VANCOUVER ISLAND REGION
First Nations Health Authority

VANCOUVER ISLAND REGIONAL HEALTH AND WELLNESS PLAN

First Nations Health Authority
Health through wellness

VANCOUVER ISLAND REGIONAL HEALTH AND WELLNESS PLAN

April 2026

PREPARED BY:
First Nations Health Authority – Vancouver Island Region

CONTACT INFORMATION:
Address: 103 – 12600 Trans-Canada Highway
Stz'uminus (Ladysmith), BC V9G 1M5
fnha.ca

CONTENTS

CHAPTER 1 | INTRODUCTION **1**

We Raise our Hands **2**
Executive Summary **3**
Intentions behind the update **5**
Regional Health and Wellness Priorities **6**
Vancouver Island Regional Team **8**
Who we are 8
Regional mandate 8
Where we work 8
Regionalization 10
Distinctions-based approach 11
Guiding our Work **12**
FNHA Shared Vision 12
Seven Directives 13
Values 13
The First Nations Perspective on Wellness 14
FNHA Summary Service Plan 15

CHAPTER 2 | VANCOUVER ISLAND REGIONAL CONTEXT **17**

Geography **19**
Coast Salish **21**
Nuu-chah-nulth **23**
Kwakwaka'wakw **29**

CHAPTER 3 | STRATEGIC GOALS 35

GOVERNANCE 38

Regional Governance Pathway 39
Regional Leadership Tables 47
Regional Advisory Tables 49

PARTNERSHIP 50

Cultural Safety and Humility 50
Partnership with Island Health 53
Reciprocal Accountability 54
The Social Determinants of Health (SDoH) 55

OPERATIONS 58

Regional Envelope and Investment Strategy 60

TRANSFORMATION 62

Away from home 63
Medical Transportation 64
Traditional Wellness 68
Looking Forward: filling the service gaps 70

CHAPTER 4 | REGIONAL PRIORITIES 71

GOVERNANCE 72

Regionalization 73
Strengthening Established Governance Pathways 74
Data Governance 75

PARTNERSHIP 76

Social Determinants of Health 77
Quality Care 78
Cultural Safety and Humility 79
Rural and Remote 80
Vancouver Island Partnership Accord 81

OPERATIONS 83

Maternal Child and Family Health 84
Health Emergency Management 85
Nursing 86
Primary Care 87
Mental Health and Wellness 88
Toxic Drug Response 89

TRANSFORMATION 90

Urban and Away from Home 91
Health Benefits 92
Traditional Wellness 93
Healing Modalities 94

CHAPTER 1: INTRODUCTION

WE RAISE OUR HANDS

The creation of the Vancouver Island Regional Health and Wellness Plan was made possible through the shared knowledge, experience and ongoing support of many important partners. The feedback gathered to inform this plan is invaluable and can be celebrated as another example of working better together toward improved health and wellness for First Nations communities on Vancouver Island.

Thank you to the many Elders, Chiefs, Council members, Health Directors, Health Leads, community health staff and community members who participated in multiple engagement sessions, regular meetings and the drafting of documents that have contributed to the priorities and goals included in this plan.

Kleco Kleco – Gilakas'la - Huy ch q'u!

EXECUTIVE SUMMARY

The Vancouver Island Regional Health and Wellness Plan (RHWP) was first developed in 2014 as a strategic framework to guide the regional implementation of the FNHA vision – *"healthy, self-determining, vibrant BC First Nations, children, families and communities"* – across Vancouver Island. In 2018, the plan went through a comprehensive review and update process. The updated plan emphasizes capacity building and resiliency in our communities across eight core operational priority areas for programs and services.

Since 2018, much has changed. Our Nations have experienced first-hand a global pandemic and the unprecedented disruption this entailed. Our Nations have experienced, and continue to experience, the devastating effects of a toxic drug crisis, alongside the ongoing impacts of First Nations-specific racism across our health care system. During this time, Vancouver Island First Nation priorities have shifted, evolved and grown. Some priorities remain the same. The scope of programs and services FNHA is able to offer has also expanded significantly during this time, in response to unmet community needs.

To make sense of the expanded set of regional priorities identified by our Nation leaders and health experts, this plan is presented across four chapters – a sacred number to many First Nations, symbolizing balance, harmony, the seasons and the interconnectedness and cycles of life.

Chapter One serves as an introduction and background for our work, while Chapter Two tells the story of our three Vancouver Island cultural families: the Coast Salish, Kwakwaka'wakw and Nuu-chah-nulth. Chapter Three introduces four strategic goals that our Regional Table leadership, represented by an elected Chief and a health director from each of our three cultural families, have identified as foundational corner posts of our regional work. These include:

1

Upholding and strengthening the foundational governance role of our Nations in decision-making and directing regional work priorities and resources.

2

Leveraging strategic partnerships and reciprocal accountability to improve service delivery and access for Vancouver Island First Nations.

3

Enhancing high-quality, culturally safe service delivery and operations to better support the health and wellness priorities of Vancouver Island First Nations.

4

Breaking down colonial structures, systems and barriers to care, whilst innovating wholistic First Nation-led pathways to address regional health and wellness priorities.

This health and wellness plan is a living document. It will continue to evolve under the direction of our Nations, communities, Chiefs and health directors as new opportunities and challenges arise and regional priorities grow and shift. To all those who have contributed to this current version of the plan – representing a timestamp in our collective regional health and wellness journey and a roadmap for the work ahead – we raise our hands in gratitude.

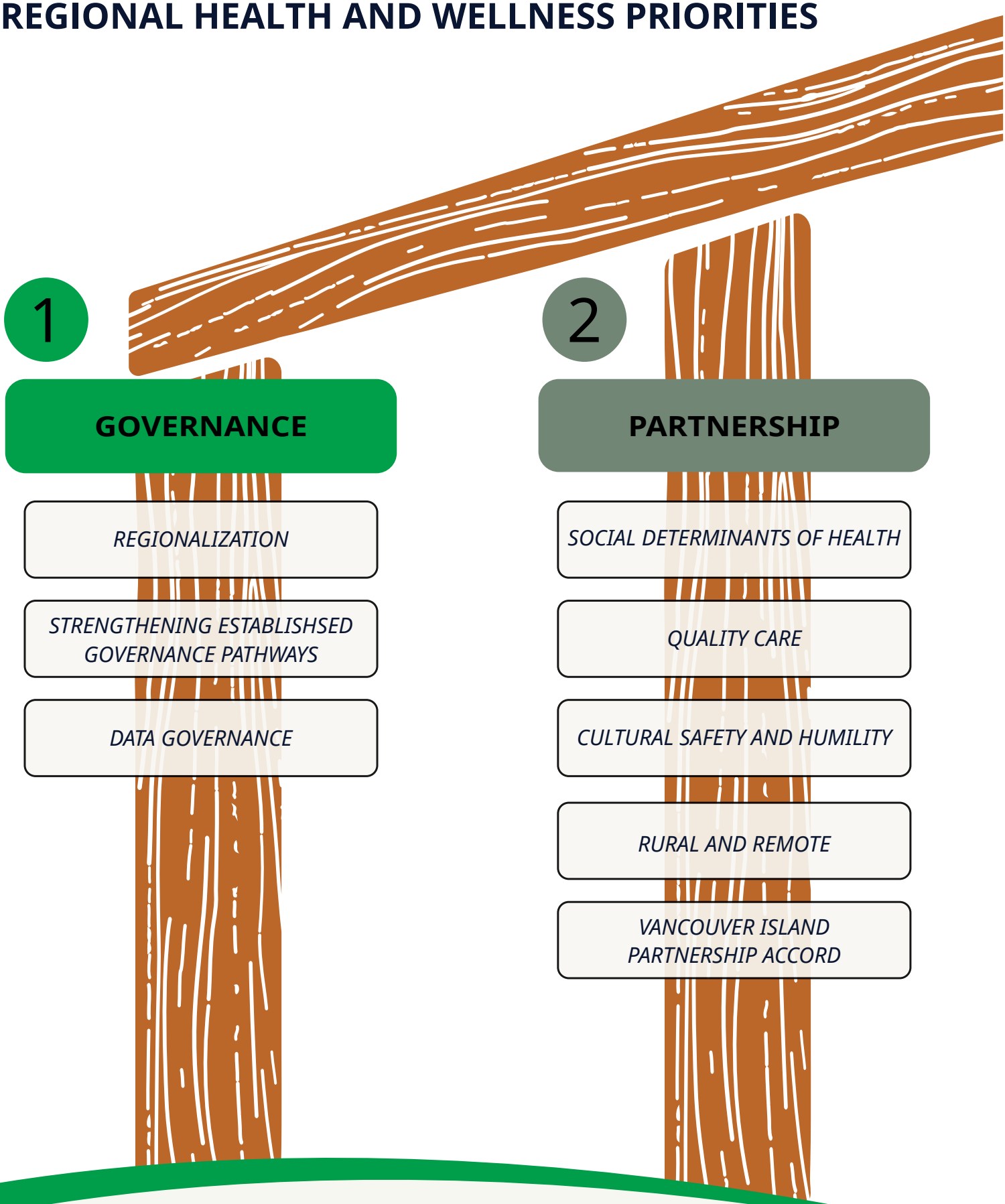
INTENTIONS BEHIND THE UPDATE

The key purpose of the Vancouver Island Regional Health and Wellness Plan (RHWP) is to establish a unified voice and identify common health and wellness priorities shared by the 50 First Nations communities across Vancouver Island that make up our three cultural families and their political leadership. The RHWP is intended to represent the strategic focus and direction for the region, with the purpose of informing and guiding work planning, investment strategies and partnerships with Vancouver Island health service organizations, including Island Health, Nuu-chah-nulth Tribal Council, Lig^{w}iłdax^{w} Health Society, Friendship Centres, Healing Centres and community-based organizations.

As First Nations Health Authority (FNHA) continues to bring resources and services closer to home for Nations and communities, we are looking to support governance structures and processes that allow Nations to enhance their decision-making around health service design and delivery and to share their lived-experience and technical expertise with necessary partners. This document outlines established communication and engagement pathways to support the implementation of this work. We will continue to reflect on how we engage and the ways in which we bring together the voices of our Nations to provide direction to the work as we move forward. The plan has been created to work with other existing plans within FNHA and Island Health, as well as ensuring strong alignment with the unique priorities and needs of our Coast Salish, Kwakwaka'wakw and Nuu-chah-nulth cultural families.

The proposed lifespan of this strategic document spans the five-year period from 2026 to 2031, providing a stable yet flexible framework to guide planning and implementation efforts. A comprehensive review and update are scheduled for 2031 to ensure the strategy remains responsive to evolving priorities, emerging health needs and partnership contexts. This plan is intended to clearly articulate the health and wellness priorities of Vancouver Island First Nations and to serve as a key reference for our health authority partners, Island Health. In alignment with the FNHA RHWP, this document will inform and support Island Health's service planning and decision-making processes under the Partnership Accord, strengthening coordinated, culturally grounded and First Nations–led approaches to health and wellness across the region.

REGIONAL HEALTH AND WELLNESS PRIORITIES



3

OPERATIONS

- *MATERNAL CHILD AND FAMILY HEALTH*
- *HEALTH EMERGENCY MANAGEMENT*
- *NURSING*
- *PRIMARY CARE*
- *MENTAL HEALTH AND WELLNESS*
- *TOXIC DRUG RESPONSE*

4

TRANSFORMATION

- *URBAN AND AWAY FROM HOME*
- *HEALTH BENEFITS*
- *TRADITIONAL WELLNESS*
- *HEALING MODALITIES*

VANCOUVER ISLAND REGIONAL TEAM

Who we are

The Vancouver Island (VI) Regional Team is a diverse and multidisciplined department of FNHA that works to provide and improve culturally safe services for the 50 Nations across VI that make up the Coast Salish, Kwakwaka'wakw and Nuu-chah-nulth cultural family groups. To do this, our team works with many partners, including Island Health, local health service organizations, practitioners and community-based organizations.

Regional mandate

The mandate of the VI Regional Team is to implement the FNHA vision of *Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities* within the Vancouver Island region and across the 50 Vancouver Island Nations we serve. Our mission is to support First Nations individuals, families and communities across our region to achieve and enjoy the highest level of health and wellness by working with them on their health and wellness journeys; honouring traditions and culture; and championing First Nations health and wellness within First Nations Health Authority and with all our partners.

Where we work

The territorial land base of the Vancouver Island Region, as defined by BC Regional Health Authority boundaries, is 56,292 km^2, equal to 6.1 per cent of the total provincial land base. For the purposes of this profile, the administrative geographic boundaries of Island Health are used. VI team members may work in community, within local hospitals and health centres and/or across a number of sites.

FNHA has 5 offices located in First Nations communities across Vancouver Island:

Port Hardy	North Island Office
Quinsam	Campbell River Office
Tseshaht	Port Alberni Office
Stz'uminus (Oyster Bay)	Regional Main Office
Sidney	South Island Office

Regionalization

We continue to strengthen and refine processes for capturing, integrating and acting upon the knowledge and perspectives shared through regional, community and Nation-level engagement and governance processes. These efforts are grounded in a commitment to amplifying community and Nation voices, honouring traditional knowledge and ensuring that lived experience and cultural wisdom meaningfully inform FNHA planning, decision-making and initiatives.

A sustained focus on regionalization has further advanced the movement of services, decision-making authority and resources closer to home, supporting Nations and communities to exercise greater leadership and self-determination in health and wellness. This shift enables more responsive, culturally relevant and locally informed service delivery across the region.

In support of this approach, our region has been working to better align services and resources with each of the three cultural families on Vancouver Island: the Coast Salish, Kwakwaka'wakw and Nuu-chah-nulth. Director positions have now been established within each cultural family group. These leadership roles are designed to strengthen connections with communities, provide strategic leadership rooted in cultural identity and guide the overall process of FNHA regionalization on Vancouver Island and the alignment of teams, priorities and resources at a cultural family scale. Through this new leadership structure, FNHA is better positioned to respond to the distinct needs, priorities and aspirations of each cultural family, while fostering collaboration, accountability and culturally grounded outcomes.

Distinctions-based approach

Our work is grounded in FNHA's mandate to support First Nations self-determination in health and wellness. Taking a distinctions-based approach means recognizing and upholding the unique rights, identities, cultures and governance structures of Coast Salish, Kwakwaka'wakw and Nuu-chah-nulth people. This approach also guides our partners and readers to understand that First Nations are not a single group, but distinct Nations whose priorities and pathways to wellness must shape how programs, services and systems are designed and delivered. By centering Nation-specific direction and respecting community-defined standards of excellence, we ensure that regional planning reflects the diversity, strengths and sovereignty of First Nations across Vancouver Island.

GUIDING OUR WORK

This RHWP was reviewed and updated through a methodology that emphasized both technical review and analysis by our internal staff and operational teams, alongside engagement with our health directors and Nation leadership. Key components of this methodology included:

- Initial project scoping and work planning.
- Review of family caucus summaries, regional caucus summaries and Health Director table summaries from 2018-2024.
- Document review of relevant external and internal plans and reports, including the *In Plain Sight* report, the Truth and Reconciliation report, our FNHA provincial multi-year health plan, the First Nations Population Health and Wellness Agenda interim update.
- Environmental scan of key regional issues and risks.
- Review of community health and wellness plan data at both a Nation-level and at an aggregated cultural family level.
- Workshops with all regional operational teams and team leaders.
- Engagement with our Youth Advisory and Elder Advisory Committees.
- Iterative updates and engagement sessions with our Coast Salish, Kwakwaka'wakw and Nuu-chah-nulth Health Director tables, to seek feedback as part of our established regional Technical Advice Process (TAP).
- Engagement with the Vancouver Island Regional Table and alignment with Regional Table leadership strategic direction.
- Iterative updates and feedback gathered during sub-regional and regional caucus sessions during 2024 and 2025.

The FNHA Regional Team is committed to creating a plan that is reflective of and responsive to the needs of the Nations we serve.

FNHA Shared Vision

"Healthy, self-determining, vibrant BC First Nations children, families and communities."

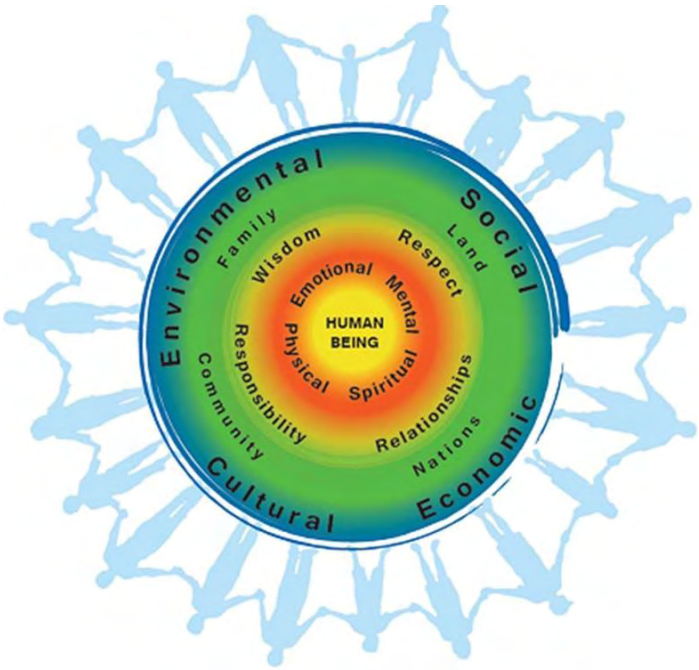
Seven Directives

Approved by BC Chiefs in the 2011 Consensus Paper, First Nations of BC set and agreed on the following directives to guide work in health and wellness:

- Directive #1: Community-Driven, Nation-Based
- Directive #2: Increase First Nations Decision-Making and Control
- Directive #3: Improve Services
- Directive #4: Foster Meaningful Collaboration and Partnership
- Directive #5: Develop Human and Economic Capacity
- Directive #6: Be without Prejudice to First Nations Interests
- Directive #7: Function at a High Operational Standard

The First Nations Perspective on Wellness

The First Nations Perspective on Wellness is a tool for individuals, First Nations communities, FNHA and partners to support wellness efforts. This tool is intended to be a source of guidance and inspiration to individuals, wherever they are at in their own wellness journey. It aims to create a shared understanding of a wholistic vision of wellness. Despite the distinct layers in the diagram, all words in the circles are interconnected and linked with the other circles as well as their components. All of these elements are essential and need to be balanced in order to achieve wellness. The basis of this perspective is to achieve health and wellness by assessing and nurturing the internal and external factors that affect well-being.



