



Vancouver Island

REGIONAL HEALTH AND WELLNESS PLAN



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WE RAISE OUR HANDS

The creation of the Vancouver Island Regional Health and Wellness Plan was made possible with the shared knowledge and 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 towards 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 the multiple engagement sessions, regular meetings and the drafting of documents that have contributed to the priorities and goals included in this plan.

This Regional Health and Wellness Plan was presented, discussed and approved in principle by First Nations leadership at the Vancouver Island Regional Caucus session on May 8, 2018, and endorsed on November 7, 2018.

Kleco Kleco - Gila'kasla - Huy ch q'u!

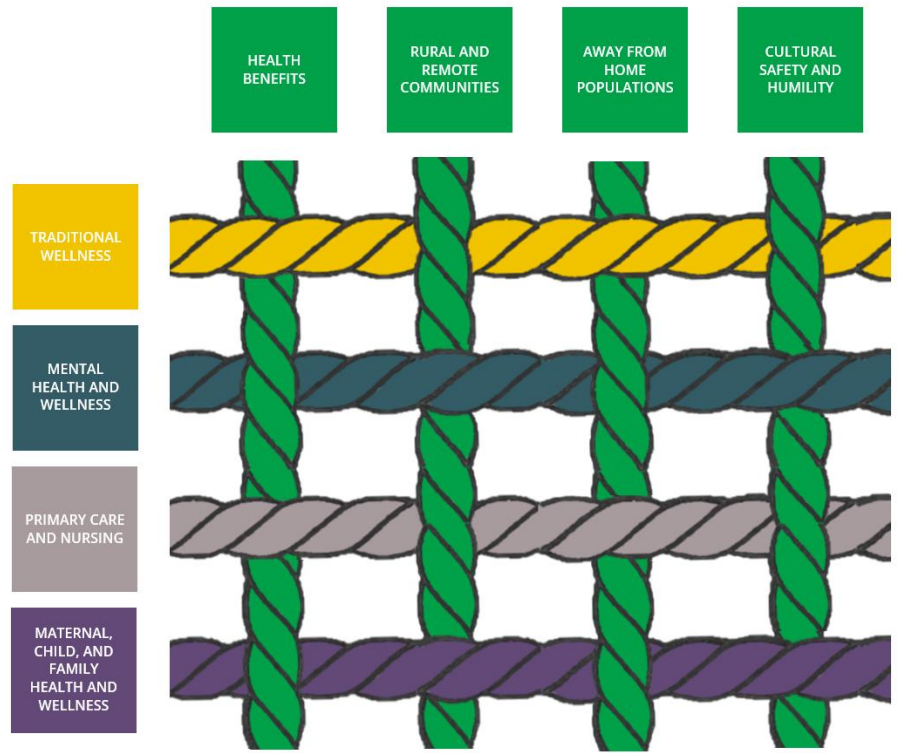
EXECUTIVE SUMMARY

In order to acknowledge the history and context of Indigenous health in Canada while honouring the strength and power of the First Nations communities, we decided to update the Regional Health and Wellness Plan (RHWP) with a common thread that focused on building **capacity** and **resiliency** in our communities while engaging in the core business functions of the First Nations Health Authority (FNHA).

As we work towards our shared vision of “healthy, self-determining, vibrant BC First Nations children, families, and communities,” we must ensure we meet each Nation where they are at, and allow for adaptive and flexible responses to doing the work. This includes providing clear pathways to how we communicate, engage, share information, and build action plans together to implement the work in a way that is respectful, appropriate, and reflective of each Nation’s needs.

We have identified eight priority areas for enhancing and enabling programs and health services. These priorities were developed with the intent to highlight and respond to regional needs.

We want to emphasize that they are not ranked, but interconnected. This is demonstrated through the metaphor of a woven blanket. Blankets hold a special value and place in ceremony among many First Nations communities. Using the metaphor of a woven blanket for the RHWP emphasizes the interwoven nature of these priorities, and also honours cultural knowledge and practice not just in the way we work, but in the way that we speak about the work that we do.



INTENTIONS BEHIND THE UPDATE

The key purpose of the Vancouver Island RHWP is to establish a common voice and identify common health and wellness priorities that are shared by all 50 of Vancouver Island's First Nations communities 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 partnership with Vancouver Island health service organizations, including Island Health, Nuu-chah-nulth Tribal Council, Kwakiutl District Council Health, the Inter Tribal Health Authority, Friendship Centres, and community-based organizations.

As FNHA continues with transfer, we are looking to support governance structures and processes that allow for the 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 proposed 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, and will include stronger alignment with First Nations Community Health Plans in future planning cycles.

The initial timeline for this document is 2018 – 2021 to align with the updates of the Partnership Accord Steering Committee Work Plan and Island Health's Aboriginal Health Plan. In keeping with the spirit of continued engagement and reciprocal accountability, the RHWP will function as an evergreen document, which will allow for review and revision as needed.

VANCOUVER ISLAND REGIONAL TEAM

WHO WE ARE

The Vancouver Island (VI) Regional Team is a department of the FNHA that works with the 50 Nations across Vancouver Island, as well as Island Health, local health service organizations, practitioners, and community-based organizations.



WHERE WE WORK

The territorial land base of the Vancouver Island Region, as defined by BC Regional Health Authority boundaries is 56,292 km squared, 6.1% 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/or across a number of sites.

FNHA has 5 offices located in First Nations communities:

- Oyster Bay Regional Main Office
- Tsawout South Island Office
- Tseshaht Port Alberni Office
- Quinsam Campbell River Office
- Quatsino North Island Office

A current list of FNHA employees working within the Vancouver Island Region and their primary office can be found on the [Vancouver Island Region page](#) of the FNHA website.

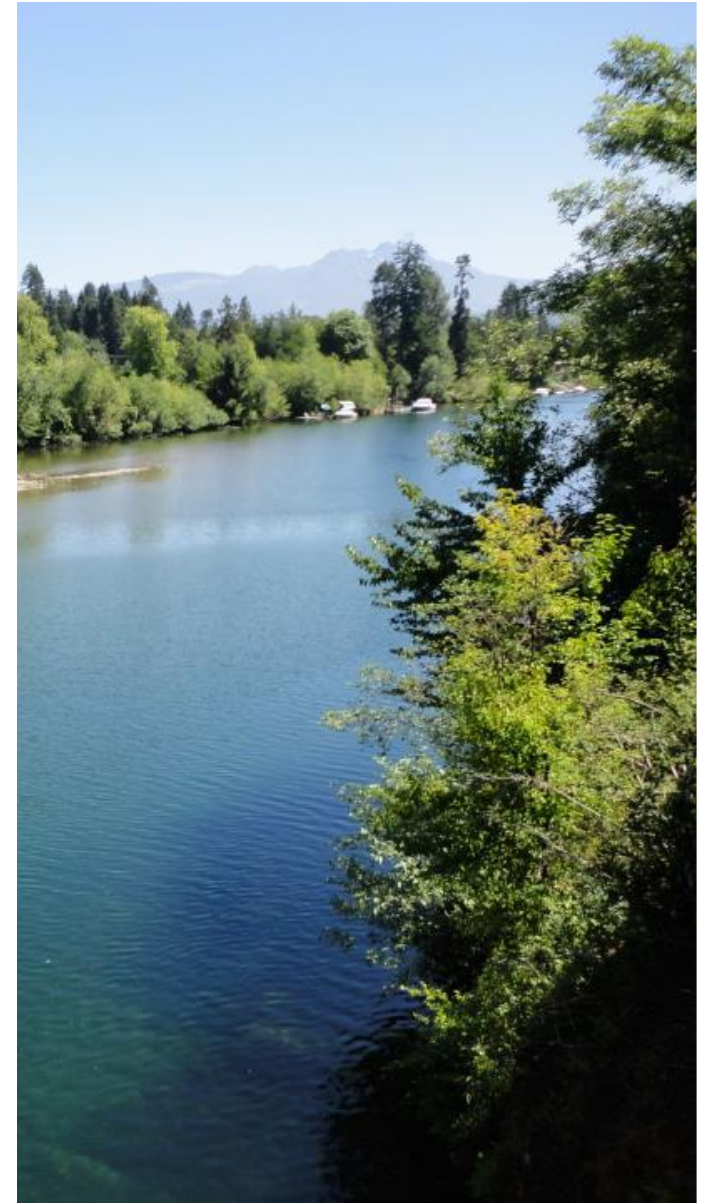
GUIDING OUR WORK

METHODOLOGY

The RHWP was developed through a combination of document review and engagement sessions. We reviewed relevant regional documents and meeting summaries, including: Sub-regional and Regional Caucuses (May 2016, September 2016, October 2016, May 2017, June 2017, November 2017, December 2017, March 2018, April 2018); Vancouver Island Partnership Accord priorities and Vancouver Island Regional planning sessions; Health Director Tables; Regional Table priorities; Regional Summaries; Community Engagement Coordinator monthly summaries; Island Health Aboriginal Health Plan 2017-2021; the previous RHWP priorities; engagement sessions with various FNHA departments; discussion with other regional teams; and the [Truth and Reconciliation Report](#).

The FNHA Regional Team has committed to creating a plan that is reflective and responsive to the needs of the Nations we serve. Engagement sessions in the spring of 2018 highlighted some gaps in the refreshed plan, and extensive revisions were undertaken to address concerns brought forth.

The current version of the plan was updated between April 2018 and May 2018, and was approved in principle on May 8, 2018. The plan was endorsed on November 7, 2018.



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 wellness¹:

- 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

VALUES

The following values are also important to centre and inspire work towards improving health and wellness outcomes for First Nations communities²:

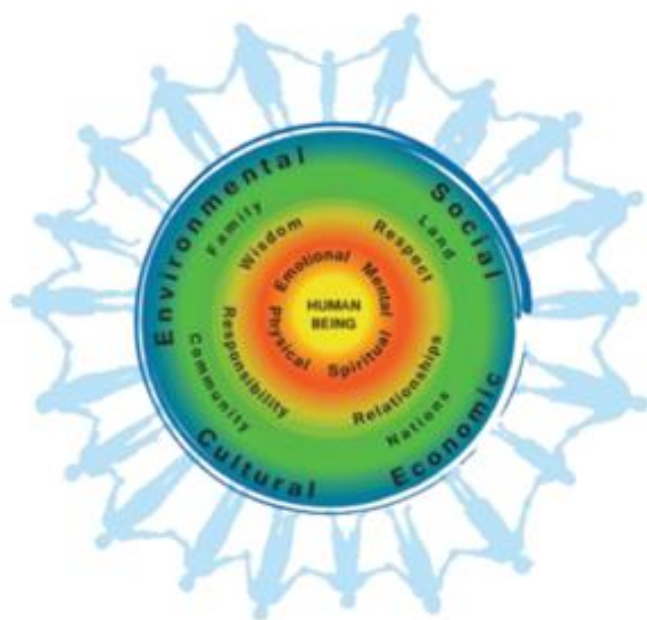
- Respect
- Discipline
- Relationships
- Culture
- Excellence
- Fairness

¹ 2011 Consensus Paper. http://www.fnhc.ca/pdf/FNHC_Consensus_Paper_-_WEB.pdf

² FNHA Values: <http://www.fnha.ca/about/fnha-overview/vision-mission-and-values>

THE FIRST NATIONS PERSPECTIVE ON WELLNESS³

The First Nations Perspective on Wellness is a tool for individuals, First Nations communities, and the 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 shared understanding of a holistic 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 our own health and wellness (whether we are 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 holistic 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 the 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.

