

## **Fall Caucuses 2017 - FAQs for Regional Teams**

### **1. What does my community need to know about the Regional Caucuses?**

We gather at Regional Caucuses for communities to inform and engage with the transformative change in BC First Nations Health Governance. FNHC is accountable to First Nations through Sub-Regional Caucuses, Regional Caucuses and province-wide Gathering Wisdom forums; FNHA engages with Leadership and Health Leads to provide and collect information to improve health and wellbeing; and, FNHDA connects with Health Directors for technical advice and professional development. As the work of the FNHC, FNHA and FNHDA evolves, so too does the structure of Regional Caucuses.

The 2017 Fall Caucuses are important forums for Leadership, Health Leads and Social Leads to contribute to discussions on social determinants of health and connect with federal/provincial partners. This is a unique opportunity to affect how programs and services are delivered to BC First Nations.

### **2. Who can come to the Regional Caucuses?**

Each community is invited to bring:

- One Political Lead (Chief, Councilor)
- One Health Lead (Health Director, Community Health Representative)
- One Social Lead (Social Development Worker, Social Program Director, Children and Family Lead)

In addition, regional delegated aboriginal agencies (DAA's) are invited to send one representatives to attend.

All delegates are welcome at all days. At a minimum, we ask political leads to attend the Governance days. Travel, meals and accommodation for three delegates will be covered, as per FNHA's travel policy.

### **3. What is on the agenda for the Regional Caucuses?**

The 2017 Fall Caucuses will have three days:

- *Governance Day 1* – Leadership Dialogue on Health: Leaders will hear high-level updates on key health service priorities, including the annual report and regional plans and partnerships.
- *Governance Day 2* – Leadership Dialogue on Social Determinants: Leaders will hear high-level presentations from federal and provincial partners on key social program reform.
- *Technical Day* – Leadership and technical staff will hear and discuss health and social program and service improvements.

Topics for discussion at the 2017 Fall Caucuses are:

- Opioid Response
- Wildfires
- Emergency management
- Pharmacare
- Preventative Service to Children and Families
- Mental health
- Early Years services
- Nation-to-Nation Relationship with Canada

A concept paper on social determinants of health will be discussed at the 2017 Fall Caucuses. It will:

- Serve as an engagement summary of what Leadership said thus far on social determinants, and
- Articulate a path forward and potential end state in two distinct tracks of work: short-term program and service improvement; and, long-term structural change rooted in Nation self-determination,

### **4. Where does my community provide input to the agenda at Regional Caucuses?**

Communities provide input to the agenda of Regional Caucuses through: Sub-Regional Caucuses, and communication with their FNHC representative.

### **5. Why are INAC and MCFD on the agenda for the Regional Caucuses?**

Through agreements with the FNHC in 2016 and 2017, BC and Canada have committed to engaging with First Nations to develop a ten-year strategy aimed at addressing the social determinants of health. The First

Nations Health Engagement network is a proven process for engagement and consensus-building. Through this process, the FNHC is bringing decision-makers into direct dialogue with leaders in their regions.

The following Provincial and Federal Departments will be in attendance at the 2017 Fall Caucuses: Indigenous and Northern Affairs Canada (INAC), Employment and Social Development Canada (ESDC), Ministry of Children and Family Development (MCFD), and, Ministry of Mental Health and Addictions (MMHA).

#### **6. What is the ten-year strategy on the social determinants of health?**

The ten-year strategy on the social determinants of health aims to set regional priorities for new investments, partnerships, policy change and service improvements. It will articulate a path forward for both: 1.) short-term program and service improvements/investments, and 2.) long-term system change rooted in Nation self-determination in health and social services. FNHC and its partners are engaging First Nations through Sub-Regional Caucuses and Regional Caucuses to build consensus on this strategy.

- In 2016, based on discussions at Regional Caucuses and the Regional Health and Wellness Plans, the FNHC and the Province of BC signed an agreement to address the social determinants of health. The Province of BC and FNHC agreed to engage First Nations over a period of two years on the social determinants of health, with the goal of developing a ten-year strategy. It focuses on children and family wellbeing, justice, public safety and education.
- In 2017, the FNHC and INAC signed a similar agreement to engage with First Nations on the ways to improve the health of children, youth and families through federal funding, programs and services.
- Social determinants of health are part of the BC First Nations Perspective on Health and Wellness. They are about the factors that influence our ability to be well, understanding that opportunities to be well start long before entering the medical system. These social, cultural, economic and environmental factors determine where our health and wellness journeys begin and run through our lifecourse. They understand that multiple sectors all have a role and responsibility to provide services that promote health and wellness.

The FNHC recognises each Nation is on its own journey. This work is about supporting Nations to achieve their vision of change. It is about building new partnerships, envisioning new possibilities, and championing changes that will have a positive impact on the health and wellbeing of our people.

#### **7. Is the FNHC taking over children and family services?**

The FNHC is not assuming new authority for children and family services. While the process is familiar, the destination for social determinants will be different from health.

The FNHC is without prejudice to First Nations interests and the FNHC does not have the mandate to discuss the transfer of children and family services. This process does not limit, impede or alter existing agreements or discussions between First Nations and the federal/provincial government. This process is an opportunity for First Nations to discuss common issues and interests related to the health of children, youth and families.

#### **8. Where does the mandate of the FNHC on social determinants of health come from?**

The FNHC takes its direction from First Nations through discussions at Regional Caucuses and the Gathering Wisdom for a Shared Journey forum. In May 2011, BC Chiefs endorsed Consensus Paper 2011 and Resolution 2011-01. This mandated the FNHC to continue as a provincial-level political and advocacy body to:

- Provide political leadership for the implementation of the health plans
- Support First Nations to achieve their health and wellness priorities
- Build partnerships to make progress on the social determinants of health
- Ensure communication, transparency, cost-effectiveness and accountability of the FNHC to First Nations

In October 2015, the FNHC and FNLC signed a Protocol on the Social Determinants of Health. This agreement reaffirms the mandate of the FNHC to build partnerships and to make progress on the social determinants of health.