

# 2022 Coming Together Forum Report



Faye Missar, MPH

CFRC Community  
Developer

## Introduction

On November 2, 2022 The Coastal Family Resource Coalition (CFRC) hosted the tenth biennial Coming Together Forum. The Coming Together Forum is a regional health forum for service providers, decision makers, and community members to plan for the future of child, youth, senior, Elder, and family services on the West Coast of Vancouver Island.

This year the Coming Together Forum included a series of presentations, small table discussions, and large group discussions about regional health needs and priorities, service integration efforts, and planning for next steps and implementation. Also, for the first time, the youth advisory group of the Communities Building Youth Futures program organized a youth panel discussion about health topics of importance to them.

## About the Coastal Family Resource Coalition

Approximately 6,000 people live on the west coast of Vancouver Island, occupying nine communities scattered over more than 350,000 hectares. The communities are the District of Tofino and the District of Ucluelet, and several Nuu-chah-nulth communities: Macoah, Hitacu, Esowista, Ty-Histanis, Opitsaht, Ahousaht, and Hot Springs Cove.

In 2003 service providers banded together to form the Coastal Family Resources Coalition (the Coalition). The Coalition is a strong committee of representatives who provide services for local children, youth, and families in west coast communities. Monthly meetings are held from September until June in alternating communities to provide an opportunity to network, share resources and reduce duplication of services. The Coalition's goal is to see progress in the overall health in west coast communities.

Figure 1: Communities that comprise the West Coast region (Clayoquot Biosphere Trust, 2017)



## Regional Health Priorities

After a series of presentations from Anita Charellon-Touchie, Island Health, and First Nations Health Authority (see appendices for slides), participants engaged in several rounds of facilitated conversations about regional health priorities, assets, gaps, needs, and required actions. Based on these conversations, and a group analysis process, the following health priorities were identified.

### Top Six Health Priorities:

1. Child and youth health services and supports.
2. A transportation system that connects communities.
3. Funding and infrastructure for health services.
4. Access to primary care.
5. Housing.
6. Manageable caseloads for health care workers.

#### 1. Child & Youth Health Services and Supports

Youth in the region need better access to primary care, mental health, and substance use services and supports. During the youth panel, youth discussed the difficulty of accessing doctors and counsellors and the idea of a youth clinic arose. Youth stated they want access to different kinds of therapies, including nature-based, arts-based, dance-based, etc. Access to psychiatry for youth with more severe mental health issues is also needed. Youth also stated that they want healthy leadership and support about substance use from a young age.

Youth are not satisfied with their sexual health education. They want education about sexual relationships, healthy relationships, connection, and consent. They also want to know where to go for information about STI testing and where to get an abortion.

Access to consistent, ongoing recreation and youth programs are needed. Some youth want more drop-in programs, that they do not have to register for, as this creates some anxiety for them. Safe spaces to hang out came up a lot in conversations. These spaces can be anywhere (library, restaurant, youth centre etc.) but require leaders and/or facilitators, therefore healthy adult and young adult role models are needed. Connection to land also emerged as a priority for youth. Land and culture-based programs are wanted by local youth. Education about nutrition and growing food were also identified.

#### 2. A transportation system that connects communities.

A bus service that connects all the west coast communities is a long-standing regional need. Forum participants prioritized transportation for people needing access to health and wellness appointments in the region as well as for youth. Some participants identified a free, universal transit system as an important poverty reduction approach.

### **3. Funding and Infrastructure for health services**

For equitable rural & remote health services, funding models need to be designed based on need not population size. There is a need for core funding to sustain programs over the long term rather than funding for pilot programs. In terms of infrastructure, the priority spaces that emerged from discussions are: long-term care facility, detox and sobering centre, shelters, housing for staff, a new hospital in Tofino, and a Ucluelet health clinic.

### **4. Access to Primary Care**

Access to physicians, counsellors, harm reduction services, and laboratory services emerged as the top needs in this category. Participants identified the need for more full time equivalent (FTE) allied health professionals, home-care services, and nurse practitioners in the region. Participants expressed the need for increased walk-in clinic hours and health care access at schools, as well as nurses in primary care clinics.

### **5. Housing**

Housing availability and affordability are long-standing priorities for the region. The lack of housing is a prohibitive factor in attracting and retaining health care professionals in the region.

### **6. Manageable caseloads for health care workers**

Health care providers report feeling burnt out due to heavy caseloads, staffing shortages, and funding and infrastructure gaps that negatively impact their ability to provide patient care.

## **Moving Forward – what can we do?**

Participants identified the need to advocate to politicians and health leadership for the changes we want to see in our health care and public health systems. The importance of core funding, based on need not population size can not be stressed enough. We need to continue to advocate for the release of local health data that more accurately demonstrates the needs of the West Coast. Advocacy efforts will require partnerships and collaboration between service agencies, municipal and First Nation governments, and community members.

Participants expressed the need for more community engagements and forums to inform local decision-making, promote collaboration, and support social equity and justice in the region. The Coming Together

Forum occurs every two years. In the meantime, please use this report and appendices to start conversations, support advocacy efforts, and to inform grant applications and program planning.

Please contact the Coalition Coordinator, Faye Missar, [coordinator@coastalcoalition.ca](mailto:coordinator@coastalcoalition.ca) with any questions, ideas, or requests for support.

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<sup>1</sup> Image from Clayoquot Biosphere Trust (2017) Living Wage Report

# Westcoast Population and Public Health Overview

*November 2022*

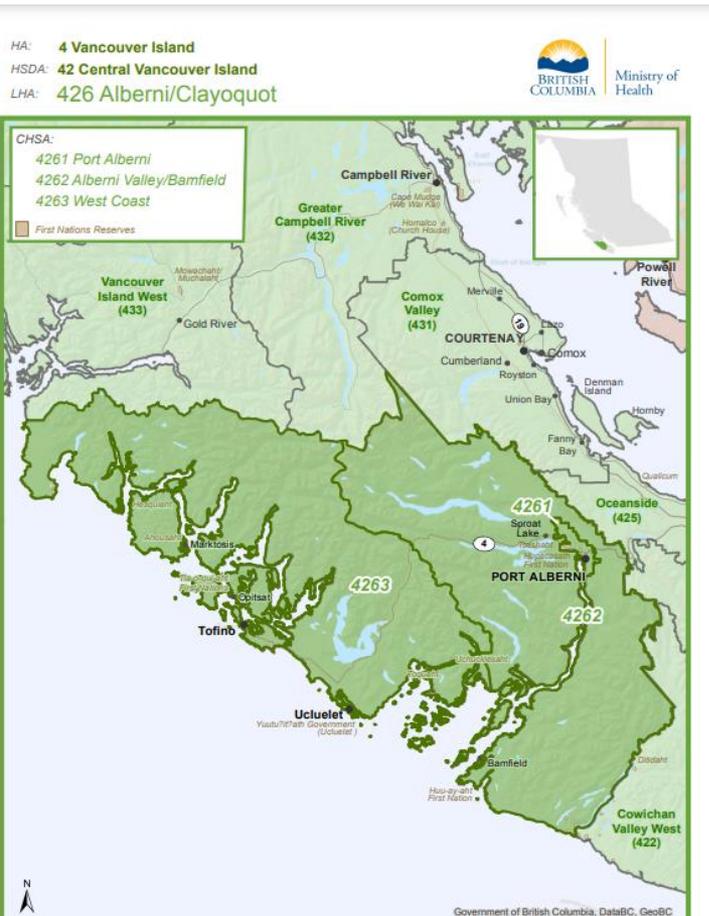
*Natasha Dumont, Manager*

*Excellent health and care for everyone, everywhere, every time.*





# Orientation to Geography of 426 Alberni Clayoquot Local Health Area



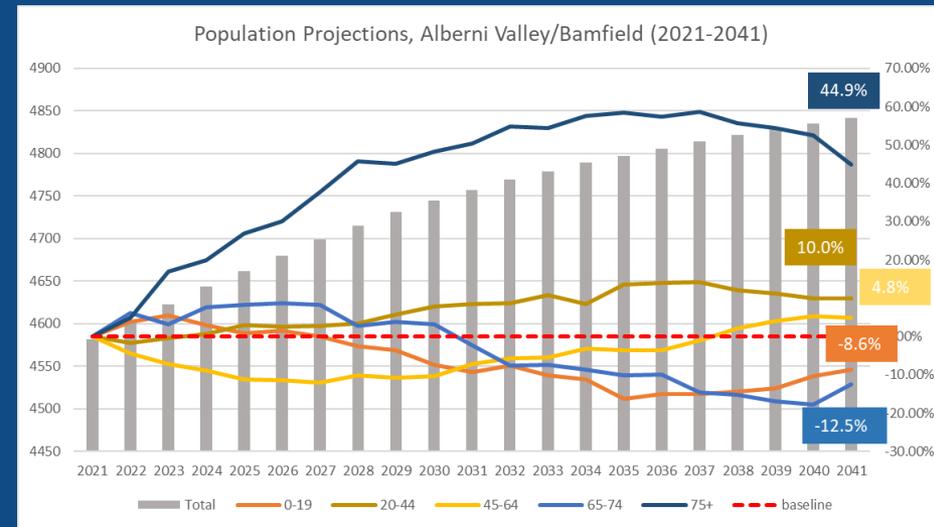
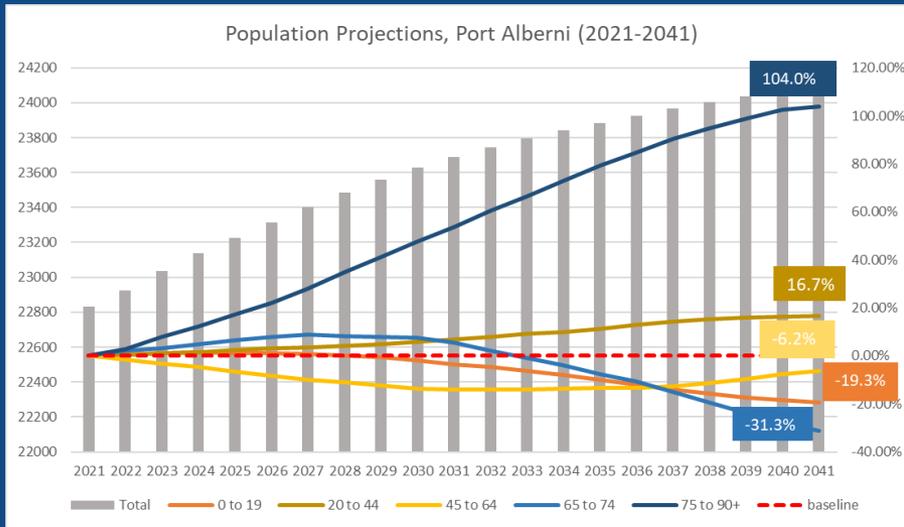
LHA	Community	FN
426 Alberni Clayoquot	Port Alberni Tofino Ucluelet	Tseshaht FN Hupacasath FN Hesquiaht Ahousaht Tlayoquiaht Uchucklesaht Toquat Ucluelet Huu-ay-aht