- **The Centre Circle** represents individual human beings. Wellness starts with individuals taking responsibility for their own health and wellness *(whether one is First Nations or not).*
- **The Second Circle** illustrates the importance of Mental, Emotional, Spiritual and Physical facets of a healthy, well and balanced life. It is critically important that there is balance between these aspects of wellness and that they are all nurtured together to create a wholistic level of well-being in which all four areas are strong and healthy.
- **The Third Circle** represents the overarching values that support and uphold wellness: Respect, Wisdom, Responsibility and Relationships
- **The Fourth Circle** depicts the people that surround us and the places from which we come: Nations, Family, Community and Land are all critical components of our healthy experience as human beings.
- **The Fifth Circle** depicts the Social, Cultural, Economic and Environmental determinants of our health and well-being.
- **The people** who make up the Outer Circle represent the FNHA vision of strong children, families, Elders and people in communities.

Grounded in this perspective, all realms of health planning, program and service delivery and operations will be guided by the recognition that health and wellness are intimately connected and that they encompass all elements of human reality, including physical, spiritual, emotional and mental health. The intent is to move from a reactive "sickness approach" to proactively promoting overall wellness and acting as a partner to BC First Nations in achieving this.

FNHA Summary Service Plan

If we view our shared vision of "healthy, self-determining, vibrant BC First Nations children, families and communities" as our destination, we need to come together to plan our journey and determine how we will get there. Provincially, FNHA has established a Summary Service Plan (SSP), "*Paddling Together,*" to guide the work.

Paddling Together affirms FNHA's guiding elements, including our Vision, Shared Values and 7 Directives. This plan outlines the multi-year strategic goals of the organization and designates key operational priorities and objectives from year to year, charting a pathway for meeting these longer-term goals.

The current goals in the Paddling Together are:

GOAL 1

Drive health system transformation through the BC First Nations Health Governance Structure and partnerships.

GOAL 2

Enhance access to culturally safe and quality health and wellness services.

GOAL 3

Cultivate culturally safe mental health and wellness approaches.

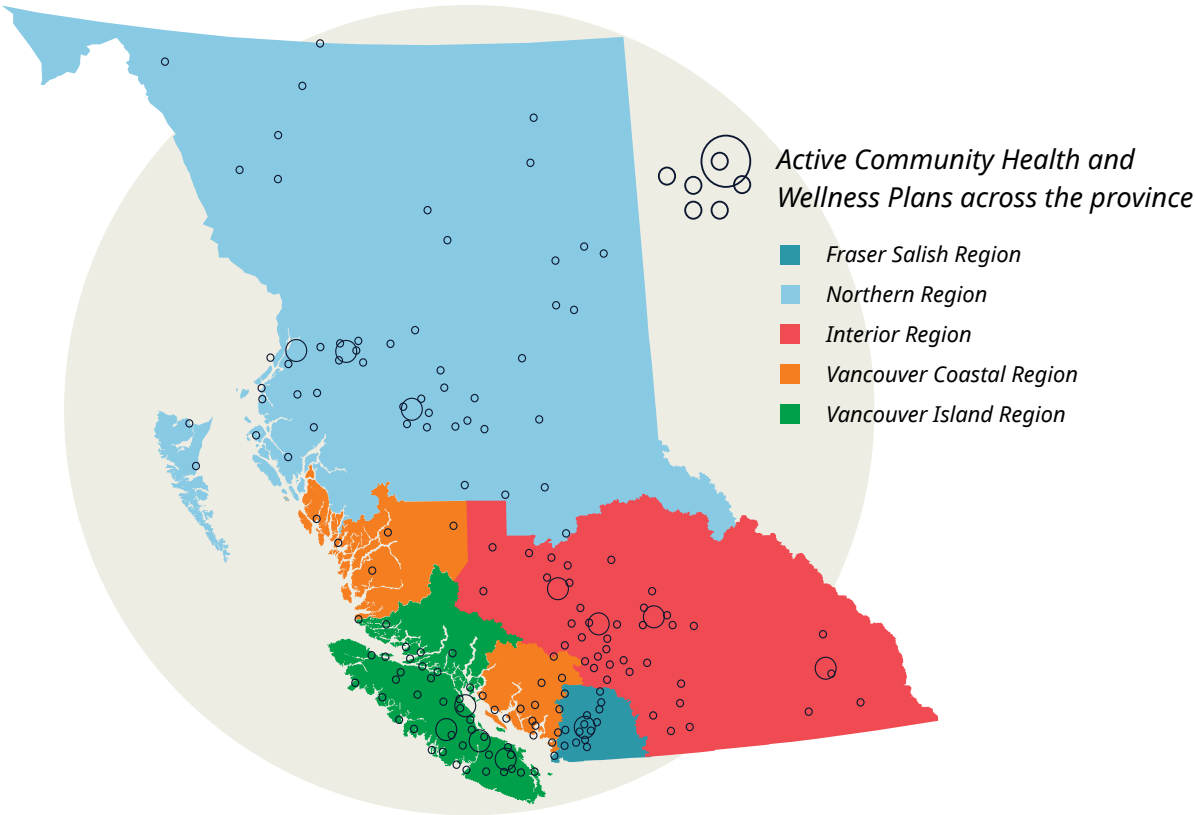
GOAL 4

Advance First Nations approaches to addressing anti-Indigenous racism in health.

GOAL 5

Champion health and wellness innovation with First Nations and other partners.


First Nation Community Health & Wellness Plans
Nation-Level Health & Wellness Plans
First Nation Regional Health & Wellness Plans
FNHA Multi-year health plan
FNHDA Strategic plan
FNHC Strategic plan
FIRST NATIONS PLANNING APPROACH
Regional Health Authority Planning
Tripartite Planning


Active Community Health and Wellness Plans across the province
Fraser Salish Region
Northern Region
Interior Region
Vancouver Coastal Region
Vancouver Island Region

CHAPTER 2: VANCOUVER ISLAND REGIONAL CONTEXT

In the shwi'em' (time of the ancient stories) when the world was made, "there was nothing on it - just ground and water." Then, as the Elders tell us, Xeel's, the Changer, "came down to the world to finish things ... he went about fixing things, making lakes and rivers and all things that grow and then he made animals and all things like that." Xeel's dropped the first people from the sky to populate the land. A man named Syalutsa' landed on a grassy field called Tsuqwulu on the southwest side of the mountain Swuqus overlooking the Cowichan Valley. A little further north, Stutsun fell from the sky and landed on the mountain Skwaakwnus above the Chemainus River.

Other people emerged out of the land itself. At Penelakut on Kuper Island, two great cedar logs lay by the shore. Warmed by the rays of the sun, the bark on one of the logs cracked and out came the first man on the island. Within a short time, he was joined by the first woman, who emerged from the sand between the two logs. [...] The Changer, Xeel's, created biodiversity - the resources used by the first people and the snuw'uy'ul (the cultural teachings), which governed all manner of conduct and interaction with the physical and spiritual realm.

GEOGRAPHY

Vancouver Island is a region of great beauty and biodiversity, surrounded and influenced by the power of water. The land base of the Vancouver Island Region, as defined by BC Regional Health Authority boundaries, is 56,292 km^2, 6.1 per cent of the total provincial land base. The administrative geographic boundaries of the Vancouver Island region match the boundaries currently in use by Island Health.

Vancouver Island's First Nations are diverse, with distinct cultures and traditions, cultural knowledge and practices and languages across the region. Representing 23 per cent of registered BC First Nations, community members living in the Vancouver Island region are estimated at 31,093, with approximately 14,653 at home (on-reserve) and 16,440 away from home (off-reserve). Some First Nations communities are in populated urban settings and others are in rural and remote areas.

The map above shows the location of the 50 First Nations communities across Vancouver Island, differentiated by cultural family.

SC'IA̓NEW̱ (Sc'ianew)
Quw'utsun (Cowichan Tribes)
Xʷsepsəm
(Esquimalt - lə́kʷəŋən People)
Xuleltxw (Halalt)
Xʷomaɬkʷu (Homalco)
Klahoose
Ts'uu baa-asatx (Lake Cowichan)
Leey'qsun (Lyackson)
MÁLEXEŁ (Malahat)
Snaw-Naw-As (Nanoose)
BOḰEĆEN (Pauquachin)
Spune'luxutth (Penelakut)
Qualicum
Snuneymuxw
Songhees (lə́kʷəŋən People)
Stz'uminus
T'Sou-ke
W̱JOŁEŁP (Tsartlip)
ST̓ÁUTW̱ (Tsawout)
W̱SÍ,K̲EM (Tseycum)

ʕaaḥuusʔatḥ (Ahousaht)
Diitiid7aa7tx (Ditidaht)
ʔiiḥatisatḥ činaχintḥ
(Ehattesaht Chinehkint)
Hesquiaht
Hupačasath (Hupacasath)
Huuʕiiʔatḥ (Huu-ay-aht)
Ka:'yu:'k't'h'/Che:k'tles7et'h'
(Kyuquot/Checleseht)
Mowachaht/Muchalaht
Nuchatlaht
Pacheedaht
ƛaʔuukʷiʔatḥ (Tla-o-qui-aht)
ṫukʷaaʔatḥ (Toquaht)
ċišaaʔatḥ (Tseshaht)
Huučikƛisʔatḥ (Uchucklesaht)
Yuułuʔiɬʔatḥ (Ucluelet)

Kwagu'ł (Kwakiutl)
Mamal̲ilik̲al̲a (Mamalilikula)
'Na̲mg̲is
Ławit'sis (Tlowitsis)
Da̲'naxda'x̲w
Dzawada̲'enux̲w
K̲wik̲wa̲sut'inux̲w Ha̲xwa'mis
Gwawa'enux̲w
Gwa'sa̲la-'Nak'waxda'x̲w
Gwat'sinux̲w
Tłatła̲sik̲wa̲la
Wiwek̲'a̲m (Wei Wai Kum)
Wiwek̲e' (We Wai Kai)
Kwixa
K'ómoks

These communities are part of FNHA's governance pathway but may also reflect hereditary lines or historically distinct communities brought together through colonial processes. While we continue to work within current governance pathways, we recognize and honour the distinct cultures, histories and identities that predate and persist beyond those structures.

COAST SALISH

Family Profile

Of the 50 First Nations on Vancouver Island, 20 are within the Coast Salish family. Geographically, the majority of Coast Salish communities are located between the southern tip of Vancouver Island and Qualicum Beach, facing eastward towards the Salish Sea. Two communities are located further north, these being Homalco and Klahoose First Nations, which have their traditional territories off the coast of Campbell River and Bute Inlet. While Coast Salish communities may be considered relatively close physically and have similar cultural traditions, they also have differences in their size, remoteness and language.

Each Nation varies in size from less than one hundred members to over one thousand members. Some communities are located in rural and remote areas while others are located in or border urban settings. Three communities are located on islands, namely Penelakut, located on Penelakut Island; Klahoose, located on Cortes Island; and Lyakson, located on Valdes Island. Other communities are land-locked and do not have direct access to the Salish Sea (Cowichan Tribes and Lake Cowichan).

Coast Salish Language

Linguistically, there are several distinct Coast Salish dialects: Northern Salish (Comox, Pentlatch, Sechelt), Central Salish (Squamish, Hul'qumi'num or Halkomelem), Northern Straits (Sencoten, Sooke, Lekwungen) and Clallam (or Klallum). In many of the Coast Salish communities, the fluency of speakers has been dwindling. To counteract this problem, many communities have developed language programs so that their language can continue to be an important piece of Coast Salish culture and be passed on to future generations.

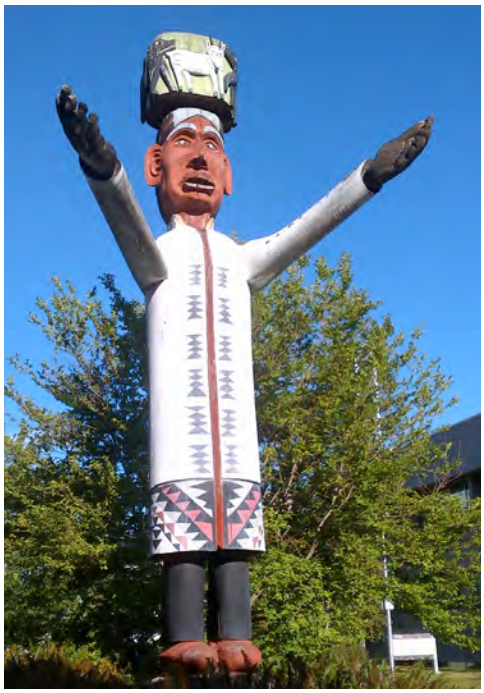
Coast Salish Values

Coast Salish peoples are united in their beliefs around family and community closeness. Family and extended family are and were very important to the Coast Salish people.

"Our people lived for each other," said Dave Elliot Sr. in the book Saltwater People.

Extended families get together regularly for birthday celebrations, gatherings and events. Families also get together to prepare and share traditional food and ceremonies. Communities gather for sporting events including soccer, lacrosse and canoe races. Moreover, communities will also rally together during times of sorrow, as many families and communities are interrelated and connected through traditions and protocols of

sharing and reciprocity during times of grief. These traditional ways are sacred to the Coast Salish families that strengthen and nurture them during difficult times.



Elders are held in high esteem in Coast Salish culture. Elders are recognized as Knowledge Keepers for both language and culture. Many of their teachings are passed on using storytelling, traditional activities and ceremony. Grandparents take an active part in passing down knowledge and traditions to grandchildren.

It has always been important for Coast Salish people to "work together as one"; this value is commonly known as Nuts'amaatstuhw kwthun syaays and reflects their beliefs around the importance of relationships. The Coast Salish worldview also recognizes the interconnectedness and spirit within all living things including the relationship to the land, waterways, ocean and air, as well as all plants and animals. This deep respect for the sacredness of life is demonstrated in their belief in taking only what is needed so that resources remain in abundance for future use; fishing, hunting, stripping cedar bark, harvesting trees and picking cedar branches are examples where this belief is practiced. Coast Salish values include living a respectful and balanced life as well as sharing resources. These ways of knowing have sustained and nurtured Coast Salish families for millennia.

Coast Salish Traditional Foods and Medicines

Historically, gathering traditional food was a way of life (mainly during the summer months, as the winter was reserved for ceremonies and celebrations in the longhouse). Coast Salish people relied on salmon, roots, berries, birds, deer, elk, seals, crab, duck, sea urchins, sea cucumbers, kelp, rockweed and various species of shellfish. Today, many Coast Salish communities recognize the importance of a traditional diet in maintaining a healthy lifestyle and are holding events and classes to teach their members about diet and exercise.

Traditional medicinal plants and foods are still extensively used by the Coast Salish. Medicine teachings are sacred and have a significant purpose for those who practice and use traditional medicine.

Coast Salish people utilize many natural resources to build shelters, canoes and poles as well as for making baskets, carving tools, blankets, clothes and regalia. Today, the Coast Salish people are well known for their knitting of sweaters, toques and socks. This requires a skill which has been passed down by many generations. Cowichan sweaters are well known throughout Canada and the world as well made and beautifully designed.

NUU-CHAH-NULTH (NUUČAAʔNUŁ)

Family Profile

The Nuu-chah-nulth (Nuučaaʔnuł) also formerly referred to as the Nootka or Nuu-chah-nulth, are one of the First Nations peoples of the Pacific Northwest Coast of Canada. The term Nuučaaʔnuł is used to describe 16 separate but related Nations and translates as "all along the mountains and sea". Nuučaaʔnuł is a distinct language on the West Coast of Vancouver Island that is similar to spoken dialects.

The Nuučaaʔnuł people formed an alliance in 1958 known as the West Coast Allied Tribes. In 1973, this alliance became incorporated as a non-profit society called the West Coast District Society of Indian Chiefs Ha'wiih. Six years later, the Society changed its name to the Nuu-chah-nulth Tribal Council (NTC). The NTC offers a wide range of programs and services to registered members of 14 Nuučaaʔnuł First Nations. Today, some Nuučaaʔnuł First Nations include several Ha'wiih (Chief) families and most include what were once considered several separate local groups.

Vision and Mission Statement

We are the Nuu-chah-nulth. We continue to follow our ancestors' true self-determination and real self-sufficiency when they lived and thrived on the lands and waters on the West Coast of Vancouver Island. Through the Nuu-chah-nulth Tribal Council, our vision is self-government that promotes strong, healthy Nuučaaʔnuł communities, which are guided by N'aas (Creator) and Ha'wiih (Hereditary Chiefs). We will fulfill our vision by providing equitable social, economic, political and technical support to Nuučaaʔnuł First Nations.

We will seek the wisdom and knowledge of our Elders and look upon our Children to give us the desire to succeed.

