



ABORIGINAL HEALTH

STRATEGIC PLAN 2017–2021

Acknowledgements

We offer our sincere thanks to:

Community members and Island health staff who attended the engagement sessions, took part in interviews, filled out surveys and reviewed drafts of the plan.

Elders and youth who participated in focus group discussions.

Members of the Aboriginal Health Strategic Plan Development Steering Committee who guided the process including representatives from Island Health, First Nations Health Authority, Métis Nation BC and Friendship Centres.



Island Health and Aboriginal Partner representative members of the Aboriginal Health Strategic Plan development Steering Committee at a planning meeting in Nanaimo on June 1, 2016.

Message from the President & CEO

I am grateful to Elders, hereditary and elected leaders, youth and community members, and to Island Health staff and the other community partners who contributed their wisdom, stories, and insights to help shape Island Health's *Aboriginal Health Strategic Plan 2017–2021*. Thank you.

This plan will guide Island Health's 19,000 dedicated staff members, who are mandated to serve all Aboriginal peoples in the Island Health service area, including those living on reserve, in urban areas and "away from home". We are committed to providing high-quality, safe and effective healthcare to everyone we serve.

This plan increases our focus on cultural safety and humility, and maintains our focus on enhancing access, capacity, collaboration, innovation, and accountability. Island Health is committed to addressing racism, continuing our journey of cultural safety and humility, increasing Aboriginal employment within our organization, and integrating Indigenous health and wellness practices.

Large disparities persist in the health outcomes, and the social determinants of health, of Aboriginal peoples. Island Health

recognizes that these disparities are due to the ongoing impacts of colonization and intergenerational trauma. We acknowledge the findings and *Calls to Actions of the Truth and Reconciliation Commission* and are guided by them in our work as a Health Authority.

Since our 2012–2015 *Aboriginal Health Plan*, there have been some notable successes in improving health services for Aboriginal peoples. This is thanks to increased collaboration, Island Health staff members' dedication and innovation and the strong advocacy of Aboriginal leaders and community members. While we celebrate these successes, we know that we still have a long way to go.

Island Health is committed to moving forward in collaboration with our Aboriginal partners in the spirit of respect, truth and reconciliation, in order to achieve transformative change that will truly improve health services and outcomes for Aboriginal peoples.

I look forward to our journey.



“Island Health is committed to addressing racism, enhancing our cultural safety and humility training and increasing Aboriginal employment across all levels of the organization.”

✦ BRENDAN CARR, ISLAND HEALTH PRESIDENT & CEO

Joint Message from the Executive Medical Director and Executive Director

The goal of Island Health's *Aboriginal Health Strategic Plan* is to improve health services and outcomes for Aboriginal peoples. This plan is a framework and guide for Island Health's 19,000 staff and physician partners.

The *Aboriginal Health Strategic Plan 2017–2021* was developed through the engagement of over 1,000 community members, Island Health staff, and physician partners. During this engagement process, we heard progress has been made but we still have more work to do to improve the overall health status of Aboriginal peoples on our journey toward transformational change.

Based on the input we received, Island Health has developed six strategic themes, which will guide our work. The themes are:

- Enhance relationships and collaboration
- Enhance access and capacity
- Strengthen cultural safety and humility
- Be innovative
- Be accountable
- Work with others to address the social determinants of health

Island Health recognizes the importance of working with Aboriginal partner organizations, communities, families, patients and clients to reach our shared goal of improving health outcomes for all Aboriginal peoples. We affirm our commitment to this work.

Respectfully,

“Enhancing *Island Health's capacity to deliver services in a more culturally safe manner will be a key focus of our work for the next five years.*”

✦ DR. JEFF BESELT, ISLAND HEALTH EXECUTIVE MEDICAL DIRECTOR

✦ DERMOT KELLY, ISLAND HEALTH EXECUTIVE DIRECTOR



A handwritten signature in black ink, appearing to read "Jeff Beselt".

A handwritten signature in black ink, appearing to read "Dermot Kelly".

Statements from Partners

“This plan illustrates how far we have come as partners. Island First Nations, supported by the First Nations Health Authority, are now involved in the design and delivery of culturally safe programs and services for their members and the broader Indigenous community. We look forward to continuing to strengthen our relationships and health services in support of healthy, self-determining and vibrant BC First Nations children, families and communities.”

Joe Gallagher, CEO
First Nations Health Authority (FNHA)



First Nations Health Authority
Health through wellness

“We are excited to have a renewed commitment to health in the *Métis Nation Relationship Accord II*, between the Province of BC and MNBC. Along with the appointment of a Parliamentary Secretary for Métis, we know that changes are coming to improve the health and wellness of all Métis people. We look forward to the continued work with Island Health, and know that this plan and its engagement, will lead to better health outcomes for our Métis chartered communities that Island Health serves.”¹

Susie Hooper, Minister of Health, Métis
Nation British Columbia (MNBC)



“On behalf of the BC Association of Aboriginal Friendship Centres, and particularly the six Island Friendship Centres, I am very pleased to support Island Health’s *Aboriginal Health Strategic Plan*. Friendship Centres have been serving the urban Indigenous population for decades and we have seen the positive changes that Island Health has strived to achieve. Our centres are appreciative of Island Health’s movement towards, and renewed commitment to, improving services to all Indigenous people.”

Leslie Varley, Executive Director, BC
Association of Aboriginal Friendship
Centres (BCAAFC)



BCAAFC | BC Association of
Aboriginal Friendship Centres

¹ The *Métis Nation Relationship Accord II* between the Province of BC and MNBC was signed November 2016. For information visit: www2.gov.bc.ca/gov/content/governments/aboriginal-people/new-relationship/m-tis-nation-relationship-accord.

Our Logos

Island Health's Aboriginal Health Program has three regional logos and a Cultural Safety logo. For more information about our logos and the artists who created them please visit: www.viha.ca/aboriginal_health/our_logo.

North Island Team

Hummingbird
by George Shaughnessy Jr.
'Namgis First Nation



Mid-Island Team

Eagles Eternity
by Fred Anderson Jr.
Helitsuk First Nation



South Island Team

A Strong Song of Holistic Healing
by LessLIE
Coast Salish



Cultural Safety Logo

Island Health's Cultural Safety logo reflects the Indigenous communities we serve in the Island Health region. It is a reminder of our commitment to creating culturally safe environments for our Indigenous staff and individuals accessing services.



Cultural Safety and Humility

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*As an organization,
we are driven by our
values:*

C·A·R·E

Courage: to do the right thing—to change, innovate and grow.

Aspire: to the highest degree of quality and safety.

Respect: to value each individual and bring trust to every relationship.

Empathy: to give the kind of care we would want for our loved ones.

About Island Health and the Aboriginal Health Program

WHO WE ARE | WHAT WE DO | WHO WE SERVE

Island Health

Island Health provides health services to more than 765,000 people across a geographic area of approximately 56,000 sq. kilometers, including: Vancouver Island, the Gulf and Discovery Islands and part of the mainland opposite north Vancouver Island.

Through a network of approximately 19,000 employees, 1,900 physician partners, volunteers and hospital auxiliaries in over 150 facilities, we deliver a range of services including: acute care, community care, home care, mental health and addiction supports, child, youth and family care, and environmental and public health services.

As the largest employer on Vancouver Island, Island Health supports local communities through health and wellness services and employment with an annual operating budget of \$1.9 billion.

As an organization we are committed to our vision of:

*Excellent health and care
for everyone, everywhere,
every time.*

To realize our vision we work with partners including Aboriginal organizations and communities to meet the health and wellness needs of all residents within the Island Health region, including Aboriginal peoples living in First Nations communities (“on reserve”) and off-reserve (or away from home), as well as Métis, Inuit and urban Aboriginal communities.

WHO WE ARE | WHAT WE DO | WHO WE SERVE

Aboriginal Health Program

The Aboriginal Health Program is comprised of 27 employees who collaborate with Aboriginal partners and communities as well as Island Health leadership and staff to ensure that Aboriginal peoples within the Island Health service region receive culturally appropriate and safe services to maintain and improve health outcomes.

The Aboriginal Health Program's primary mandate is to build partnerships and services for Indigenous peoples and help shape Island Health's services and policies.

Examples of this work include:

- Aboriginal Liaison Nurses in hospitals who support Aboriginal peoples to access available services, understand their treatment options and facilitate seamless discharge planning.
- Nurse Practitioners who work in First Nations communities.
- Aboriginal Health Dietitians who collaborate with Indigenous communities on food security.
- Training for Island Health leadership and staff to achieve high levels of cultural safety and humility, leading to more positive patient experiences.
- Welcoming spaces in hospitals including 'All Nations' Healing Rooms' and gathering places where Indigenous peoples can gather and conduct ceremony.
- Island Health programs and collaboration with community partners to enable local/regional delivery of culturally relevant health and care services.



“We're honoured to work with Aboriginal peoples in the Island Health region to deepen our understanding of Indigenous concepts of wellness and to better support healthy families and communities.”

✦ IAN KNIPE, DIRECTOR,
ABORIGINAL HEALTH
PROGRAM

WHO WE ARE | WHAT WE DO | WHO WE SERVE

The People We Serve

Island Health serves all Aboriginal peoples within the health region, a population of approximately 47,440. This includes First Nations, Inuit, Métis and non-Status individuals and communities, including those living in urban centres.²

Island Health plans, delivers and assesses services to Aboriginal peoples through our valued relationships with Aboriginal partners, including:

- Island First Nations communities within the region, primarily through our partnership with the First Nations Health Authority and First Nations Health Council
- Island Métis Chartered Communities, through our partnership with Métis Nation BC
- Friendship Centres and Aboriginal service organizations, including various not-for-profits serving Aboriginal people in remote communities and urban centres

All Aboriginal peoples living in the Island Health service area have their own unique culture, history and traditions. There are presently 50 First Nations in the Island Health service area, belonging to three First Nations cultural families, generally grouped by language:

- Coast Salish (*largely on the south Island*)
- Nuuchahnulth (*all along the west coast of Vancouver Island*)
- Kwakwaka'wakw (*Strathcona/Campbell River and north Island area*)

There are six Métis Chartered Communities within the Island Health region, and six Friendship Centres, which are multi-service urban Aboriginal centres providing support and services to Aboriginal peoples who live in urban locations on Vancouver Island.

² While the term Aboriginal is most often used in this plan, the term "Indigenous" is also referenced given its increasing use by people and organizations across sectors. When used in this document, the term Indigenous is also used inclusively to represent all Aboriginal peoples (First Nations, Inuit, Métis and non-Status).

Map Showing Locations of First Nations, Métis Chartered Communities and Island Friendship Centres





ABORIGINAL HEALTH STRATEGIC PLAN 2017–2021: PLAN ON A PAGE

Transformative Change: A Journey of Collaboration, Reconciliation and Inspired Action

GOAL: Improve health services and outcomes for Aboriginal peoples in Island Health’s service area.

This plan is a framework and guide for Island Health’s 19,000 staff members, all of whom are mandated to provide high-quality, safe and effective health services to all Aboriginal peoples in our service area, including those living on-reserve, in urban areas and “away from home”.

