

# 2013

## 2013 Coming Together Forum



Marcie DeWitt

Coastal Family Resource Coalition

5/20/2013

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# 2013 COMING TOGETHER FORUM REPORT

## PRESENT

Adrienne Schroeder, Community Developer,  
VIHA

Adrienne Mason, Managing Director,  
Clayoquot Biosphere Trust

Alexa Klimke, SD70

Alisha Trees, Public Health Nurse, VIHA

Alysson Thicke, Child and Youth Worker,  
Yuułuʔiłʔatḥ First Nation

Amanda Walton, Community Outreach,  
Westcoast Community Resources Society

Andrew Borbas, Homelessness Outreach and  
West Coast Worker, Ministry of Social  
Development

Anita Charleson Touchie, Teechuktl Regional  
Coordinator, NTC

Annameika Lee, Regional Manager, Service  
BC

Ann Gardener, Speech and Language  
Consultant, VIHA

Beth Lutchies, Child & Youth Mental Health  
Counsellor, NTC

Bill Irving, Mayor of Ucluelet

Analisa Blake, Manager of Food Hubs, VIHA

Brigitte Rudan, Employment Counsellor,  
Alberni Valley Employment Centre

Carrie Morris, Discovery Youth Family  
Substance Use Coordinator, VIHA

Cathy Thicke, Tofino Councillor

Charlotte Rampanen, Director of Human  
Services, Uchucklesaht First Nation

Claudette Lucas, Councillor Hesquiaht First  
Nation

Cornelia Slotiuk, West Coast Doula  
Collective Chair

Cozy Lawson, Moe the Mouse Speech and  
Language

David Dowling, Team Leader and Intake  
Services, MCFD

Deborah Brown, Principal, Hesquiaht Place of  
Learning

Devon McFailen, Community Developer, VIHA

Ed Mack, USMA

Esther Pace, Child Youth and Family Health  
Manager, VIHA

Gord Johns, Executive Director, Tofino  
Chamber of Commerce

Hanne Bruhwiler, Pregnancy Outreach  
Worker, NTC

Helen Dufour, Community Nutritionist, VIHA

Iris Frank, Ahousaht Pregnancy Outreach,  
NTC

Jacque Adams, Crime Prevention  
Coordinator, Ahousaht Holistic

Janice Wong, Support Worker, Ucluelet Transition House, Westcoast Community Resources Society

Jason LeFevre, Child and Youth Mental Health, MCFD

Jean Thomas, Social Development, Hequiaht First Nation

Jeff Swann, Sergeant Detachment Commander, Ucluelet RCMP

Jennifer Adamson, Principal Ucluelet Elementary, SD70

Jess McConnell, Coordinator WC Mental Health and Addictions, VIHA

Jon Enns, President, Fish and Loaves Society

Josie Osborne, Mayor of Tofino

Julie Rushton, Facilitator, Alberni Children First

Karen Frank, Community Health, Ahousaht Holistic Centre

Karolina Dudzik, WC Mental Health and Addictions, VIHA

Kathryn Kilpatrick, Manager Rural Health, Tofino General Hospital, VIHA

Kathy Wadell, Director of Human Services, HUU-ay-aht First Nations

Kirsten Johnsen, Community Garden Committee Member, Toquaht First Nation

KK Hodder, Recreation Programmer, District of Ucluelet

Laura Lundy, Recreation Programmer, District of Tofino

Laurie Hannah, Infant Development Program, NTC

Lisa Sabaas, Membership, Hesquiaht First Nation

Lora Apostoli, Victim Services Coordinator, RCMP

Maggie HodgeKwan, Child and Youth Librarian, Port Alberni/Tofino/Ucluelet Vancouver Island Library

Mandala Smulders, Youth Coordinator, District of Ucluelet

Marcie DeWitt, Community Developer, Coastal Family Resource Coalition

Margaret Morrison, Executive Director, Westcoast Community Resource Society

Marika Swan, Literacy Coordinator, Coastal Family Resource Coalition

Melody Charlie, Wellness Coordinator, NTC

Mike Rhodes, Secondary School Vice Principal, SD70

Myles Morrison, West Coast Restorative Justice Coordinator, Westcoast Community Resources Society

Paul Hasselback, Medical Health Officer, VIHA

Penn Thrasher, FASD Key Worker

Penny Cote, Chair, Alberni Clayoquot Health Network/Director, Alberni Clayoquot Regional District

Rebecca Hurwitz, Managing Director (on Mat Leave), Clayoquot Biosphere Trust

Robin Tagles, Stopping the Violence  
Counsellor, Westcoast Community Resources  
Society

Sally Mole, Councillor, District of Ucluelet

Sandra Gentleman, Nutritionist Integrated  
Health Team, VIHA

Sarah Hogan, Children Who Witness Abuse  
Counsellor, Westcoast Community Resources  
Society

Scott Beam, Child Care Consultant,  
PacificCare

Shannon Campbell, Child and Youth  
Wellness Counsellor, NTC

Shaunee Casavant, Manager, Tsawaayuss  
Care Facility

Shelli Lyle, Administrative Assistant, Alberni  
Clayoquot Health Network

Susan Nye, Community Dental Hygienist,  
VIHA

Tanis Dagar, Coordinator, Alberni Clayoquot  
Health Network

Therese Bouchard, Coordinator of  
Volunteers, Pacific Rim Hospice

Tracy Smyth, Early Learning, SD70

Waylon McLeod, Child and Youth Worker,  
Westcoast Community Resources Society

## WELCOMING

Anita Charleson Touchie welcomed the group to Yuułuʔiłʔatḥ Traditional Territory and spoke to the importance of working together. Anita set the tone for the day by speaking to the Nuuchah Nulth teaching of Hishuk ish ts'awalk - everything is one and everything is interconnected. Anita introduced the teaching of C~aa wak C~aa min (tsa walk tsa min) - everybody is one, everybody is connected - in relation to the strength of networking with each other as resource workers on the West Coast and beyond, we are all connected, we are all one.

## INTRODUCTIONS



Each participant was asked to stand up and introduce themselves and their affiliation in order to demonstrate the wealth of knowledge and expertise in the room. Marcie welcomed the group and provided a brief overview of agenda, intent and activities (Agenda Appendix A). The day alternated between short presentations, world café exercises and interactive information gathering activities to engage participants. Participants were asked to sit at tables which best represented their involvement in the region between Early Years, Child & Youth and Community Services for ease during World Café exercises (WC Questions Appendix B). Parking Lot activities – displays with information inviting participants to post thoughts with sticky notes - where displayed throughout the room to educate participants on the Alberni Clayoquot Regional Health Network, Dual Language Literacy Plan and the Clayoquot Biosphere Trust's Biosphere Centre Community Consultation (See Appendix C, D and E for feedback). Networking opportunities and open conversation were a focus of the event to encourage regional connections and build on the concept of service integration.

## ALBERNI CLAYOQUOT HEALTH NETWORK (ACHN) – EVENT SPONSOR



Tanis Dagart, Coordinator for the ACHN, gave an introduction to the Regional Health Network a new (ish) initiative with funding from the Vancouver Island Health Authority to target issues effecting broad Social Indicators of Health in the Local Health Area. Mission, vision, values and goals were discussed (see Appendix F for PowerPoint), Tanis invited participants to provide feedback through the AHCN 'Parking Lot' Activity.

## COASTAL FAMILY RESOURCE COALITION (CFRC)



Marcie DeWitt, Community Developer for the CFRC, provided a brief introduction to the CFRC. Celebrating its 10<sup>th</sup> year of Service Integration in the West Coast Central Region, this is the 6<sup>th</sup> biennial Coming Together Forum hosted by the CFRC. Marcie spoke to CFRC history, partners, working groups and activities, see Appendix G for PowerPoint.

## SERVICE INTEGRATION SUCCESSES

To provide some examples of the amazing work done through partnerships in the West Coast Central Region the Coastal Family Resource Coalition invited some long time partners to reflect and share successes with the group.

### COASTAL FAMILY RESOURCES WEBSITE



The development of an online service directory has been a priority for CFRC partners for 8 years and was realised 2 years ago with funding secured through the Vancouver Island Health Authority. Community members and CFRC partners were consulted to assess needs ensuring the best allocation of funds. Professionals were hired for web and logo design, overseen by a working group of the Coalition. Marcie provided a tour of the new interactive and smart phone friendly site which hosts searchable local resources, articles, event calendar and a forum for new parents. Check it out [here!](#)

### SERVICE INTEGRATION/SUCCESS OVERVIEW - ESTHER PACE, VIHA



Esther Pace is a founding member of the CFRC, she spoke about some of the successes of the Coalition.

The participants at the forum are an impressive example of all the people working together in the region. The Coalition was created initially to bring all the different agencies & players in the region together to think creatively about the best use of resources in order to get more done. Coalition partners inspired and facilitated the development of a day care centre combined with a place for health service providers to deliver services in Tofino called Coastal Family Place. Esther drew attention to numerous programs, education campaigns and activities which have been facilitated through CFRC service integration activities. This list includes the building we are meeting in today; made possible through a partnership between the Ucluelet Community Centre (District of Ucluelet), Coastal Community Services Hub (community health partners) and Ucluelet Daycare.

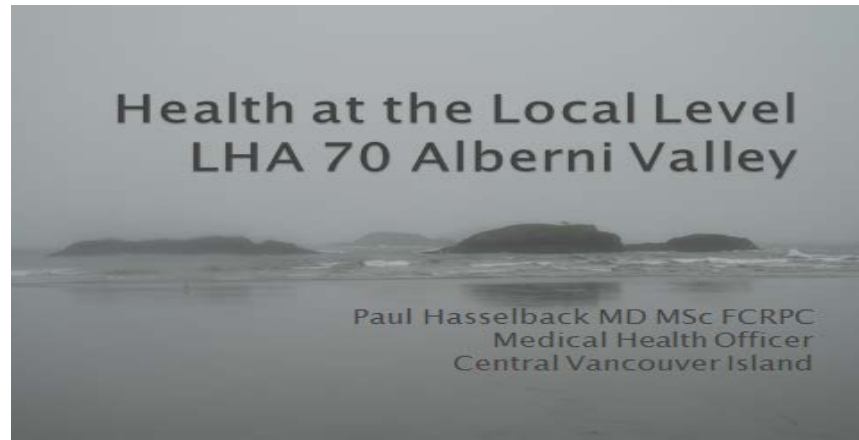
## THE MOUSE, SPEECH AND LANGUAGE PROGRAM



Anne Gardner, VIHA Speech and Language Pathologist and Cozy Lawson, Moe the Mouse Facilitator spoke to the success of this program developed in Nuuchah Nulth territory with local community facilitators to blend Nuuchah Nulth language into play as a speech & language strategy. 'Moe the Mouse' is offered on a weekly basis to children in the region (through Cosy & Gisele) as well to the parents so that they can bring the exercises into daily life. Referrals to the program can go through the speech services in Port Alberni. For info and referrals contact Anne Gardener directly (250-218-4034).

