



## Membership Package

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## Our Story Today

### **Our Cowichan- Communities Health Network:**

As the Our Cowichan- Communities Health Network we have an opportunity to make a positive and meaningful contribution to our communities' future. We are committed to enhancing communities' health and well-being and fostering a learning environment focussed on the factors that impact health and well-being. The geographic area includes the Cowichan Region which stretches from the Gulf Islands of Valdes in the East to the Mouth of the Nitinat in the West.... From the Malahat in the South to North Oyster in the North. There are four Municipalities, nine electoral areas, nine First Nations and Métis, local and regional government organizations with a population of approximately 89,013 people.

### **Vision:**

All people of the Cowichan communities enjoy good health and wellbeing.

### **Mission:**

Our Cowichan facilitates discussion, provide information, and are a catalyst for action on the 12 Determinants of Health.

### **Who:**

We are a group of people who are committed to developing an effective and sustainable community and health system in the Cowichan Communities.

### **What:**

The Health Network provides support to Our Cowichan through planning, communications and logistics.

### **When:**

We meet on the second Thursday of each month; Members sign up to attend via Admin Committee. Meetings take place in the community.

### **Why:**

We are committed to creating healthy communities for generations to come.

### **How Can I Learn More About Participating in Our Cowichan?**

Contact Cindy Lise the regional facilitator at 250 709-5062 or email at [cindylisecchn@shaw.ca](mailto:cindylisecchn@shaw.ca)  
[www.ourcchn.ca](http://www.ourcchn.ca)



## **TERMS OF**

## **REFERENCE**

### *Vision*

All people of Cowichan communities enjoy good health and wellbeing.

### *Mission*

We are a collaborative network of organizations and individuals who facilitate dialogue, learn, share information and generate action on the 12 determinants of health.

Considering the whole picture, we lead change to improve health and wellness outcomes.

### *Values and Principles*

**Compassion and nonjudgement** – We think about privilege. We invite people to present at our meetings. We learn about each other, and practice empathy.

**Knowledge and learning** – Through respectful curiosity, we learn about individuals, organizations and issues - coming through all the people, through data and evidence. We share strategies, advocacy and action. We challenge assumptions. Partnerships emerge. We celebrate the work of our organizations and communities; our culture.

**Communication** – We gather and disseminate accurate information. We communicate successes. Weekly newsletters include all information submitted and get shared throughout the network and beyond.

**Collaboration** – We focus on the way we do things together. We work together to set agendas and hold space for meetings. We share meals and allow time for networking. We explore opportunities to work together; encourage collaboration in the wider community. We share and leverage resources among partners. We focus on collaborative partnerships and relationship building rather than lobbying or special interest groups.

**Inclusion** – We invite diverse perspectives; make sure we have a diverse mix at the table; affirm that everyone has a voice. We are aware of barriers to inclusion and address this challenge where possible.

**Respect** – We listen, respond to need, stay open, and make space for other ways of understanding and frameworks - differences in our cultures and viewpoints. Well organized, structured meetings respect people’s time.

**Reconciliation** – We are thoughtful and bring an awareness of the dominant power structures and privilege (where we with respect to of personal history, cultural backgrounds and dis/advantages that come with these). We respect people as they are and ensure they feel heard. We co-create solutions and support ongoing learning.

**Trust** – We assume the best of each other; have relationships of friendship and collegiality; nobody is afraid to speak at the table, clearly and honestly. We show up – we’re in it together. We learn we can trust each other in working on big initiatives.

**Flexibility and resilience** - We adapt and respond to challenges, address emerging issues and mobilize resources. We learn and grow continuously – an ongoing, purposeful process. We work together and create something that will work for all. We recognize what does and doesn’t work; bring more of the positive into our work. We function under pressure while remaining celebratory.

**Innovation and leadership** – We respond to complex needs, change to meet the needs, and step up. We exist because of the need to innovate. We take on big challenges. We evaluate how things are going and address whether something needs to be brought to everyone’s attention.

