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INTRODUCTION

British Columbia’s five regional health authorities and the Provincial Health Services Authority play an integral role in the delivery of health services to Aboriginal peoples in B.C. This report serves to highlight the work of the Aboriginal Health Programs in the health authorities. These programs design, deliver and fund services for Aboriginal peoples. Staff within these programs also act as a liaison between Aboriginal peoples and the broader health system and ensure that health authorities play an active role in Aboriginal communities. Each Aboriginal Health Program is different as B.C.’s health authorities represent regions with diverse geographies, populations, health care needs and priorities. Each Aboriginal Health Program is actively engaged in working partnerships with the Aboriginal communities in their area and each Aboriginal Health Program is tailored to serve the distinct needs of the Aboriginal individuals, families and communities in that region.

The Aboriginal Health Programs provide considerable funding to community partners to provide a broad range of programs and services that contribute to the health and wellbeing of Aboriginal peoples. Programs and services range in both their focus and their delivery. They can include chronic disease prevention, health education, clinical services, as well as outreach and family support, and can be delivered in the community, in the home and in clinical settings like hospitals. Examples of services include: counselling for expectant mothers, paediatric services in remote communities, and cultural camps where Aboriginal youth participate in traditional activities with local Elders, including seasonal food gathering and preparation. These service providers include First Nations, non-profit organizations like Aboriginal Friendship Centres, and individual care providers like pediatricians and counsellors amongst others.

Several Aboriginal Health Programs include Aboriginal Patient Liaisons, also called Aboriginal Patient Navigators. These important patient advocates connect with Aboriginal patients and family members, health care professionals and other service providers to ensure Aboriginal patients receive culturally safe, appropriate and timely care, whether in the hospital or community. They help Aboriginal patients navigate the health care system, lend emotional support to patients and families, help patients and families understand health care issues, make referrals and assist with discharge planning and much more.

The Aboriginal Health Programs also include health authority staff to manage the operations of the program, liaise with community partners, liaise with other levels of government, and ensure the entire health authority considers the unique health needs of Aboriginal peoples. Perhaps most importantly, the Aboriginal Health Programs build and maintain relationships between the health authorities and Aboriginal individuals, families, communities and organizations.
PLANS and PARTNERSHIPS

For over a decade, B.C.'s health authorities have publicly released their own health plans for Aboriginal health in their region. These plans are used to guide the work of each health authority to ensure their services meet the needs of Aboriginal people in their regions. While the health authorities' Aboriginal Health Programs provide targeted programs and services for Aboriginal individuals, families and communities, the Aboriginal Health Plans act as a framework for all of the health authority program areas to ensure all programs are responsive to Aboriginal people. The Aboriginal Health Plans are available on the websites of each health authority.

Over the last two years, all five regional health authorities have signed Regional Partnership Accords with the First Nation Health Authority, the First Nations Health Council and/or their First Nations Regional Caucuses. The Provincial Health Services Authority is also working with the First Nations Health Authority to develop a Partnership Accord. These new partnerships empower First Nations communities to leverage the provincial health system in new and exciting ways. They align health care priorities with community health plans, and help to better coordinate and integrate programs and services. These partnerships help the regional health authorities offer more relevant services in a meaningful way and enable the creation of a shared agenda to improve First Nations health.

These regional partnerships are just one way in which the governance of First Nations and Aboriginal health services continues to evolve in B.C. In 2005, the Province of British Columbia, the First Nations Leadership Council, and the Government of Canada signed a historic agreement entitled the Transformative Change Accord. The Transformative Change Accord affirmed each party’s commitment to close the gap between First Nations and other British Columbians in the areas of education, health, housing and economic opportunities over the next 10 years. This agreement was followed by the Transformative Change Accord: First Nations Health Plan in 2006, signed by the Province and First Nations Leadership Council; the agreement puts into action B.C.’s commitments under the Transformative Change Accord for closing the gaps in health. In May 2006, the Province also signed the Métis Nation Relationship Accord with the Métis Nation British Columbia. A formalization of the vital relationship between the Province and the Métis people of British Columbia, the Métis Nation Relationship Accord is focused on health and identifies mutual goals, including collaborative efforts to close the gap in quality of life between Métis citizens and other British Columbians.

The Tripartite First Nations Health Plan (TFNHP) was signed in 2007 committing the Federal Government to the bilateral Transformative Change Accord: First Nations Health Plan ensuring that First Nations are involved in decision-making regarding their health. Staff of the health authorities work closely with the Ministry of Health, First Nations Health Authority, the federal government, and Aboriginal organizations to implement actions set out in the TFNHP.

The document Tripartite First Nations Health Plan: A new path to improving the well-being of First Nations in BC provides an overview of the Plan. A full summary of the most recent advancements in the implementation of the TFNHP are summarized in the Tripartite Committee on First Nations Health Interim Annual Report: Together in Wellness, released in October, 2012.
This report was developed collaboratively to meet a commitment within the BC Tripartite Framework Agreement on First Nation Health Governance to make public an annual report. The Interim Report represents the one-year anniversary of the signing of the Framework Agreement.

*The Transformative Change Accord: First Nations Health Plan* contains 29 health actions that all partners have agreed to work towards completing. Several other health actions have since been added through the Tripartite First Nations Health Plan and through input from First Nations and Tripartite forums. The health authorities, as essential components of the provincial health system, are vital partners in this work. The health actions have been clustered into seven health action areas:

- Primary Care and Public Health
- Mental Wellness and Substance Use
- Maternal and Child Health
- Health Human Resources
- eHealth
- Health Planning and Capital
- Health Knowledge and Information

The Tripartite Committee on First Nations Health, represented by the Province of British Columbia (including all health authorities), the Government of Canada, and the First Nations Health Council, is ultimately responsible for outcomes in these health actions areas. As such, the health authorities are active and important partners in this work. This report will discuss how the health authorities’ Aboriginal Health Programs are addressing these areas, and how they are using these health actions strategy areas to guide and prioritize their work.

In 2011, the Province of B.C. also committed to work with Aboriginal partners, the federal government and local governments to develop an Off-Reserve Aboriginal Action Plan (ORAAP). The aim of ORAAP is to improve the lives of the increasing numbers of Aboriginal people who choose to live in urban/off-reserve areas. The Plan is being implemented through an initial partnership between the provincial Ministry of Aboriginal Relations and Reconciliation (MARR), Aboriginal Affairs and Northern Development Canada, local governments, the BC Association of Aboriginal Friendship Centres and Métis Nation BC.
Partnership Accords

In 2011-2012, all five regional health authorities developed and signed Regional Partnership Accords with their regional First Nations Caucuses, and/or the First Nations Health Council, or the Council’s operational arm, the First Nations Health Authority.

**Fraser Health:** In December 2011, Fraser Health became the first regional health authority in British Columbia to sign a *Regional Partnership Accord* with one of the regional First Nations caucuses formed by the First Nations Health Society. This Accord between Fraser Health and the Fraser Salish Regional Caucus formalizes partnership and collaboration in Aboriginal health services planning and delivery in the region. The Accord allows for more shared decision-making between both parties and increased First Nations participation in decisions about health services for First Nations and other Aboriginal people in the Fraser region.