Strategic Themes and Highlights

1. ENHANCE RELATIONSHIPS AND COLLABORATION

- Engage with Aboriginal partners
- Increase collaboration opportunities
- Engage with Tripartite Committee on First Nations health

2. ENHANCE ACCESS AND CAPACITY

- Integrated/interdisciplinary teams
- Health promotion and prevention
- Mental Health and Substance Use services
- Rural and remote access

3. STRENGTHEN CULTURAL SAFETY AND HUMILITY

- Address racism
- Cultural Safety and Humility training
- Aboriginal employment
- Aboriginal healing practices

4. BE INNOVATIVE

- Innovate to increase access
- Telehealth
- IHealth
- Ownership, Control, Access and Possession (OCAP) principles

5. BE ACCOUNTABLE

- Monitor progress
- Enhance data and reporting
- Involve Elders and youth
- Improve patient feedback and complaints process

6. WORK WITH OTHERS TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH

- Increase awareness
- Collaborate to address determinants
- Participate in events

Urban Aboriginal Strategy

ENGAGEMENT

SYSTEM NAVIGATION

PARTNERSHIPS

CONNECTIONS TO CULTURE



Cultural Safety and Humility



About This Document

Purpose of the Aboriginal Health Strategic Plan 2017–2021

The overall goal of Island Health’s *Aboriginal Health Strategic Plan 2017-2021* is to improve health services and outcomes for Aboriginal peoples in our service area. The purpose of this document is to articulate a strategic vision and set of objectives that will be pursued in collaboration with Aboriginal partners. This plan aligns with and supports our commitments to Aboriginal partners, as well as the strategic priorities of the BC Ministry of Health.

This plan is a framework and guide for Island Health’s 19,000 staff members, all of whom are mandated to provide high-quality, safe, effective health services to all Aboriginal peoples in our service area, including those living on-reserve and “away from home”. In honouring our relationships and commitments, this document also provides an overview of actions from the

2012 plan, highlights ongoing challenges, and provides a foundation for assessing future progress.

In light of the Truth and Reconciliation Commission’s (TRC) 2015 Report and health-related Calls to Action, and the health-related articles in the *United Nations Declaration on the Rights of Indigenous Peoples*, this document allows us to reflect on where we are at present, and chart a way forward that supports reconciliation and transformative change throughout the health system.

While Island Health has achieved some notable successes in improving health and wellness services for Aboriginal peoples since our 2012 *Aboriginal Health Plan*, we know that we still have a long way to go.



Artwork by Chazz Elliott, Tsartlip First Nation hangs at the Royal Jubilee Hospital.

Island Health Aboriginal Health Planning: The Journey From 2006 to Today

Island Health's first *Aboriginal Health Plan* in 2006 focused on three themes: building relationships; improving access to services; and building capacity within the communities we serve. Our *2012-2015 Aboriginal Health Plan* continued the 2006 plan's themes, and added three more: provide innovative services; be accountable; and act as advocates to address the broader determinants of health.

The strategic themes of Island Health's *Aboriginal Health Strategic Plan 2017-2021* 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 social determinants of health

This plan adopts the strategic themes from the 2006 and 2012 plans, with access and capacity combined into one strategy, and includes an additional strategic theme: Strengthen Cultural Safety and Humility. The 2017-2021 Plan has an increased focus on:

- Improving cultural safety and humility across the health system, addressing racism, and supporting the Truth and Reconciliation Commission's health-related *Calls to Action*.
- The strengths and needs of Aboriginal peoples living off reserve (or away from home) in urban centres.
- A more localized model of service delivery through the creation of four geographical regions combined with island-wide services.
- Creating/implementing a performance monitoring framework to evaluate services and report on outcomes and progress in implementing the Aboriginal Health Strategic Plan 2017-2021.

Island Health’s Urban Aboriginal Strategy

The *Aboriginal Health Strategic Plan 2017-2021* also includes an Urban Aboriginal Strategy to improve health and wellness services and outcomes for the growing Urban Aboriginal and “away from home” (First Nations peoples living off-reserve) populations in our service area, who make up about 60% of the Aboriginal peoples we serve.

Aboriginal peoples residing in urban areas face unique health challenges and barriers to accessing services. Challenges include: a lack of connection to family, community, and culture; a lack of awareness of available services and how to navigate them; poor outcomes related to the social determinants of health; a lack of access to culturally safe services; and, other barriers to accessing services including racism.

Island Health’s Urban Aboriginal Strategies contained in this plan ([see Roadmap](#)) address these important factors and align with the TRC’s *Call to Action #20* to recognize, respect and address the specific health needs of Métis, Inuit and off-reserve Aboriginal peoples.



Françoise Juneau, Island Health Nurse Practitioner takes blood pressure of client at the Victoria Native Friendship Centre.

Plan Development Process

Island Health's *Aboriginal Health Strategic Plan 2017-2021* was developed between February and December of 2016 through the guidance of the Aboriginal Health Strategic Plan Steering Committee, with representatives from Island Health, the First Nations Health Authority (FNHA), Métis Nation British Columbia (MNBC) and Aboriginal Friendship Centres. It was informed through engagement with Aboriginal leaders and Aboriginal community members, Elders, youth and Island Health staff. Island Health's Aboriginal Health Council also provided input and guidance into the process of developing the *Aboriginal Health Strategic Plan 2017-2021*.

This plan was developed to support and align with strategic plans and processes of our partners and key stakeholders; see [Appendix A](#) for a full list.



Attendees from a community engagement session in Port Alberni, April 2016.

The *Aboriginal Health Strategic Plan* engagement process followed a three-step approach:

STEP 1: PROCESS DEVELOPMENT AND INVITATIONS

Worked with Aboriginal community partners through the Steering Committee to develop the planning and engagement approach. Phone, web, in-person and email communications introduced stakeholders to the process and invited them to participate in community engagement sessions and an online survey.³

STEP 2: COMMUNITY ENGAGEMENT

To obtain input for the plan, eight in-person community engagement sessions were conducted across Vancouver Island, as well as three focus groups – two for Elders in the northern region and one for youth held in the south island, and an online survey. Notes from all eight sessions were summarized and sent to participants. They were also made available on the Aboriginal Health Program's website.

STEP 3: FINAL REVIEW

Provided a draft of the *Aboriginal Health Strategic Plan 2017-2021* for all participants involved in step two and others from communities and Island Health to review and offer feedback. This was done through a number of in-person and multi-media meetings and mechanisms and through written feedback.

³ The term 'community' is frequently used in this report in reference to Aboriginal partners or communities (First Nations, Inuit, Métis Chartered communities, urban Aboriginal) and also as groups of people with common interests (e.g. in healthcare) that participated in the engagement process in a particular area.

Plan Development Process

Research and engagement activities that contributed to the development of this document included:

- **Document Review:** An extensive review of current health plans and guiding documents. See [Appendix A](#) for the list of documents reviewed.
- **Interviews:** Individual interviews were conducted with members of Island Health’s leadership team including Directors and Medical Directors of geographic regions.
- **Community Engagement Sessions:** A total of eight community sessions were held across the Island Health region, including in Victoria, Nanaimo, Duncan, Port Alberni, Tofino, Campbell River and Port Hardy. Sessions were open to all community members and Island Health staff. A separate session was held with Métis Chartered community members, organized through MNBC. Approximately 220 individuals participated in these sessions. Detailed notes from these sessions have been sent to the appropriate Island Health staff and community partners to assist future local health planning.
- **Online Survey:** An online survey was open from April to June of 2016 for people to provide anonymous input to

Island Health’s new *Aboriginal Health Strategic Plan* and future priorities.

Over 800 people responded to the survey. A copy of the survey questionnaire is available in [Appendix B](#).

- **Youth and Elder Focus Groups:** A youth focus group was held at the Victoria Native Friendship Centre, and a focus group was held in Campbell River with Elders from Comox, Campbell River area and across the north island.
- **Draft Plan Review Session:** A final plan review session was hosted on October 26, 2016, by Island Health in Nanaimo, BC, and at various satellite sites via video-conference. Approximately 60 people attended this session, either in person or via video or teleconference.



Attendees from the Métis Chartered community engagement session in Nanaimo, May 2016.



Definition of Health and Wellness

We recognize there is no single definition of health and that it will be different for each community and each person. Our understanding of health respects this diversity and recognizes:

- A holistic approach to health that respects individual choices.
- Services and care within a framework that honours a balance among physical, emotional, spiritual and mental elements of health and wellness.
- The various elements of health need to be applied at the individual, family and community levels.

- The important role that Aboriginal healers and Elders play in Indigenous healing practices.
- The value which Aboriginal peoples place on strengthening connections with culture and the health of the land, water and natural environment.

These statements help shape our interpretation and delivery of the strategic direction articulated in this plan. They are integral to supporting thriving communities where Aboriginal peoples guide their own health journeys and achieve health outcomes that are, at minimum, equal to the non-Indigenous population.



Top: Artwork by Chazz Elliott of Tsartlip First Nation hangs at the Royal Jubilee Hospital. Bottom: Totem poles by carvers Doug LaFortune of Tsawout First Nation, Mark Henry of Pauquachin First Nation, James Jimmy of Tseycum First Nation and Charles Elliott of Tsartlip First Nation welcome all visitors at the Saanich Peninsula Hospital.



Sabrina Blanchard, LPN tends to a patient in the neurosciences unit at Victoria General Hospital.

“These nurse graduates were awesome—making a difference in the health of First Nations people by understanding their history.”

✦ PARTICIPANT AT THE
MAY 10, 2016, CAMPBELL
RIVER COMMUNITY
ENGAGEMENT SESSION

Progress Since the 2012 Aboriginal Health Plan

Tracking Progress: Aboriginal Health Plan 2012–2015

Island Health's *Aboriginal Health Plan 2012-2015* aimed to work with Aboriginal partners to define and improve health outcomes for Aboriginal peoples in Island Health's service area through six strategic themes: 1) build relationships; 2) improve access to services; 3) build capacity within Island Health and in communities; 4) provide innovative services; 5) be accountable; and 6) act as advocates to improve the broader determinants of health.

The 2012 plan included 65 actions to support these strategic themes. Island Health's Aboriginal Health Program maintains a detailed tracking form to monitor implementation of these 65 actions, and of several actions added after 2012. A summary version of the tracking form is included in [Appendix C](#) of this plan.

Since 2012, 62 of the 65 actions identified in the *Aboriginal Health Plan 2012-2015* are on-track or complete. An additional seven actions were also completed. Notable successful actions include:

- The *Vancouver Island Partnership Accord* was signed by Island Health and the Vancouver Island Regional Caucus of the First Nations Health Council, and subsequently by the First Nations Health Authority (FNHA).
- Implementation of the *Island Health Aboriginal Recruitment & Retention Strategy* increased the number of Island Health employees who identify as Aboriginal from 199 (1.09% of our workforce) to 601 (3.0% of our workforce).
- Completion by 2,697 participants of the Provincial Health Service Authority's *San'yas Indigenous Cultural Safety Core Health* course. Over 1,000 staff have completed Island Health's online cultural safety learning module, *For the Next Seven Generations—For our Children*. Over 500 Island Health staff have completed the *Relational Practice for Cultural Safety—It Begins with You* in-person workshop.
- The establishment of the Coast Salish Primary Care Teamlet at Cowichan's Ts'ewulhtun Health Centre in 2016 by a partnership of Cowichan Tribes, Island Health and FNHA, with funding from the Province and the FNHA Joint Project Board.
- Increased number of Aboriginal Liaison Nurses working in hospitals.