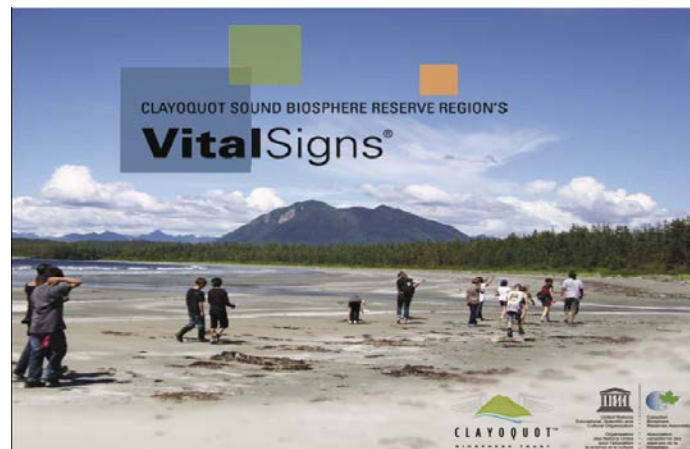


## REGIONAL DETERMINANTS OF HEALTH – PAUL HASSELBACK, VIHA



Dr. Paul Hasselback, Medical Health Officer for VIHA in Central Vancouver Island spoke to social determinants of health and health status in our local health area. Dr. Hasselback pointed out that a limitation of much of the health data is the ability to separate out west coast population as such efforts were made to draw attention to WC specific data sets and implications of data on WC populations. A copy of the presentation and data sets are available in Appendix I.

## CLAYOQUOT VITAL SIGNS REPORT – ADRIENNE MASON, CBT

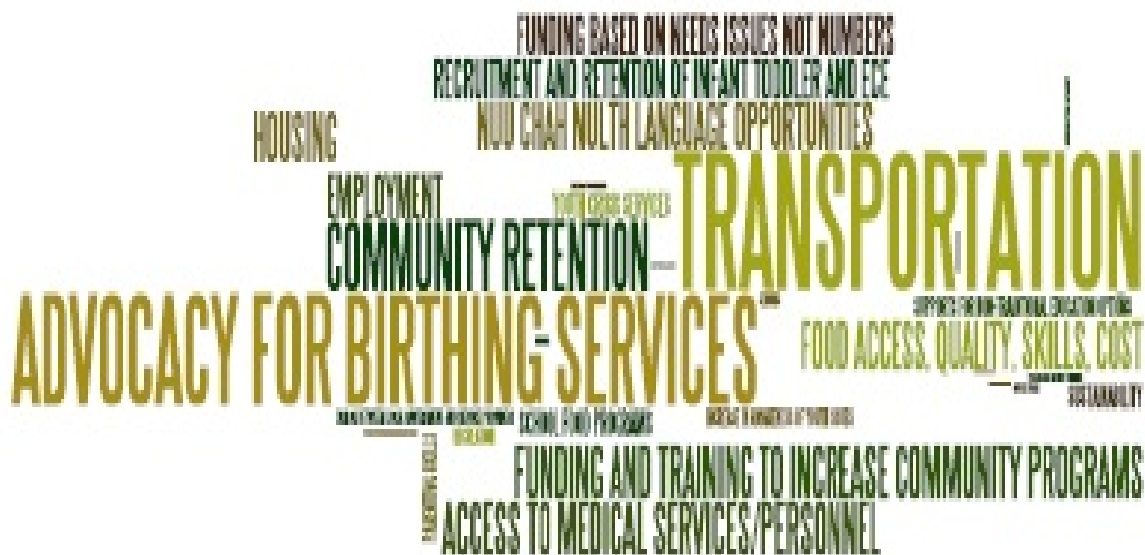


Adrienne Mason, Acting Managing Director of the Clayoquot Biosphere Trust, was invited to speak to the Clayoquot Vital Signs Report. This report presents regional data sets gathered through the Measuring Community Health Indicator Monitoring Program in order to present information which is relevant to the West Coast region taking into consideration rural and remote communities and context. Adrienne spoke to some regional health and youth related statistics while pointing out that the Vital Signs Report aims to communicate the indicator monitoring in a way which assists community engagement and mobilization, encouraging communities and CFRC partners to engage and provide feedback for future reports. The complete presentation is available in Appendix J.



Not surprisingly many of our top priorities remain the same. Infrastructure based priorities such as transportation, birthing services, attainable housing and funding were among the most common challenges/priorities. Food security, youth and seniors services as well as an ongoing emphasis on local/traditionally relevant programming were also mentioned frequently. See the complete list in Appendix L.

## DOT-MOCRACY EXERCISE



### DOTMOCRACY PRIORITIES WORDLE -2013 FORUM

To reduce duplication and cross pollinate idea's facilitators engaged participants in a dot-mocracy exercise. Top priorities in from Early Years, Child & Youth and Community Health tables were cumulated and presented for voting. Each participant received 4 votes represented by color coded dots for each priority section – early years, child & youth and community healthy – as well as 4 free votes for areas which were extra important or for decoration of their table notes!

Action around transportation, housing and advocacy for birthing services emerged along with some new priorities and support for future initiatives. You can see the complete compilation of priorities in Appendix M.

## WRAP UP AND FOLLOW UP



After taping participants planning capacity and attention for over 5 hours it was time to wrap up. Big thank you's went out to sponsors, presenters, table facilitators, caterers and most importantly participants!

Some tables took the opportunity at the end of the day to brainstorm opportunities and next steps which will be incorporated into the Evaluations Framework. An additional thank you from the CFRC Community Developer for the extra help! A complete list of next steps and identified opportunities is available in Appendix N.

Information gathered from this event will be cumulated and distributed through this report. After formal feedback, review and adoption of the information an evaluation framework based on identified priorities will be created and added to this report. With feedback from CFRC partners this framework will assist in guiding actions for the Coalition in the coming years.

Before the doors were opened and the books closed on the day participants were asked to fill out an evaluation for the Forum as well as to gather feedback on what the CFRC can improve on. Information gathered was appreciated, we will ensure we have better audio visual equipment for our next event – the focus of less than positive feedback - but were thankful for so much positive feedback on the day and the Coalition.

### **Thank you for your participation!**

If you have questions, feedback or ideas do not hesitate to contact the Coastal Family Resource Coalition. You can get involved through our weekly list serve of local information, working groups and meetings on the first Wednesday of every month – September to June in alternating communities throughout the west coast!

**Marcie DeWitt**

**Community Developer, CFRC**

[marcie\\_dewitt@hotmail.com](mailto:marcie_dewitt@hotmail.com)

**250.726.5019**

# APPENDIX A – 2013 COMING TOGETHER FORUM AGENDA

## AGENDA – APRIL 3<sup>RD</sup>, 2013

Ucluelet Community Centre  
10 am – 4:30 pm

9:00 am – Registration - Coffee & Snacks

10:00 am – Welcoming

10:15 am – Intros

- Group intro
- ACHN
- CFRC

11:00 am – Service Integration Successes

- Website
- Esther
- Moe – Gisele and Cozy

11:30 am – World Café Small Group Exercise – REGIONAL STRENGTHS AND ASSETS

12:00 pm – LUNCH AND NETWORKING BREAK

12:45 pm – Regional Health Area Presentation – Dr Paul Hasselback

1:15 pm – Clayoquot Vital Signs Report – Adrienne Mason

1:30 pm - World Café Small Group Exercise – REGIONAL CHALLENGES AND PRIORITIES

2:30 pm - COFFEE BREAK – Dot- Mocracy!!

3:00 pm - Evaluation Framework – Small Group Exercise

3:30 pm – Discussion

4:00 pm - Closing

## APPENDIX B – WORLD CAFÉ QUESTIONS

### EXERCISE 1

- 1) How do we define successes and strengths in services in our region? As a group take a moment to brainstorm some specific strengths and successes.

### EXERCISE 2

- 1) What are some challenges we face in our region, communities and positions?
- 2) What priorities can we identify to address these challenges?

### IF YOU HAVE TIME...

- 3) What actions will move us forward to address these priorities?

### EXERCISE 3

- 1) What steps can we take to build on our strengths? Improve the effectiveness of the Coalition and our Management Resource Team? Is anyone missing from the table?
- 2) How can we improve communications within the Coalition?

## APPENDIX C – ACHN PARKING LOT

What makes a community healthy?

- Volunteers, Giving back, Running programs
- Sense of belonging
- Culture and we all are one
- Connection
- Healthy Leadership, Involved Leadership
- Respect = teachings & culture
- Clearly defined roles & responsibilities with healthy communication
- Unrestricted by silos & cubicles
- Shared resources
- Teaching respect for elders & providing elders with opportunities to share
- Being treated equally as human beings
- Building ways for people to participate & contribute
- Sense of belonging & inclusion
- Listening to the needs of the people & meeting those needs
- Volunteering helps build Community
- Stable employment, long term jobs
- Lots of communication between groups & with local government & FN Councils
- Vibrant public spaces
- Inclusion so no-one feels marginalized
- Education opportunities

What are some key issues/ concerns that are that impacting the health of your community or the region on the whole?

- Equitable access to services
- / First Nations
- Cost of transport - healthy food, medical appointments etc.
- Food security & chronic disease
- Poverty & unemployment
- Residential school syndrome
- #1 use of hospital day surgeries for children is dental treatment, this is a preventable disease, prevent dental decay through education & support
- Dependency
- Birth services - coordination
- Alcohol, drugs, violence
- Lateral violence - cycle continues to the next generation
- Equity!

- Ahousaht: transportation - medical, access to healthy food during winter, BC ambulance services, no BC ferry service
- Sustainable development (food, housing, education)
- Abuse - alcohol/ drugs, mental, physical, emotional, sexual
- Trauma
- Lack of education, "crab in the bucket syndrome"
- Distribution of wealth
- Inequity
- Need resources for education around chronic disease prevention & self management
- Co-op sells too much junk food/ devoted too much shelf space to it
- Indoor recreation opportunities
- Sustainable growth - resource use
- Plastic in our economy
- Choice / quality of food
- 'Ism's' - racism, sexism, ageism, classism
- Promote volunteerism, especially with kids

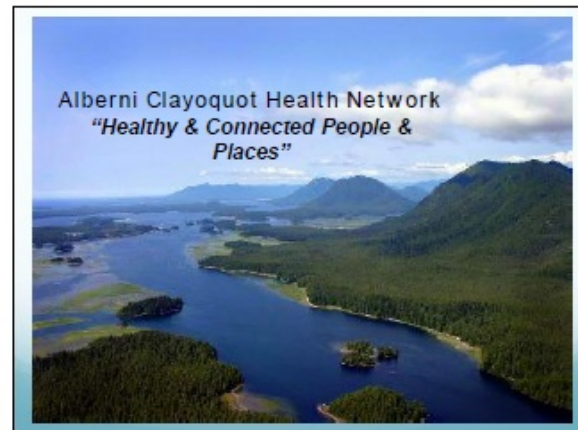
APPENDIX D – DUAL LANGUAGE LITERACY PLAN PARKING LOT

## APPENDIX E – CBT BIOSPHERE CENTRE PARKING LOT

What comes to mind when we say biosphere centre?