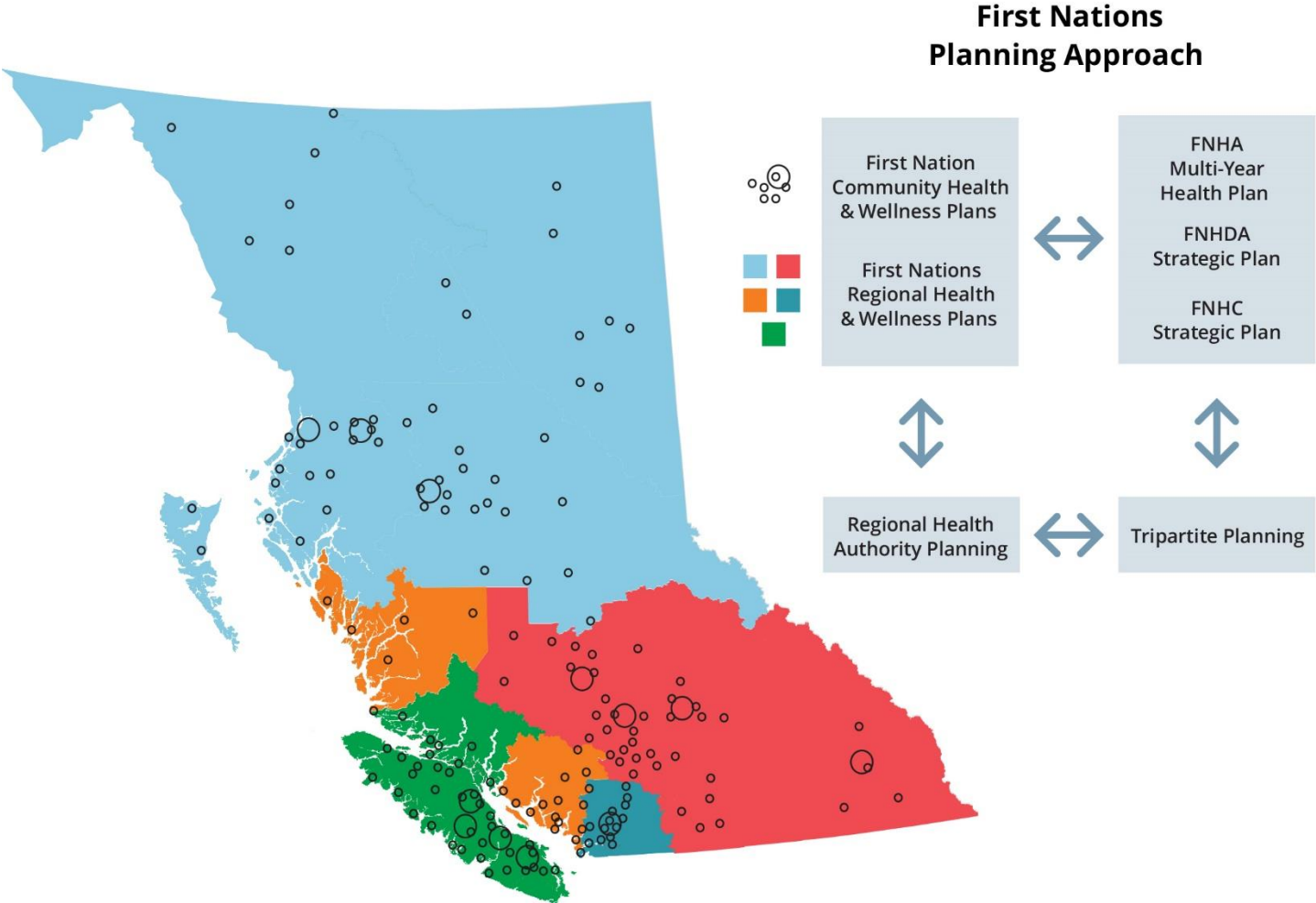
³ Direct quote source: 2014/2015 FNHA Interim Health Plan (IHP), p. 8 & 9

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 as to how we get there. Provincially, FNHA has established a [Summary Service Plan](#) (SSP) to guide the work. This plan outlines the four long-term goals of the organization, and designates key priorities from year to year.

The SSP goals are:

1. Enhance First Nations Health Governance;
2. Champion the BC First Nations Perspective on Health and Wellness;
3. Advance excellence in programs and services; and
4. Operate as an efficient, effective, and excellent First Nations health organization.



PARTNERSHIP WITH ISLAND HEALTH

Partnering with Island Health and working better together to provide coordinated, continuous and culturally appropriate services for First Nations people on Vancouver Island is reflected in the RHWP and is connected to the joint commitments outlined in the [Vancouver Island Partnership Accord](#). Signed in May 2012 and renewed in December 2016, the Partnership Accord is a formal agreement between Vancouver Island First Nations, Island Health, and the First Nations Health Authority that aims to increase First Nations representation and influence in health service decision making across Vancouver Island. In addition, the Partnership Accord formalizes a “mutual commitment to improve the well-being of all First Nations people living in the Vancouver Island region regardless of Nationhood, status, and location.”

The current goals of the Partnership Accord Steering Committee are:

1. Improve First Nations access to the services they need through appropriate sharing of information;
2. Support team-based care models that incorporate First Nations perspectives on health and wellness;
3. Ensure access to coordinated, continuous, and culturally appropriate services for First Nations peoples living away from home; and
4. Address systemic barriers that prevent First Nations peoples from accessing services in a safe and timely way.

Additional opportunities for partnered work with Island Health are identified in the health authority's [Aboriginal Health Plan 2017-2021](#). With an Aboriginal Health team that includes patient liaisons, primary care providers, cultural safety coordinators and program and policy leads working across the Island, there are multiple opportunities for First Nations communities to inform, influence and collaborate with the work of this team. The strategic themes of the Aboriginal Health Plan are:

1. Enhance relationships and collaboration
2. Enhance access and capacity
3. Strengthen cultural safety and humility
4. Be innovative
5. Be accountable
6. Work with others to address the social determinants of health



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 squared, 6.1% 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 is home to 50 First Nations communities that make up three distinct families on the Island: Coast Salish, Nuu-chah-nulth and Kwakwaka'wakw. Vancouver Island's First Nations are diverse, with distinct culture and traditions, cultural knowledge and practice, and languages across the region. Representing 23% of registered BC First Nations, community members living in the Vancouver Island region are estimated at

31,093 total, with approximately 14,653 at home (on-reserve) and 16,440 away from home (off-reserve)⁴. With some First Nations communities in populated urban settings and others in rural and remote areas, living context, transportation and access to service centres and available health services varies greatly across the Island.

The map above, created by Island Health and partners, shows the location of the 50 First Nations communities across Vancouver Island, in addition to the six chartered Métis communities and the six Aboriginal Friendship Centres.

⁴ 2011 Aboriginal Affairs and Northern Development Canada Registry.

Coast Salish

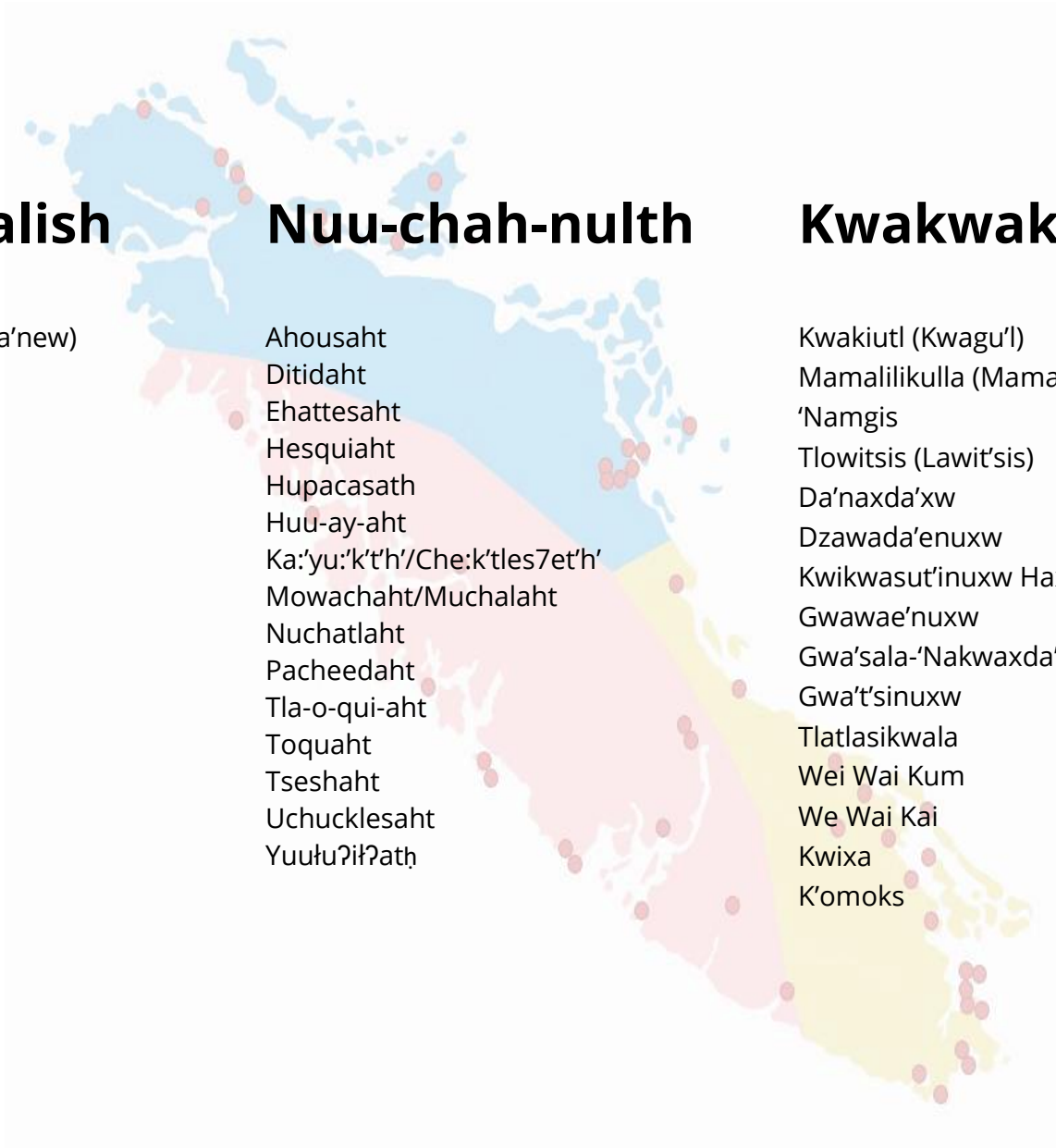
Beecher Bay (Scia'new)
Cowichan Tribes
Esquimalt
Halalt
Homalco
Klahoose
Lake Cowichan
Lyackson
Malahat
Nanoose
Pauquachin
Penelakut
Qualicum
Snuneymuxw
Songhees
Stz'uminus
T`Sou-ke
Tsartlip
Tsawout
Tseycum

Nuu-chah-nulth

Ahousaht
Ditidaht
Ehattesaht
Hesquiaht
Hupacasath
Huu-ay-aht
Ka:yu:k't'h'/Che:k'tles7et'h'
Mowachaht/Muchalaht
Nuchatlaht
Pacheedaht
Tla-o-qui-aht
Toquaht
Tsesaht
Uchucklesaht
Yuułu?ił?ath

Kwakwaka'wakw

Kwakiutl (Kwagu'l)
Mamalilikulla (Mamalilikala)
'Namgis
Tlowitsis (Lawit'sis)
Da'naxda'xw
Dzawada'enuxw
Kwikwasut'inuxw Haxwa'mis
Gwawae'nuxw
Gwa'sala-'Nakwaxda'xw
Gwa't'sinuxw
Tlatlasikwala
Wei Wai Kum
We Wai Kai
Kwixa
K'omoks



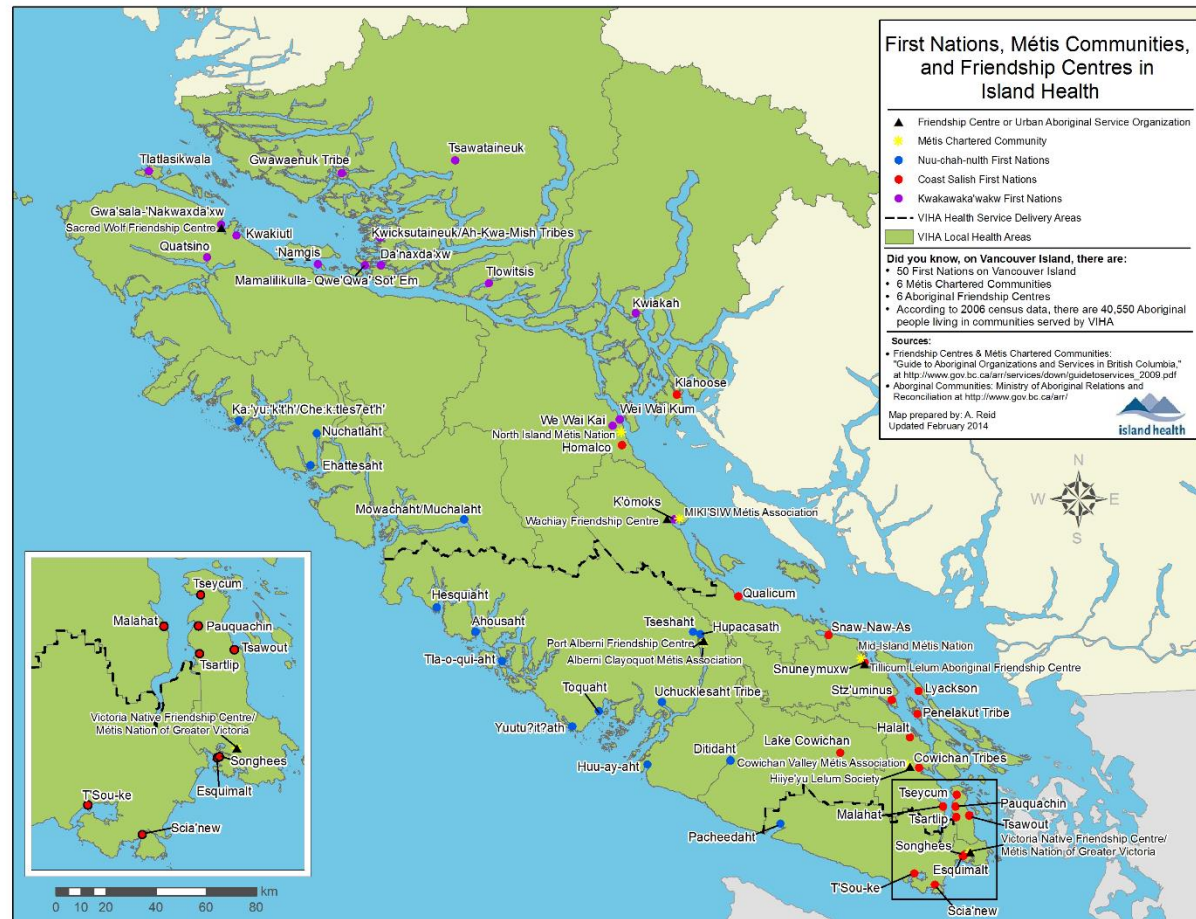
COAST SALISH

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, BC 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 areas and remote areas while others are located in or border urban settings. Three communities are located on islands, namely Penelekut, 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).

