



Vancouver Island Health Authority

Aboriginal Health Plan

Approved by the Board of Directors
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Purpose of This Document

The purpose of this document is to define a new approach to the development and provision of health services for Aboriginal people in the Vancouver Island Health Authority (VIHA), and to support a continuing dialogue between VIHA and its Aboriginal residents. We know from our ongoing relationships with Aboriginal communities throughout the health authority, and through statistics from many sources, including the 2001 Census for VIHA, BC Vital Statistics, and the BC Atlas of Child Development, that Aboriginal people have lower health status than other residents of VIHA. We need to work with Aboriginal people to reduce these inequities in health.

Because the Aboriginal Health Plan is part of the Performance Agreement between VIHA and the Ministry of Health, we must report on specific indicators of population health. We recognize, however, that we also have an obligation to Aboriginal people to implement, measure and report on indicators they identify as important.

Health care financial and human resources are under increasing pressure as our population grows, as new treatments are developed, and as expectations for levels of treatment expand. We need a plan to ensure that we work in the most efficient manner, directing resources where they can have the greatest impact on health priorities identified in partnership with Aboriginal communities.

Executive Summary

There are approximately 33,000 Aboriginal people living in communities served by the Vancouver Island Health Authority (VIHA), representing approximately 4.5 per cent of our total population. The majority – 25,000 – identify as belonging to three First Nations with traditional territories on Vancouver Island, the Coast Salish, Nuu-Chah-Nulth and Kwakwaka'wakw Nations. Vancouver Island is also home to Métis people and Aboriginal people who have come from other areas.

In general, Aboriginal people living in VIHA are more likely to experience a range of barriers to accessing health services, more likely to suffer from chronic diseases, and more likely to die prematurely from a variety of causes than non-Aboriginal residents. The health of Aboriginal women and children, those facing mental illness or addiction, and those with chronic conditions is of particular concern. This plan outlines the most pressing health issues facing Aboriginal communities and provides information on some of the most successful initiatives we are currently engaged in – many of them developed and provided in partnership with Aboriginal communities.

Research shows that traditional health care services often do not meet the needs of Aboriginal people. A review of best practice literature regarding Aboriginal health suggests that we must change our approach and work collaboratively with Aboriginal partners in order to improve health. Community-based initiatives that provide a broad range of treatment, prevention and health promotion strategies appear to “work best” for Aboriginal people (Smye and Mussell, 2001). The goal of our Aboriginal Health Plan is to work with communities to identify strategies that will reduce these health discrepancies, and improve the health of Aboriginal people of all ages.

Our goal is to work collaboratively with Aboriginal communities to define and improve their health. That is why this plan frequently refers to how we will work with Aboriginal people rather than defining specific programs or services that will be implemented. Identifying specific needs and developing ways to meet them must be accomplished in partnership with Aboriginal communities.

Our strategic themes will be: to build stronger relationships with Aboriginal communities throughout the health authority, within VIHA, and with other health care jurisdictions; to improve access and remove barriers to service for Aboriginal people and to; increase the capacity of Aboriginal communities and VIHA itself to provide appropriate, effective, and culturally safe health care services.

These strategic themes will provide the foundation for the collaborative development of targeted initiatives to identify and meet the health care needs of Aboriginal communities and to establish relevant, meaningful measures of success. There is movement afoot within Aboriginal communities to address their health needs and heal the causes of illness in their communities; several community initiatives are currently under development. VIHA has the opportunity to lead the way in creating innovative and effective partnerships that will effect real change and lead to improved health for Aboriginal people.

Introduction and Background

The Vancouver Island Health Authority (VIHA) is one of many partners developing a plan to improve the health of Aboriginal people of all ages, from the tiniest newborn to the frailest elder. Because good health depends on broad socio-economic factors such as education, employment and shelter as well as health care services, VIHA alone cannot improve the health status of its Aboriginal residents. With our Aboriginal partners, we are working to improve the services we provide directly and are seeking input from and collaboration with, individuals, Aboriginal leaders and organizations, and community groups.

In 2002, we produced the Aboriginal Health Planning Report, which reviewed the current health status of Aboriginal people in VIHA, efforts that had been made towards improved Aboriginal health, and priorities and goals to 2005. In 2005, we began the process of preparing this Plan and talking with Aboriginal communities about their health concerns through our engagement process with Aboriginal Health Working Groups, Advisories, First Nations Health Authorities and Aboriginal Nurse Leaders. We also met informally with individuals, communities, Aboriginal people and organizations, staff and physicians. Because of input we received, we felt we needed to hear more from Aboriginal communities in the Mount Waddington area about their health care needs before we completed our planning.

In February 2006, more than 70 people participated in the Mt. Waddington “Integrated Health Service Delivery Planning Session”. This was a working session that included VIHA representatives, health care providers, First Nations leadership and community members, elected officials, and others. It brought people together to identify and implement a model of service delivery that will better meet the needs of Mt. Waddington residents in the future. Aboriginal participants present at this session brought forward a number of distinct and complex issues and challenges including:

- The effects that poverty and isolation have on the ability of Aboriginal people in remote areas to improve their health or manage chronic disease
- The difficulty remote Aboriginal communities face in becoming involved in decision-making, including communication challenges, and issues around travel, including distance, travel time and expense.
- Complex and inconsistent roles, responsibilities and funding between federal and provincial governments, the Health Authority, Bands, Councils, and Aboriginal Organizations make it difficult for people to know where or how to access services.
- A lack of cultural sensitivity and understanding that has resulted in significant barriers to accessing service for Aboriginal people.

These comments have contributed significantly to the development of the approaches and goals of this document.

We recognize that there is a need for continued dialogue with First Nations leadership, communities and people in northern areas. Because many communities in the North are extremely remote, it has been difficult for them to make their voices heard. The barriers they face differ from community to community, but include lack of sufficient notice of events, lack of travel funding (attending a meeting can entail a three day journey and \$300 - \$500 in