**Interior Health:** On November 14th, 2012, First Nations in the B.C. Interior, the First Nations Health Council, and the Interior Health Authority celebrated the creation of a new relationship with the signing of the *Interior Partnership Accord*. The agreement is leading to greater collaboration on elevating the health and wellness outcomes for First Nations in the Interior Region and prepares all parties to work together in new ways that promote the values of collaboration, trust, inclusion, celebration and innovation. The Accord is establishing a culturally appropriate, coordinated and integrated First Nations health and wellness system and lays out a number of achievable goals, action plans, accountability structures and measurable indicators to gauge its success.

Interior Health also has three current Letters of Understanding (LOU) Developed with the Métis, Okanagan Nation and Ktunaxa Nation. The LOUs outline how IHA will work in a collaborative manner and jointly plan health services for the communities in each Nation.

**Northern Health:** On May 16th, 2012, Northern Health Authority, the Northern Regional Health Caucus and the First Nations Health Authority signed a *Regional Partnership Accord* outlining how they will collaborate in the planning and monitoring of health services that impact First Nations communities in the Northern region. These partners formed the Northern First Nations Health and Wellness Planning Committee and had their first meeting in September, 2012. This group is now working on developing a Terms of Reference and a Northern First Nations Health and Wellness Plan. A work plan building on the items in the Accord is also under development.

**Provincial Health Services Authority:** The Provincial Health Services Authority is working with the First Nations Health Authority to develop a Partnership Accord.

**Vancouver Coastal Health:** On May 16, 2012 The Vancouver Coastal Regional Caucus, First Nations Health Authority, and Vancouver Coastal Health (VCH) signed the *Vancouver Coastal Partnership Accord*, creating a new path to improving health outcomes, programs, and services for First Nations in the Vancouver Coastal region. The Accord sets the goal of attaining significant improvements in health outcomes by achieving a higher level of integration through joint planning and engagement, a focus on accountability and evaluation, and providing culturally appropriate, safe and effective services. It acknowledges the diversity in size and traditions of Coastal First Nations, the rights of each First Nation to govern their own affairs, and the rights of VCH to govern its health services delivery area.
**Vancouver Island Health Authority:** On May 14th, 2012, Vancouver Island Health Authority (VIHA) and the Vancouver Island Regional Health Caucus of the First Nations Health Council signed their *Regional Partnership Accord*, which formalizes and strengthens the partnership between the two organizations. The Vancouver Island First Nations and VIHA are working together to achieve shared decision-making to increase the influence of First Nations in decisions relating to health services that are delivered within the Vancouver Island region. The Partners will discuss potential changes to programs and services (including the transfer of programs and services) that might impact other parties. These activities will be reflected in an annual work plan that will guide the day-to-day partnership.
The Fraser Health Authority (FHA) provides health services to one of the most densely populated regions of B.C., serving a population of approximately 1,416,640 people. The FHA region lies primarily inland, in the southwest corner of the Province and includes several major urban centres including Delta and Burnaby, White Rock, Coquitlam, Langley, Chilliwack, and Hope. The total Aboriginal population in the Fraser Health region is approximately 38,105 people, residing in both urban and rural locations, including 32 First Nations communities and five Métis Chartered Communities.

FHA's Aboriginal Health Program is comprised of 5.6 full time equivalent employees. The Program structure involves Aboriginal Health Integration Committees (AHICs), with community-based Aboriginal membership that identifies health problems, gaps in service delivery and potential solutions. The Aboriginal communities’ concerns are communicated from the AHIC level to the Aboriginal Health Operations Committee (AHOC) through the Aboriginal Health Director. The AHOC, comprised of health authority Directors and Executive Directors, implements changes to improve or enhance services provided to Aboriginal clients. The Aboriginal Health Steering Committee, co-chaired by the FHA CEO and a member of the Fraser Salish Regional Caucus, includes senior executive membership and provides oversight to the strategic direction for Aboriginal Health.

Data from Statistics Canada Census of Canada, 2006
The total annual 2011/2012 expenditure for FHA's Aboriginal Health program was approximately $2.3 million. Of this, approximately $1.6 million was provided to community organizations for a broad range of Aboriginal focused programs and services. Approximately $700,000 provided for the salaries and benefits of the Aboriginal Health Program staff, and the operations of the program.

Fraser Health contracts primarily with First Nations communities, but also with individual clinicians, for example, with paediatricians who provide physician support to Aboriginal Nurse Practitioners in Seabird and Kla-how-eya. FHA also provides contract funding to non-profit organizations like the Native Court Workers Counselling Association, Aboriginal organizations like the Mamele’awt Qweesome Housing Society, and Chehalis Community School.

The above graphic shows FHA's contract allocation for 2011/2012 based on the Health Actions Strategy Areas from the Tripartite First Nations Health Plan. The majority of their contracts are for programs and services that fall under the Primary Care and Public Health Strategy Area. While some organizations, like the Sto:lo Nation Assisted Living Facility, receive a significant portion of their operational funding from FHA, the majority of contracts are relatively small at less than $100,000, providing programs and services including chronic disease care and prevention, health education, and social supports like counselling.

FHA's Aboriginal Health Program plays a critical role in ensuring the health authority is engaged with the Aboriginal community and responsive to the needs of the Aboriginal people it serves. In 2011/2012, the Aboriginal Health Program worked in partnership with First Nations in the Fraser Region to learn, educate, improve services and ensure FHA provides culturally safe programs and services for Aboriginal people.

The Aboriginal Health Program takes a leadership role within the FHA in improving cultural safety for Aboriginal people who receive care. In 2011/2012, FHA public health staff who completed the Provincial Health Services Authority’s Indigenous Cultural Competency (ICC) training had the opportunity to participate in post training activities and provide a forum to discuss how they
have incorporated the ICC training into their practice, and reflect on additional ways that they can influence the cultural competency of the organization. FHA’s Aboriginal Health Program also co-hosted a Cultural Training Event with Fraser Valley Aboriginal Child & Family Services at Sumas Longhouse in 2011/2012.

FHA’s Aboriginal Health Liaison program is also a vibrant component of their Aboriginal Health Program. In 2011/2012, 432 patients received patient navigator assistance, care planning, and discharge support from three Aboriginal Health Liaisons in Fraser hospitals.

COMMUNITY COLLABORATION

A vibrant new partnership has been initiated between FHA and the First Nations Health Directors Association (FNHDA). Initial meetings have been held to discuss communications and what a working relationship between the two organizations might look like. A presentation was made to the FNHDA regarding the Fraser Health Best Beginnings program and FHA’s role in the provincial Nurse Family Partnership program pilot.

Other partnerships formed in the Fraser region, through the Aboriginal Health Program in 2011/2012 include a partnership between the Early Psychosis Intervention program and the Aboriginal Mental Health Case Manager & Aboriginal Mental Health Liaison in the East, and Sts’ailes Band in addressing concerns regarding individuals with mental illness in the community. Another partnership between FHA Mental Health and Substance Use, the Ministry of Children and Family Development and First Nations communities in FHA is developing a number of prevention initiatives to address youth suicides.