- Expand and build on the concept of Hishishtwak
- A community/region living in ways that show respect for the Biosphere we depend on
- Preservation
- A community that lives as though a healthy biosphere is essential
- Biosphere centre as 'Hub' – access to services

# APPENDIX F – ALBERNI CLAYOQUOT HEALTH NETWORK PP



## Who Are We?

- Created through a Protocol Agreement between the ACRD & VIHA April 2012 & \$500,000 funding.
- Recognition that health is a community responsibility & that collaboration leads to Innovation & Improved health outcomes.
- A mechanism for citizens working and living in the regional district to come together and speak with a collective voice on health issues and share ideas and resources to build healthy sustainable communities.
- Part-time Coordinator & Admin Assistant Hired June 2012
- 17 Member Planning Committee.
- Strategic Plan Adopted Jan 2013 (<http://www.acrd.bc.ca> go to: community services > health network)



### OUR MISSION:

*The Alberni Clayoquot Health Network fosters healthy & connected people and places by enabling dialogue & understanding amongst citizens & stakeholders in order to speak with a collective voice on regional & local health issues.*

*The Network is a community driven mechanism that helps to build partnerships & capacity, share concerns, ideas & resources & create innovative solutions that impact the social determinants of health & work towards sustainable healthy communities.*

*"If you want to travel fast, travel alone.  
If you want to travel far, travel together."*

## OUR PURPOSE:

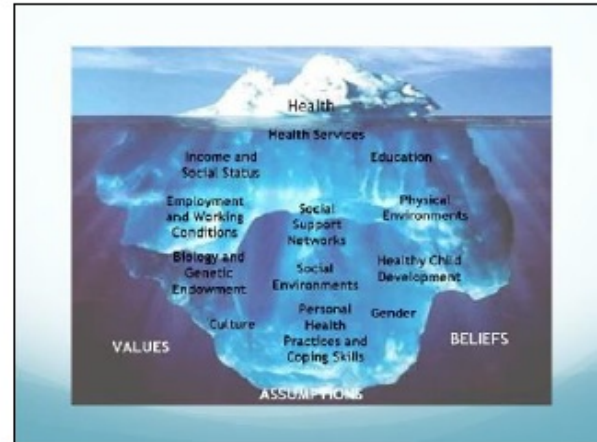
- involve a variety of sectors which have the potential to impact on the determinants of health
- involve stakeholders in an ongoing process of deliberation, needs assessment & priority setting
- focus on setting priorities and mobilize solutions that build on community assets and strength
- enhance the skills, abilities, resources, and commitment of communities and community members to care for each other, nurture unique talents and leadership, and act on challenges and opportunities the community faces.
- impact the health and vitality of Alberni-Clayoquot communities in a positive, sustainable manner through collaboration, education, communication and cooperation.

## OUR VALUES

- **Inclusion:** We are open to anyone that wants to be involved and recognize, encourage and value each other's contributions.
- **Learning:** we share knowledge, listen to each other, explore new ideas and apply information in ways that generate new understanding and solutions.
- **Compassion and Respect:** We have compassion for all people with whom we interact and are mindful and respectful of differing opinions.
- **Hishuk lah tsawk:** We embrace the NuuChalNuth world view that everything is one and all is interconnected and health is holistic in nature.
- **Connection, Collaboration and Sharing:** We cultivate relationships, connect people to each other, promote a culture of participation and sharing of resources in order to better serve our communities and advance the common good. Together we are better.
- **Sustainability:** We are accountable with the resources entrusted to us, strive for cost-effectiveness and efficiencies and aim towards sustainability of solutions and initiatives.
- **Innovation:** We want to constantly find better and more efficient ways to serve our communities.

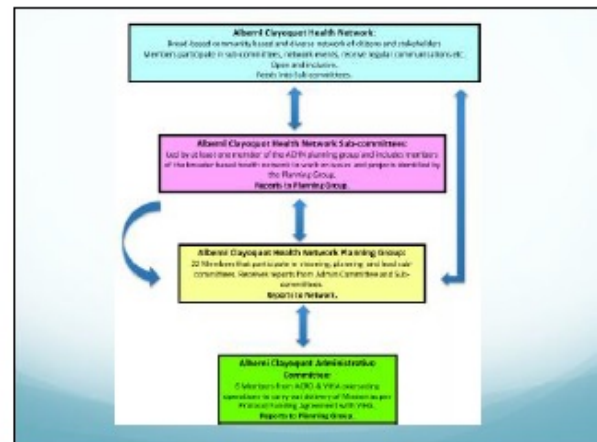
## OUR GUIDING PRINCIPLES

- employ a **population health** approach that focuses on improving the health and well being of the entire population of the region and across the lifespan.
- focus on the **social determinants of health** and address policies that **impact health inequities**.
- believe that health is a shared responsibility and that **collaboration leads to innovation**.
- are **solution oriented** & committed to building on community assets, strengths, efficiencies, social capital and **reduce duplication**.
- utilize approaches that **build knowledge, health literacy, capacity and citizenship**.
- acknowledge that local realities, population demographics, socio-economics and health indicators can vary significantly (remote, rural, urban).
- recognize that the Health Network exists within the territories of 10 Nuu-chah-nulth First Nations. We strive to find new, better and culturally appropriate ways to collaborate, plan and work together and that **legitimize traditional knowledge**.



## OUR GOALS

- Network Development
- Healthy Children and Youth (0 - 18)
- Affordable & Accessible Regional Transportation
- Affordable Housing
- Improve Health Literacy

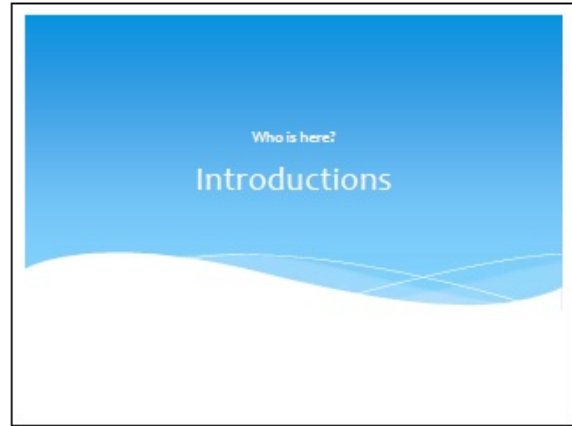


## Join Us! Everyone is Welcome!

How can you participate? It's simple!

- Email and ask to join our network list: [slyle@acrd.bc.ca](mailto:slyle@acrd.bc.ca)
- 'Like' us on Facebook & receive on our ongoing newsfeed
- Attend our meetings and regional sponsored events
- Join our sub-committees
- Send us your news & we'll share it!
- Contact Us! Tanis Dagert, Network Coordinator [tanisd@live.ca](mailto:tanisd@live.ca) (250) 668-5159 or Shelli Lyle, Admin Assistant, [slyle@acrd.bc.ca](mailto:slyle@acrd.bc.ca) (250) 720-2700

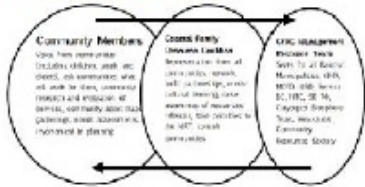
# APPENDIX G – COASTAL FAMILY RESOURCE COALITION PP



## What, Why, Where

### MISSION

To develop the capacity on the West Coast to address the needs of children, youth, families and communities by improving communications and networking between service providers, agencies, communities and funders.



## Service Integration



## Projects

- \* Dual Language Literacy Plan
- \* Issue Specific Working Groups
  - Early Childhood Educators
  - Youth
  - Priority Specific
- \* Coastal Family Resources Website
- \* Healthy Communities Charter Project

## APPENDIX H - STRENGTHS AND ASSETS WORLD CAFÉ

- Ucluelet Community Centre
  - Community/services came together
  - Quality of venue
  - Well used
  - Families access programs – library, weekend activities, childcare
- Service Providers
  - Openness to help
  - Knowledge on community services
- Services/individuals from outside the region can reach out and rely on local providers to help out
- Noticeably more collaboration on services
- Coordinated efforts between services
- Increase in # of workers
- Ucluelet is more receptive and now has great experience working together
  - Tofino can investigate space at the hospital
  - Use CBT meeting space
- Efforts to take this collaborative approach to other communities
  - Child and Youth Workers meeting
  - Great to meet other workers
- Part time workers can partner with people already working in remote communities
- Connect to existing youth groups/council or CAP class
- People/relationships
  - Passion commitment
  - Build relationships with the families through consistent staff
- Natural Environment
  - Hishuk ish t'sawak
- Innovative/flexible and resourceful
- Versatility in multiple roles
- Networking with all communities in the region, effective coordination
- Services go to the communities
- Networking partnerships and programs
- Utilizes strengths
- Word of mouth = familiarity with services
- Services can happen outdoors
- Building on past, learning and moving forward
- Web of Service provision effective – strong and can tap into cooperation
- Coordination
- Identified strengths in individuals and agencies connected to make things happen
- Need for sustained consistent service – key - solid consistent staff
- Strong partnership between NTC and other agencies – VIHA businesses, non profits

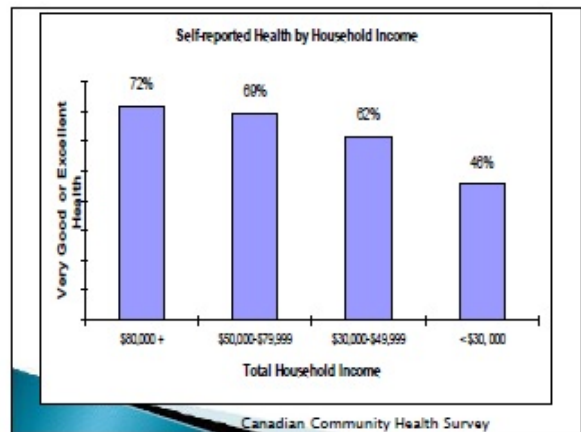
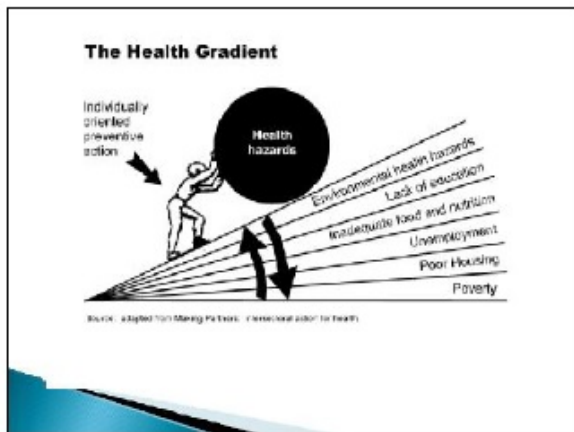
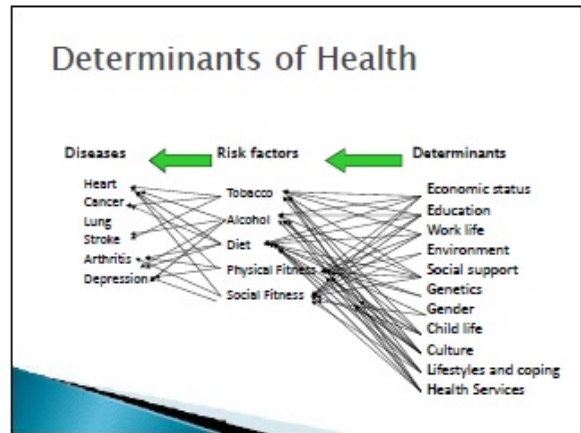
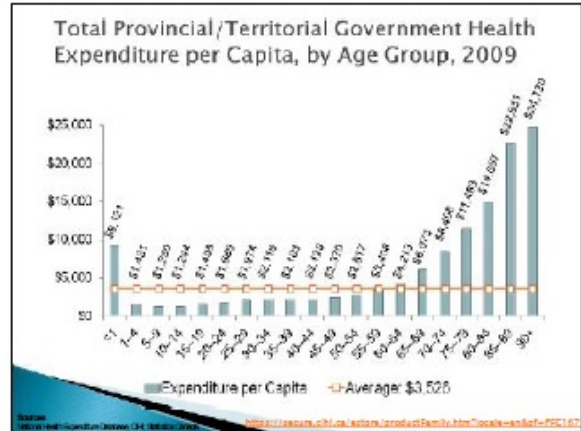
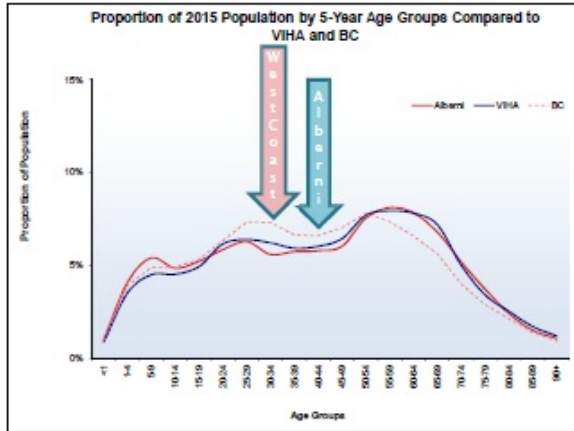
- Broken barriers in transportation – EG: Dental program – VIHA needed to be invited and escorted previously
- Federal and provincial boundaries
- Connections made
- Finding new ways to get information out (eg. Social networking, websites...)
- Engagement – of participants, service providers, etc
- Flexibility and adaptability
- Building on their own strengths
- Reciprocal learning
- Sharing wisdom
- Connectivity
- Cultural sensitivity
- Finding common ground
- Meeting participants where they are
- Seeing the whole person
- Establishing relationships
- OT, SLP, PT are all accessible services for all ages (on and off reserve)
- Accessibility and availability of specialist care (ie. Vision, dental ortho)
- Availability of resource information – health literacy
- Implementation of health navigators
- Support for people with disabilities throughout their lifetime (on and off reserve)
- All families feel included valued (children/youth/families)
- CFRC partners
- Buy in from local govt, schools, MCFD, VIHA
- School outreach to all communities
  - Specific community visits
- Addressing transportation issues
- Breaking down barriers between community services and school personnel
  - Local personnel, admin, staff
- Office space at UCC
- Schools provide a welcoming environment to service providers
- Ucluelet Schools and District share facilities through informal MOU
- Recognition of past graduates and successes
- EDI – Improvements over the last decade –near target level
- Good opportunity to network and discuss – identify needs and solutions
- General collaboration –avoids duplication and overlaps, coordinated services
- Very good representation from all WC areas and agencies
- Many people know WC wants and needs –especially maternity services /birthing
- Tight organizational efforts to impact change
- Important to be inclusive/collaborative, accessible, sustainable
- 10 year anniversary! Better than average (7years) Stronger than ever

