship of new upcoming Knowledge Keepers and mentors*
- *Use of Health Practitioner funding to pay Knowledge Keepers*

- *Ways Southern Stl'at'imx would provide access to services and hospitals*
- *Strengthening of relationships with Vancouver Coastal Health (VCH) and the Health Director for the Sea-to-Sky corridor.*

Mental Health & Wellness MOU Funding Implementation

How to Access Funding – Funding Guidelines

Richard Jock, Chief Operating Officer, FNHA, reviewed a presentation titled “Funding Implementation Tripartite MOU on Mental Health and Wellness”.

Nick Grant, ADM Strategic Policy and Planning, Ministry of Mental Health and Addictions (MMHA), discussed BC’s interest in this tripartite MOU and how to support its success. The concept of nation-based health and wellness Plans that are designed by nations to meet the needs of nations has been the basis of this work. If that is the outcome, how do we support it best? That led to discussions about how to create relationships with Canada and the FNHC and the FNHA. BC’s approach has been to recognize the need to do a better job coordinating across our ministries.

Signatories to this MOU have been the Ministry of Health (MoH), Ministry of Children and Family Development (MCFD), Ministry of Indigenous Relations and Reconciliation (MIRR), and MMHA. Each of the ministries is active at the tables around this MOU. BC also has an across-ministries effort underway, and is having regular meetings between ministries, including with social development, justice and advanced education. The interest is to make BC’s services more coordinated and seamless to meet the needs of those we are trying to serve. That is a commitment and an active interest from BC to move this forward.

With reference to a projected slide, Mr. Grant discussed provincial support to transition from a silo system to a streamlined and administratively simple approach, and to inform the development of a 10-year SDH approach through the implementation of this MOU.

Katie Hughes, Executive Director, Mental Health and Wellness, FNHA, referenced the displayed presentation, highlighting the funding approach.

Greg Perrins, Senior Director, Indigenous Partnerships and Wellness, MMHA, continued the presentation and highlighted how to access funding and next steps.

Discussion: Q&A

Discussion ensued in which questions/comments and responses were provided, including:

- *How funding will be distributed amongst each Nation*
- *Concern that the collaborative model approach is not suitable for remote communities*
- *Importance of fairness in all services for all communities regardless of location*
- *Need to consider the wholistic needs of community and move towards coordination and ease of access to available services*
- *Suggestion to map out services in communities compared to other communities to assist in the design of a new standard of service*
- *Importance of increasing funding for prevention rather than intervention*
- *Whether there will be various streams of funding for different areas outside the area of mental health and wellness*
 - *Intention of coordination of funding with the MoU funding in those other areas*

- *Ability to use current available funding through FNHA in addition to the MoU funding*
- *Additional available resources from MHHA for on-the-land treatment*
- *Overwhelming amount of funding sources that requires capacity to administer which is not available in all communities*
- *Importance of support provided on all sides to communities to work together seamlessly*
- *Ability for assistance by FNHA to help smaller communities and increase its capacity*
- *Potential for FNHA to re-examine its administrative formula to do business differently*
- *Suggestion to provide living quarters for health practitioners to ensure they have a sanctuary*
 - *Office and professional accommodations are two areas emerging as areas of focus at FNHA*
- *Encouragement for gaps to be brought forward for FNHA to address*
- *Concern that hospitals in remote and rural communities are not equipped with services for mental health and addictions*
- *Need for further discussions on the Partnership Accord*
- *Suggestion for Bella Bella and Bella Coola to visit the All Nations Healing Centre in Saskatchewan which has traditional healing and diagnostic services in one facility with a governance model of First Nations and three municipalities*
- *Ability to address the SDH and take advantage of the MoU with flexibility to integrate services and look at health and wellness in a wholistic way.*

First Nations Health Benefits – Part I

An Introduction and Discussion on the Transition of Dental, Vision, and Medical Supplies and Equipment Benefits

Coreen Paul, Manager, Musqueam Nation, discussed the importance of ensuring that people in communities have the same access to services as others. Ms. Paul shared that she has been reaching out to health benefits about the specific challenges being faced, what the pharmacies have said, etc. and have found them to be very prompt in replying and always helpful to find an answer. There is intent to send Health Directors a health survey, which will be their opportunity to comment about what we are doing, what we need, and what our wish list is. She encouraged the health directors to share as much information as possible in their survey responses so that we can make changes together going forward.

Darren McKnight, Director, Benefit Management – Health Benefits, FNHA, referenced an overhead presentation titled “Health Benefits Transformation Journey”.

Sarah Freno, Director of Continuous Improvement, Pacific Blue Cross (PBC), referred to an overhead presentation and highlighted how PBC would support FNHA and its clients.

Discussion: Q&A

Discussion ensued in which questions/comments and responses were provided, including:

- *Difficulties experienced by members accessing medications not covered upfront by FNHA*
- *Concern regarding the quality of medications and care prescribed by doctors*
- *Concern that mobile services for vision and hearing are inadequate and not equal to that of an optometrist with a stationary office*
- *Intention of FNHA to make changes to what is covered in formularies*
- *Note that generic medications must follow and be identical to a brand name medication prior to being labelled generic*

- *Concern that the quality of care received in Port Hardy is sub-par in comparison to services received in Campbell River, Alert Bay and Nanaimo*
- *Concern that travel requirements are unrealistic*
- *Concern that smaller communities are not given the same considerations and services as larger communities*
- *Suggestion that all communities in VCR should be provided services through Vancouver*
- *Ability for increase to the number of service providers with the transition to PBC taking over benefits*
- *Concern that previous hurdles that were overcome with NIHB will need to be navigated once again with the transition*
- *Concern that those with specialized needs do not have adequate coverage for medical equipment and prescription eyeglasses*
- *Need for FNHA to consider that those with rare genetic disorders do not fit in the “box” and their needs are greater than everyone else*
- *Need for access to transportation for Elders in wheelchairs or who are unable to walk long distances*
- *Concern that the lack of benefits and timelines do not feed the needs of members*
- *Need for Jordan’s Principle to be implemented fully in BC.*

First Nations Health Benefits – Part II

Focused Engagement

Jenny Smith, Community Relations Representative, Health Benefits, FNHA, shared that her heart is here, and that listening to the stories is very difficult. She shared a story of her grandmother who was a Community Health Representative (CHR) years ago in Port Hardy. She acknowledged and celebrated the work of CHRs, and that health benefits are here today. She encouraged remembering the culture that we put into our work, and shared that she is a Living Marker and has acted as a witness to health transfer since the outset.

Delegates gathered in their sub-regional families to discuss Dental, Vision and MS&E benefits and were asked to consider:

- What is your experience finding a health care provider?
- What is your experience in accessing and receiving benefits and services?
- What has been your experience with any follow-up you needed to make a receiving benefits and/or services?

Following the small group discussions, Ms. Smith acknowledged the flipcharts posted around the room reflecting the comments of the family groupings on the three questions posted (refer to Appendix 1).

In terms of next steps, Ms. Smith indicated:

- Schedule and conduct focus groups in your community
- Share a “What we Heard” document
- Seek to validate the information at the spring regional caucuses
- Provide enough time to communicate and inform new changes to the health benefits plan.

Caucus Adjourned

Day 1 – November 20, 2018 of the Caucus adjourned at 4:45 p.m. Snxakila Clyde Taillio, Knowledge Keeper, Nuxalk Nation, led delegates and staff in a closing circle dance and song.

GOVERNANCE DAY #2 – NOVEMBER 21, 2018



First Nations Health Council



First Nations Health Authority
Health through wellness

Caucus Reconvened

The Caucus reconvened on Day 2 – November 21, 2018 at 8:45 a.m. Musqueam Elder Shane Pointe offered an Opening Prayer.

Elder Shane Pointe called forth witnesses Ernest Armann, Richard Jock, Leah George-Wilson, and Maria Martin. He put a blanket on the floor and noted that, in the Coast Salish belief system, the blanket is the first protection. This blanket is a protection for the one who will stand on it so they are standing on newness, and on purity, which gives them the strength that they need to walk away a stronger, more beautiful human being.