The FHA Aboriginal Health Program is also building productive partnerships in the areas of Primary Care and Public Health. In 2011/2012, FHA partnered with Kwikwetlem First Nation and Tsawwassen First Nation to submit two successful physical activity grant proposals. First Nations and Fraser Health Public Health Partnership meetings were held at Sumas First Nation and Squiala First Nation, where discussions took place including how to manage the upcoming flu clinic season, cultural competency for FHA staff, professional development opportunities, introduction of new staff, upcoming community events, and the Sto:lo Nation shared mapping project.
HIGHLIGHTS 2011 – 2012

This year, the FHA Aboriginal Health Program co-sponsored and participated in the 36th Annual Elders Gathering in Abbotsford. The Elders Gathering is an opportunity for Aboriginal Elders from communities throughout B.C. to come together to celebrate their accomplishments from the past year, share traditional practices and ceremonies, and share ideas for future work. The 2012 Elders Gathering had approximately 5,000 participants. The Aboriginal Health Team coordinated 80 health and community service related displays and 19 presentations, providing important information for Elders and the Aboriginal community in general.

Other highlights from 2011/2012 include a series of workshops delivered on-reserve on chronic disease, nutrition, healthy living, and prescription management in partnership with the Centre for Active Living and Semiahmoo First Nation. An interdisciplinary team of health workers were invited to Semiahmoo First Nation to deliver their program in a culturally safe and appropriate setting. Chronic disease workshops are now being planned for delivery in New Westminster.

The FHA Aboriginal Health Program also partnered with community and academic partners on three different research projects. The Sts’ailes Primary Health Care Project is a knowledge synthesis of how Aboriginal Community Health Centres integrate Aboriginal and scientific knowledge. A second project is looking at falls prevention programs in Aboriginal communities, and a third project is investigating Aboriginal community research priorities around primary health care for Aboriginal people in the Fraser region.

FUTURE PRIORITIES

The FHA Aboriginal Health Program is guided by the health actions of the Tripartite First Nations Health Plan, Fraser Health Aboriginal Health Plan, Document of Intent, and Fraser Partnership Accord. Current and future priorities are being developed in partnership with the Fraser Salish
Regional Caucus, and include mental health, youth suicide prevention, primary health care, and Nurse Practitioner partnerships with the Ministry of Health.

Fraser Health Authority continues to support and collaborate with Community Engagement Hubs in the region to develop their community health plans, which will further inform future priorities for the FHA Aboriginal Health Program.

**Interior HEALTH AUTHORITY**

The Interior Health Authority (IHA) provides health services to a population of approximately 750,000 people. The total Aboriginal population is approximately 45,000 people, of which 28,700 are First Nations \(^2\) and 16,200 are Métis \(^3\). The entire Aboriginal population comprises about 6.3% of the region's population. There are 55 First Nations communities and 13 Métis chartered communities in the Interior Health region.

IHA’s Aboriginal Health Program is comprised of seven full time equivalent employees. The Aboriginal Health Program resides under the Community Integrated Health Services (CIHS) Portfolio. The CIHS Portfolio is one of four major portfolios that IHA operates. Within CIHS, Aboriginal Health is one of the five program areas. The other four program areas include: Primary Care, Prevention and Promotion, Home Health and Mental Health and Substance Use.

The total annual 2011/2012 expenditure for IHA’s Aboriginal Health Program was approximately $3.9 million. Of this, $3.2 million in expenditures was provided to community organizations to provide a broad range of Aboriginal focused programs and services. The remaining $700,000 provided for the salaries and benefits of the IHA’s Aboriginal Health Program Staff, and the operations of the program. The 5.5 full time equivalent Aboriginal Patient Navigators in IHA are not funded through IHA’s Aboriginal Health Program, rather, these positions are funded through other areas in IHA.

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\(^2\) Data from Statistics Canada Census of Canada, 2006  
\(^3\) Data from Statistics Canada Census of Canada, 2006
The above graphic shows IHA’s contract expenditures for 2011/2012 based on the Health Actions Strategy Areas from the Tripartite First Nations Health Plan. Almost 60 percent of IHA’s Aboriginal Health funding falls under the Mental Wellness and Substance Use Strategy Area. This funding represents a diverse set of programs and services including prevention, outreach, and treatment.

A contract with the Lower Columbia All First Nations organization provides a good example of how IHA uses contracted services to address gaps in service. This organization provides mental health and addictions support services to isolated Aboriginal individuals and families throughout the Kootenay Boundary region. Due to the complex geography and lack of reliable public transportation, many Aboriginal people have found themselves isolated and unable to access support groups and programs in their area. This program reaches out to these disconnected individuals and families to cover this gap in service.

IHA funds several programs that provide an opportunity to participate in cultural activities as a way to promote positive mental and physical health. IHA funds several Aboriginal Friendship Centres in the region, Métis Associations, First Nations health service organizations and First Nations Bands. Other programs and services IHA funds that fall under the other Health Actions Strategy Areas include parenting skills programs, Elder care, early childhood development programs and community planning services.

IHA’s Aboriginal Health Program is focused on building relationships and partnerships that improve health services delivery for Aboriginal people in the region. Local partnerships with First Nations, adequate consultation, and collaborative working relationships ensure that IHA understands the diverse needs of unique communities and can be responsive and flexible in how they deliver services.
IHA’s Aboriginal Self Identification Project was implemented after the Ministry of Aboriginal Relations and Reconciliation developed the Aboriginal Administrative Data Standard in 2007. This system allows people in the Interior region to voluntarily self identify as Aboriginal when accessing services so that IHA can track what services Aboriginal people access, at which locations and when. This project provides many benefits to Aboriginal populations including:

- Improved clinical process;
- Service co-ordination and optimal use of scarce resources resulting in culturally sensitive care;
- Collaborative planning and design between Interior Health and communities; and,
- Increased accountability at all levels.

The ultimate goal is help decrease the disparities in health outcomes between Aboriginal and non-Aboriginal people through improved service delivery and services that are responsive to need.

**COMMUNITY COLLABORATION**

To ensure IHA is connected and responsive to local Aboriginal communities, Aboriginal Health Practice Leads are designated to a specific geographic region to facilitate relationships and partnerships with the First Nations in their area. Each Practice Lead attends Hub meetings, other health meetings and community hosted events to get to know more about each community’s unique needs; therefore, the Practice Leads can take communities’ voice to the internal IHA health planning meetings as well as provincial meetings. The Practice Leads are also developing relationships between First Nation Hubs and First Nations Health Directors, and other agencies like the United Way to increase access to health and program service funding streams.

Consultation with Aboriginal partners on strategic planning and initiatives serves to ensure the appropriateness of health authority policies and actions. For instance, Aboriginal interests and perspectives are included in planning and decision making for the Diabetes Initiative through Aboriginal representation at all levels of planning and the implementation of diabetes care. Inviting Aboriginal partners to participate on various Steering Committees and working groups for strategic planning and initiatives that impact Aboriginal peoples in IHA ensure that Aboriginal interests are represented in key decisions that impact health services to Aboriginal people.