- Agencies coming together – MSD/Service BC (third party agreements) family ties
- Healthy foods program
- Traditional values – maintaining language
- Development of Ucluelet Community Centre including Library, early learning, literacy, hub, daycare
- Been able to build momentum –keep idea's going eg Website
- Strength –coordination of funds to make things happen
- Identify needs/create solutions eg Rainbow Gardens
- Consultation with community members and impacted people/groups
- Expansion to youth works
- Creating jobs in the area
- Service that are available and clearly accessible (ie people know how to access and what is available) – clear communication
- Services that successfully address needs
- People feel included and like the service(s)
- No major stumbling blocks /bureaucracy that prevent access
- Rainbow gardens - family approach
- Meetings, CFRC, etc. Help us make good connections – learning about existing resources
- CFRC Community Developer – pleasant, knowledgeable and has the skill set for the job
- Good people in key positions
- Communication – CFRC website, productive meetings, etc
- Community Hub in Ucluelet – practical, good linkages, brings service together
- Regional approach – working more as a region
- Other communities want to copy us!
- Addresses gaps in service
- Meet goals
- Community members accessing and utilizing services
- Sustainability –services that last
- Persistent –make \$\$ last
- Collaboration of services creates success
- Networking opportunities
- Accommodating to meet the needs of the people
- CYW – leeway/latitude/flexibility to provide service and make connections
- Creative with \$\$/funding/programs to provide service
- Existing services meet the needs of people in the region with focus on collaboration
- Common goal of capacity building
- Ability to mobilize and come together during crisis
- Blend of services between mainstream and FN services –keen to develop together
- Website
- Ucluelet Community Centre

- VIHA Daycare
- Increase in youth services
- Network established to support youth
- ECE network
- Emergency response and community safety
- Ownership: service is no longer parachuted in – more community based
- Successful completion of programs/services
- Improving basic benchmarks
- Great coordinated efforts between services – outside services can partner easily with in community workers
- Child and youth worker meetings- opportunities to meet each other
- The Ucluelet Community Centre
  - Quality of space/venue
  - Well used by services and families
  - Library
  - Childcare
  - Weekend activities
- Improvement in consistency of workers – people staying longer in the region
- Collaboration means from the “we need more \$\$” to “we are working together to...”
- Service providers have presence in schools –lessened stigma in accessing services
- “No news is good news” – if things are going quietly along they are going well
- Locally generated solutions for our local issues
- Strong facilitation
- Engagement with education
- Municipal government and First Nations working together
- Knowledge of resources/access to them
- Ability to connect immediately
- Interconnected services
- Face to face time is frequent
- Consistency of professionals in the region – increased services/trust
- The HUB – having physical space
- Access to funds/ability to leverage
- Relationships
- People feel supported by one another – creative solutions, innovative
- Availability of grants from CBT
- Community focus on caring about the environment
- Creativity and resourcefulness
- Collaboration/community collaboration
- Willingness to work together
- Desire motivation, drive to learn about First Nations culture, identity, language

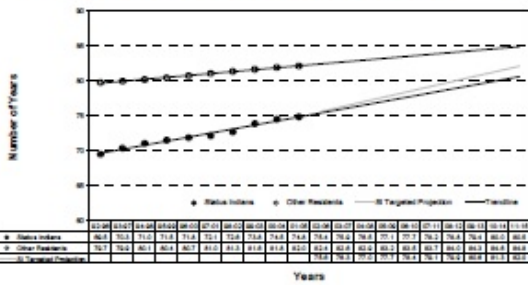
- Working towards non conventional ways to teach Nuu-chah-nulth language (language App)
- Flexibility
- Services being co-located (HUB)
- Adaptability/adaptating resources to be culturally appropriate and applicable to First Nations children and families (Moe the mouse)
- Outreach – extending contacts and resources to outlying communities
- Grandma and Grandpa program
- Encouraging positive communication, violence prevention from a young age
- North Island College ECE program in Tofino
- Hospice
- Youth with a mission –positive changes eg. Mens program
- Nuu cha nulth culture influences regional perspective
- Victim services – based here (2 years part time)
- Service #'s are increasing = overcoming isolation (geography, fears, ect, awareness)
- Increase in referrals = increase in funding/resources, more inter agency referrals
- New resources keep appearing = MOMENTUM
- Mental health on healing journey's – people recognise they need help
- Building up our people- self esteem work
- Focus on building healthy community and education
- Local commitment to traditional language development – starting with children (moe the mouse)
- Restorative justice/CCT in Ahousaht – growing, Builds self esteem, increases diverse community uses
- Always including culture – culturally sensitive programming/services
- Involve community/clients
- Good communication with in services to make sure clients are receiving the best service/support possible
- Participation in programs
- Good communication with target audience
- Stronger relationships between communities





## The Burden of Inequity Carried by Aboriginal Peoples

Life Expectancy at Birth, Five-Year Averages, Status Indians and Other Residents, B.C., 1992-1996 to 2001-2005 with Projections to 2011-2015



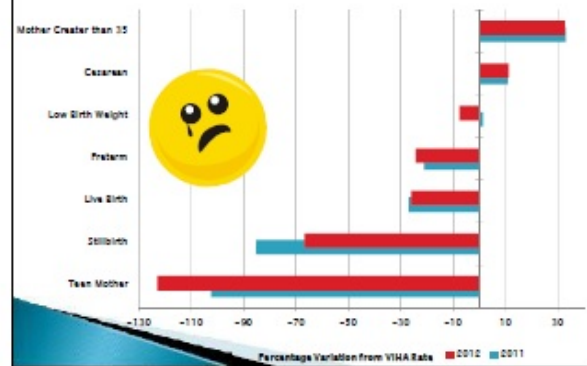
Source: B.C. Vital Statistics Agency, data as of November 2008, prepared by Population Health Surveillance and Epidemiology, Ministry of Health, 2008



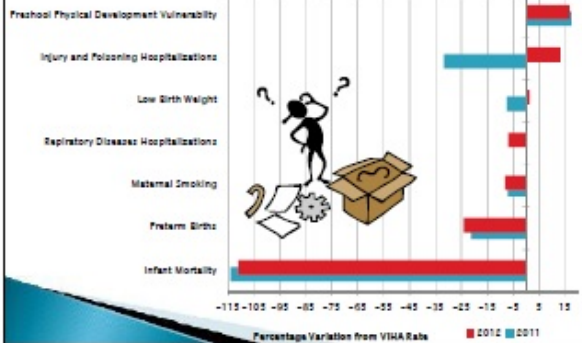
## LHA Profiles - Interpretive Notes

- ▶ Accessible on line.
- ▶ Data in profiles are presented differently - important to carefully review data to understand.
- ▶ Generally measures to the right of zero show favourably when comparing LHA to VIHA, measures to the left less favourably.
- ▶ Profile also compares LHA to BC as a whole.
- ▶ For most slides, Red is the most recent year, Blue is the previous year.