MAP OF VANCOUVER ISLAND COAST SALISH COMMUNITIES



Nation	Pop.	On Reserve
Cowichan Tribes	5012	2512
Lake Cowichan First Nation	20	13
Halalt First Nation	210	86
Malahat First Nation	320	126
Snuneymuxw First Nation	1723	575
Stz'uminus First Nation	1235	759
Snaw-naw-as First Nation	253	170
Qualicum First Nation	124	51
Homalco First Nation	470	232
Klahoose First Nation	384	71
Tsawout First Nation	872	511
Tseycum First Nation	254	159
Tsartlip First Nation	1005	720
Pauquachin First Nation	410	240
Esquimalt First Nation	298	169
Songhees First Nation	556	340
Scia'new First Nation	250	103
T'Sou-ke First Nation	257	132
Lyackson First Nation	206	16
Penelakut First Nation	931	517

COAST SALISH LANGUAGE

Other differences include several distinct 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.

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 of the families are interrelated.

Elders are held up 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 through the use of storytelling, traditional activities and ceremony. Grandparents take an active part of passing down knowledge and traditions to grandchildren.

It has always been important for Coast Salish people to 'Work together as One'; this is value is commonly known as 'Nuts'amaatstuhw kwthun syaays' and reflects their beliefs around the importance of relationships. 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 traditional ways are sacred to Coast Salish families and strengthen and nurture them during difficult times.

COAST SALISH AND TRADITIONAL FOODS AND MEDICINE

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 peoples 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 realize 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 for building shelter, 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 from many generations. 'Cowichan sweaters' are well known throughout Canada and the world as well made and beautifully designed.

Nuučaan̓uł (NUU-CHAH-NULTH)

FAMILY PROFILE

The *Nuučaan̓uł* (Nuu-chah-nulth) also formerly referred to as the Nootka or *Nuu-chah-nulth*, are one of the Indigenous peoples of the Pacific Northwest Coast of Canada. The term *Nuučaan̓uł* is used to describe sixteen separate but related Nations and translates as “all along the mountains and sea”⁵. *Nuučaan̓uł* is a distinct language on the West Coast of Vancouver Island that is similar to the spoken dialects.

The *Nuučaan̓uł* 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 *H̓a`wiih* and 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 *Nuučaan̓uł* First Nations⁶. Today, some *Nuučaan̓uł* First Nations include several *H̓a`wiih* (chief) families, and most include what were once considered several separate local groups.

VISION AND MISSION STATEMENT

We are the Nuu-chah-nulth-aht. 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 *Nuučaan̓uł* 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 *Nuučaan̓uł* First Nations. We will seek the wisdom/knowledge of our Elders and look upon our Children to give us the desire to succeed.

⁵ Nuu-chah-nulth Tribal Council Website

⁶ Heather Castledon, PhD Thesis: As Sacred as Cedar & Salmon



MAP OF NUU-CHAH-NULTH FIRST NATIONS TRADITIONAL LANDS

The *Paač̓iinaʔath* (Pacheedaht First Nation) territory includes the lands and water among the southwest of Vancouver Island between Bonilla Point and Sheringham Point, and is part of the *Nuuč̓aan̓uʔ* family; however, it is not politically affiliated with the Nuu-chah-nulth Tribal Council (See Figure 1. NCN Map). It is recognized that *Qʷiniš̓č̓aʔath* (Makah Tribe), located in Washington State is closely related to the *Nuuč̓aan̓uʔ* peoples. It is also important to note that five of the 15 *Nuuč̓aan̓uʔ* are part of the Maa-nulth Treaty: *Huuʔiiʔath*, *Qaayuukʷath/č̓iiq̓lisʔath*, *Tukʷaaʔath*, *Huuč̓iql̓isʔath*, and the *Yuuʔuʔitʔath*. In *Nuuč̓aan̓uʔ* 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 process⁷. This new government is based on a self-government that is still bound to *Nuuč̓aan̓uʔ* by culture, history, language as well as political and family ties. Each *Maa-nulth* group may have different government structures. *Nuuč̓aan̓uʔ* population consists of approximately 10,000 members, 12,000 with Makah and more if non-status was included.

SOUTH REGION

Niitiinaʔath (Ditidaht)
Huuʔiiʔath (Huu-ay-aht)
Huupač̓asʔath (Hupacasath)
Cišaaʔath (Tseshaht)
Huuč̓iql̓isʔath (Uchucklesaht)
Paač̓iinaʔath (Pacheedaht)

CENTRAL REGION

ʔaahuusʔath (Ahousesaht)
Hiškʷiiʔath (Hesquiaht)
ʔaʔuukʷiʔath (Tla-o-qui-aht)
Tukʷaaʔath (Toquaht)
Yuuʔuʔitʔath (Ucluelet)

NORTHERN REGION

ʔiihatisʔath (Ehattesaht)
qaayuukʷath/č̓iiq̓lisʔath (Ka:'yu:'k't'h'/Che:k'tles7et'h')
Muwac̓ath/mač̓aath (Mowachat/Muchalaht)
Nučaaʔath (Nuchatlaht)

⁷ Maa-nulth Treaty Website



Nuu-chah-nulth TRIBAL COUNCIL (NTC) LOGO – BY CHUUCHKAMALTHNII (RON HAMILTON)

The *Nuučaan̓uł* Tribal Council (NTC) by Ron Hamilton is primarily a symbol of unity, showing the strength gained by *Nuučaan̓uł* working together. One hand joined by two arms shows that each partner has responsibility, and that the two partners are working together to be responsible for self and others. The arm muscle depicts the strength that each partner brings to the relationship. Working as a team brings greater strength toward achieving improved health for all.

OUR WAYS

Governance Roles - Ha'houlthee, T'ayii Hawił and Ha`wiih

The *ha'hulthi* (Chiefly territories) of the *Nuučaan̓uł* 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 includes inland regions. Although *Nuučaan̓uł* people share traditions, languages and many aspects of culture, they are divided into *Chiefly* families and Nations. Each Nation include several local groups governed around a *T'ayii Hawił* (hereditary Chief), and each live off the resources provided within their *ha'houlthee*.⁸



Tukʷaaʔath T'ayii Hawił
Bert Mack

The *T'ayii Hawił* is the highest ranking male *Hawił* (Chief) of a Nation. Although the *Nuučaan̓uł* 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 *T'ayii Hawił* have their own *ha'houlthee* and their own government/justice system based on their *hupuukʷanum*.⁹ There were many important roles within this system that works together to provide for the community and to sustain the lands, water, sea and air resources.¹⁰ A *T'ayii Hawił* and *Ha`wiih* training begins from the mother's womb. According to ancient custom, a *Nuučaan̓uł T'ayii Hawił* and *Ha`wiih* heard the songs and teachings of his ancestors, his identity and future promise as *T'ayii Hawił* or *Ha`wiih*.¹¹



Tukʷaaʔath T'ayiiʔas
Anne Mack

⁸ Nuu-chah-nulth Tribal Council Website

⁹ Stanley Sam & George Maquinna, Ahousaht - A chest that holds the treasures of the *Hawił*

¹⁰ Stanley Sam & George Maquinna of Ahousaht

¹¹ Umeek, Richard Atleo: Tsawalk

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 *Nuučaan̓uł* families. There is a status that comes with being an Elder among First Nations of *Nuučaan̓uł*. 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 *Nuučaan̓uł*. As best described in the following quotes, an Elder shares the importance of their roles.

Nuučaan̓uł 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 *Nuučaan̓uł*).¹²

Resource Harvesting

Resource harvesting plays a key role in the livelihoods of the *Nuučaan̓uł*. Whether it is fishing, hunting or gathering cedar, each Nation holds great value and respect for their traditional lands, water and sea resources.¹³ Also, based on the belief that everything is connected; “*Heeshook-ish Tsawalk*” is a valuable teaching to the *Nuučaan̓uł*. It is

¹² Nuu-chah-nulth Traditional Foods Kit

¹³ Janice Johnson: Relationship Between Resource Harvesting and Knowledge Transfer



We had strong spirituality and spiritual healers... we lived a long time... some people lived to be 105 years old.

We used songs, like the song about eagles. The eagle gave us our souls, and that gave us our songs. You're not supposed to change the song; use it the way it was given to you.

Our families worked together on healing. But you have to believe in it. We believed in our Creator, but then we lost this because of new religions that were brought in.

(Ahousaht Elder 2012)

The teachings, Tom said, are different from Nation to Nation, family to family and even individual to individual but there is a common theme and that is discipline.

Respect with caring. Also respect for our environment and the right to live. lisaak is a reminder that we are dependent on the air we breathe, the water we drink, and the food we eat. Like breathing, this respect must be an exchange, a reciprocal relationship of give and take. We must also respect others, their surroundings and way of being, and recognize diversity as a strength and Nuučaanúł birthright.

(Uu-a-thluk/Nuu-chah-nulth Tribal Council Fisheries, 2012).

imperative that all variables of existence are maintained and protected, as we are connected spiritually and physically.¹⁴ Historically *Nučaanúł* harvested whales, salmon, seals, marine bone, shell fish and various other resources. Today, each *Nučaanúł* Nation continues to harvest their natural resources in their traditional territories.

Respect

Respect is an essential teaching to *Nučaanúł* that is gained through living it. In *Nučaanúł* language, respect translates as *lisaak*. It is a sacred respect that is extended in all life forms. *lisaak* in practice guides one toward an understanding of creation and its meaning.¹⁵

Unity

Families hold important roles within each Nation. In *the Nuučaanúł* worldview, it is unnatural, and equivalent to death and destruction, for any person to be isolated from family or community. *Nučaanúł* relationships are used as a way to strengthen community and this is often sustained through the practice and observance of teachings. If teachings are forgotten or lost, community may become weak and find themselves 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 *Nučaanúł*. 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 his life for food and the hunter must in turn honour the animal with fair hunting practice.¹⁶ *Nučaanúł* has developed a way of life that serves, for the most part, all their basic needs. Not only does the *Nučaanúł* way of life provide every community member with the basic 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.¹⁷

¹⁴ Umeek, Richard Atleo: Tsawalk

¹⁵ Umeek, Richard Atleo: Tsawalk

¹⁶ The Nuu-chah-nulth Way by Kathy Seitcher

¹⁷ Umeek, Richard Atleo: Tsawalk

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.

