

ABORIGINAL
Health & Wellness Plan
2008 – 2011

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Introduction



“Support healing and wellness in Aboriginal peoples, families and communities.”

Vancouver Coastal Health’s first Aboriginal Health Plan (2002 – 2005) was a milestone for the Health Authority¹ and established strong relationships and communications methods between Vancouver Coastal Health and Aboriginal communities.

The Aboriginal Health and Wellness Plan for 2008 – 2011 will further establish an integrated and co-ordinated approach to improving the health of Aboriginal people, and to understanding the diversity of the culture and needs of each community. It is the culmination of a range of planning activities over the past number of years. The Aboriginal Health and Wellness Plan provides a holistic and action-oriented response to the fundamental issues of health and well-being facing Aboriginal people today. It addresses a range of inter-related concerns including: early childhood development, mental health and addictions, elder care, and communicable disease prevention and control.

The basic philosophy of this updated plan is that the responsibility for Aboriginal health and well-being does not fall only to Aboriginal constituents of Vancouver Coastal Health. Rather, it is the responsibility of the Health Authority’s Health Service Delivery Areas (HSDAs), and each level and branches of government, including Provincial, Federal and First Nations. Vancouver Coastal Health is committed to taking a leadership role with other levels of government involved in the delivery of health care services. This includes leading both the development of a co-ordinated planning process, as well as more collaborative approaches to delivering health services.

This plan acknowledges that health issues particular to Aboriginal communities should not be viewed in isolation from determinants such as poverty, discrimination and colonization, loss of land, and the removal of Aboriginal children from their homes and communities.

Extensive discussions with stakeholders have led to the development of the following strategic priorities for 2008 – 2011:

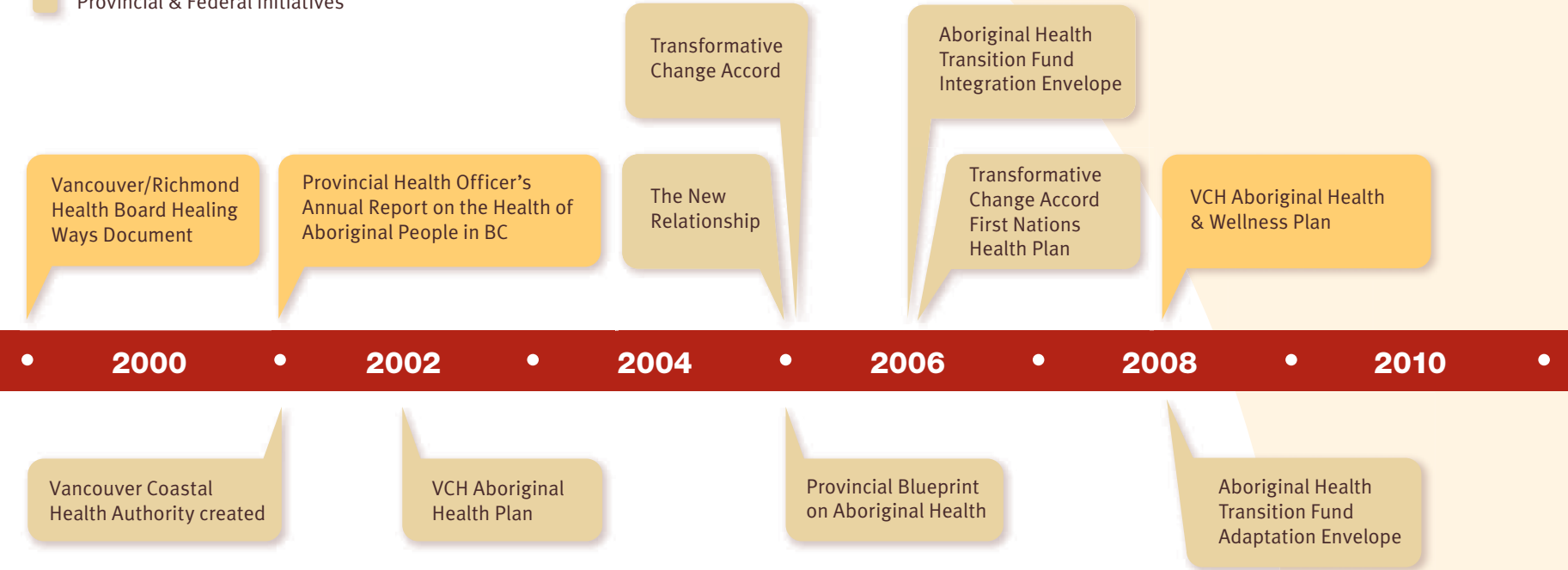
- **Mental Health and Addictions**
- **Primary Health Care Services**
- **Health Education and Human Resources**
- **Elder Care**
- **Public Health**

Given the breadth and complexity of each priority area and the multi-year timeframe, the Health Service Delivery Areas and communities will implement various areas of focus, recognizing that priorities are to be based on local needs.

Aboriginal Health Planning History at Regional, Provincial and Federal Levels

Legend:

- VCH Initiatives
- Provincial & Federal Initiatives



1

Collaboration and Ongoing Community Engagement



“Take programs to the communities, rather than having people travel to urban areas.”

Vancouver Coastal Health’s Aboriginal Health and Wellness Plan for 2008 – 2011 will follow an integrated and coordinated approach to improving the health of Aboriginal² people and understanding the diversity of culture and needs of each community. The Plan highlights needs, priorities and essential tasks that should occur to bring about health improvements for Aboriginal people. In March 2005, the Province of BC and First Nations agreed to a New Relationship guided by principles of trust, recognition and respect for Aboriginal Rights and Title. The New Relationship commits to greater collaboration to close the gap in the quality of life between the Aboriginal population and other BC residents.

In November 2005, the Province of BC, the First Nations Leadership Council (as represented by the BC Assembly of First Nations, Union of BC Indian Chiefs, and the First Nations Summit), and the Government of Canada signed the Transformative Change Accord, which identified general actions to close the gaps in education, health, housing and economic opportunities over the next 10 years. Building on the Accord, the First Nations Health Plan was developed and released in November 2006. The Health Plan identified 29 specific actions within four broad areas:

- 1. Governance, Relationships and Accountability**
- 2. Health Promotion/Disease and Injury Prevention**
- 3. Health Services**
- 4. Performance Tracking**

It also identifies seven targets to close the gap and improve the health of the Aboriginal population in BC, including:

- 1. Life expectancy at birth**
- 2. Mortality rates (deaths due to all causes)**
- 3. Youth suicide rates**

- 4. Infant mortality rates**
- 5. Diabetes rates**
- 6. Childhood obesity**
- 7. Increasing the number of Aboriginal Health Care professionals**

Vancouver Coastal Health’s 2008 – 2011 Aboriginal Health and Wellness Plan is guided by these agreements and is designed to specifically address the four broad issues and seven targets. To ensure the Plan also remains consistent with the regional Aboriginal strategic health priorities identified by the Aboriginal communities served by the Health Authority, three community engagement sessions co-hosted with the First Nations Leadership Council took place during January 2008. These engagement sessions culminated with a Vancouver Coastal Health Aboriginal Health Implementation Forum held on January 31 and February 1, 2008. The Implementation Forum was co-hosted by the First Nations Health Council and invitees included representatives from Vancouver Coastal Health Operations, Aboriginal Communities and from the Federal and Provincial Governments.