Tracking Progress: Aboriginal Health Plan 2012–2015

- Increased collaboration with other planning bodies and a range of Island Health programs participating in Local Aboriginal Working Groups and FNHA processes.
 - Increased use of telehealth to improve access to health services in rural and remote communities.
 - Cultural Safety Steering Committees, created by the FNHA, are now operating in communities where hospital services exist and include collaboration of Island Health staff and First Nations representatives.
 - Worked with Aboriginal partners to explore and secure funding opportunities, including for sessional physicians and nurse practitioners, leading to the provision or enhancement of primary care physician and Nurse Practitioner services “at home” in the communities of Tsakis, Tsulquate, Penelakut, Halalt, Malahat, Snaw-Naw-As, WSĀNEĆ, Cowichan and Pacheedaht.
 - Saanich Peninsula Hospital Carving Project (subsequent to 2012 plan). Worked collaboratively with Saanich Peninsula Hospital Site Director, Island Health support services, the Saanich Peninsula Hospitals Foundation, FNHA, local First Nations communities, and organizers of the 2015 Elders Gathering to coordinate and plan unveiling of four carved poles on the Saanich Peninsula Hospital grounds.
 - Key partner and funder for the Traditional Foods Conference, bringing over 250 people together on a yearly basis to revitalize traditions and the sharing of food knowledge and skills.
- Actions in the *Aboriginal Health Plan 2012-2015* which are not yet complete and are still in progress:
- Island Health’s Aboriginal Health Council to establish research committees to agree upon priority indicators and outcomes to be monitored, and how communities will be involved in the research.
 - Reporting on *Aboriginal Health Plan* implementation and development of an evaluation framework and evaluation plan.
 - Explore the development of an evaluation framework for the organization that programs can use.

Tracking Progress: Vancouver Island Partnership Accord Work Plan 2015–2016

Island Health and the First Nations Health Authority create annual work plans in accordance with the Vancouver Island Partnership Accord. A total of 32 of the 34 actions in the Vancouver Island Partnership Accord Work Plan for 2015-2016 are on track or complete. Notable successful actions include:

- Island Health Mental Health and Substance Use services and FNHA Health Services established coordinated response protocols for crisis situations.
- Applied Suicide Intervention Skills Training (ASIST) continues to be offered to First Nations. Seven ASIST sessions were held with 95 participants. Representatives from 12 First Nations completed a “train the trainer” certification course, and are now certified ASIST trainers.
- Island Health, FNHA Health Services, and local First Nations collaborated to implement the Kwakwaka’wakw Maternal Care Teamlet and support implementation in partnership with Kwakwaka’wakw and Laichwiltach communities.
- FNHA Health Services, Cowichan Tribes, Island Health’s Aboriginal Health Program, and Island Health Integrated Primary and Community Care (IPCC) collaborated to implement the Coast Salish Primary Care Teamlet.



Snuneymuxw Territory (Nanaimo): Chiefs, Elders and community members from Nations across the Island joined representatives from First Nations Health Authority, Island Health and First Nations Health Council to celebrate the signing of the renewed Vancouver Island Partnership Accord in December 2016. The Partnership Accord marks a continued commitment to better health and wellness services and outcomes for First Nations families, children and communities on Vancouver Island.



“There was a community member who was dying. She wanted to be with her kids. Several organizations came together so that she could go home and have support. She died peacefully with her kids at her side at home. This was made possible because of the collaboration between Island Health, the Hospice Society, homecare staff and physicians.”

✦ PARTICIPANT AT MAY 6,
2016 COMMUNITY
ENGAGEMENT SESSION
IN NANAIMO

What We Heard During the Engagement Process

As in 2012, the overall message we heard from community engagement with Aboriginal partners, community members, and Island Health staff in the spring and summer of 2016 was: “There have been some successes, but there is still a long way to go.” We also witnessed strong partnerships forming in each community and a collective willingness to work together into the future.

The main areas of success cited by Aboriginal partners, community members and Island Health staff are:

- Increased access to services.
- Increased access to Aboriginal Liaison Nurses.
- Increased cultural safety training.
- Increased culturally safe and culturally appropriate services, including incorporating Aboriginal knowledge, culture and practices into health service delivery.

- Increased number of Aboriginal Island Health staff, working at all levels of the organization.
- Increased collaboration, partnerships and relationship-building.

The ongoing challenges and priorities most cited during the engagement processes are:

- Insufficient access to services, including primary care, culturally safe services, and access in rural/remote communities.
- Racism, in a variety of forms (including direct, indirect and systemic), remains a significant barrier to access for Aboriginal peoples. Some Island Health staff also experience racism. Overall there is a need for more effective processes for patients and staff to safely report and address racism.
- The need for increased access to Mental Health and Substance Use services and facilities, particularly culturally appropriate services, crisis services and youth services.



Katelyn T. RN, Christine C. RN and Hanne B. Child & Youth Worker (Nuu-chah-nulth Staff) at the Tofino Engagement Session, April 2016

What We Heard During the Engagement Process

- Addressing chronic diseases, particularly diabetes and obesity, which are closely linked to food security issues and the impacts of colonization.
- The need for increased access to Aboriginal Liaison Nurses.
- Inadequate complaints process.
- The need for increased incorporation of Aboriginal knowledge, culture and practices, and a holistic view of wellness, into health and wellness programs and service delivery. Aboriginal partners repeatedly noted the value of including Elders in the health care system.
- The need for increased access to culturally appropriate health promotion and prevention initiatives, particularly related to nutrition and physical activity.
- Poor social determinants of health, particularly poverty, lack of access to affordable housing and food insecurity.
- The need to enhance collaboration and partnerships in order to increase access to culturally appropriate services.
- The need for increased accountability, communications and engagement with Aboriginal communities.
- The need for increased awareness of available services and how to access and navigate them.
- The need to implement the Truth and Reconciliation Commission’s health-related *Calls to Action*.
- The need to increase awareness of colonization, inter-generational trauma, and their ongoing impacts on health outcomes and on the social determinants of health.

The above successes and ongoing challenges cited by stakeholders during our community engagement have helped inform this *Aboriginal Health Strategic Plan*, and Island Health currently has a range of initiatives underway to help address some of the challenges identified.



Attendees from the community engagement session in Nanaimo, May 2016.

Spotlight on Success: Collaboration—Increased Access to Primary Care

COAST SALISH PRIMARY CARE TEAMLET

- The Coast Salish Primary Care Teamlet at Cowichan's Ts'ewulhtun Health Centre was established in 2016 by a partnership of Cowichan Tribes, Island Health and the First Nations Health Authority, with funding from the Province and the FNHA Project Board. This integrated, interdisciplinary teamlet model allows community members to access most health services in one location with healthcare professionals they know and trust. The holistic model of care champions a personalized, client-centred approach to support individuals' physical, mental, spiritual and emotional health and wellness and includes traditional healing and wellness practices.

VICTORIA NATIVE FRIENDSHIP CENTRE'S ABORIGINAL OUTREACH CLINIC

- The Victoria Native Friendship Centre, in partnership with Island Health, hosts an Aboriginal Outreach Health Clinic five days per week. The clinic provides physician and nurse practitioner primary care services in a welcoming, culturally safe environment. The clinic's Nurse Practitioner services are especially valued by Aboriginal youth, who often require immediate, low-barrier access to culturally safe primary care.

NORTH ISLAND HOSPITALS PROJECT

- The new hospitals in the Comox Valley and Campbell River will have all-inclusive places for quiet reflection and ceremony when the hospitals open in late 2017. Island Health recognizes the importance of ensuring that everyone, including First Nations and other Aboriginal peoples, feel welcomed and respected when they receive health care services. As a result, both new hospitals will feature a special room or "gathering place" located next to the hospitals' main entrances, providing a culturally safe, spiritual and non-denominational place for people of all nations.



Nurse practitioner Val Jefferd and LPN Assistant Loretta Wilson care for a young community member in the Penelakut Health Clinic, Duncan, BC.



Spotlight on Success: Island Health's Aboriginal Employment Program

Island Health's Aboriginal Employment Program was created in 2010 to help move the organization towards achieving a workforce that is representative of the communities we serve. The program aims to recruit and retain Aboriginal people to the spectrum of rewarding careers with Island Health through presentations and workshops to Aboriginal youth and adults, attending career fairs, and providing employment support.

ABORIGINAL EMPLOYMENT PROGRAM KEY SUCCESSES FROM 2012 TO 2016

- In partnership with FNHA, established twelve \$1,000 post-secondary Aboriginal Health care scholarships annually.
- Increased the number of Island Health employees who identify as Aboriginal from 199 (1.09% of our workforce) to 601 (3.0% of our workforce).
- Improved retention of Aboriginal employees. The turnover rate for Aboriginal employees in 2014/15 and 2015/16 was lower than Island Health's overall employee turnover rate.
- Largest employee group of Aboriginal staff members is Registered Nurses.
- Received six national diversity and inclusion awards for our work in the area of Aboriginal employment.

ABORIGINAL EMPLOYMENT PROGRAM GOALS MOVING FORWARD

- Establish an Aboriginal employee network.
- In partnership with FNHA and Island Aboriginal employment agencies, host a health careers education forum for Aboriginal Career and Education Counsellors from across Vancouver Island.
- Refresh the 2012 *Aboriginal Employment Program Strategy*.

INTERESTED? GET IN TOUCH!

We would love to collaborate with your organization to promote and enable careers in healthcare for Aboriginal youth and adults.

- Phone: 250-519-7700 (ext 13418)
Toll Free: 1-877-370-8699 (ext 13481)
- E-mail: aboriginalemployment@viha.ca
- Web: www.viha.ca/careers/aboriginal

Photo: High school students join Aboriginal Employment Advisor Michele Morfitt for a tour of Campbell River Hospital and North Island Hospitals Project mock-up rooms to learn about the spectrum of careers in health care, February 2016.

Spotlight on Success: Cultural Safety and Humility Training

Cultural safety and cultural humility are anti-racism theories and approaches to correcting the impacts of colonization and anti-Aboriginal racism on Aboriginal peoples' health and wellness.

Cultural safety is an outcome based upon respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving healthcare.

Cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based upon mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.

Island Health supports several cultural safety and cultural humility initiatives to help non-Indigenous participants understand the impacts of colonization and anti-Aboriginal racism on the health and wellness of Aboriginal peoples, and how colonization and anti-Aboriginal racism have informed their own ways of knowing and being as non-Indigenous peoples.

Participants then take these understandings to inform how they as service providers can adapt their approach to care, to increase their ability, and ultimately Island Health's ability, to provide culturally safe care with Aboriginal peoples.

KEY SUCCESSES IN CULTURAL SAFETY TRAINING

Island Health closely monitors the number of people who take Cultural Safety training.

As of July, 2016:

- 2,697 participants have completed the Provincial Health Service Authority's San'yas Indigenous Cultural Safety Core Health course.
- Over 1,000 staff have completed Island Health's online cultural safety learning module *For the Next Seven Generations—For our Children*.
- Over 500 Island Health staff and physician partners have completed the *Relational Practice for Cultural Safety—It Begins with You* in-person workshop.