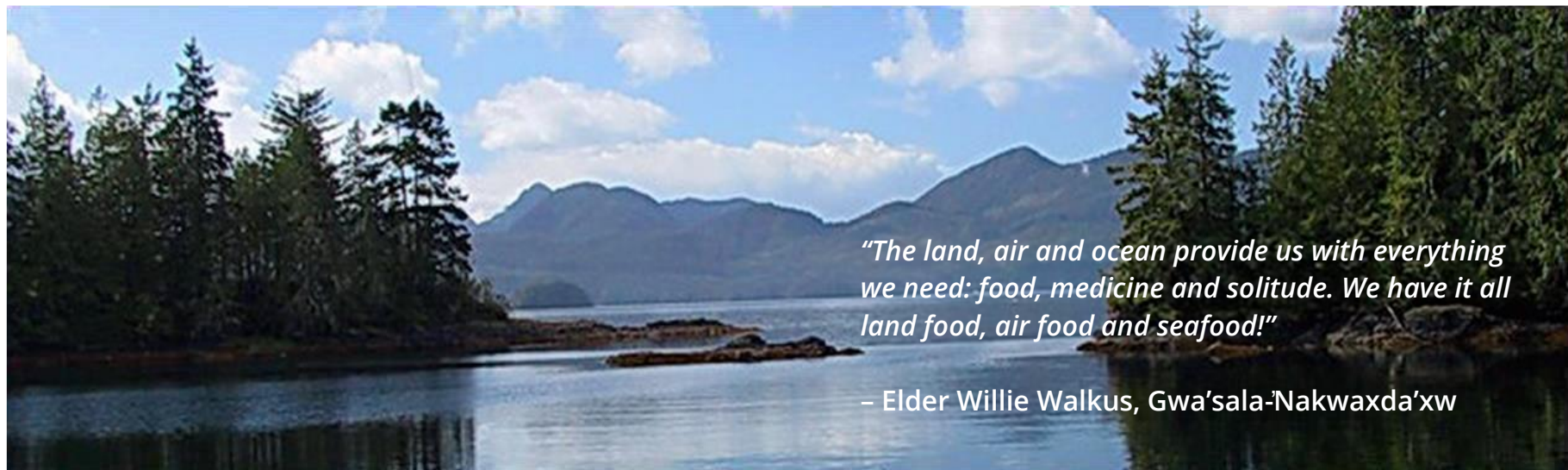
Today there are 15 Nations within the Kwakwaka'wakw Family as listed in bighouse speaking order below:



1. Kwakiutl (Kwagu'l)
2. Mamalilikulla (Mamalilikala)
3. 'Namgis
4. Lawit'sis
5. Da'naxda'xw
6. Dzawada'enuxw
7. Kwikwasut'inuxw Haxwa'mis
8. Gwawae'nuxw
9. Gwa'sala-'Nakwaxda'xw
10. Gwa't'sinuxw
11. Tlat'lasikwala
12. We Wai Kai
13. Wei Wai Kum
14. Kwixa
15. K'omoks

Each Kwakwaka'wakw Nation is governed through a hereditary system that is grounded in the laws set forth by 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 of these families.

The central social organization of the Kwakwaka'wakw is the *pqsa* (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,



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. Land marks like the mountains, coastlines and even the direction in which the rivers flow were described 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. The 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 a resilient people. Culture, history, and language have sustained the Kwakwaka'wakw. The ancestors' teachings contribute to a holistically 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 a very complex and holistic people. Important ways of doing and being are the relationships to 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, each individual 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 the young people through role modelling. How people conduct themselves reflects both on family and themselves. It is important to send out good energy as this energy is reciprocated.



"I love and respect everyone; loved ones please listen and learn while you are here. It is important to work together with respect and love. Listen and remember, you all have your place, I have no desire to take that from you."

-Elder Daisy Robertson – Musgamagw -
Dzawada'enuxw Elders Gathering
May 31-June 2, 1995

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 by supporting 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 were 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 ḏiḏlaḏola (our loved ones or family). It

*“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

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, are mentored to create capacity in their respective roles within the community.

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

APPENDIX:

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. Paşa - 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 d̓id̓ad̓łola - Our loved ones or family



A Nuu-chah-nulth Elder shared his feelings on healing, stating “unless we move forward with a **legacy of healing**, we will continue a legacy of hurt.” As we move this work forward, we need to address intergenerational trauma; colonization; systemic, historical, and structural racism; and learn to process grief and loss as individuals, families, communities, and Nations.

CHANGING OUR STORY: A LEGACY OF HEALING

In order to acknowledge the history and context of Indigenous health in Canada while honouring the strength and power of the First Nations communities, we decided to update the RHWP with a common thread that focused on building **capacity** and **resiliency** in our communities while engaging in the core business functions of FNHA. For the purpose of this document, we are defining capacity and resiliency in the following ways:

CAPACITY BUILDING

The concept of community capacity building has been discussed, developed and researched for several decades. At its core, capacity building, or capacity development, refers to the process by which people, organizations and society systematically stimulate and develop their abilities over time to achieve their social and economic goals. It is a concept that encompasses all aspects of creating and sustaining capacity growth over time. It involves learning and various types of training, but also continuous efforts to develop institutions, political awareness, financial resources, technology systems and the wider enabling environment¹⁸.

RESILIENCY

Resilience is a commonly used term in the area of Indigenous health. On an individual level, resilience refers to the ability of a person, family or community to positively adapt, despite adversity¹⁹. Notions of resilience are grounded in cultural values that have persisted despite historical adversity and that acts of resistance or creative transformation such as efforts to revitalize language, culture, and spirituality contribute to individual and collective healing²⁰.

As we work towards our shared vision of “Healthy, self-determining, and vibrant BC First Nations children, families, and communities,” we must ensure we meet each Nation where they are at, and allow for adaptive and flexible responses to doing the work. This includes providing clear pathways to how we communicate, engage, share information, and build action plans together to implement the work in a way that is respectful, appropriate, and reflective of each Nation’s needs.

¹⁸ United Nations Office for Disaster Risk Reduction. [“Terminology”](#). Retrieved 31 March 2016.

¹⁹ Fleming J., Ledogar R. J. (2008). Resilience and indigenous spirituality: A literature review. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, 6, 47-64.

²⁰ Kirmayer L. J., Dandaneau S., Marshall E., Phillips M. K., Williamson K. J. (2011). Rethinking resilience from indigenous perspectives. *Canadian Journal of Psychiatry/Revue Canadienne De Psychiatrie*, 56, 84-91.

EMPOWERMENT PATHWAYS

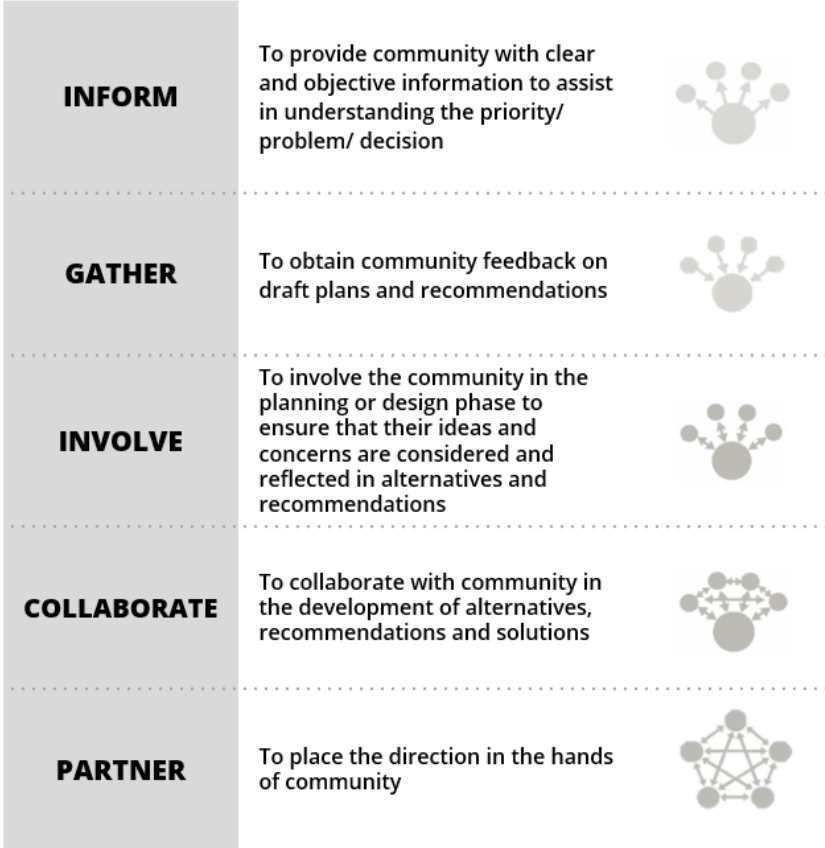
Self-determination is a key determinant of health, and the FNHA remains committed to supporting sustainable and effective processes that enable First Nations to make their own decisions about their health and well-being. At the regional level, we are looking to enhance current governance structures while developing and implementing appropriate pathways for First Nations to provide technical advice and local expertise. This includes identifying formal processes for sharing technical advice, ensuring clear communication and understanding of engagement pathways within the region, creating space and pathways to address Family-level priorities, 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 of the departments of the FNHA.

The following pages highlight pathways that reflect how decision-making and information sharing happen within the VI region. The VI Regional Team is open to refining and reviewing the structures and processes as needed.

COMMUNICATION AND ENGAGEMENT PATHWAYS

As an engagement-driven organization, FNHA is committed to bringing Vancouver Island First Nations communities together to collect and share wisdom, advice, feedback, guidance and direction on health and wellness matters. Through innovative engagement processes like Health Director Tables, Working Groups, Family & Regional Caucuses, Gathering Wisdom for a Shared Journey Forums, and comprehensive reporting and communications, space is created for each First Nations community voice to be heard and impact transformational change.



BUILDING ON WHAT WE KNOW WORKS

Our **Community Engagement Coordinators** work tirelessly to create and provide spaces for Indigenous community members, Indigenous community representatives, FNHA staff, Island Health staff, and other health care and wellness professionals to come together to collaboratively address health and wellness issues. Some of our engagement sessions are formalized and on-going, others arise in response to requests and concerns. Currently, we support:

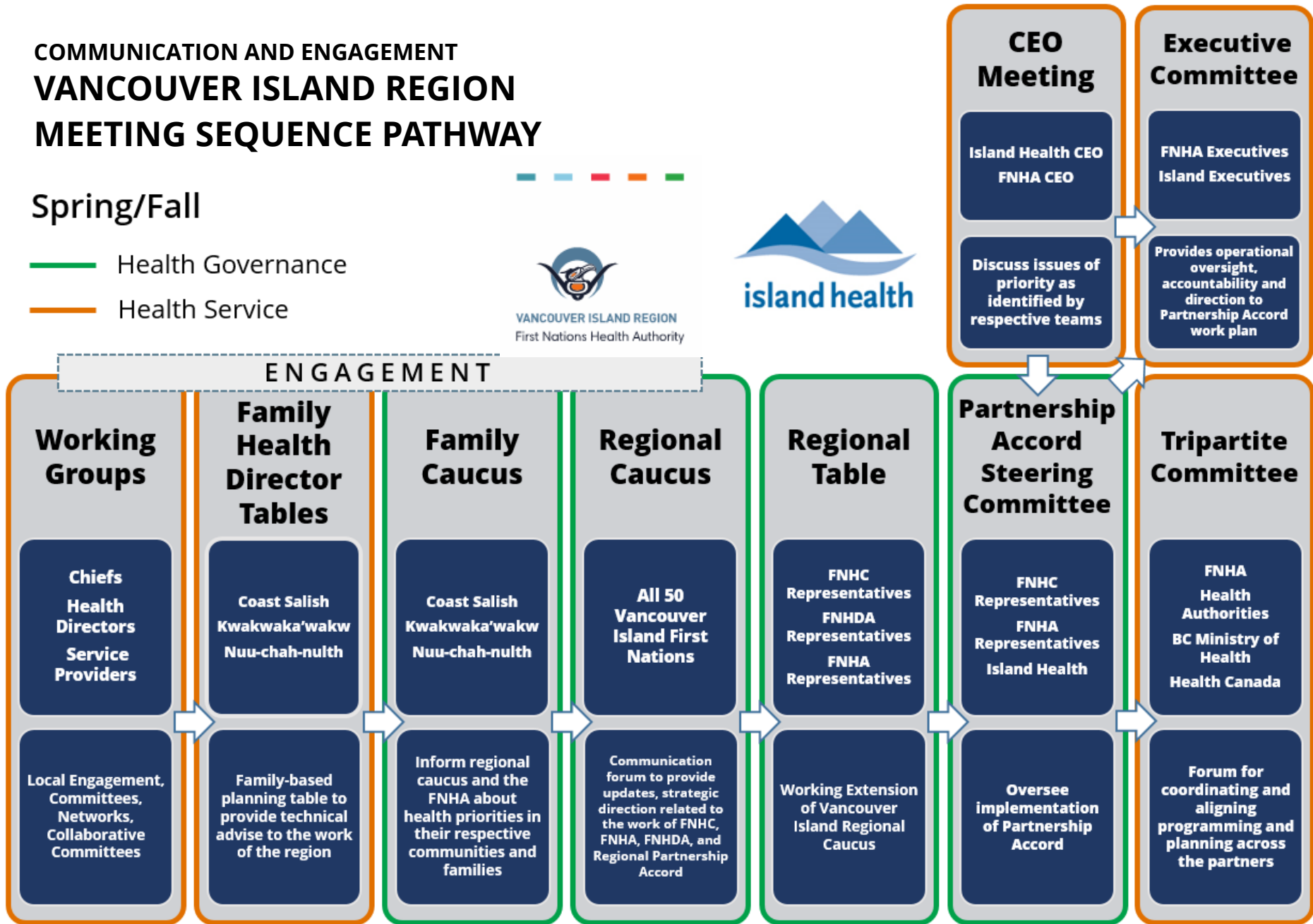
- **Cultural Safety Committees** across Island Health facilities
- **Wellness Tables** to bring together professionals in the fields of mental health and substance use
- **Collaborative Service Committees** partnerships for connecting with family physicians
- **Local Action Teams** to address primary care and cultural safety needs of children and youth

These working groups, and others like them, help to inform the direction of dialogue and action for Health Director Tables.