Elder Pointe invited up Naomi Williams to stand on the blanket. She was given a headband and was wrapped in another blanket. The Elder said that this headband and blanket represent the respect and caring of 14 tribes, the VCR Caucus, Chiefs and their political representatives, and the health leadership. He acknowledged that this lady carried herself with integrity and dignity in the job she was tasked with and did her best for our children, families and communities. Today, we wanted to honour her, and for her to know the truth about our feelings about her as a leader, and that we have the outmost respect for her. This blanket and headband represents hundreds of people who will keep her warm when she get discouraged, or feels lonely. There are hundreds who stand with her and lift up her heart and her mind and keep her warm and safe. He addressed Ms. Williams and told her that they love her, respect her, and that she is precious to them.

Witnesses were invited to share what they heard, saw and felt.

Mr. Jock thanked Ms. Williams for her work and dedication. Ms. Williams unfailingly did this with a tremendous spirit and smile that any challenge could be dealt with, which is also important to acknowledge and bring forward. There were times where Ms. Williams was the one we could locate to go into community and provide that service and sacrifice her family and personal comfort, which also is acknowledged. She has taken us through an important time as Acting Regional Director and has developed and made a cohesive group of the team.

Ms. Martin, on behalf of Central Coast leadership and communities. acknowledged and uplifted Ms. Williams for her work to move us forward in this new time and era. She acknowledged that Ms. Williams always does what is needed to get the work done and looked forward to working with her in future in this new endeavour.

Mr. Armann shared that he was honoured to be a witness for the ceremony. He shared that the word that comes to mind in thinking about Ms. Williams and the work she has done is “greatness”. He has seen the value in the work that she has done in developing our team. It is one thing to have vision, but a very important part is about organizing, developing, providing leadership, making sure details are taken care of, and that the work we do is taken to heart.

Ms. George-Wilson shared that it feels like Ms. Williams is leaving us, but she is moving from one position to another that was created for her. When we had crises she made things happen, which is what FNHA wants to happen. She implemented things in a way that was human, in a way that understood, and you do not always get that in employees or in leadership, and we got it all here in Ms. Williams. Ms. George-Wilson thanked Ms. Williams for her help and told her that we look out for you and love you and that you are moving seamlessly into an area that you are meant to be in. There is a lot of healing that has to happen in our communities that needs to be reframed from a victim place. Health is the opportunity to rebuild those nations, and Ms. Williams is the perfect person to be in that.

Elder Pointe said that the blanket left on the floor is left for someone who wants it more than others. The families decided to leave it so that someone who needs it can pick it up. Joanne John picked up the blanket, and led delegates in signing a Women's Warrior Song.

First Nations Health Council

Welcome and Overview of Day #2 Draft Agenda

Ernest Armann, First Nations Health Council (FNHC) Representative, Southern Stl'at'imx, reviewed the agenda for Day 2 – November 21, 2018 of the Caucus. He acknowledged that not all sub-regions were able to have their sessions.

It was MOVED and SECONDED

That the Agenda for the 2018 Fall Vancouver Coastal Regional Caucus Meeting scheduled November 20-22, 2018 be accepted as circulated.

CARRIED

Review and Motion to Adopt 2018 Spring Caucus Meeting Minutes

It was MOVED and SECONDED

That the Minutes of the 2018 Spring Vancouver Coastal Regional Caucus Meeting held April 24-26, 2018 be accepted as circulated.

CARRIED

MOU on Mental Health & Wellness Update

Grand Chief Doug Kelly acknowledged the deep love that we have for the people we serve. There are problems when others make decisions for us, about us, without us, but as we transform this program, it is ours and we can change it. We are the only province and the only region that can do this.

He acknowledged that Plan W did not get a good grade – but opportunity was provided for feedback, experiences, realities – and the team heard you, and what they did not hear they saw get written down. That is taking a problem and finding ways to solve it. We have to talk to one another, listen to one another, and understand one another, which is what you engaged in.

Next steps will be the continued effort to improve Plan W. The FNHA heard that it did not meet expectations, so it will make it right with the next effort. You will be actively engaged in the changes coming. The FNHC, FNHA and FNHDA vision is for healthy, self-determining, vibrant First Nations children, families and communities. There has been enough talk about healing, let us start talking about reclaiming.

This journey is a long journey – we knew it would be 20 years of hard work, and we are only 25% of the way there. We took over the responsibility and are delivering the service that Health Canada once delivered and we have been doing it for only five years. We are doing an evaluation now. Did we get the governance structure right, keep politics separate, and made service delivery accountable? Are we making progress on the SDH, transforming health and improving outcomes? If we have not, we will. We stood up our sister yesterday and have given her our love. She works hard for all of you. You gave her the strength to carry on with your love and support. You are well on the way to achieving our vision statement.

A Roadmap Forward

Ernest Armann, FNHC Representative, Southern Stl'atlimx, provided a presentation titled "Reclaim Health, Self-Determining and Vibrant BC First Nations Children, Family and Communities: Achieving our Shared Vision" Mental Health and Wellness".

Guest Keynote: Satsan Herb George

Our Inherent Right to Self-Government & The Origin and Content of the Indian Act

Satsan Herb George honoured our ancestors for the fact that we are still here today. To heal our people and communities, we have to take personal responsibility, be leaders and work together unselfishly with a humble heart and a courageous soul. He referred to peoples' history and stories of their ancestors. What they prepared for us has been interrupted and changed, and we need to transform ourselves back to that original place that was prepared for us. There are a series of transitional steps that we need to take.

It has been 21 years since the decision in Delgamuuk. We are finally starting to see our people coming together, understanding and making decisions together, and working together to realize our right. Satsan discussed the blip in our history that represents the time from settlement, to colonization to confederation to now. However, in our over 10,000 years of history, we cannot let that little blip succeed in what it set out to do, which was to exterminate us as a people.

Satsan referred to a presentation titled "Centre for First Nations Governance", and highlighted the inherent right to self-government.

For additional information, refer to the following materials provided in the agenda kit, and online:

- Presentation titled "An Introduction to Aboriginal Case Law in Canada from 1973-2015"
- Centre for First Nations Governance paper titled "The People | the Land | Laws & Jurisdiction | Institutions | Resources – The Five Pillars of Effective Governance"
- Presentation titled "The Indian Act – An Introduction and Overview"
- Satsan's slide-by-slide presentation notes for "An Introduction to the Indian Act"
- Satsan's slide-by-slide presentation notes for "An Introduction to Aboriginal Case Law from 1973-2015".

Vancouver Coastal Nations Leadership Panel

Honouring Community Wise Practice: A discussion on Transitional Governance Work

Dan Smith, Tribal Manager, Wuikinuxv Nation, referred to an overhead presentation titled "Wuikinuxv Nation".

Chief Dean Nelson, Lil'wat Nation, referred to an overhead presentation and highlighted Lil'wat's pursuit of its inherent rights.

Chief Warren Paull, shíshálh Nation, referred to an overhead presentation and highlighted signature of a comprehensive reconciliation agreement with government.

Discussion: Q&A

Discussion ensued in which questions/comments and responses were provided, including:

- *Ability of the work through CFNG to change treaty negotiations*
- *Understanding of who we are as a people and leadership while respecting other communities*
- *Use of the tools of self-governance to negotiate increased forestry tenure*
- *Adoption by proponents to use stewardship plans, which include cultural and traditional harvesting of fibre and non-fibres*
- *Establishment of protocol agreements with neighbouring communities and jurisdiction on a government-to-government basis*
- *Importance of resolving territory issues.*

Facilitated Engagement on the Inherent Rights Strategic Exploration of the Five Pillars of our Inherent Right to Self-Government

Satsan Herb George acknowledged that the Caucus began the day with a ceremony where one of our people was blanketed according to our traditions and laws. He invited delegates to exercise their inherent right to self-government by defining to themselves, what that means, by taking 15 minutes to move through a discussion on each of the five pillars of the inherent right to self-government in a world café style exercise.

Following the world café, reports out indicated:

Governance

Past?

- Collaborative, cooperative
- Self-governing
- Cross-family jurisdiction
- Sharing resources
- Consensus driven approaches
- Potlatches
- Family heads
- Hereditary chiefs

How?

- Potlatch was the center space for that work, guided by head people – Chiefs
- Those spaces were inclusive with equitable voice and contributions, guided by Elders
- There was mentoring and teaching of traditional ways

- There was a total pole system with four families and four heads and watchmen
- Clan based system
- Disciplined professional hunters and gatherers

Now?