# Outline

- Population Demographics
- Indicators of Health and Wellbeing
- Things we've learned
- Ways Forward

# Population Demographics of Port Alberni and Alberni Valley/Bamfield

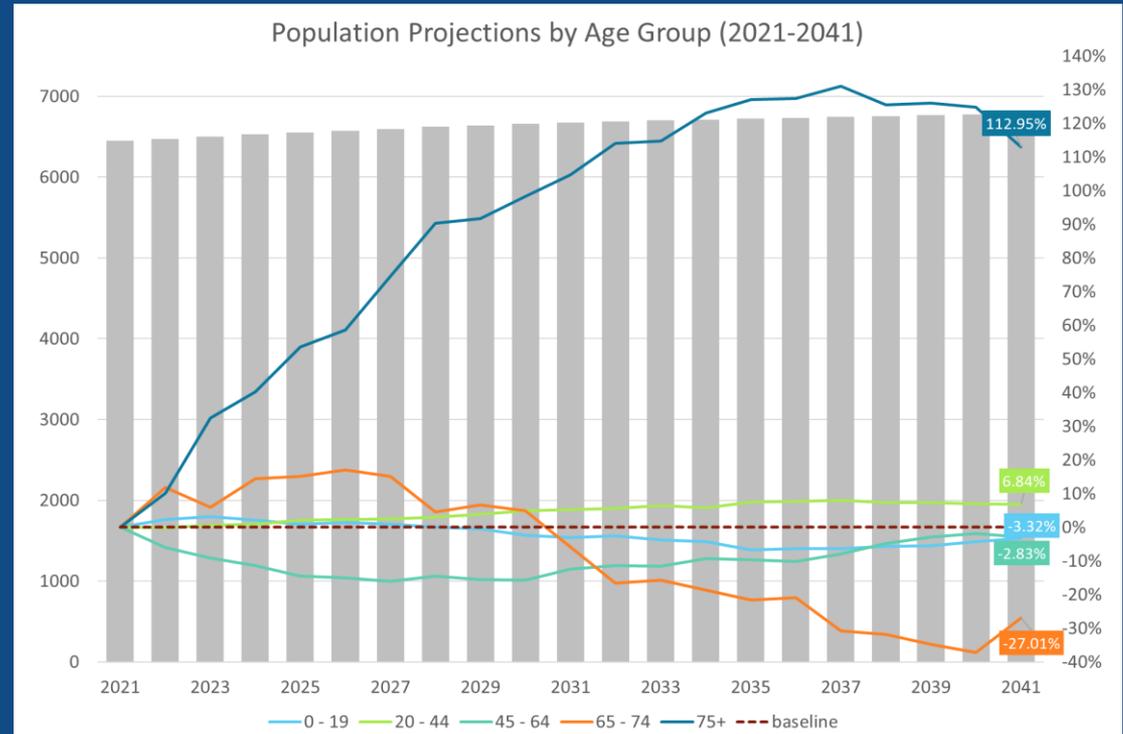
- Population (2020): Port Alberni: 22,779; Alberni Valley/Bamfield: 4,569
- The overall populations of Port Alberni and Alberni Valley/Bamfield CHSAs are expected to grow by ~3-4% in the next ten years and ~5.5% in the next 20 years, with the most growth expected in the 75+ age group for both communities.



Source: BC Stats Population Projections

# Population Demographics of Westcoast

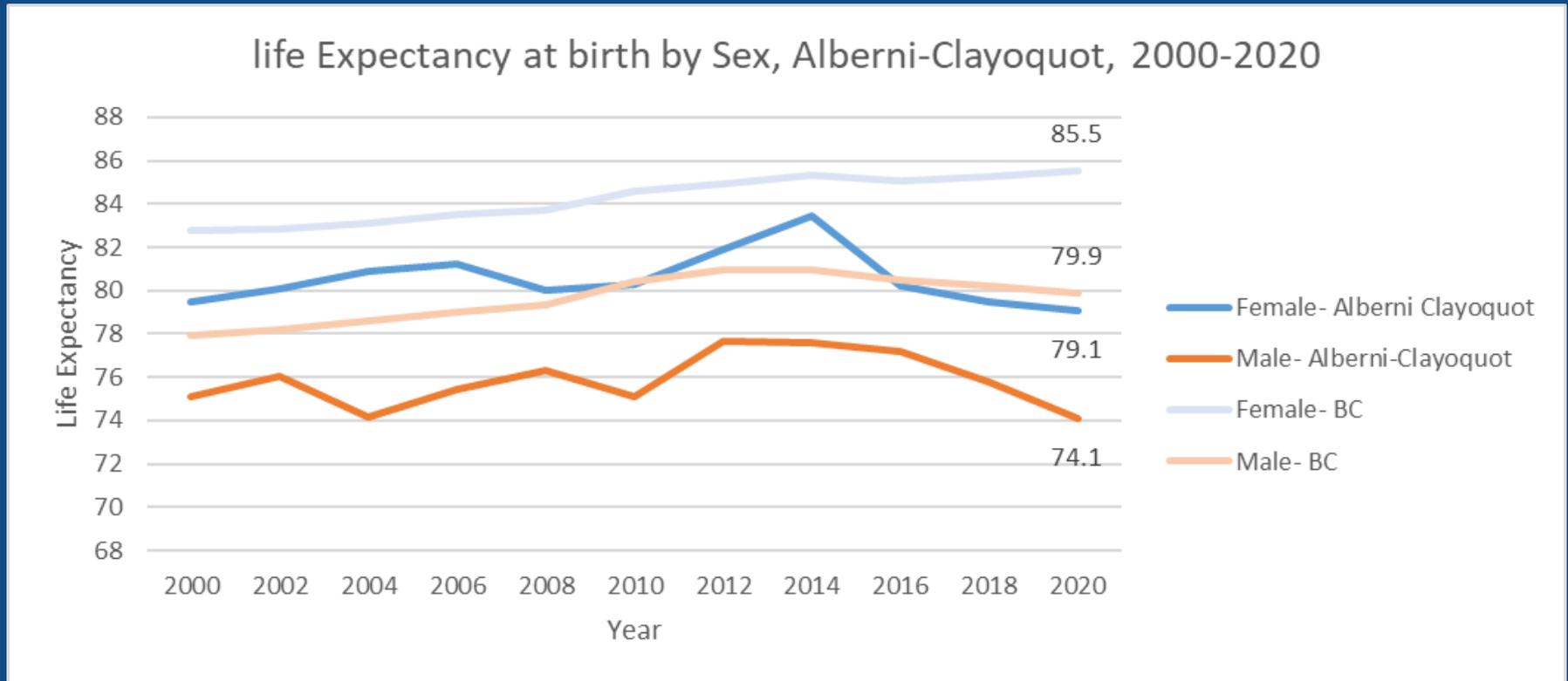
- Population of 6,537(2020)
- The overall population of Westcoast is expected to grow by 3.5 % in the next ten years with most growth expected in the 20-44 and 75+ age groups.
- In the next 20 years the population is expected to reach 6,781 (5.1% increase).



Source: BC Stats Population Projections

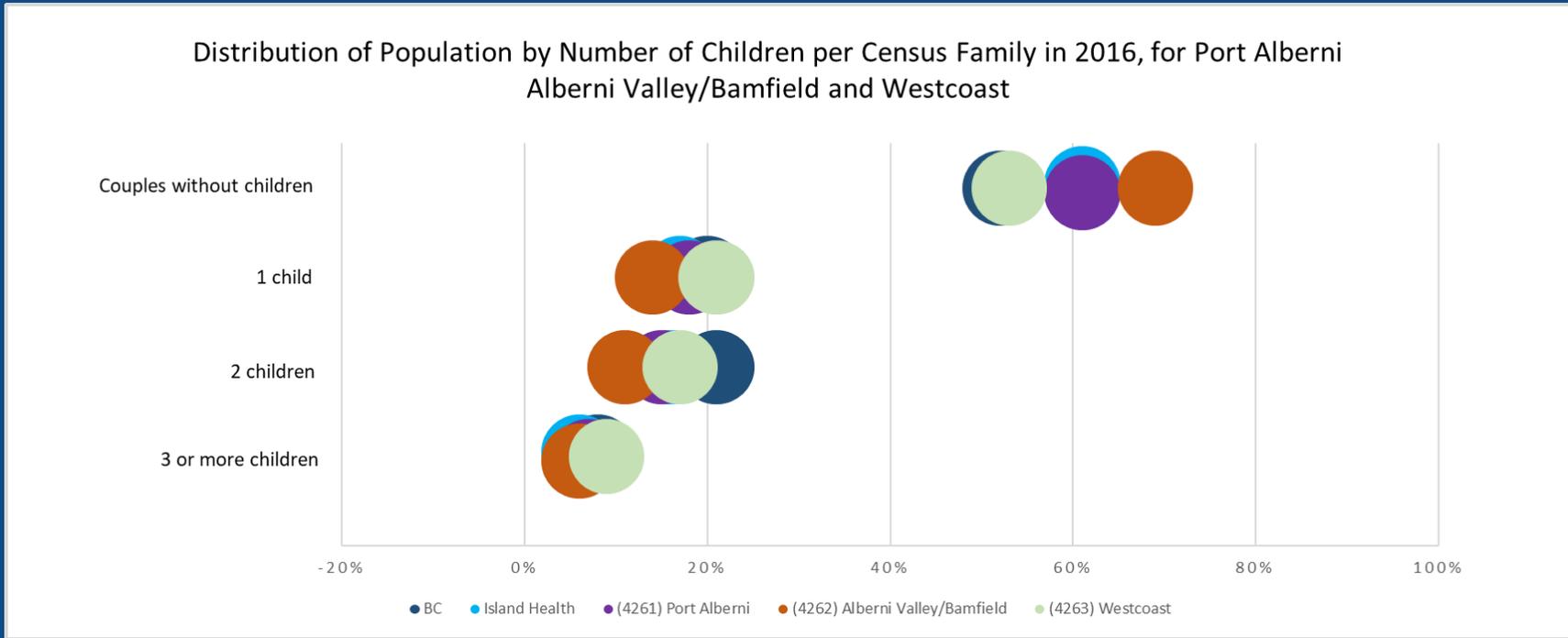
# Life Expectancy

## Alberni- Clayoquot LHA



Source: Population Health Surveillance and Epidemiology, Office of the Provincial Health Officer