One outcome of the Implementation Forum has resulted in the 2008 – 2011 Aboriginal Health and Wellness Plan. Additionally, the Implementation Forum served to highlight the importance of Vancouver Coastal Health’s collaboration with external, local, regional, provincial and federal partners. To this end, it is anticipated the Health Authority will continue to host an Annual Aboriginal Health Conference to ensure the strategic objectives identified in the 2008 – 2011 Health and Wellness Plan, as well as those stated in the First Nations Health Plan, and Aboriginal Community Health Plans, are being achieved.

2

Looking Back



“Traditional care and wellness needs to be incorporated into the Vancouver Coastal Health care provision in order to improve outcomes.”

In September 2002, Vancouver Coastal Health submitted an Aboriginal Health Plan to the BC Ministry of Health. The plan was a synopsis of information from planning documents created prior to the formation of Vancouver Coastal Health. It also included information from discussions at Aboriginal Community Health Advisory Committee meetings, an Aboriginal community population profile, a list of priority Aboriginal health issues and the goals and strategies to address them, and an overview of needed evaluation and communication processes.

At that time, Vancouver Coastal Health conducted planning, data collection and consultation sessions with key stakeholders to identify and prioritize Aboriginal health issues. The following issues were highlighted as key priorities:

- Relationship Building
- Capacity Building
- Partnerships and Service Delivery
- Health Promotion
- Determinants of Health
- Coordinated Planning and Data Gathering
- Development of a comprehensive communications plan.

Since the development of the 2002 Vancouver Coastal Health Aboriginal Health Plan, there have been many successes, including:

- Improved communication between the region and the Aboriginal communities by the creation of the Aboriginal Community Health Advisory Committee;
- Development of a Vancouver Coastal Health Aboriginal webpage;³
- Funding for a range of Aboriginal Health Initiative Program (AHIP) sponsored initiatives, focused on building community capacity;

- Creation of the Aboriginal Wellness Program to complement Vancouver Community’s Mental Health Services;
- Enhancement of an Aboriginal addictions treatment system;
- A Regional Cross Cultural Training Working Group;
- Creation of the Taking Adult Guardianship into Reserve Communities: Breaking the Cycle of Elder Abuse project;
- Facilitated Aboriginal research projects specific to elder abuse and coastal food sovereignty;
- Vancouver Coastal Health Aboriginal Community Health Advisory Committee representatives participated on the Regional Palliative Care Steering Committee;
- Facilitated a regional Youth Suicide Prevention forum attended by youth from Aboriginal communities throughout the region;
- Signing of an employment strategy agreement that resulted in a human resources information backgrounder aimed at potential Aboriginal recruits;
- Support for a major provincial educational policy conference and a cultural competency workshop for staff;
- Completing a number of submissions to various funding opportunities including the primary health care Aboriginal funding envelope;
- Providing Aboriginal communities with support for addictions prevention through the Capable Kids program;
- Supporting the furnishing of a room at the Aboriginal Patients Lodge that provides accommodation for Aboriginal people traveling to Vancouver for health care;
- Supporting a workshop on emergency response in Aboriginal communities;
- Completion of a Vancouver Coastal Health Aboriginal Health Status Profile; and
- Recruitment of a Regional Director for Aboriginal Health Strategic Initiatives.

While many positive health outcomes were achieved since the 2002–2006 VCH Aboriginal Health Plan, there are still many objectives that remain unmet. Nonetheless, the relationships and communication between the Health Authority and Aboriginal communities established through the implementation of the previous Aboriginal Health Plan has created a solid foundation to improve the health of Aboriginal people.

At a Glance

Health Indicators - Aboriginal Population Compared to General Population

Infants and Children

Infant mortality rates are **two to three times** higher in First Nations and Inuit communities than the rest of the population.⁴

Almost **twice as many** First Nations babies were classified as having a high birth weight than the general population.⁵

Immunization rates among First Nations children are **lower** than among other children in Canada.⁶

Aboriginal children are at a **higher risk** for **unintentional injuries and early deaths** from drowning and other causes.⁷

Children **under 16 years represent 40%** of the Aboriginal population in Canada—a greater proportion than the general population, and faster-growing.⁸

Children in Aboriginal communities **lag far behind** other Canadian children when it comes to their health.⁹

Housing

Off-reserve First Nations people in B.C. were **2.5 times more likely** to live in dwellings in need of **major repairs** than non-Aboriginal people.¹⁰

In **on-reserve communities** in B.C., about **39%** of First Nations people lived in a home requiring **major repairs**.¹¹

A **greater proportion of Aboriginal families** face problems with housing and food affordability.¹²

General Health

Injuries are the **biggest contributor to premature death** among on-reserve First Nations communities, with rates **four times** that of the overall Canadian population.¹³

Rates of diabetes (largely caused by obesity) are **higher** among Aboriginal youth than among other adolescents.¹⁴

The **suicide rate** among Aboriginals is **two to six times** that of the overall Canadian population.¹⁵

“Honour the spiritual needs of individuals to create a culturally safe environment.”

3

Guiding Principles

for the 2008 – 2011 Aboriginal Health and Wellness Plan¹⁶



- Improving health outcomes drives what we do.
- Plans are developed with Aboriginal people, families and communities as full partners.
- Planning is based on a Population Health Approach where inequalities and needs are identified and addressed.
- Services are reoriented to align with the Aboriginal peoples' health journey through a person-centred, integrated health care system.
- Care is planned to support access, appropriateness, efficiency, effectiveness and quality.
- Planning will support a coordinated and collaborative system.
- Working in collaboration with other organizations will align priorities, plans and initiatives through leadership, partnership, advocacy and policy development.

“Create opportunities for individuals to direct their care and use methods of healing that they are familiar with and that will positively impact outcomes.”

4

Strategic Priorities for the 2008–2011 Plan



FOUR THEMES FOR HEALTH SYSTEM TRANSFORMATION

The following four themes for system transformation are closely aligned with five strategic priorities. Each of the nine priorities were identified during the March 2007 VCH Aboriginal Conversation on Health and further refined during the 2008 VCH Health Implementation Forum.

① Access to Health Care Services

Actively work with our partners to address outstanding jurisdictional issues, Aboriginal Health service delivery silos and overcome other long-standing barriers to health care delivery, such as geographic location and isolation.

② Cultural Competency and Inclusion

Increase cultural competency and responsiveness of Health Authority staff to Aboriginal clients' health care needs and to support the inclusion of Aboriginal perspectives and lived experiences within the organization.

③ Management and Accountability

Plan and implement modifications to the governance structure of the Vancouver Coastal Health Aboriginal portfolio such that Aboriginal people participate in leadership roles as stewards of their health and wellness journeys. Furthermore, better monitor Aboriginal health indicators and trends.

④ Aboriginal Health Data

Collaborate with Aboriginal populations and other partners to research and develop an Aboriginal Health and Wellness information collection approach to assist in monitoring progress in achieving the Goals of the 2008–2011 VCH Aboriginal Health and Wellness Plan.

FIVE STRATEGIC PRIORITIES

① Mental Health and Addictions:

Improve and better coordinate mental health and addictions services for Aboriginal Clients and Communities.

② Primary Health Care Services:

Increase access to maternity care, enhance chronic disease management and prevention programs and services, improve coordination of and management of co-morbidities, care for frail elders and enhance end of life care.