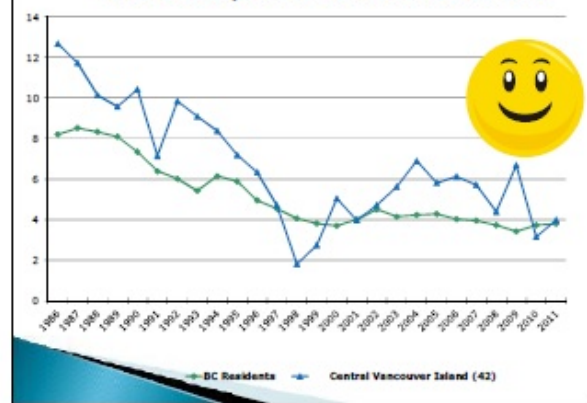
## Birth Statistics

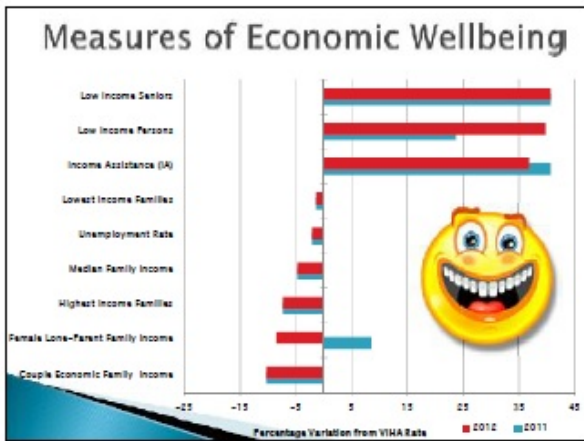
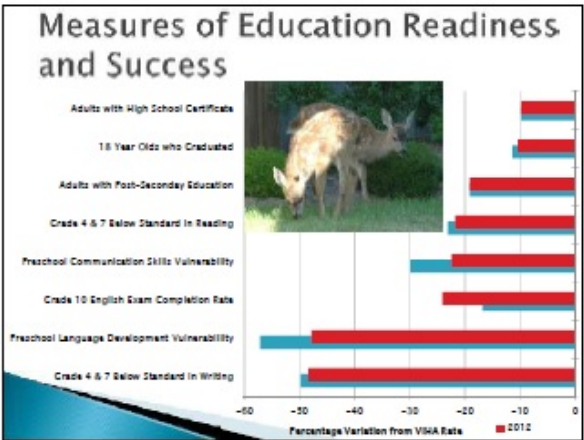
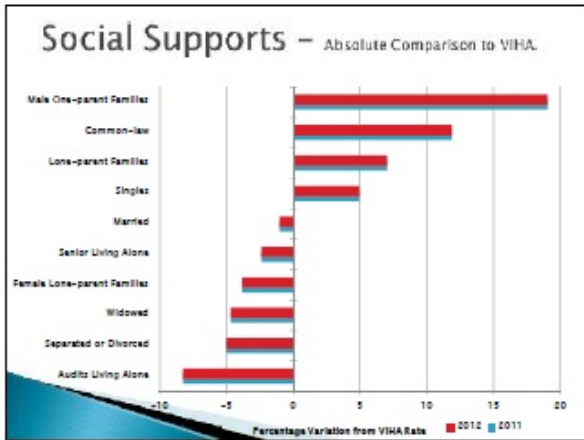
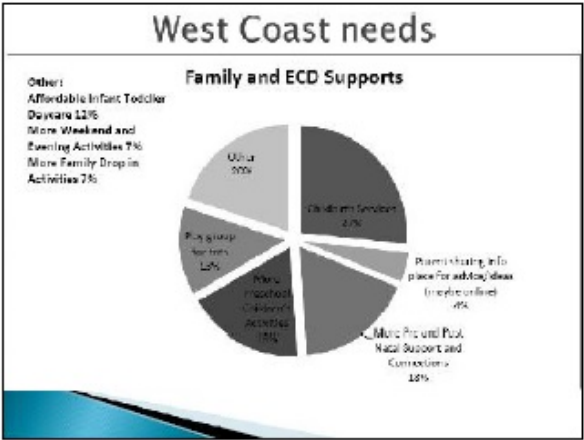
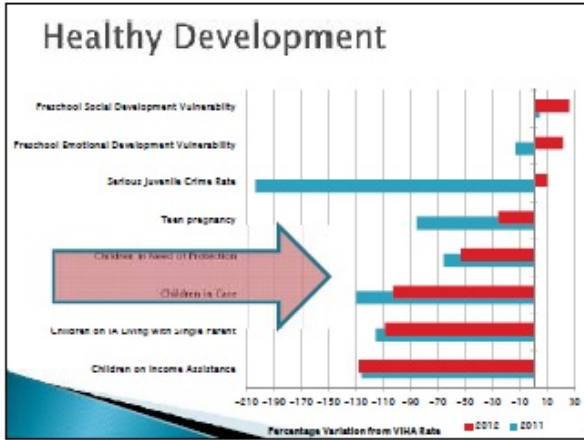


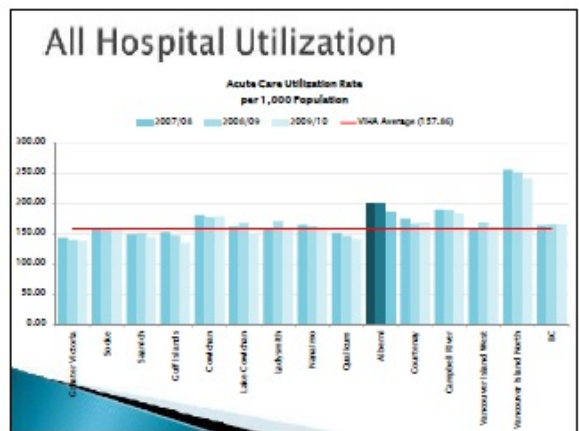
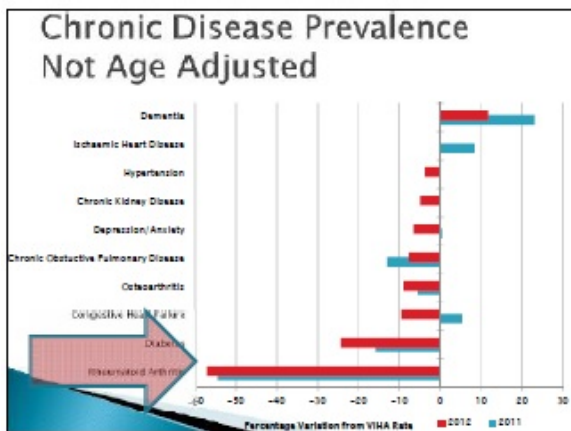
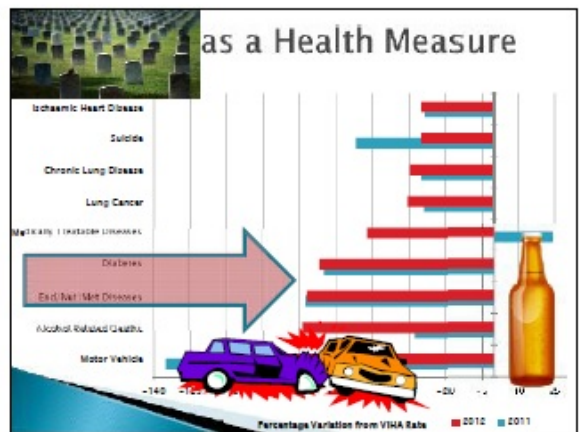
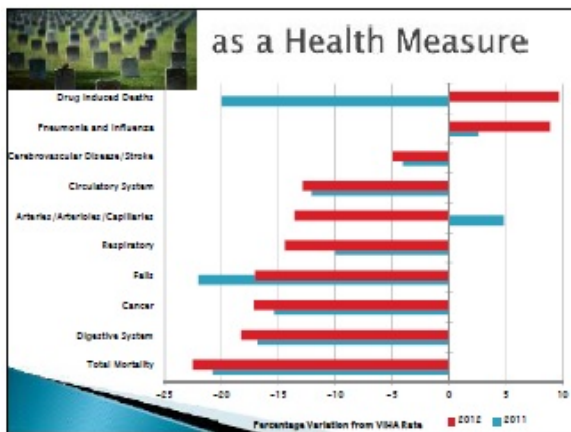
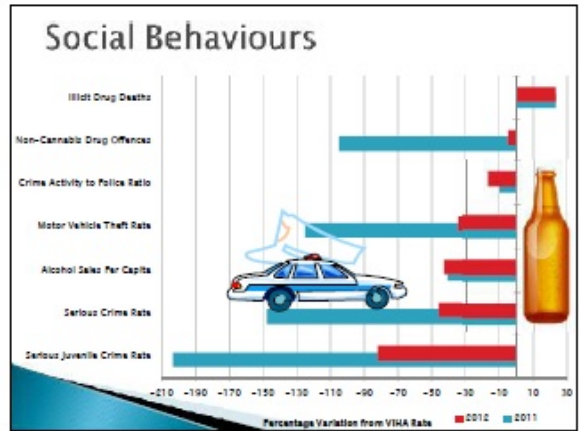
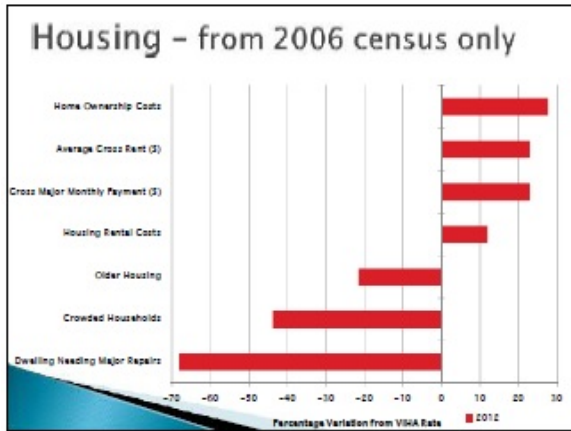
## Child Health

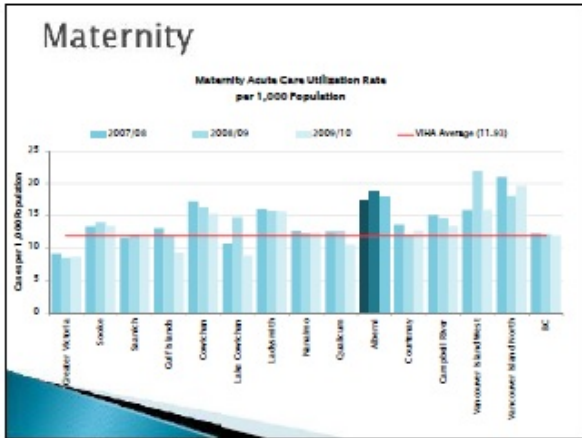
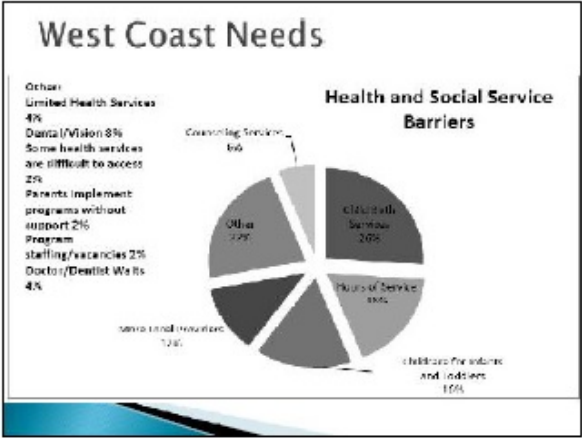
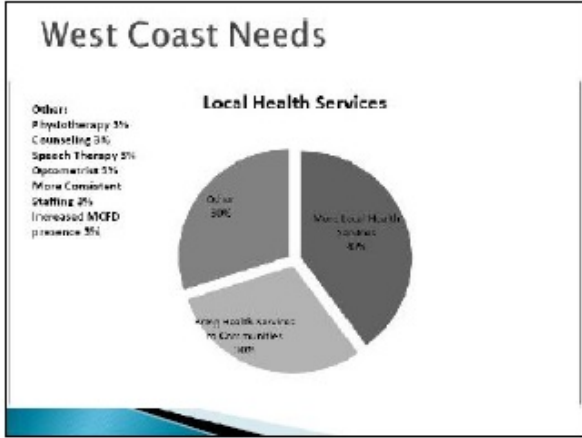


## Infant Mortality Rate Central Vancouver Island cf. BC









### Births



**Alberni births 08/09**

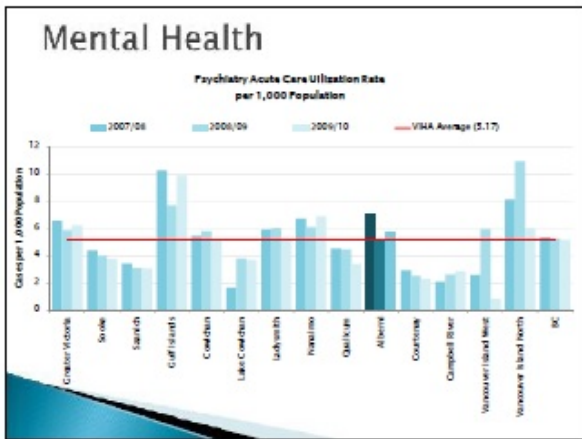
- 336 births
  - 250 - WCGH
  - 49 - Nanaimo
  - 12 - St Jo. Comox
  - 10 - Victoria General
  - 8 - off island
  - 3 - Tofino
  - 3 - home births
  - 1 - other island