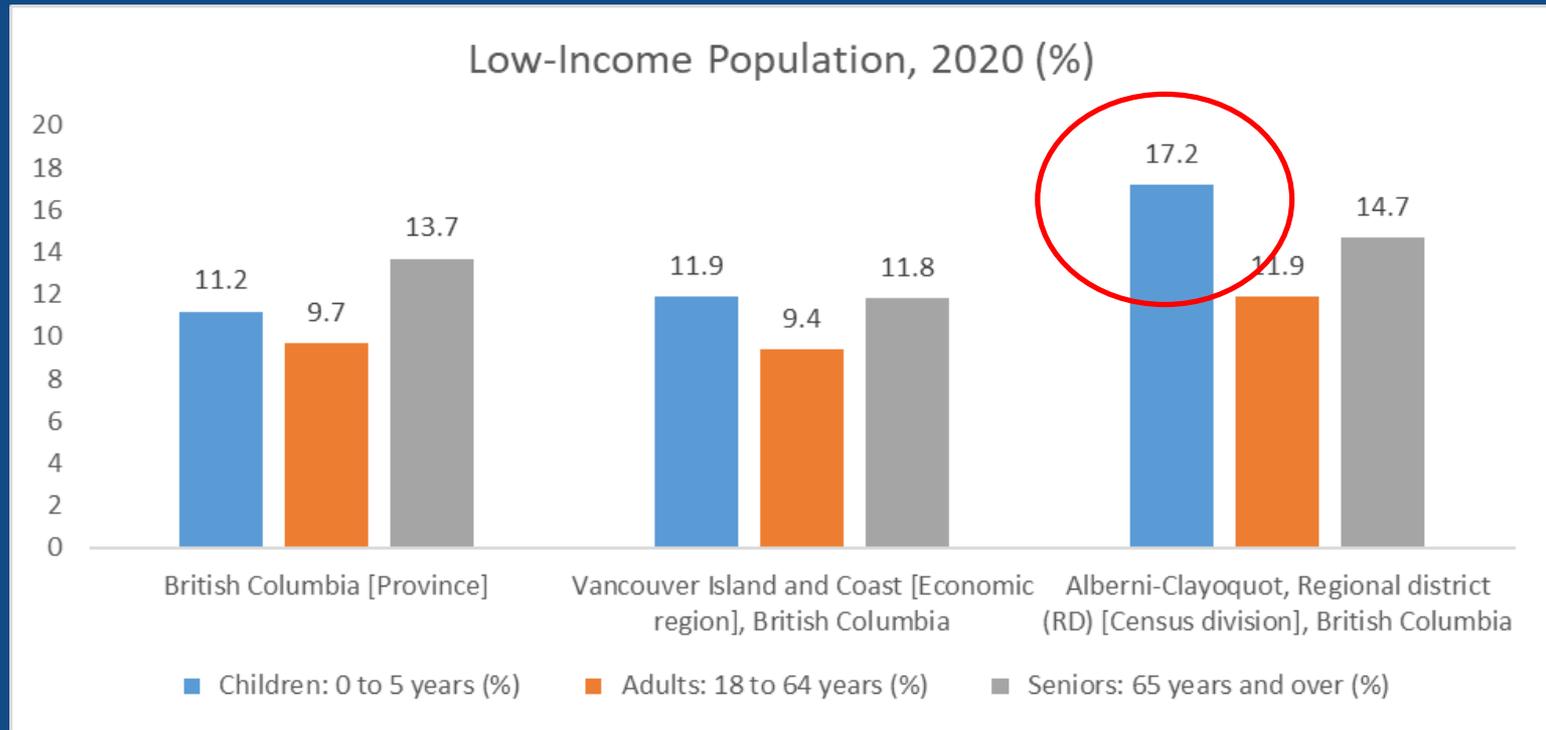
# Household Structure for Westcoast



Source: Census of population, Statistics Canada, 2016

# Economic Status

Alberni-Clayoquot, Census division, 2021



Source: Census of population, Statistics Canada, 2021

# Indicators of Health and Wellbeing

# Survey on Population Experiences, Action and Knowledge SPEAK



BC Centre for Disease Control  
Provincial Health Services Authority



BCCDC Foundation  
for Public Health

## MISSION

To understand the public's perceptions of risk, acceptability of public health measures and recovery measures, the broader impacts of COVID-19 on social, economic, physical health, mental wellbeing, and community resiliency.

## VISION

To balance the successful management of the COVID-19 pandemic in British Columbia (BC) with the least burden on the overall health and wellbeing of the population.

## VALUES

To build trust and support shared responsibility with the people we serve through improving our services and minimizing the unintended consequences of disease containment.

### Round 1

- Data collection: May 12 – May 31, 2020
- **97,164 surveys completed**

### Round 2

- Data collection: April 8 – May 9 2021
- **49,556 surveys completed**

### Round 3

- Launch date TBD
- **Focus on recovery**

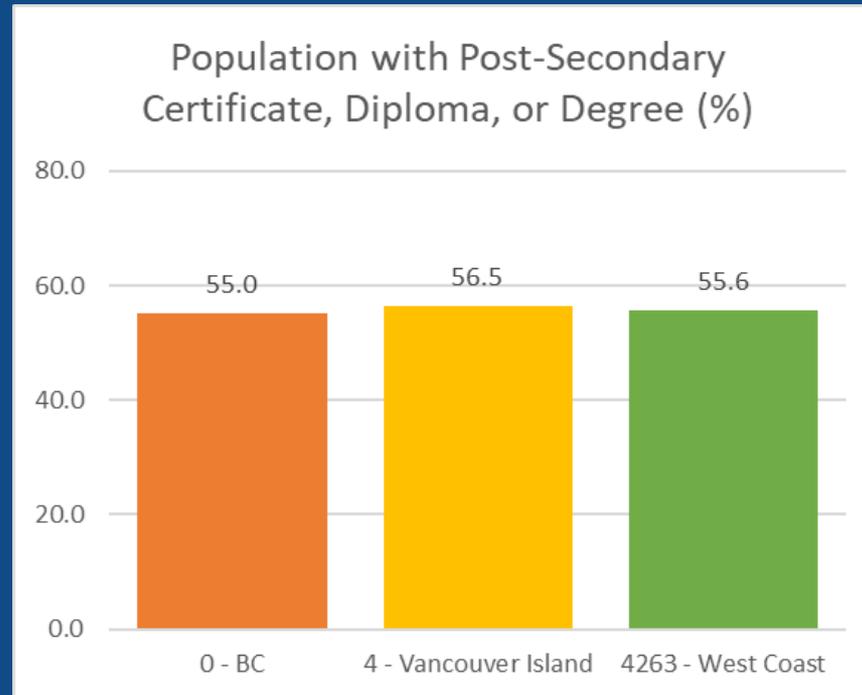
Your Story

Our Future

COVID-19  
SPEAK  
Survey

Coming Soon!

# Education as a determinant of wellbeing



- The percentage of Westcoast residents that have a post-secondary, certificate, diploma or degree is comparable to Island Health and BC

Source: Census of population, Statistics Canada, 2016

# SD 70: School Satisfaction Survey



Are you able to get extra help with your schoolwork when needed?



>55%

of grade 3 & 4 students were **often always** able to get help

Are you satisfied that school is preparing you for a job in the future?

Grade 12

30%

At school, are you learning about Aboriginal peoples in Canada?

Grade 7

Grade 12

40% 39%

reported **often always** learning about Aboriginal Peoples

At school, are you bullied, teased or picked on?



47%

of Grade 7 students

32%

of Grade 12 students

reported being bullied sometimes



>50%

of Grade 7 and 12 students **often always** eat fresh vegetables

Do you participate in activities outside of class hours (i.e dance, sports, music) ?



>25%

of Grade 7 students



~46%

of Grade 12 students

**often always** participated in outside activities

# Child Mental Health and Wellbeing Alberni/Clayoquot LHA

## SPEAK I & II Childhood Indicators\*

*Alberni/Clayoquot Residents*

More Child Stress

SPEAK I **59%**

SPEAK II **86%**



Less Child Connection  
with Friends

SPEAK I **81%**

SPEAK II **96%**



Child Impaired  
Learning

SPEAK I **71%**

SPEAK II **62%**



People who feel  
**socially connected** report  
better health.



People with a very strong sense of community belonging are  
**2.6x more likely** and those with a larger network of people to confide  
in are **1.7x more likely** to report very good general health.

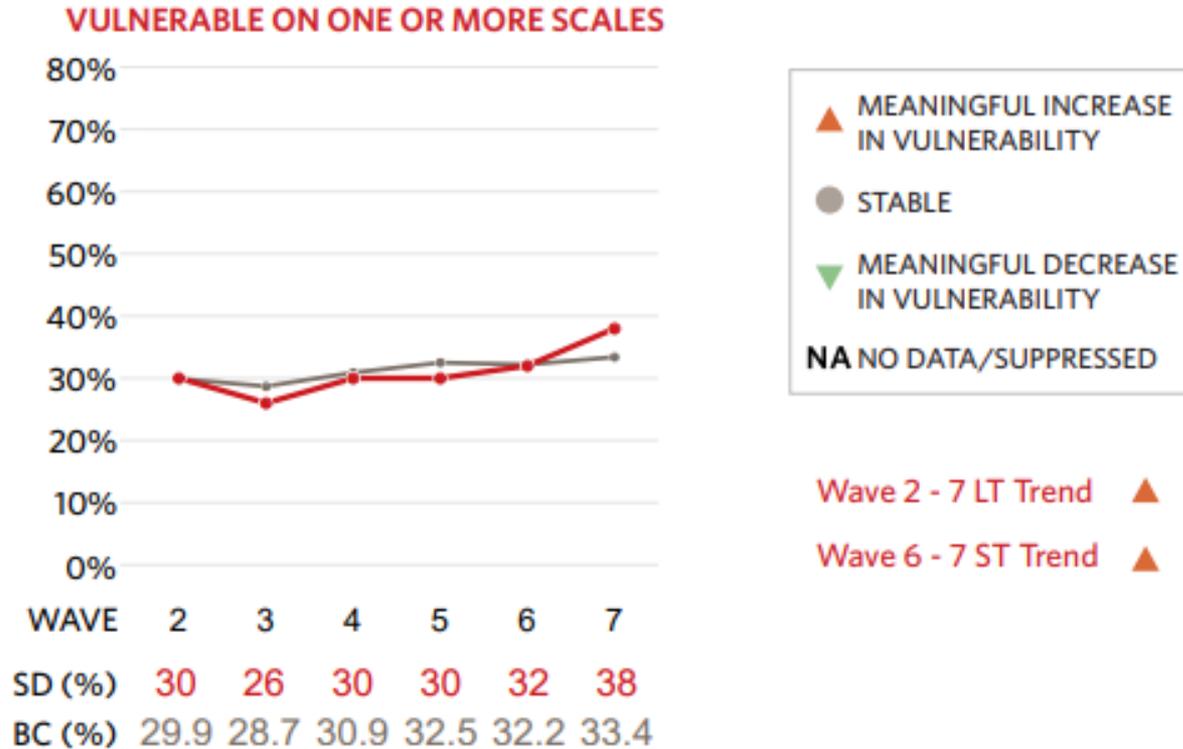


For more details on the methods and results  
please visit our Social Connection and Health Report on  
[myhealthmycommunity.org](https://myhealthmycommunity.org)

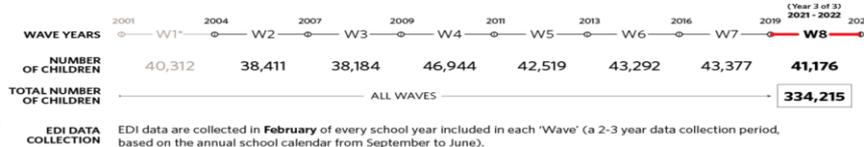
\*Compared to before the COVID-19 pandemic. Arrows indicate direction of change from SPEAK Round I to Round II.