**HIGHLIGHTS 2011/2012**

To ensure that IHA also creates an environment of cultural safety for Aboriginal individuals, families and communities, IHA staff are taking PHSA’s Indigenous Cultural Competency (ICC) training. In 2011/2012, IHA required all Community Integrated Health Services excluded staff to take the training. IHA is now developing a strategy to start training frontline staff in the highest used facilities by Aboriginal people according to the data from the Aboriginal Self Identification Project.
IHA has improved access to health care through local partnerships in Williams Lake, nurse practitioner outreach services in Okanagan Indian Band, Ktunaxa Nation Urban Health Centre, and outreach mental health services provided to the Osoyoos Indian Band. The Aboriginal Health Program is also trying to build relationships between the tertiary and larger acute facilities management and communities to problem solve long-standing discharge issues.

In 2011/12, IHA region hosted training for the B.C. Aboriginal Doula Initiative. IHA had 12 Aboriginal women attend the training from a variety of communities across the IHA region. As part of their commitment to this initiative, IHA also provided funding to hire a 0.5 full time equivalent Aboriginal Doula Liaison to help support the Aboriginal women trained within the IHA region to achieve certification as a doula, in order for them to be able to provide these much needed services in their local communities. The role of the doula is to build on the more traditional role of Aunty; a lay woman recruited from the community who bridges language and cultural barriers and provides the woman, her partner and family with continuous emotional support, physical comfort and assistance in obtaining information before, during, and just after childbirth.
FUTURE PRIORITIES

Going forward, IHA hopes to build on the existing success of its Aboriginal Health Program and continue using relationship building as its primary method of improving delivery. IHA hopes to build its Aboriginal Health Program upon its existing Letters of Understanding (LOU) and sign five more LOUs within the coming years. Ultimately IHA hopes to have an LOU with each Nation in the IHA catchment area, including the Métis. IHA hopes to operationalize and evaluate the LOUs that are currently signed.

Developing a sustainable Aboriginal Health Program is also a priority. Action in this area includes ensuring that services are aligned between the First Nations Health Authority and IHA; contracting with Aboriginal communities to provide programs and services identified by the communities; and standardization of the Aboriginal Patient Navigator’s positions. IHA also plans to develop an information, monitoring, and evaluation approach for Aboriginal health. This will include the implementation of a voluntary Aboriginal self-identification initiative for both clients and employees; and monitoring key performance indicators and evaluating selected initiatives.

Lastly, the Aboriginal Health team at IHA is currently developing an Aboriginal Human Resource plan that will look at enhancing a culturally competent workforce and a representative Aboriginal workforce. They are also reviewing the complaint process to ensure that Aboriginal people feel safe to bring forward complaints about health care services.

Northern HEALTH AUTHORITY

The Northern Health Authority (NHA) covers the largest area of the five health authorities; nearly two-thirds of B.C., but has the smallest population; less than 7% of the BC population. NHA provides health services to a population of approximately 289,000 people, 17% to 19% of whom are Aboriginal. The total Aboriginal population is approximately 51,000 to 52,500 people, the largest Aboriginal population of all the health authorities. There are 54 First Nations Bands and over 80 continuously occupied First Nations communities. In addition, there are numerous seasonal harvesting and culturally important communities that are occupied on an intermittent basis across the north.

There are ten chartered Métis communities in northern B.C., and Métis people have had a significant impact across the north, notably in the Northeast, and across the interior plateau in communities such as Fort St. James and Prince George. For example, Métis people comprise at least one half of the Aboriginal population in the City of Prince George, and constitute a large segment of the urban population in Dawson Creek, Chetwynd and Fort St. John.

Data from Statistics Canada Census of Canada, 2006.

Data from Statistics Canada Census of Canada, 2006.
NHA’s Aboriginal Health Program is comprised of 2.5 full time equivalent employees. Under the direction of the Chief Medical Health Officer, Aboriginal Health at NHA is comprised of the Regional Director for Aboriginal Health, the Lead for Engagement and Integration, and a 0.5 full time equivalent Administrative Assistant. It is the philosophy in Northern Health that Aboriginal Health is the responsibility of all staff. There are nine Aboriginal Patient Liaison (APL) workers who report to supervisors in the areas in which they work. The APLs are linked with the Aboriginal Health Department for overall program support and training.

The total annual 2011/2012 expenditure for NHA’s Aboriginal Health program was approximately $1.6 million. Of this, approximately $1.1 million was provided to community organizations to provide a broad range of Aboriginal focused programs and services and the remainder supported Aboriginal Health Improvement committees, conferences, salaries and benefits of the Aboriginal Health Program staff.

The vast geography and small population in the North presents many challenges to those seeking or delivering primary care. A significant challenge is the small size of communities: many of which have populations of less than 300 people. When considering the social determinants of health, Aboriginal people in the North fare poorly compared to other British Columbians. Whether it is education opportunities, labour force participation, income levels, housing circumstances or access to a variety of fresh produce, many Aboriginal people are at a disadvantage. As a result, Aboriginal people in northern B.C. fare poorly compared to other British Columbians on health status indicators including: overall mortality, communicable diseases such as HIV and most chronic conditions. As further evidence of these disparities, the life expectancy of Status Indians in northern B.C. is from five to 10 years less than the average B.C. resident.
The above graphic shows NHA’s Aboriginal Health Program contract allocation for 2011/2012 based on the Health Actions Strategy Areas from the Tripartite First Nations Health Plan. The NHA Aboriginal Health Program funds primarily programs and services that fall under the Primary Care and Public Health Strategy Area or the Mental Wellness and Substance Use Strategy Area. However, many of the funded programs and services are holistic in nature, addressing physical, mental, emotional and spiritual health.

One example of such a program is the Aama Goot Aboriginal Women’s Program delivered by the Friendship House Association of Prince Rupert. This program provides health-related information, services and referrals in a holistic multi-directional manner that is respectful of each woman’s current condition. This program is focused on increasing awareness of health risk factors and available resources, stress management and relaxation skill development and self-advocacy. While this public health program is targeted to women, it considers each woman as a member of her family and community and considers the myriad of factors that can affect her health.

NHA’s Aboriginal Health Program plays a critical role in ensuring the health authority is engaged with the Aboriginal community and responsive to the needs of the Aboriginal people it serves. The Aboriginal Health Program’s functions include, but are not limited to, building cultural competence in NHA, improving access to care for Aboriginal people, improving quality of service, and building the Aboriginal workforce in the health authority.
COMMUNITY COLLABORATION

NHA’s Aboriginal Health Program works closely with the Aboriginal Health Improvement Committees (AHICs) in their region. AHICs are a key means by which NHA leaders work in partnership with Aboriginal leaders to address identified health concerns and successes. There are seven AHICs across the north. They are inclusive of all Aboriginal people and represent on-reserve, off-reserve, Métis, Inuit, and Aboriginal organizations such as the First Nations Health Authority, Health Canada, and Friendship Centres. At these AHICs, members learn about each other’s health care realities and approaches. Their main focus is to act as a means to improving health outcomes by fostering engagement and collaboration. NHA supports regional programs to connect with AHICs as requested.