**VIHA on West Coast (3 years 2009-2011)**

248 births, or ~63 per year

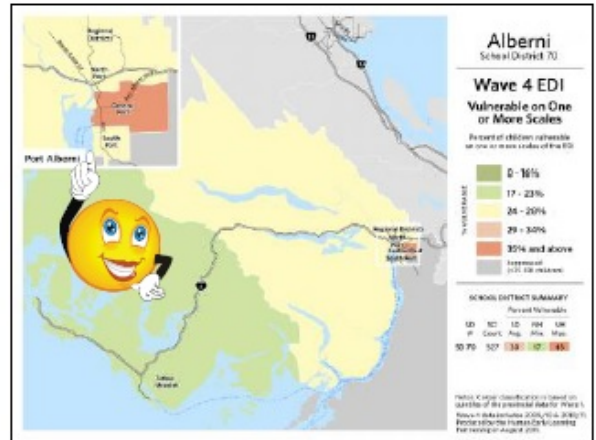
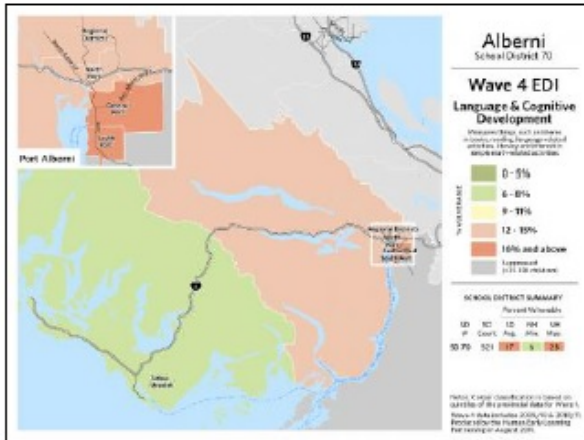
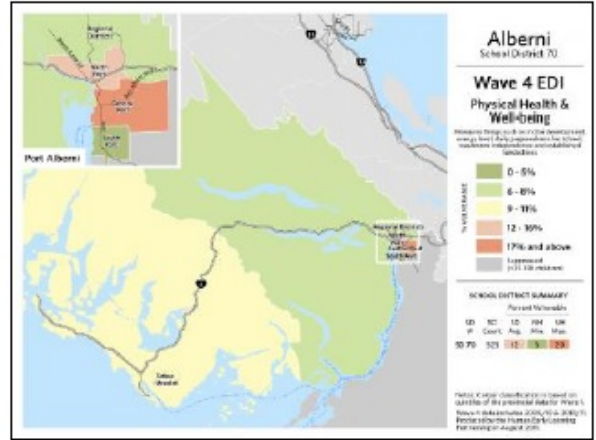
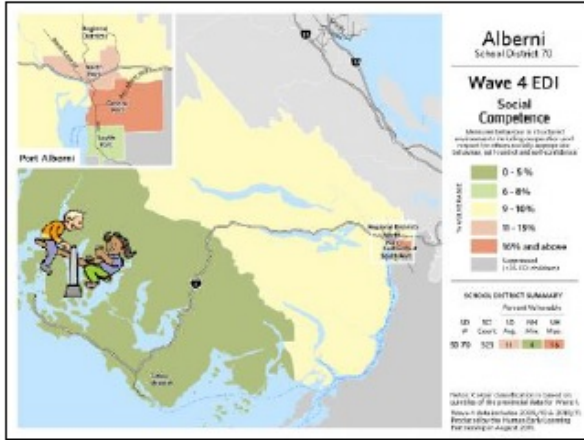
20% of LHA 70 births

- 102 WCGH
- 86 Nanaimo
- 21 - off island
- 19 - St Jo
- 16 Victoria
- 4 other island



### Early Development Index

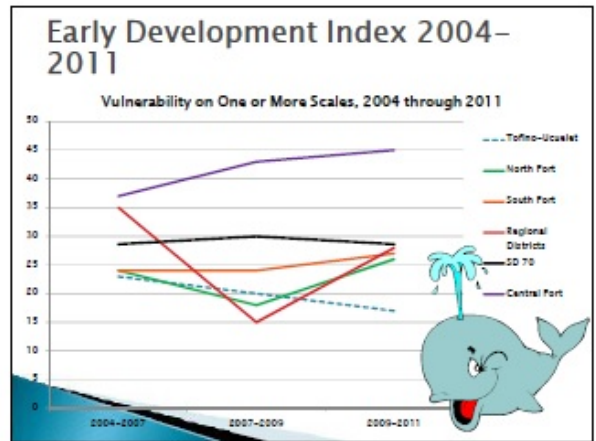
- Presented by School District



**EDI Data Table**  
SD 70 Alberni

SD 70	EDI Count	Physical Health & Well-being	Social Competence	Emotional Maturity	Language & Cognitive Dev.	Executive Function Skills	Safe or One or More Scales
Tofino - Ucluelet	20	38	19	6	10	10	23
North Fort	10	20	11	13	11	12	18
South Fort	10	4	10	10	10	10	10
Regional Districts	10	4	10	10	10	10	10
Central Fort	10	10	10	10	10	10	10
North Fort - Alberni Coast	10	10	10	10	10	10	10

Notes:  
2004-2011 EDI (Wave 4) Learning for All  
PD - Wave 1 (2004-2005), Wave 2 (2007-2009), Wave 3 (2008-2011)



## A Picture of Health: Highlights from 2008 British Columbia Adolescent Health Survey Central Vancouver Island

McCreary Centre Society  
www.mcs.bc.ca



## Survey Administration

- Administration took place in Grade 7-12 classes in 50 of the 59 BC School Districts.
- Over 29 000 surveys were collected in 1,760 classrooms between February and June 2008.
- Scheduled for wave 5 in 2013.
- Full set of 57 slides available for CVI.
  - School districts have data at finer level for interpretation.

## Mental and Emotional Health

During the past 30 days, have you felt so sad, discouraged, hopeless or had so many problems that you wondered if anything was worthwhile?

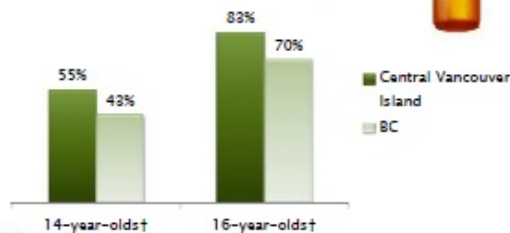


## Sexual Behaviour

- 72% of youth never had sexual intercourse (lower than provincial rate: 78%).
- Most common reasons for not having sex:
  - Waiting to meet the right person (50%).
  - Not ready for sex (48%).
- Among those who had sex:
  - Most commonly started at age 15.
  - 18% first had sex before age 14.

## Substance Use

Students who ever drank alcohol  
(other than a few sips)



† Indicates that the difference between 2008 HSDA and provincial estimates was statistically significant.

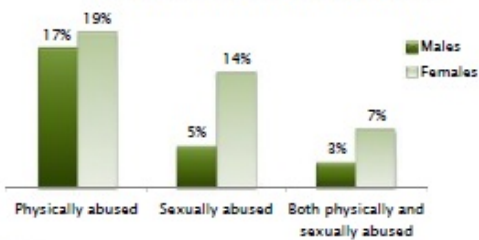
## Substance Use

	2003	2008
Prescription pills	8%	16%†
Any Hallucinogens	7%	10%†
Mushrooms	11%	10%†
Cocaine	5%	5%
Inhalants	3%	5%
Any Amphetamines	3%	4%
Steroids	1%	2%
Heroin	1%	2%†
Injected an illegal drug	<1%	2%†

† Difference between 2008 Central Vancouver Island and provincial estimates was statistically significant.  
‡ Central Vancouver Island difference between 2003 and 2008 estimates was statistically significant.

## Abuse and Violence

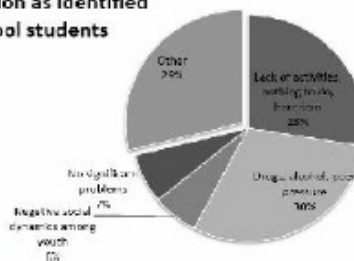
Males and females who were ever abused



Note: The gender difference was not statistically significant for physical abuse.

## West Coast Youth

Biggest problems facing youth in the region as identified by high school students



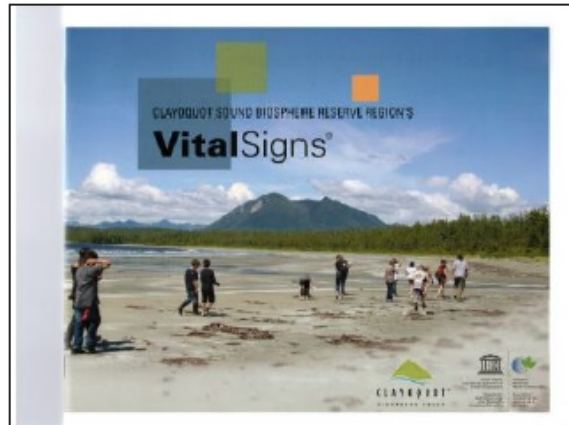
## Protective Factors: Family and School Connectedness

Health by family connectedness



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 250.739.6304  
 paul.hasselback@viha.ca

# APPENDIX J – CLAYOQUOT VITAL SIGNS, ADRIENNE MASON PP



### Measuring Community Health/ Vital Signs

- Tool that helps communities focus on issues that are important to them.
- Raises public awareness and encourages community discussion.
- Informs policy and decision-making.
- Helps to set priorities.
- Increases public awareness
- Identifies gaps.
- Celebrates successes.
- Builds partnerships among communities, governmental and non-governmental organizations and the private sector.

### Who will use the info?

Individuals  
Service Providers  
Private Sector  
Non-governmental organizations  
Governments (all levels)  
Educators  
Academics  
Potential donors

### Children & Youth

Since the most complete version of the Vital Signs report (2011) was published, Clayoquot Biosphere Trust has seen a 150% increase in the number of youth participating in the program, from 10 to 15. This is a significant increase, especially considering the program's age range of 11-17.

100% of high school students received feedback on their Vital Signs report, compared to 80% for Clayoquot Biosphere Trust.

Temperature and air quality are factors to many youth in Clayoquot. 18% have reported 23% of youth are interested in learning more about air quality and how to improve it. 20% of youth are interested in learning more about air quality.

20% of youth are interested in learning more about air quality.

**Local Leaders**

Children and youth who are interested in the environment are encouraged to participate in the program. The Clayoquot Biosphere Trust has seen a 150% increase in the number of youth participating in the program, from 10 to 15. This is a significant increase, especially considering the program's age range of 11-17.

**What the CBT is doing:**

- In 2011, we conducted a study of the Vital Signs program in Clayoquot Biosphere Trust. We found that 100% of youth who participated in the program were interested in learning more about air quality and how to improve it.
- We are currently conducting a study of the Vital Signs program in Clayoquot Biosphere Trust. We found that 100% of youth who participated in the program were interested in learning more about air quality and how to improve it.
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### Health

Since 2011, drinking water services have not been available at the Valley Creek Hospital. It is essential that the hospital has access to clean water for patients and staff. The hospital has been using bottled water for patients and staff. This is a significant expense, especially considering the hospital's budget.

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**How the CBT is helping:**

- Healthy Food, Healthy Communities is a core priority of the CBT. We are currently conducting a study of the Vital Signs program in Clayoquot Biosphere Trust. We found that 100% of youth who participated in the program were interested in learning more about air quality and how to improve it.
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- We are currently conducting a study of the Vital Signs program in Clayoquot Biosphere Trust. We found that 100% of youth who participated in the program were interested in learning more about air quality and how to improve it.