Source: SPEAK Round I & Round II

# Early Development Instrument(EDI) SD70 | Pacific Rim



The vulnerability rate on one or more scales for the Alberni school district was 38% in wave 7, an increasing trend since wave 2 (30%) and higher than the provincial average.



\* Due to changes in the EDI questionnaire after Wave 1 data collection, Wave 2 is HELP's baseline and Wave 1 data are not publicly reported.

# Middle Years Development Instrument (MDI) SD70 | Pacific Rim



## NEIGHBOURHOOD DATA TABLE

### WELL-BEING INDEX

### ASSETS INDEX

Percentage of children experiencing:

Percentage of children reporting the presence of these assets in their lives:



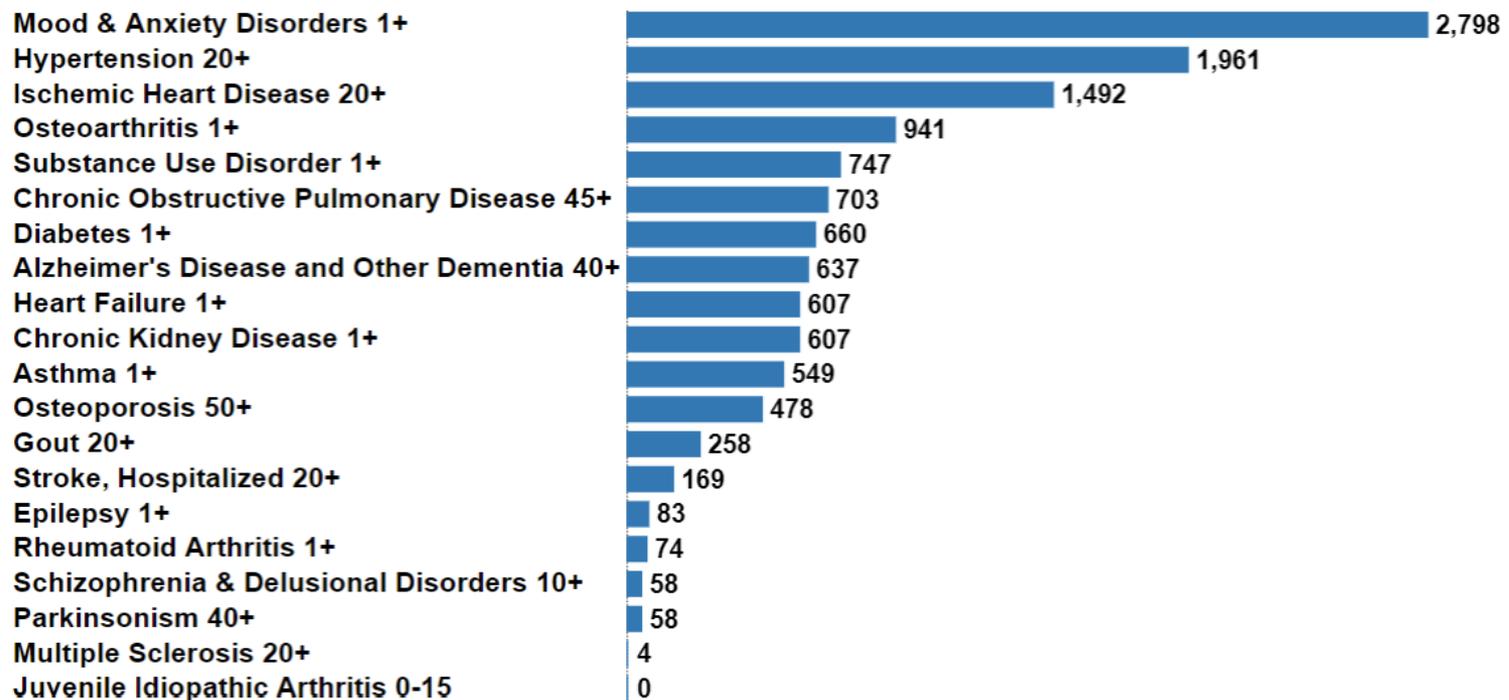
Neighbourhood	Number of Children	WELL-BEING INDEX			ASSETS INDEX			
		Percentage of children experiencing:	Medium to High		Adult Relationship	Peer Relationship	Nutrition & Sleep	After-school Activities
		Thriving	Well-being	Low Well-being	Relationship	Relationship	Sleep	Activities
Central Port	39	30%	41%	30%	86%	92%	59%	89%
North Port	34				<i>Suppressed</i>			
Regional Districts	32				<i>Suppressed</i>			
South Port	33				<i>Suppressed</i>			
West Coast	51	35%	37%	28%	82%	85%	63%	80%
<b>Pacific Rim (70)</b>	<b>194</b>	<b>36%</b>	<b>29%</b>	<b>35%</b>	<b>81%</b>	<b>83%</b>	<b>58%</b>	<b>83%</b>
<b>All Participating Districts</b>	<b>4305</b>	<b>36%</b>	<b>28%</b>	<b>36%</b>	<b>81%</b>	<b>80%</b>	<b>61%</b>	<b>82%</b>

**Note:** Neighbourhood data are reported based on children's home postal codes and include all children who live within the school district boundaries. Therefore, the number of children in all neighbourhoods may not equal the total school district count. MDI results are suppressed where there are fewer than 35 children.

Source: Human Early Learning Partnership. Middle Years Development Instrument [MDI] Grade 4 report. School District & Community Results, 2021-2022. Pacific Rim (SD70)

# Chronic Disease Incidence for Alberni- Clayoquot LHA

Age-Standardized Incidence (per 100,000) for Leading Conditions\* in the Selected Region  
Year 2020/21, for All Ages, Both Sexes



Source: Chronic Disease Registry, 2020/21

# Mental Health and Wellbeing

## Alberni/Clayoquot LHA data

### SPEAK I & II Resilience Data\*

*Alberni/Clayoquot Residents*

Strong sense of community belonging	SPEAK I	71%	↓
	SPEAK II	58%	
<hr/>			
less connection with friends	SPEAK I	64%	↑
	SPEAK II	76%	

### SPEAK I & II Mental Health\*

*Alberni/Clayoquot Residents*

worse mental health	SPEAK I	44%	↑
	SPEAK II	56%	
<hr/>			
feel helpless	SPEAK I	25%	↑
	SPEAK II	30%	

People who feel **socially connected** report better **mental wellbeing**.



People with a very strong sense of community belonging are **3.2x more likely** and those with a larger network of people to confide in are **3.4x more likely** to report very good mental health.

 my Health  
my Community

For more details on the methodology and results please visit our Social Connections and Health Report on [myhealthmycommunity.org](https://myhealthmycommunity.org)

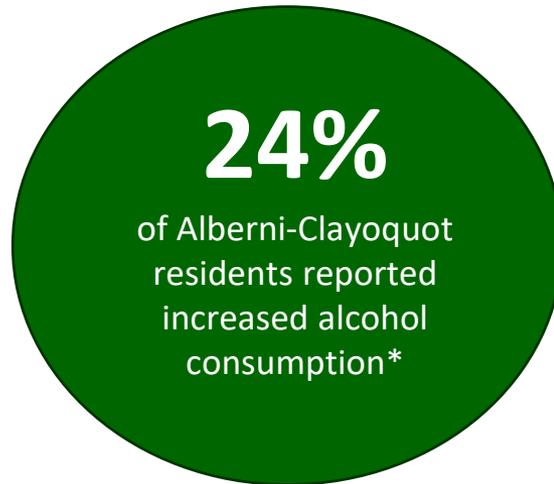
\*Compared to before the COVID-19 pandemic. Arrows indicate direction of change from SPEAK Round I to Round II.

Source: SPEAK Round I & Round II

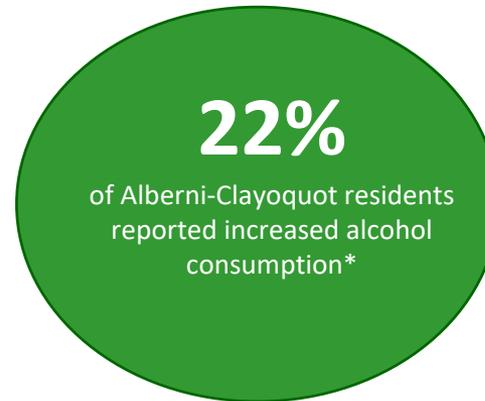
# Alcohol Use

## Alberni-Clayoquot LHA

### SPEAK I



### SPEAK II



\*Compared to before the COVID-19 pandemic.