③ Health Education and Human Resources:

Increase employment and career opportunities for Aboriginal people at all levels of the organization.

④ Elder Care:

Develop and improve Home and Community as well as Residential Care services for Aboriginal Elders throughout the region. Ensure these services are offered in a culturally appropriate manner.

⑤ Public Health:

Research, develop and implement a model of Aboriginal public health consistent with the dynamic health requirements of Aboriginal people and based on a population health approach.

Strategic Alignment

This table demonstrates how the Vancouver Coastal Health *Strategic Priorities* and *Themes for System Transformation* align with the four priorities and 29 action items outlined in the *Transformative Change Accord: First Nations Health Plan*.

VCH THEMES FOR HEALTH SYSTEM TRANSFORMATION	FOUR TCA HEALTH PLAN PRIORITIES	TRANSFORMATIVE CHANGE ACCORD: FIRST NATION HEALTH PLAN 29 ACTION ITEMS	VCH STRATEGIC PRIORITIES
<ul style="list-style-type: none"> • Management and Accountability 	<ul style="list-style-type: none"> • Governance, Relationships and Accountability 	<ul style="list-style-type: none"> • Establish a First Nations Health Council. • The Provincial Health Officer will appoint an Aboriginal physician to advise on Aboriginal health issues. • Each Health Authority and First Nation will develop Health Plans that are consistent with the TCA priorities and that emphasize actions on issues unique or specific to each region. • Establish a First Nations Health Advisory Committee. • Establish a province-wide Health Partners Group. • Develop a reciprocal accountability framework to address gaps in health services for First Nations in BC. 	<ul style="list-style-type: none"> • Health Education and Human Resources • Mental Health and Addictions • Primary Health Care Services • Public Health • Elder Care
<ul style="list-style-type: none"> • Access to Health Care Services • Cultural Competency and Inclusion 	<ul style="list-style-type: none"> • Health Promotion/ Disease and Injury Prevention 	<ul style="list-style-type: none"> • Aboriginal Specific Act Now program. • Aboriginal Mental Health and Addictions Strategy. • Provision of Hearing, Dental and Vision screening for children under the age of six years. • Follow-up on the BC Coroners Service Child Death Review (2005). • Improve Primary Health Care Services. • Improve First Responder programs in rural and remote First Nations. • Increase Aboriginal Addictions Beds. • Injury prevention strategies (e.g., seatbelt use). 	<ul style="list-style-type: none"> • Mental Health and Addictions • Primary Health Care Services • Public Health • Elder Care

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...Strategic Alignment continued

<ul style="list-style-type: none"> • Access to Health Care Services • Cultural Competency and Inclusion 	<ul style="list-style-type: none"> • Health Services 	<ul style="list-style-type: none"> • Dedicate post secondary seats to Aboriginal health professions. • Provincial Cultural Competency Curriculum will be developed. • Designate a Manager position responsible for Aboriginal Health in each of the 16 Health Service Delivery Areas. • Implement a Maternity Access Project. • Create Primary Health Care services and programs. • Create a fully integrated clinical telehealth network. • Further develop the role of Nurse Practitioners and Physician participation in Aboriginal Wellness Centres. • Increase numbers of Aboriginal professional and skilled trades in the Health Professions. • Increase numbers of Aboriginal Health Liaison staff employed by health authorities. 	<ul style="list-style-type: none"> • Health Education and Human Resources • Mental Health and Addictions • Primary Health Care Services • Public Health • Elder Care
<ul style="list-style-type: none"> • Management and Accountability • Aboriginal Health Data 	<ul style="list-style-type: none"> • Performance Tracking Indicators (seven targets to close the gap): <ul style="list-style-type: none"> • Life expectancy at birth; • Mortality rates (deaths due to all causes); • Youth suicide rates; • Infant mortality rates; • Diabetes rates; • Childhood obesity; and • Increasing the number of Aboriginal Health Care professionals. 	<ul style="list-style-type: none"> • The PHO will issue Aboriginal health status reports every five years, with interim updates every two years. • Renew the Tripartite Agreement between the Province of BC, Health Canada's First Nations and Inuit Health Branch and First Nations. • Expand the Community Health Survey to include First Nations. 	<ul style="list-style-type: none"> • Health Education and Human Resources • Mental Health and Addictions • Primary Health Care Services • Public Health • Elder Care

5

Next Steps: Communicating and Accountability



Following plan approval by the Vancouver Coastal Health Senior Executive Team (SET) and Board of Directors, implementation will begin immediately. A more detailed implementation plan will describe how action items will be achieved and evaluated (see Section 6: Action Plan). It will also include measurable performance indicators to track success and improvements.

Furthermore, new priorities may emerge during the 2008 – 2011 time frame of the Plan. For instance, the Provincial Health Officer will issue a new report on Aboriginal health status in B.C. Trends emerging from this report may be considered and compared to existing priorities, and the Aboriginal Health and Wellness Plan may be adjusted.

Several concerns have been raised about improving partnerships and communications between Aboriginal communities and the Health Authority. As detailed Action Plans for each priority area continue to develop, there will be a focus on creating and maintaining stronger partnerships and communications with Aboriginal agencies, partners and communities. Moreover, Vancouver Coastal Health is committed to exacting a leadership role with other levels of government involved in the delivery of health care services. This includes both the development of a coordinated planning process, as well as more collaborative approaches to delivering services.

As the Vancouver Coastal Health Aboriginal Health and Wellness Plan is a living document, it will evolve and progress over time. Through ongoing engagement and collaboration, Vancouver Coastal Health will work with stakeholders in best efforts to improve the health of all Aboriginal people living in the region.

“Make ‘quality of life’ and not just ‘life expectancy’ an indicator of health for Aboriginal people.”

Communication Framework

Vancouver Coastal Health is committed to maintaining communication with all stakeholders. The following framework is designed to facilitate this objective.

AUDIENCE	TOOL	DESCRIPTION
VCH Aboriginal community, Aboriginal organizations, Aboriginal service providers and VCH staff.	<ol style="list-style-type: none"> 1. Aboriginal Health Newsletter (e-news). 2. 1-800 phone number. 	<ol style="list-style-type: none"> 1. A newsletter is the primary communication tool for VCH to reach Aboriginal communities. It is to be distributed quarterly, by email, fax and drop-off at urban Aboriginal community organizations, community and health centres, neighbourhood houses and regional hospitals. 2. Used to provide information on health system changes, staff contact updates, training and employment opportunities and contract issues. 3. Links VCH with First Nations, Aboriginal organizations and partners.
VCH, general public and Aboriginal specific groups.	Web-page updates.	<ol style="list-style-type: none"> 1. Easy to access format for consolidated Aboriginal specific information. Research two way communication opportunities and strategies (e.g., interactive forum). 2. Knowledge translation.
Ministries, MLAs, VCH Board, ACHAC, ACC.	Briefing notes and communiqués.	As necessary in relation to emergent issues and new initiatives.
Media and general public.	Press releases, news events.	To help improve the profile of Aboriginal health through demonstrated success stories. To improve public understanding about the need to close the gaps in Aboriginal health with enhanced programs and partnerships.
Aboriginal media; broadcast and special publications.	Press releases, feature articles.	To celebrate success stories on this Aboriginal journey to improve the health of Aboriginal people.
VCH staff.	<ol style="list-style-type: none"> 1. Education and Training opportunities. Internal Information Bulletins. 2. Continuum updates. 	<ol style="list-style-type: none"> 1. To improve interaction with Aboriginal people and understanding of Aboriginal health. Topics may include, but not be limited to Aboriginal health status, updated community priorities and cultural training. 2. Feature articles about successful communities, projects and people related to the VCH Aboriginal Health and Wellness Plan.