COMMUNICATION AND ENGAGEMENT VANCOUVER ISLAND REGION MEETING SEQUENCE PATHWAY

Spring/Fall

- Health Governance
- Health Service



FAMILY-BASED ENHANCEMENT PLANNING PATHWAY

ADDRESSING FAMILY LEVEL PRIORITIES

We are looking to better reflect the priorities of the three cultural families on Vancouver Island by including Family-based enhancement planning chapters within the RHWP. This will build upon the current structure, which lists Family-based priorities, by shifting away from lists and into action plans. By being action oriented, we can bring together Health Director Tables, health service providers, health service organizations, Island Health, and other partner organizations to collaboratively address specific issues through the creation of shared objectives and actionable steps that can be taken at the Family level.

This will be aligned with and supported by regional and provincial work. This change in structure will invite increased engagement with Health Directors and partner organizations to foster reciprocal accountability within our shared work, to clarify expectations and needs around program and service delivery, and to generate innovative and transformative solutions to community health priorities.

IMPLEMENTING THE REGIONAL HEALTH AND WELLNESS PLAN AT THE FAMILY LEVEL

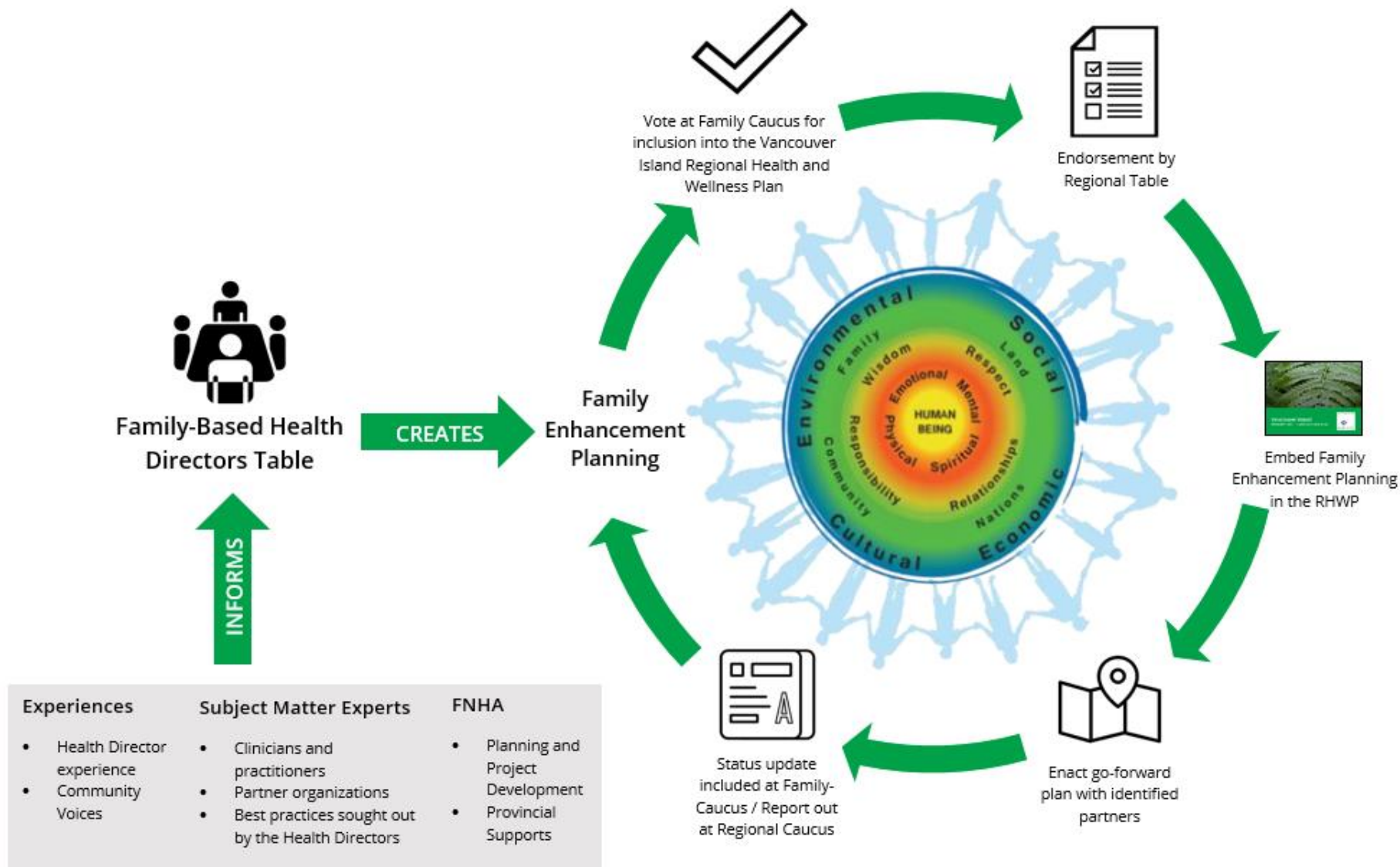
The Family-based enhancement planning also allows for us to look at the implementation of the regional plan with the three cultural families and adapt strategies and actions to suit the current needs. Not all Nations may wish to address the regional priorities in the same order or at the same pace. With consensus at the Family level, we are then able to adapt content to suit Nation requests at Family-level caucus engagements, Health Directors Tables, and other engagement initiatives.

COMMUNITY AND NATION-LEVEL PLANNING

We recognize the interests of First Nations communities to develop their internal capacities to provide and deliver health and wellness programs and services. We will support communities as they refresh their Community Health and Wellness Plans, and develop structures to better leverage regional resources in response to Nation needs.

FAMILY ENHANCEMENT PLANNING PATHWAY

PROPOSED ENGAGEMENT AND APPROVAL PATHWAY FOR FAMILY ENHANCEMENT PLANNING

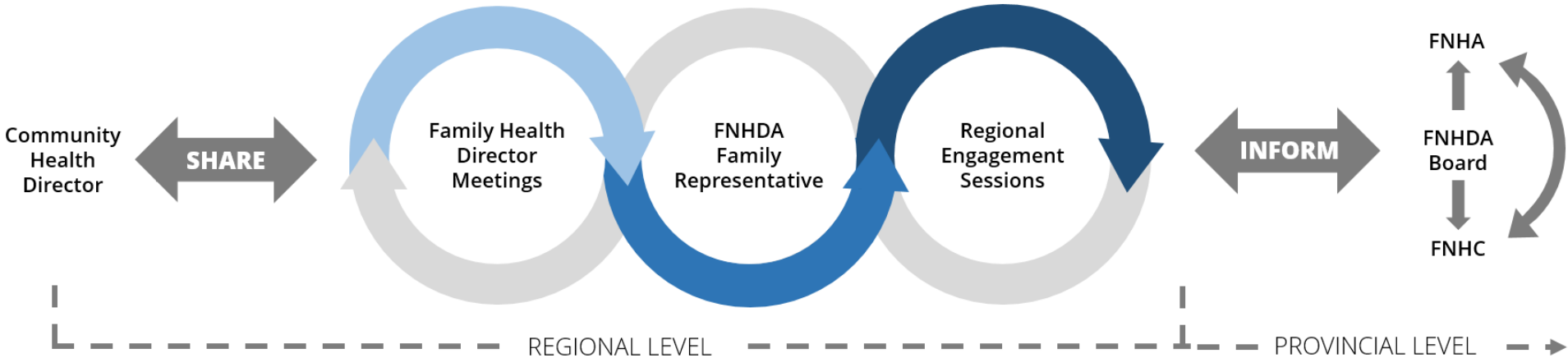


REGIONAL TECHNICAL ADVICE PROCESS

LISTENING TO OUR HEALTH DIRECTORS

As supported through our foundational documents and highlighted within the FNHC, FNHA, FNHDA's *Relationship Agreement* – sound partnership based on our shared values and understanding of our collective and respective roles, responsibilities and accountabilities will provide strength to move our work forward and uphold our commitment to achieve 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.

We will 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 at the regional level. We envision supporting outcome-focused Health Director Table agendas, which will allow us to utilize our existing capacity at our quarterly Family Health Director Tables to help support, inform and drive the work of the Regional Office, Regional Caucus, Regional Table, and Partnership Accord Steering Committee.



This graphic represents the sharing and translation of knowledge and advice. The blue arrows represent the movement of Family-based technical advice through dialogue, discussion, and tools such as briefing notes to inform governance and regional operational planning. The grey arrows represent the feedback loop of the TAP, as information and advice flows through the different stages.

PERFORMANCE MEASURES AND INDICATORS PATHWAY

TELLING THE STORY OF OUR WORK

Effective tracking and sharing of our progress towards our goals is vital to creating open communication and transparency within our work. The region is moving towards a more formalized reporting structure that can be shared with the Nations we serve and our partner organizations during Regional Caucus. As the Vancouver Island Regional Team learns and grows, we want to enhance our abilities to share the successes and challenges of our work, and reflect upon and celebrate the progress we have made.

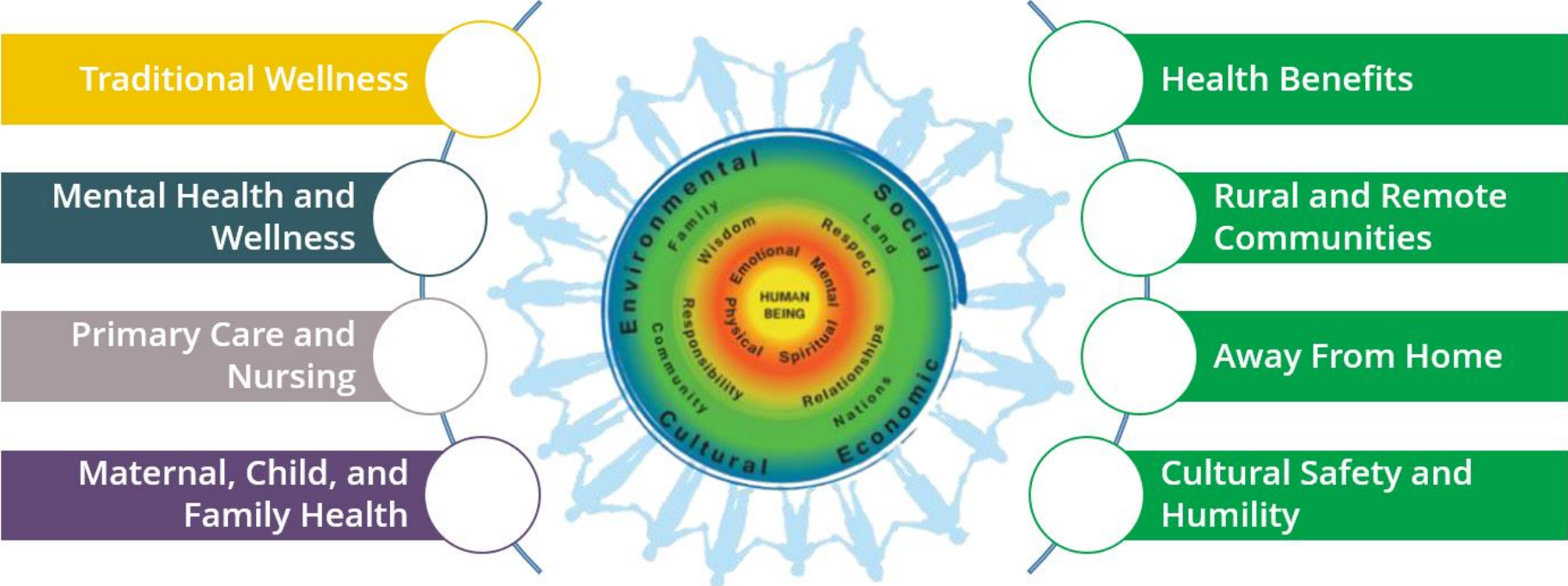
We are looking to the larger organization of FNHA as they develop data sources and methodologies for quantitative and qualitative analysis, as well as opportunities to support the development of measures within the scope of our regional team and our partner organizations. We have created performance measures to tell the story of our work towards the goals within this document. We are committed to remaining responsive in the process of measuring our progress, as we want to ensure we are measuring the right characteristics of each goal, and that we are doing so in a culturally respectful and appropriate way.

