



**Vancouver Coastal Aboriginal Health Steering Committee  
COMMUNIQUE  
Mar. 12, 2013**

**Re: Vancouver Coastal Aboriginal Health Steering Committee (AHSC) Meeting – Jan. 17, 2013  
and AHSC Executive meeting - Feb. 14, 2013**

The Vancouver Coastal AHSC met to discuss moving forward on a number of mutual initiatives as well as the continued implementation of the Vancouver Coastal Partnership Accord. After review and approval of the AHSC Terms of Reference, it was agreed upon that both VCH and the FNHA would continue to “develop their own respective budgets, programs, policies, services, etc., but would work together to support each other’s processes”. It was also agreed that the role of the AHSC is clarified as an “advisory and communications role” rather than operational one, and that it would be beneficial to continue in the discussion and advisory on joint priorities and policies, and to reflect this in organizational planning and decision making. It was noted that the AHSC Executive needs to include more detail and parameters regarding the “Executive’s role, responsibilities, how often they will meet, etc.”

The purpose and content of the community engagement framework was reviewed and two concrete examples of where this joint framework will be applied were noted as the Urban Aboriginal Health Strategy, and Central Coast Engagement. The “current direction” section of the framework was altered to include services for First Nations and Aboriginal People in the Vancouver Coastal region, as well that this specific community engagement process reflects only the Vancouver Coastal Caucus and not the FNHC as a whole. A question was posed if connecting with the Vancouver Coastal Caucus around health issues ensures representative opinions/responses that reflect all Nations with the VCH region. It was answered that the Vancouver Coastal Caucus is largely linked largely to governance issues, and could not be considered a broad community engagement process to inform health-focused decision-making.

Other discussion topics included the role of the FNHDA in the new First Nations health governance structure; the ongoing development of regional offices along with the alignment of hubs within each region; and how First Nations communities choose to spend their Federal transfer money is locally defined and will not be directly controlled by the FNHA.

Partnership Accord updates included a review of the Aboriginal Health Operations Council (AHOC) Terms of Reference; and a review and approval of the Culturally Competent and Responsive Strategic Framework Background and Next Steps documents, with clarification that VCH has an Aboriginal Health Practice Council that consists of “health practitioners, Elders and community partners”. A question was posed if it was possible to include cultural competency as a part of an Accreditation process and answered that the FNHA is currently in discussion with Accreditation Canada and could bring this up. It was also suggested that Accreditation within VCH potentially include looking at items like sacred space and culturally appropriate practices for health practitioners to better support births and deaths with First Nations and Aboriginal families.

Updates on the Urban Aboriginal Health Strategy included that an inventory or mapping of health services in Vancouver, Richmond, and the North Shore is currently being developed with the goal to create a visual map of these services. Also that engagement with VCH staff, urban Aboriginal health organizations and community partners will be taking place to define gaps in services and opportunities for better care, and that a consultant has been hired to collect and “synthesize” many of the urban Aboriginal health discussions and recommendations that have been made over the years, functioning as a community engagement document to start the community engagement discussion.

**Priorities and Planning for the Future were set and included:**



Health through wellness



- 1) Urban Aboriginal Health Strategy
- 2) Central Coast Strategy: Underlined importance of addressing the needs of rural and remote communities in both issues identification and strategy development
- 3) Engagement of community in discussions regarding primary health care planning and delivery, including: capacity building, community development, First Nations and Aboriginal delivered care, First Nations and Aboriginal human resource development
- 4) Continued development of spiritual spaces and supports
- 5) Indicators/Accountability work
- 6) Focus on the social determinants of health (housing, income, education, food security, etc.) Importance of looking at opportunities for inter-sectoral and inter-professional partnership at the operations level to address the social determinants
- 7) Innovation – What are other Health Authorities or organizations within BC, across Canada and internationally doing that VCH and FNHA can learn from? Examples: Health care delivery models, tele-health, human resource development approaches, incorporation of traditional healing and medicines.
- 8) Focus on a wellness model for care
- 9) Continued commitment to working together as organizations (not losing sight of the priorities within the Partnership Accord)

**Priorities for the next six months include:**

1. Urban Aboriginal Health Strategy
2. Regional Health and Wellness Plan
3. Central Coast Community Engagement
4. Research and Information Management – Developing a framework that would look at first steps in the data management, self-identification, surveillance.
5. Regional Mental Health – Look at developing a VC Aboriginal Mental Health Plan in conjunction with the BC First Nations and Aboriginal People's Mental Wellness and Substance Use Plan. The plan would look at a continuum of mental health care.

It was noted that the social determinants would be part of the Regional Health and Wellness Plan.

***The next AHSC meeting will take place in September 2013 at the FNHA offices.***

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