## *Membership*

Membership of Our Cowichan is open, and will include representatives from a cross-section of Cowichan health and human service agencies and the general public. A concerted effort will be made to ensure diversity at the CCHN table, examples including:

- Municipalities
- CVRD
- Island Health
- First Nations/Métis
- Social Service Agencies
- People with Lived and Living Experience
- Non-Profit Agencies (Youth/Senior/Elder)
- Aboriginal Health
- Provincial and Federal Government
- Health Professionals
- Education
- and you

## *Term of Office*

Membership applications are vetted via the Administration Committee to ensure diversity and equitable representation across sectors and regions within the Cowichan Valley. Consistency in attendance helps OCCHN move forward and for member knowledge and engagement to flourish. Organizations can have 2 members and are encouraged to have a designated alternate representative should one member not be able to attend meetings.

## *Operating Procedures*

- a. Meetings of Our Cowichan will be held regularly, except in the month of August,
- b. OCCHN seeks to find sustainable and diversified funding sources
- c. An operating budget will be developed and reviewed by Our Cowichan,
- d. The quorum for voting is one half plus one of the number of members in attendance when the decision is to be voted on,
- e. Decision-making is by consensus as much as possible,
- f. Where agreement cannot be reached by consensus, the majority will decide,
- g. In consensus decision-making, a proposal, support, and, as required, discussion will take place before calls for a response on the proposal,
- h. In consensus decision-making, a position of “I can live with that” can contribute consensus.

## *Co-Chairs*

Our Cowichan will be facilitated by co-chairs, who shall be elected by the membership on alternating two-year terms.

- a. Members will be invited to make nominations for the co-chair,
- b. Voting for nominees will be conducted by secret ballot with majority rule,
- c. Co-chairs are eligible to be re-elected, and
- d. In the event of absence of the co-chairs, Our Cowichan would appoint an interim chair for that meeting.

## *Co-Chair Key Responsibilities*

- a. Chair meetings of Our Cowichan,
- b. Represent Our Cowichan to the public and media,
- c. Coordinate communications about Our Cowichan functions to the public,
- d. Facilitate the business of Our Cowichan when necessary, and
- e. Participate as standing members of Our Cowichan Administration Committee.

## *Committees*

OCCHN sub-committees and ad hoc committees will be established as required to assess and report on specific issues.

Given the open membership of Our Cowichan and the focus on dialogue, OCCHN requires an Administration Committee whose functions include planning, communications, and logistics on behalf of OCCHN. The OCCHN Administration Committee is responsible for:

- a. Reporting to Our Cowichan on finance and communications, and for creating Our Cowichan agendas, and dealing with matters referred to it by the Our Cowichan members,
- b. Reviewing related issues to be brought to Our Cowichan when requested,
- c. Following through with actions as recommended by Our Cowichan,
- d. Serving as a liaison among organizations that have a responsibility for health-related services and activities when requested,
- e. Communicating with the broad Our Cowichan membership as appropriate,
- f. Developing, implementing and monitoring Cowichan communities' plans and activities identified by Our Cowichan for achieving our goals,
- g. Identifying, acquiring and managing resources provided to Our Cowichan to carry out its mandate, and
- h. Undertaking related duties as recommended by Our Cowichan.

### *Committee Guidelines*

- a. Quorum of such sub-committees will consist of 50% +1 of appointed members who are in attendance at the meeting where a decision is to be made,
- b. Sub-committee activities shall be authorized and endorsed by Our Cowichan, and their recommendations/findings will be implemented only if confirmed by Our Cowichan,
- c. Regular meeting dates will be established when the sub-committee is formed,
- d. Members may choose to provide written input prior to a meeting, and
- e. Public notice will occur at least one week prior to public forums.
- f. The terms of reference for any ad hoc or sub committees will be established by the Administration Committee

From time to time Our Cowichan will welcome or appoint Liaisons to other committees which may include:

- a. The Small Grant Committee,
- b. Research and Evaluation Project Committee (Cowichan Communities Health Profile/Survey)
- c. Community Action Team
- d. Cowichan Youth @ Home
- e. Cowichan Airshed Roundtable/Climate Action Committee
- f. Physical Literacy
- g. EPIC (Eldercare Project in Cowichan)
- h. Cowichan Housing and Homelessness Coalition
- i. The Cowichan Valley Collaborative Services Committee, and
- j. Others as required.