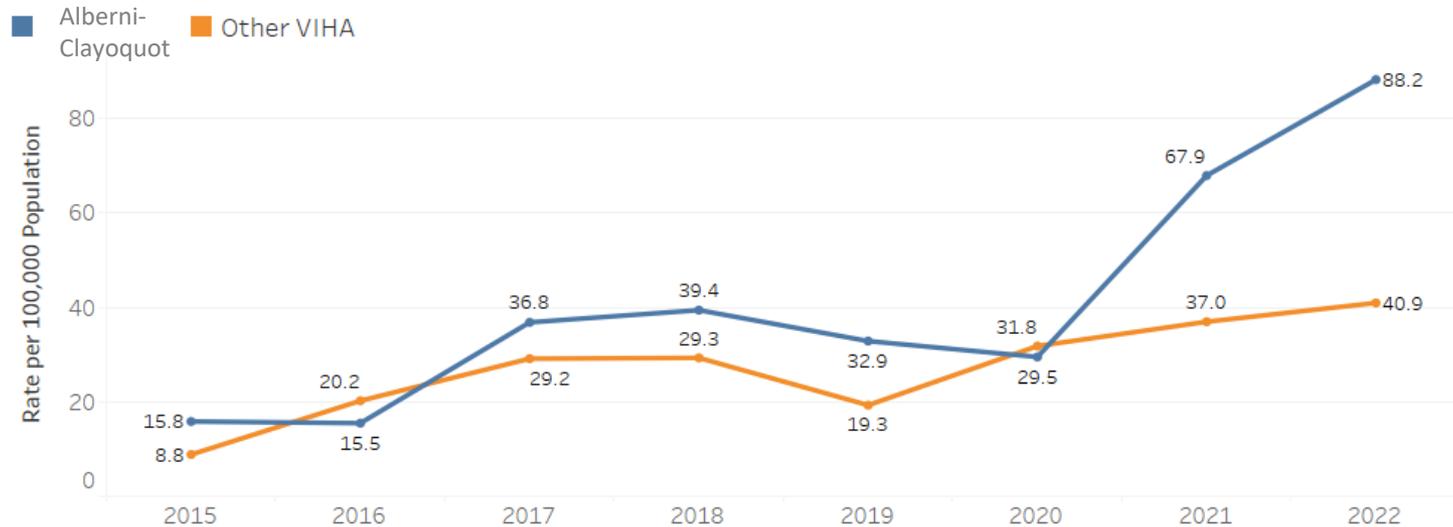
Source: SPEAK Round I & Round II

# Illicit Drug Toxicity Death Rates Alberni-Clayoquot LHA

Number of Illicit Drug Toxicity Deaths by Year, Alberni Clayoquot , 01-Jan-2015 to 31-Aug-2022



Rate of Illicit Drug Toxicity Deaths by Year, Alberni Clayoquot & Rest of VIHA, 01-Jan-2015 to 31-Aug-2022



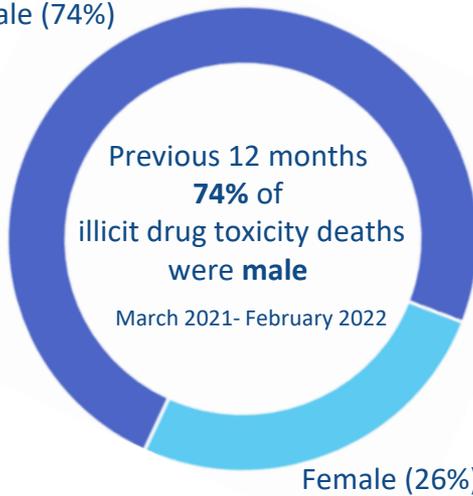
Source: BC Coroner Service; data provided by BCCDC, compiled by Island Health Population Health Surveillance & Evaluation

# Top 15 causes of death by age group

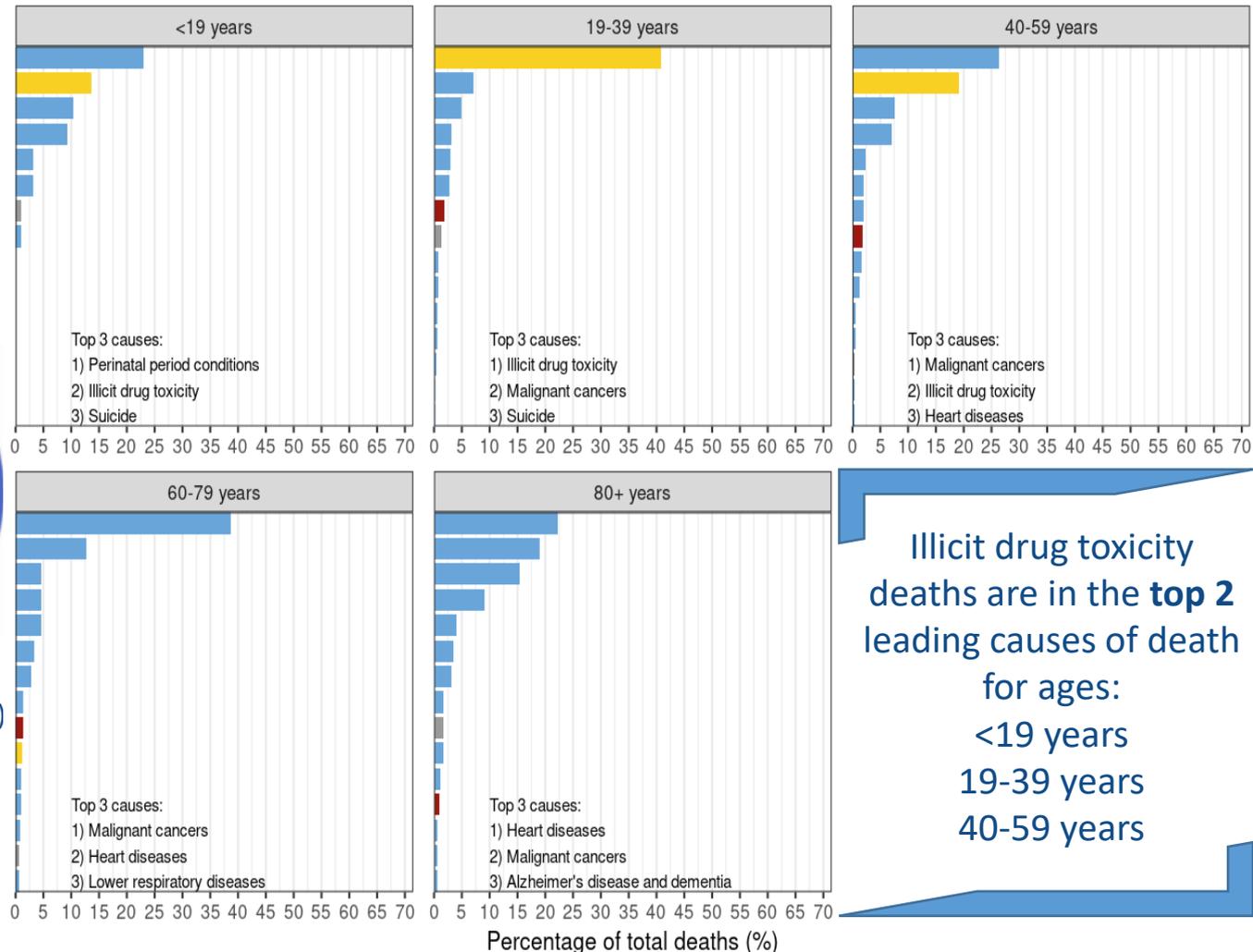
■ COVID-19 
 ■ Influenza and pneumonia 
 ■ Illicit drug toxicity 
 ■ Other causes of death

## Illicit Drug Toxicity Deaths by Sex

Male (74%)



Source: BC Coroner's Service

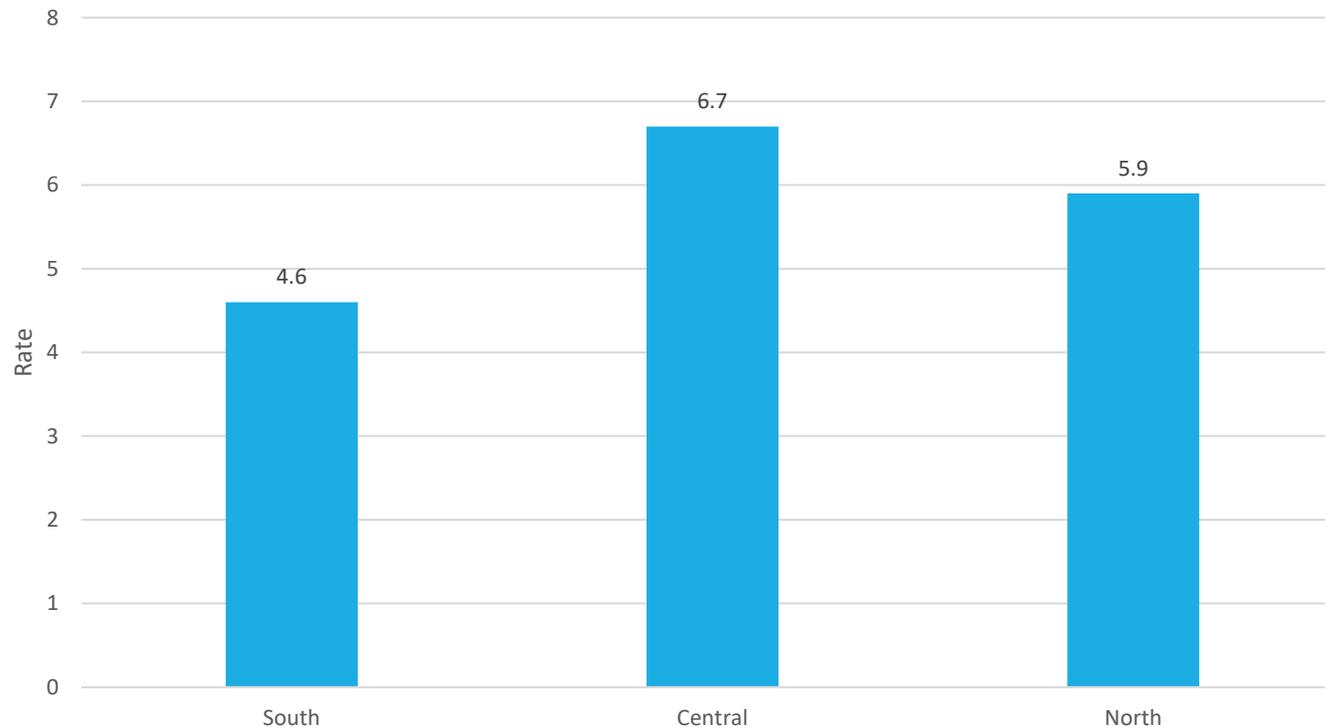


Illicit drug toxicity  
 deaths are in the **top 2**  
 leading causes of death  
 for ages:  
 <19 years  
 19-39 years  
 40-59 years

Source: BCCDC Mortality Context App

# Climate Change and Extreme Weather Events

Heat-Related Deaths per HSDA, Rate/100,00 population  
June 25 to July 1 2021



Source: BC Coroners Service Report "Heat-Related Deaths in BC Knowledge Update"  
[https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/heat\\_related\\_deaths\\_in\\_bc\\_knowledge\\_update.pdf](https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/heat_related_deaths_in_bc_knowledge_update.pdf)

# What matters going forward?

British Columbia

## Children's mental health could be 'significantly' affected by pandemic, study warns



Kids who had anxiety, depression before pandemic will be disproportionately affected, authors say

'They should be ashamed of themselves': Protesters target B.C. hospitals disrupting patients, staff

BY NIKITHA MARTINS, MARCELLA BERNARDO AND LASIA KRETZEL

## June heat wave in B.C. was deadliest weather event in Canadian history

FRANCES BULA >  
VANCOUVER  
SPECIAL TO THE GLOBE AND MAIL  
PUBLISHED 2 DAYS AGO

7 COMMENTS SHARE TEXT SIZE BOOKMARK

TRENDING

1 Jagmeet Singh is known for his charisma and social-media game. What's new behind the scenes of this

July 20, 2021 UPDATED

News / Local News

## Hundreds who died from heat exposure in B.C. were mostly seniors found alone in unventilated suites, says coroner

*At least 486 sudden and unexpected deaths have been reported since Friday — a number which is likely to grow*

David Carrigg  
Jul 01, 2021 • July 1, 2021 • 3 minute read • 48 Comments

nature > news > article

NEWS | 15 July 2021

## Deaths from COVID 'incredibly rare' among children

Studies find that overall risk of death or severe disease from COVID-19 is very low in kids.