6 The Action Plan

Health System Transformative Theme 1: Access to Health Care Services

Goal: To actively work with our partners to address outstanding jurisdictional issues, Aboriginal Health service delivery silos and to overcome other long-standing barriers to health care delivery, such as geographic location and isolation.

STRATEGY – HOW WILL WE DO THIS ?	PERFORMANCE INDICATORS: HOW DO WE KNOW IF WE HAVE BEEN SUCCESSFUL?	PARTNERS
<p>1. Remove barriers to services by treating everyone respectfully and in a timely manner.</p>	<ul style="list-style-type: none"> • Increase in number of Aboriginal people who have regular access to a family physician. • Increase in the number of patients that will be seen who do not present proper identification. • Decrease in the number of patients that are banned from receiving health services. • Ensure that a culturally inclusive approach is practiced with two-spirited¹⁷ patients. 	<ul style="list-style-type: none"> • Aboriginal Communities • First Nation Health Council • First Nations Inuit Health, Health Canada • BC Ministry of Health • Aboriginal Community Health Advisory Committee • Health Service Delivery Areas • Health Authorities • Across Continuums • Across Networks • Aboriginal health and human service organizations
<p>2. Utilizing Aboriginal Community Health Plans as a key reference, develop holistic service delivery models with partners.</p>	<ul style="list-style-type: none"> • Complete a detailed analysis and plan of action for what services are needed within each rural and remote community and what will be referred out with realistic standards of care available in rural and remote communities (e.g., not all maternity cases need to be scheduled for birth outside of the community). • Decrease in emergency response times. • Definition of the roles of smaller hospitals. 	<ul style="list-style-type: none"> • Aboriginal Communities • First Nation Health Council • First Nations Inuit Health, Health Canada • BC Ministry of Health • Aboriginal Community Health Advisory Committee • Health Service Delivery Areas • Health Authorities • Across Continuums • Across Networks • Aboriginal health and human service organizations

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...Access to Health Care Services continued

<p>3. Research and develop an Integrated telehealth network</p>	<ul style="list-style-type: none"> Answers to the questions: What is an Integrated Telehealth Network? How is it used? How is it sustained? 	<ul style="list-style-type: none"> Aboriginal Community Health Advisory Committee Aboriginal Communities Inter-Tribal Health Authority First Nation Health Council First Nations Inuit Health, Health Canada BC Ministry of Health Health Service Delivery Areas Health Authorities Across Continuums Across Networks Aboriginal Health and Human Service Organizations
<p>4. Develop and implement the Aboriginal Patient Navigator Program to work with each of the VCH Health Service Delivery Areas.</p>	<ul style="list-style-type: none"> Recruited and oriented Aboriginal Patient Navigators are in place for each of the Health Service Delivery Areas. Regular reporting and monitoring of this program to measure success of program (e.g., discharge and aftercare planning). 	<ul style="list-style-type: none"> Aboriginal Community Health Advisory Committee Aboriginal Communities First Nation Health Council First Nations Inuit Health, Health Canada BC Ministry of Health Health Service Delivery Areas Health Authorities Across Continuums Across Networks Aboriginal Health and Human Service Organizations

Health System Transformative Theme 2: Cultural Competency and Inclusion

Goal: To increase cultural competency and responsiveness of VCH staff to Aboriginal clients' health care needs and to support the inclusion of Aboriginal perspectives and lived experiences within the organization.

STRATEGY – HOW WILL WE DO THIS ?	PERFORMANCE INDICATORS: HOW DO WE KNOW IF WE HAVE BEEN SUCCESSFUL?	PARTNERS
1. Develop Cultural Competency curriculum and deliver workshops for VCH staff on a scheduled basis	<ul style="list-style-type: none"> • Complete VCH Cultural Competency Training Curriculum • Number of sessions meets targets • Number of participants meets targets • Workshop evaluations • Pre and post testing for workshop participants • Identified and established training partners in Aboriginal communities 	<ul style="list-style-type: none"> • Aboriginal Community Health Advisory Committee • BC Ministry of Health • BC Academic Health Council • Aboriginal Wellness Program • Aboriginal Health and Human Resources Initiative Program • Aboriginal health and human service organizations • Health Employees' Union • BC Nurses' Union • BC Teachers' Federation • Other Post Secondary Institutions • School districts • First Nations Health Council • Aboriginal Nurses Association • Health Service Delivery Areas • Health Authorities • Across Continuums • Across Networks
2. Develop internal mentorship and training programs to support the recruitment and retention of Aboriginal staff within VCH.	<ul style="list-style-type: none"> • Number of participants meets targets • One additional Employee Engagement Advisor to focus on recruitment and retention 	<ul style="list-style-type: none"> • Aboriginal Community Health Advisory Committee • Health Service Delivery Areas • Health Authorities • Across Continuums • Across Networks • BC Nurses' Union • BC Health Employees' Union • VCH Employee Engagement
3. Regional orientation to urban and rural health issues for all VCH decision makers involved in health planning and service delivery.	<ul style="list-style-type: none"> • Regular Aboriginal Community visits by VCH Executive and senior staff. 	<ul style="list-style-type: none"> • Health Service Delivery Areas • Health Authorities • Across Continuums • Across Networks

Health System Transformative Theme 3: Management and Accountability

Goal: Plan and implement modifications to the Governance structure of the VCH Aboriginal portfolio such that Aboriginal people participate in leadership roles as stewards of their health and wellness journeys. Furthermore, better monitor Aboriginal health indicators and trends.

STRATEGY – HOW WILL WE DO THIS ?	PERFORMANCE INDICATORS: HOW DO WE KNOW IF WE HAVE BEEN SUCCESSFUL?	PARTNERS
1. Research and develop an effective, efficient, sustainable, responsive, culturally sensitive and accountable co-management model by which a regional health system will reflect the unique health and cultural diversity of Aboriginal people.	<ul style="list-style-type: none"> Revised VCH Aboriginal Organizational Structure approved by ACHAC, VCH Senior Executive Team, and VCH Board of Directors. 	<ul style="list-style-type: none"> Aboriginal Community Health Advisory Committee Aboriginal Co-ordinating Committee Health Service Delivery Areas Health Authorities Senior Executive Team VCH Board
2. Assign a Medical Health Officer to the VCH Aboriginal portfolio	<ul style="list-style-type: none"> Formal assignment announced by Executive at VCH. 	<ul style="list-style-type: none"> Health Service Delivery Areas Health Authorities Senior Executive Team
3. Assign an Epidemiologist to the VCH Aboriginal portfolio.	<ul style="list-style-type: none"> Formal assignment announced by Executive at VCH. 	<ul style="list-style-type: none"> Health Service Delivery Areas Health Authorities Senior Executive Team
4. Assign Aboriginal Health Managers within each of the VCH Health Service Delivery Areas.	<ul style="list-style-type: none"> Formal assignment of Aboriginal Health Managers within each HSDA. Positions incorporated into the revised VCH Aboriginal Organizational Structure. 	<ul style="list-style-type: none"> Aboriginal Community Health Advisory Committee Aboriginal Co-ordinating Committee Health Service Delivery Areas Health Authorities Senior Executive Team

Health System Transformative Theme 4: Aboriginal Health Data

Goal: Collaborate with Aboriginal populations and other partners to research and develop an Aboriginal Health and Wellness information collection approach to assist in monitoring progress in achieving the goals of the 2008 – 2011 Aboriginal Health and Wellness Plan.