## *Administration Committee Terms of Reference*

### *Background*

OCCHN, established in the fall of 2009, serves as a forum for discussion on: the determinants of health, the identification of health service priorities, community and health services planning and development, and other issues related to health status of Cowichan Valley people and communities. The OCCHN Administration Committee focuses on planning, communicating and providing logistical duties on behalf of OCCHN.

### *Reporting*

The OCCHN Administration Committee adopts the OCCHN Vision, Mission, Guiding Principles and Values. In providing support to the OCCHN, it will present both verbal and written reports to the OCCHN at their regularly scheduled meetings.

### *Membership*

The OCCHN Administration Committee is to include, at a minimum, 5 members that may include:

First Nations/Metis  
Island Health  
CVRD and/or CVRHD  
OCCHN Co-Chairs  
OCCHN Facilitator, and  
at large members.

### *Responsibilities*

The responsibilities and functions of the Administration Committee include:

- a. Communicate financial and logistical processes to the Co-Chairs in a timely manner,
- b. Oversee responsible recording and reporting of OCCHN financial information,
- c. Assist in providing leadership to OCCHN,
- d. Support a fair and transparent process in contracting,
- e. Assist Co-Chairs to finalize agendas and minutes for distribution to OCCHN,
- f. Assist Co-Chairs with accurate and timely communications with public,
- g. Facilitate and provide strategic direction for public participation processes for OCCHN
- h. Take recommendations and follow through with actions as directed by OCCHN and Co-Chairs.
- i. Provide guidance and support for the facilitator

### *Chair Key Responsibilities*

- a. Provide leadership in planning OCCHN meeting activities
- b. Chair the Administration Committee meetings
- c. Represent the Administration Committee to the OCCHN
- d. Facilitate the business of the Administration Committee as necessary
- e. Consult on the agendas for the Administration Committee.
- f. Provide guidance and support for the facilitator



## **Membership Policy**

### **Membership Overview**

Our Cowichan- Communities Health Network is an open network and invites any citizen with a collaborative and community perspective to participate. Our Cowichan strives to consist of a minimum of 25 members, with a cross-section of geographic, organizational, local government and citizen participants. A concerted effort is made to ensure diversity at the table and that not one sector is over represented.

To ensure broad regional representation, Our Cowichan endeavors to include a minimum of 4 members from central Cowichan communities, 3 from southern Cowichan communities, 2 from northern Cowichan communities, and 2 from western Cowichan communities.

Our Cowichan seeks participation from a wide range of groups, organizations, communities and citizens to inform its focus on the “determinants of health”.

### **Membership May Include:**

1. First Nations / Métis/ Inuit
2. Local Government
3. Education
4. Aboriginal Health
5. Early Years
6. Children & Youth
7. Senior/Elder
8. Protective Services
9. Employment Services
10. Social Services
11. Health Services
12. Patient Voices
13. Island Health
14. Provincial and Federal Government
15. Multicultural
16. Community Volunteers
17. Physicians/Specialties
18. Economic Development / Business

### **Membership Represents:**

1. **Central Cowichan Communities:**  
North Cowichan, Duncan, Cowichan Bay, Glenora, Sahtlam, Cowichan Station, Penelakut FN, Halalt FN, Cowichan Tribes;
2. **Northern Cowichan Communities:**

Ladysmith, Saltair, Gulf Islands, North Oyster, Diamond, Stz'uminus FN, Lyackson FN;

**3. Western Cowichan Communities:**

Town of Lake Cowichan, Lake Cowichan FN, Youbou, Meade Creek, Cowichan Lake South, Skutz Falls, Ditidaht FN;

**4. Southern Cowichan Communities:**

Cobble Hill, Shawnigan Lake, Mill Bay, Malahat, Malahat FN.