Nuu-chah-nulth Traditional Territories

Nuu-chah-nulth Traditional Territories encompass much of western Vancouver Island. The Pacheedaht First Nation (Ṗaačiinaʔatḥ) territory includes the lands and waters along the southwest of Vancouver Island between Bonilla Point and Sheringham Point and is part of the Nuučaaʔnuł family; however, it is not politically affiliated with the Nuu-chah-nulth Tribal Council. It is recognized that the Makah Tribe (Qʷiniščaʔatḥ), located in Washington State, is closely related to the Nuučaaʔnuł peoples. It is also important to note that five of the 16 Nuučaaʔnuł are part of the Maa-nulth Treaty:

Huu-ay-aht, Ka:'yu:'k't'h'/Che:k'tles7et'h',ʔuk̓ʷaaʔatḥ, Uchucklesaht, and Yuułuʔiłʔatḥ. In Nuučaaʔnuł language, maa-nulth means "villages along the coast." The Maa-nulth First Nations final agreement is Vancouver Island's First modern-day treaty and the first multi-Nation treaty under the British Columbia Treaty Commission process. This government is based on self-government that is still bound to Nuučaaʔnuł by culture, history, language as well as political and family ties. Each Maa-nulth group may have different government structures. The Nuučaaʔnuł population consists of approximately 10,000 members, 12,000 with Makah (Washington State, USA) and more if non-status members were included.

Nuu-chah-nulth Tribal Council

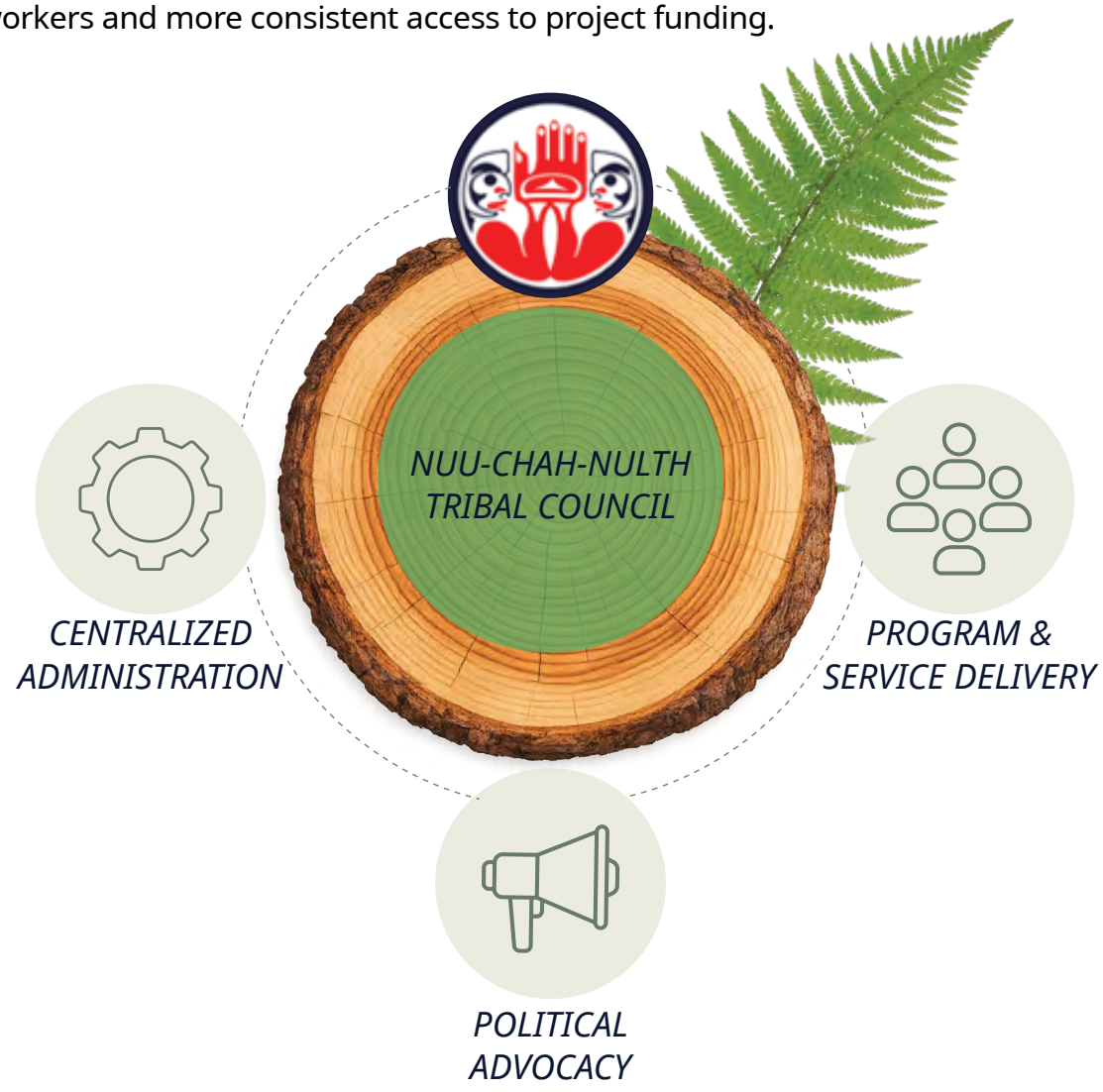
The Nuu-chah-nulth Tribal Council (NTC) is a not-for-profit society that provides a wide variety of services and supports to fourteen Nuu-chah-nulth First Nations with approximately 10,000 members. The NTC exists to advance and protect the ha-ha-hoolthee (territories) of the Nuu-chah-nulth Ha'wiih (Hereditary Chiefs); pursue self-determination; promote the betterment, prosperity and well-being of the Nuu-chah-nulth people; and advance Nuu-chah-nulth culture, language, beliefs and way of life.

The NTC serves its members in three key ways:

1. **Program & Service Delivery**
   The NTC delivers a wide variety of programs and services to participating Nuu-chah-nulth First Nations and their members. Many of these services were once delivered by federal or provincial governments. The NTC can adapt these programs and services to some degree so they better meet the unique cultural and other needs of our people.

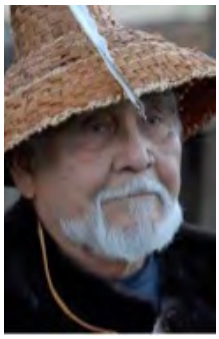
2. **Political Advocacy**
   The NTC works to create awareness and advocate for change on an array of socio-political and other issues that affect Nuu-chah-nulth people.

3. **Centralized Administration**
   The NTC provides a variety of centralized administration and coordination services for participating Nations, including membership records and status card services. Shared services can provide Nations with significant cost savings, better access to skilled workers and more consistent access to project funding.



Govenance Roles - Ha'houlthee, T'ayii Hawił and Ḥa`wiiḥ

The ha'hulthi (*Chiefly* territories) of the Nuučaaʔnuł First Nations, or tribes, stretch along approximately 300 kilometres of the Pacific Coast of Vancouver Island, from Brooks Peninsula in the north to Point-no-Point in the south and include inland regions. Although Nuučaaʔnuł people share traditions, languages and many aspects of culture, they are divided into *Chiefly* families and Nations. Each Nation includes several local groups governed around a T'ayii Hawił (Hereditary Chief) and each lives off the resources provided within their ha'houlthee.



Tukʷaaʔatḥ Taayii Hawił, Bert Mack

Tukʷaaʔatḥ T'ayiiʔas Anne Mack

The T'ayii Hawił is the highest ranking male Hawił (Chief) of a Nation. Although the Nuučaaʔnuł society is predominantly paternal, there are times when women sit in the highest seat. The highest ranking female Hawił is referred to as the T'ayiiʔas. Each Taayii Hawił have their own ha'houlthee and their own government/justice system based on their hupuuk'ʷanum. There were many important roles within this system that worked together to provide for the community and to sustain the lands, water, sea and air resources. A Taayii Hawił and Ḥa`wiiḥ training begins from the mother's womb.

According to ancient custom, a Nuučaaʔnuł T'ayii Hawił and Ḥa`wiiḥ heard the songs and teachings of his ancestors, his identity and future promise as Taayii Hawił or Ḥa`wiiḥ.

Modern Governance Roles

It is important to note that some First Nations groups are governed by a Chief and Council. This process involves an election every two or four years, in which the Chief and Council are selected by the community. The Chief and Council have a responsibility to govern the affairs of the Nation as a whole and uphold their fiduciary obligation for the well-being of the members of the Nation.

Elders

One cannot overstate the role of Elders in Nuučaaʔuł families. There is a status that comes with being an Elder among First Nations of Nuučaaʔuł. Elders acquire a wealth of knowledge and wisdom gained through life-long experiences. Also known as traditional healers and "Spiritual Doctors," Elders' wisdom and knowledge of things like natural and cultural methods of easing physical and emotional pain is essential to the livelihoods of Nuučaaʔuł people. As best described in the following quotes, an Elder shares the importance of their roles.

Nuučaaʔuł Elders are taught throughout their lives to protect their families and communities and to predict and prevent unhealthy situations. Their respect is earned through actions and words of wisdom. It is their responsibility to develop an understanding of the histories, culture (songs and dances, values, beliefs, languages, lifestyles, foods and roles of Nuučaaʔuł).

> *"Understand that we can do better as a collective. Understand that our role is monumental given the environment and circumstances that many of us grew up with, not our choice, but we're on a good path."*
>
> - Elder Wickaninnish Cliff Atleo Sr., Ahousaht

Resource Harvesting and Traditional Foods

Resource harvesting plays a key role in the livelihoods of the Nuučaaʔuł. Whether it is fishing, hunting or gathering cedar, each Nation holds great value and respect for their traditional lands, water and sea resources. Based on the belief that everything is connected; "Heeshook-ish Tsawalk" is a valuable teaching to the Nuučaaʔuł. It is imperative that all variables of existence are maintained and protected, as we are connected spiritually and physically. Historically, Nuučaaʔuł people harvested whales, salmon, seals, marine bone, shellfish and various other resources. Today, each Nuučaaʔuł Nation continues to harvest its natural resources in its traditional territories.

Respect

Respect is an essential teaching to the Nuučaaʔuł that is gained through living it. In the Nuučaaʔuł language, respect translates as iisaak. It is a sacred respect that is extended to all life forms. iisaak in practice guides one toward an understanding of creation and its meaning.

Unity

Families hold important roles within each Nation. In the Nuučaaʔuł worldview, it is unnatural for any person to be isolated from family or community, equivalent to death and destruction.

Nuučaaʔuł relationships are used to strengthen community and this is often sustained through the practice and observance of teachings. If teachings are forgotten or lost, the community may become weak and find itself in trouble (Atleo, 2004). Through the practice of storytelling, children gain the values of kindness, honesty, courage, respect, wisdom and truth, so family connections are essential to Nuučaaʔuł. They learn about how to behave, to be humble, to take teachings in and outside of family; they learn about their relationship with the Creator "Naas," all of Nature and the Universe: the power of the ocean, the sun and the moon, all the animals of land and sea and sky. For example, children learn how precious the gift of life is, how an animal honours the hunter by giving its life for food and how the hunter must in turn honour the animal with fair hunting practice. Nuučaaʔuł has developed a way of life that serves, for the most part, all their basic needs. Not only does the Nuučaaʔuł way of life provide every community member with the necessities of food, shelter and clothing, but it also provides a rich cultural tradition of songs, dances, language, laughter, storytelling, ceremonies and understanding of family ties and knowledge of their roots.

KWAKWAKA'WAKW

Family Profile

The Kwakwaka'wakw people, also referred to as the Kwak'wala speaking people, live on the northern coastal area of Vancouver Island and on the coast of the mainland of British Columbia. The Kwakwaka'wakw people have lived on this land as long as the waves have crashed against the beach and the wind has blown through the cedars.

Each Kwakwaka'wakw Nation is governed through a hereditary system that is grounded in the laws set forth by their ancestors. Modern governance respects both the hereditary and democratically elected systems. Working toward self-determination, Kwakwaka'wakw leaders recognize the diversity of each community. Relationships, connection to traditional, spiritual and cultural practices, as well as connection to the physical landscapes of the traditional territories are inherent to Kwakwaka'wakw ways of being. The K'omoks people have a unique connection to the rest of the Kwakwaka'wakw family. The land base of the K'omoks is situated in the periphery of both the Kwakwaka'wakw and Coast Salish families. They have strong historical and cultural connections to both families.

The central social organization of the Kwakwaka'wakw is the pa̱sa (potlatch), a living heritage of a complex network of ceremonies and oral traditions that affirms and identifies each person through inherited privileges of societies, names, dances and songs.

Today there are 15 Nations within the Kwakwaka'wakw Family as listed in big house speaking order below:

1. Kwagu'ł (Kwakiutl)
2. Mamalilikala (Mamalilikula)
3. 'Namgis
4. Ławit'sis (Tlowitsis)
5. Da'naxda'xw
6. Dzawada'enuxw
7. Kwikwasut'inuxw Haxwa'mis*
8. Gwawa'enuxw
9. Gwa'sala-'Nak'waxda'xw*
10. Gwat'sinuxw
11. Tłatłasikwala
12. Wiwek'am (Wei Wai Kum)
13. Wiweke' (We Wai Kai)
14. Kwixa
15. K'ómoks

Spellings and order of Nations are based on information made available by U'mista Cultural Society.

> *"The land, air and ocean provide us with everything we need: food, medicine and solitude. We have it all land food, air food and seafood!"*
>
> – Elder Willie Walkus, Gwa'sala-'Nakwaxda'xw

**Acknowledging these as historically distinct communities that were brought together through colonial processes*

Land

The Kwakwaka'wakw are connected to the land the same way the trees are rooted to the earth. Each Nation has a unique origin story that connects them to their land base. The land, oceans and rivers are very sacred to the Kwakwaka'wakw people. Landmarks like the mountains, coastlines and even the direction in which the rivers flow are used to identify each Nation's territory. The land, ocean and rivers provide traditional foods, medicines and a deep connection that contributes to the people being healthy and balanced.

Language

The languages of the Kwakwaka'wakw family are Kwak'wala, Tlatlasikwala, Gut'sa, Lik'wala and 'Nak'wala. Languages hold a sacredness that is fundamental to identity and ways of being. Although many words and phrases cannot be translated directly into English because the true meaning gets lost in translation, the power of the language shared through songs and speeches is sustained. Today's generation of Kwakwaka'wakw are working diligently to ensure the language is passed down to future generations.

The Kwakwaka'wakw are resilient people. Culture, history and language have sustained the Kwakwaka'wakw. The ancestors' teachings contribute to a wholistically balanced sense of belonging, identity, strength and wellness. There are many important values that are shared among the Kwakwaka'wakw people.

Namwayut: we are all one

The Kwakwaka'wakw people are very complex and wholistic people. Important ways of doing and being are the relationships with each other, the land and how everything and everyone are connected. It is also important to know what village, tribe, family one comes from and what songs, dances, names each individual holds. Teachings are passed down from generation to generation through custom laws; everyone is responsible to share the knowledge they carry.

Maya'xala (Respect)

Each individual has a personal responsibility to carry themselves with respect and honour. Everything is interconnected. If one aspect of life, world or being is out of balance, everything else around is affected. Values are passed down to young people through role modelling. How people conduct themselves reflects both on their family and themselves. It is important to send out good energy as this energy is reciprocated.

Galgapola (Unity) - In Unity we are all strong

As we work towards a collective well-being within a contemporary context, standing together in unity is a very strong and sacred value. When there is a potlatch, feast, birth, death or celebration, everyone who comes together has a responsibility to help support one another. In gathering, the Kwakwaka'wakw share traditional knowledge, learning and values in honour of the ancestors and those who have recently joined the ancestors.

Responsibility: Everyone has their place and responsibility

At a potlatch or feast, the host Chief and family have the responsibility to share the teachings and values learned from their ancestors so that they are passed on to younger generations. According to Kwakwaka'wakw culture, time and place exist simultaneously and the events that cross these dimensions during a potlatch must be witnessed by those in attendance. It is the witnesses' responsibility to listen, observe, feel, learn and remember names, songs and dances that are shared within each Namima.

Namima - Clan (includes everyone)

Being together has always been important to maintain a healthy family. Ensuring that children and babies are always cared for has always been a collective responsibility. Traditionally, the eldest grandchild was raised by the grandparents; aunts and uncles acted as second parents and first cousins were, and still are, considered sisters and brothers.

Women are the life, knowledge and treasure carriers; they hold all of the names, songs, dances – family treasures. Guidance in child rearing is provided by our Nino'gad (knowledgeable ones), parents, grandparents and xans dłidładłola (our loved ones or family). It takes a village to raise a child; each child's gift is recognized and is mentored. For instance, a child with artistic abilities, or a young boy who showed great capacity for songs, or a child who was interested and learned chilkat weaving easily, is mentored to create capacity in the child's respective role within the community.

The Kwakwaka'wakw people are strong and determined people. They have retained their teachings and values to share with their future generations to ensure their children and future generations know who they are and where they come from.

"We have never stopped Potlatching;
it's up to us to teach what we know and put it forward."

- Elder Ernie Scow, Musgamagw-Dzawadaenuxw
Elders Gathering Kingcome Inlet
May 31-June 2, 1995

Kwakwaka'wakw – key terms

1. Kwakwaka'wakw - Kwak'wala Speaking People
2. Kwak'wala - Name of language group
3. Tlatlasikwala - Language of the Tlatlasikwala
4. Gut'sa - Language of the Gusgimukw people
5. Lik'wala - Language of the Liawiltach people
6. 'Nak'wala - Language of the Nax'waxda'xw
7. Pa̱sa - Potlatch
8. Numaym - Family units
9. Namwayut - We Are All One
10. Maya'xala – Respect
11. Galgapola - Unity
12. Namima - Clan
13. Nino'gad - Knowledgeable ones
14. Xans dłidładłola - Our loved ones or family

"We ask the Creator to bring our leaders the wisdom
to do the work that needs to be done for our people
and to help us always keep communication
open and truly listen to one another."