STRATEGY – HOW WILL WE DO THIS ?	PERFORMANCE INDICATORS: HOW DO WE KNOW IF WE HAVE BEEN SUCCESSFUL?	PARTNERS
1. Produce an accurate and timely Aboriginal Health Status Profile specific to all Aboriginal communities located within the VCH region.	<ul style="list-style-type: none"> Annually updated VCH Aboriginal Health Status Profile— inclusive of health data specific to each Aboriginal community. 	<ul style="list-style-type: none"> VCH – Population Health Health Service Delivery Areas First Nations Inuit Health, Health Canada BC Ministry of Health Indian and Northern Affairs Statistics Canada Aboriginal Community Health Advisory Committee Aboriginal Co-ordinating Committee Aboriginal health and human service organizations Health Authorities NEAR BC
2. Develop a VCH Aboriginal Health and Human Resource Database.	<ul style="list-style-type: none"> Develop baseline data on VCH Aboriginal employees to inform VCH Recruitment and Retention Strategy. 	<ul style="list-style-type: none"> VCH Employee Engagement Health Service Delivery Areas BC Nurses Union Health Employers Association of BC Across Continuums Across Networks

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...Aboriginal Health Data continued

<p>3. Support Aboriginal communities in the management of their health data.</p>	<ul style="list-style-type: none"> • Participate in the establishment of an Aboriginal Health Data Working Group. 	<ul style="list-style-type: none"> • Aboriginal Community Health Advisory Committee • Aboriginal Co-ordinating Committee • Aboriginal Health Leads Table • Health Service Delivery Areas • First Nations Inuit Health, Health Canada • BC Ministry of Health • Indian and Northern Affairs • Statistics Canada • Aboriginal Communities • Aboriginal health and human service organizations • NEAR BC
<p>4. Encourage self identification of Aboriginal staff within VCH.</p>	<ul style="list-style-type: none"> • A completed VCH Employee Engagement Aboriginal database. 	<ul style="list-style-type: none"> • Health Service Delivery Areas • Across Continuums • Across Networks • First Nations Inuit Health, Health Canada • BC Ministry of Health • Indian and Northern Affairs • Statistics Canada • Aboriginal Community Health Advisory Committee • Aboriginal Co-ordinating Committee • Aboriginal health and human service organizations • Health Service Delivery Areas • Health Authorities • Across Continuums • Across Networks • NEAR BC • VCH Employee Engagement • BC Nurses Union • Health Employers Association of BC

Strategic Priority 1: Mental Health and Addictions

Goal: Improve and better co-ordinate mental health and addictions services for Aboriginal clients and communities.

STRATEGY – HOW WILL WE DO THIS ?	PERFORMANCE INDICATORS: HOW DO WE KNOW IF WE HAVE BEEN SUCCESSFUL?	PARTNERS
<p>1. Partner with intergovernmental agencies and others to plan and implement risk reduction strategies, including community-based education programs about mental health and addictions.</p>	<ul style="list-style-type: none"> • Memorandums of Understanding with Strategic Partners • Develop culturally relevant prevention and promotion programs and services. 	<ul style="list-style-type: none"> • Aboriginal Community Health Advisory Committee • Aboriginal Communities • Aboriginal Co-ordinating Committee • First Nations Inuit Health, Health Canada • First Nation Health Council • Aboriginal Mental Health and Addictions Organizations • Aboriginal health and human service organizations • School Districts • BC Teachers' Federation • Health Service Delivery Areas • Health Authorities • Across Continuums • Across Networks • NEAR BC
<p>2. Develop cross-agency programs that improve access to mental health and addiction services, such as early assessment and intervention and enhanced rural and remote access.</p>	<ul style="list-style-type: none"> • Develop and implement a Regional Aboriginal Mental Health and Addictions Strategic Plan. • Established partnerships with community to ensure LGBT – two spirited individual needs are identified and incorporated into all mental health and addictions planning, services and programs. • Increase in the number of regional Aboriginal specific addiction recovery beds. • Concurrent disorders will be addressed in the Aboriginal Mental Health Strategic Plan. • Increased referrals and follow-up to existing partner agencies. 	<ul style="list-style-type: none"> • Aboriginal Community Health Advisory Committee • Aboriginal Communities • Aboriginal Co-ordinating Committee • First Nations Inuit Health, Health Canada • First Nation Health Council • Aboriginal Mental Health and Addictions Organizations • Aboriginal health and human service organizations • School Districts • BC Teachers' Federation • Health Service Delivery Areas • Health Authorities • Across Continuums • Across Networks • NEAR BC
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<p>3. Support the development of outreach prevention and treatment programs, emergency services and policies for better crisis response and to help overcome transportation barriers.</p>	<ul style="list-style-type: none"> • Increased number of Aboriginal Mental Health workers in each Health Service Delivery Area • Operationalization of a Regional mental health and addiction interdisciplinary team to provide advanced intervention and support to Aboriginal communities and organizations. 	<ul style="list-style-type: none"> • Aboriginal Community Health Advisory Committee • Aboriginal Co-ordinating Committee • Aboriginal Health Leads Table • Health Service Delivery Areas • First Nations Inuit Health, Health Canada • BC Ministry of Health • Indian and Northern Affairs • Aboriginal Communities • Aboriginal health and human service organizations • NEAR BC
<p>4. Ensure mental health and addictions programs are culturally appropriate with a specific youth focus. Develop programs to train youth to deliver peer-based education and support in mental health and addictions.</p>	<ul style="list-style-type: none"> • Increased number of youth trained in peer-based mental health and addictions education and support. 	<ul style="list-style-type: none"> • Health Service Delivery Areas • Across Continuums • Across Networks • First Nations Inuit Health, Health Canada • BC Ministry of Health • Indian and Northern Affairs • Aboriginal Community Health Advisory Committee • Aboriginal Co-ordinating Committee • Aboriginal health and human service organizations • Health Service Delivery Areas • Health Authorities • Across Continuums • Across Networks • NEAR BC

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Strategic Priority 1: Mental Health and Addictions

Goal: Improve and better co-ordinate mental health and addictions services for Aboriginal clients and communities.