**Member Selection**

Prospective members requests will go to the administrative committee that considers both current networks make up and individual suitability. Membership recruitment is ongoing as required to meet diversity goals. Should a sector be over represented requests for membership can be delayed and filled upon a vacancy.

**Membership / Participation**

The OCCHN recognizes several different types of participation:

1. Members (regular attendance, participation in decision making)
2. Associate Liaisons (receive regular Our Cowichan updates, share information, minimal participation in meetings, no participation in decision making).
3. Guests / community members

**Membership Accountability**

***Members are expected to attend and fully participate in regular Our Cowichan meetings.***

Members may also be requested to participate in working groups and/or community events. Whenever possible, members will notify the Facilitator at least three days prior to any anticipated absence from a regular Our Cowichan meeting. Members absent from two consecutive meetings without regrets may be contacted by one of the co-chairs. Members absent from three consecutive meetings (6 months) without regrets are deemed to have vacated their seat, and an appropriate replacement may be selected.



## Membership Inventory

2025

Name: \_\_\_\_\_  
Agency/ Organization \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

A) **Please circle** the organizations, groups, focus areas, regions, communities etc. below that best represents your role at the Our Cowichan table. Please circle/highlight ALL the appropriate answers.

### My Role on Our Cowichan is to Represent:

- |                           |                                   |
|---------------------------|-----------------------------------|
| 1 First Nations/ Métis    | 14 Health Professionals           |
| 2 Municipalities          | 15 Island Health                  |
| 3 CVRD                    | 16 Men                            |
| 4 Education               | 17 Women                          |
| 5 Aboriginal Health       | 18 Adults (not seniors)           |
| 6 Social Service Agencies | 19 Patient Voices                 |
| 7 Early Years             | 20 Child and Youth                |
| 8 Employment              | 21 Multi Culture                  |
| 9 Protective Services     | 22 Research Data Analysis         |
| 10 Non-profit             | 23 Policy and Planning            |
| 11 Youth                  | 24 Economic Development/ Business |
| 12 Senior/Elder           | 25 Other _____                    |
| 13 RCMP                   |                                   |

### And /Or My Role on Our Cowichan is to Speak to these Determinants of Health:

- |                             |  |
|-----------------------------|--|
| 1. Income and Social Status | 2. Social Support Supports and Coping Skills |
|-----------------------------|--|

- |                                  |                                  |
|----------------------------------|----------------------------------|
| 3. Education and Literacy        | 9. Biology and Genetic Endowment |
| 4. Employment/Working Conditions | 10. Gender                       |
| 5. Physical Environments         | 11. Culture                      |
| 6. Health Services               | 12. Race and Racism              |
| 7. Healthy Behaviours            |                                  |
| 8. Childhood Experiences         |                                  |

***And/ Or* My Role on Our Cowichan is to Represent These Areas/Communities:**

- |  |                                      |
|--|--------------------------------------|
| 1. District of North Cowichan          | 12. Cowichan Lake South/ Skutz Falls |
| 2. City of Duncan                      |                                      |
| 3. Town of Lake Cowichan               | 13. North Oyster/Diamond             |
| 4. Town of Ladysmith                   | 14. Cowichan First Nations           |
| 5. Cobble Hill                         | 15. Halalt                           |
| 6. Shawnigan Lake                      | 16. Stz'uminus                       |
| 7. Mill Bay/Malahat                    | 17. Penelakut                        |
| 8. Cowichan Bay                        | 18. Lake Cowichan                    |
| 9. Glenora/ Sahtlam / Cowichan Station | 19. Lyackson                         |
| 10. Youbou/Meade Creek                 | 20. Ditidaht                         |
| 11. Saltair/Gulf Islands               | 21. Malahat                          |