NHA’s Aboriginal Health Program also supports the work of several other committees and working groups. Aboriginal Health Program staff play an important role in a HIV Task Group (coalition) that was formed to address the increasing cases of HIV/AIDS in the North. NHA staff were also instrumental in setting up the Northern Health and Health Canada Mental Health and Addictions working group to begin to understand the many different health care realities in the North and to address concerns together across jurisdictions. Staff also sit on the Northern Health and Health Canada Communicable Disease Committee.

HIGHLIGHTS 2011-2012

In 2011/2012, NHA focused on gathering, sharing, and using information to increase knowledge about health in the North and to improve health outcomes for Aboriginal people. One example of how NHA’s Aboriginal Health Program is gathering and using information to improve care is through the use of Aboriginal Patient Experience Data.

The Aboriginal Patient Experience survey asks Aboriginal patients to report back on their satisfaction with the health services they receive. In 2011/2012, the Aboriginal Health Program at NHA shared inpatient and emergency room patient survey data with Health Services Administrators, Aboriginal Patient Liaisons and their supervisors, and Emergency department managers through teleconferences and videoconferences. They also provided opportunities
for these care providers to share changes that are being implemented on the local level to address gaps in service for Aboriginal people.

Other highlights for the NHA Aboriginal Health Program in 2011/12 include presenting at various conferences, health fairs and other events in the community. These visits are only made after an invitation and conversations that establish and build a relationship of mutual respect. NHA also hosts three annual/biannual Aboriginal Health Conferences. These conferences are planned and delivered in conjunction with AHICs and seek to include the First Nations Health Authority.

**FUTURE PRIORITIES**

Going forward, NHA will continue to develop the Northern Health Aboriginal Health Services Plan. Deliverables from the Regional Partnership Accord signed with the First Nations Health Authority will serve as major priorities, especially the development of frameworks as identified by the Accord.

As the work with the First Nations Health Authority evolves, it will be important to ensure good communication with everyone involved and to continue to support patient access and care. This important work is in the beginning stages and as First Nations guide this process, relationships will grow and new templates will be developed.

A major project for the upcoming year will focus on recruiting and retaining Aboriginal employees in the NHA.

ESQUIMALT DANCERS performing at the Grand Opening of VIHA's All Nations Healing Room, Royal Jubilee Hospital, Victoria, B.C., June 2011.
In contrast to the other five health authorities that serve geographic regions of BC, the Provincial Health Services Authority’s (PHSA) primary role is to ensure that B.C. residents have access to a coordinated network of high-quality specialized health care services. The PHSA operates provincial agencies including BC Children’s Hospital, BC Transplant, and the BC Cancer Agency. It is also responsible for specialized provincial health services which are delivered in a number of locations in the regional health authorities as well as specialized programs that operate across several PHSA agencies.

The Aboriginal Health Program at PHSA works to involve each of the PHSA agencies in improving Aboriginal health services and Aboriginal health outcomes. They developed, deliver and manage the Indigenous Cultural Competency Training Program (ICC). Other areas of focus are youth wellness and chronic disease prevention. The Program Director chairs a PHSA Aboriginal subcommittee to senior executive that includes members from each of the 18 PHSA agencies as well as provincially focused agencies including the BC Association of Aboriginal Friendship Centres, the Métis Nation BC, First Nations Health Authority, and the Ministry of Health.

In 2011-2012, PHSA spent approximately $3.2 million on their Aboriginal Health Program, the Indigenous Cultural Competency Training Program, as well as targeted Aboriginal programs delivered by Perinatal Services BC and the BC Centre for Disease Control. Approximately $1.4 million dollars was for salaries and benefits for 17.8 full time equivalent staff, and approximately $400,00 paid for consultant contracts for product development, ICC program related costs and evaluation activities. The remainder was for program operational expenses.

The ICC training was created in response to the Transformative Change Accord: First Nations Health Plan requirement to increase cultural competency within Health Authorities through Action Item 19: First Nations and the Province will develop a curriculum for cultural competency for health authorities.
ICC is a unique, facilitated on-line training program designed to increase knowledge, enhance self-awareness, and strengthen the skills of those who work both directly and indirectly with Aboriginal people. The goal of the ICC training is to further develop individual competencies and promote positive partnerships. Skilled facilitators guide and support each participant through dynamic and interactive learning modules. Through interactive activities, participants examine culture, stereotyping, and the consequences and legacies of colonization. Participants are also introduced to tools for developing more effective communication and relationship building skills.

**Other Aboriginal Services within PHSA Agencies include:**

**Perinatal Services BC (PSBC)**
PSBC, an agency of PHSA, leads the Tripartite Aboriginal Doula Initiative, a partnership between PSBC and the First Nations Health Authority in addressing Action item #21 of the Transformative Change Accord: First Nations Health Plan. The goal of providing doula support is to bring birthing support closer to home and into the hands of women. The initiative trained 18 Aboriginal doulas on Vancouver Island and 12 in the Interior in 2011/2012. New curriculum was developed on Trauma Informed Care (Sexual Abuse) for the doulas to be able to support their clients. The Trauma Informed Care training was implemented in IHA and VIHA. The initiative is now focused on supporting the practicing trained doulas to certification and building awareness of the doula services among pregnant Aboriginal women and healthcare providers. A sustainability model is being developed from the lessons learned from this two year demonstration project.

**BC Centre for Disease Control**
Chee Mamuk is a provincial Aboriginal program within PHSA’s BCCDC that provides innovative and culturally appropriate sexually transmitted infection (STI), Hepatitis, and HIV training, educational resources, and wise practice models. Chee Mamuk’s services are grounded in community, tradition and science in order to promote healthy sexuality and to build capacity in Aboriginal communities to prevent the spread of HIV, hepatitis, and STIs.
BC Women’s Hospital

BC Women’s Aboriginal Program within PHSA’s BC Women’s Hospital and Health Centre provides leadership in Aboriginal women’s health. The program sponsors two Aboriginal Patient Liaison positions serving Women’s and Children’s Hospitals. The program also provides outreach wellness clinics, including cervical cancer screening in Aboriginal communities. The program contracts an Elder advisor who provides spiritual support to patients and families in need.

COMMUNITY COLLABORATION

In 2011-2012 a Chronic Disease Prevention Project provided a two-way learning opportunity for PHSA and for demonstration communities. Through these demonstration communities, PHSA learns what Aboriginal health looks like from a holistic framework and the communities learn what PHSA is and does and how it can serve them. Chronic disease prevention at the community level is demonstrated in terms of a holistic focus that includes cultural strengthening, cultural activities, healthy built environments, environmental health, Indigenous food security, and health literacy.
HIGHLIGHTS 2011-2012

By the end of the 2011-2012 fiscal year, the ICC Program had trained 7,000 health system staff. Evaluations of the program indicate transformational learning for participants and the program has been acknowledged as a best practice by the Health Council of Canada. There are currently three ICC training programs; Core ICC, ICC Health and ICC Mental Health, with new modules in development.