Cultural Safety and Humility

“Having training in Indigenous cultural competency has allowed us to be more aware of differences in culture and how we may be so clock-driven that we don’t realize how we are actually showing disrespect to someone. Taking the time to chat with someone and make them feel welcome is so much better than being so clinical.”

✦ ISLAND HEALTH STAFF
MEMBER

Spotlight on Success: Cultural Safety and Humility Training

CULTURAL SAFETY GOALS MOVING FORWARD

Top priorities for cultural safety are the development of a leadership-driven organizational cultural safety vision that includes cultural safety policies for directive and accountability purposes, an implementation strategy, and an accompanying communication plan to achieve the vision.

To learn more about Cultural Safety training or to collaborate in delivering workshops please contact the Aboriginal Health Program: www.viha.ca/aboriginal_health.



Island Health staff attend a Cultural Safety and Humility workshop on Snuneymuxw traditional territory, September 2016.

The Current Environment

Demographics

According to the latest figures available (2011 National Household Survey) there are approximately 47,440 individuals who identify as Aboriginal living in communities served by Island Health, an increase of 17 percent since 2006.⁴ The majority (70 percent) identify as First Nations; approximately 27 percent identify as Métis, and the remainder (3 percent) as Inuit or other Aboriginal identities. Aboriginal peoples make up approximately 6 percent of the total population served by Island Health.

The Aboriginal identity population in the Island Health region is broken down as follows:

NORTH ISLAND	MID-ISLAND	SOUTH ISLAND	TOTAL ISLAND
10,615	22,040	14,785	47,440

Source: National Household Survey Aboriginal Population Profile—2011 National Household Survey

It is worth noting that Aboriginal youth are the fastest growing demographic in Canada.⁵ Figures for 2011 confirm that youth make up the majority of the Aboriginal population in the Island Health region, with those under the age of 30 (24,375) accounting for 51 percent of the total Aboriginal population. These findings are in contrast with the overall aging population of the Island Health region.

About ten percent of the people Island Health serves are 75 years old or older, a number that is expected to double by 2034. This trend has profound impacts on the health care system, with increased need for services and resources for people with chronic conditions and other ailments related to aging.

Another notable trend is the increasing number of Aboriginal peoples living off reserve (or away from home) in urban centres. In the Island Health region 37 percent of Aboriginal people live on reserve, and over 60 percent live off reserve or “away from home”.

⁴ The term Aboriginal includes those who self-identified as First Nations, Métis, Inuit, multiple Aboriginal identities or other unspecified Aboriginal identities.

⁵ Indigenous and Northern Affairs Canada. (2010, September). Fact Sheet: Urban Aboriginal population in Canada. www.aadnc-aandc.gc.ca.

Persistent Barriers, Ongoing Gaps

According to research conducted by the Provincial Health Officer of BC (PHO) and the First Nations Health Authority (FNHA), First Nations people still experience a higher incidence of poor health compared to other BC residents.⁶ Commitments to improve health outcomes and close gaps in the Transformative Change Accord (TCA) and TCA First Nations Health Plan (2005) have led to some improvements, yet substantial gaps remain for most of the health indicators between Aboriginal and non-Aboriginal peoples in BC.⁷

Consider the following persisting gaps related to health outcomes:

INFANT MORTALITY

Over the 2000-2013 period, there were 10.4 infant deaths (death at <1 year of age) for every 1,000 live births among First Nations (registered) living in the Island Health region. This was 2.85 times higher as compared to other Island Health residents (rate: 3.69 per 1,000).⁸ The majority of these infant deaths occurred in the community (i.e. not hospital related). Improvements in the determinants of health would positively

impact on infant death rates. A significant number of Aboriginal infant deaths have one or more unsafe sleep factors.

LIFE EXPECTANCY

The average life expectancy for Status Indians in BC for the period 2009-2013 is 75.9 years, compared to 81.6 years for other BC residents.

Note: The term “Status Indian” is an antiquated term still used for data collection that refers to those who fall under the provisions of the Indian Act, while Non-Status Indians are those who do not meet the criteria for registration or who have chosen not to be registered. “First Nations” refers to both Status Indians and Non-Status Indians.

SUICIDE

In 2016, suicide attempts in the northern Ontario First Nation of Attawapiskat prompted a state of emergency. High rates of suicide are also impacting some First Nations on Vancouver Island. In Canada, suicide and self-inflicted injuries are the leading causes of death for First Nations youth and adults up to 44 years of age. The suicide rate for First Nations male youth (age 15–24) is 126 per 100,000 compared to 24 per 100,000 for non-Aboriginal male youth.¹⁰

⁶ Provincial Health Officer of BC and the FNHA. (2015, November). *First Nations Health and Well-being, Interim Update*. www2.gov.bc.ca
Note: the results track only “Status Indians” in BC and figures are provincial (not Island Health).

⁷ Consider the targets set in the *Transformative Change Accord: First Nations Health Plan* (2005) to be achieved by 2015. www.nccah-ccnsa.ca.

⁸ Ministry of Health Surveillance and Epidemiology Team.

⁹ Provincial Health Officer of BC and FNHA. (2015, November). *First Nations Health and Well-being, Interim Update*. www2.gov.bc.ca.

¹⁰ Centre for Suicide Prevention. (2013). *Suicide Prevention Resource Toolkit*, p.3. www.suicideinfo.ca.

Persistent Barriers, Ongoing Gaps

Aboriginal people also experience lower outcomes in important Social and Economic Determinants of Health, which has profound impacts on people's health and wellbeing:

EDUCATION

Rates of high school graduation attainment for Aboriginal peoples in the Island Health region increased from 2006 to 2011, but an 18% gap remains when compared to the general population (66% graduation rate compared to 84%).

LABOUR FORCE PARTICIPATION

Labour force participation rates were slightly lower for Aboriginal peoples compared to non-Aboriginal peoples in the Island Health region; however, the unemployment rate for Aboriginal peoples remained 2.2 times greater than for non-Aboriginal peoples (16.6% unemployment compared to 7.4%).

INCOME

There was a gap of \$10,000 between average employment income of Aboriginal and non-Aboriginal peoples

in the Island Health region in 2011, with the highest disparity in the Cowichan Valley Regional District (gap of \$12,312).

HOUSING

The percentage of Aboriginal households considered not suitable according to the National Occupancy Standards (a measure of crowding) was 2.6 times higher compared to the general population. The percentage of Aboriginal households in need of major repair decreased between 2006 and 2011 (17.8% to 14.9%) but remains more than twice as high as the percentage for the general population.

FAMILY SITUATION/YOUTH IN CARE

Aboriginal children and youth are over-represented in the child welfare system. While only eight per cent of children and youth in BC are Aboriginal, about 57 per-cent of children and youth in care were Aboriginal in 2015.¹¹

FOOD INSECURITY

In BC 41% of Aboriginal households on reservations are food insecure. A

Canada-wide survey found that 33% of off-reserve Aboriginal households are food insecure, compared with only 9% of the general population. In the Island Health region, 13% of all households experience food insecurity.¹²

The profound gaps in health outcomes and social determinants of health for Aboriginal peoples in the Island Health region compared to the general population highlight the need for inspired action to address these underlying challenges. This is especially relevant since Island Health facilities are located on traditional Indigenous lands and many of the hardships experienced by Aboriginal peoples are due in large part to long-term systemic racism including policies with harmful multigenerational impacts like Indian residential schools and the Indian reservation system.

¹¹ PBC Representative for Children and Youth. (2015, September). *2014/15 Annual Report* and *2015/16-2016/17 Service Plan*. www.rcybc.ca.

¹² Laurie Chan, Olivier Receveur, Donald Sharp, Harold Schwartz, Amy Ing and Constantine Tikhonov. *First Nations Food, Nutrition and Environment Study (FNFNES): Results from British Columbia (2008/2009)*. Prince George: University of Northern British Columbia, 2011. www.fnfnes.ca; Health Canada, Canadian Community Health Survey, Cycle 2.2, Nutrition (2004). Income-Related Household Food Security in Canada, Minister of Health, Office of Nutrition Policy and Promotion, Health Products and Food Branch, Health Canada, Ottawa, Canada, 2006; Provincial Health Services Authority. (2016). *Island Health: Household food insecurity in 2011-2012*. Vancouver, BC: PHSA Population & Public Health Program. www.phsa.ca.

“The Moms First

program provides housing for young moms. There was one mom who had a C-section—she was homeless, so we picked her up and gave her a home, so she could keep her baby. She learned new skills and today she has a healthy family and her foundational needs are met. She always kept her baby. The program shows the power of working together, and being creative.”

✦ PARTICIPANT AT THE
MAY 6, 2016, COMMUNITY
ENGAGEMENT SESSION IN
NANAIMO



Historical Context and Persistent Impacts of Colonization

In pre-contact times, for well over 10,000 years, First Nations people in BC enjoyed good health given their active lifestyles, healthy nourishing diets and strong cultural and spiritual traditions. Oral history suggests that prior to contact First Nations experienced virtually no diabetes and no dental cavities. Pre-contact population estimates for BC vary widely with some estimates ranging from a conservative 200,000 to more than a million.

The arrival of Europeans had devastating impacts on the health and wellness of First Nations. Infectious diseases from Europe and Asia in the Northwest Coast and increased warfare had severe effects on the people. In some cases villages were significantly reduced with mortality rates ranging from 50% to 90% of the population.¹³

In addition to the horrific impacts of disease, important oral knowledge was lost when Elders and knowledge keepers died off in large numbers. The food system, health and wellness of First Nations was also disrupted through “a process of colonization and oppression including tactics and policy initiatives such as the Indian Residential School System, the Indian Act and Indian Hospitals.”¹⁴



Photo courtesy of Royal BC Museum PN 6804

¹³ First Nations Health Council. (2011). *Implementing the Vision: BC First Nations Health Governance*, p. 11. www.fnha.ca.

¹⁴ First Nations Health Authority. (n.d.). *Creating a Climate for Change: Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal Peoples in British Columbia*, p.3. www.fnha.ca.

“Large disparities persist in the health outcomes, and social determinants of health, of Aboriginal and non-Aboriginal peoples. Island Health recognizes that these disparities are due to the ongoing impacts of colonization and intergenerational trauma.”

✦ BRENDAN CARR, ISLAND HEALTH PRESIDENT & CEO

Current National and International Context: Truth, Reconciliation and Collaboration

Since Island Health's last *Aboriginal Health Plan* was published there have been a number of important developments. First, the final report of the Truth and Reconciliation Commission was released, which contained seven Health related Calls to Action, and the Government of Canada signalled its intention to fully implement the Calls to Action. Secondly, the Canadian Government became a full signatory to the *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP), which contains a number of articles pertaining to health. See [Appendix D](#) for the TRC's health-related Calls to Actions and relevant UNDRIP articles.

The findings and principles captured in the *Calls to Action* and the *UN Declaration* have guided our actions and have been reflected with added emphasis in the strategies contained in this plan. This includes strategies to increase the number of Indigenous employees, address the health needs of off-reserve Aboriginal peoples, incorporate Aboriginal healing practices and provide cultural competency training for staff. Island Health recognizes that the current state of Aboriginal health is a direct result of previous government policies, including residential schools

and the importance of the *Calls to Action* and *UN Declaration* in improving health outcomes for Aboriginal peoples.