## Our Cowichan Membership Agreement

I \_\_\_\_\_ (please print name) agree to serve as a member of Our Cowichan

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### CONFIDENTIALITY AGREEMENT

**From time-to-time** OCCHN members may be privy to confidential information. (i.e., Small Grants decisions/applicants, project planning, or awards of contracts)

I, \_\_\_\_\_[name], agree to preserve the confidentiality of information acquired as a member of Our Cowichan- Communities Health Network. I understand from time to time Our Cowichan may discuss items deemed confidential in nature in a closed session meeting and that the release of closed session information could harm Our Cowichan and/or those doing business with it. I agree to preserve the confidentiality of closed session information and I will not disclose it until such a disclosure is agreed upon at a meeting of Our Cowichan. I recognize this remains in effect after my involvement with Our Cowichan ceases.

Signed \_\_\_\_\_ Our Cowichan representative: \_\_\_\_\_

Date: \_\_\_\_\_ Facilitator Initials \_\_\_\_\_

## What Makes People Healthy? Determinants of Health

- 1. Income and social status:** Evidence suggests that higher social and economic status leads to better health. A higher income leads to safer housing, better education, appropriate food security and improved access to health care. Studies suggest that the distribution of income in a given society may be a more important determinant of health than the total amount of income earned by society members. Large gaps in income distribution lead to increases in social problems and poorer health among the population as a whole.
- 2. Employment and working conditions:** People who have control over their work and who have less stress in their jobs are healthier than those who have stressful, unhealthy or dangerous jobs or who are unemployed.
- 3. Education and literacy:** Effective education, starting in infancy and through adulthood, is a key contributor to health. Education contributes to wealth and health by equipping people with the skills needed to solve problems and have a sense of control over their lives. It also provides people with the skills needed to get a job and earn an income.
- 4. Childhood Experiences (Previously Healthy child development):** The culmination of early childhood experiences shapes an individual's health and wellbeing throughout their lives. The other key determinants of health play a role in healthy child development including access to safe, clean homes, education, nutritious foods and access to medical care.
- 5. Physical environments:** Contaminants in air, water and food can cause adverse health effects. Additionally, given that over 80% of Canadians live in urbanized areas and spend 90% of their time indoors, we recognize that the built environment including housing, transportation and the design of communities can impact health and safety, including physical activity and mental and social well-being.

A significant body of research points to greater physical activity and improved health for people living in denser, mixed-use neighbourhoods and for people who have access to active forms of transportation (walking, cycling, and transit).

- 6. Social supports and coping skills (Previously Social Environment and Personal Health and Coping Skills):** Informal social support from families, communities and friends is associated with better health, as is a provision of formal social care and support. The caring and respect in social relationships can act as a buffer to adverse health events.

Social stability, strong social policies, and safe and cohesive communities characterize a supportive society that reduces risks to wellness.

- 7. Healthy Behaviours (Previously Personal Health and Coping Skills):** Personal life choices can shape an individual's health. A growing body of evidence suggests that these life choices are often shaped by the socioeconomic and physical environments in which people live, work and play.

8. **Access to Health services:** Population health is increased with access to health services, particularly those aimed at prevention and health promotion.
9. **Biology and genetic endowment:** The basic biology and genetic make-up of an individual are fundamental in determining health outcomes for an individual and may predispose individuals to particular diseases.
10. **Gender:** Many health issues are known to be a function of gender-based social status as many health system priorities are influenced by social and cultural attitudes based on gender.
11. **Culture:** Culture shapes who we are and how we live and therefore influences our health. Some cultural groups may face greater challenges in accessing health care due to various barriers (e.g., stigmatization, stereotyping and a lack of culturally appropriate health care and services).
12. **Race/Racism** Canada is a multicultural society with the ethnic and racial makeup of its population rapidly changing. Racialized Canadians experience lower rates of income, higher rates of unemployment, and lower occupational status that threaten not only their physical, mental, and social health, but also the overall health and well-being of Canadian society.