VANCOUVER ISLAND PROGRESS REPORT

The Vancouver Island Progress Report is a tool to communicate our performance plans, targets and goals, measurements and evaluations for progress being made in the region. The format and content of the report will continue to evolve to reflect updated goals and targets, and corresponding baselines and measurements. These reports are produced twice a year and distributed at Regional Caucus.

REGIONAL PRIORITIES – A WOVEN BLANKET

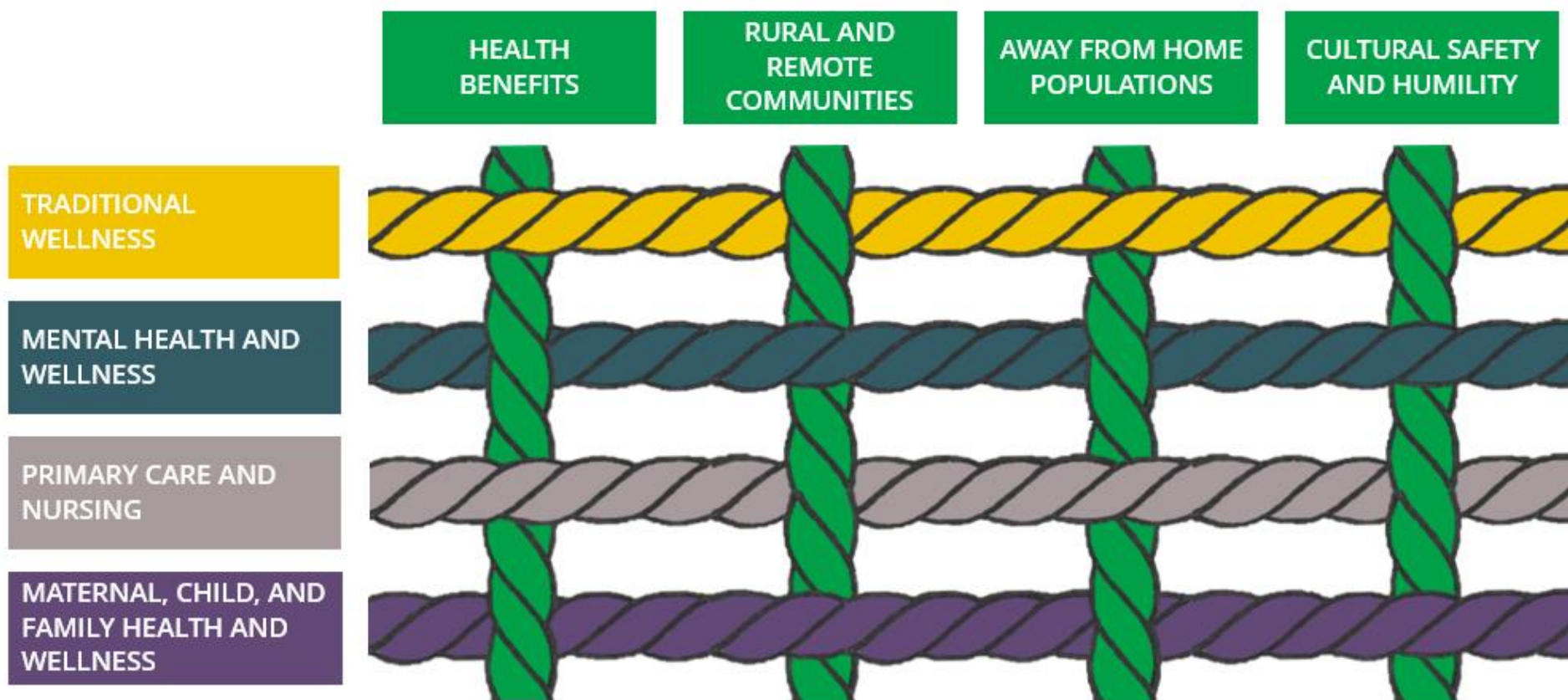
We have identified eight priority areas for enhancing and enabling programs and health services. These priorities were developed with the intent to highlight and respond to regional needs. We have separated them into two sides, as we believe that the priorities on the right (coloured green) are core components to achieving success with the priority areas on the left (multicoloured).



Although the priorities are listed here, we want to emphasize that they are not ranked, but interconnected. We wanted to demonstrate this by drawing on the metaphor of a woven blanket. Blankets hold a special value and place in ceremony among many First Nations communities. Using the metaphor of a woven blanket for the RHWP emphasizes the interwoven nature of these priorities, and also honours cultural knowledge and practice not just in the way we work, but in the way that we speak about the work that we do.

WARP AND WEFT

The priorities on the right side (green) act as the warp, or the strong columns of the blanket, representing the foundational considerations to carrying out our work. Warp yarns establish the base in which the weft, the left side (multicoloured) is interwoven. The weaving of these priorities may change in pattern, depending on context and need. Similar to weaving a blanket, the weaving of RHWP priorities requires a vision, thoughtful design, commitment, technique, and grounding in cultural knowledge and practices.





PRIORITY: TRADITIONAL WELLNESS

GOAL: IMPROVE THE HEALTH AND WELLNESS OF FIRST NATIONS THROUGH THE USE OF TRADITIONAL PRACTICES, CULTURE, AND KNOWLEDGE

FNHA believes that BC First Nations are rewriting the way their healthcare is delivered, including increasing opportunities to incorporate traditional healing, culture and ceremony, and traditional approaches to health and wellness. We recognize the importance of traditional wellness in improving the health of First Nations peoples, and are working within our third directive to “Protect, incorporate, and promote First Nations knowledge, beliefs, values, practices, medicines, and models of health and healing into all health programs and services that serve BC First Nations.”

PRIORITY: TRADITIONAL WELLNESS

GOAL: IMPROVE THE HEALTH AND WELLNESS OF FIRST NATIONS THROUGH THE USE OF TRADITIONAL PRACTICES, CULTURE, AND KNOWLEDGE

OUTCOME: First Nations feel supported in the protection and promotion of their traditional practices, knowledge, medicines, and ways of being

OBJECTIVES	STRATEGIES
1.1 Nurture tradition, culture, and holistic wellness.	1.1.1 Support initiatives that include language, cultural teachings and activities, and community gatherings. 1.1.2 Encourage youth and Elder engagement to ensure knowledge is shared.
1.2 Recognize cultural knowledge and practice as a core component of health promotion work.	1.2.1 Utilize Environmental Public Health Services programs to support and enhance traditional wellness initiatives. 1.2.2 Incorporate traditional wellness into health planning and service delivery. 1.2.3 Promote and strengthen local food security, with particular focus on access to traditional foods and the protection of the natural environment.
1.3 Support and advocate for traditional medicines and practices.	1.3.1 Support development of tools/resources that build understanding of traditional medicine use and practices and who can provide traditional healing. 1.3.2 Identify needs of traditional healers and practitioners to support and sustain their practice.
1.4 Promote opportunities for partnership and collaboration.	1.4.1 Support Nation-based initiatives to promote and protect traditional healing. 1.4.2 Facilitate respectful and appropriate sharing of information when working with partners. 1.4.3 Provide technical support in developing protocol and policies to protect traditional knowledge, healers, and medicines.

TELLING THE STORY OF OUR WORK

We will continue to formalize our reporting structures as we learn and grow. For the 2018/19 fiscal, we are looking to create baseline measurements to capture how the Nations we serve feel about having a voice in program and service delivery, and also assess our progress through the tracking of:

- REGIONAL TEAM SUPPORT OF INTEGRATION OF TRADITIONAL KNOWLEDGE AND CULTURE BY MEASURING: % OF PRIMARY CARE NETWORK SERVICE PLANS THAT INCLUDE TRADITIONAL WELLNESS
- REGIONAL TEAM SUPPORT OF PROTECTION OF TRADITIONAL MEDICINES BY MEASURING: # OF EVENTS HELD IN THE REGION TO SUPPORT THE DEVELOPMENT OF PROTOCOL/POLICY FOR PROTECTING/SHARING TRADITIONAL KNOWLEDGE, MEDICINES, AND HEALING PRACTICES



PRIORITY: MENTAL HEALTH AND WELLNESS

GOAL: ENHANCE CAPACITY WITHIN COMMUNITIES TO ADVANCE IMPROVEMENTS IN MENTAL HEALTH AND WELLNESS

We need to begin by addressing systemic barriers that affect mental wellness and/or substance use and related harms for First Nations peoples.²¹ This includes recognizing 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.²² 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.

FNHA wishes to support communities to build capacity to promote mental wellness and prevent problematic substance use and related harms and bring youth, adults, and Elders together to share knowledge and restore balance.

²¹ FNHA. A Path Forward: A Provincial Approach to Facilitate Regional and Local Planning and Action.

²² NNADAP. Intergenerational Trauma: Convergence of Multiple Processes among First Nations peoples in Canada.

PRIORITY: MENTAL HEALTH AND WELLNESS

GOAL: ENHANCE CAPACITY WITHIN COMMUNITIES TO ADVANCE IMPROVEMENTS IN MENTAL HEALTH AND WELLNESS

OUTCOME: Communities feel supported in proactively addressing mental wellness concerns and responding to crisis incidents

OBJECTIVES	STRATEGIES
2.1 Empower communities to advocate for high quality programs and services that are responsive to their needs.	<p>2.1.1 Build awareness within communities to break the silence on issues of suicide; substance use and abuse; sexual abuse; and intergenerational trauma.</p> <p>2.1.2 Actively and effectively participate in Wellness Tables that promote collaborative responses to mental health and wellness issues.</p> <p>2.1.3 Promote partnership opportunities to support the delivery of high quality mental wellness programs and services.</p>
2.2 Provide appropriate and coordinated response to crisis incidents in community.	<p>2.2.1 Support sub-regional and regional best-practice standards for crisis response, incident reporting, and referral process and protocol.</p> <p>2.2.2 Implement the Mental Health Teamlet to support communities.</p> <p>2.2.3 Initiate Crisis Response Protocol as needed.</p>
2.3 Promote prevention, intervention, treatment, and postvention approaches for substance use and abuse.	<p>2.3.1 Respond to the increased needs of community around the overdose crisis.</p> <p>2.3.2 Support land-based healing programs.</p> <p>2.3.3 Strengthen partnerships with Island Health and other health organizations to facilitate continuity of services.</p> <p>2.3.4 Advocate for increased, timely access to treatment centres.</p>
2.4 Ensure staff have the skills, tools, and support needed to carry out their work.	<p>2.4.1 Support staff training and learning opportunities reflective of need.</p> <p>2.4.2 Provide effective and appropriate debriefing and cultural supports for staff.</p>

A decorative graphic consisting of a thick, braided rope. The rope is green on the left side and transitions to a dark teal color on the right side, forming an L-shape that frames the top-left and bottom-left corners of the page content.

TELLING THE STORY OF OUR WORK

We will continue to look for new opportunities to collect and share information as we operationalize our Mental Health and Wellness Teamlet. For the 2018/19 fiscal, we are looking to create baseline measurements to capture how the Nations we serve feel about having a voice in program and service delivery, and also assess our progress through the tracking of:

- ❑ REGIONAL MENTAL HEALTH AND WELLNESS (MHW) TEAM IMPACT AND EFFECTIVENESS BY MEASURING: # OF REQUESTS TO DEPLOY THE MHW TEAMLET AND # OF INITIATIVES SUPPORTED BY THE MHW TEAMLET AND REGIONAL TEAM
- ❑ REGIONAL CRISIS RESPONSE EFFECTIVENESS BY MEASURING: # OF CRISIS EVENTS RESPONDED TO IN A TIMELY MANNER



PRIORITY: PRIMARY CARE AND NURSING

GOAL: ENSURE THAT HEALTH AND WELLNESS SERVICES MEET THE NEEDS OF FIRST NATIONS PATIENTS AND THEIR FAMILIES

FNHA has extensively engaged with communities across BC to understand First Nations views on the ideal primary health care system. Through these engagements, direction has been given to support team-based care that places individuals, families, and communities at the centre of the work. FNHA has created a new approach to primary care delivery, which is called Primary Health Care ++ (PHC++)²³.