Several of the strategies in Island Health's *Aboriginal Health Strategic Plan 2017-2021* support the TRC's health-related Calls to Action, including the following:

- **Call to Action #19** is supported by Island Health's commitment to monitor health indicators and to develop new measures to identify progress towards closing the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish progress reports ([see Roadmap strategies 5B, 5C, 5D](#)).



TRC Commissioners Senator Murray Sinclair and Chief Wilton Littlechild at the Alberta National Event, March 2014. Photo courtesy of the National Centre for Truth and Reconciliation.



Hon. John Rustad, Minister of Aboriginal Relations and Reconciliation, Chief Rebecca Harris, Pauquachin First Nation, Dr. Ambrose Marsh, Chief of Staff and Medical Director at Saanich Peninsula Hospital and Brendan Carr, Island Health President & CEO stand with carver Mark Henry of Pauquachin First Nation (centre) at the totem pole unveiling at Saanich Peninsula Hospital in July 2015.

“Reconciliation
is a set of relations
characterized by
humility, mutual
respect and the
awareness of history
and social policy.
It is a vehicle for
Indigenous people to
experience control in
their lives.”

✦ PARTICIPANT AT THE
MAY 12, 2016 COMMUNITY
ENGAGEMENT SESSION IN
PORT HARDY

Current National and International Context: Truth, Reconciliation and Collaboration

- **Call to Action #20** is supported by Island Health’s mandate to serve all Aboriginal peoples in our service area, including those living off-reserve and “away from home,” and by this plan’s Urban Aboriginal Strategy, which aims to address the distinct health needs of the Métis, Inuit and off-reserve Aboriginal peoples.
- **Call to Action #22** is supported by Strategy 3D, Aboriginal Healing Practices: “Seek opportunities to incorporate Aboriginal knowledge, culture, and healing practices into health service delivery in collaboration with Aboriginal partners and communities” and 5D, Involve Elders and Youth.
- **Call to Action #23** is supported by Strategy 3B, Cultural Safety and Humility Training, and 3C, Aboriginal Employment.
- **Call to Action #24** is supported by Strategy 3G, Education: “Work with leaders in nursing, medical and other healthcare education programs in the region to help ensure appropriate cultural competency and safety education and training for students.”

Similarly, many of Island Health’s efforts reflect the United Nations Declaration’s principles, including our deep commitment to meaningful engagement of Aboriginal partners and peoples in developing health

services and programs that impact them. Additionally we recognize the distinctive spiritual relationship Indigenous peoples have with their traditionally owned or otherwise occupied and used lands, territories, waters and coastal seas and other resources and their responsibilities to future generations in this regard.

Through the signing in 2011 of the *Tripartite Framework Agreement on First Nations Health Governance*, First Nations became involved as partners in health care in BC. Since then Island Health and the FNHA have worked together through the Partnership Accord Steering Committee in the spirit of reciprocal accountability to implement the Vancouver Island Partnership Accord (VIPA).

Finally, Island Health has been strengthening its relationships with Métis Chartered Communities and Friendship Centres through various initiatives and processes. Island Health also signed the *Declaration of Commitment for Cultural Safety and Humility in Health Services* and is committed to creating safe environments and experiences for Aboriginal persons accessing services and those working within Island Health. These efforts will align with the FNHA’s *Policy Statement on Cultural Safety and Humility*.¹⁵ For definitions of reciprocal accountability and Cultural Safety and Humility, see [Appendix E](#).

“As the newly elected Regional Director, I’m pleased that a Letter of Understanding is under development at Island Health that recognizes the six Métis Chartered communities they serve. This relationship will support us working together with Island Health’s Aboriginal staff to ensure Métis peoples needs are being met throughout the Health Authority.”

✦ MICHAEL DUMONT,
REGIONAL DIRECTOR,
MÉTIS NATION BRITISH
COLUMBIA

¹⁵ First Nations Health Authority. (n.d.). *Policy Statement on Cultural Safety and Humility*. www.fnha.ca.

“The telehealth technology was able to support a family from Alert Bay, who had a loved one in Victoria. They were able to connect online and had a ceremony via telehealth.”

✦ PARTICIPANT AT THE
MAY 23, 2016, COMMUNITY
ENGAGEMENT SESSION IN
DUNCAN



Mildred Price participates in a telehealth session at Campbell River Hospital, February 2017.

Aboriginal Health Strategic Plan Roadmap: Charting the Path Forward

Aboriginal Health Strategic Plan 2017–2021: Strategic Themes and Supporting Strategies

The overall goal of Island Health’s *Aboriginal Health Strategic Plan 2017-2021* is to improve health and wellness outcomes for Aboriginal peoples in Island Health’s service area. To achieve this goal, Island Health’s actions will be guided by the following strategic themes:

- 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**

This section of the plan provides an overview of the supporting strategies that Island Health will carry out in each of the strategic theme areas. The strategic themes and supporting strategies were shaped by stakeholder input and relevant planning documents.

Island Health is mandated to serve all Aboriginal peoples, including those living “on reserve” and “away from home.” As a result, this plan includes strategies to improve health and wellness service delivery for the growing Métis and Urban Aboriginal and “away from home” populations, while also acknowledging the unique challenges faced by populations and service providers in remote locations.

There are many levels of government and organizations involved in providing health services for Aboriginal peoples in the region. Island Health will continue to work with partners across jurisdictions to clarify responsibilities and facilitate access to services for Aboriginal peoples.

The strategies outlined on the following pages will be implemented by Island Health in collaboration with Aboriginal communities and partners over a five year horizon, through a phased-in approach that emphasizes priority objectives aimed at achieving tangible results that are felt in the communities.

1. ENHANCE RELATIONSHIPS AND COLLABORATION

OUTCOME: Authentic and trusting relationships, partnerships and collaboration contribute to improved health and wellness outcomes for Aboriginal peoples and a more integrated and culturally appropriate system of care.

STRATEGIES:

- A. **Engage with Aboriginal Partners:** Island Health leaders and staff engage with Aboriginal partners and communities on a regular basis guided by the principle of reciprocal accountability to: identify service priorities and plan for delivery, including working with Local Aboriginal Working Groups, the First Nations Health Authority processes, and Health Networks; and by working with:
 - I. First Nations, through implementation of the updated Vancouver Island Partnership Accord with the First Nations Health Authority and First Nations Health Council;
 - II. Métis Chartered Communities, through the development of a Letter of Understanding with Métis Nation British Columbia;
 - III. Urban Aboriginal communities through ongoing engagement with Friendship Centres and other urban Aboriginal and non-Aboriginal service organizations.
- B. **Increase Collaboration Opportunities:** Develop and sustain relationships with provincial Ministries and all levels of government, Divisions of Family Practice, and health and social service providers to identify and, as resources permit, operationalize collaboration opportunities.
- C. **Engage with Tripartite Committee on First Nations Health:** Island Health CEO continues meaningful engagement with the Tripartite Committee on First Nations Health to coordinate and align planning, programming and service delivery with partners including the First Nations Health Authority, B.C. regional health authorities, B.C. Ministry of Health and Health Canada.
- D. **Cultural and Community Events:** Island Health leadership and staff participate in Aboriginal cultural and community events, either public or by special invitation, especially those related to Aboriginal health and wellness.

2. ENHANCE ACCESS AND CAPACITY

OUTCOME: Indigenous peoples within the Island Health region have access to high-quality, effective, and culturally safe health and wellness services, at a minimum comparable to those available to non-Aboriginal populations in similar geographic areas.

STRATEGIES:

- A. **Nurses:** Increase access to Aboriginal Liaison Nurses and Nurse Practitioners, including awareness of these services.
- B. **Integrated, Interdisciplinary Teams:** Expand interdisciplinary teams providing Indigenous-focused services to communities with particular gaps in care (maternal care, oral care, paramedicine).
- C. **Health Promotion and Prevention:** Increase culturally appropriate health promotion and prevention initiatives, particularly related to food security, nutrition and physical activity.
- D. **Mental Health and Substance Use (MHSU) Services:** Increase access to trauma-informed mental health and substance use services, including suicide prevention and rapid crisis response. Continue to offer training in Trauma-Informed Practice (TIP), a way of working with people that includes an understanding of the prevalence and impact of colonization and trauma in the lives of those we serve.
- E. **Rural and Remote Access:** Increase access to services in rural and remote communities, including specialist care. Maximize the roles and functions of all health care providers residing in these settings and pursue partnership and intra-professional collaborations with Island Health, the BC Emergency Health Services and other providers in supporting the initiation of Community Paramedicine (CP).
- F. **Awareness of Services:** Increase awareness of services available from Island Health, Aboriginal, and non-Aboriginal service providers, and how to navigate them.
- G. **Discharge Planning:** Improve discharge planning and transportation planning.
- H. **Proposals and Funding:** Work with Aboriginal partners including Aboriginal non-profit organizations to support proposal development and accessing funds for projects that align with community and health system priorities.
- I. **Physicians:** Support funding applications that facilitate alternate payment methods for primary care physician services, and that provide other incentives to allow the provision of care “at home,” where such services have not previously existed.



3. STRENGTHEN CULTURAL SAFETY AND HUMILITY

OUTCOME: Through education, relationships and a commitment to the Calls to Action and findings of the Truth and Reconciliation Commission, Island Health environments are free of racism and discrimination; Aboriginal ways and trauma-informed, person-centred healing practices are shown to be valued, and Indigenous peoples who access services or work with Island Health feel safe and respected.

STRATEGIES:

- A. **Address Racism:** Develop an anti-racism plan for Island Health and strive to eliminate all forms of racism from the health system. Strengthen complaints processes enabling Aboriginal peoples, patients, Island Health staff and physician partners to safely recognize, report and address racism.
- B. **Cultural Safety and Humility Training:** Maximize opportunities for cultural safety for Aboriginal peoples and Island Health staff at all levels; enhance access to training and provide training that reflects local Indigenous peoples' input and traditions.
- C. **Aboriginal Employment:** Implement the updated Aboriginal Recruitment and Retention Strategy and increase the percentage of Aboriginal Island Health staff at all levels of the organization.
- D. **Aboriginal Healing Practices:** Seek opportunities to incorporate Aboriginal knowledge, culture, and healing practices into health service delivery in collaboration with Aboriginal partners and communities.
- E. **Safe and Welcoming Spaces:** Ensure all Island Health facilities are safe and welcoming spaces for Aboriginal peoples.
- F. **Indigenous Foods:** Create cultural safety around food by advocating for Indigenous food system restoration and revitalization. Support the communities' food security by linking them to knowledge holders that can support greater foods capacity in their community.
- G. **Respond to Truth and Reconciliation Commission:** Determine and implement Island Health's response to the Truth and Reconciliation Commission's health-related Calls to Action and the United Nations Declaration on the Rights of Indigenous Peoples' health-related articles, including defining impacts at the local and program levels.
- H. **Education:** Work with leaders in nursing, medical and other healthcare education programs in the region to help ensure appropriate cultural competency and safety education and training for students.

4. BE INNOVATIVE

OUTCOME: Indigenous peoples within the Island Health region have access to high-quality, effective, and culturally safe health and wellness services, at a minimum comparable to those available to non-Aboriginal populations in similar geographic areas.