The Seven Sisters Heart Health Project is a demonstration project created by BC Women’s Hospital and Health Centre to address both the complexities and context of Aboriginal women’s lives in order to prevent heart disease. The project partnered with Pacific Association of First Nations Women and focused on Aboriginal women who are community and health care leaders. This project incorporates traditional Aboriginal practices into standard medical practices to improve heart health. As a result of participation, participants reported behaviour changes and set goals to influence others around them. Participants also began to adopt a holistic perspective of their own health, acknowledging emotional health as the foundation of wellbeing. Participants adopted ritual and ceremony as an important part of their health care. The project facilitates mutual learning by both participants and providers and both view the project as representing a journey within a safe and sacred place.

FUTURE PRIORITIES

PHSA is developing a youth wellness program with an upstream prevention focus targeting 10 to 13 year olds. The program is strengths-based and focuses on culture and identity. A website is being developed for youth involved in programs in their communities so youth workers can utilize modules on topics such as racism, bullying, sexual health, food security, the history of colonization, and identity strengthening. The website will be interactive and will include activities, games, challenges, and videos. The project has an active youth advisory council with representation from each of the 9 pilot communities. The youth are producing videos about the meaning of wellness and culture in their communities.
The Vancouver Coastal Health Authority (VCH) serves 25% of B.C.'s total population, approximately 1.1 million people. Approximately 24,470 people identify as Aboriginal in the VCH region. While Aboriginal people make up only approximately 2.4% of the total VCH Region population, this population represents 12.5% of the total Aboriginal population within B.C. as a whole. Of the Status Indian population within the Vancouver Coastal Region, 58.9% live on reserve, or crown land, and 41.1% live off reserve. VCH serves a total of 14 First Nations communities and a large Urban Aboriginal population. The North Fraser Métis Association of Richmond and Powell River Métis Society are the two Chartered Métis Communities in the VCH region, with a third community in Vancouver that is currently being formalized. Approximately five thousand, one hundred and forty five people in the VCH region identify as Métis. Approximately 90 people in the region identify as Inuit.

VCH’s Aboriginal Health program is comprised of 17.37 full time equivalent employees. Funding and high level guidance related to Aboriginal Health within Vancouver Coastal Health stems from the leadership of the Chief Medical Health Officer and Vice President of Public Health, and the Regional Director of Population Health. VCH employees 3.0 full-time equivalent Aboriginal Patient Navigators. These positions are funded through the Aboriginal Health Strategic Initiatives Program.

The total 2011/2012 expenditure for VCH’s Aboriginal Health program was approximately $7.7 million. Of this, approximately $5.7 million was allocated to community organizations to provide a broad range of Aboriginal focused programs and services. The remaining approximately $2 million in funds support internal VCH staff and operations for dedicated Aboriginal services and programs.

Data from Statistics Canada Census of Canada, 2006
VCH manages more than 50 contracts with a diverse array of service providers, including First Nations Bands and health organizations, urban Aboriginal organizations, and educational institutions that provide health related programming and services, including counselling, food security initiatives, legal assistance, health promotion, camps for youth, and access to Elders.

The above graphic shows VCH’s contract expenditures for 2011/2012 based on the Health Actions Strategy Areas from the Tripartite First Nations Health Plan. VCH provides all funding to community organizations within Aboriginal Health to programs and services that fall into the categories of Primary Care and Public Health, Mental Wellness and Substance Use and Maternal and Child Health. While this graphic gives a general overview of contract expenditures, it does not reveal how many of the programs and services overlap across the Health Actions Strategy Areas. For example, many of VCH’s programs in Primary Care and Public Health also serve to further Maternal and Child Health outcomes and many of the programs categorized under Maternal and Child Health contribute to mental wellness and help to address problematic substance use.

One example of a program funded through the Aboriginal Health Program at VCH that contributes to improved outcomes in several Health Action Strategy Areas is Harmony and Healing: Aboriginal Music Therapy, a program delivered by the Vancouver Native Health Society. This program provides music therapy to a population of Aboriginal children, youth, and families dealing with drug and alcohol issues and those affected by Fetal Alcohol Spectrum Disorder. This program improves social functioning, self-esteem and confidence through participant directed sessions held at Sheway – a program for at-risk pregnant and parenting moms. Aboriginal students at West Coast Alternate School also participate. Harmony and Healing is categorized under the Mental Wellness and Substance Use strategy area in the graphic above, however it contributes greatly to maternal and child health.
The Aboriginal Health Strategic Initiatives department at VCH directs and guides health services for Aboriginal people in the region through several mechanisms. VCH’s Aboriginal Health Strategic Initiatives is dedicated to ensuring that the needs, experiences and perspectives of First Nations and Aboriginal people are acknowledged and addressed in VCH’s planning, programming and health service improvement strategies.

The Aboriginal Health Strategic Initiatives team members support culturally competent care and the reduction of health inequities. The department includes: the Aboriginal Patient Navigator Program; Aboriginal Health Initiatives Program; Aboriginal Health Service Planning, Evaluation and Improvement; Internal and External Collaboration and Communications; Community Engagement and Development; Health Equity and Population Health Initiatives; Cultural Competency Planning and Support; and Health Actions.

COMMUNITY COLLABORATION

Collaborative health service provision for Aboriginal community members is a priority for VCH. One example is the collaborative partnership between Nuxalk Nation’s health services and VCH community and acute health services in Bella Coola across community clinics, home and community care, physiotherapy, disease prevention and acute and long-term care programs and services, with over 50% Aboriginal client uptake across all services.

The Central Coast Health and Wellness Charter is another example of a strong collaborative relationship at work in the Vancouver Coastal region: Under this charter, the VCH Aboriginal Health Strategic Initiatives team works with Kitasoo, Heiltsuk, Nuxalk, and Wuikinaux.
First Nations, Bella Coola General Hospital, RW Large Memorial Hospital and United Church Health Services. Support from the First Nations Health Authority Communications Hub has supported this joint work on health planning.

The Tripartite Tele-health Central Coast Collaborative saw the development of tele-health infrastructure in the First Nations communities of Bella Bella and Bella Coola to support local health human resource training and the provision of long distance health care (e.g., Psychologist services and wound care). This tele-health service has been delivered over the recently launched Physician Private Network, presenting an excellent opportunity for health authorities and community-based providers to adopt a collaborative and targeted approach to delivering clinical services to remote and underserved First Nations communities. Benefits from this collaborative initiative include:

- Increasing patient satisfaction while decreasing patient travel time and costs;
- Enabling on-demand 24/7 emergency psychiatric assessments using tele-health;
- Increasing the capacity of care providers and improving their productivity;
- Promoting retention and recruitment of health care providers in rural and remote communities by reducing professional isolation; and,
- Realization of improved health outcomes due to the ability to provide more frequent follow-ups.

Performers at TSELEIL WUATUTH NATION Cultural Awareness Day, January 2012
HIGHLIGHTS 2011-2012

In 2011-2012, VCH worked to create an environment of cultural safety for Aboriginal people accessing the health care system. Several initiatives were undertaken to improve the cultural competency of staff and to build learning relationships with the Aboriginal community. Throughout the year, 420 VCH staff enrolled in the Provincial Health Services Authority Indigenous Cultural Competency training. Nation specific cultural days, attended by 99 VCH staff, with Squamish and Tsleil-waututh Nations complemented the PHSA training. VCH hosted an Aboriginal Health and Wellness Showcase in September of 2011 with 243 total participants, focusing on best practice, celebrations of success and community-focused health education. Aboriginal Health Strategic Initiatives supported a Métis conference and co-hosted an Aboriginal mental health conference with the VCH Strathcona Mental Health Team: “Aboriginal Elders – The Forgotten Population”. The Aboriginal Wellness Program also hosted a 10 session cultural teaching series that reached 300 participants.