The ‘++’ in PHC++ represents the BC First Nations Perspective on Health and Wellness and encompasses: the importance of cultural safety and humility and trauma-informed care; the inclusion of traditional wellness, oral health, and mental health and wellness at the primary care level; and the integration of preventative community public health and wellness services. PHC++ aims to provide seamless integration between primary care providers, specialists, and access to tertiary and quaternary care systems.

Integrating this approach into our current and future services, and building enhanced awareness of the PHC++ model with our service provider partners are both pivotal to achieving the goals outlined in the plan.

²³ FNHA PHC++ APPROACH

PRIORITY: PRIMARY CARE AND NURSING

GOAL: ENSURE THAT HEALTH AND WELLNESS SERVICES MEET THE NEEDS OF FIRST NATIONS PATIENTS AND THEIR FAMILIES

OUTCOME: First Nations perspectives on health and wellness are respected and supported in all aspects of health care service delivery and design

OBJECTIVES	STRATEGIES
3.1 Improve access to primary, community, and home care service providers.	<p>3.1.1 Ensure FNHA and First Nations communities are hard-wired in the planning and implementation of Patient Medical Home and Primary Care Network initiatives.</p> <p>3.1.2 Continue to develop and utilize data sets to inform shared planning and investment.</p> <p>3.1.3 Enhance regional capacity to provide educational opportunities for community nurses.</p> <p>3.1.4 Support First Responders in communities.</p>
3.2 Advance the operationalization of the PHC++ Approach.	<p>3.2.1 Use the PHC++ Approach to identify and address barriers to health care access, with a focus on rural and remote communities.</p> <p>3.2.2 Enhance partnership opportunities to ensure First Nations perspectives on wellness are included at all levels of policy and planning initiatives.</p> <p>3.2.3 Review the distribution of primary care and nursing services in communities.</p>
3.3 Strengthen partnerships to improve the patient journey, especially for those in rural and remote communities.	<p>3.3.1 Engage with partner organizations to identify improvements to the discharge planning process and transportation needs.</p> <p>3.3.2 Support the ongoing implementation of Nurse Navigators in the region.</p> <p>3.3.3 Identify how to support the implementation of Island Health's Rural Health Framework.</p>
3.4 Ensure that Elders access and receive the services they need.	<p>3.4.1 Support initiatives to improve cultural safety and increase trauma-informed care for Elders.</p> <p>3.4.2 Share stories of success, and challenges with accessing care, with service providers.</p> <p>3.4.3 Work with communities to identify Elders with complex care needs and connect them with the appropriate services to live and be comfortable at home.</p>

TELLING THE STORY OF OUR WORK

The introduction of the Regional Manager, Primary Care and the regionalization of the Nursing Department will support the establishment, coordination and implementation of primary care services, supports and initiatives with Vancouver Island's First Nations communities. We will continue to look for new opportunities to collect and share information as we grow this work. For the 2018/19 fiscal, we are looking to create baseline measurements to capture how the Nations we serve feel about having a voice in program and service delivery, and also assess our progress through the tracking of:

- REGIONAL PARTNERSHIPS BY MEASURING: % PARTNERSHIP ACCORD ACTIVITIES RELATED TO PRIMARY CARE AND NURSING ON TARGET
- ACCESS TO CARE BY MEASURING: % OF PRIMARY CARE NETWORKS SERVICE PLANS THAT INCLUDE INDIGENOUS ATTACHMENT STRATEGIES



PRIORITY: MATERNAL, CHILD, AND FAMILY HEALTH AND WELLNESS

GOAL: EMPOWER COMMUNITIES TO BUILD AND SUSTAIN HEALTHY, SECURE, AND RESILIENT FAMILIES

Woven throughout the priority areas is the need to connect with traditional culture, language, and skills. It is vital that we support the health and wellness of infants, children, and families through appropriate access to health services, early learning programs, and food security. 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.

PRIORITY: MATERNAL, CHILD, AND FAMILY HEALTH AND WELLNESS

GOAL: EMPOWER COMMUNITIES TO BUILD AND SUSTAIN HEALTHLY, SECURE, AND RESILIENT FAMILIES

OUTCOME: Children, youth, and families feel strongly supported and connected to their families, community, and culture

OBJECTIVES

4.1 Support culturally appropriate health and wellness promotion and prevention initiatives for children, youth, and families.

4.2 Partner with First Nations individuals and families on their health and wellness journeys.

4.3 Increase coordinated efforts to promote the health and wellness of vulnerable children and youth.

4.4 Improve access to oral health promotion and treatment services for children and families.

STRATEGIES

4.1.1 Ensure First Nations individuals and families are involved in the development, implementation, and review of projects, programs, and services.

4.1.2 Champion Indigenous led programs that encourage children and youth to embrace life.

4.1.3 Advocate for increased access to child and youth mental health and wellness services.

4.2.1 Increase access to traditional parenting and healthy relationship workshops and initiatives.

4.2.2 Facilitate discussions for women and families regarding choice in place of birth.

4.2.3 Support men's health initiatives.

4.3.1 Advocate for cultural supports for children in care.

4.3.2 Facilitate Elder involvement in connecting with and supporting child and youth health and wellness.

4.3.3 Assist in systems navigation for children who can benefit from Jordan's Principle.

4.3.4 Support Indigenous perspectives on policy and protocol regarding apprehensions.

4.4.1 Implement an Oral Health Teamlet for Nuu-chah-nulth Nations.

4.4.2 Learn from best practices to support Teamlets in Coast Salish and Kwakwaka'wakw Nations.

A decorative graphic consisting of a thick, braided rope. A vertical section of the rope is green, extending from the top of the page down to the bottom. A horizontal section of the rope is purple, extending from the left edge of the page across the bottom. The two sections meet at a right-angle corner in the bottom-left area of the page.

TELLING THE STORY OF OUR WORK

We are excited by the accomplishments of the Kwakwaka'wakw Maternal, Child Health Teamlet and the Child and Youth Systems Navigator over the past year. We are looking to further our reporting on these areas as our team continues to develop. For the 2018/19 fiscal, we are looking to create baseline measurements to capture how the Nations we serve feel about having a voice in program and service delivery, and also assess our progress through the tracking of:

- SERVICE QUALITY BY MEASURING: % OF REGIONAL INDIVIDUAL AND GROUP JORDAN'S PRINCIPLE CLAIMS PROCESSED

PRIORITY: HEALTH BENEFITS

GOAL: ENSURE VANCOUVER ISLAND FIRST NATIONS' CONCERNS AND INTERESTS ARE UNDERSTOOD IN RELATION TO HEALTH BENEFITS TRANSFORMATION

The FNHA provides a number of health-related goods and services to meet medical and dental needs through the Health Benefits program. This includes coverage for:

Dental	BC Medical Services Plan (MSP) – CareCard
Medical Supplies & Equipment	Pharmacy
Medical Transportation (Non-Emergency)	Vision Care
Mental Health – Crisis Intervention (Short Term)	

CHALLENGES

- The phase 1 transition to PharmaCare Plan W felt rushed, and many Nations did not find the consultation process allowed for ample opportunity to express their needs
- Navigating Health Benefits for individuals often falls to Health Directors or Health Leads; they become the soundboard for community frustration from lack of timely and responsive support to address gaps in service
- Dental benefits are limited and are not adequate to promote preventative services
- Limitations on patient travel and meal costs; fears that escalating gas costs will not be addressed in time
- Up-front fees can be a significant barrier for some individuals and families
- Medical supplies are difficult to navigate and leave gaps potentially leading to other complications

OPPORTUNITIES FOR SUCCESS

- Here in the region, we have the ability to identify and map out experiences with accessing Health Benefits and inform the Health Benefits program of challenges in the region
- We also have the ability to directly support the creation of a Health Benefits Toolkit to help navigate regional usage, including exploring approved provider lists
- The addition of a Health Benefits Community Relations Representative in the VI Region will also provide opportunities to strengthen Nation input on the implementation of phase 2 for Health Benefits





WEAVING ACROSS HEALTH BENEFITS

TRADITIONAL WELLNESS

Explore individuals' journeys to accessing traditional wellness supports and services and inform Health Benefits on what desired access paths look like for individuals in the VI Region

MENTAL HEALTH AND WELLNESS

Explore individuals' journeys to accessing short term crisis response and transportation and inform Health Benefits on what desired access paths look like for individuals in the VI Region

PRIMARY CARE AND NURSING

Explore individuals' journeys to accessing PharmaCare Plan W and inform Health Benefits on what desired access paths look like for individuals in the VI Region

MATERNAL, CHILD, AND FAMILY HEALTH AND WELLNESS

Explore women's journeys when leaving community to give birth and inform Health Benefits on what desired access paths look like for individuals in the VI Region, including experiences with travel and meal benefits

PRIORITY: RURAL AND REMOTE COMMUNITIES

GOAL: UNDERSTAND THE COMPLEXITIES AND CHALLENGES FACED BY RURAL AND REMOTE COMMUNITIES AND WORK WITH PARTNERS TO DEVELOP INNOVATIVE SOLUTIONS TO ADDRESS IDENTIFIED NEEDS

The VI Region is working to uphold the principle that we will know we are doing good work when our smallest Nations feel their needs are being met. This means acknowledging that the interconnectedness of issues faced by rural and remote communities needs to be brought to the forefront of our work, and additional efforts need to be made to highlight the varying challenges and accessibility issues faced by these Nations. We must also recognize that all communities are different, and while we can draw on common experiences and learn from the success of others, it is essential that we support the self-determination of Nations to make decisions that appropriately address their issues in the context of their experiences.

CHALLENGES

- The interconnectedness and complexity of issues means many problems require multi-partnered solutions. We will need to address jurisdiction and scope of work, and ensure that the right organizations and providers are at the table for discussions
- The barriers related to social determinants of health may be amplified in communities with limited access to health services

OPPORTUNITIES FOR SUCCESS

- The VI Region will be holding a Rural and Remote Forum to bring together communities to share challenges and stories of success
- We are looking for new opportunities to connect rural and remote communities to existing networks (such as the Rural and Remote Division of Family Practice)
- We are looking to leverage existing partnerships to streamline resources and better align service provision





WEAVING ACROSS RURAL AND REMOTE COMMUNITIES

TRADITIONAL WELLNESS

Work in partnership with Nations to support capacity development and provide appropriate resourcing to enable access to traditional wellness supports and services closer to home

MENTAL HEALTH AND WELLNESS

Support the implementation/use of telehealth in rural and remote communities to bring mental health services closer to home

PRIMARY CARE AND NURSING

Support Nation determination of service models, including: distribution of physician sessionals, opportunities to work with local Collaborative Services Committees through the Divisions of Family Practice, and potential partnerships with post-secondary institutions in regards to student placements in communities

MATERNAL, CHILD, AND FAMILY HEALTH AND WELLNESS

Foster collaborative partnerships to support Nation-driven, innovative, transformative, sustainable approaches for delivering services closer to home while decreasing reliance on mobile services

PRIORITY: AWAY FROM HOME

GOAL: ENABLE ACCESS TO COORDINATED, CONTINUOUS, AND CULTURALLY APPROPRIATE SERVICES FOR FIRST NATIONS PEOPLES LIVING AWAY FROM HOME

We need to ensure First Nations people have access to quality programs and services whether they live on-reserve or off. Individuals and families living away from home may face different challenges when accessing care or looking to support their own health and wellness journeys. We acknowledge that First Nations have the right to govern and determine how services are delivered to their people, regardless of where an individual or family lives.

We have identified the same goal for Away From Home (AFH) populations for the RHWP and the Partnership Accord Steering Committee (PASC) in order to maintain continuity and alignment in our work. This way we can work with Island Health as they develop their proposed Urban Aboriginal Health Strategy and avoid duplication of services and work together to address service and program gaps.