- The late Bill Cranmer, 'Namgis, Vancouver Island

CHAPTER 3: STRATEGIC GOALS

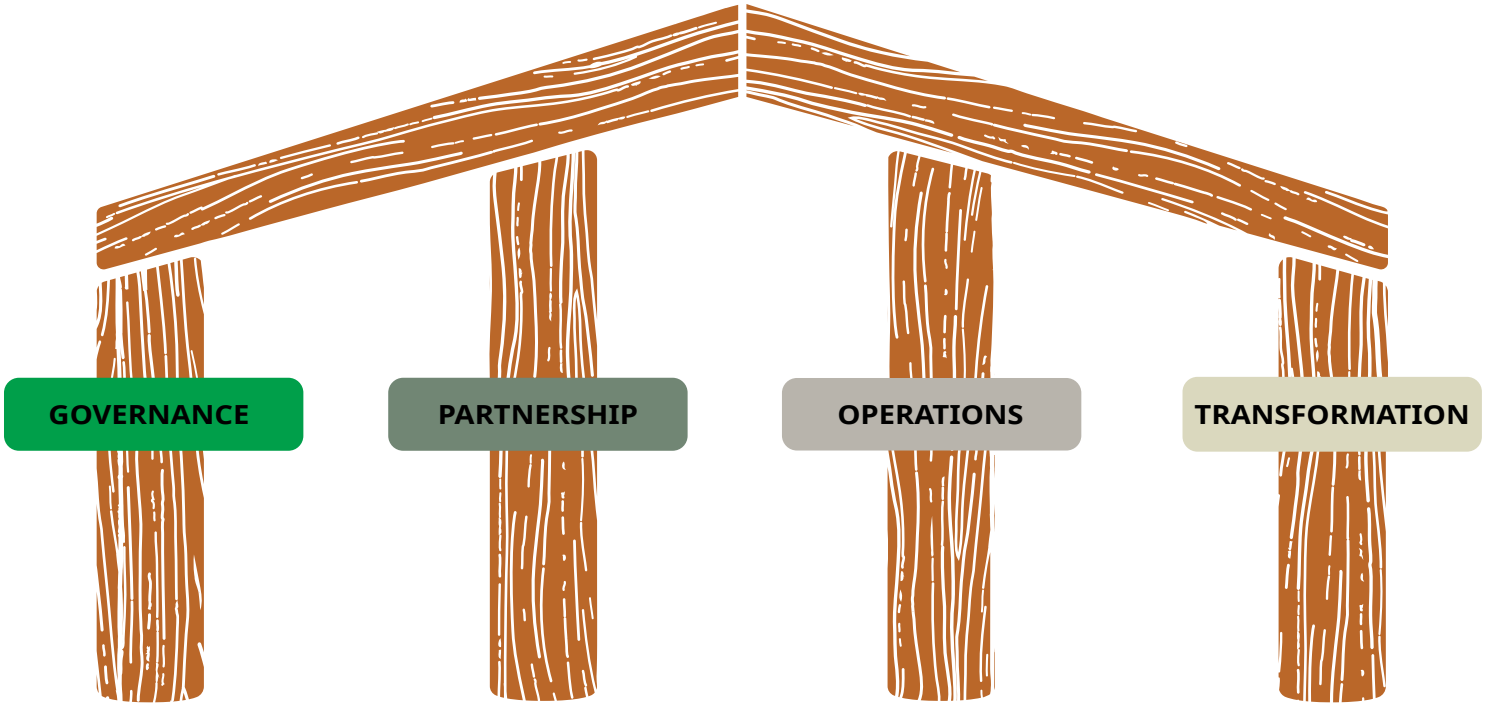
In Pacific Northwest First Nations architecture, longhouses and big houses are anchored by powerful cedar posts — magnificent large structural timbers that uphold the roof, frame the space and give strength and continuity to the whole. These posts are more than physical support; they embody foundational stability, responsibility, relationality and collective purpose.

In the same way, the corner posts of **governance, partnership, operations and transformation** offer a meaningful framework for understanding the regional priorities articulated by Nation leadership across Vancouver Island. Identified by the Vancouver Island Regional Table as the foundational posts of our shared work, they provide structure, balance and alignment with a shared vision of health and wellbeing for all.

Together, these four posts uphold the FNHA vision of *Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities*. Each post represents a distinct yet interconnected dimension of our regional efforts, grounded in the teachings, values and lived realities of the Island's three cultural families and strengthened through working collectively for the well-being of our First Nations.

Strategic Goals

FNHA vision of Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities



Governance reflects our commitment to upholding First Nations self-determination in our region, ensuring that health decisions are Nation-led and guided by cultural values, traditional knowledge, and accountability to the First Nation communities we serve. This corner post speaks to the robust governance structures and pathways that exist within FNHA and our region and the work undertaken to both foster and strengthen these.

Partnership speaks to collaboration and the many other individuals, groups and organizations with whom our work intersects. This includes our regional public health authority counterpart, Island Health, as well as provincial and federal ministerial partners and agencies. Partnership also refers to the growing list of First Nation Health Service Organizations (HSOs) within our region, First Nation Treatment Centres and Healing Houses, urban Indigenous organizations and friendship centres, philanthropic or non-profit organizations with First Nations-specific mandates and many others. Most important, partnership also refers to the individual relationships, interactions and collaborations with the First Nations people we serve.

Operations refers to the ongoing operational work by our teams to deliver responsive, culturally safe services and programs that meet the diverse needs and priorities of First Nations people across our region, while continuously improving service quality and accessibility. Over time and with increased capacity, the operational scope of services that our regional team is able to provide has expanded significantly. We continuously look to our Nation leadership to identify their health and wellness priorities and strive to align our operational work to address these priority areas. The review and update of this regional plan is a key component of this process and supports the adaptation of our regional operations to meet the evolving priorities of the Nations we serve.

Transformation drives the shift from colonial systems to First Nation-led models of wellness, supporting innovation, healing and the reclamation of traditional approaches to health. An emphasis on transformation reflects FNHA's unique role in reshaping health governance across Vancouver Island and British Columbia and in supporting the wholistic wellness of First Nations people.

Self-determination is a key determinant of health and FNHA remains committed to supporting sustainable and effective processes that enable First Nations to make their own decisions about their health and well-being. At the regional and cultural family level, we are looking to enhance and strengthen current governance structures and existing pathways for First Nations to provide technical advice and make decisions that direct FNHA service delivery, work planning and resource allocation.

This includes fully utilizing established processes for sharing technical advice at the health director level, creating space and pathways to address Family-level priorities at the sub-regional level, ensuring clear communication and understanding of engagement pathways within the region and sharing the successes and challenges of our shared work in a meaningful way.

The VI Regional Team is committed to supporting engagement, communication, information sharing and pathways that not only facilitate Nation-based decision making at the regional level but also ensure that issues and challenges in the region are voiced in a way that can be heard throughout all the departments of FNHA.

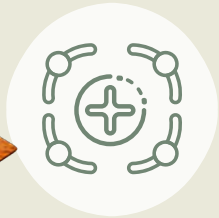
The following section describes the Vancouver Island Regional Governance Pathway, which is the foundational pathway for technical advice, informed family-based political decision making and First Nation regional health governance within the Vancouver Island region. Additionally, it provides an overview of some of the key regional leadership and advisory tables that support this governance pathway and other regional operations.

Regional Governance Pathway

FAMILY HEALTH DIRECTOR TABLES

Cultural family-aligned health director tables, responsible for providing recommendations and guidance through the technical advice process (TAP).

FAMILY CAUCUS



Cultural family-aligned subregional caucuses, where political leadership from our respective Coast Salish, Nuu-chah-nulth and Kwakwaka'wakw, cultural families meet bi-annually to make political decisions relevant to their territories, informed by health director advice and recommendations.

REGIONAL CAUCUS

Regional caucus, where health director and political leadership from each of Vancouver Island's 50 First Nations meet to discuss important priorities and make regional health governance decisions.

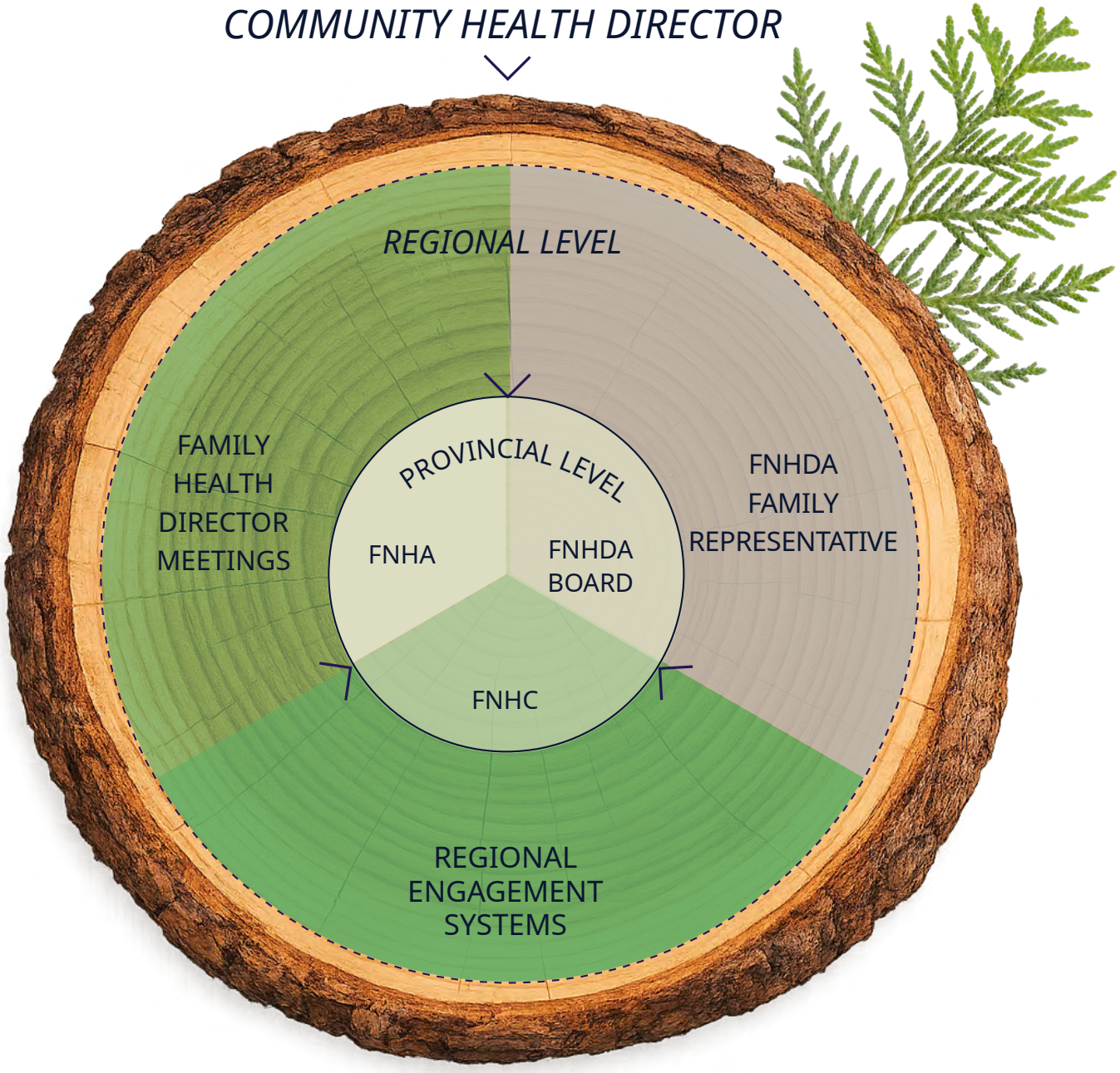
Health Director Tables

As supported by FNHA's foundational documents and affirmed in the FNHC–FNHA–FNHDA Relationship Agreement, strong and values-based partnership — grounded in our shared understanding of collective and respective roles, responsibilities and accountabilities — is essential to moving our work forward and upholding our shared vision. A key aspect of this is our ability to listen to the needs, concerns and successes of Health Directors and Health Leads in our region.

Since the previous review and update of this RHWP in 2018, the Vancouver Island region team has been working to embed and regionalize the Technical Advice Process (TAP) that has been used effectively within the provincial context to draw on the technical advice of our local Health Directors and use this advice to inform political health governance decisions at the cultural family (sub-regional) and regional leadership level.

Across Vancouver Island, there are three health director tables – one aligned to each of our three cultural families. Each of these tables meets two to four times per year and provides technical advice and recommendations on FNHA operational matters, including those that need to be elevated to a political level for decision at either a sub-regional or regional caucus. Essentially, health director tables are where advice and recommendations are formed.

Technical Advice Process (TAP)



HEALTH GOVERNANCE

HEALTH SERVICE

SHARE

INFORM

Cultural Family sub-regional caucus

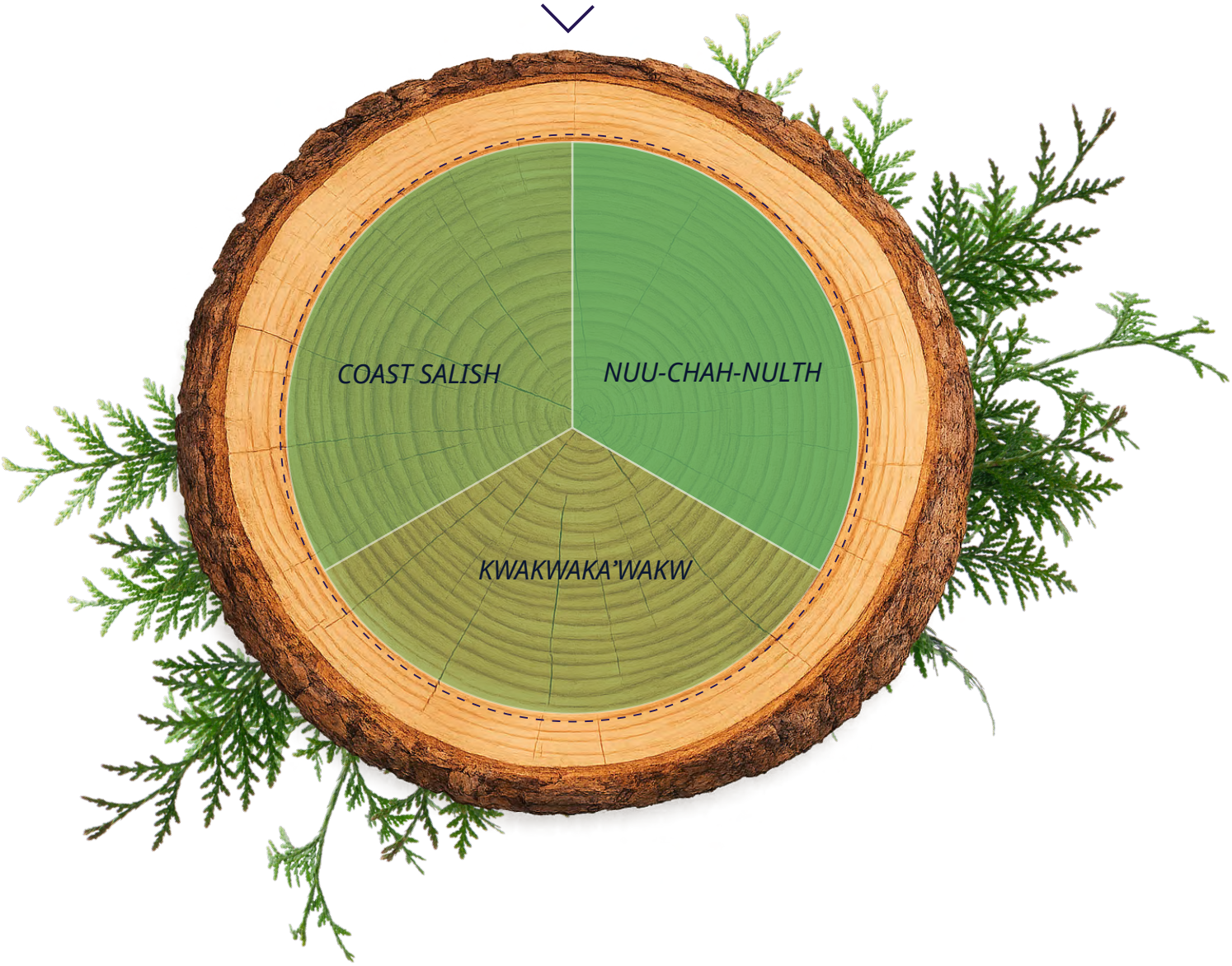
Our cultural family sub-regional caucus gatherings are the next step in our regional governance pathway and are essential for addressing cultural family-level priorities in our region. As with health director tables, there are three sub-regional caucuses – one aligned to each of our three Vancouver Island cultural families. Sub-regional caucus gatherings typically occur at least twice per year, following health director table meetings and in the lead up to the main regional caucus event. These political gatherings involve participation from cultural family Nation leadership – a Chief, or proxy – who are able to vote on behalf of their Nation and pass motions collectively.

For a decision to be endorsed at the cultural family level, it needs the voting support from the majority of Nations within that family group. For the Coast Salish cultural family for instance, this would mean at least 11 of the 20 Vancouver Island Coast Salish Nations voting in favour of a given motion. For a vote to occur or decision to be made, there also needs to be quorum: a majority of Nations within that cultural family present. Again, taking the example of the Coast Salish family, this would require that Chiefs and proxies from at least 11 of 20 Nations be in the room to vote on a decision item.

The core role of the health director tables is to provide technical advice and recommendations to cultural family leadership for consideration; the core purpose of subregional caucus gatherings is to make decisions at the family level. Decisions could relate to any number of topics – resource allocation, service delivery approaches, political advocacy – and could either lead to actionable direction for FNHA teams or health directors to operationalize, or if the decision item has region-wide implications – to be elevated to regional caucus for consideration by all 50 Vancouver Island Nations collectively.