Another highlight in 2011-2012 was a partnership between VCH, Native Education College and community partner Yuustway Health Services in Squamish to administer a Home Care Assistant Program that supports the training and work placement of First Nations and Aboriginal individuals in the continuing care system. The program saw broad participation of Aboriginal students across a number of Nations and an evaluative survey indicated 61% of students wished to pursue further training for Licensed Practical Nurse or Registered Nurse certification at some point, while 71% of students wished to pursue further training for Acute Care Certification.

The Aboriginal Wellness Program, in collaboration with Health Canada, hosted an Aboriginal Smoking Cessation Cultural Canoe Journey. Participants gained tools to support themselves in reducing/quititng commercial tobacco use and learned about nutrition, fitness, cultural practices, and traditional medicines. The attached link is a summary of this initiative featured on YouTube.
FUTURE PRIORITIES

Going forward, the Aboriginal Health team at VCH will be focused on updating the Vancouver Coastal Health Aboriginal Health and Wellness Plan. The updated plan is to be developed in alignment with the overarching priorities defined by sub-regional community health and wellness plans and the urban Aboriginal health strategy, once complete.

Several key partnership initiatives as defined within the Vancouver Coastal Partnership Accord will also be priorities including:

Development of an Urban Aboriginal Strategy:

The Urban Aboriginal Strategy seeks to involve urban Aboriginal community members and organizations in the visioning and shaping of local health and wellness. The strategy aims to develop a clear vision of the key health and wellness needs for the urban Aboriginal population within the Vancouver Coastal region in addition to key opportunities, solutions and action areas to improve health service delivery and health outcomes.

Development of a strategic health and wellness plan for the Vancouver Coastal region:

An updated strategic health and wellness plan for the VCH region will be developed by the Aboriginal Health Strategic Initiatives department in coordination with the 14 First Nations communities and urban Aboriginal population within the VCH region, the Vancouver Coastal Caucus and the First Nations Health Authority. This plan will be developed in alignment with Community Health and Wellness Plans and the direction of the Tripartite Health Action Strategy areas. This plan will build upon the strategic directions of 2008-2011. To view the VCH AHSI 2008-2011 Plan visit: http://aboriginalhealth.vch.ca/docs/AHWP.pdf
**Development and joint hosting of community engagement events that support local and sub-regional health and wellness planning (eg. Annual Gathering):**

VCH and the First Nations Health Authority are looking to develop an action oriented annual gathering that focuses on knowledge sharing and joint discussions and planning exercises towards shared priority areas across the two health authorities.

**A proposal for the development of an Aboriginal Primary Care Healing Centre:**

Previous feedback from First Nations and Aboriginal community members has underlined the importance of integrating and co-housing multiple primary care oriented services in the same space. The vision for an Aboriginal Primary Care Health Centre is to be further informed by Aboriginal-focused integrated primary and community care work and the development of the Urban Aboriginal Health Strategy.

**Vancouver Island HEALTH AUTHORITY**

The Vancouver Island Health Authority (VIHA)\(^7\) provides health services to a population of approximately 765,000 people\(^8\). The total Aboriginal population in the VIHA region is approximately 40,550 people\(^9\), residing in both urban and rural locations including 50 First Nations communities and six Métis Chartered Communities.

VIHA’s Aboriginal Health Program is comprised of 17.05 full time equivalent employees. The Aboriginal Health Program is part of the Population and Community Health Portfolio in VIHA’s Integrated Health Services. Aboriginal Health Program staff are situated in seven locations throughout Vancouver Island. VIHA’s Aboriginal Liaison Nursing Services are funded through the Aboriginal Health Program. VIHA currently has 7.4 full time equivalent Aboriginal Liaison Nurses.

The total annual 2011/2012 expenditure for VIHA’s Aboriginal Health Program was approximately $3.6 million. Of this, approximately $2.2 million was allocated to community organizations for a broad range of Aboriginal focused programs and services. The remaining approximately $1.4 million in expenditures was for the salaries and benefits of the Aboriginal Health Program Staff, and the operations of the program.

VIHA contracts with a diverse set of service providers, including consultants, clinicians, First Nations, First Nations Health Centres, Aboriginal Friendship Centres, regional chapters of Métis Nation BC, and other non-profit organizations. Services are for Elders, children and youth, women, men and families, and delivered both on and off-reserve. Funding is provided for a wide range of services from training to workshops, culture camps, and community planning for suicide prevention.

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\(^7\) Vancouver Island Health Authority is now known as Island Health  
\(^8\) Data from Statistics Canada Census of Canada, 2006  
\(^9\) Data from Statistics Canada Census of Canada, 2006
The above graphic shows VIHA’s contract allocation for 2011/2012 based on the Health Actions Strategy Areas from the Tripartite First Nations Health Plan. Many of the contracted programs and services fall under Primary Care and Public Health; a diverse strategy area that includes a broad range of health actions. The T’Sou-ke First Nation Community Garden is an example of an on-reserve project involving VIHA that contributes to public health goals like healthy eating where community members grow and harvest a community garden and take part in workshops on preserving food. An example of a contract for off-reserve services is the Tillicum Lelum Friendship Centre in Nanaimo that provides Aboriginal specific intervention, education, outreach and support services for people with, or at risk of contracting, HIV/AIDS.

VIHA’s Aboriginal Health Program plays a critical role in ensuring the health authority is engaged with the Aboriginal community and responsive to the needs of the Aboriginal people it serves. The Aboriginal Health Program’s functions include, but are not limited to, managing the renewal and implementation of VIHA’s Aboriginal Health Plan, evaluating programs and services, leading VIHA’s cultural safety initiatives, and nurturing relationships between VIHA and the Aboriginal community.

VIHA created its first *Aboriginal Health Plan* in 2006. A major focus of the Aboriginal Health Program in 2011/12 was to update the plan and its associated *Statistical Supplement*. Engagement sessions on the evolution of the plan included community partners (First Nations, Métis Chartered communities, representatives from Friendship Centres), VIHA leadership, and local providers. Approximately 300 people participated in the planning meetings throughout Vancouver Island. As well, 127 people participated in an online survey. Overall, Aboriginal partner organizations expressed satisfaction about the process to update the *Aboriginal Health Plan*. 
COMMUNITY COLLABORATION

VIHA's Aboriginal Health Program is committed to building strong, active relationships with the community. VIHA's Aboriginal Health Council (AHC) offers a forum in which community partners meet with senior VIHA representatives to discuss issues of common interest. The AHC meets quarterly and includes representatives from First Nations, Métis Chartered Communities, and Aboriginal Friendship Centres.

Seven local Aboriginal working groups were also in operation in 2011/12. These groups provide a forum in which local VIHA service providers meet with Aboriginal service providers to discuss how services can be better integrated and coordinated. The Aboriginal working groups also provide a setting to solve challenges at a local level. The local Aboriginal working groups act as a portal for communities to better understand VIHA’s services and initiatives.