- In the process of reclaiming and bringing back our laws, celebrating our culture and bringing back our language
- Lack of funding to get ourselves away from the Indian Act influence
- Looking at efforts to blend our governance as it relates to western laws and ways
- Family totem poles

Resources

Past?

- Resources are feeding our soul
- Everyone has a spirit and a gift, which was determined by our grandmothers
- Everything was harvested; the land would be worked; there were a lot of medicines shared amongst everyone equally

- Management of time was different
- How we interacted as families was different

Now?

- Loss of connection
- Still harvesting but not an equitable sharing of resources
- Outsourcing our responsibility

Action (01): FNHA to do research on the health of our land and the use of our land traditionally and how the land is used differently now for economic and other purposes.

The Land

Past?

- There were transformation stories, creation stories, and how that relates to the land and our responsibility and respect for that land
- Male and female roles, an equal responsibility and connection and your responsibility to ensure abundance
- Resource management – traditionally there were practices used to keep our land safe and clean

Spiritual connection?

- Acknowledging our ancestral spirit is with us every day and has a physical presence over our lives and that influences our daily lives

Now?

- Consensus around teaching our youth and making sure we continue that traditional way of caring for our land.

The People

Before contact?

- We had our own laws and systems in place
- We continue to utilize those systems
- There is strength in community and families and coming together has always been important
- Cultural preservation has been huge even though post-contact there were laws banishing our inherent rights, there was still an underground presence to continue the practice and traditions
- Able to uphold our protocols
- Community responsibilities and everyone has a role and everyone knew their role
- It turned into a volunteer system, which has not worked in favour of communities

- There is so much hope in the next generation and seeing the young ones live the lives they were always meant to
- We had a trading and bartering system amongst our people and everyone had a role
- No one was better than anyone else; everyone's spirit was honoured and cherished
- Prayers were shared when you were harvesting
- There was and there are ways of doing restorative justice so our people are not in jail
- There was a strong sense of coming together to support one another and to support our neighbouring communities
- Used our house system
- Government disorganized our people

- We continue to rebuild on what was already working in communities and recreating the synergy and strengths of teachings

Past?

- There were clans
- Longhouse, potlatch on Coast Salish
- Conflict management and trespassing was settled through war
- Banishment and execution for bigger offences, e.g. sexual abuse
- Language becomes the law
- The values and role in community were natural from birth; you were taught from infancy
- Cultural emersion; no back talking or questioning
- Grandparents
- Matrilineal society with grandmothers carrying the teaching and discipline and

- We used hereditary lineage and ways of social organization.

Laws and Jurisdiction

then the uncles/dads were brought in if you did not take the guidance

- Medicine man and women
- Potlatching to address conflict, for marriage, for death, for divorce
- Family dishonour was dealt with in the big house

Today?

- Rebuilding
- Goal to bring back the Elders Circle and seek their blessing and guidance
- Reclaiming traditional ways of living and the laws and taking it and carrying it on because we already own it; we are just reviving it
- Elder teaching and storytelling
- Very strict laws.

A transcript of the flipcharts created during the World Café is attached as Appendix 2.

Mr. Armann noted his honour to be able to hear this conversation, which is all to do with health. Health is an outcome and good governance has given the ability to be here now doing what we are doing. The governance is based on our teachings and who we are, it is a new way of doing things. At the end of the day it comes down to the same beliefs tied to our languages, lands, identity and who we are. We have to take that responsibility back. The work we are doing around nation rebuilding – that is what it is all about, to improve our health outcomes, revitalize our languages and see those little warriors showing us the way.

Mr. Armann acknowledged the wealth of information of the panel members and that there are different ways to do things, but at the end of the day we all want to do the same thing. We have seen a lot of change and done a lot of work to get ready, even since the last Caucus in the spring. The idea of nation rebuilding is something to help us understand the linkages. It is all part of the work – you cannot do one without looking at the other.

Part of the responsibility in health governance is leadership, who has the ability to influence, support and make change and bring back and share what we are learning. We need to bring back to this table what the challenges are, and listen in a positive way. The regional team listens and lives to create solutions, which is how the process works.

Governance is about awareness creation, understanding and working to build relationships. We need to rely on our good hearts and our sense of knowing what is right and wrong in how we do business because we are all family at the end of the day. The MOU for MHW is very flexible. The work we need to do can be supported through that fund. We have the infrastructure, ability to mobilize and to take on responsibilities under our terms.

Mr. Armann called forward Satsan and Elder Pointe to be recognized and acknowledged for their work during the day.

Day 2 – November 21, 2018 of the Caucus adjourned at 4:20 p.m. Elder Pointe offered a Closing Prayer.

First Nations Health Council Chiefs & Political Leadership Dinner & Orientation

Caucus Reconvened

The Caucus reconvened on Day 2 – November 21, 2018 at 5:30 p.m.

Welcome and Overview of Evening Agenda

Mr. Armann thanked delegates for attending the evening session, and informed that the intention of the event is in response to feedback from Caucus to provide an orientation on leadership. The FNHC has developed a video to provide this orientation and delegates are here to review it this evening. He noted that Maria Martin could not attend this event, and acknowledged that her presence will be missed.

Mr. Armann advised that FNHC representatives work on behalf of the entire region, which is structured into three different areas: South Coast, Central Coast, and Southern St'atl'imx. He emphasized the importance of the regions to establish clear jurisdiction and accountabilities for delivering health services. This Caucus is about the governance structure moving forward, and it gives an opportunity to get together to share ideas about how access to health care that is structured and informed region-to-region.

Mr. Armann discussed the final piece of the transfer and taking on PharmaCare as laid out in the original agreement. It is encouraging to see the partnership being established with PCS. A lot of the issues faced today are the same as they were 20-30 years ago, and it is still about access to primary care.

Mr. Armann invited delegates to share comments and ideas that have developed following the first two days of the Caucus. The "FNHA Vancouver Coastal Community Health Service Booklets 2018/2019" was distributed.

Ms. Brooks expressed her gratitude for being brought on to the FNHA team, noting that she recently became the Regional Executive Director of the Vancouver Coastal Regional team. The regional office is looking at how it is connecting with communities and how leadership is currently working. She noted the importance of celebrating the successes we have had, and expressed hope to continue to evolve the relationship with VCH, to continue to talk about problems and concerns so that they can be properly addressed, and to talk about successes so that others can benefit from them.

Mr. Armann discussed the importance of the roll out of the Health Directors training program. He identified the goal to separate politics and business. Directives were created during Gathering Wisdom in 2004/2005 and continue to inform the progress forward. Planning and engagement is critical to reach the common ground of all nations working together towards the same goal of health governance.

Mr. Armann discussed the MHW MOU and the significance of the 10-year plan and the \$30 million committed to help communities develop infrastructure. The end goal is to ensure that every community has a MHW plan. Mr. Armann was confident that resources are in place to help start fresh, to pick up where some communities are at, and to evolve to do better things. Governance work involves the

generation of data and communication pieces to inform the process and how communities engage with each other.

Dan Smith, Tribal Manager, discussed Community Living BC (CLBC), which is Crown Corporation that provides services to support mental health and physical disabilities. He identified the need for the FNHC to look at how Judy Darcy, Shane Simpson and Scott Fraser can partner and be advocates to CLBC to address resources needed for special needs children who have aged out of the system and require continued support. Mr. Smith informed that they have initiated an Indigenous Committee with CLBC to provide it with the cultural competency needed in order to work with First Nations. There is \$500 million available to build group housing on reserves, but community engagement is needed on how to spend the funds. "Care for our People" is up to each individual community to explore and to determine what is best for them.

Ms. Paul identified the need for group homes outfitted with resources to accommodate children with special needs, which must be located within communities.

Mr. Armann commented on the amount of red tape that needs to be sorted through in order to run a facility in one's own community. Building infrastructure is one thing, but providing the people with the power to run and administer them is another thing. The Health Director training program is a start, but we need to continue to move forward with this. More engagement is needed with CLBC on how we can provide specialized services to our communities.

Action: To extend an invitation to Community Living BC to attend an upcoming Vancouver Coastal Region Caucus.

Introduction and Video Launch

Mr. Armann introduced a video developed by the FNHC as an orientation on leadership and how to move forward in health and wellness through self-governance. He noted that we cannot measure the value of these types of communications tools, and the importance of communications around health resources. Now that health transfer has taken place, it is time for transformation.