As our region increasingly orients our service delivery and operations at the cultural family level, bringing services closer to home and respecting the unique needs and priorities of our three cultural families, the importance of the sub-regional caucus and its decision-making authority will continue to grow.

CULTURAL FAMILY SUB-REGIONAL CAUCUS



Regional Caucus

The Vancouver Island Regional Caucus is the paramount governance table in the Vancouver Island First Nation Health Authority governance pathway. Representing the 50 First Nations communities across Vancouver Island, the regional caucus serves as a collaborative forum where political and technical leaders from these Nations – represented by a Chief or proxy and community health director – come together to discuss health priorities, share information and guide regional health initiatives. Where important regional decisions need to be made, they are voted on by Chiefs from the 50 Nations represented at the regional caucus.

The Caucus plays a central role in:

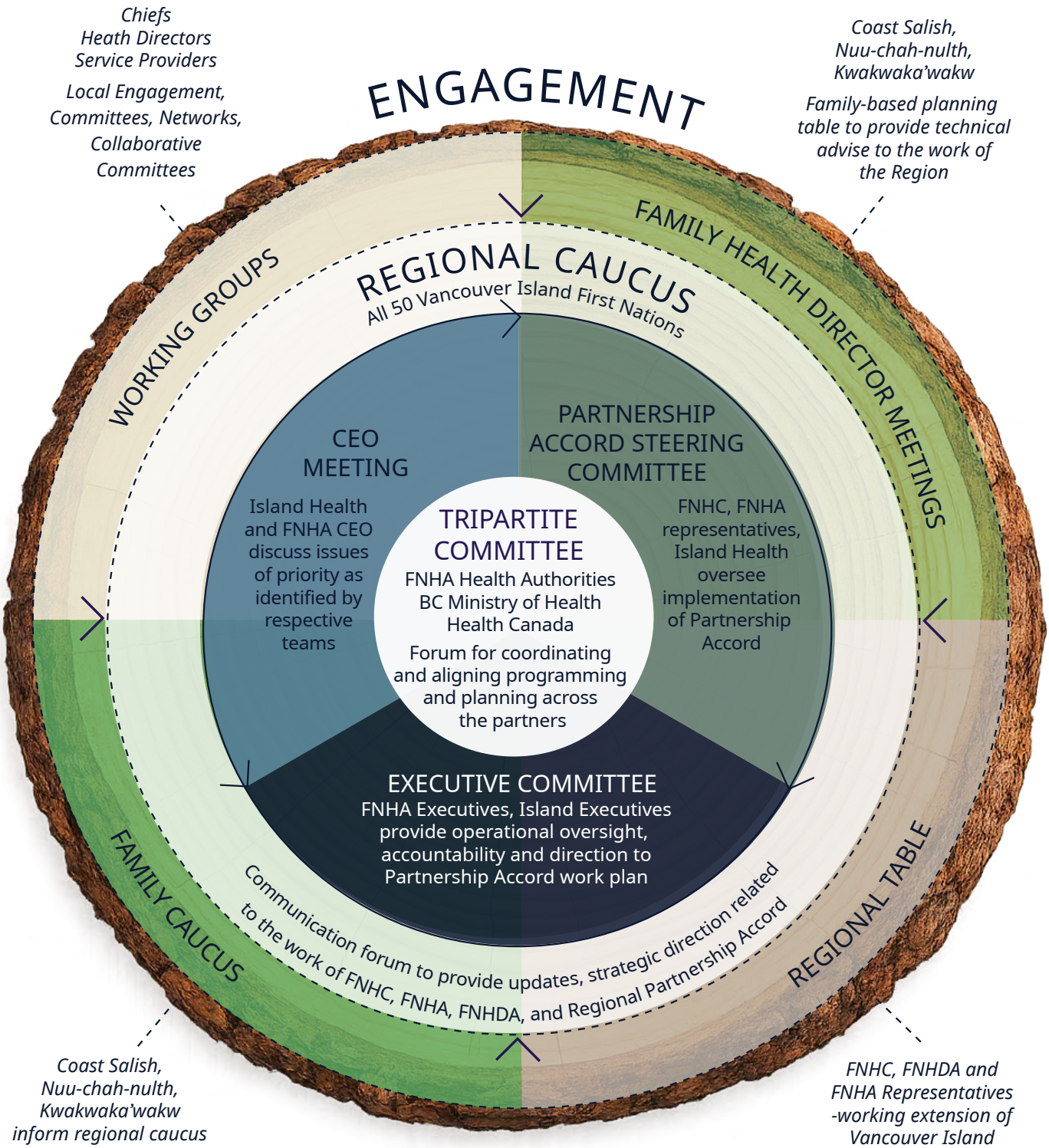
- Coordinating regional health planning and decision-making.
- Ensuring community voices are reflected in health strategies and policies.
- Fostering partnerships, such as the Vancouver Island Partnership Accord with Island Health, to improve health outcomes for First Nations people
- Supporting cultural family sub-regions (Coast Salish, Nuu-chah-nulth and Kwakwaka'wakw) in aligning their unique needs with regional and provincial health goals.

The importance of the regional caucus lies in its role in advancing self-determination, cultural safety and community-driven health governance, ensuring that health services remain responsive to the diverse traditions, needs and priorities of Vancouver Island First Nations and its three cultural families. The regional caucus typically meets at least twice annually and is the final stage of the bi-annual regional governance and engagement cycle.

Regional Caucus in the regional governance and engagement cycle

**Coast Salish, Nuu-chah-nulth and Kwakwaka'wakw*

Vancouver Island Region Meeting Sequence Pathway

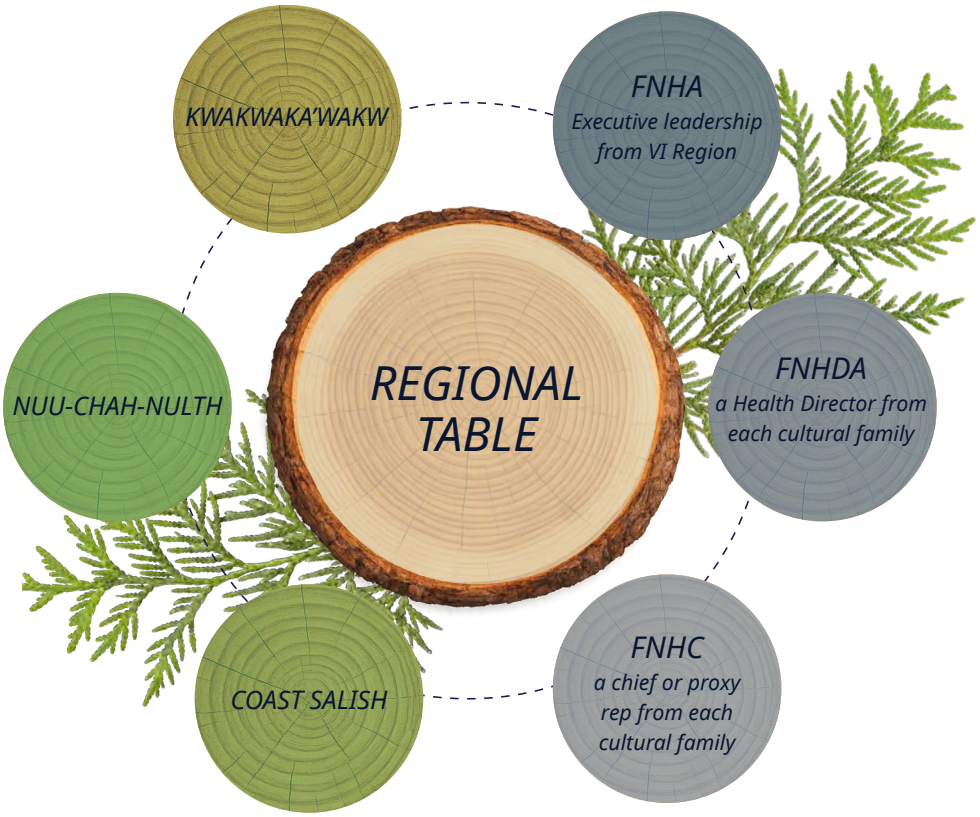


Regional Leadership Tables

Regional Table

The Vancouver Island Regional Table was first introduced as part of the regional structure as adopted within the Vancouver Island First Nations Regional Caucus Terms of Reference in 2012. It includes political (First Nation Health Council – FNHC) and health director leadership (First Nation Health Director Association – FNHDA) representation from each of our three cultural families. This includes two representatives – a health director and a Chief – from each of our Coast Salish, Nuu-chah-nulth and Kwakwaka'wakw territories. In addition, the Regional Table includes executive-level representation from our regional Vancouver Island FNHA office.

The purpose of the Regional Table is to provide representative, high-level leadership direction to our regional work and to function as an operational extension of the Vancouver Island Regional Caucus. Each of the regional table pillars has different roles and responsibilities, which are better defined in the Vancouver Island Regional Table Strategic Plan (separate to, but complementary to, this regional health and wellness plan). For FNHC representatives, this primarily involves political advocacy, coordination and relational work to engage and communicate with our Chiefs, partners and various levels of government. For FNHDA, this involves providing technical advice and expertise from each of our three cultural family health director tables. Our regional table is accountable to our Nations and communities and to the Vancouver Island Regional Caucus.



Partnership Accord Steering Committee

The Partnership Accord Steering Committee (PASC) is a key governance, partnership and oversight body established under the Vancouver Island Partnership Accord – a collaborative agreement between First Nations Health Authority (FNHA), Island Health and the Vancouver Island Regional Caucus. The Accord was first signed in 2012 and has been renewed and updated at regular intervals to reflect evolving priorities of Vancouver Island First Nations and the relationship between partnership signatories.

Some of the key roles of the PASC include:

- Guiding the implementation of the Partnership Accord by overseeing joint initiatives and shared work.
- Facilitating collaboration between FNHA, Island Health and First Nations leadership to improve health outcomes for First Nations people on Vancouver Island.
- Ensuring reciprocal accountability, where all parties contribute to shared goals and monitor progress.
- Supporting culturally safe and integrated health services, tailored to the diverse needs of Coast Salish, Nuu-chah-nulth and Kwakwaka'wakw communities.

The PASC is instrumental in advancing reconciliation on Vancouver Island through health system transformation. It provides a platform for shared decision-making, leadership collaboration and reciprocal accountability – ensuring First Nations voices are central in shaping health services on Vancouver Island. By coordinating efforts across organizations, the PASC helps address systemic barriers and promotes equity and cultural safety in healthcare service delivery. It aims to foster community-driven solutions, recognizing the unique traditions, governance and health strategies of Vancouver Island's 50 First Nations communities.

Regional Advisory Tables

Youth Advisory Committee

In 2024, the Regional Engagement Team established the Vancouver Island Regional Youth Advisory committee, comprised of nine representatives, with three youth from each cultural family. Our objectives are to remain accountable to the Committee, provide mentorship opportunities and support professional development pathways. We are committed to ensuring that youth members feel supported, heard and empowered to represent their peers.

The purpose of the Youth Advisory Committee is to create a meaningful space for youth to share their insights and perspectives on regional health governance, policy development and service delivery. This Committee aims to strengthen cultural connections, support self-determination and promote cultural revitalization. By having a voice in decision-making, youth are empowered to grow as leaders and advocate within their communities.

Elder Advisory Committee

FNHA's Vancouver Island Regional Engagement Team is currently in the process of establishing an Elders Advisory Committee and developing a transparent process for selecting its members. Once finalized, the Committee will consist of six members, both male and female, with two representatives from each cultural family.

Elders are knowledge keepers and the foundation of First Nations families and communities. Resilient and deeply connected to their lands, Elders work to preserve and strengthen their communities, fostering cultural safety and continuity. The Committee goal is to promote knowledge exchange, raise awareness and explore ways to improve policies, programs and services through respectful discussions. Elders will provide culturally informed input, sharing wisdom, guidance, advice and recommendations.

Cultural Safety and Humility

Cultural safety and humility are foundational to transforming the health care system into one that truly respects and responds to the needs of First Nations people. Cultural safety is an outcome of respectful engagement that recognizes and actively addresses the power imbalances inherent in the health system. It results in care environments that are free from racism and discrimination, where First Nations individuals feel physically, emotionally, socially and spiritually safe. Cultural humility is the ongoing process of self-reflection and learning, where health care professionals acknowledge their own biases and commit to building relationships rooted in mutual trust and respect. It requires recognizing oneself as a lifelong learner in understanding the experiences and worldviews of others.

The BC Cultural Safety and Humility Standard further emphasizes that culturally safe care for First Nations people must be informed by knowledge of colonial, sociopolitical and historical contexts that continue to shape health inequities today. These principles guide our regional priorities on Vancouver Island, including advancing awareness and implementation of the BC Standard, developing education pathways for FNHA staff and engaging in self-assessment and shared planning under the Vancouver Island Partnership Accord. Together, these efforts aim to create lasting, meaningful change in how care is experienced by First Nations individuals, families and communities.

Quality Care

First Nations people have the inherent right to access timely, high-quality health care that is free from racism and discrimination. First Nations individuals, families and communities deserve health care that is safe, respectful and empowering. They must feel confident to voice concerns and advocate for their health and wellness without fear or hesitation. Health care professionals have a responsibility to create environments where First Nations people feel seen, heard and valued. This requires a commitment to culturally safe, trauma-informed and person- and family-centered care — grounded in respect for values, beliefs, traditions and lived experiences of First Nations people. Creating such spaces is essential to building trust, improving outcomes and advancing health equity for First Nations.

There is currently limited accountability for eliminating all forms of First Nations-specific racism in the B.C. health care system — including in areas such as complaints processes, system-wide data collection, quality improvement and assurance and monitoring of progress. On Vancouver Island, our regional quality care priorities aim to improve the health care experiences of First Nations by strengthening partnerships and ensuring accountability through clear compliments and complaints pathways. We are committed to creating safe, respectful spaces where First Nations voices are heard and concerns lead to meaningful action and change. This includes establishing data governance protocols and responding to success stories and emerging themes that inform culturally safe and equitable health care for First Nations people.

First Nation-specific racism

First Nations-specific racism in health care is a systemic issue rooted in colonial history and perpetuated through discriminatory policies, practices and stereotypes. It manifests in inequitable access to services, culturally unsafe environments and biased treatment, often resulting in harm, misdiagnosis, delayed care, lower-quality care and poorer health outcomes. Racism is a determinant of health that contributes to mistrust in the health care system and discourages many First Nations people from seeking care when needed. High-profile cases, such as that of Keegan Combes, who died in 2015 from a delayed diagnosis following an accidental poisoning, underscore the life-threatening consequences of First Nations-specific racism. Addressing it requires systemic change, cultural safety, zero tolerance and reciprocal accountability across all levels of health care.

Zero tolerance

Zero tolerance for First Nations-specific racism in health care refers to taking a firm, collective stance that racism will no longer be accepted or excused in any form. Vancouver Island First Nations have called for health system partners to adopt zero-tolerance approaches to addressing racism, including reformation of complaint processes and supporting legislative change, to ensure accountability and safety for First Nations individuals, families and communities accessing care. Adopting a zero-tolerance approach means that racism has no place in our systems and Vancouver Island communities are calling for accountable action.

Partnership with Island Health

Strong, respectful and equitable partnerships are the foundation of sustainable health and wellness for First Nations. True collaboration begins with recognition of First Nations' inherent rights, jurisdiction and authority to design, govern and deliver services that reflect our values, knowledge systems and community priorities. Strengthening First Nations partnerships means moving beyond consultation toward shared leadership, accountability and decision-making across all levels of health planning, service delivery and policy development. It also means building trust — through transparency, long-term commitment and respect for the distinct needs and visions of each Nation. This priority area focuses on advancing meaningful partnerships between First Nations and all relevant partners — including health authorities, governments, service providers and among Nations themselves — to ensure health systems are responsive, culturally safe and grounded in the voices of our people. We recognize the need to strengthen our partnership with Island Health and are currently reviewing the full implementation of the Partnership Accord through our renewal process. In 2026, we will work with Island Health to uphold the Regional Health and Wellness Plan as a framework to guide the work we do in partnership.

Reciprocal Accountability

Reciprocal accountability for First Nations refers to a principle rooted in traditional cultural social systems, where every member of the community is accountable not only for their own actions and decisions but also for their contributions to the collective well-being of the community. In modern health governance, this concept has been adapted to emphasize mutual responsibility and shared decision-making among partners – including First Nations, provincial health authorities and federal agencies – rather than a top-down approach. It is based on building trust-based, long-term relationships, ensuring transparency and creating space for all voices to participate in decisions that affect them. This principle fosters transparency, responsiveness and creativity, encouraging open communication and mutual problem-solving to avoid surprises and strengthen trust. Reciprocal accountability is dynamic and adaptive, requiring continuous learning and renewal to reflect evolving contexts and priorities.

The principle of reciprocal accountability is central to the Vancouver Island Partnership Accord with Island Health. It also underpins all partnership initiatives and relationships within and adjacent to, Vancouver Island FNHA regional operations – and all transformative work occurring in regional health governance, where accountability is seen as a two-way commitment: each party supports the other in fulfilling its roles and advancing common goals for culturally safe and effective health systems.

The Social Determinants of Health (SDoH)

Social Determinants of Health (SDoH) refer to the conditions in which people are born, grow, work, live and age, as well as the broader systems and forces such as personal, social, economic and environmental factors that shape daily lives. These determinants play a vital role in influencing health outcomes, both positive and negative.

Despite their significance, SDoH are often insufficiently addressed and are widely recognized as underlying causes of health disparities and barriers to the health and well-being of individuals, families and communities.