## APPENDIX K - CHALLENGES IN COMMUNITIES, ORGANIZATIONS, REGION

- Transportation
  - isolation of difference communities
  - services not reaching far enough
- Change over in staff, inconsistency in staff, lack of communication with all the great programs services we have
- More funding needed (funding application supports)
- Connecting with parents
- Lack of programming for child and youth in Ahousaht
- Funding application supports training
- Relationship building – more forums
- Offer proposal writing workshops
- Money men/women – positions in communities to apply for funding – p/t position in each community/nation – follow through with projects/organize programs
- Lack of parenting skills in certain aspects
- Dependency, parents enabling their children
- Govt cut backs on social assistance
- Lack of services on smaller reserves
- Lack of safe transportation at night – lack of lighting on bike path
- Lack of local health services
- Lateral violence
- Lack of youth participation in prevention programming
- Unemployment
- Lack of affordable housing
- Cost of groceries in general
- Difficulty in making healthy food choices because of cost of healthy foods
- Isolation – cost of transportation
- Lack of trained emergency responders and difficulty in keeping them in the community once trained
- Lack of education
- Clash/misunderstanding between elected and hereditary governance in First Nation communities
- Lack of local birthing services – costs – financial and social support
- Support for special needs children
- Communication skills
- Life skills: teach things like budgeting in schools
- Living off the land: education around gardening hunting local to our region
- Political priorities
- Geography

- To many meetings – prioritizing
- Transportation –costs, bus service
- Keeping current with what is available
- Breaking down assumptions
- Specialists are in larger urban centres
- In patient care beds are full
- Cost of eating nutritionally
- How to get the interest from families
- Alcohol
- Access to food – quality of food
- Weather
- Employment – sustainable economy, seasonal work, working poor
- Housing – affordable
- Values of modern day society – eating as a family, food choices, organized recreation activities which \$\$
- Lack of recreation facilities – too expensive
- Long terms care for seniors – home care
- Qualified and retaining staff of all areas
- Establishing trust with clients
- Office space to use in Tofino for community services
- Transportation between communities
- In person access to federal services on the west coast
- Funding –for everything
- Online/electronic literacy as more services are offered online
- Literacy
- Access to services for families with special needs
- Diabetes
- Alcohol Drug Abuse
- Stable employment in west coast communities – federal govt investment – challenges to take on call work to afford to live here impacts ind commitments and volunteer things
- Recreation program service for middle aged and seniors
- Healthy affordable food
- Access to affordable healthy food
- Transportation – affordable, safe, regular, appropriate
- Communication – people knowing services that are available to them
- Seniors services
- Timely access to medical services – physio doctor
- Bureaucracy/red tape/stumbling blocks to access service
- Graduation success – what makes success, engagement of students, how do we support youth to reach full potential? Maybe not graduation?
- Services for a young growing population – Challenges ahead?

- Education supports for young parents with children of young people who have dropped out
- People have to leave the area to be born and die – need services for babes/mom's and seniors in the region
- Keeping desire to learn/engagement with education – engagement with students – innovatively, outdoor etc.
- Transportation – costs, access
- Maternity/birthing centre
- Reduction in programs/resources/services and high school with recognition of new courses
- Housing – temporary, staff housing
- Seasonal fluctuations stretches resources
- Services for seniors; services to maintain independence in community
- Access to occupational therapy, physio, social work, chronic disease, primary care, physicians, etc
- Delayed responses of services to meet needs
- Individual service providers wear many hats
- Service providers experience heavy workloads – impacts communication, services delivery
- Try to do things ourselves, leads to lack of statistics
- Housing needs are hidden because of illegality
- Geographical context is often not understood
- Lack of space/facilities for programming
- Isolation –geographic challenges
- Population - # determining funding \$\$
- Bureaucracy not answering local needs
- Birthing services - Pre and post natal
- Time
- Invisible work
- Program momentum
- Barriers/accessibility
- Safety/trust
- Access to healthy foods
- Lack of major service providers
- Expenses for families to go out and services providers to go in
- Sometimes difficult to motivate parentes to access resources for children
- Limited infant toddler daycare; some communities have not infant daycare
- Small #'s of children, little or no funding for outreach support.
- Decision makers don't always see the justification of spending \$ on low #'s
- Sporadic funding for identified projects
- Transportation between communities to access services – boats, buses
- Weather – cannot fly, drive through the pass

- Power outages
- Preconceived ideas of health – dental, baby tooth decay, diabetes...
- Lack of prevention education
- Teachable moments –create opportunities
- Lack of appropriate, safe housing in smaller communities. Could allow for services providers to come/stay for longer period of time
- Subsidized transportation between communities
- Hydros infrastructure – thoughtful community planning
- Increase communications in communities
- Increase certified infant toddler and ECE's
- Recruitment of a local OT and PT
- Geography/remote communities
- Combined services – confidentiality can be a barrier to accessing services
- Travel – weather, distance
- No late bus, communities can't participate
- Financing/funding
- Funding cuts
- Decrease in extracurricular activities
- Decreased positions
- Crisis services
- Teen shelter/emergency housing
- On call foster homes – unreliable
- Combine emergency shelter services with others
- Referrals to substance abuse treatment can be far and barriers to access
- Awareness of all services available
- Port Alberni services would be closer
- Psychiatric care/beds- suicide risks
- Nutrition Diet
- School lunch/snack program at risk
- Behaviour problems linked with poor diet
- Better attendance with snacks
- UCC – community garden beds, community kitchen, youth can help prepare snacks and lunches?
- Transportation
- Lack of funding
- Lack of networking on a day to day basis
- Space – offices, facilities – for services and youth programs
- Occupational Therapist
- Housing for youth – emergency, police and MCFD
- Hard to find instructors for teaching Nuu chah nulth language
- Funds to cover travel costs (boat services providers and those accessing services)

- Cost of living is high (\$ healthy food)
- Space to run programs in is limited
- Availability of late night youth service/program options/youth space
- Teen pregnancy, sexual health education (lack of) perceptions of pregnancy (ideal vs reality)
- How to support isolated families who may or may not want intervention (assessments, funding opportunities)
- When do to issues like assessment become protection issue?
- How do we keep children safe (ie. Process of protective services, removal of children and reversal – betrayal)
- Decisions made without local knowledge or input (highways, hospital, staffing, etc.)
- Politics between agencies – control issues
- Transition with in service providers positions – high turnover
- Low self-esteem a barrier for positive change
- Funding - cuts, repackaged “new funding”, always seeking grants, downloading, doing more with less, no travel/reduced service
- Geography of region – isolation, acknowledgement of true travel needs (both services and people needing service)
- Tofino vs Ucluelet office space – serve both locations, don’t want to duplicate space, plus other communities
- Different levels of government
- Time consuming to apply for \$ - needs skills, competitive process
- Transportation – no public transit (outside of tourist season), scrambling for \$\$ to get a service
- Nothing for seniors
- Flexible child care needs if not needing full time care
- Need more varied resources that are culturally appropriate
- Weather (severe)
- SADS
- Language sharing is changing – risk losing fluent speakers and language/history/culture, traditional language becoming slang because residential school created gap in teaching in families

## APPENDIX L - PRIORITIES

- Toll booth/information booth educating tourists on local roads
- Recruiting more midwives to address lack of local birthing services
- Encouraging working groups to discuss challenges such as lack of special needs services
- Education around how to encourage children and youth to eat healthier foods – teaching parents/grandparents how to adapt healthy foods so they appeal to children/youth
- Encouraging/teaching more about traditional foods

- Teaching how to preserve traditional and non-traditional foods
- Increase accessibility of information for expectant moms about birthing resources out of town
- Housing options for expectant moms leaving town – how can bands be involved in funding
- Mentorship programs to help adults learn how they can be more supportive to youth in their lives
- Stable employment/economy
- Affordable housing
- Transportation – access to, cost, with in and outside region
- Medical services locally
- Temporary office space for medical, government and other services
- Access to serv/programs for families with special needs
- Tax break for WC remote, communities
- More medical personnel – doctors, physio, nurses
- Innovative transportation
- Seniors housing and related services
- Support for rites of passage – birthing/senior years
- Programming to support young people who may have dropped out of weren't quite ready for more education – ABE, training programs, less restrictive ed programs
- Sustainability – acknowledge all as one
- More services to match population growth and need
- Consistent funding – core \$\$
- Family support and values
- Accountability for funding
- Communal space to better serve clients
- Inequity of funding between FN and non – ie Education
- Resources for Men specifically
- Cultural inequity – find a voice, throw out Indian act, education
- Transportation – ride share, social media connection
- Funding \$\$
- Lobby collectively, politically
- Awareness/education understanding of context(s)
- Accommodate influx of seasonal growth
- Facilities – enter private/public agreements for use or creation
- Multi use facility
- Bring decision makers to the west coast to show our reality
- Dialog between local government and services providers - briefing notes, issue specific
- Local management
- Leverage likability of region/area
- Revenue generating – charities, professional fundraising

- Find a champion for causes
- Primary care hub in UCL to address non emergent needs of residents
- Adding basic first aid to emergency preparedness
- Communication/networking
- Advocating for birthing services
- Community voice
- Funding not related to population #
- Vision for service, thinking outside the box
- Meeting space – Especially in Tofino
- Collaborative community approaches to deal with funding cuts with innovative solutions
- Make issues more public – emergency housing
- Possible collaboration with Band schools for OT times
- Establishing trust between schools and potential instructors
- Consideration for geography, remoteness of region by decision makers – policy makers should know and experience our geography
- Supporting safe practices for workers (ie. Hotel rooms for paramedics)
- Youth health – prioritizing youth issues, maintaining availability of programs during transition from child to youth, youth employment, mentorship
- Awareness of how to retain passionate employees/service providers. Flexibility, awareness of workers, situations, staff development, mentorship programs
- Affordable housing – keeping young families
- Identifying regional differences – Tofino, Ucluelet, Esowista
- Identifying and including seniors service providers and groups in the Coalition
- Commuter shuttle for the region – promote employment ease of grocery shopping and medical appointments

## APPENDIX M – DOTMOCRACY PRIORITIES

### INFANT AND CHILD TABLE DOTMOCRACY PRIORITIES

- Advocacy for birthing services (52)
- Subsidized and increased transportation between communities (42)
- Funding based on needs/issues not numbers (25)
- Recruitment and retention of infant toddler and ECE (25)
- Occupational and physical therapists (23)
- Safe housing (16)
- Look at impact of cancelled days (3)
- Communication/networking among field (2)
- Celebration of EDI success (1)

### CHILD AND YOUTH TABLE DOTMOCRACY PRIORITIES

- Community retention – How do we keep people/employee’s/families/youth in the region? (44)
- Funding and training to increase community programs and dollars and projects for communities (community developers) (33)
- Transportation – major barrier for youth, low income to employment, recreational activities, accessing services, etc, hitchhiking is risky (33)
- Long term Nuu chah nulth Language opportunities (29)
- School food programs (17)
- Crisis Services – teen shelter/emerg housing, substance use services, shared advocacy, psychiatric care/suicide (16)
- Increase in awareness of youth issues – transportation, emergency housing, safety, health, sexuality (11)
- Collaboration for more Occupational Therapy – more accessible (1)
- USMA MCFD information sessions

## COMMUNITY HEALTH TABLE DOTMOCRACY PRIORITIES

- Food Nutrition – access, quality, skills, cost (30)
- Employment – working poor, sustainable economy, seasonal work, skills development (27)
- Birthing (17)
- Housing – Safe, affordable, attainable (15)
- Sustainability – long term funding, permanent projects, environmental, taking care of (15)
- Supports for non-traditional education options – engagement with education across the lifespan, outdoor ed, life skills, community ed, other measurements of success (13)
- Parenting skills (13)
- Transportation (11)
- Recreation – facilities, concepts, services, expense (11)
- Access to medical services/personnel (9)
- Dialog between local government and service providers – briefing notes (9)
- Increased funding
- Seniors – housing services, inclusion in CFRC (8)
- Office space - in community, communal/mobile (6)
- Special needs – access to service (5)
- Awareness of West Coast context (4)
- Mentoring (4)
- Tax break for WC families – like northern tax credits (3)
- Resources and services for men (2)
- Impacts of cuts- Social assistance (2)
- Address inequities between first nation and non first nation (1)
- Lobby collectively, politically
- Values of modern society – technology, family, etc

## APPENDIX N - NEXT STEPS/OPPORTUNITIES

Some tables took the opportunity to take our planning one step further!