Delegates were informed that after the other Caucuses have seen the video, it will be released online.

Caucus Adjourned

Coastal Wolf Pack performed and Day 2 – November 21, 2018 of the Caucus adjourned at 7:55 p.m.

HEALTH SERVICES DAY #3 – NOVEMBER 22, 2018



First Nations Health Council



First Nations Health Authority
Health through wellness

First Nations Health Council

Welcome and Overview of Day #3 Draft Agenda

The Caucus reconvened on Day 3 – November 22, 2018 at approximately 8:45 a.m. Snxakila (Clyde Taillio) offered an Opening Prayer. Mr. Armann reviewed the Agenda for Day 3.

Canada, BC and FNHA's Approach to Cannabis Legalization and Regulation Panel

David Bever-Brown, Senior Policy Advisor, Cannabis Legalization and Regulation Secretariat, Health Canada, thanked delegates for inviting Health Canada to speak about cannabis legalization. He provided an overview of federal regulations and issues related to First Nations communities.

Diana Moffat, Assistant Director, BC Cannabis Legalization and Regulation Secretariat, led a review of the presentation titled "British Columbia's Approach to Cannabis Legalization and Regulation".

Gerald Thomas, Director, Alcohol Tobacco Cannabis and Gambling Policy, BC Ministry of Health, shared that has been one of the hardest changes he has worked through in his health career and recognized the hard work that First Nations communities have put into this already. Dr. Thomas proceeded to review a presentation titled "Cannabis & Health".

Dr. Nel Wieman, Senior Medical Officer, Mental Health and Wellness – OCMO, FNHA, reviewed a presentation titled, "Non-Medical Cannabis Legalization: FNHA Public Health Approach".

Dr. Shannon MacDonald, Acting Chief Medical Officer, FNHA, informed that with the majority of questions posed to her about cannabis, her answer has been, "I don't know yet". She cautioned people to be clear about what they are reading on social media, and noted that what people are smoking now is not the same as what was smoked in the 70s. This is a genetically modified product designed to get people as high as possible. New developments have led to extraction of CBD, or lower THC strains, but the idea that this is a traditional medicine is false. Marijuana is not a more natural route for taking care of your health.

Dr. MacDonald encouraged people to read a lot, educate themselves and review information through a critical lens. There are known benefits for CBD use for children with epilepsy, but research is new. Data collection and surveillance continues, and we will know more as time goes on. There are some alarming trends that have been recognized amongst our Youth, and it is important to have conversations at home around responsible use. Clear communication and inquiries are encouraged.

Mr. Armann thanked the presenters for sharing the different perspectives related to cannabis legalization. We see and deal with challenges in our communities with the effects of cannabis. We need

to look at the effects on Youth and babies, and the effects on people with mental challenges. As we move into self-governance, we need to understand what these challenges are, and set responsible examples starting at home.

Discussion: Q&A

Discussion ensued in which questions/comments and responses were provided, including:

- *How Fetal Cannabis Spectrum Disorder (CASD) will compare with Fetal Alcohol Spectrum Disorder*
- *Measures needed to mitigate effects of cannabis in the workplace*
- *How a wellness approach will be utilized to offset potential for CASD*
- *Detection of those who are impaired*
- *Recognition of trauma and emotional distress and how it relates to substance use*
- *Focus on increasing the number of officers trained in field sobriety testing and impaired assessments*
- *Implementation of cannabis bans in communities for retail stores in territories*
- *Desire to receive additional education around medicinal cannabis and the benefits and risks associated with it*
- *Information received from other countries in their experiences with the legalization of cannabis*
- *Concern that marijuana purchased has been laced with fentanyl*
 - *Clarification that there have been no verified instances of fentanyl in marijuana across Canada*
- *Benefits relative to CBD oil on epilepsy, pain, etc.*
- *Need for clear boundaries around the use of cannabis in mental health relative to drug screening and its effects on urine tests*
- *Use of THC should be restricted in treatment; use could result in rejection from treatment*
- *Research is pending on the effects of CBD oil on arthritic pain.*

Health and Wellness Indicators Panel

The First Nations Population Health and Wellness Agenda

Dr. Daniele Behn-Smith, BC Aboriginal Health Physician Advisor, provided an overview of the upcoming presentation, and introduced the team as being a collaboration between the office of the Provincial Health Officer (PHO), the office of the Chief Medical Officer (CMO) and other FNHA/MoH departments. Dr. Behn-Smith proceeded to inform on the Transformative Change Accord and the First Nations Population Health and Wellness Agenda.

Dr. Behn-Smith posed the following question to the Caucus: *If you could choose one indicator to measure these areas, what would it be?* She asked delegates to think of one way to measure the strength and health of our communities, and/or how we can capture how strong our relationships are with the land around us.

Dr. Shannon MacDonald, Acting Chief Medical Officer, FNHA, noted that changes that are being made nationally to provide an opportunity to privilege First Nations' voice in what we do and what we report. There is awareness of the need for First Nations surveillance from the CMO's mandate of the Watchmen. There is the ability to support communities to gather information valuable to them and provide a response at a national level. It will be challenging to stand in front of government partners and say that we are inclusive of First Nations' voice if we do not get that voice. Dr. MacDonald encouraged delegates to give these things some thought in order to weave Indigenous knowledge into the response.

FNHA Regional Health Survey

Namaste Marsden, Assistant Director, Research, Knowledge and Education, referred to a presentation titled “Regional Health Survey (RHS) 2015-2017: Results from the Vancouver Coastal Region”. She noted that the team is at the end of the analysis stage, and wrapping up on reporting the results. Ms. Marsden is looking forward to how this data can help us understand what we are doing in our communities.

Discussion: Q&A

Discussion ensued in which questions/comments and responses were provided, including:

- *Importance of continuing education and awareness for people to understand the scope of the problem*
- *Ways to understand indicators and measurements of success given much of it is intangible*
- *Strategies to include children in health and wellness to create hope within our people*
- *Note that expectations are higher than communities can satisfy*
- *Need for solutions to happen at the individual and community level*
- *Recognition that FNHA builds programs around needs and priorities*
- *Assistance needed by communities to define measures*
- *Need for change in the way language is used and recognizing the way some words can disempower people*
- *Concern that people resort to criminal activities when faced with a prevalence of it in communities*
- *Need for anecdotal information in research*
- *Positive changes occurring in young parents, and dental hygiene*
- *Importance of removing barriers around confidentiality and the need for cultural humility training in hospitals*
- *Intention of FNHA to pursue Indigenous SDH and including it in measuring progress through time*
- *Development of legislation that recognizes all those that are part of the “circle of care” between systems*
- *Program initiated called “Open the Gates” which provides wrap around services to individuals transitioning out of correctional facilities to ensure they have a primary care physician, a place to live, and connection to social services to support in their transition*
- *Importance of individual and Nation voices in defining health indicators.*

Grand Chief Kelly thanked panelists for their presentations. He discussed that labels are big and the health system has all kinds of labels. Sometimes these labels are a snapshot in time, e.g. a marriage breaks up, and you will be “depressed”; death of loved one, you will be in “grief”. But it is not a life sentence. We need to be careful of labels.

The FNHC is here to help and respond, but not to go in and tell people what to do. FNHC has been advocating around confidentiality, because it is misunderstood in so many places. There are spots where our people are not treated well. We cannot fix a problem by denying it, so we need to confront our partners to be clear about issues and to ensure that our issues are addressed. When you encounter issues, report them to your regional representatives.

Vancouver Coastal Health Authority

My Health My Community Survey Update

Juan Solorzano, Executive Director, Population Health, VCH, reviewed a presentation titled, “My Health My Community. VCH: Vancouver Coastal Region Population Health and Wellness Survey”.

Dr. Reka Gustafson, Medical Health Officer – Vancouver VCH, thanked the Caucus for welcoming the VCH Team. She noted that MHMC has made a difference in that it allows for wellness information to be included in policy development. For communities with the capacity and desire to participate, the main goal is to bring wellness information forward for policy development and to inform decisions that are made that impact your community.

FNHA Annual Report 2017/2018

Highlights and Financial Report

Colleen Erickson, Chair, Board of Directors, noted the importance to trust one another and our teachings to look after the process internally. Ms. Erickson thanked Grand Chief Kelly for the lesson that as the FNHA family, we are one.