HEALTH

## Toxic drugs are now the leading cause of death for people between 19 and 39 in B.C.



By Amy Judd • Global News

Posted August 31, 2021 10:18 am • Updated August 31, 2021 7:06 pm

cal

HOME NEWS SHOWS WEATHER EVENTS ABOUT CHEK

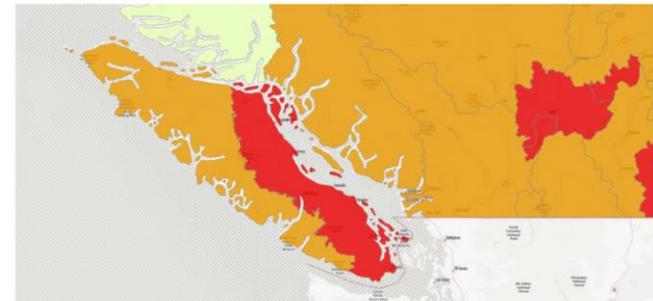
## 'He was run over': Daughter of hit and run victim in Nanaimo speaks out

CHEK

HOME NEWS SHOWS WEATHER EVENTS

## Province continues to warn Vancouver Island of drought conditions, water scarcity

July 22, 2021 UPDATED



The provincial government is continuing to caution residents of Vancouver Island about drought-like conditions and water scarcity following an extended period of little to no rainfall.

According to the Province, water scarcity and low flows are affecting a large portion of Vancouver Island as most

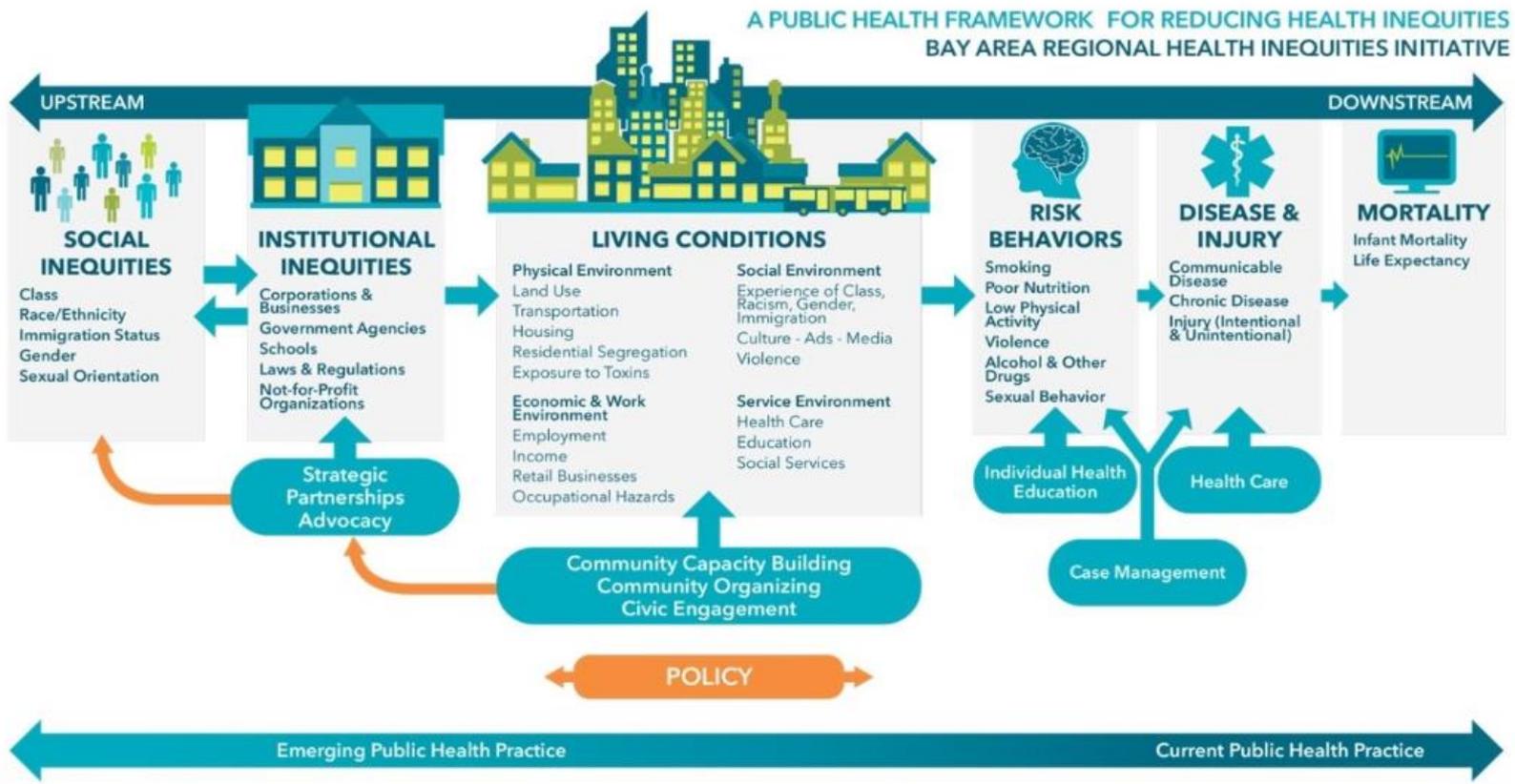
# COVID Community Recovery Ideas

- Plan for a ‘just recovery’\*
- Take a learning approach to adapt to the changes
- Engage community in dialogue
- Support and mobilize citizen action
- Re-imagine and diversify how we communicate
- Build on shifting worldviews
- Take a strengths based, human centred approach
- Embrace collective impact over competition
- Consider citizen role in future emergencies

\*<https://www.cmaj.ca/content/193/49/E1878>

<https://www.tamarackcommunity.ca/latest/10-ideas-community-based-covid-19-recovery>

# Conceptual Framework for how social factors influence health



# Key Messages

- The Pandemic has impacted the social determinants of health universally across all ages
- The co-occurring emergency of toxic drug poisonings continues
- Local responses to the extreme heat emergency and ongoing concerns for drought impacts on the island are significant concerns to be addressed urgently
- Primary care and local government leaders play significant planning roles in their community, in collaboration with other partners, to support the health and wellness of their community



# **Returning to the Circle: Embracing Nuu-chah-nulth values for trauma sensitive practice**

**Ḥiinuq̓uk<sup>w</sup>a**

**Anita Charleson-Touchie, MEd., C.C.C., SEP**



# Land Acknowledgements

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Please take time to notice what happens within your body in this moment.



# Opening Prayer

Lighting of the candle  
and prayer



## Outline

- Natural laws in life
- Trauma
- The Bead Timeline
- Nuu-chah-nulth Worldview, values & beliefs
- Healing for self, family, community

# Some Natural Laws in Life:

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# What is

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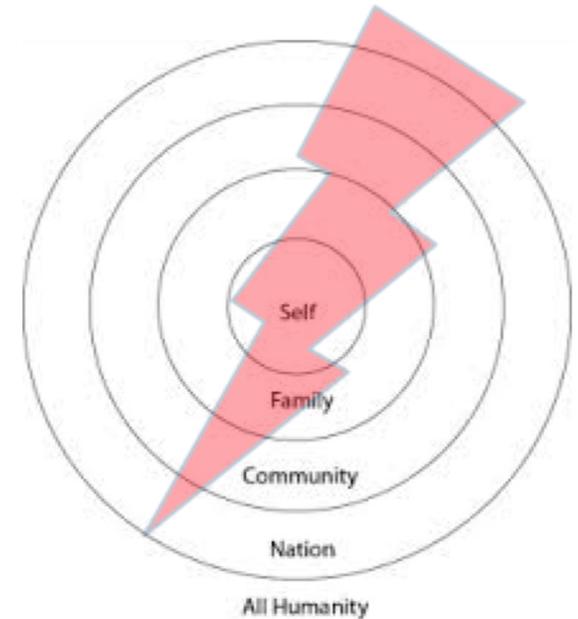
- Since contact and conlonization there has been a disruption and a disconnection
- There is an imbalance and a struggle with life energy.



# Trauma disrupts

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Trauma disrupts the natural order of relationships or connection and can occur on all levels.



# The Bead timeline–

Suzanne Camp,  
Courtenay School  
District

<https://www.comoxvalleyschools.ca/indigenous-education/beaded-timeline/>



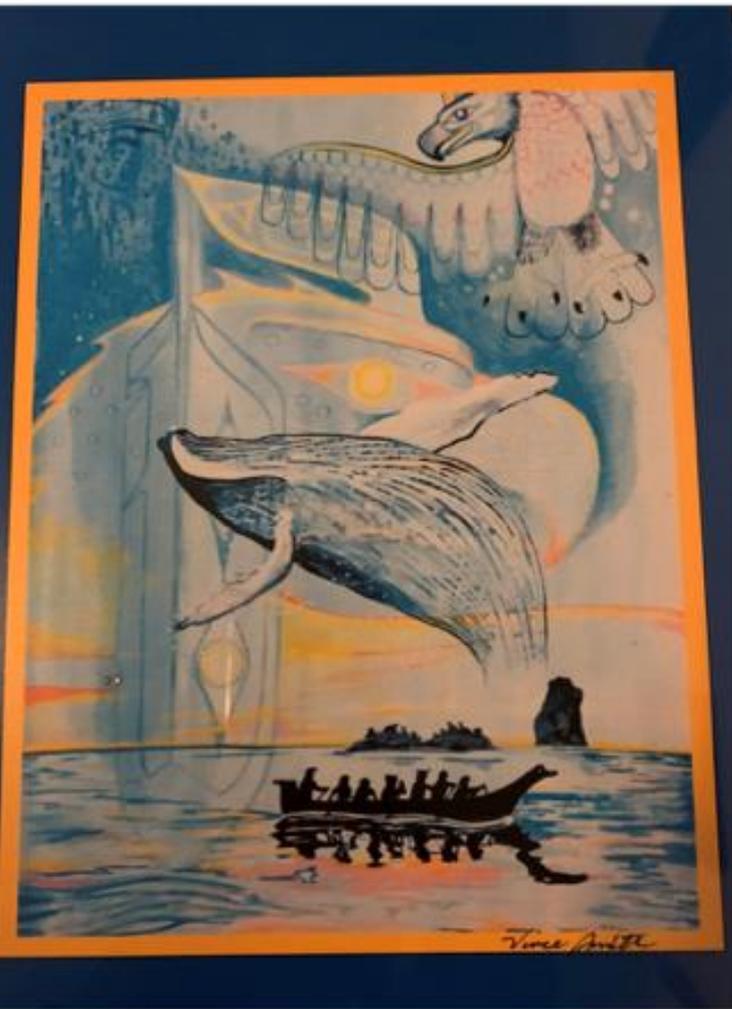
# Indigenous Worldview:

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# Spirit & Spirituality

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## Nuu-chah-nulth Worldview

A common belief is that we are all endowed with the gift of life from the Creator. We believe that the Creator lives on the hills and the land; [Creator] also lives on the waters, the rivers, lakes and oceans, and [Creator] lives and moves under the seas and oceans; ... lives beyond the horizons and in the beyond; ... lives in the heavens above us all. These beliefs form the basis of our need to co-exist with nature and all the creatures there on. It is believed that even all the inanimate seen around us also are life, and that as [Human beings] we are to form balance with this life that lives around us in Nature.”