Key Social Determinants of Health include:

- Access to adequate housing
- Culture, ceremony and language
- Early childhood development
- Education
- Employment, working conditions and job security
- Food security
- Gender and genetics
- Income and social status
- Physical environment
- Personal health practices and coping skills
- Self-determination
- Social support and social inclusion

First Nations Perspectives on Health and Wellness

First Nations peoples' views on health and wellness embrace a wholistic perspective that emphasizes the interconnectedness and harmony of physical, mental, emotional and spiritual dimensions of life. This perspective is deeply rooted in land, culture, language, family, and community. The capacity to thrive depends on maintaining balance among these elements.

Addressing the SDoH in First Nations communities requires more than improving access to health care – it calls for systemic transformation and strong support for community-led, culturally grounded solutions that reflect First Nations worldviews and priorities.

The 10-Year Strategy on Social Determinants of Health

At Gathering Wisdom XII, Chiefs and leaders approved the 10-Year Strategy on Social Determinants of Health, recognizing the urgent need to improve social conditions and support First Nations-led, community-driven and Nation-based health initiatives.

In alignment with this strategy, the Region launched a dedicated 10-year funding stream focused specifically on SDoH. Implementation began in 2024, with an emphasis on community-driven, culturally grounded projects that aim to address the root causes of health inequities. Funding parameters are intentionally flexible to allow Nations to allocate funding towards SDoH initiatives that meet their unique community needs. This long-term investment reflects a commitment to working in partnership with First Nations communities to support transformational change rooted in self-determination and cultural strength.

Sharing Impact through Reporting

The Regional team has been working closely with communities to understand their specific needs, while offering ongoing support, capacity building and guidance for program implementation.

To date, all 50 First Nations communities in the region have received funding and signed contribution agreements. Funded initiatives to date reflect the unique strengths and goals of each Nation and include:

- Food sovereignty and traditional foods projects
- Elder programs
- Youth mentorship and leadership development
- Mental health supports
- Land-based healing initiatives
- Capacity building
- Primary care enhancements
- Culture, language and ceremony projects
- Programming to address the toxic drug crisis

Assessing and Measuring Impact

To ensure meaningful evaluation and accountability, the Vancouver Island Regional team has co-developed assessment tools with community partners. These include narrative reports, which provide space for storytelling and community reflection. Reports are submitted at the end of each fiscal year and help measure progress and impact based on community-identified outcomes.

The goal is not only to demonstrate success but to ensure the strategy remains flexible, responsive and rooted in First Nations ways of knowing and doing.

OPERATIONS

From a First Nations perspective on wellness, all areas of health and wellness are interconnected. As FNHA has continued to grow and expand its scope of operations since inception to better serve the needs of the First Nation communities it serves, so too have our regional teams. This is particularly important in the context of regionalization: within FNHA, it is the regional offices that are community-facing and are best positioned to meet Nation needs. Over the coming years, it will be important for FNHA's growth to be concentrated in regional rather than provincial teams, or – wherever possible – directly in community.

Although currently our regional operational teams are organized based on subject matter, we are in the process of transforming these siloed workstreams into wholistic, care-based teams that align to the unique needs of our three cultural families: Coast Salish, Kwakwaka'wakw and Nuu-chah-nulth. Already, many of our operational teams work closely with one another and provide a wholistic and collaborative approach to meeting Nation needs – despite their individual areas of expertise. Aligning teams to each of our three cultural families provides a clear path forward for the next iteration of this transformation, to ensure that we are moving services closer to home and meeting the needs of the Nations we serve in a culturally grounded and regionally relevant way.

Siloed Workflows

Wholistic Workflows

Regional Envelope and Investment Strategy

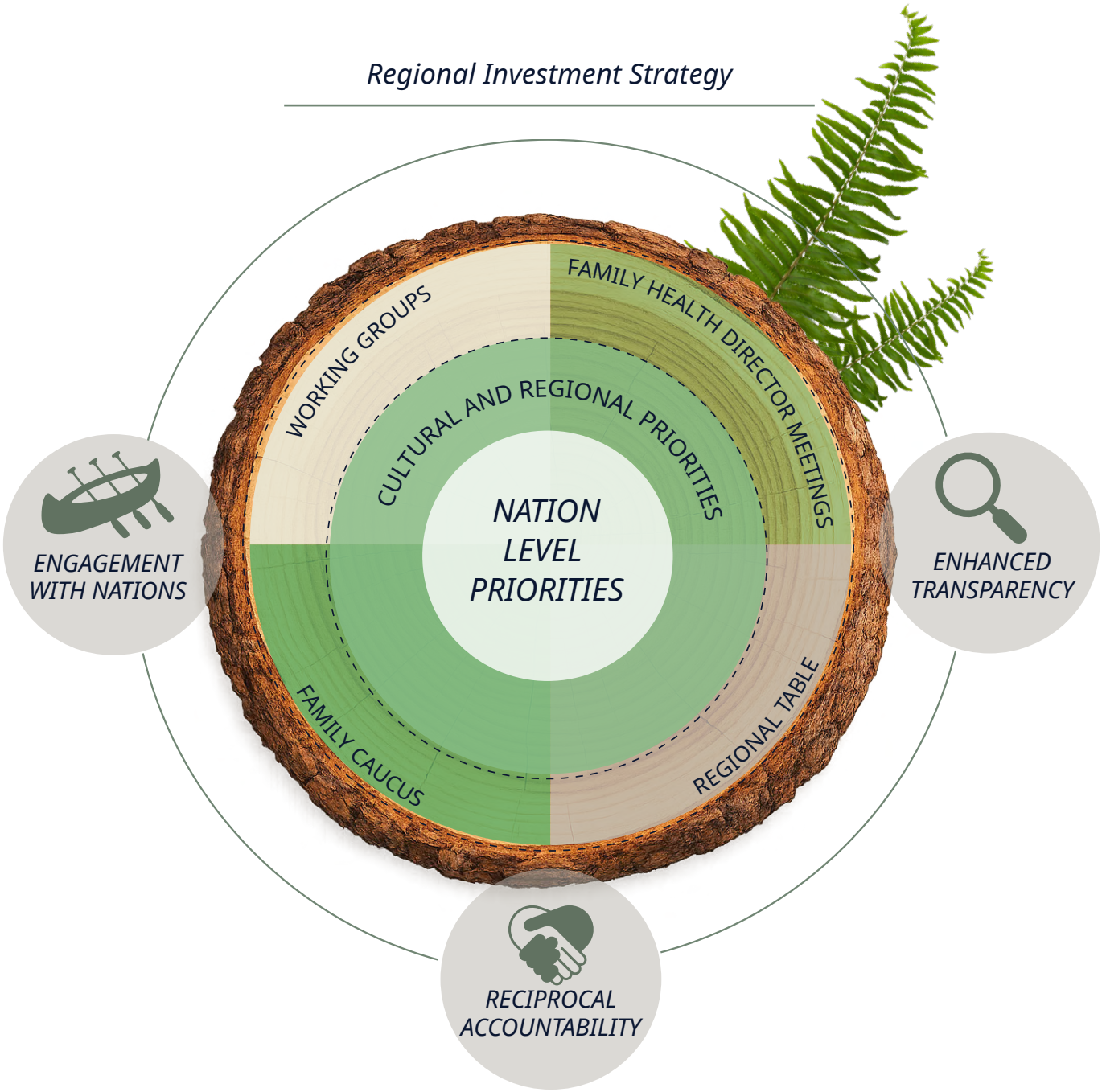
The regional envelope is a collection of funds managed by the FNHA Vancouver Island regional office with varying criteria, purposes, intended usages and flexibility designed to support the regional implementation of Nation health and wellness priorities. This envelope can, and does, shift and evolve year to year – depending on what funding our regional office receives from the FNHA provincial office and/or external partners. The reality is that this envelope is subject to economic and political pressures – much the same as for our provincial health authority counterpart, Island Health.

Direction on usage and funding priorities for the Vancouver Island regional envelope comes from our regional governance pathway: health director tables, sub-regional cultural family caucuses and the Vancouver Island Regional Caucus. The current process to make decisions about regional envelope allocation is based on a range of considerations, including the FNHA seven Directives, the FNHA multi-year health plan, existing FNHA policies and – most importantly – the priorities and objectives contained in Chapter Four of this regional health and wellness plan, which in turn have been informed by community engagement and community level, health and wellness plans.

Regional Investment Strategy

To ensure equitable and transparent funding and alignment with the Regional Health and Wellness Plan, FNHA has moved away from the competitive proposal-driven process that has at times been adopted in the past. Consistent with the regionalization objectives, our regional office will be looking to define a clear regional investment strategy over the coming years, that seeks greater active public engagement from our Nations on regional budgetary decisions, increased reciprocal accountability over funding usage and enhanced transparency over available resources and prioritization of different health and wellness priorities.

This strategy will need to be cultural family-based and operationally focused. Investment decisions will need to be grounded in both cultural family priorities and the regional priorities and policy objectives outlined in this regional health and wellness plan. The strategy will also need to consider Nation-level priorities outlined in community health and wellness plans and prioritize ongoing engagement with Nation and cultural family leadership.



Away from home

The Urban and Away-From-Home (UAH) population represents a significant portion of First Nations people living in the Vancouver Island region. This includes both status and non-status individuals residing in cities, rural areas or reserves that are not their home communities. Most health services for First Nations are delivered through community-based programs on reserve lands. While this model works well for those living in their home communities, it excludes many UAH individuals and reinforces colonial systems that limit access to culturally safe care. These systemic barriers make it difficult for UAH individuals to receive equitable health services, highlighting the need for inclusive and responsive planning.

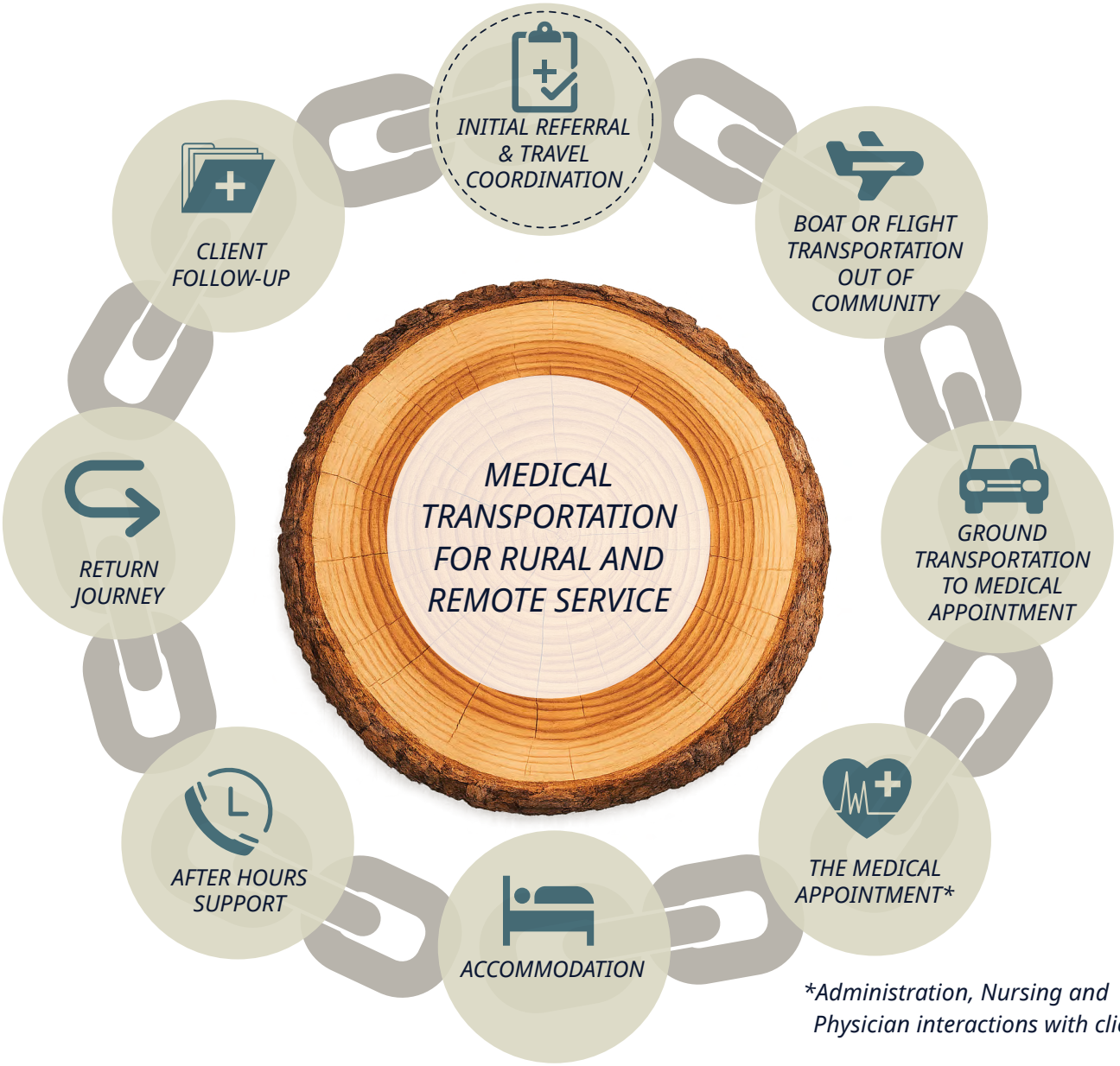
In 2025, FNHA hosted a series of virtual engagement sessions across Vancouver Island to better understand the health and wellness needs of the UAH population. These sessions included conversations with UAH individuals, Health Directors, community staff and urban Indigenous service providers. The purpose was to strengthen communication pathways and ensure that FNHA's planning reflects the lived experiences of First Nations people living away from their home communities.

Feedback from these sessions is helping shape regional strategies with a focus on culturally safe care, improved access to services and stronger partnerships with urban Indigenous organizations. The Vancouver Island region's geographic and cultural diversity, spanning remote coastal communities to urban centres like Victoria and Nanaimo, requires flexible solutions that honor the distinct identities and priorities of each Nation. FNHA's Urban and Away-From-Home initiatives in the Vancouver Island region are grounded in respect, collaboration and cultural safety. Examples of current initiatives include the Virtual Doctor of the Day and Virtual Substance Use and Psychiatry Services, Opioid Agonist Therapy (OAT) and Naloxone Coverage, Mental Health and Wellness Supports including the FNHA Mental Health Providers Map and the UAH Funding Initiative, which provides grants for projects that support primary care, mental health, cultural safety and anti-racism efforts.

As this work continues, FNHA remains committed to listening to community voices, supporting local solutions and building systems that respect the rich cultural diversity of Vancouver Island First Nations.

Medical Transportation

The Vancouver Island First Nation Health Authority regional team recognizes that Nations across Vancouver Island face unique challenges in accessing safe, timely and reliable medical transportation. Many of these challenges are amplified by geography, unpredictable weather and limited-service options. There are also many moving parts in the long chain of medical transportation for rural and remote service delivery. All of these parts need to be integrated and coordinated in order to ensure culturally safe, efficient and timely medical transportation and care. If any one of these linkages is compromised, the entire medical transportation chain can fall apart — leading to missed appointments and undelivered service, ultimately eroding trust in the health system and contributing to worse health outcomes.



*Administration, Nursing and Physician interactions with client

Challenges and Gaps:

The following graphic outlines some of the key challenges and gaps community members have emphasized through ongoing engagement with our teams on medical transportation. Addressing these in a wholistic, integrated way will be essential for strengthening the chain of medical transportation and improving rural and remote service delivery in our region.

Geographic and Environmental Challenges:

- Remote Nations continue to rely on long boat rides, logging roads, and ferries, all of which are affected by unpredictable weather, impeding access to health care services.
- Travel time to regional hospitals and specialists in larger centres (Victoria, Nanaimo, Campbell River) remains significant barriers to timely care.
- Some remote communities have invested in community-owned vehicles and water taxis to improve access.

Elder and Community Member Support:

- Additional supports are needed to ensure that Elders and members can travel safely and comfortably for appointments.
- Concerns persist regarding well-being during long or stressful trips, including access to food, rest stops and culturally safe support.

Partnerships, Funding and Service Quality:

- Communities highlight the need for transparent communication between FNHA health benefits, Island Health and third-party service providers.
- Ongoing concerns persist about cost, reliability and cultural safety of contracted transportation services.

Communication and Coordination:

- Gaps exist in communication with transportation teams and scheduling processes, as well as a lack of attention to clients' mental health and well-being during travel.

Funding and Resources Gaps:

- Lack of consistent alternatives when boats, ferries or flights are cancelled and insufficient resources for members.
- Families often carry the financial and emotional burden of repeat medical travel.
- Uncertainty and limitations in funding prevent Nations from maintaining or expanding community-led transport services.

A Client's Medical Transportation Journey

A client's journey to a scheduled medical appointment from a remote community involves multiple coordinated steps. When even one link in this chain breaks down, the entire experience can be disrupted, creating unnecessary stress and affecting the client's willingness to seek future care.

The hypothetical client's journey below outlines some of the many challenges rural and remote First Nation clients can experience at different points along the medical transportation chain.

1. Initial Referral and Travel Coordination

- After the referral is issued, the first point of contact is the client travel clerk or FNHA's Medical Transportation team. Their role is to arrange transportation for the medical appointment or procedure.
- Booking a boat to transport the client to the mainland
- Coordinating an escort (often a family member)
- Arranging ground transportation to the medical facility

In this scenario, the client had already waited **seven months** for a CT scan. Transportation was arranged and the client and their escort successfully travelled by boat to the mainland.