...Mental Health and Addictions continued		
STRATEGY – HOW WILL WE DO THIS ?	PERFORMANCE INDICATORS: HOW DO WE KNOW IF WE HAVE BEEN SUCCESSFUL?	PARTNERS
5. Streamline mental health and addiction program funding and reporting structures.	<ul style="list-style-type: none"> • Creation of a standardized funding model accompanied by a reporting template. 	<ul style="list-style-type: none"> • Aboriginal Community Health Advisory Committee • Aboriginal Communities • Aboriginal Co-ordinating Committee • First Nations Inuit Health, Health Canada • First Nation Health Council • Aboriginal Mental Health and Addictions Organizations • Aboriginal health and human service organizations • Health Service Delivery Areas • Health Authorities • Across Continuums • Across Networks • NEAR BC
6. Change the language of Mental Health and Addictions to better reflect issues facing Aboriginal people (e.g., intergenerational trauma related to grief and loss) in order to improve accessibility and outcomes.	<ul style="list-style-type: none"> • VCH incorporates culturally appropriate language and practices into the service delivery models for all Aboriginal Mental Health and Addictions services. 	<ul style="list-style-type: none"> • Aboriginal Community Health Advisory Committee • Aboriginal Communities • Aboriginal Co-ordinating Committee • First Nations Inuit Health, Health Canada • First Nation Health Council • Aboriginal Mental Health and Addictions Organizations • Aboriginal health and human service organizations • Health Service Delivery Areas • Health Authorities • Across Continuums • Across Networks • NEAR BC

Strategic Priority 2: Primary Health Care Services

Goal: Improve access to maternity care, enhance chronic disease management and prevention programs and services, enhance coordination and management of co-morbidities, improve care for frail elders, and enhance end of life care.

STRATEGY – HOW WILL WE DO THIS ?	PERFORMANCE INDICATORS: HOW DO WE KNOW IF WE HAVE BEEN SUCCESSFUL?	PARTNERS
<p>1. Actively examine the feasibility of developing Aboriginal Integrated Health Network (with a focus on elder care, chronic disease, mental health and addiction) pilot projects throughout the region.</p>	<ul style="list-style-type: none"> • Host pilot project Aboriginal communities and organizations identified. • Integrated Health Network proposals developed and submitted for funding. 	<ul style="list-style-type: none"> • Aboriginal Co-ordinating Committee • Aboriginal Communities • Aboriginal Community Health Advisory Committee • First Nation Health Council • First Nations Inuit Health, Health Canada • Aboriginal health and human service organizations • Health Service Delivery Areas • Health Authorities • Across Continuums • Across Networks
<p>2. Foster partnerships with Aboriginal communities to develop sustainable Chronic Disease Prevention and Management Strategies.</p>	<ul style="list-style-type: none"> • Increase in the number of Aboriginal patients participating in chronic disease management and preventative education programs. • Decrease in hospitalization rates related to Chronic Diseases. • Decrease in the incidence of chronic diseases amongst Aboriginal people. • Build community capacity in effectively managing chronic disease. 	<ul style="list-style-type: none"> • Aboriginal Co-ordinating Committee • Aboriginal Communities • Aboriginal Community Health Advisory Committee • First Nation Health Council • First Nations Inuit Health, Health Canada • Aboriginal health and human service organizations • Health Service Delivery Areas • Health Authorities • Across Continuums • Across Networks
<p>3. Address barriers to accessing maternal health, and early childhood screening programs and services.</p>	<ul style="list-style-type: none"> • Implementation of Region-wide Maternal Health programs and Early Childhood screening initiatives (eg. vision, dental, hearing). • Increase number of Aboriginal children screened for dental, vision and hearing. • Decreased number of Aboriginal children receiving dental surgery. 	<ul style="list-style-type: none"> • Aboriginal Co-ordinating Committee • Aboriginal Communities • Aboriginal Community Health Advisory Committee • First Nation Health Council • First Nations Inuit Health, Health Canada • Aboriginal health and human service organizations • Health Service Delivery Areas • Health Authorities • Across Continuums • Across Networks

Strategic Priority 3: Health and Human Resources

Goal: Increase employment and career opportunities for Aboriginal people at all levels of the organization.

STRATEGY – HOW WILL WE DO THIS ?	PERFORMANCE INDICATORS: HOW DO WE KNOW IF WE HAVE BEEN SUCCESSFUL?	PARTNERS
<p>1. Designate a leadership position to design and implement a regional Aboriginal Health and Human Resource strategy.</p>	<ul style="list-style-type: none"> • Review and adapt hiring process and qualifications to enable recruitment and retention of Aboriginal people (e.g., by including Aboriginal representatives on hiring panels). • Accommodation of cultural leave for Aboriginal staff (e.g., bereavement leave and leave to fulfill cultural responsibilities and participation in traditional ceremonies). • Create an Aboriginal Mentorship Program. • Partnerships developed with Unions in order to support recruitment and retention of Aboriginal health staff. • Work with Aboriginal community organizations, elementary and high schools in order to showcase employment opportunities. • Enhance partnerships and collaborations with Aboriginal employment agencies to promote VCH as an employer. • Review of VCH Human Resource policies to ensure that the VCH Health and Human Resource goal is achieved. • Set targets for percentage of Aboriginal staff hired. • Establish a baseline of VCH Health and Human Resource data. • Actively advocate for number of health care seats allotted or assigned to Aboriginal students in post-secondary institutions. 	<ul style="list-style-type: none"> • Aboriginal Community Health Advisory Committee • Aboriginal Co-ordinating Committee • BC Ministry of Health • Indian and Northern Affairs • First Nations and Inuit Health, Health Canada • First Nations Health Council • BC Academic Health Council • Aboriginal Nurses Association • VCH Employee Engagement • Health Service Delivery Areas • Health Authorities • Across Continuums • Across Networks • Aboriginal Physicians Association of Canada • Aboriginal Human Resource Development Strategy (AHRDS) Offices • BC Aboriginal Workforce Development • First Nations Education Steering Committee • Post Secondary Learning Institutions (throughout the province) • School Districts and Band Schools (throughout the VCH Region)
<p>2. Establish an Aboriginal Health Human Resource Reference Group with representation from internal Aboriginal staff and external partners.</p>	<ul style="list-style-type: none"> • VCH Aboriginal Health and Human Resource working group created with a terms of reference. • Facilitate the identification of emerging employment opportunities and link Aboriginal learners with appropriate training institutions and jobs. • Research and develop an approach to determining the number of practicing, certified Aboriginal Health Care professionals. • Share success and challenges with partners. 	<ul style="list-style-type: none"> • Aboriginal Community Health Advisory Committee • Aboriginal Co-ordinating Committee • BC Ministry of Health • Indian and Northern Affairs • First Nations and Inuit Health, Health Canada • First Nations Health Council • BC Academic Health Council
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...Health and Human Resources continued

		<ul style="list-style-type: none"> • Aboriginal Nurses Association • VCH Employee Engagement • Health Service Delivery Areas • Health Authorities • Across Continuums • Across Networks • Aboriginal Physicians Association of Canada • Aboriginal Human Resource Development Strategy (AHRDS) Offices • BC Aboriginal Workforce Development • First Nations Education Steering Committee • Post Secondary Learning Institutions (throughout the province) • School Districts and Band Schools (throughout the VCH Region)
<p>3. Work with communities to explore opportunities for innovative structuring of roles – especially rural and remote First Nations – and to recruit and retain health care professionals and skilled trades to work in Aboriginal communities.</p>	<ul style="list-style-type: none"> • Achieve Aboriginal recruitment targets via formalized agreements (e.g., MOU's) with FN and other partners, setting numeric targets – this is especially applicable to rural communities. • Develop innovative approaches to train local people to ensure long term success, for example, midwives and doulas. • Establish an annual reporting mechanism on progress in recruitment and retention of Aboriginal employees. 	<ul style="list-style-type: none"> • Aboriginal Community Health Advisory Committee • Aboriginal Coordinating Committee • BC Ministry of Health • Indian and Northern Affairs • First Nations and Inuit Health, Health Canada • First Nations Health Council • BC Academic Health Council • Aboriginal Nurses Association • VCH Employee Engagement • Health Service Delivery Areas • Health Authorities • Across Continuums • Across Networks • Aboriginal Physicians Association of Canada • Aboriginal Human Resource Development Strategy (AHRDS) Offices • BC Aboriginal Workforce Development • First Nations Education Steering Committee • Post Secondary Learning Institutions (throughout the province) • School Districts and Band Schools (throughout the VCH Region)

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Strategic Priority 3: Health and Human Resources

Goal: Increase employment and career opportunities for Aboriginal people at all levels of the organization.