STRATEGIES:

- A. **Innovate to Increase Access:** Work with Aboriginal partners to develop innovative, culturally appropriate service delivery arrangements and projects based on community needs, to help increase access for Aboriginal peoples to primary care and other health and wellness services.
- B. **Telehealth:** Enhance and expand telehealth initiatives to increase access to services, including mental health and specialist services.
- C. **IHealth:** Leverage IHealth opportunities, including an Aboriginal Patient Identifier, to improve service quality, patient experience and data collection and analysis.
- D. **Food Security:** Collaborate with and support communities in addressing issues of food security.
- E. **OCAP Principles:** Carry out research in accordance with OCAP principles (Ownership, Control, Access, and Possession) to increase knowledge about the health and wellness needs of Aboriginal peoples and track effective practices across jurisdictions that may be applicable to the Island Health region.



A Laichwiltach youth as Bak'wis "Wildman of the Woods," at Campbell River Hospital on National Aboriginal Day, 2016.

5. BE ACCOUNTABLE

OUTCOME: Indigenous peoples are involved in setting health care priorities, and commitments that are made to Aboriginal partners and communities are carried out in a spirit of reciprocal accountability. Successes are celebrated and feedback on Island Health services is collected and reported.

STRATEGIES:

- A. **Planning Alignment:** Ensure the goal of improving health and wellness outcomes for Aboriginal peoples and the strategic outcomes of the *Aboriginal Health Strategic Plan* are reflected in the priorities, workplans, policies and processes of Island Health, including the Engagement to Experience framework. Continue to participate in the planning and community engagement processes of partners to ensure alignment of priorities and responsiveness to the needs of communities.
- B. **Monitor Progress:** Develop a performance monitoring framework with indicators aligned to the outcomes of the plan in collaboration with partners through the Aboriginal Health Council. Reflect best practices and Indigenous methodology including use of both quantitative and qualitative measures.
- C. **Report on Plan Implementation:** In 2019, Island Health will provide a mid-point update report to Aboriginal partners and communities and Island Health staff on the implementation of the *Aboriginal Health Strategic Plan 2017-2021*. This update will include qualitative and quantitative reporting on progress in each of the strategy areas, including where substantive progress has been made and where focused effort is still required.
- D. **Enhance Data and Reporting:** Enhance Aboriginal health and wellness data collection and reporting systems that include indicators determined in partnership with Aboriginal partners. Ensure periodic evaluation of services including patient feedback obtained and addressed in a fair, culturally safe manner.
- E. **Involve Elders and Youth:** Enhance the role of Aboriginal Elders and youth in planning and service delivery to better understand and meet their needs; seek better representation of these priority population groups on health planning bodies and engagement processes.
- F. **Celebrate Successes:** Increase communications activities about successful projects and collaborations with Aboriginal partners to raise public awareness of Island Health's and Aboriginal service providers' services and successes.
- G. **Enhance Feedback and Complaints Process:** Work with Aboriginal partners and Island Health staff to improve the process to receive, review and address patient quality concerns and complaints, including related to experiences of racism, in a safe, effective and culturally relevant way.

6. WORK WITH OTHERS TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH

OUTCOME: Island Health works with partners to raise awareness about and helps to address the social and economic determinants of Aboriginal health.

STRATEGIES:

- A. **Increase Awareness:** Increase the awareness of the public and decision-makers about how social determinants of health impact health outcomes.
- B. **Collaborate to Address Determinants:** Work with partners to raise the priority level and address social determinants of health especially in the areas of income/poverty alleviation, housing and homelessness, food security and education.
- C. **Participate in Events:** Increase participation of Island Health leaders and staff in forums, public events and media engagements focused on the social determinants of health.
- D. **Advocate for Food System Change:** Strengthen and create new partnerships at all levels including between Indigenous communities and local health networks and Island Health food security hubs; create opportunities for community knowledge keepers to share their food skills and knowledge.

URBAN ABORIGINAL STRATEGY

The following strategies address the unique experiences of Aboriginal peoples living in urban environments. These, along with the previous strategies that also apply in urban areas, make up Island Health's Urban Aboriginal Strategy. The overall goal of developing an Urban Aboriginal Strategy as part of the *Aboriginal Health Strategic Plan* is to improve the health outcomes and access to culturally safe health services for Urban Aboriginal, Métis and "away from home" populations.

STRATEGIES:

- A. **Engagement:** Enhance engagement with Urban Aboriginal and "away from home" First Nations populations and Métis Chartered Communities, to better understand their strengths and needs, and explore urban-based health service opportunities.
- B. **Partnerships:** Explore collaborative planning and partnership opportunities with Friendship Centres, other urban Aboriginal service organizations, and the First Nations Health Authority.
- C. **System navigation:** Increase awareness of available services including access to Aboriginal Liaison Nurses and outreach workers, food programs and supports.
- D. **Connections with culture:** Support programs that maintain connections to family, community, and culture for Aboriginal peoples living in urban centres, particularly Aboriginal youth and Elders.

Implementing the Plan

The *Aboriginal Health Strategic Plan 2017-2021* will be implemented by Island Health in collaboration with Aboriginal partners and communities over a five-year horizon. Our leaders and staff will enhance coordination and engagement with the First Nations Health Authority, First Nations, Métis Nation British Columbia and its Métis Chartered Communities, Friendship Centres, other urban service organizations, and collaborative health planning bodies to ensure successful implementation and evaluation of the plan's strategies. The work to realize outcomes in the plan will be paced, focusing on priority objectives which will be determined through ongoing engagement.

Island Health will implement the *Aboriginal Health Strategic Plan 2017–2021* through the following steps:

- All Island Health programs and leaders will incorporate the objectives of the health plan into annual work plans and demonstrate attribution towards realizing the strategies and out-comes in the plan at the local level.
 - As part of performance monitoring and reporting processes, Island Health leaders and programs will provide timely updates on their implementation efforts.
 - The progress of the plan will be reported to the Island Health Board of Directors on an annual basis.
 - In 2019 Island Health will provide an interim implementation report, available publicly and distributed to our Aboriginal partners, summarizing in clear, accessible formats our progress towards realizing the objectives of the *Aboriginal Health Strategic Plan*. We will also continue to report back on the status of plan implementation to Island Health's Aboriginal Health Council.
- In order to support implementation efforts, we will further:
- Continue making program decisions that are practical, achievable and make the best and prudent use of available resources to create maximum benefits and value for people and communities within the current fiscal environment.
 - Examine allocation of resources, development of innovative solutions, and pursue partner collaborations.
 - Work with collaborative health planning bodies such as Local Aboriginal Working Groups (LAWG) on implementation—and be willing to listen to their input and factor it into our processes.
 - Carry out a communications strategy in support of the plan's release to build staff awareness of the plan and engagement in its delivery.
 - Ensure that all findings from the *Aboriginal Health Strategic Plan 2017–2021* community engagement sessions and online survey are forwarded to the appropriate Island Health staff to support delivery and assessment of services at the local level, as well as collaborations with Aboriginal partners.
 - Ensure implementation of the *Aboriginal Health Strategic Plan 2017–2021* is informed by our partners' plans, including the 2016/2017 FNHA *Summary Service Plan* and the FNHA's *Vancouver Island Regional Health and Wellness Plan*.

The five year *Aboriginal Health Strategic Plan* presents an ambitious agenda and vision for the future. While we are realistic about our ability to make progress on so many fronts, the success stories presented in this plan, and those we heard during the planning process, reveal a strong spirit of collaboration across partner organizations and a solid foundation to build upon. Island Health is prepared to take action to enhance the health and wellness of Aboriginal peoples and communities.

Conclusion

Successful models and examples of promising health and wellness practices exist. In many cases it's a matter of sharing information about them, refining them, or implementing them in different areas within the region. With this in mind, Island Health will continue to strengthen relationships and improve communications.

As we prepare to implement the plan and our continuing work, we acknowledge and are guided by the findings of the Truth and Reconciliation Commission. Island Health will continue to explore how it can create culturally safe environments for staff and users of the health system, including structures that support the organization in addressing racism, while enhancing our capacity to deliver services in a trauma-informed manner.

In order to better integrate Aboriginal health and wellness practices, we will seek the guidance of Elders and knowledge

holders. We will also continue to engage youth because they represent the future and have unique needs.

The realities of both urban and remote populations are closely considered as part of this plan, as are the social determinants of health. It will take inspired action to make strides in these areas and address complex realities.

The stories in this plan speak to the progress that has been accomplished over the years, and what is still needed – and possible. By building on our cumulative strengths, experience and networks of caring individuals it is possible to achieve transformative change.

We invite you to work with us to create positive change, for current and future generations.



Master carver Joe Martin from Tlaouquiaht and carver Matthew Seitcher work on a traditional dugout canoe in Ahousat.

Photo credit: Melody Charlie

Appendix A

LIST OF DOCUMENTS REVIEWED

- *Island Health Aboriginal Health Plan 2012–2015*. Island Health, 2012.
- *Island Health 2020: Our Roadmap For the Future*. Island Health, 2016.
- *BC Minister of Health Mandate Letter*. Provincial Government of BC, 2013.
- *Setting Priorities for the BC Health System*. BC Ministry of Health, 2014.
- *Rural Health Services In BC: A Policy Framework To Provide A System Of Quality Care, Cross Sector Policy Discussion Paper 2015*. BC Ministry of Health, 2015.
- *Primary and Community Care in BC: A Strategic Policy Framework, Cross Sector Policy Discussion paper, 2015*. BC Ministry of Health, 2015
- *First Nations Health and Well-being, Interim Update*. Provincial Health Officer of BC, First Nations Health Authority, 2015.
- *Consensus Paper: British Columbia First Nations perspectives on a New Health Governance Arrangement*. First Nations Health Council, 2011
- *Vancouver Island Partnership Accord*. Island Health, First Nations Health Council, 2012.
- *Vancouver Island First Nations Regional Health and Wellness Plan*. First Nations Health Authority, 2014.
- *FNHA Summary Service Plan: An Operational Plan for the Fiscal Year 2016–2017*. First Nations Health Authority, 2016.
- *Creating a Climate for Change: Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal Peoples in British Columbia*. First Nations Health Authority, 2015.
- *Policy Statement on Cultural Safety and Humility*. First Nations Health Authority, 2015.
- *Declaration of Commitment on Cultural Safety and Humility in Health Services*. First Nations Health Authority, 2015.
- *Aboriginal Health Plan 2007–2010*. Fraser Health, 2006
- *Aboriginal Health & Wellness Plan 2008–2011*. Vancouver Coastal Health, 2008.
- *Aboriginal Health and Wellness Strategy 2015–2019*. Interior Health, 2015.
- *Taking Action: Aboriginal Health Services Plan 2012–2015*. Northern Health, 2014
- *Towards an Urban Aboriginal Health Strategy: North Shore, Vancouver, Richmond*. First Nations Health Authority, Vancouver Coastal Health Authority, 2015.
- *Summary of the Final Report of the Truth and Reconciliation Commission of Canada*. 2015
- *The United Nations Declaration on the Rights of Indigenous People*
- *Aboriginal Health Plan 2012–2015 “Actions” Tracking Form*. Island Health, February 19, 2016.
- *Vancouver Island Partnership Accord Work Plan: 2015–2016*. Island Health, First Nations Health Authority, 2015.