2. Ground Transportation Challenges

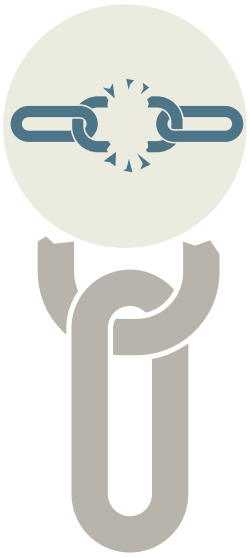
- Upon arrival, a vehicle was scheduled to take the client and their escort to the appointment, which was **three hours away**. However, the taxi driver:
- Spoke very limited English
- Demonstrated culturally unsafe behaviour

This created discomfort and stress for both the client and their escort before they even reached the medical facility.

3. Appointment Delays and After-hour Barriers

- The client arrived at the CT appointment, but the procedure took longer than expected. Because it was a **Friday** and they had not anticipated an overnight stay:
- They did not bring enough money for accommodation.
- FNHB offices were closed after hours
- Supplemental coverage for lodging and meals could not be accessed

This left the client and escort in a vulnerable position, unsure how they would manage the unexpected overnight stay.



4. Impact of a Broken Link

This scenario illustrates how a single breakdown in the transportation chain can interrupt the entire client journey.

The consequences included:

- Significant stress on the client and escort
- Financial strain
- Safety concerns due to culturally unsafe transportation
- Loss of trust in the system

The experience with the taxi driver, in particular, may discourage the client from using that transportation provider again. This can create long-term barriers to care, including:

- Reluctance to attend future medical appointments
- Reduced continuity of care
- Worsening health outcomes due to delayed or avoided treatment

CHAIN

- Ground transportation arranged
- After hours support

LINK FAILURE

- Culturally unsafe care
- No access to emergency accommodation funds

IMPACT

- Stress, fear, loss of trust
- Financial strain, safety concerns
- Reduced continuity of care

As a regional health partner, we are committed to working closely with communities, listening to community voices, advocating for and with Nations and co-developing solutions that improve medical transportation and rural and remote service delivery in ways that reflect each Nation's realities.

Moving Forward

FNHA remains committed to working in partnership with Nations to share best practices, address identified gaps, enhance coordination and support the development of community-driven solutions that ensure safe and equitable access to care for community members and their families.

Traditional Wellness

First Nations Health Authority continues to prioritize culturally safe and community-driven approaches to health and wellness through its Traditional Wellness and Healing Initiatives. These efforts are rooted in the understanding that wellness for First Nations people is deeply connected to land, language, ceremony and relationships.

Environmental stewardship is rooted in traditional land-based values, where caring for the land and water is a fundamental cultural principle. While FNHA does not directly engage in environmental stewardship initiatives, FNHA does support connection to the land through land-based healing initiatives which are meant to enable First Nations peoples to reconnect to traditional lands and reclaim traditional wellness practices.

Two key components of Traditional Wellness are the Traditional Wellness Gatherings and the Traditional Wellness Practitioners Network, which are designed to support communities in reclaiming traditional knowledge, strengthening intergenerational connections and creating safe spaces for healing. As FNHA moves forward, the focus remains on advocacy, collaboration and supporting regional diversity in how wellness is practiced and shared across communities.

Traditional wellness gatherings

Traditional wellness gatherings are a vital part of FNHA's commitment to supporting First Nations communities in reclaiming and revitalizing their traditional healing practices. These gatherings are critical to serve as a culturally grounded space where Elders, knowledge holders, Traditional Wellness practitioners come together to share teachings, medicines, ceremonies and stories with youth and mentees. Since 2024, FNHA has been in the engagement phase, listening to communities express a strong desire for more opportunities to connect through workshops on language, traditional medicines, regalia-making, cultural nights and other traditional practices. These gatherings are not only about healing but also about intergenerational knowledge transfer, community empowerment and cultural continuity. Despite the enthusiasm and success stories – such as an Elder who experienced healing through traditional medicine – communities are facing challenges including limited funding and uncertainty around who is trustworthy and approachable as a practitioner. FNHA cannot formally endorse individual practitioners due to liability concerns, but

continues to advocate for safe, respectful and community-driven approaches to wellness and encourage networking with established Knowledge Holders, Elders and Traditional Wellness Practitioners. Over the coming years, FNHA aims to strengthen its support by hiring Regional Senior Coordinators for each cultural family, enhancing collaboration and ensuring that gatherings remain responsive to the unique needs of each region.

Traditional Wellness Practitioners Network

The Traditional Wellness Practitioners Network is an evolving initiative designed to connect communities with traditional healers, Elders and mentees in a respectful and culturally grounded manner. While FNHA cannot officially list or endorse practitioners, there is a clear and growing need to help communities identify who their knowledge holders are, where they come from and how they can be approached. Communities have voiced concerns about the risk of losing traditional knowledge and the importance of mentoring youth to carry these teachings forward. To address this, FNHA has added a mentees section to its honorarium forms, recognizing the active role youth are playing in learning from their Elders. The network is envisioned as a decentralized, regionally tailored system that supports community-driven models of wellness. Each region may deliver this work differently, but the shared goal is to foster trust, advocacy and connection. FNHA's strategic framework emphasizes the importance of promoting partnerships, increasing knowledge transfer and advocating for traditional healers and their communities. Moving forward, FNHA will continue to focus on advocacy, collaboration and creating safe pathways for communities to access traditional wellness supports.

FNHA's work in Traditional Wellness Gatherings and the Traditional Wellness Practitioners Network reflects a deep commitment to cultural revitalization, community empowerment and wholistic health. These initiatives are not only about healing, but they are about restoring relationships, honouring Knowledge Holders and creating pathways for youth to carry forward traditional teachings. While challenges such as funding limitations and liability concerns remain, FNHA continues to listen, engage and advocate for solutions that are community-driven and culturally respectful. As we move forward, the focus will be on strengthening regional collaboration, supporting mentorship and fostering coordination to ensure that traditional wellness remains a vibrant and accessible part of First Nations health systems for generations to come.

Looking Forward: filling the service gaps

Although FNHA has grown significantly since inception and continues to expand the scope of service delivery it is able to provide to First Nations, service gaps remain and there is much work to do on the road ahead. This includes addressing some of the areas mentioned in the sub-sections above, such as improving access to traditional wellness services and revitalizing cultural healing networks or strengthening linkages in the medical transportation chain and improving service access for UAH members. It also includes addressing important areas of the health system that have, as of yet, received little dedicated resources, such as pre- and post-treatment aftercare, after-hours service delivery, supporting traditional protocols and approaches related to birthing and end-of-life palliative care, as well as maintaining and ramping up supports for culturally grounded healing houses and land-based healing initiatives. Addressing the broader social determinants of health, such as housing, employment and education is also part of this work: these are interconnected and contribute to the health and well-being of individuals and communities. We will continue to rely on the leadership and direction of Vancouver Island Nations to guide the prioritization of this important work and will keep Nations informed about resource allocation across our region in the years ahead.

CHAPTER 4: REGIONAL PRIORITIES

GOVERNANCE

FNHA began with a focus on governance and the desire for First Nations to regain control and self-determination over health and wellness decision-making. Over a decade later, it remains a foundational corner post of our work, both provincially and within the regions as we strive to move resources, service delivery and decision-making closer to home for Nations and communities. Our bi annual Regional Caucus and the events leading up to this including our cultural family caucuses and our cultural family-aligned health director table meetings, illustrate the central role of governance and First Nation-led decision-making in directing regional operations and work priorities. Continuing to fully leverage and strengthen established governance pathways will be a key priority over the coming years.

The following subheadings provide an overview of some of the governance-specific regional priorities that are expanded on and supported by policy objectives later in this section.

REGIONALIZATION

Regional Priority

On Vancouver Island, our approach towards regionalization and bringing services closer to home is to better align our work teams, resources and decision-making with our three cultural families: the Coast Salish, Kwakwaka'wakw and Nuu-chah-nulth. Over time, this will likely lead to more mixed interdisciplinary family-based teams, led by a cultural family director with closer working relationships to the cultural families we serve.

REGIONALIZATION		
Goal: Operationalize regionalization on Vancouver Island through enhanced cultural family-aligned service delivery and decision-making.		
#	**THEME**	**OBJECTIVE**
1.1	Regional Investment Strategy	Develop a regional investment strategy that centres health director expertise and Nation leadership decisions in the allocation of annual regional funding resources.
1.2	Cultural Family Leadership	Establish a cultural family-centered leadership structure within Vancouver Island region, and align operational teams, resources and staff accordingly.
1.3	Nation-Based Decision Making	Where policy, strategy and capacity exist, identify opportunities to flow funding directly to Nations, to enhance self-determination and Nation-based decision making on their spending priorities.
1.4	Funding Transparency And Accountability	Develop a regional funding approach that provides clear categories, guidelines and criteria, to strengthen equitable and transparent cultural family resource allocation.

STRENGTHENING ESTABLISHED GOVERNANCE PATHWAYS

Regional Priority

Much of the power in what FNHA is doing differently is grounded in its established and foundational governance pathways. These include the regional caucus pathway, our cultural family sub-regional caucus pathway and our health director tables and technical advice process. Over the coming years, our regional team will continue to look for ways to strengthen and uphold these governance pathways and to rely on them to direct our work.

STRENGTHENING ESTABLISHED GOVERNANCE PATHWAYS		
Goal: Strengthen and uphold established First Nation governance pathways to guide regional priorities, service delivery and operations		
#	**THEME**	**OBJECTIVE**
1.5	Health Director Technical Advice Process (TAP)	Leverage and fully utilize the Regional Health Director Technical Advice Process (TAP), to support and drive informed Nation-based decision making.
1.6	Cultural Family Driven Caucus Agendas	Ensure Regional Caucus agenda items have followed the regional engagement pathway and are driven by cultural family priorities.
1.7	Regional Table	Align operational priorities and processes with the strategic direction set by the Vancouver Island Regional Table.
1.8	Elder And Youth Advisors	Strengthen and clearly define the role of the regional Elder and Youth Advisory Councils, to integrate Elder wisdom and youth insights into regional work.

DATA GOVERNANCE

Regional Priority

As a new emergency priority area, data governance refers to the rights, responsibilities and protocols that guide how First Nations communities collect, manage, protect and use their own health data – and how FNHA and other partners may or may not do this on their behalf. Within FNHA, this governance is rooted in the principles of self-determination and data sovereignty, meaning that First Nations have the authority to Own, Control, Access and Possess (OCAP®) their data. This ensures that health information is gathered and used in ways that are culturally respectful, community-driven and aligned with traditional knowledge systems and Nation-specific priorities.

DATA GOVERNANCE		
Goal: Advance First Nation data governance by upholding data sovereignty and OCAP principles to ensure health data priorities are community-driven, culturally grounded and Nation directed.		
#	**THEME**	**OBJECTIVE**
1.9	Culturally Grounded Data Governance	Strengthen culturally rooted data governance systems by building frameworks that reflect the sovereignty, protocols and ethical standards of Vancouver Island First Nations.
1.10	Community-Driven Research Practices	Advance ethical and reciprocal research practices by ensuring all data related activities are guided by community driven protocols.
1.11	Wellness Planning Tools	Uplift data sovereignty by using data as a tool to plan and sustain community health and wellness across generations.
1.12	Community-Driven Data Priorities	Foster collaborative, regionally informed decision-making and governance structures by aligning data priorities with community needs.

PARTNERSHIP

Strong, respectful and equitable partnerships are the foundation of sustainable health and wellness for First Nations. True collaboration begins with recognition of First Nations' inherent rights, jurisdiction and authority to design, govern and deliver services that reflect our values, knowledge systems and community priorities. Strengthening First Nations partnerships means moving beyond consultation and engagement toward shared leadership, accountability and decision-making across all levels of health planning, service delivery and policy development. It also means building trust – through transparency, long-term commitment and respect for the distinct needs and visions of each Nation. This strategic priority area focuses on advancing meaningful partnerships between First Nations and all relevant partners – including health authorities, governments, service providers and among Nations themselves – to ensure health systems are responsive, culturally safe and grounded in the voices of our people.

SOCIAL DETERMINANTS OF HEALTH

Regional Priority

For First Nations, health is not only the absence of illness: it is the presence of balance, connection and wellness in all aspects of life. The social determinants of health – including housing, education, income, food security, employment, child and family well-being, clean water and connection to land and culture – are the foundation of that wellness. However, decades of colonial policies, systemic discrimination and underinvestment have created deep and persistent gaps in these basic conditions. Addressing the social determinants of health is not optional – it is essential to closing the health equity gap and advancing self-determined, community-led solutions. This priority area focuses on transforming the conditions in which our people live, grow and age by advocating for sustained investments, policy change and Nation-led approaches that honour our rights, rebuild our systems of care and ensure every person can live with dignity and purpose.

SOCIAL DETERMINANTS OF HEALTH (SDoH)		
Goal: Advance health equity by holistically addressing the social determinates of health through sustained investment, policy change and Nation-led solutions.		
#	**THEME**	**OBJECTIVE**
2.1	Nation SDoH Funding	Support and promote community-level Nation-based planning, by utilizing the 10-year SDoH funding initiative.
2.2	Medical Transportation	Leverage the regional medical transportation working group to improve equitable access to coordinated, reliable and culturally safe medical transportation services.
2.3	Upstream Investments	Invest in upstream supports that address areas of social determinants of health to improve long-term outcomes for First Nations communities across Vancouver Island.
2.4	Culture And Traditional Foods	Support Nations in accessing culturally relevant traditional food, medicines and plant practices.

QUALITY CARE

Regional Priority

Quality care for First Nations must go beyond clinical standards — it must reflect the values, voices and rights of our people. For care to be truly effective, it must be culturally safe, trauma-informed, accessible and rooted in First Nations knowledge systems. Too often, First Nations individuals face discrimination, racism and a lack of understanding in mainstream health systems, leading to mistrust, harm and poor health outcomes. Quality care means restoring that trust by ensuring that services are not only technically sound but delivered with respect, compassion and cultural humility. This regional priority focuses on creating systems of care that are First Nations-led or co-developed that prioritize prevention and wellness and are grounded in community-defined standards of excellence. It also includes building accountability mechanisms, improving client experiences and growing a health workforce that upholds and practices cultural safety and humility — ensuring that every person, in every Nation, receives care that honors their dignity, identity and needs.

QUALITY CARE		
Goal: Deliver culturally safe First Nations-led care that upholds reciprocal accountability, community-defined standards and promotes trust, dignity and wellness.		
#	**THEME**	**OBJECTIVE**
2.5	Regional Compliments & Complaints Pathway	Engage with communities to guide, evaluate, monitor, improve and inform the future direction of the regional compliments and complaints pathway, promoting safe, timely and quality care, grounded in cultural safety and humility.
2.6	Reporting Back	Using established regional data governance protocols, ensure regular report back on success stories, emergent themes and challenges.
2.7	Partnership	Establish and maintain strategic partnerships with health system partners, including regulatory bodies and colleges, to collaborate on shared goals of improving client experiences and increasing cultural safety in the health system.
2.8	Vancouver Island Partnership Accord	Strengthen collaborative efforts under the Partnership Accord with Island Health by defining shared priorities, roles and responsibilities and establishing clear processes for evaluation, accountability and timely follow up.

CULTURAL SAFETY AND HUMILITY

Regional Priority

Cultural safety and humility are essential to creating trust, dignity and respect in the health and wellness journeys of First Nations people. Too many of our members continue to experience racism, stereotyping and discrimination when seeking care — leading to fear, avoidance and preventable harm. Cultural safety is not a checklist; it is a transformative approach that requires ongoing reflection, relationship-building and systemic change. It begins with humility — the recognition that no one can be an expert in someone else's lived experience, culture or identity — and continues with action to make care environments safer, more inclusive and more responsive to First Nations worldviews and needs. This regional priority area calls for the deep integration of cultural safety and humility across all levels of the health system — from policy to practice, from front-line care to executive leadership. It includes mandatory anti-racism training, embedding knowledge holders and Elders in care teams, supporting First Nations-led education and evaluation and ensuring accountability when harm occurs. Cultural safety is a right, not simply a goal — and it is central to achieving equity, healing and true reconciliation in health care.

CULTURAL SAFETY AND HUMILITY		
Goal: Advance cultural safety and humility across regional health services to ensure care is respectful, equitable and guided by our First Nations communities.		
#	**THEME**	**OBJECTIVE**
2.9	BC Cultural Safety And Humility Standard	Support the regional awareness and implementation of the BC Cultural Safety and Humility Standard.
2.10	Cultural Safety & Humility And Anti-Racism Education	Establish a FNHA regional staff Cultural Safety and Humility and anti-racism education pathway.
2.11	Vancouver Island Partnership Accord	Establish shared priorities for improvement of cultural safety humility under the Vancouver Island Partnership Accord.
2.12	Regional Self-Assessment	Engage in a regional self-assessment to ensure alignment with the BC Cultural Safety and Humility Standard to create a regional implementation plan.

RURAL AND REMOTE

Regional Priority

First Nations in rural and remote communities on Vancouver Island face unique and persistent challenges in accessing equitable, timely and culturally safe health care. Geographic isolation, limited infrastructure, unreliable transportation, workforce shortages and gaps in emergency services create real barriers to care — often resulting in delayed treatment, preventable health complications and poor health outcomes. These systemic gaps are not just about distance; they reflect a long history of underfunding and neglect in how services are designed and delivered for our communities. This priority area is focused on transforming health systems to work for rural and remote First Nations, not around them. That means ensuring services are community-driven, properly resourced and adapted to the realities of each Nation. It also means investing in local capacity, virtual care, land-based healing and infrastructure — while upholding the right of every community, no matter how remote, to access high-quality care close to home.

RURAL AND REMOTE		
Goal: Ensure equitable, culturally safe health care that is accessible and community-driven for all rural and remote First Nations on Vancouver Island.		
#	**THEME**	**OBJECTIVE**
2.13	Integrated Healthcare	Promote collaborative work between FNHA, Island Health and local First Nations to co-design and deliver integrated health services tailored to the unique needs of rural and remote communities.
2.14	Building Local Capacity	Support and enhance local workforce capacity and prioritize training and retention of First Nations health professionals in rural and remote areas.
2.15	Health Infrastructure	Invest in Nation-based health infrastructure, including clinics and e-health systems.
2.16	Medical Transportation	Advocate for improvements in medical transportation services, with an emphasis on cultural safety while building local transportation capacity and solutions.