Thank You!

- Support each other through network
- More RCMP involvement on reserve to improve response time
- More rules/bylaws re driving on reserve
- Community car stop program
- Registered hitch hiker program
- Community bicycles – paint RCMP recovered stolen bikes to repurpose when not claimed
- Ride share
- Social media connection
- Help support resolutions to AVICC/UBCM and NTC to help raise local issues to actions and funding to come back to address priorities
- Make HEALTH part of local govt priorities... not required ADD it so that health HAS to be considered
- Tax credits
- Increase government make priority for planning and lobbying, presenting, getting community support, Pass levy taxation
- Any downloading of services must come with the/a revenue stream
- Federal provincial action plans should have rural component – based on rural input
- Educating, increasing awareness of health and factors that influence
- Better promotion of rideshare/carpool
- Better promotion/expansion of care share program
- Support orgs already addressing the challenges
- Ride share forum on CFRC website
- At workplace encourage innovation/idea's to address our challenges - combine/nurture brainstorming/brain power
- Keep connected with other service providers – share idea's, link to other org's websites, etc
- Get youth and seniors involved in answering these questions
- Increase opportunities for people to connect with one another in meaningful ways – community spaces (not even formal ones, just benches and places to visit and interact in pleasant, healthy surroundings)
- Healthy food – sharing food, community kitchens, preserving/growing food, share resources and ideas – add food share to website
- Thinking outside the box with transportation
- Start sharing/building community
- Focus groups between specialized groups
- Include youth

- Include seniors
- Include potential investors
- Online forums to improve communications with in the Coalition
- Establish/support key individuals who are passionate about language to travel to each school in this region
- Community forums with all residents to bring awareness to the needs
- Funding for facilitation/coordination of language network in west coast communities (someone who brings it all together) – ensure more support/resource availability for the instructors and elders
- Establish a space(s) where elders will feel comfortable to teach children/youth

## APPENDIX O - EVALUATIONS

### HOW WAS THE COMING TOGETHER FORUM SUCCESSFUL?

- I have never seen such a wide and diverse representation as a community meeting! Wonderful.
- Appreciated the opportunity to match names to faces; also to discuss bigger issues, in the context of the West Coast. Easy to very focused on job.
- Great networking. Nice venue to discuss issues/challenges facing service providers.
- Lots of great ideas and discussions. Great ways for prioritizing issues.
- It was great to have some group discussion on the issues. Good balance of presentations to activities.
- Excellent representation from many sectors.
- The presentation by Dr. Hasselback was very beneficial and painted a good picture of our health situation. I only wish it had been earlier in the day.
- Provided an opportunity to spend the day with people from organizations that support community to families.
- Bring together many peeps from various organizations/backgrounds.
- 'With sharing of information, group/table placements (Thank you! I learned a lot from my peers at our table) and presentation.
- Great turn out. Awesome to spend time with service providers.
- Reminded me of a many people who I can work with more. Met several new people.
- Great venue. Great Participation. Good food. Good flow to the day.
- Strengthen knowledge base and connections of folks that are working together to support healthier families.
- Dr. Hasselback's presentation on statistics was informative. Able to meet differing people from different regions.
- Good updates. Sharing priorities.
- Good to meet face to face.
- Diverse group. Great turnout.

- Bringing so many service providers together—networking! Good food and snacks.
- Great to see so many people from so many different services!
- Got a lot of service providers in the same room together and allowed for collaboration and networking.
- It was great to hear about successes that build hope, optimism, sense of track record and histories and also hearing presentations about concept, etc. was valuable for grounding later conversation.
- Response to invitations demonstrate the value of these gatherings is recognized and appreciated.
- Providing a visual of how much series are in the community. Nice to see all front line workers. Networking. Hearing differing perspectives. Great presentations.
- I think it was successful; I learned a lot about the Coalition itself.
- Broad representation from all sectors.
- Good networking with others who care.
- Gathering of community member and service providers successful sharing of ideas on many West Coast issues. Including priorities and solutions.
- Excellent turn out; a testament to great commitment and engagement in the region. Getting down our ideas—a big challenge.
- Brought together a wide range of “experts” for a varied array of ideas.
- Lots of good energy and folks sharing ideas.
- The Coming Together Forum was successful by bringing a broad diversity of many people.
- Networking. Paul’s presentation—thought provoking.
- Updated information from VIHA.
- Very good for putting faces to names, seeing how many service providers there are.
- Networking and revision of strengths and priorities.
- Well attended by a very diverse group. Followed the agenda. Review of important information. Announcements.

## WHAT WAS THE MOST VALUABLE PART OF THE DAY FOR YOU?

- Networking. Small group work---positive!
- Review of priorities
- Interesting to share thoughts—see different perspectives on issues within regions; good to broaden scope of thinking.
- Round table discussion on “Challenges.” Priorities and action to move forward.
- Enjoyed Ester’s history lesson. Small group discussions.
- Networking.
- Networking. Meeting new people.
- Meeting my group of people, sharing ideas, hearing other ideas.
- World Café exercise, then putting the dots to my priorities.
- All parts were valuable, from the introductions to the presentations, to the discussions.

- Small group work. Discussions on successes and challenges.
- World Café discussions.
- Networking
- Meeting new colleagues and having the chance to discuss issues with a mixed group of people. It was great to get their perspectives.
- Conversations surrounding priorities.
- World Café.
- Small group exercise; networking with others from other communities but servicing a similar field.
- Networking, connecting and planning with others.
- Networking and meeting new people.
- Dr. Hasselback, introductions, networking after World Café's.
- Dr. Hasselback's presentation on statistics informative.
- Challenges and action plan.
- Connecting, hearing and listening non-rushed conversations. Thanks for seeing that we needed to end early.
- Networking and getting ideas/improving ideas about what can be done with regard to challenges.
- Conversations amongst small groups.
- Meeting people and Dr. Hasselback's presentation.
- Networking. Food. Begin exploring statistics and how our programs and services can improve stats.
- The most valuable part was the networking and information delivery.
- Networking.
- Meeting and talking with others.
- Table networks.
- Engaging in a meaningful way with people I don't often meet.

## HOW CAN WE IMPROVE ON THIS EVENT?

- Use microphones for all speakers.
- Bigger screen for power point.
- Keep the pace going faster; lots of momentum lost in the afternoon.
- Ensure microphones are available for the whole day. Difficult to hear the speakers.
- Have a five minute exercise break! (jumping jacks)
- Microphone—it was hard to hear.
- Better sound system and audio visual screen.
- Big screen. Microphone. Bring in key note speakers on specific issues. Don't rehash.
- Microphone
- Possibly shorter; shorter breaks to keep on task.
- The visuals! The presentations print was too small to read. Need a bigger screen. Frustrating! Better Sound needed. Could not hear the presentation.

- Would like to have structured discussions with other groups as well.
- More movement, less sitting. More opportunities to network.
- PowerPoint and screen was difficult to read.
- The doctor's presentation included Alberni Valley stats which dilute West Coast stats, making them unhelpful and unusable. Also wish he had talked about specific strategies that worked (e.g. what lowered infant mortality and what has the West Coast done differently to raise kindergarten readiness).
- More food! Lunch and snacks were great and very tasty but there was not enough. Some of the speakers didn't seem to fit in the program; seemed disorganized. It be nice to have speakers clearly communicate why they were here and what their point is.
- P.A. system. The event was great, thank you!
- Acoustics-Microphone was helpful
- Audio visual—hard to read information/too small
- Better mic system. Larger projection screen for presentations.
- Mediators for small group discussion need to ensure chances for all voices to be heard.
- Have each community share one huge success they have had in the past year.
- It would be neat to have some non-service providers (i.e. youth opinions.)
- Was great! Loved the Dotmacracy.
- More breaks.
- Information regarding Agenda and questions: Maybe be sent a week or two in advance. Also sent to district council so it can be placed on the agenda.
- Nothing. Always love fun and laughter.
- Less time after lunch for guest speakers. Purposeful mixing of people; maybe some walking around/stretches.
- "On screen" presentation: lots of it and too small to read.
- I think it was pretty great; folks did seem a little antsy towards the end.
- Do some energizers in morning and afternoon.
- Can we have an evening social time to do more networking?
- Work on the sound system.
- Use Testimonials.
- A microphone will save voices (i.e. portable). Larger screen—hard to read from back of the room.

## WHAT DO YOU FEEL IS THE MOST VALUABLE ASPECT OF THE COALITION?

- Information sharing
- Ability to gather people.
- Collaborations
- Good centralized place to get information if you're having issues/questions. Good for coordinating between providers.
- Here to help the community and improve services.
- Information. Prioritizing for coalition.

- Can Ann's video be posted on the website?
- Bringing people together to share....
- Working together for a common good.
- A forum for all stakeholders to interact.
- Dr. Hasselback's presentation, networking opportunities,
- The opportunity to hear and share perspectives.
- Collaboration and communication between service providers. Opening your eyes to other issues facing our communities.
- Interagency networking.
- Taking action to meet goals. Vital signs.
- Bringing the community together to work collaboratively on building community capacity.
- Acts as a Hub.
- Networking. Setting priorities.
- Recognizing our similarities (i.e. birthing services, within our communities, communicating/brainstorming together).
- Connecting us together.
- Connections created with different service providers and communities.
- Networking, consistent yet new people attending. Good minutes and delivery of important information.
- Linking community services, leveraging partnerships to build services and actions to support families (birth to death).
- Input from communities is valued and driven from this information.
- Consistent level of awareness on issues.
- I have even more respect for other service providers.
- Making sure our services are linked, noticing as a whole, the weaknesses and helping each other to take actions for change.
- Connecting and local service providers and allowing for a space to give a voice to local needs and agendas.
- Networking. Providing a sense of being part of a broader team. Updates. Community. Working as a team to provide strong service such as "Here we come."
- The most valuable aspect is conferences like this. Lots of experts in their fields of work.
- Together we have a powerful voice.
- Collective wisdom/encouragement.
- Communicating and support.
- Connections-sharing ideas, resources. Making plans together.

## WHERE CAN THE COALITION IMPROVE?

- More public awareness of services/opportunities for the general public. It's not just for service providers.
- Work toward providing services and offices for health services.
- Sending out information beforehand that will be presented.

- Get Wi-Fi in community centre.
- What we wrote in our group got watered down when translated to the provider list—does not reflect what we said. Needed to be copied as it was written.
- Dispersing information to Port Alberni
- A lot of talk about safe housing for youth at last year's meeting—no action on this so far.
- Report back more frequently on the successes of the coalition. There are many!
- Not sure.
- This is my first attendance to the forum; I am pleased to have participated.
- In terms of Dr. Paul's presentation, "Where does the community school fit in terms of community connectedness?"
- Advocacy-strong advocacy for improved health services to our region. Being prepared with microphone-it was difficult to hear the morning speakers.
- Not sure at this time.
- Great work!
- Firm up its goals. I think there is some confusion as to what the Coalition actually does. What is its aim?
- More programming/events for family.
- The coalition can improve on communication by dropping in on a band meeting after every election just to showcase itself!
- Find funding to increase coordinator time.
- Need a separate forum like this in Tofino, as well.
- Broaden their support with supply of 100 mile healthy affordable food. Transportation.
- Not sure; seems to working really well.