CHALLENGES

- Lack of awareness in regards to available programs, services, and supports for those living away from home
- We will need to identify ways to connect with individuals and families living away from home
- On top of understanding gaps in services, we will need to identify gaps in outreach and communication

OPPORTUNITIES FOR SUCCESS

- We are looking for opportunities to engage in dialogue across individuals, providers, and organizations to better understand population needs
- By including this goal in both the RHWP and the PASC plan, we are aiming to enhance partnership opportunities with health service organizations, urban Aboriginal service organizations and Island Health
- Pair service utilization data with patient voices to help share the story of AFH populations





WEAVING ACROSS AWAY FROM HOME

TRADITIONAL WELLNESS

Support connections between Away From Home populations and the Traditional Wellness Network

MENTAL HEALTH AND WELLNESS

Work collaboratively to map services available from Island Health, Aboriginal and non-Aboriginal service providers in urban areas

PRIMARY CARE AND NURSING

Explore patient journey mapping in urban centres to inform and develop appropriate service models

MATERNAL, CHILD, AND FAMILY HEALTH AND WELLNESS

Support programs that maintain connections to family, community, and culture for First Nations peoples living in urban centres, particularly First Nations youth and Elders

PRIORITY: CULTURAL SAFETY AND HUMILITY

GOAL: ADDRESS SYSTEMIC BARRIERS THAT PREVENT FIRST NATIONS PEOPLES FROM ACCESSING SERVICES IN A SAFE AND TIMELY WAY

Acknowledging that First Nations people are more likely to access care when they feel safe and know their values and beliefs are respected, a Declaration of Commitment to cultural safety and humility was created to encourage health care professionals to “adopt a humble, self-reflective clinical practice that positions them as respectful and curious partners when providing care, rather than as a figure of higher knowledge and authority.”²⁴ Cultural safety should not be viewed as synonymous with traditional wellness. Cultural safety is an outcome of dismantling the systems of oppression that prevent First Nations peoples from feeling safe when receiving care. The focus of cultural safety strategies is system-wide change to address health inequities caused by societal systems, structures, conditions, practices, policies, and processes.

We have identified the same goal for Cultural Safety and Humility for the RHWP and the Partnership Accord Steering Committee (PASC) as much of this work is shared with non-Indigenous service providers.

CHALLENGES

- We need to strengthen our partnerships with the diverse health services providers working within our region
- We are at the beginning of a large, system-wide movement to address institutional, structural, and historic racism
- Work in cultural safety also requires the promotion of trauma-informed practices

OPPORTUNITIES FOR SUCCESS

- The Declaration of Commitment to cultural safety and humility provides us with a foundation upon which to engage with service providers in addressing cultural safety needs
- We have already established Cultural Safety Committees within Island Health facilities across Vancouver Island
- We can build on the lessons learned from our work with the BC Coroners Service
- The cultural safety inclusion criteria for the Primary Medical Home and Primary Care Network funding from the Ministry of Health has opened doors for dialogue and sharing of best practices in regards to cultural safety and family physicians

²⁴ FNHA’s Policy Statement on Cultural Safety and Humility
56 FIRST NATIONS HEALTH AUTHORITY





WEAVING ACROSS CULTURAL SAFETY AND HUMILITY

TRADITIONAL WELLNESS

Work with partner organizations to support the integration of traditional wellness services into patient care planning as requested

MENTAL HEALTH AND WELLNESS

Provide opportunities to integrate First Nations perspectives and teachings within regional mental health and substance use teams

PRIMARY CARE AND NURSING

Explore opportunities to educate service providers on the complexities of intergenerational trauma and promote trauma-informed practices as a core component of supporting culturally safe practice

MATERNAL, CHILD, AND FAMILY HEALTH AND WELLNESS

Create safe spaces and places for families, communities, staff, and partner organizations to engage in dialogue, learning, and sharing stories on the importance of Indigenous perspectives on wellness in maternal care

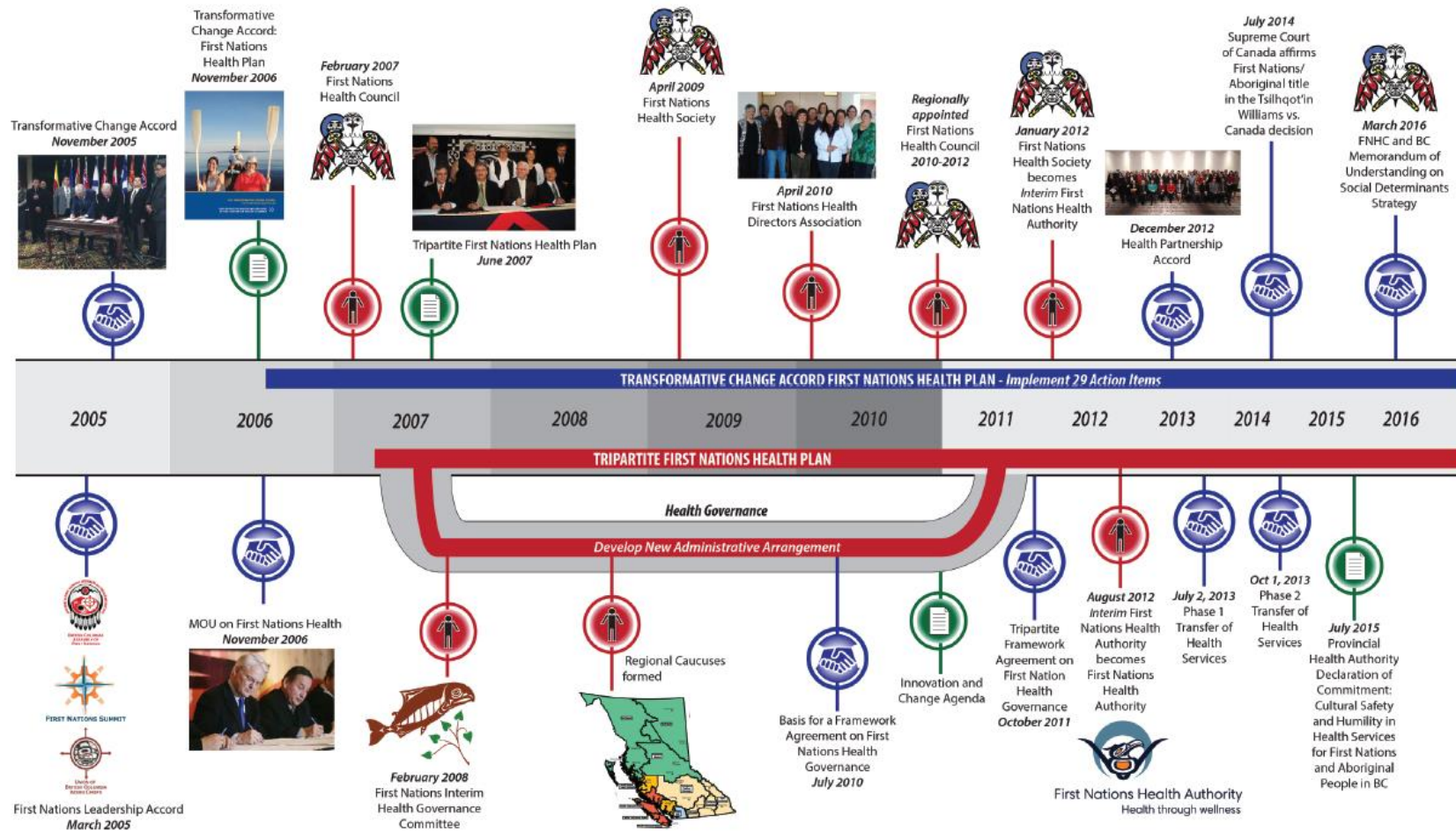
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First Nations Health Authority
Health through wellness

Vancouver Island Regional Milestones in relationship to Provincial Timeline



APPENDIX 1 – VANCOUVER ISLAND REGIONAL MILESTONES CONTINUED

2008/2009

- Establishment of Vancouver Island Regional Caucus
- Establishment of Community Engagement Hubs to support communication, collaboration and planning for the implementation of the Transformative Change Accord First Nations Health Plan and the Tripartite First Nations Health Plan.
- VI Regional Caucus discussions on the *BC Tripartite First Nations Health Basis for Framework Agreement on Health Governance*

2010

- Regional Appointment to the First Nations Health Council
- Establishment of the First Nations Health Directors Association (FNHDA)
 - Regional Appointment to the FNHDA Board of Directors

2011

- May 2011 VI Regional Consensus on support of new Health Governance Process (Consensus Paper 2011)
- Draft Vancouver Island Regional Caucus Terms of Reference October 19, 2011
 - Establishment of a Terms of Reference Working Group
 - Discussion regarding establishment of Regional Offices in recognition for the need for sub-regional and regional technical support.
- Sub-Regional and Regional engagement on the Health Partnership Workbook

2012

- Sub-Regional and Regional engagement on Navigating the Currents of Change
- April 19, 2012 VIRC Formal Adoption: Vancouver Island Regional Caucus Terms of Reference.
- April 20, 2012 VIRC Resolution to adopt the Vancouver Island Partnership Accord
- May 14, 2012 – Signing of the Vancouver Island Partnership Accord
- VI Regional Consensus on support for transitioning to a New First Nations Health Governance Structure (Consensus Paper 2012)

2013

- October 1, 2013 Transfer Complete
 - Establishment of Vancouver Island Regional Office
 - Regional Director Position Established
 - Identification of Vancouver Island Corner Post and Living Marker
- December 2013 Sub-Regional Engagement on Regional Health & Wellness Plan priority areas

2014

- Update Vancouver Island Regional Caucus Terms of Reference.
- Transition Hub initiative into FNHA Regional structure
 - Recruitment of Community Engagement Coordinators
- Focused Regional Engagement:
 - Traditional Wellness and Cultural Safety
 - Mental Health & Wellness (Family-based Mental Health and Substance Use Forums)
 - Primary Care
 - Maternal Child and Family Health
 - Medical Transportation
- Formal adoption of the Vancouver Island Regional Health & Wellness Plan with inclusion of Family profiles
- Funding approval confirmed for the Coast Salish Primary Care Teamlet and Kwakwaka'wakw Maternal Child and Family Health Teamlet.
- Initiation of the Joint Crisis Response Protocol with Island Health

2015

- Establishment of additional Regional positions:
 - Regional Manager - provide senior level expertise and leadership to the Regional Director and the regional team in the areas of planning, policy, communications, relationships and regional management.
 - Regional Mental Wellness Advisor hired to develop and support Vancouver Island mental wellness initiatives. Working in partnership with Vancouver Island First Nations, Island Health and other Partners to provide program and health expertise in the area of mental health and suicide prevention, intervention and post-vention.
 - Regional Nurse Manager Position
 - Senior Administrative Coordinator
 - Regional Project Developer - overseeing the planning and implementation of new health projects for the 50 First Nation communities in the Vancouver Island region
- Initial Discussion on 10 year wellness strategy
 - Regional participation in social determinants survey

2016

- FNHA Vancouver Island Region, in partnership with Island Health, established three Nurse Navigator positions embedded in the community to help individuals transition from acute care to community care services. The Nurse Navigators support the Coast Salish, Kwakwaka'wakw and Nuu-chah-nulth Families. They work to remove barriers and improve health

- outcomes by providing coordinated, culturally safe discharge planning and access to support, services and resources for First Nation people in Vancouver Island.
- Vancouver Island Regional Mental Health and Wellness Project approved by Joint Project Board
- Establishment of Cultural Safety Committees
- Establishment of Traditional Wellness Advisory and Networks
- Engagement on Vancouver Island Partnership Accord Update
 - Signing Ceremony for renewed Partnership Accord
- Establishment of additional Regional positions:
 - Regional Planner

2017

- Establishment of additional Regional positions:
 - Regional Advisor
 - Child & Youth Systems Navigator
 - Project Manager – Vancouver Island Mental Health and Wellness Project
 - Two Health Coaches (Kwakwaka'wakw Primary Maternal, Child & Family Health)
 - Family Wellness Navigator (Kwakwaka'wakw Primary Maternal, Child & Family Health)
- Received and approved nine requests for Commitment Stick initiatives aimed at the prevention of violence against women and girls (February)
- Snuneymuxw Health Centre Grand Opening of Traditional Chinese Medicine Program on May 9th
- FNHA was health and wellness partner for the Annual BC Elders Gathering, which took place in Campbell River July 11th – 12th, 2017. FNHA staff supported the Gathering with workshops, health promotion and information, and health screening
- Tribal Journeys Grants
- Declaration of Commitment to Cultural Safety and Humility signed by BC Coroners in Victoria
- Dzawada'enuxw First Nation (Kingcome Inlet) equipped with Telehealth
- Vancouver Island Region hosts Mental Health Commission of Canada
- “Trauma-informed and Culturally Safe Emergency Care for Nuu-chah-nulth Elders” two-day workshop held in September.
- Refresh of Regional Health and Wellness Plan
- Refresh of Partnership Accord 3-Year Goals document

FNHA PHC++ Approach