...Health and Human Resources continued		
STRATEGY – HOW WILL WE DO THIS ?	PERFORMANCE INDICATORS: HOW DO WE KNOW IF WE HAVE BEEN SUCCESSFUL?	PARTNERS
<p>4. Increase retention of Aboriginal staff by creating an organizational culture that is welcoming and culturally inclusive.</p>	<ul style="list-style-type: none"> • Creation of cultural safe spaces within acute care settings and community clinics. • Articles in VCH staff newsletter about increasing Aboriginal employment opportunities in health care (and inviting participation in the HHR Reference Group). 	<ul style="list-style-type: none"> • Aboriginal Community Health Advisory Committee • Aboriginal Co-ordinating Committee • BC Ministry of Health • Department of Indian and Northern Affairs • First Nations and Inuit Health, Health Canada • First Nations Health Council • BC Academic Health Council • Aboriginal Nurses Association • VCH Employee Engagement • Health Service Delivery Areas • Health Authorities • Across Continuums • Across Networks • Aboriginal Physicians Association of Canada • Aboriginal Human Resource Development Strategy (AHRDS) Offices • BC Aboriginal Workforce Development • First Nations Education Steering Committee • Post Secondary Learning Institutions (throughout the province) • School Districts and Band Schools (throughout the VCH Region)

“Enhance partnerships with Aboriginal employment agencies to promote Vancouver Coastal Health as an employer.”

Strategic Priority 4: Elder Care

Goal: Within the concept of aging in place, develop and improve Home and Community as well as Residential Care services for Aboriginal Elders throughout the region. Ensure that these services are offered in a culturally appropriate manner.

STRATEGY – HOW WILL WE DO THIS ?	PERFORMANCE INDICATORS: HOW DO WE KNOW IF WE HAVE BEEN SUCCESSFUL?	PARTNERS
<p>1. Actively collaborate with Aboriginal Communities and external partners to identify a holistic culturally based best practice service delivery model for Aboriginal Elders that ensures that programs and services are comprehensive, culturally appropriate and accessible.</p>	<ul style="list-style-type: none"> • Measurable increase in the number of Aboriginal specific home and community care services. • Increase in the number of regional Aboriginal specific residential care beds, including supportive housing, assisted living and long term care beds. • Measurable increase in the number of culturally sensitive outpatient, recreation and respite care programs and services. • Increased training and community access to the VCH Re:Act program for the Prevention of Elder Abuse. • Enhancement of injury prevention programs and services. 	<ul style="list-style-type: none"> • Aboriginal Community Health Advisory Committee • Aboriginal Coordinating Committee • BC Ministry of Health • Indian and Northern Affairs • First Nations and Inuit Health, Health Canada • First Nations Health Council • Canada Mortgage and Housing Corporation • Health Service Delivery Areas • Health Authorities • Across Continuums • Across Networks • BC Housing • Aboriginal Housing Service Programs, e.g., Luma Native Housing Society

“Health priorities are children, infants, youth, suicide-prevention, healing and traditional healing and family healing across generations.”

Strategic Priority 5: Public Health

Goal: Research, develop and implement a model of Aboriginal public health consistent with the dynamic health requirements of Aboriginal people that is based on a population health approach.

STRATEGY – HOW WILL WE DO THIS ?	PERFORMANCE INDICATORS: HOW DO WE KNOW IF WE HAVE BEEN SUCCESSFUL?	PARTNERS
<p>1. Work with Aboriginal community partners to develop and advocate for Aboriginal specific policies to address gaps in regional social determinants of health (e.g., education, literacy, employment, homelessness).</p>	<ul style="list-style-type: none"> • Measurable efforts undertaken to close the gap in public health services, specifically by increasing the number of strength based approaches and best practices utilized in health policy and practice. • Active promotion of Aboriginal community self determination and capacity building (e.g., co-hosting ‘community action’ forums, publishing awareness and promotion materials). • Work with Aboriginal communities to support their health assessment and surveillance work. • Expansion of the VCH approach to poverty reduction by including Aboriginal communities. • Re-definition of public health to incorporate an Aboriginal world view. 	<ul style="list-style-type: none"> • Aboriginal Community Health Advisory Committee • Aboriginal Co-ordinating Committee • First Nation Health Council • Aboriginal health and human service organizations • BC Ministry of Health • School Districts • BC Teachers’ Federation • First Nations Inuit Health – Health Canada • Health Service Delivery Areas • Health Authorities • Across Continuums • Across Networks • VCH Population Health • Aboriginal Communities
<p>2. Partner with Aboriginal Communities to design and implement a regional ‘Aboriginal healthy family’ strategy that will include initiatives focused on:</p> <ul style="list-style-type: none"> - food security and healthy eating; - active living (physical activity and recreation); - healthy schools and workplaces; - healthy communities; - healthy pregnancies; - tobacco reduction. 	<ul style="list-style-type: none"> • Develop and Implement a regional Aboriginal Healthy Family Strategy. 	<ul style="list-style-type: none"> • Aboriginal Community Health Advisory Committee • Aboriginal Co-ordinating Committee • First Nation Health Council • Aboriginal health and human service organizations • BC Ministry of Health • School Districts • BC Teachers’ Federation • First Nations Inuit Health – Health Canada • Health Service Delivery Areas • Health Authorities • Across Continuums • Across Networks • VCH Population Health • Aboriginal Communities

Conclusion



Vancouver Coastal Health (VCH) serves diverse populations over a vast region. Our commitment is to ensure that the health and wellness needs of all individuals and their families are met with the highest standards of care.

We recognize that the Aboriginal populations who reside within VCH boundaries, or who receive services from VCH, are varied and unique. We are also aware that the statistics continue to indicate that the health status of the Aboriginal population is lower than that of the rest of the population.