Appendix B

ONLINE SURVEY QUESTIONS

The online survey, which deployed as part of the community engagement phase of the *Aboriginal Health Plan* update, included the following questions:

BACKGROUND INFO ABOUT YOU

Please tell us a little bit about your background:

- My gender:
- My age is:
- I self-identify as Aboriginal/Indigenous: Y/N
- If you self-identify as Aboriginal/Indigenous, please specify:
- I am an Island Health staff member, physician or volunteer: Y/N
- Optional: The Island Health program or department I work in is:
- I am on staff with an organization outside Island Health: Y/N
- *Optional:* The organization I work for is:
- Please indicate the Island Health service region you live in on map:
- *Optional:* Name of the First Nation, Métis or urban community you live in.

SUCCESS STORIES

Please provide example(s) of success stories:

- What do you think helped make that action successful?
- What were the challenges, if any, and how did you overcome them?
- In general, when you think of successful changes in health service delivery, what and who helps contribute to those successes?

EMERGING TRENDS

- What are some of the current health issues facing Aboriginal peoples in your community?
- In addition to the successes you described earlier, are there promising or wise practices you have come across that you think should be considered for the updated *Aboriginal Health Strategic Plan*?

GOALS AND OBJECTIVES

- In your opinion, what are three realistic objectives that can be achieved in the next five years, in terms of improving the health of Aboriginal peoples in the Island Health region?
- Can any of these be achieved in the next year or two?
- Who has a role to play in achieving those objectives?

SERVING ABORIGINAL PEOPLES IN AN URBAN ENVIRONMENT

- An increasing number of Aboriginal peoples live in the larger towns and cities on Vancouver Island. What are the health conditions or health service issues that are most relevant to Aboriginal peoples living in an urban environment? (as opposed to those living in rural/remote communities)
- Do you have any suggestions or know of any successful ways of addressing these health conditions or health service issues?
- How could Island Health work in closer partnership with urban Aboriginal organizations and non-Aboriginal organizations to provide services to Aboriginal peoples living in urban environments?

RECONCILIATION

- How can Island Health, Aboriginal and non-Aboriginal partners promote and practice reconciliation in the health care environment?
- What steps can Island Health take?
- What steps can others take?
- Any additional comments?
- Is there anything else that you would like to contribute to help develop Island Health's *Aboriginal Health Strategic Plan 2017–2021*?

Appendix C

REPORT ON IMPLEMENTATION OF THE 2012-2015 ABORIGINAL HEALTH PLAN

Island Health’s 2012–2015 *Aboriginal Health Plan* included 65 actions to support its six strategic themes. This tracking form indicates the implementation status of the 65 actions and of several actions added after 2012.

Colour codes in the “Status” column indicate:

- On track or complete
- Minor issues or delays and/or requires monitoring
- Stalled or encountering significant delays
- Postponed or cancelled

STRATEGIC THEME	ACTION: 2012–2015	STATUS
1.1	Strategic Direction: <ul style="list-style-type: none"> • Sign a Partnership Accord between Island Health and the First Nations Health Council (FNHC). 	●
1.1.2	<ul style="list-style-type: none"> • Board takes opportunities to attend meeting with Aboriginal partners. 	●
1.2	<ul style="list-style-type: none"> • Ensure that the Partnership Accord informs the development and evaluation of annual work plans of Island Health Aboriginal Health Council. • Ensure development and monitoring of annual work plan. 	●
1.2.1	<ul style="list-style-type: none"> • Set priorities for new indicators of health and wellness, plus options for data collection. 	●
1.2.2	<ul style="list-style-type: none"> • Formal communication with Local Aboriginal Working Groups. Agendas for the Island Health Aboriginal Health Council, the Local Area Working Groups will refer to issues identified by one group for follow-up by the other group or by both groups as applicable. 	●
1.2.3	<ul style="list-style-type: none"> • Formal communication with the FNHC; agree on best means for maintaining communication. 	●
1.2.4	<ul style="list-style-type: none"> • Advance care planning 	●
1.2.5	<ul style="list-style-type: none"> • Times Colonist 10K Run 	●
1.2.6	<ul style="list-style-type: none"> • Cognitive Behavioural Interpersonal Skills (CBIS) 	●
1.2.7	<ul style="list-style-type: none"> • Development of First Nations Health Authority–Island Health Community Crisis Response Protocol 	●
1.3	<ul style="list-style-type: none"> • Local Area Working Groups (local title may vary) • Develop, implement and monitor annual work plans based on mutually agreed upon local priorities and strategies; link with Hub and community or organizational health plans as applicable. 	●
1.3.1	<ul style="list-style-type: none"> • Increase range of Island Health programs participating in Local Area Working Groups and FNHC processes as invited. 	●
1.3.2	<ul style="list-style-type: none"> • Formal communications with FNHC processes; agree on best means of communication and as applicable, coordinating joint actions. 	●
1.3.3	<ul style="list-style-type: none"> • As deemed necessary by a Island Health and Aboriginal partner(s) individual Island Health programs Memorandum of Understanding with Aboriginal partners for delivery of specific service. 	●

Appendix C

STRATEGIC THEME	ACTION: 2012–2015	STATUS
1.3.4	<ul style="list-style-type: none"> • Collaboration with other community planning bodies. • Consult with other planning bodies and support inclusion of Aboriginal voice, while respecting time commitments/resources of Aboriginal partners. 	●
1.3.5	<ul style="list-style-type: none"> • Celebrate successes in Island Health publications, new releases, and events when new, relevant information requires; share publications and news releases with Aboriginal partners for their use for them to use as they choose. 	●
1.3.6	<ul style="list-style-type: none"> • Island Health staff participation in Aboriginal cultural activities, either public or by special invitation, especially those that celebrate achievements in Aboriginal health and wellness. 	●
1.3.8	<ul style="list-style-type: none"> • Carving Project—Saanich Peninsula Hospital. 	●
2.1	<ul style="list-style-type: none"> • Improve discharge planning process to ensure patients' transportation and other basic needs are addressed before they are discharged. 	●
2.2	<ul style="list-style-type: none"> • Create a system to “bundle” appointments for people from remote communities to reduce travel time and costs; continue to look at options for “bundling” clients with one service provider e.g. pre-natal care for several women with a doctor or maternity nurse. 	●
2.3	<ul style="list-style-type: none"> • Implement Rural Health Framework in collaboration with Aboriginal partners. (<i>Update: Geography leadership is leading the implementation of the Rural Health Framework.</i>) 	●
2.4	<ul style="list-style-type: none"> • Identify and reduce barriers to access and broaden approach to Island Health client services to better meet Aboriginal peoples' needs. 	●
2.5	<ul style="list-style-type: none"> • Increase access to care facilities for Aboriginal Elders. 	●
2.6	<ul style="list-style-type: none"> • Increase use of Telehealth, particularly for remote locations. Work with Aboriginal Partners to identify additional locations for Telehealth. 	●
2.7	<ul style="list-style-type: none"> • Work with partners to raise awareness of information on all available services (provincial, regional and local—Island Health, First Nations or other Aboriginal partners) and how to access them; use this information to support more collaborative service delivery. 	●
2.8	<ul style="list-style-type: none"> • Increase number of hospitals with Aboriginal Liaison Nurses. 	●
2.9	<ul style="list-style-type: none"> • Explore options for increasing provision of Aboriginal Liaison Nurses services on evenings/weekends. 	●
2.10	<ul style="list-style-type: none"> • Work with Aboriginal partners to explore funding opportunities (i.e. sessional physicians and nurse practitioners). 	●
2.11	<ul style="list-style-type: none"> • Aboriginal input into North Island Hospital planning. 	●
2.12	<ul style="list-style-type: none"> • Implementation of ACT team in collaboration with Cowichan Tribes. 	●
2.13	<ul style="list-style-type: none"> • Engagement in Child and Youth Mental Health and Substance Use (CYMHSU) • Collaborative and CYMHSU Island Service Plan implementation. 	●
3.1	<ul style="list-style-type: none"> • Cultural Safety training (<i>Note: The training could be Provincial Health Services Authority (PHSA) on-line or Vancouver Island specific in-person training.</i>) • Island Health employees to complete the training. (<i>Note: PHSA training is dependent on increased capacity within the PHSA.</i>) 	●

Appendix C

STRATEGIC THEME	ACTION: 2012–2015	STATUS
3.1.2	<ul style="list-style-type: none"> Roll out cultural awareness curriculum developed for Royal Jubilee Patient Care Centre to other hospital sites re: admissions, assessments, planning and discharge plans. 	●
3.1.3	<ul style="list-style-type: none"> Include cultural safety in “Managers on Board” work. Develop cultural safety materials in consultation with cultural safety experts by 2011/12. 	●
3.1.4	<ul style="list-style-type: none"> Application of Learning and Performance Support approach to achieve and sustain cultural safety in Island Health. 	●
3.1.5	<ul style="list-style-type: none"> Develop new cultural competency training module focused on “working with Aboriginal peers.” 	●
3.1.6	<ul style="list-style-type: none"> Set measurable goal for completion of training by physicians who use Island Health facilities and programs. 	●
3.1.7	<ul style="list-style-type: none"> Increase awareness of Aboriginal health issues and collaborative responses among physicians practicing in Island Health facilities and programs. 	●
3.1.8	<ul style="list-style-type: none"> Include cultural safety in new employee orientation, based on cultural safety program developers. 	●
3.1.9	<ul style="list-style-type: none"> Increase number of Aboriginal volunteers in hospitals or other Island Health facilities that involve volunteers (i.e. building on the model in Campbell River Hospital). 	●
3.1.10	<ul style="list-style-type: none"> Implement new <i>Aboriginal Recruitment and Retention Strategy</i>. 	●
3.1.11	<ul style="list-style-type: none"> Develop draft Aboriginal lens for use in Island Health's program and policy planning—for discussion with Aboriginal partners. 	●
3.1.12	<ul style="list-style-type: none"> Continue to develop healing rooms in hospitals. 	●
3.1.13	<ul style="list-style-type: none"> Raise awareness of Aboriginal health issues and successes. Solicit input from programs. 	●
3.1.14	<ul style="list-style-type: none"> Increase cultural safety in curriculum for health care education. Use post-secondary Island Health network to communicate cultural safety themes. 	●
3.2.1	<ul style="list-style-type: none"> Work with and learn from capacity in Aboriginal communities. 	●
3.2.2	<ul style="list-style-type: none"> Support informed community responses to trauma. 	●
3.2.3	<ul style="list-style-type: none"> Joint training. 	●
3.2.4	<ul style="list-style-type: none"> Island Health's Aboriginal Health Council establish research committees to agree upon priority indicators and outcomes to be monitored, and on how communities will be involved in the research. (<i>Update: Indicators are being developed with partners, such as FNHA and Métis Nation BC</i>). 	●
3.2.5	<ul style="list-style-type: none"> Island Health asks for Aboriginal participation on advisory bodies as these are created (i.e. the Patient Voices Network). 	●
3.2.6	<ul style="list-style-type: none"> Physician Action and involvement as per BC Ministry of Health. 	●
3.2.7	<ul style="list-style-type: none"> Collaborate with colleagues to build capacity. 	●
3.2.9	<ul style="list-style-type: none"> Applied Suicide Intervention Skills Training (ASIST) Training continues to be offered to First Nations. 	●