Ms. Erickson referred to the distributed booklet titled, “2017/2018 Annual Report” and highlighted the four main goals set out by the FNHA board of Directors.

Norman Thompson, Board Member, provided a presentation titled, “2017/2018 Financial Report”. He informed that the Finance and Risk Management committee met and reviewed the auditor’s report, and reports that the FNHA received a clean audit. The Chief Financial Officer (CFO) of FNHA in their expertise of managing the finances of the FNHA were acknowledged and appreciated. The FNHA approved the auditors report on June 22, 2018.

FNHA Vancouver Coastal Regional Update

Kim Brooks, Regional Executive Director – Vancouver Coastal, FNHA, informed that goals of the VCR team include providing focused services to First Nations leadership, communities and health professionals, and building collaborative relationships with health and wellness system partners, such as the VCH. She directed delegates to page 19 of the 2017/2018 Annual Report to review the VCR goals.

Ms. Brooks referred to the Decolonizing Health Care presentation, which asked for support for traditional wellness, as well as balancing mainstream health care providers and traditional healers in our communities. She acknowledged the viewing of the premiere release of the orientation video for the FNHC, which indicated that we are learning and designing so that we can walk and live in both worlds of traditional and mainstream health. Ms. Brooks reiterated that the VCR team has been listening to all of the presentations and feedback provided and will use it all to shape the work moving forward.

Cassandra Puckett, Manager, Mental Health and Wellness – Vancouver Coastal, FNHA, noted that traditional wellness is a foundation of health and wellness, and the FNHA wants to understand what ‘traditional wellness’ means to you. This includes how you incorporate traditional wellness in your work with community, and how it might be possible for FNHA to support your community in traditional wellness. Ms. Puckett provided a “Traditional Wellness Update”, and discussed opportunities arising.

Vancouver Coastal Regional Opioid Response

FNHA & VCH Joint Opioid Crisis Response Update

Ms. Puckett reported on the FNHA’s Framework for Action to:

- Prevent people who overdose from dying
- Keep people safe when using substances
- Create an accessible range of treatment options
- Support people on their healing journeys.

Riley David, Mental Health and Wellness – Vancouver Coastal, FNHA, referenced a presentation titled “Vancouver Coastal Regional Opioid Overdose Response”.

Elizabeth Holliday, Manager, Overdose Emergency Response Team, Vancouver Coastal Health (VCH) reviewed VCH’s comprehensive package of essential services for overdose prevention.

Discussion: Q&A

Discussion ensued in which questions/comments and responses were provided, including:

- *Need for an increased in the amount of education and awareness signage*
- *Use of tangible aids to demonstrate things like the amount of sugar in a Starbucks drink or the amount of alcohol in one beer, etc.*
- *Need for the Peer Coordination Program to be available to everyone*
- *Suggestion that the number of teenagers who have overdosed but been revived should be tracked*
- *Suggestion to educate teenagers regarding skills of survival from homes where they have lived*
- *Concern that guards bring drugs into facilities causing residents to become more addicted.*

Honouring Community Wise Opioid Response Practices

Charmaine Thomas, Manager, Community Health and Wellness, Squamish Nation, discussed Squamish Nation’s “Knock for Naloxone” initiative, as a community health and wellness action plan developed in response to opioid overdose deaths in the community. Ms. Thomas noted that the statistics are scary, and that it is often person’s first time trying a drug when they overdose.

Community naloxone training was offered for the first time on March 17, 2017 with 37 people in attendance. Most of the attendees received Naloxone Training and a Take Home Naloxone kit (THN). The First Nation Integrated Policing Unit and Sarah Levine assisted with the training. The second event took place on April 4, 2017 and had 135 people in attendance. There were 88 THN kits distributed. Naloxone and fentanyl were being talked about in the community and everyone wanted to know more.

Following training events, staff wanted to know how to connect with those who do not want to come to our office or attended our events, the ones suffering in addiction, and who could potentially benefit the most. Stickers and buttons were created to let people know that the THN kits were out there.

During the during Squamish Nation’s Council elections we noticed signs all over the place, so a suggestion was made to have similar signs made to put onto front yards to “Knock for Naloxone”. If there was an overdose anywhere in our community, one could run outside and look down the road for a sign and go knock on someone’s door. These signs are even noticeable in the dark.

Information about naloxone training has been incorporated into all of the Squamish Nation events, to raise awareness of the initiative. Success and challenges were noted.

Ms. Thomas concluded her presentation by noting that tragedy was a big motivator in this community. For those recovering, whether it is from alcohol or drugs, the reality hit close to home. Front line workers, managers and directors, were able to come together and bring the community out. The hope is that with time, the need for this initiative will fade.

Chrystal Point, Community Health Nurse, Musqueam Nation, discussed the Musqueam Nation Town Hall Approach and reviewed a presentation titled, "Protecting Our People". Ms. Thomas noted that the Town Hall event aimed to decrease stigma, and to open conversations in a safe and non-judgemental space. Community members walked away with knowledge of the available resources, and an understanding that help is available to those who need it. Community members were inspired by the shared stories and increased support for each other.

First Nations Health Council

Closing Reflections

Mr. Armann thanked panel members for their presentations, and delegates for staying to listen and to learn together over the past three days. He noted that there was a lot of ground covered and some sensitive discussions took place, notably with regard to the Health Benefits presentation. The key piece in all of this is that there is an opportunity to start engagement work, and to identify what is not working well and how to fix it. The next steps include identifying the measures to fix the problems.

The Health and Wellness Planning Toolkit is a very good resource for communities. The MOU linkages and social determinants work together to identify the needs that communities have. At last night's panel, the need to understand what CLBC does for people with special needs was identified.

Day 2 involved the direct relationship between health self-governance and nation rebuilding. It is inspiring to see the toolkit and training programs for Health Directors to help build capacity.

The cannabis discussion was interesting. We need to be informed and look at the responsibilities around this to make sure we protect our children. We appreciate the comments around not forgetting about alcohol. Information from surveys will help to identify the connection to language and culture, spirit and environment, and provide us with an opportunity to share our truth.

There is a lot of good work coming from the FNHA and it is important to keep it up. We need to keep informing the FNHA, so that they can respond and make the system work for us. It is encouraging to see the peer and Youth work, as well as community level initiatives in response to the opioid crisis. Mr. Armann noted appreciation for the various performances throughout the Caucus, and acknowledged that it is very encouraging to see young people performing the traditional dances.

Snxakila offered a Closing Prayer and the Caucus concluded on Day 3 – November 22, 2018 at approximately 4:15 p.m.

Reference Materials

Provided within the 2018 Fall Vancouver Coastal Caucus binder under the tabs noted:

- Tab 1: Agenda and Draft Summary Minutes of the 2018 Spring VCR Caucus
- Tab 2: Community Health and Wellness Planning
- Tab 3: Mental Health and Wellness MOU Funding Implementation
- Tab 4: First Nations Health Benefits
- Tab 5: Guest Keynote: Satsan Herb George
- Tab 6: Canada, BC & FNHA's approach to Canada
- Tab 7: Health and Wellness Indicators Panel
- Tab 8: FNHA Annual Report 2017/18
- Tab 9: FNHA Vancouver Coastal Regional Update

Appendix 1: Focused Engagement

The following is a transcript of the flipcharts created during the focused engagement.