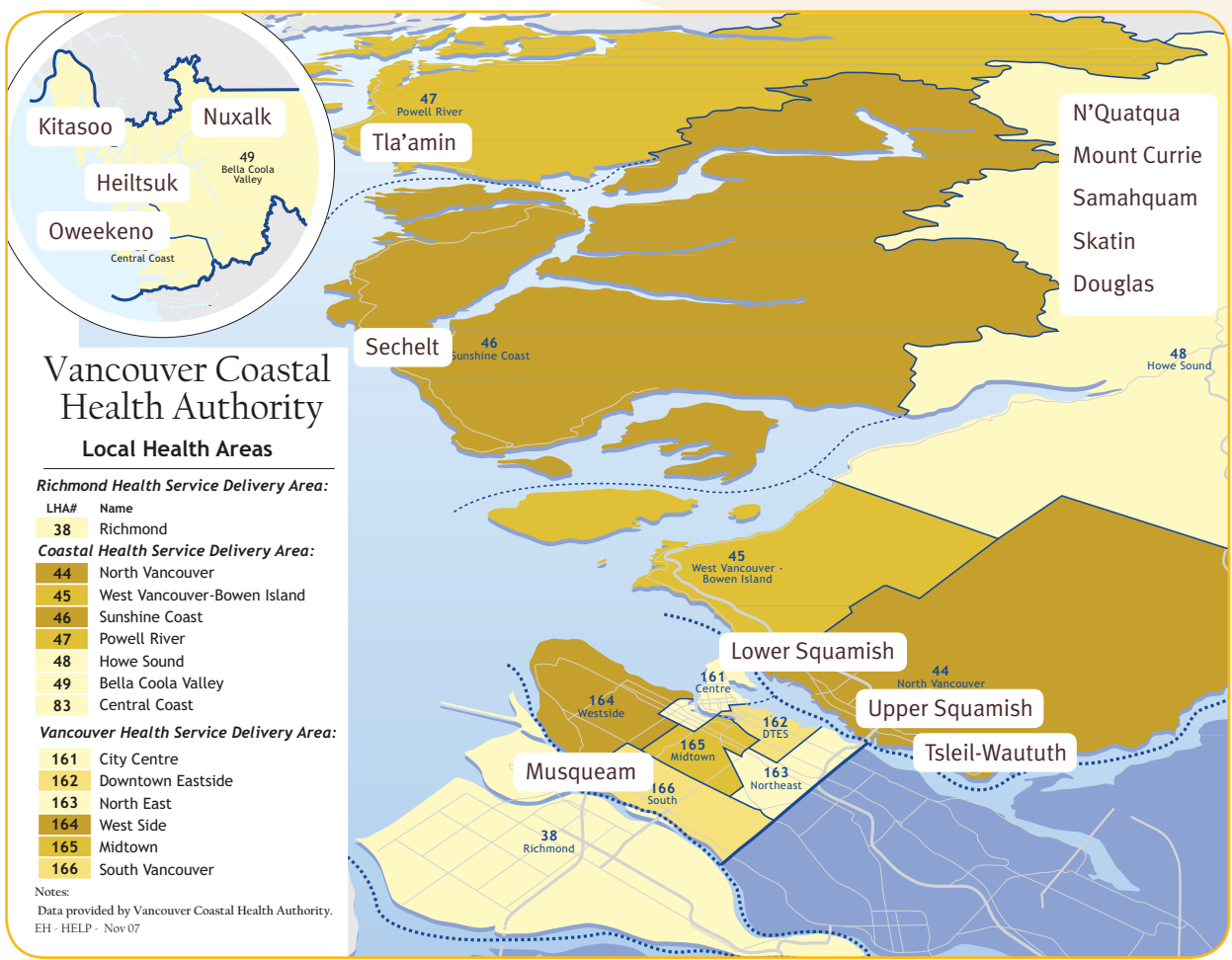
With our partners at the provincial and federal levels, VCH is making a concerted effort to turn this picture around and close the existing gaps in health status.

Toward this goal, VCH has developed the 2008 – 2011 Aboriginal Health and Wellness Plan to make those much needed changes and address the health and wellness needs of Aboriginal people across the continuums of care and throughout the lifespan.

The Aboriginal Health Strategic Initiatives team will also be developing a thorough implementation framework, communications strategy and evaluation plan to measure our successes as we go forward with this important work.

We thank everyone who supported and contributed to the 2008 – 2011 Aboriginal Health and Wellness Plan.

“Honour the journey and provide the required support when it is called for. Allow individuals to communicate what they need.”



Geographical Overview of VCH region including 14 First Nation Communities

Vancouver Coastal Health is a vast region, serving a geographical area of 58,560 km², which includes urban, sub-urban, rural, and remote communities. VCH provides health services to over 1,044,000 people residing in Vancouver, Richmond, North Shore, Powell River, Sea-to-Sky Corridor, Bella Bella, Bella Cooola, and the Sunshine Coast.¹⁸

There are approximately 195,000 Aboriginal people¹⁹ who reside in British Columbia, which is significantly greater than the 170,025 identified in the Provincial Health Officer's Report (2001). This number may be greater.

According to the 2001 data, approximately 45,000 of these residents live in the Vancouver Coastal Health region; roughly 60 percent (27,000) live in urban communities. VCH Aboriginal Health Strategic Initiatives will update these figures with new information from the Provincial Health Officer's Report, due in the fall of 2008.

"Recruit and retain health care professionals to work in rural communities."

Selected References

- ¹ For a more comprehensive background on 'who we are,' please refer to the VCH Aboriginal Health website at <http://www.vch.ca/aboriginalhealth/>
- ² In this document the term *Aboriginal people* includes on- and off-reserve Status Indians, on- and off-reserve Non-Status Indians, Bill C-31 First Nations, Métis, registered and non-registered Inuit people and Persons with Aboriginal Ancestry.
- ³ Please visit the VCH Aboriginal Health Webpage at: <http://www.vch.ca/aboriginalhealth/>
- ⁴ <http://secure.cihi.ca/cihi.ca/cihiweb/splash.html>, Canadian Institute for Health Information
- ⁵ http://hc-sc.gc.ca/fnih-spni/pubs/gen/stats_profil_e.html, First Nations and Inuit Health, Statistical profile of First Nations Health in Canada
- ⁶ Ibid
- ⁷ Ibid
- ⁸ <http://www.cps.ca/English/Advocacy/Aboriginal.htm>, 2007, Canadian Pediatric Society
- ⁹ Ibid
- ¹⁰ <http://www.census2006.ca>, BC Quick Facts, Census Canada
- ¹¹ Ibid
- ¹² <http://secure.cihi.ca/cihi.ca/cihiweb/splash.html>, Canadian Institute for Health Information
- ¹³ http://hc-sc.gc.ca/fnih-spni/pubs/gen/stats_profil_e.html, First Nations and Inuit Health, Statistical profile of First Nations Health in Canada
- ¹⁴ <http://secure.cihi.ca/cihi.ca/cihiweb/splash.html>, Canadian Institute for Health Information
- ¹⁵ Ibid
- ¹⁶ British Columbia. (2007). Primary Health Core Charter: A Collaborative Approach
- ¹⁷ "Two-spirited people refers to those who self identify as Gay, Bi-sexual, Lesbian or Transgender.
- ¹⁸ <http://www.vch.ca/about/numbers.htm>, 2006
- ¹⁹ Ministry of Health. (Dec. 19, 2006). An Overview of the First Nations Health Plan. PowerPoint presentation by Andrew Hazelwood.

About this Design

The design of the Aboriginal Health and Wellness Plan was based on four warm earth tones that represent the four directions, the four quadrants of the medicine wheel and the four human elements of physical, emotional, mental and spiritual being. The design is clean, modern and forward-looking but also respectful and inclusive of traditional elements.

The dominant design element is the circle, which echoes the Aboriginal Health Strategic Initiatives logo and symbolizes integration, unity, connection, community and the continuum of health care.

Photos were selected to represent and speak to all Aboriginal peoples across B.C., from all communities and backgrounds, whether they are urban or rural and whether they live on- or off-reserve.

Quotes throughout this document were taken from participants who attended the Aboriginal Health Implementation Forum on January 31 and February 1, 2008.

Please visit us at www.vch.ca/aboriginalhealth or email info.aboriginalhealth@vch.ca



Urban Aboriginal Community Garden and Community Kitchen project
–Vancouver Native Health and Aboriginal Health Initiative Program