Appendix C

STRATEGIC THEME	ACTION: 2012–2015	STATUS
3.2.10	<ul style="list-style-type: none"> Introduce Cognitive Behavioural Interpersonal Skills (CBIS) training. 	●
3.2.11	<ul style="list-style-type: none"> Integration of Nurse Practitioners to maximize service to Vancouver Island First Nations. 	●
4.1	<ul style="list-style-type: none"> Implement “Pathways”—Mental Health Integration Pilot Project (e-data exchange to improve referrals of adults between Cowichan Tribes and Mental Health and Substance Use programs). Share results regionally through Aboriginal Health Council and other bodies. 	●
4.2	<ul style="list-style-type: none"> Returning Home Project (aka: “Discharge Planning for Aboriginal Children with Complex Care Needs”) 	●
4.3	<ul style="list-style-type: none"> Heart Patient Journey Mapping with Aboriginal people in Port Alberni, in collaboration with Nuu-chah-nulth communities, in 2011. Share results in 2012. 	●
4.4	<ul style="list-style-type: none"> Implementation of Memorandum of Understanding with Kwakiutl District Council re: preventing and addressing incidents of Elder abuse. 	●
4.5	<ul style="list-style-type: none"> Follow up on recent renal care needs assessment to design better ways of providing care to those residing in Campbell River and Mount Waddington in 2012. Share results in 2013. 	●
4.6	<ul style="list-style-type: none"> Share finding re: innovative practices with other hospitals (i.e. Saanich Peninsula Hospital and University of Victoria looking to have practicum students of all health disciplines do placements at both the hospital and on-reserve, in consultation with First Nations). 	●
4.7	<ul style="list-style-type: none"> Report on successes and challenges of existing Integrated Health Networks for the management of chronic disease (located in Campbell River, Nanaimo, Parksville/Oceanside, Port Alberni and Sooke). 	●
4.8	<ul style="list-style-type: none"> Participate in Collaborative Service Committees. 	●
4.10	<ul style="list-style-type: none"> Explore partnership in the Centre of Excellence in Aboriginal Maternal Care. 	●
4.11	<ul style="list-style-type: none"> Coast Salish Primary Care Teamlet. 	●
4.12	<ul style="list-style-type: none"> Enhance service linkages between Oceanside and Snaw-Naw-As First Nation. 	●
4.13	<ul style="list-style-type: none"> Work with First Nations Health Authority to introduce three Nurse Navigators on Vancouver Island. 	●
5.1	<ul style="list-style-type: none"> Broaden/deepen responsibility for implementation of <i>Aboriginal Health Plan</i> across programs and enhance monitoring of Plan implementation, including performance reviews where appropriate. 	●
5.1.2	<ul style="list-style-type: none"> Include <i>Aboriginal Health Plan</i> implementation in meeting agendas. 	●
5.2.1	<ul style="list-style-type: none"> Review successes and challenges in implementation of the <i>Aboriginal Health Plan</i> and identify corrective actions as needed. 	●
5.2.2	<ul style="list-style-type: none"> Island Health Aboriginal Health Council to review implementation annually. Develop evaluation framework based on deliverables contained in the <i>Aboriginal Health Plan</i>, and indicators related to Plan objectives, and an evaluation plan. (<i>Update: Review process for the Aboriginal Health Plan is being incorporated into the 2017–2021 Plan</i>). 	●

Appendix C

STRATEGIC THEME	ACTION: 2012–2015	STATUS
At The Local Level		
5.2.3	<ul style="list-style-type: none"> Local Aboriginal Working Groups to develop implement and evaluate work plans that are linked to the <i>Aboriginal Health Plan</i>. 	●
5.2.4	<ul style="list-style-type: none"> Develop matrix showing Island Health programs accountabilities and cross-reference with Aboriginal partners. 	●
5.2.5	<ul style="list-style-type: none"> Develop and maintain tracking sheet for implementation of <i>Aboriginal Health Plan</i>. 	●
5.2.6	<ul style="list-style-type: none"> Publicly celebrate successful achievements jointly with Aboriginal partners. 	●
5.3.1	<ul style="list-style-type: none"> Explore the development of an evaluation framework for the organization that programs can use. 	●
5.4.1	<ul style="list-style-type: none"> Island Health's Mental Health and Substance Use and Public Health programs continue to participate on local coalitions to end homelessness. 	●
5.4.2	<ul style="list-style-type: none"> Island Health participants on Local Aboriginal Working Groups work with the groups to determine top priorities for advocacy (i.e. housing, transportation) and include in annual work plans where appropriate. 	●
5.4.3	<ul style="list-style-type: none"> Island Health participants on Community Health Networks work collaboratively with other participants in the development of community health plans to determine priorities for advocacy (i.e. housing, transportation) and include in annual work plan where appropriate. 	●
5.4.4	<ul style="list-style-type: none"> Island Health promotes health care careers and job opportunities to Aboriginal youth and communities. 	●



Appendix D

TRUTH AND RECONCILIATION COMMISSION'S CALLS TO ACTION AND UNITED NATIONS DECLARATION OF THE RIGHTS OF INDIGENOUS PEOPLES ARTICLES

Truth and Reconciliation Commission of Canada's Health-Related Calls to Action

18. We call upon the federal, provincial, territorial and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.

19. We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long term trends. Such efforts would focus on indicators, such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.

20. In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.

21. We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.

22. We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal

patients in collaboration with Aboriginal healers and Elders when requested by Aboriginal patients.

23. We call upon all levels of government to:

- i. Increase the number of Aboriginal professionals working in the health-care field.
- ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.
- iii. Provide cultural competency training for all healthcare professionals.

24. We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.

United Nations Declaration on the Rights of Indigenous Peoples Health-Related Articles

Article 21

1. Indigenous peoples have the right, without discrimination, to the improvement of their economic and social conditions, including, inter alia, in the areas of education, employment, vocational training and retraining, housing, sanitation, health and social security.
2. States shall take effective measures and, where appropriate, special measures to ensure continuing improvement of their economic and social conditions. Particular attention shall be paid to the rights and special needs of indigenous elders, women, youth, children and persons with disabilities.

Article 22

1. Particular attention shall be paid to the rights and special needs of indigenous elders,

women, youth, children and persons with disabilities in the implementation of this Declaration.

2. States shall take measures, in conjunction with indigenous peoples, to ensure that indigenous women and children enjoy the full protection and guarantees against all forms of violence and discrimination.

Article 23

Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programs affecting them and, as far as possible, to administer such programs through their own institutions.

Article 24

1. Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, all social and health services.
2. Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.

Article 25

Indigenous peoples have the right to maintain and strengthen their distinctive spiritual relationship with their traditionally owned or otherwise occupied and used lands, territories, waters and coastal seas and other resources and to uphold their responsibilities to future generations in this regard.

Appendix E

DEFINITIONS OF RECIPROCAL ACCOUNTABILITY AND CULTURAL SAFETY AND HUMILITY

RECIPROCAL ACCOUNTABILITY STATEMENT FOR THE TRIPARTITE COMMITTEE ON FIRST NATIONS HEALTH

Our Partnership: It takes many hands to do the work. First Nations social systems are founded on the concept of reciprocal accountability. Each member of the community is accountable for their decisions, actions and contributions to the community's wellness as a whole. At its core, reciprocal accountability means being responsible and sharing in successes and challenges. It's about pairing expectations with the means to deliver on them. Over time, the Tripartite Partners have become more understanding, accommodating and responsive to one another to enable the successful implementation of their shared commitments. This new way of doing business is based on the shared understanding that the Tripartite Partners must take action together to achieve the transformative change envisioned under the health plans and agreements. The principle of reciprocal accountability implies a mutual give-and-take relationship that is equal, shared and operates both ways.

OUR APPROACH TO THE WORK

Lead with culture: Understand your Partners and where they come from.

- We strive to understand the First Nations Perspective on Wellness – it is integral to fostering a wellness system that reflects the diverse cultures and perspectives of BC First Nations.
- We acknowledge that a coordinated, collaborative, partnered approach is required to ensure health and wellness services are client-centered, culturally safe and inclusive of First Nations values, practices and perspectives.
- We are committing to expanding discussions on health literacy to facilitate two-way conversations between providers and patients, where both are engaged as partners educating and learning from one another.

Honour those who paved the way: Pay respect to, and honour the wisdom of, those who brought us to where we are today.

- This historic health partnership between BC First Nations, Canada and BC is based on a suite of health plans and political and legal agreements, which serve as the basis for a strong partnership focused on eliminating disparities and inequities in the health status of BC First Nations.
- We work to uphold the commitments made by our predecessors in these core agreements and find ways of taking action on our individual and collective commitments in a way that keeps pace with our evolving environment and expectations of one another.
- Throughout this process, we are guided by our past experience, our current awareness and our future vision.

Maintain unity and discipline: Work for the common good of all; do not criticize one another; recognize that we all have a role to play.

- We make best use of resources and pursue innovation to support the long-term strength, sustainability, and vitality of the health system.
- We contribute to the shared vision by maximizing and mobilizing assets, capacities and contributions within its mandate and authorities. Our success depends on each Partner using their strengths to undertake a set of activities that supports the actions of others and contributes to the outcomes of interdependent and interconnected health systems.
- We are unified by the shared commitment to be responsive, transparent, collaborative and diligent in advancing common priorities and striving for creative problem-solving as a means to overcome barriers.

Create strong relationships: Be tough on the issues and easy on each other: Seek opportunity to create understanding and support one another's dignity.

- We seek to listen, learn and act in order to understand the issues and the perspectives of our partners.
- We uphold individual and collective commitments and make course corrections, acknowledging that our individual actions affect the outcomes of interdependent and interconnected systems.
- We are committed to a process of continuous review, renewal and shared learning to enable us to address weaknesses and accelerate progress.

Appendix E

DEFINITIONS OF RECIPROCAL ACCOUNTABILITY AND CULTURAL SAFETY AND HUMILITY

Engage at the appropriate level: Partners must have authority, skills, and knowledge to fully contribute.

- We acknowledge that explicit commitments at all levels of the health system are necessary to achieve systematic improvements in the quality and safety of health services accessed by First Nations people.
- We strive to build relationships at each level of the health system—from political to service delivery—to advance and accelerate efforts to create a more integrated health and wellness system.
- We are committed to enabling First Nations to participate fully in the design and delivery of health and wellness services and bring decision making closer to home by involving First Nations processes and structures at local, regional and provincial levels.
- We ensure each region's health and wellness priorities are guiding and validating the direction of our work. Respect each other's process: Seek understanding of, acknowledge and respect the validity of one another's ways of working and decision making processes, and provide assistance to one another in navigating these processes.
- We acknowledge the interconnection between individual, community and system roles and responsibilities in promoting and sustaining health and wellness—we all have an important part to play.
- We are committed to identifying efficiencies, points of innovation, economies of scale and calculated risks that will result in health system and service improvements.
- We are committed to collectively resolving issues with service delivery and policy constraints identified through First Nations regional processes.

DEFINITIONS

CULTURAL SAFETY

- Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.

CULTURAL HUMILITY

- Cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.

Source: *Creating a Climate for Change: Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal Peoples in British Columbia.* www.fnha.ca.



Andy Everson, Mary Knox and Wedlidi Speck take a tour of the North Island Hospitals Project Comox Valley Campus K'omoks.

www.viha.ca/aboriginal_health