SOUTHERN STL'ATL'IMX

MS+E

- Trying to repair something that will break again – it's a persons right to have functional equipment
 - o Service provider trying to save \$
 - o Need more engagement w/clients and health care providers
 - o Have OT who helps with above
- Process takes long
- Process depends on skill of support worker
- Need better information and education
- Ensure – expensive, not covered. Difficult, what if it's the only thing depended on for protein
- More sharing of good information

Parking Lot

Q: Cataracts/glaucoma – getting charged for various tests

Vision

- Go out of community, because had bad experience in community, travel to Squamish
 - o Providers should be held accountable
 - o Put bifocals on glasses when I don't need them. So went elsewhere
 - o Only have coverage every few years and stuck with wrong glasses
- Not accessible. Eye clinics are always busy, long waitlists. Especially when have children who need glasses
- Mobile clinics come to community but too busy – have to travel because of waitlist for mobile clinic
- Need better ways for providing this service
- When you do get service, quality and care is poor
- Doctor doesn't want to give you the prescription unless you buy something, but we own the prescription
- When rushed in an appointment – unsure if I even have the correct prescription
- If I don't feel comfortable, I won't send my children
- Glasses separated by – what is covered and what is not
- Had to pay \$60 extra for eye exam
 - o Provided after what is covered and what is not
 - o * Feel I don't have a choice, didn't know we have a choice
- Cataracts – provider didn't tell me I had a choice in the type of lenses *didn't explain the choices, just assumed I couldn't afford
- No communication and choices
- Not having access to the information
- Getting charged for various tests and don't know if its supposed to be covered (MSP?)
- Some providers charge and some don't
 - o Need information

- Inconsistency in billing
- Providers charging – wrong codes/not trained on charges
- Some optometrists will help with coordination of benefits – some won't and then pay out of pocket (Same issue with dentists)
- Sent to Vancouver to a certain specialist, but are there other options?
 - Will I have to pay?
 - Not enough information
- 1mm shy of being covered for cataract surgery – “you can wait” or pay (\$3k)

Dental

- Went to dentist, had work coverage but still ended up paying out of pocket
- Not knowing what's covered and ended up having to pay \$800
- Only 80% covered
- Issues with coordination of benefits (navigating)
- We've set up space for dental hygienists to come into area – but it has been difficult setting up space
- Important to have more dental education
- Issues with having provider come to us – especially hygienists – access issues
- Orthodontics is a challenge because of cost – covering braces – children cannot access service, seems unfair
- Families have more than one child that requires braces
 - Problems registering for status – family didn't get covered – need to pay out of pocket
 - No child should go uncovered – MSP wouldn't cover*
- This is more common than you'd think *gaps in system (with eligibility)*
- What do I do/who do I go to when I need dentures replaced?
- Bridge work – Elders need this, not covered
- Take medications and impacts teeth (fallout or lose teeth)
- Providing coverage for special considerations
- Going through exceptions process
- Who/how do I find out if I am eligible?
- Orthodontics: only one or two dentists that will provide service – have to travel further – rates different so some providers don't want to provide service
- Only certain dentists will “balance the bill”
- Denturists: “quality of what I can provide isn't good for what I get” – ‘Balancing the bill’ issue
- Clients are getting lower quality products
- Squamish – Good provider but did have to pay the difference
- Share information on good providers
- Having to travel long distances to get to good denturists (four hours)
- Quality of service for what is covered
- Original fillings have fallen out, don't want to go because worried they will be pulled out
- Didn't know there is an appeals process
- Took years to get through appeals
 - Had to be good and persistent with paperwork
 - Long process, lost paperwork, mixed up files
 - Had to appeal a couple of times
 - Restarts because of the long process, lost paperwork and mixed up files
- Bridges are too expensive, \$4k – only 80% covered

SOUTH COAST

Vision

- Small community – limited – where family members have gone
- Optometrist – limited
- Vision clinic comes to community – negative feedback – good one-stop shop
- Want to know more about opportunities with PBC
- Son's vision won't get better – referral slows down process
- Disability no cure – referral limits, if no referral, it would make it easier
- Supplements fees from NIHB, So providers charging top dollar; we're stuck there; one Elder came in with \$900 invoice from optometrist; Elder didn't understand why so much – prescription, dental – common with providers
- No capacity to investigate re fees; trying to get fees done, but no time, so easy to pay invoice
- Special authority has to come from physician
- No capacity to support every client
- Confusing online pharmaceutical (formula research) – drug not found (Plan W)
- Positive exp. Vision
- Overcharging for other communities
- Working with clients to point them to better providers
- Need culturally safe providers
- Admin time spent on P.O./Invoice is a lot

Plan W

- Information not clear
- Too limited
- Need information for providers
- Want to provide clear information to know what they're covered
- Over counter medicines – pharmacist not providing = FNHA to provide prescription
- Picking up slack for transportation too
- Flag high OMTS since too much work
- Providing additional support to Elders
- Went over budget last year
- Need guidance (PBC)?
- FNHA wanted DIN, a H of
 - o Other details
 - o Spreadsheet to keep track
- Two weeks for service
- Optometrist still use ruler
 - o Struggle with everyday work without glasses – difficult
- Engage with medical transportation team may be helpful for community feedback
- Vision – Elders, disabilities, different client types = different needs
- One-size fits all, need to take into account demographic differences
 - o Especially with service providers in urban area
- Appeals process – absurd cost
 - o Had staff member help with process, but got final answer
 - o There was no appeal
 - o Confusing process and wish to not pay out of pocket

Dental

- Specialists – they're paid first when referred to (upfront); same with orthodontists
- For people with no funds, it's not a luxury they can afford
- Direct billing for dental services preferred
- A lot of dentists don't take FNHA, so window of service gets smaller
- Dental dropped her as a client
- Up to date practices (silver fillings) – NIHB wouldn't cover up to date material
- Implant, dentures = new technology – not covered
- Limited for clients who need those done
- Small community – limited providers
- Some extra stuff needs to be covered
- Complexity of billing
- Timeframe of dentures
 - o Couldn't get approved (Elder), compare to previous time = less and more complex
- Need more flexibility (dentures) and more often benefits (orthodontic)
- Have dental clinic within community
 - o They come every month
 - o Breakeven in process
 - o Runs well, but dentist may be retiring, make urgent with new one
 - o Runs well, but backlog
- D, U, MS = need helpline, especially for community – need extra support, like an expert
 - o Data tracked wasn't adequate (tracked by community)
 - o Called line, but told busy, but gave information
- "Call volumes are crazy"
 - o Helpline
 - o Question access
- Vision similar to online providers
 - o Higher quality frames
 - o Efficient and better value for product
- Dental – start up funds for clinic in community
 - o Pre-write contracts for service providers for high quality core
 - o Dental hygienists too
 - o Saskatchewan – they've done that
 - A way to access service
 - Come into community – Look at this model
- Private Benefits
 - o App = direct billing = rate affordability, look @ prescription and what's covered = way to plan and budget = convenience (picture of receipt and be reimbursed)
- Look into policies for pharmaceuticals and harm reduction for the community

MS+E

- Medical equipment challenge for son; older he gets, uses a walker full-time, getting a chair lift and walker and wheelchair were difficult, ramps still don't have it
 - o Need mobility aids
- One provider is good, community has own supplies in storage
 - o One-off specialty – bags bill = expensive, another client needs; mattresses (hospice care)
- Orthotics – shoes not covered

- Useless without shoes
- Had to be ordered in U.S.
- Similar with orthotics
 - Diabetic clients shoes not covered
 - Need to be covered
 - Not get new orthotics; needs providers to meet needs of clients
 - Policy for quality assurance for provider
- Difficult to find provider, had to pay for travel, direct billed FNHA
- Good with getting medication exp.
- Community exploring private benefits for Elders and people with disabilities
 - Can we get a reduced fee?
 - Incentive program to shift to private
- Indian Nations exploring
 - Explore with FNHA (partnership for opportunity)
- Ideally to do prevention work rather than reactive
- Code of ethics for providers = for best practices
- PBC data – will that be shared with community? It would be great to see that data = gap; it would be good for prevention work
- Paramedical – add to benefits
 - Acupuncture, RMTs all paid out of pocket and (osteopaths)
 - Holistic, nature path care
 - Alternative
 - Life coach (mental health)
 - Traditional healers
 - In person support

CENTRAL COAST

Parking Lot

- MT coverage for meals is insufficient; would rather have access to room with fridge/stove
- Issues with different rates for MR, having to pay out of pocket/bring own food because can't afford to eat while travelling (eat healthy)
- Families travelling by vehicle get approved for less \$

MS&E

- Hearing aid coverage not good
- Dentures – coverage for lining?
- Problems with hearing aids (pain); provider only in community once every two years
- Need more options for seeing audiologist (only in community once a year)
 - Hearing clinic not effective because of location
- Orthopaedic shoes – need for more frequent coverage (change in prescription)
- Ability to go back/consult with provider
- Option to support lending/rental program, e.g. crutches, etc.
- No coverage for air casts