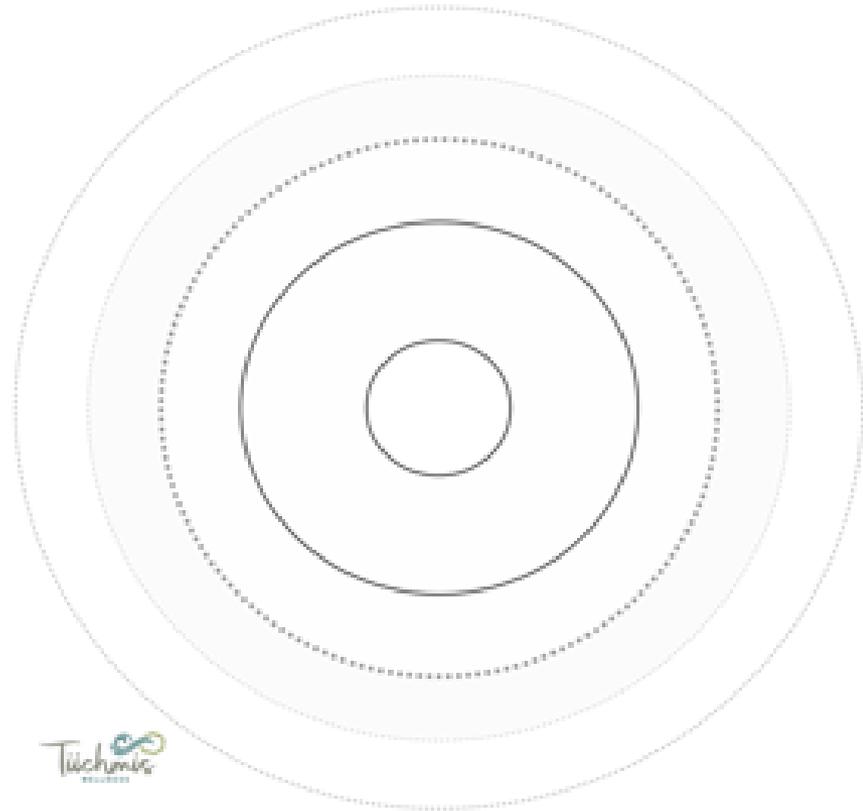
(Haiyupis, Personal writing, NUU CHAA NULTH UD H TRADITION AND CULTURE)



Relationship to the land

# Holism & Interconnection

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Balance



# Culture & Ceremony

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The Dominator way of life has disrupted who we are.



All societies  
are rooted  
in the  
Partnership  
way of life.



# Rebuild and Return to the Circle

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- Self
- Family
- Community
- Culture



# The Polyvagal Theory

- **Neuroception**

- The environment impacts our sense of feeling safe or activates our defensive/survival response.

- Engage, socially connect

- Energize to move in response to danger (fight or flee)

- Shutting down or collapsing when escape not deemed possible (freeze)

- Physiological state dictates behaviour.

**Porges, Stephen.** The Pocket Guide to the Polyvagal Theory. Norton 2017

# Defensive Responses

- When a traumatic event happens, our bodies mobilize a huge amount of energy to try to fight or flee or protect ourselves or others.

# Freeze/Hide

- If we can't effectively fight/flee/protect then we may freeze. We save our energy for later & may feel disconnected from what is happening.

# Safe and Supported

- Ideally, we want to offer a sense of **safety and support**.
- This helps to bring us back to a state of regulation.
- It supports good rest and repair in our body
- It allows us to feel safety and goodness in the world
- It helps us feel safe enough to connect to ourselves, others, nature or spirit.

# Trauma Prevention

- safety and support in our environment increases the likelihood of moving through fight and freeze; and out of the freeze response.
- If we have support to move through this process, we will not experience trauma symptoms after these kinds of life events.

- **If we cannot get to safety and support**, we continue to bounce between the fight/flee/protect states and the freeze states.
- Without safety and support, our nervous system cannot go through this resolution process and reset back to a sense of safety and goodness in the world.
- We can also disrupt the process if we stop the process from moving through.
- This lack of resolution interrupts the healing process and needs to be resolved to support movement through this process. This may need to happen multiple times, in multiple ways as a person moves through the healing process.

# Healing



Hiishookiŝ ćawak  
Hiishookniŝ ćawak  
Ćawaakćamin

## Self:

- Have honest reflections of your OWN historical & intergenerational trauma;
- Do your healing work;
- Explore you own value system.

## Family

- Healing self also heals family;
- Explore your family's values;

## Community

- Trauma informed
- Trauma informed practice
- Question the health & wellness of sytems;

## Culture

- Remain open to understanding Indigenous worldview, values, and beliefs;
- Explore bridging worldviews;
- Embrace and practice the values.
- Education & awareness about historical trauma;
- Is it tradition or is it dysfunction?



## Moving through

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Indigenous Culture  
and Ceremony is a  
practice of resourcing  
and regulation.

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Thank you



First Nations Health Authority  
Health through wellness

# WEST COAST NUU-CHAH-NULTH LED PRIMARY CARE INITIATIVE

## OVERVIEW

November, 2022



## Summary

- *Partnership between the Ministry of Health and the First Nations Health Authority to develop an innovative, alternate, primary healthcare service delivery model for Vancouver Island North.*
- *New model will also attempt to address social determinants of health.*
- *Phased implementation of up to 6 Initiative Sites over four years (2019/20 – 2022/23).*
- *Initiative Sites represent a component of the Ministry's overall Primary Healthcare Strategy, along with Primary Care Networks (PCNs), Urgent and Primary Care Clinics (UPCCs), and Community Health Centres (CHCs).*



## Vision and Scope

- *The Nuu-chah-nulth First Nation Led Primary Care Initiative is considered a 'net new' site employing a hub and spoke model.*
- *The Nuu-chah-nulth First Nation Led Primary Care Initiative is dedicated to providing culturally safe, trauma-informed, team-based primary care services for the 10 North Island participating First Nations*
- *The primary hub site is to be located in the between Ucluelet and Tofino, with service outreach to all five participating Nations - Ahousaht, Hesquiaht, Tla-o-qui-aht, Toquaht, and Yuułu?it?ath*



## Foundations

- *Contemporary western legal governance structure. FNHA to act as Administrative Agent and or GW-PCC Operator in partnership with First Nations/communities.*
- *Reflects the spirit and commitments associated with the Nuu-chah-nulth family of Nations, Truth and Reconciliation Commission calls to action; Missing and Murdered Indigenous Women and Girls calls to justice, In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care, and the United Nations Declaration on the Rights of Indigenous Peoples.*
- *“First Nations people deserve and have the right to quality and culturally safe health care in their communities, whether they are living close to home or elsewhere”.*



## Service Delivery

- *Services first model provides services directly into community to work in some Nations with their current services providers and other to be the primary service providers*
- *Short term goal is fo First Nations focused primary care services to the away from home populations and act as meeting sites for primary service providers.*
- *Virtual care enabled services that connect with participating Nations to be accessed during sever weather conditions that does not allow for travel into communities.*





## Integrated Service Team Strategy

- *Primary Health Care++ approach places individual, family and community at the center, supported by interdisciplinary team-based care and wrap-around services provided at primary, secondary and tertiary levels*
- *Family Physician, Nurse Practitioner, Registered Nurse, Licensed Practical Nurse*
- *Wellness Team – dietician, social worker, occupational therapist, pharmacist*
- *Traditional Wellness Team – traditional healer, Elder, Patient Navigator*



# **Returning to the Circle: Embracing Nuu-chah-nulth values for trauma sensitive practice**

**Ḥiinuq̓uk<sup>w</sup>a**

**Anita Charleson-Touchie, MEd., C.C.C., SEP**



# Land Acknowledgements

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Please take time to notice what happens within your body in this moment.



# Opening Prayer

Lighting of the candle  
and prayer



## Outline

- Natural laws in life
- Trauma
- The Bead Timeline
- Nuu-chah-nulth Worldview, values & beliefs
- Healing for self, family, community

# Some Natural Laws in Life:

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# What is

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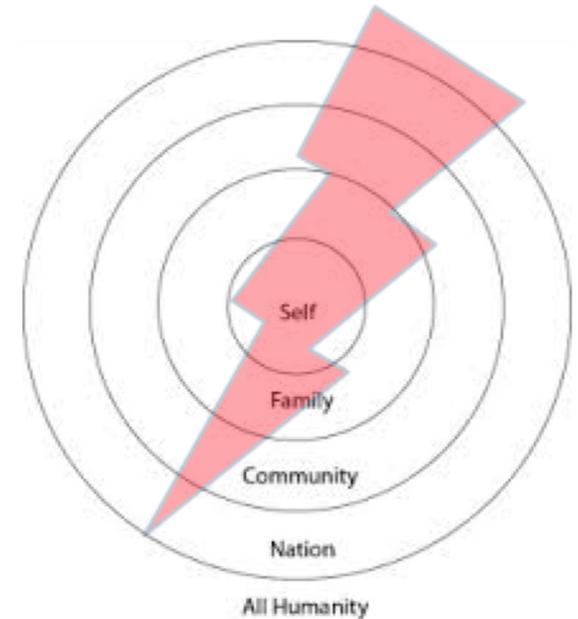
- Since contact and conlonization there has been a disruption and a disconnection
- There is an imbalance and a struggle with life energy.



# Trauma disrupts

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Trauma disrupts the natural order of relationships or connection and can occur on all levels.