VANCOUVER ISLAND PARTNERSHIP ACCORD

Regional Priority

The Vancouver Island Partnership Accord (the Accord) represents a formal commitment between First Nations on Vancouver Island, Island Health and First Nations Health Authority to work together under the shared principle of reciprocal accountability to promote high-quality, coordinated, continuous and culturally safe healthcare services for First Nations communities across Vancouver Island. A key focus of the Accord is on increasing First Nations representation and shared decision-making in health governance.

The Partnership Accord Steering Committee (PASC) oversees the initiative with several key goals:

- Facilitating mutual understanding among partners regarding health challenges, strengths and cultural perspectives.
- Guiding the development and execution of the Partnership Accord and related strategies.
- Creating performance measures and strategic initiatives aligned with First Nations health priorities.
- Integrating First Nations health priorities from the Vancouver Island Regional Health and Wellness Plan into annual health programs.
- Supporting the work of the Steering Committee through an Executive Committee that provides senior-level assistance for implementation activities.

This collaborative framework aims to improve overall health outcomes by fostering partnerships rooted in respect, shared knowledge and strategic planning.

VANCOUVER ISLAND PARTNERSHIP ACCORD		
Goal: Utilize and uplift the Partnership Accord to strengthen shared governance and reciprocal accountability, address Vancouver Island First Nation health and wellness priorities and advance culturally safe and accessible health services.		
#	**THEME**	**OBJECTIVE**
2.17	Vancouver Island Partnership Accord Renewal	Renew and update the Partnership Accord with Island Health, integrating the Nation-identified regional priorities contained in this regional health and wellness plan.
2.18	Distinctions-Based Care	Advocate for distinctions-based First Nation-specific service delivery and resourcing by our Island Health partners and other provincial and ministry partners.
2.19	Shared Commitments	Work with Island Health to ensure operational alignment, process mapping and mutual collaboration towards shared commitments under the Partnership Accord.
2.20	Governance Structure	Utilize the Partnership Accord Steering Committee (PASC) to direct shared partnership priorities and work, whilst also clearly defining and assigning roles and responsibilities to the Partnership Accord Executive Committee (PAEC) and the Partnership Accord Coordination Team (PACT) to operationalize this direction collaboratively.

OPERATIONS

Since its establishment, FNHA has continued to grow and expand from health governance into health governance and operations. As our regional organization seeks to implement the direction given to us by the political and health leadership of our 50 Vancouver Island First Nations, there is a great need to improve both the scope and quality of First Nation-specific service delivery. In essence, this is what our Nations are asking for: more services, better services and culturally safe and relevant services. A key part of these services is bringing them closer to home. The following section outlines some of the core ways our region is evolving to meet this need and how our operational teams have expanded to deliver what communities are asking for. This sets the context for the regional priorities and policy objectives listed later in this section.

MATERNAL CHILD AND FAMILY HEALTH

Regional Priority

As one of the original, long-term regional priorities in this plan, the maternal child and family health operational team seeks to support the health and wellness of infants, children and families through appropriate access to health services, early learning programs, traditional wellness and birthing supports. We are raising healthy children to become resilient community members and leaders; this starts with an investment in maternity care, early childhood development and parenting supports.

MATERNAL CHILD AND FAMILY HEALTH		
Goal: Strengthen the health and wellness of current and future generations by advancing culturally grounded, Nation led maternal, child and family health services in First Nations communities.		
#	**THEME**	**OBJECTIVE**
3.1	Children's Oral Health	Enhance access to quality oral health promotion and treatment for children and families across Vancouver Island, including through the ongoing implementation of the COHI (Children's Oral Health Initiative).
3.2	Aboriginal Head Start On Reserve (AHSOR)	Continuing regional implementation of the Aboriginal Head Start on Reserve (AHSOR) program across Vancouver Island.
3.3	Kwakwaka'wakw Birthing Closer To Home	Explore the feasibility of a North Island First Nation birthing centre, whilst strengthening health coach, midwifery, lactation and traditional DOULA birthing supports available to Kwakwaka'wakw families to support birthing close to home.
3.4	Partnership	Strengthen relationships with birthing families, Nation health services and partner organizations to enhance reinforce a wholistic culturally grounded approach to service delivery.

HEALTH EMERGENCY MANAGEMENT

Regional Priority

Health Emergency Management (HEM) is a new regional priority for Vancouver Island and an emerging area of focus for FNHA province-wide. Sitting within the wider Public Health Response department of FNHA, HEM is a coordinated program designed to support First Nations communities in preparing for, responding to and recovering from health-related emergencies. Regionally, the goal of HEM is to ensure that Vancouver Island First Nations are fully integrated into municipal, regional, provincial and federal emergency management systems, while respecting local First Nation governance and cultural values. The HEM program and regional team emphasize community resilience, self-determination and culturally safe practice throughout its efforts to build capacity, enhance preparedness and deliver timely responses to events such as wildfires, floods, pandemics and other public health threats. A key function of our regional team includes coordinated resources, communications and establishing partnerships during an emergency and supporting community-led emergency planning and recovery efforts before and after.

HEALTH EMERGENCY MANAGEMENT		
Goal: Strengthen culturally safe, community-led emergency preparedness and response for Vancouver Island First Nations.		
#	**THEME**	**OBJECTIVE**
3.5	Partnership	Strengthen relationships with external partners and Nations to enhance emergency response and recovery efforts and emergency preparedness.
3.6	Cultural Safety	Promote cultural safety within Emergency Support Services and first responder organizations to ensure safe and accessible response environments.
3.7	Emergency Response	Establish an effective FNHA health response during the preparedness, mitigation response and recovery stages of an emergency.
3.8	Leadership And Support	Provide leadership during First Nation emergencies as requested, alongside virtual and on-the-ground health supports.

NURSING

Regional Priority

Across Vancouver Island, nursing is a cornerstone of culturally safe, community-facing healthcare. Nurses serve as vital connectors between Western medical practices and traditional First Nation wellness approaches, often working in remote and isolated areas to ensure access to essential services such as clinical care, home and community support and communicable disease control. Nurses are the face of our health care system and often serve as the first point of contact for First Nation clients. Their role extends beyond clinical care to building trust, nurturing relationships, advocating for clients and supporting navigation through the health system. They also contribute to wholisitic healing by integrating spiritual, emotional and physical care in ways that align with the cultural values of Vancouver Island First Nations. As communities continue to build capacity and assert greater self-determination in health care delivery, FNHA is working alongside Nations as they move toward greater control over nursing services.

NURSING		
Goal: To strengthen culturally safe, community-based nursing across Vancouver Island, in partnership with First Nations, to support self-determination and strong, coordinated quality care.		
#	**THEME**	**OBJECTIVE**
3.9	Communication	Improve communication pathways with partners and Nations.
3.10	Nurse orientation	Provide comprehensive orientation and ongoing support to community nurses.
3.11	First Nation Primary Care Initiative (FNPCI)	Provide leadership, guidance and expertise on professional nursing standards and standards of practice within the FNPCI framework.
3.12	Health promotion	Provide high-quality community health promotion, prevention and wellness services.

PRIMARY CARE

Regional Priority

The First Nations Primary Care Initiative (FNPCI), led by FNHA in partnership with Nations, is a transformative effort to improve access to culturally safe, trauma-informed primary health care for First Nations people across British Columbia. The initiative is rooted in First Nation self-determination and aims to establish up to 15 First Nations-led Primary Health Care Centres (FNPCCs) that integrate traditional healing practices with Western medicine in a team-based model. On Vancouver Island, regional implementation is driven by FNHA in collaboration with Coast Salish, Nuu-chah-nulth and Kwakwaka'wakw Nations. Implementation is cultural family-based and the approach and service delivery model are different for each of the three cultural families. Irrespective of the implementation approach, these centres are designed to bring care closer to home, reduce barriers in access to care and ensure that First Nations individuals feel safe, respected and heard when accessing health services. Across the region, the recently established FNPCCs aligned to each cultural family are in early stages of capacity building, policy development and service delivery. It is anticipated that much of the regional work within primary care over the coming years will involve strengthening these centres and the services they provide directly to Nations.

PRIMARY CARE		
Goal: To operationalize FNPCI by strengthening partnerships and establishing comprehensive policies, procedures, and standards of practice that support a culturally safe, consistent, and high-quality, team-based model of care — bringing together First Nations traditional knowledge and Western healthcare approaches to collaboratively support individuals, families and communities.		
#	**THEME**	**OBJECTIVE**
3.13	FNPCI	Advance the regional operationalization of FNPCI, supporting the unique approach taken by each of the three cultural families.
3.14	Equitable access	Improve equity in access to culturally safe, quality primary care services.
3.15	Partnership	Strengthen partnerships to improve client journeys, especially for rural and remote communities.
3.16	FNPCI policy and processes	Establish a comprehensive and coordinated approach to planning, developing and implementing policies, structures and processes for FNPCCs including issue escalation and resolution.

MENTAL HEALTH AND WELLNESS

Regional Priority

It is important to recognize that past and current colonial trauma, oppression and systemic racism have had an intergenerational impact on First Nations individuals, families and communities. Negative health and wellness outcomes are strongly linked to intergenerational trauma, including depression, anxiety, substance abuse, posttraumatic stress disorder and illness comorbidity. These roots of health inequities and unbalanced wellness need to be addressed through a return to traditional ways of knowing: celebrating culture, language, tradition, territory and medicines. Our regional mental health and wellness team aims to support communities to build capacity to promote mental wellness and prevent problematic substance use and related harms and to bring youth, adults and Elders together to share knowledge and restore balance.

MENTAL HEALTH AND WELLNESS		
Goal: Support culturally grounded, First Nations-led mental wellness and substance use supports, that integrate traditional medicines and healing practices.		
#	**THEME**	**OBJECTIVE**
3.17	Mental Health And Wellness Services	Work alongside communities to support their work in developing safe, secure mental health and wellness programs and services.
3.18	Crisis Response	Provide culturally safe and appropriate coordinated response to crisis incidents in community.
3.19	Partnership	Foster partnership and collaborative opportunities to support the delivery of high-quality mental health and wellness programs and services.
3.20	Treatment Centre Pathways	Develop clear, accessible pathways to treatment and support through First Nation led healing houses and treatment centres, grounded in effective communication and quality care.

TOXIC DRUG RESPONSE

Regional Priority

When discussing the toxic drug crisis, it is essential to recognizing the deep impacts of colonialism and intergenerational trauma on substance us amongst First Nations Communities. Since this plan was last updated in 2018, the ongoing toxic drug crisis has had a devastating impact on many First Nation communities across the province and country. In 2025, First Nations people died from toxic drug poisonings at a rate of 5.4 times that of other residents of B.C, with youth, the unhoused and our away from home populations being disproportionately impacted. Despite this, First Nations Communities continue to lead with strength and resilience due to the deep connection to culture and ancestral teachings that provide a foundation of health and wellness. Within the Vancouver Island Region, FNHA continues to respond to this unprecedented crisis through the All Paths Lead to Wellness Model. This includes meeting people where they are at on their substance use journey and upholding Indigenous harm reduction principles and practices while integrating western clinical harm reduction supports.

TOXIC DRUG RESPONSE		
Goal: Reduce harm and stigma from the toxic drug crisis through culturally grounded, First Nations-led prevention supports and reconnecting individuals to culture, land, language and traditional healing practices.		
#	**THEME**	**OBJECTIVE**
3.21	Cultural Safety	Strengthen and expand culturally safe First Nations led harm reduction programs and services through collaboration with community leadership.
3.22	Treatment, Aftercare, Land-Based Healing	Support culturally grounded harm reduction, treatment and aftercare approaches for substance use, including through land-based healing initiatives.
3.23	Culture	Weave and embed culture across substance use and Toxic Drug Response programs and services
3.24	Partnership And Youth Capacity	Increase collaborative partnerships specific to building youth capacity in response to the ongoing toxic drug crisis.

TRANSFORMATION

Transformative health and wellness work across the Vancouver Island region is rooted in the vision of restoring balance, dignity and self-determination to Coast Salish, Kwakwaka'wakw and Nuu-chah-nulth communities. This work is not just about improving health and wellness outcomes; it is about fundamentally reshaping systems to reflect First Nation values, knowledge and priorities. It acknowledges the intergenerational impacts of colonialism and aims to create pathways for healing that are culturally grounded and community-led.

The regional priorities and policy objectives outlined in this section reflect a collective commitment to advancing wellness through approaches that honour traditional practices, support individuals away from home, improve access to health benefits and expand healing modalities. These priorities are shaped by community voices and guided by the principle that wellness is wholistic, encompassing physical, mental, emotional and spiritual dimensions.

URBAN AND AWAY FROM HOME

Regional Priority

Regional efforts to support individuals who must leave their communities for health services, or those members who live in urban and away-from-home areas or are not connected to their Nation, have focused on improving navigation, coordination and culturally safe supports. Policy objectives in this area aim to reduce barriers and enhance the care experiences for those accessing services away from home. This includes transportation, accommodation and emotional support systems that reflect the unique needs of First Nations clients and families.

URBAN AND AWAY FROM HOME		
Goal: Ensure culturally safe, coordinated supports for First Nations accessing care away from home.		
#	**THEME**	**OBJECTIVE**
4.1	Partnership	Develop and maintain meaningful partnerships with health-service providers and urban Indigenous organizations to ensure coordinated, culturally safe and inclusive care for Urban and Away from Home (UAH) population.
4.2	Navigating Access To Care	Improve access to essential health services by building systems and navigation supports that connect the UAH population to care providers and services regardless of location or affiliation with home Nations.
4.3	Social Determinants Of Health (SDoH)	Integrate wholistic approaches that address upstream SDoH barriers to care and service delivery for the UAH population
4.4	Traditional Wellness	Enhance UAH access to traditional wellness practitioners and healers and cultural support services.

HEALTH BENEFITS

Regional Priority

Work in the Health Benefits area has centred on increasing access, transparency and responsiveness of benefit programs. Regional policy objectives have prioritized streamlining processes, expanding eligible services and ensuring that benefits reflect community-identified needs. This includes advocacy for equitable funding and the inclusion of culturally relevant services within benefit frameworks.

HEALTH BENEFITS		
Goal: Enhance access to responsive, culturally relevant health benefits for First Nations communities.		
#	**THEME**	**OBJECTIVE**
4.5	Traditional Wellness	Increase access to and support regional and community-level Traditional Healing practices and facilitate access to traditional healing practices and medicines.
4.6	Health Prevention	Support health prevention initiatives that are community driven and culturally relevant, aimed at reducing chronic diseases and improving early detection.
4.7	Benefits Navigation	Collaborate with benefit providers to strengthen community understanding of health benefits through education and navigation support, empowering informed choices.

TRADITIONAL WELLNESS

Regional Priority

The Vancouver Island region continues to advance work in Traditional Wellness by supporting community-led initiatives that revitalize cultural practices, land-based healing and First Nation medicines. These efforts are guided by policy objectives that aim to enhance access to traditional knowledge holders, embed cultural safety within health services and formally recognize traditional wellness as an integral component of the broader health system. This work reflects a commitment to cultural continuity and the affirmation of First Nations approaches to health and healing.

TRADITIONAL WELLNESS		
Goal: Transform healthcare service delivery on Vancouver Island by embedding First Nations traditional knowledge, medicines, land-based healing and cultural safety across health services.		
#	**THEME**	**OBJECTIVE**
4.8	Traditional Wellness Network	Continue to work with Traditional Wellness Providers and the three cultural families to develop a shared long-term vision for traditional wellness.
4.9	Service Delivery	Embed cultural knowledge and practice as a core component of health promotion work and service delivery.
4.10	Growth	Support and advocate for traditional medicines and practices.
4.11	Partnership	Promote opportunities for partnership and collaboration with traditional knowledge holders, practitioners and healers.

HEALING MODALITIES

Regional Priority

The FHNA *Healing Centres*, *Lodges and Modalities* initiative strives to be part of a collective journey of healing the root causes of trauma, nurturing wellness and deepening connection for First Nations people, communities and lands. Using both First Nations and Western therapeutic healing methods, this initiative will be a significant addition to FNHA's mental health and wellness continuum of care. Across Vancouver Island, one existing healing modality is currently supported: Nuu-chah-nulth's *Rebuilding the Circle* program – a community program that provides both Western and Nuu-chah-nulth practices to address the impacts of sexual abuse and assault. Over the coming years, the Vancouver Island region's focus will be on strengthening and maintaining existing supports, while also establishing two additional healing modality programs aligned with the region's other cultural families: Coast Salish and Kwakwaka'wakw.

HEALING MODALITIES		
Goal: Expand and strengthen First Nations-led healing programs that integrate traditional and Western approaches.		
#	**THEME**	**OBJECTIVE**
4.12	Sustainable Ongoing Support	Continue to provide ongoing, sustainable support for operations and programing within healing modality sites on Vancouver Island.
4.13	Health Director Technical Advice	Utilize the technical advice of health directors to inform the establishment of three healing modality sites on Vancouver Island, one aligned with each cultural family.
4.14	Growth	Advocate for increased funding support to allow for growth in Vancouver Island healing modality sites.
4.15	Evaluation And Quality Care	In partnership with communities, healing centres and healing modality sites, we work to develop a regional evaluation framework to ensure continued quality improvements in healing service delivery.

We move forward together, guided by the strength of our Nations, our cultures and our shared commitment to wholistic wellness for current and future generations.

VANCOUVER ISLAND REGION

First Nations Health Authority