OVERALL: Need better access/ability to have basic benefit needs met

Vision

- FNHA second payer when other benefit plan in place (FNHA should have been first)
- Port Hardy optometrist provider issues
- No reimbursement for glasses based on optometrist (needed prescription)
- No access to nicer glasses/frames limited; issues with places that don't direct bill (out of pocket)
- Denied patient travel even though needed glasses
- Issues with restriction to once a year coverage
- Would travel because covered to pick up glasses when ready?
- Delay with FNHA approving optometrist to come in
- Not approved to fly out if unable to see optometrist when in community
- Option to order glasses online?
- Denied replacement glasses (within 24-month coverage period)
 - o 24-months too long
 - o More frequent should also be based on condition ex. diabetes (not just <17 or Elders)
- Optometrist coming into Bella Coola – wrong prescription; also wrong when prescribed in Williams Lake

Dental

- Community involvement needed in contract development/vetting for providers (contract renewal)
- Trouble finding dentists that work with FNHB
 - o Stress in emergency dental situations
- Had to pay out of pocket (upfront), was approved but not reimbursed
- Dentists don't want to fill out forms
- Multiple trips for one service; example: plan four hours (one day) vs. separate appointments (cleaning, filling, pulling teeth)
 - o Limited to service providers scheduling capacity
 - o Denied trip to Vancouver where it would be done in one appointment
 - o Multiple transport costs
- Second visit not approved due to time between appointments (e.g. filling to root canal)
- Airline and weight restrictions – restrict what equipment can be brought
- Denied replacement dentures (coverage limit)
- Sending charter (still has restrictions) vs. sending 30 people out (cost efficiency)
- Difficulty in finding a provider; need access to list of providers
- Appointment cancellations – due to delayed flight (not clients fault) – no show
- Alert bay – ½ root canal; dentist said did not have enough time
- How to ensure people can access service and not have \$ up front be a barrier
- Opt to pull a tooth vs. other treatment due to cost (provider suggesting this)
- Not receiving/being offered best quality care
- Application for treatment denied, e.g. wording error, DOB error
- Auto dent without suggesting what coverage is available
- Not covered for molar crowns
- Anaesthesia not covered by FNHB/paid for by client
- Orthodontics rarely approved – better criteria needed (no consideration for patients well being)

Appendix 2: World Café on the Inherent Rights Strategic Exploration of the Five Pillars of our Inherent Right to Self-Government

The following is a transcript of the flipcharts created during the World Café process:

Laws and Jurisdiction

- What was your system?
- How was conflict managed?
- How were laws made?
- How did everyone understand your laws?
- How did you exercise governmental authority over your territories?
- What do we do now?
- Clans (Interior Salish)
- Land steward throughout the territory
- Longhouses (Coast Salish)
- Trespassing settled in war
- Values and roles in community
 - o Natural (from birth)
- Language becomes law
- Knew law by learning
- Cultural immersion
- No back talk/questioning
- Shaming (e.g. tar and feather)
- Medicine Men, women (warriors)
 - o Everyone had roles (hunter, fishing, gatherers)
- Basic needs met by community
- No one without, look out for everyone else
- Responsibility
- Everyone accountable
- Grandparents taken care of by children
- Pursue inherent rights
- Revitalizing culture
- Preventative measures
- Reconnect
- Laws made by all Chiefs
- Oral history carries the laws within
- Potlatching, marked territory
- Family relationship, divorce, naming
- Traditional names (clan, village from name)
- Conflict resolve (Council of Chiefs)
- Banishment, then execution
- All Chiefs affected with territory would meet to handle conflicts
- Resource management
 - o Conflict (e.g. over-fishing) handled with Council and could lead to execution
- Everybody contributed to community for good of all
- Taxation, land management
- Family dishonour dealt with in Big House
- Reclaim-laws – feast – reviewing (e.g. consequences) – community (sanctuary)
- Survive
- Big feast ask for apology, gifts, take responsibility. Can't speak about it anymore
- Look after Elders, prepare, chop wood (whole village)
- Everyone had a roll to communicate law (not just parents, aunties, uncles and grandparents)
- Banished till lesson learned
- Took children in treated as your own
- Matrilineal Society
- Unwritten rules – 1st observe, watch, listen, zip it
- If he would step out, men step in (chores)
- Time with mother teaching laws (as child)
- Rebuilding today
- Hereditary Chief gave guidance
- Watchmen
- Goal to bring back work with Elders circles

- Returning to seek Elder blessing and guidance
- Elders were brought for support
- Assassination to prevent war
- Today we need to own our space
- We don't need dictatorship and micromanagement
- Promoting autonomy
- Discipline camp with chief/leadership and community
- Now bringing back restorative justice back to people
- Very strict laws, all people gathered every year and agreed upon
- Rooted in the land. Everything we did
- Rooted in the land
- Through language
- Taken care of warrior society if violated sacred laws
- Reclaiming
- Exist in people
- Territory clan (nation-to-nation established)
- Through way
- Elder teaching, story telling
- Gift passing territory (sang songs aware of their ceremony)
- "Not what was, what is"
- Where we put flood transformer stories
- How do we maintain it
- Equal roles of male/female
- Heiltsuk
- Not only land, but waterways. All living organisms within territory access to resources.
- Creation stories, connection back to ancestors. The connection = responsibility to ensure abundance. "Conservation" manage to create abundance
- Traditional knowledge
- Land hasn't changed, people changed
- Shishalh
- Musqueam, Drumming, song, bone games. Important for connection, family skill
- Lil'wat – everything has a spirit, areas are very sacred
- In Stl'atl'imx every tribe has a forbidden/sacred/not safe place ("do not enter")
- In some areas it makes your body hair stand up and if that happens, you don't stay there. Places where you can hear spirits talking (spirits of the land)
- Musqueam – Importance of language
- Language reutilization – cultural – weaving – rebuilding – giving back. Elders knowledge
- Heiltsuk – what does it mean to be Heiltsuk? Cultivation = connection
- Spiritual connection to the homeland is still very intact to the homeland
- We need our homelands and they need us just as much to protect against environmental impacts

Samaquan

- The stories are the connection to spirituality
- Seven generations "policy 1 law" as a way to get back to where we were
- Always looking ahead to the next generation. Working together to ensure

new resources in the area (e.g. salmon run)

- People of the land
- Sechelt traditional practices of land management (e.g. controlled burning)
- Flexibility in planning for the future (e.g. floods, earthquakes, natural disasters)

Lil'wat

- Transitional governance
- Inherent rights – movement – own management
- From reserve to territory

- Managing "Geoffrey"
- Jurisdiction
- Asserting

Group 3

Resource management to ensure food and health security. Take only what you need.

- 1) Identify through our first stories/first ancestors/creation stories. "Eyelashes of the sun" "Spider webs"
 - a. Skatin? Clean air/water, still pristine
- 2) Nuxalk stories/songs how we connected to the land. Every community is connected through song drums.

Group 2. Lil'wat development interference

- 1) Land stewards. Traditional place names
Tewit professional hunters. Using stories as guidance

Musqueam

- Right on the river, creek estuaries. It (the land) controls us, not the reserve.
- Adaptability (houses on stilts)
- Spirit baths
- Lil'wat – Training grounds, ritual (male/female roles)
- Water
- We all have human spirits, but so does everything around us, means we have to respect those spirits.

Group 4

Wuikinuxv – Our homes are throughout the territory so we accepted the care of the land, respected the land.

- Wont use oil/pavement on roads because it will affect the fish

Wuikinuxv

Cleaning up Clam beach after the tourists.

River cleaning as well

- Walk up river to welcome the fish, always say thank you for the food that was given. Our loved ones (passed on) come up the river by boat, so that they can be welcomed back home. They're carried home by the river. Welcomed by the family on the land.
- Sacred ceremonies

3) Heiltsuk Integrated management

- Make our own process
- Co-management – fisheries in our territory
- Assert your rights
- Work collaboratively *Co-developed
- Traditional land use plan – government recognized
- Marine use plan

Legends/transfomers maintain the land today

- Skatin, Old stories, evidence in the land formation
- Nuxalk – Accepting/knowing that ancestors have a physical impact on our lives now.
- Passing of ancestral spirits to new life
- Is there a connection between the healers and the land?