VIHA has worked with local partners to develop three Community Health Networks. Aboriginal partners, elected officials, and cross-sectoral community providers (i.e. health, education, and law enforcement) meet to coordinate planning efforts and address the broader health determinants (i.e. transportation, housing, etc).

VIHA's Aboriginal Health Program has been an active participant in the First Nations Health Authority's five Community Engagement Hubs on Vancouver Island. VIHA also works closely with the First Nations Health Authority’s Regional Health Liaison who serves as an important link between the First Nations Health Authority and VIHA.

HIGHLIGHTS 2011-2012

In 2011, VIHA’s Fourth Annual Traditional Foods conference was hosted by the Wei Wai Kum First Nation (Campbell River First Nation) and the Wei Wai Kai First Nation (Cape Mudge First Nation). Activities of the two day conference included panel discussions and workshops on topics such as language, food, media and youth; health, nutrition, and safety; and traditional medicines. Also included were traditional cooking demonstrations and knowledge sharing by Elders, community members, and leading scientific researchers.

SALMON SMOKING at VIHA’s Fourth Annual Traditional Foods Conference hosted by the Wei Wai Kum First Nation (Campbell River First Nation) and the Wei Wai Kai First Nation (Cape Mudge First Nation), 2011
In order to increase the opportunity for VIHA employees to access cultural safety training, in 2012, a training DVD entitled *Journey of Discovery: An Approach to Aboriginal Health in VIHA* was completed. This resource has laid the groundwork for the development and delivery of cultural safety training throughout VIHA and builds on the PHSA's Indigenous Cultural Competency Training. In early 2012, a Cultural Safety Coordinator was hired and has focused on building relationships, engaging with communities, and working with VIHA programs to develop a cultural safety training framework and curriculum, which will be delivered to VIHA's 18,000 employees.

In 2011/12, the VIHA executive endorsed a five-year Aboriginal Recruitment and Retention Strategy to move the organization towards having a representative workforce that will more effectively meet the needs of clients, including Aboriginal people. In June 2011, VIHA began tracking Aboriginal applicants and hires through self-identification in their applicant tracking system. Between June 2011 and March 31, 2012, 828 applicants self-identified as being of Aboriginal decent (First Nations, Métis, and Inuit) and of these 52 were hired.

### FUTURE PRIORITIES

Going forward, the focus of VIHA's Aboriginal Health Program will include creating an environment of cultural safety for Aboriginal people accessing the health care system. By April 2013, VIHA will have placed Aboriginal Liaison Nurse Services in all of its hospitals. VIHA also hired its first Cultural Safety Coordinator in 2011/12, with the second coordinator set to become operational in July 2013. The Cultural Safety Coordinators will enhance VIHA’s capacity to deliver culturally safe services to Aboriginal people. VIHA’s Cultural Safety Framework will build on the Provincial Health Services Authority’s online Indigenous Cultural Competency Training Program and will be Vancouver Island-specific. VIHA will engage with local Aboriginal partners to seek their input when training is offered to local VIHA staff.

Other priorities include planning for new services including telehealth and new hospitals. In 2011/12, VIHA commenced engagement with Aboriginal partners regarding the construction of new hospitals in the north island. A North Island Hospital Aboriginal Planning Group has been formed to provide input into this multi-year planning process. The planning and construction phases will continue over the next four years. VIHA is also partnering with Health Canada and the Ahousaht First Nation to introduce telehealth equipment like electronic stethoscopes and dermatoscopes. This technology will be used for virtual consultations (or tele-consultations) with various specialists, clinicians, and therapists as the need arises.

In the year ahead, a tripartite demonstration project involving the First Nations Health Authority, VIHA, and BC Children's Hospital will explore ways to better coordinate discharge planning, transition support, and ongoing care for Central and North Vancouver Island Aboriginal children with complex health care needs who are being discharged home from an acute care facility.
CHALLENGES

The body of this report discusses how the Aboriginal Health Programs are working to improve health services for Aboriginal people. However, this work includes challenges and these challenges are important to recognize and acknowledge as they represent possibility and opportunity for improvement and change.

TRUST

The Aboriginal Health Programs are actively working to build trust with both their internal and external stakeholders. Within Aboriginal communities, the Aboriginal Health Programs are challenged to present their Programs as more than just another arm of government. The Aboriginal Health Programs are building relationships with Aboriginal people and communities so that they will be recognized as an ally that can support improved health outcomes. The Aboriginal Health programs are also working to be recognized for the facilitation and collaboration with the Aboriginal community that they can offer to other program areas in the health authority. Gaining trust and building relationships is a long term process and staff turnover can contribute to this challenge.

EVOLVING RELATIONSHIPS

Building and maintaining successful collaborative working relationships is also impacted by the continuing evolution of First Nations health governance in B.C. Evolving structures and roles means that relationship and trust building must often be re-initiated in order to bring all partners back to a common level of understanding. While structures like the new Regional Partnership Accords represent exciting opportunities for systems level change, they will also require the development of new working relationships.

INFORMATION

The availability and accessibility of information about Aboriginal people and how they interact with the health system also presents unique challenges. Community health profiles and the majority of First Nations and Aboriginal data from Statistics Canada are based on the 2006 Census and are not necessarily representative. Currently, only Interior Health Authority has a system in place that allows individuals to self identify as Aboriginal when accessing health services. Development of this Aboriginal self identifier across the health system would help health authorities and Aboriginal partners to determine if the health authority is enhancing Aboriginal people’s access to services; what types of programs and services Aboriginal people are utilizing; and if utilization rates are improving. Discussions involving health authorities, the Ministry of Health, the First Nations Health Authority, and Métis Nation BC regarding this issue commenced in 2011/12 and will continue.
CULTURAL SAFETY

Other challenges identified by the Aboriginal Health Programs include investment in the creation of a culturally safe environment for Aboriginal patients in all health authority programs, services and facilities as well as the recruitment and retention of Aboriginal staff. All of the health authorities are actively working to address these challenges, through human resource strategies focused on Aboriginal employees and cultural competency training and initiatives.

CRISIS

Finally, crises can present unforeseen challenges to health authorities and their Aboriginal Health Programs. At times, these crises have resulted from natural disasters like severe weather or flooding, or from pandemics like influenza. Sadly, in 2011-2012, suicide, and the ability of the health authorities to coordinate and sustain regional suicide prevention and crisis response approaches with First Nations and Aboriginal communities were challenges. Significant work has been undertaken to address suicide prevention, intervention and postvention in Aboriginal communities this year and will continue as a priority.
CONCLUSION

The Aboriginal Health Programs of British Columbia’s health authorities ensure that health services in our Province recognize and address the unique health care needs of Aboriginal people. The Aboriginal Patient Navigator and Patient Liaison programs provide guidance to Aboriginal families to connect with the help and services they need, and contracted initiatives provide programs that are tailored to Aboriginal communities. Building strong relationships between the health system and Aboriginal peoples, the Aboriginal Health Programs will continue to contribute to the health and wellness of the Province.