# The Bead timeline–

Suzanne Camp,  
Courtenay School  
District

<https://www.comoxvalleyschools.ca/indigenous-education/beaded-timeline/>



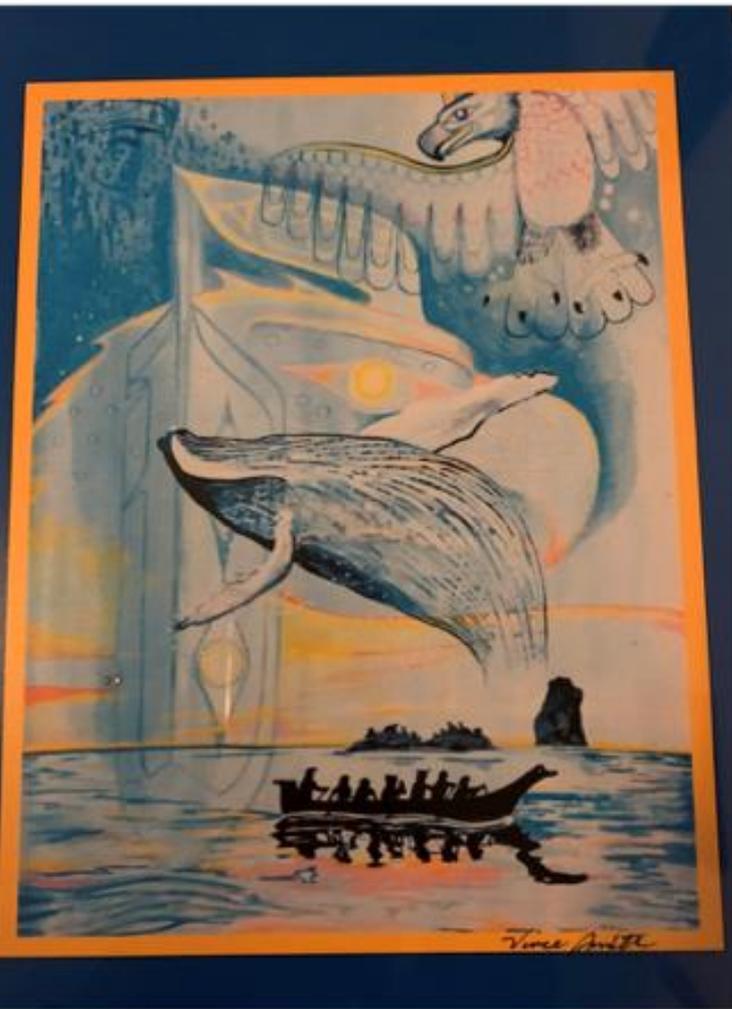
# Indigenous Worldview:

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# Spirit & Spirituality

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## Nuu-chah-nulth Worldview

A common belief is that we are all endowed with the gift of life from the Creator. We believe that the Creator lives on the hills and the land; [Creator] also lives on the waters, the rivers, lakes and oceans, and [Creator] lives and moves under the seas and oceans; ... lives beyond the horizons and in the beyond; ... lives in the heavens above us all. These beliefs form the basis of our need to co-exist with nature and all the creatures there on. It is believed that even all the inanimate seen around us also are life, and that as [Human beings] we are to form balance with this life that lives around us in Nature.”

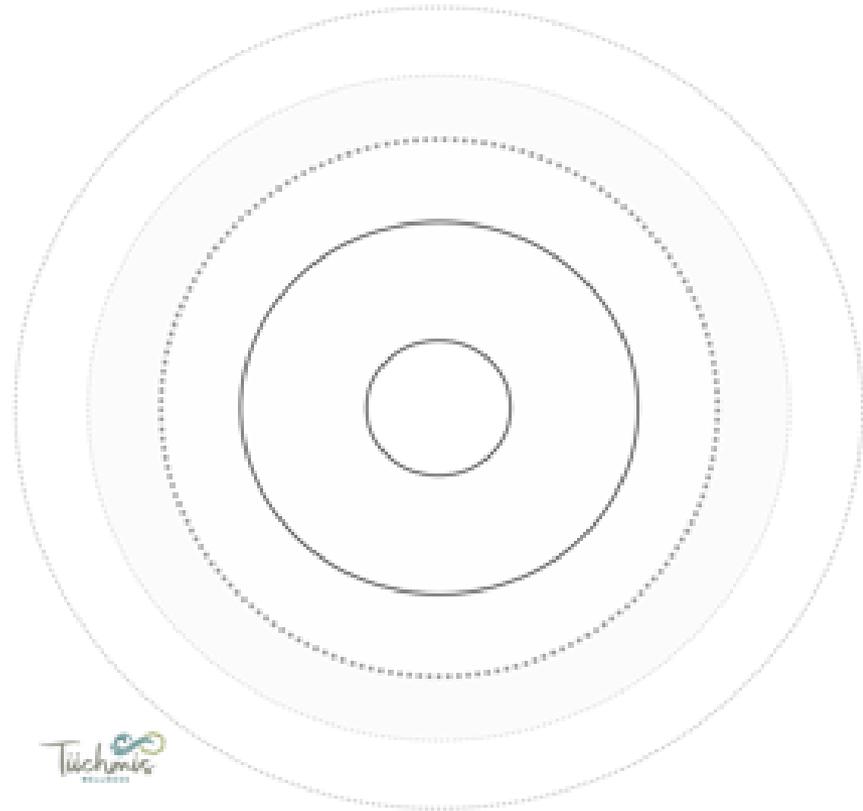
(Haiyupis, Personal writing, NUU CHAA NULTH UD H TRADITION AND CULTURE)



Relationship to the land

# Holism & Interconnection

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Balance



# Culture & Ceremony

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The Dominator way of life has disrupted who we are.



All societies  
are rooted  
in the  
Partnership  
way of life.



# Rebuild and Return to the Circle

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- Self
- Family
- Community
- Culture



# The Polyvagal Theory

- **Neuroception**

- The environment impacts our sense of feeling safe or activates our defensive/survival response.

  - Engage, socially connect

  - Energize to move in response to danger (fight or flee)

  - Shutting down or collapsing when escape not deemed possible (freeze)

- Physiological state dictates behaviour.

**Porges, Stephen.** The Pocket Guide to the Polyvagal Theory. Norton 2017

# Defensive Responses

- When a traumatic event happens, our bodies mobilize a huge amount of energy to try to fight or flee or protect ourselves or others.

# Freeze/Hide

- If we can't effectively fight/flee/protect then we may freeze. We save our energy for later & may feel disconnected from what is happening.

# Safe and Supported

- Ideally, we want to offer a sense of **safety and support**.
- This helps to bring us back to a state of regulation.
- It supports good rest and repair in our body
- It allows us to feel safety and goodness in the world
- It helps us feel safe enough to connect to ourselves, others, nature or spirit.

# Trauma Prevention

- safety and support in our environment increases the likelihood of moving through fight and freeze; and out of the freeze response.
- If we have support to move through this process, we will not experience trauma symptoms after these kinds of life events.

- **If we cannot get to safety and support**, we continue to bounce between the fight/flee/protect states and the freeze states.
- Without safety and support, our nervous system cannot go through this resolution process and reset back to a sense of safety and goodness in the world.
- We can also disrupt the process if we stop the process from moving through.
- This lack of resolution interrupts the healing process and needs to be resolved to support movement through this process. This may need to happen multiple times, in multiple ways as a person moves through the healing process.

# Healing



Hiishookiŝ čawak  
Hiishookniŝ čawak  
Čawaakčamin

## Self:

- Have honest reflections of your OWN historical & intergenerational trauma;
- Do your healing work;
- Explore you own value system.

## Family

- Healing self also heals family;
- Explore your family's values;

## Community

- Trauma informed
- Trauma informed practice
- Question the health & wellness of sytems;

## Culture

- Remain open to understanding Indigenous worldview, values, and beliefs;
- Explore bridging worldviews;
- Embrace and practice the values.
- Education & awareness about historical trauma;
- Is it tradition or is it dysfunction?



## Moving through

- Pay attention to personal triggers or activations;
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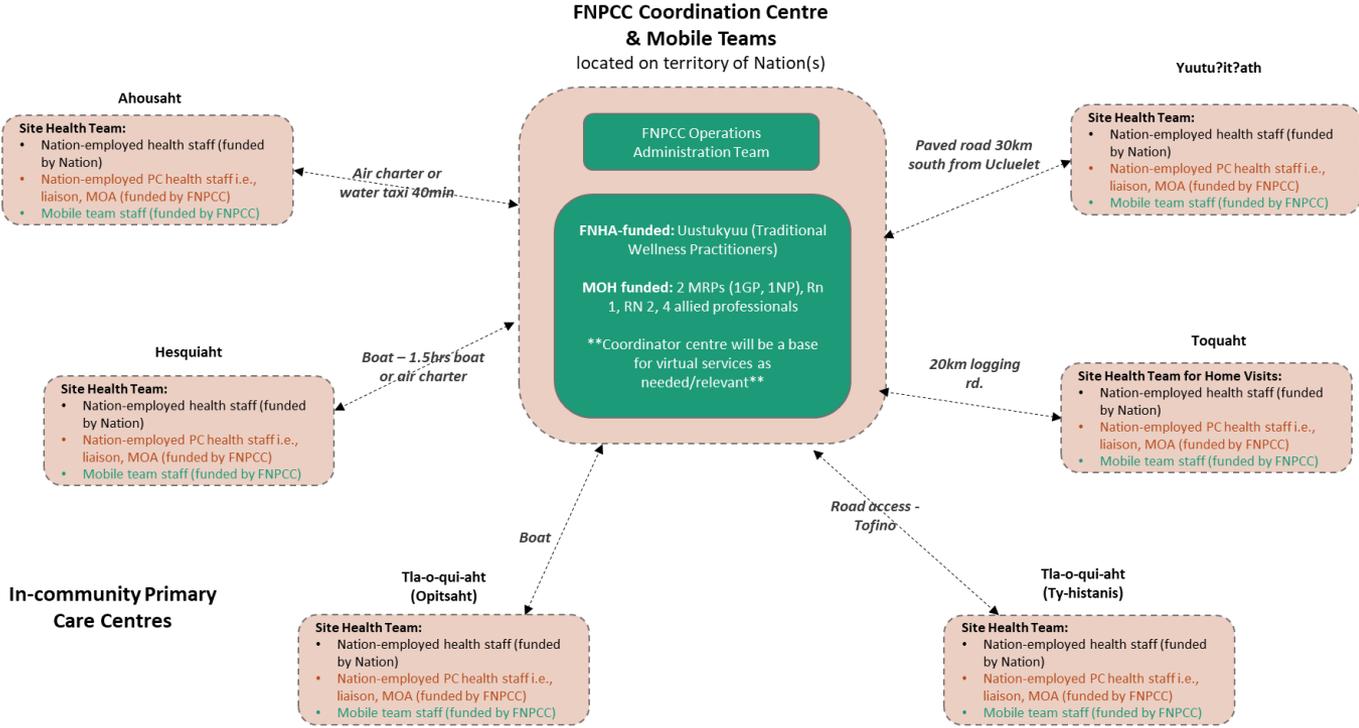


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# Hub and Spoke Model





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