- Return the fish to the river
- Douglas – used to keep it cleaner, seeing more pollution
- Working together to keep it clean. An agreement to work together

- Douglas ceremonial areas
- Sweats, healing hot springs
- Traditional knowledge in locating food sources (salmon, berries = salmon run)
- Keep doing/watching the old ways. Still walk up river, sleep up river
- Guardian watchmen to watch over the land, fish, bears (reciprocated care)
- Learning to adapt to new concerns (e.g. wolves increased due to fires)

- Climate change

Group 5:

- Family farm/fishing
- Still do the same activities

- Berry picking/fruit/vegetables

Port Douglas

- Protecting boundaries, trails
- Creation stories incorporation
- Conflict between nations
- Traditional sites that are dated at 10,000' of years old
- Cariboo Tsilqoten
- Harvesting medicines, berries
- Part of the spiritual connection
- Teaching youth
- Hunting/gathering/tanning hides
- Teaching old ways to youth
- Songs/stories a part of harvesting/picking
- Purpose in those teachings (e.g. safety/learning song)
- Lil'wat – burning the grass. Resource management to control environment

- Keep the grounds healthy
- Squamish – giving back to the land (e.g. returning fish gets to the river)
- Kitsoo – Seasoned harvests
- Teaching youth
- Healing groups to teach youth – from Haida Tshimshem
- Revitalizing ceremonies (e.g. burnings)
- Passing teachings on, continuing ceremonies
- Lack of funding for getting people out to the land
- Infrastructure (Books/trucks)
- Bring in more resources with consistency!

Gov't systems – THE PEOPLE

Hereditary lineage

Inter marriage, clan systems in place

The old ways of our people

Territories – permission to assist families

Rebuilding our nations – teaching sustainability

Transforming effect

Embark on healing journeys

Collective works – since contact

Social organization – potlatch, namings

Culture...

Knowing their collective roles

Hunters, fisher persons, midwives, healers, spirituality

The People:

- Before contact, how did your people live, deal with each other, support their community, and ensure that local infrastructure/public services were created and maintained?
- What do we do now?

- Community responsibilities – everyone has a role
- Hope in the next generation living the life we were meant to
- Trading/bartering
- Midwifery
- Helping one another in times of need
- Everyone has their own spirit and gifts
- Culture Revitalization
- Prayers for the creators bless when hunting
- Restorative Justice
- Overall strong sense of coming together

Report

- Own laws – systems
- Strength in community and families coming together
- Hunting gathering in a sustainable way
- Culture and tradition – preservation
- Upholding protocols

- Volunteer – doing what needs to be done. Taking care of our families, Elders
- House and clan systems
- Government disorganized our people and now we are rebuilding the synergy, strength, teachings
- Own governance systems (e.g. hereditary lineage, social organ)

Governance

- What kind of governance system did you have?
- How was your government organized to deal with your lands, resources and essential services for your people?
- What do we do now?
- Hereditary chiefs
- Clan system

Action item: FNHA VCC team must have drums!

What kind of governance system did you have?

- Collaborative
- Cooperative
- Self governance
- Cross family jurisdiction
- 33 Villages (Nuxalk)
- Amalgamation (Squamish) – 16 villages
- Grease trails for trade (Nuxalk)
- Shared territories (Nuxalk, Heiltsuk, Wuikinuxv)
- Consensus-driven (N’quatqua)
- Permission to hunt and trade (Nuxalk, Wuikinuxv)
- Potlatches (Wuikinuxv) – Grease trail
- Hereditary Chiefs – unanimous decision making (Musqueam)
- Re-claiming/learning/interpreting governance decision making “trying to discover”
- Family totem poles with stories and instructions and described roles
- Displaced communities
- Reluctant to share history
- Elders guidance to share wisdom
- Matrilineal
- Complex government – connected to a place with a story – responsible for more than one village
- Women responsible for different decisions Hemas/Wvmqqs
- Hereditary system
- Galatariam Sechelt
- Potlatch organized our people
- Nuxalk head person to lead discussions and build consensus
- Maintained organization in lieu of Indian Act (called the gathering a different name)
- Inclusivity
- Equitable voice/contributions
- Elders: ongoing teaching, mentoring of the people
- We do not know but it was shared (SS)
- Establishing new and healthy boundaries
- Four families four heads to discuss and manage governance (Wuikinuxv)
- Watchmen did the work (SS)
- Nations do not want to address “boundaries”
- Current revenue – share agreements (SS/Stó:lō)
 - o Water fees
 - o Forestry
- Hennas well being village – higher area – all people within territory – five- potlatch four times in life
- Demonstrate to take care of people – privilege
- Identity roles and responsibilities
- Identify gifts to raise and groom young
- Clan – area based
- Care taking within system
- Tewit (Professional hunters)
- Shared resources equally

- Always ucwalmicw – one in the land
- Bringing back the laws (Nuxalk) “always feasting”
- Culture, language potlatch strong
- 1981 language included in school system (Nuxalk)
- Preschool to grade 3 fluid Squamish language
- No \$ (resources) to explore and leave Indian Act governance influence
- Reclaiming clan systems
- Re-establishing government and law
- Trained security in community (blending model traditional/modern)
- No \$ for peace keeping
- Family totem poles
- “Not very much” (Samahquam)
- Challenges due to jurisdiction and boundaries with other communities for water, land and resources
- Conforming to western/modern ways but incorporating traditional ways – elders – councils
- Revitalization of traditional government systems

- Joint leadership
- Working towards getting back to traditional ways
- Language emersion (1-7) Lil’wat
- Family strengthening to take care of troubled youth, laws, roles, responsibilities
- Reclaiming laws
- Accessibility – from groceries back to the land
- FNHA to research on the health of our Salmon. Yesterday. And usage of water
- Contamination
- Transplanted elk
- Creek revitalization
- Losing vital and physical connection for resources (stores)
- Fighting for access to resources (e.g. timber, fish)
- Tokenism
- Many people don’t get access to traditional foods – inequitable/unfair
- Access limited/government?

Past

- Agriculture
- Trade

- Spawning grounds
- Herring, seaweed, hemlock, kelp

Resources

- Trees (Cedar)
- Roots

- Ocean. Fish
- Medicine

“Resources are part of our life”

- “We only take what we need”
- In our genes DNA
- Connected with elders. Spiritual Ceremonies

- Recognition of gifts
- Grand parents
- Stories, Oral.
- Storytelling

“That’s how we learn”

- Walk our land
- Resources used for economical development
- Preservation, Environmental protection

- Grounded. Value-system added
- Nations claiming territories because of (arranged) marriages
- Protection for next generation

Past (Life-Line+Force)

- Management vs. stewardship – economy
- Making and acting on our decisions
- Responsibilities are inherent
- People are part of the land

- Honouring the land, spirit
- Nurturing interest
- Learning from Elders. Teachers

Now

- Shift in the journey to the destination

- Different concept on time and the management of it
- Lost in the interaction. Loss of connection “in and out”
- Starting to use the medicines

- Relearning – how to harvest and make medicine (among different practices from families)
- Starting to relearn how to use food as a medicine
- Learning to resoil – if you remove soil

Resources

- How were resources (human) identified and developed? How did you use the

resources of your land? What do we do now?

Past (Feeding our soul – resources in the past)

- Everybody has a spirit
- Silk. Breathe.
- Gifts. Purpose of life
- Different markers. Childhood. Coming of age
- Used animals for characteristics

- Ceremonies
- Everything was harvested
- Land would be worked
- Cedar bark would be harvested
- Medicine
- Respect spirit of the plant

Now

- Still do the same for harvesting cedar bark

- Leave a gift, especially places with strong spirituality
- Pray for our land and water

Resources

- Different areas identified for harvesting
- Harvesting camps

- Land purposeful, seasonal (e.g. long grass – basket)
- Resources for TRADES – trade roots

Now

- Outsourcing our responsibilities
- Cultural revitalization
- Lost in the contemporary ways of doing things
- We are drinking the Kool-Aid even though we know its not right
- Family is identified to do the work
- Based on roles, gifts, expertise, skills, responsibility, training, rights of passage

- Language and culture –songs-dance-ceremonies
- How we take care of ourselves
- Resources are shared
- Giving back to the land
- Only taking what is needed
- Fishing

Resources of the land

- Stewardship
- Care taker of the land
- Relationship with land
- Shared land, no boundaries

- For needs
- Bi-directional
- Everything has a value
- Respect

What should we do now?

- Diverging needs?
- Revenue-based
- Reviving cultural values
- Cohesiveness – One heart – one mind
- Finding balance
- Rebuilding
- Fishing, hunting, gatherings

Seaweed, clams
 “The ocean is our deep freeze”
 “Walk the talk”