

**INTERIOR HEALTH'S  
ABORIGINAL HEALTH  
AND WELLNESS PLAN**

**2006 – 2010**

**Final**

**January 2006**



## **EXECUTIVE SUMMARY**

Our first Aboriginal Health and Wellness Plan for 2003-2006 was a milestone for Interior Health (IH). The major achievement of that plan was that it helped us establish a strong foundation of relationships and communication between IH and Aboriginal communities.

Interior Health's Aboriginal Health and Wellness Plan for 2006 - 2010 seeks to establish an integrated and coordinated approach to improving the health of Aboriginal people, understanding the diversity of culture and needs of each community. The 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.

The basic philosophy of this updated plan is that the responsibility of Aboriginal health and well being does not fall only to Aboriginal people. Rather it is the responsibility of all people, and of many levels and branches of government - including Interior Health. IH commits 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 coordinated planning process as well as more collaborative approaches to delivering services.

This plan acknowledges the health issues of Aboriginal communities cannot be viewed in isolation from

conditions of poverty, discrimination and colonisation, loss of land and removal of children that many Aboriginal people have experienced.

Extensive discussions with stakeholders led to the development of strategic priorities for 2006-2010:

- Early Childhood Development
- Mental Health and Addictions
- Elder Care
- Communicable Disease
- Injury Prevention
- Collaboration
- Cross Cultural Education
- Communication

Given the breadth and complexity of each priority area and the multi-year timeframe, we expect that different Health Service Delivery Areas and communities will have different areas of focus at any given time, with the recognition that priorities are to be based on local needs.

After approval of this strategy, the next step will be to develop a more detailed implementation plan, which will include specific information about how the action items will be achieved and evaluated.

## 1. INTRODUCTION – integration, coordination, consultation

The Interior Health Authority's Aboriginal Health and Wellness Plan for 2006 - 2010 seeks to establish an integrated and coordinated approach to improving the health of Aboriginal<sup>1</sup> people, understanding the diversity of culture and needs of each community<sup>2</sup>. The 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: mortality, the incidence of disease, early childhood development, mental health and addictions, access to primary care, social and emotional well-being, and home and community care. The plan identifies current gaps in service delivery and considers the crucial issues of access, equity, coordination and Aboriginal representation in health-related decision-making processes.

The heart of the plan is in its highlighting of needs, priorities and essential tasks that should occur to bring about health improvements for Aboriginal peoples. We have identified these needs through preliminary discussions with stakeholders, enabling us to update the strategies and priorities set out in the first IH Aboriginal Health and Wellness Plan (2002/03 – 2005/06). This updated plan moves us forward by enabling stakeholders to know what other groups and communities are currently engaged in and how we can work together to track our

progress over time. The holistic approach of the plan also recognizes the interconnectedness of issues facing Aboriginal people. We know in order to tackle the barriers, constraints and challenges hindering improvements in Aboriginal Peoples health, this requires the active participation of multiple levels of government, provincial ministries and other key stakeholders involved with Aboriginal people. We also recognize within IH, there are a number of planning processes underway to redesign core aspects of health care delivery. To ensure coordination, this updated Aboriginal Health Plan has been informed by these emerging processes in the areas of:

- Mental Health
- Home and Community Care
- Primary Health Care and Chronic Disease Management
- Emergency Care
- Surgical Care

In approaching these aims, we sought to raise awareness of Aboriginal health issues in IH by giving priority to community views and involving stakeholders in early consultation meetings to begin the process of enhancing working relationships between service providers. Preliminary discussions were undertaken to ensure the views and input of stakeholders across IH could be heard so we could develop a plan that would truly meet the needs of Aboriginal people. The primary focus within this report is on closing the gap between the way health and related services are currently delivered in IH and how the Aboriginal community would like them delivered in the future.

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<sup>1</sup> In this document we have used the term *Aboriginal people* to include 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.

<sup>2</sup> *Community* applies to political boundaries, such as a town or band administration, as well as to the people being served such as an Aboriginal community with mental health concerns.

## **2. BACKGROUND – our progress so far**

In February 2003, Interior Health submitted to BC's Ministry of Health an Aboriginal Health and Wellness Plan. The plan was a synopsis of information from planning documents created prior to the formation of Interior Health. It also included information from discussions at Aboriginal Health and Wellness Advisory Committee (AH&WAC) meetings; an Aboriginal community population profile; a list of priority Aboriginal health issues and the goals and strategies to address them; as well as an overview of needed evaluation and communication processes<sup>3</sup>.

At the time, IH conducted planning, data collection and consultation sessions with key stakeholders where Aboriginal health issues were identified and prioritized. The following issues were highlighted as key priorities to tackle:

- Lack of awareness and information
- Mental health
- Youth and elderly specific services
- Disconnected programs and services

A number of goals, strategies and objectives were developed to address these four priority issues over the three year planning period. Some of these goals included:

- Ensure service providers are aware of Aboriginal health issues and culture in IH.
- Clarify IH, provincial and federal roles and ensure Aboriginal people understand, are aware of and access existing services and programs.
- Support Aboriginal youth to develop skills to earn a living and give back to the community.
- Provide Aboriginal youth with high quality, culturally appropriate and holistic centred care that is sustainable and affordable.
- Improve access to health and other programming information.
- Improve connections and links between IH and Aboriginal communities.
- Maximize the successful mental health programs and services for Aboriginal people within IH.
- Ensure there is a human resource plan in place proposing to increase the number of Aboriginal people working within Interior Health.

Following approval of the 2003 Plan, Interior Health staff developed a workplan for 2003-06 detailing how to achieve each of the goals and objectives. Our initial focus has been to build a strong foundation of education, communication and relationships. Major progress during this period was made in these areas:

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<sup>3</sup> Population health data were exhaustively presented in this earlier report. We have chosen not to include that information in this report, but it is available upon request.

- The role of AH&WAC was strengthened in Aboriginal health planning for Interior Health, including the establishment of area health forums to facilitate community input.
- IH staff are working on developing an inventory of Interior Health-delivered health services for Aboriginal people and are conducting Aboriginal Health Improvement Committee meetings to distribute this information to improve Aboriginal people's knowledge of available health services.
- IH staff are continuing to deliver workshops to ensure service providers (including Board of Directors, Senior Executive Team, and staff) are aware of Aboriginal health issues and culture in Interior Health. This includes working with Human Resources to develop special content for new employees' orientation.
- IH staff have met and are continuing to meet with post secondary institutions in the Thompson Cariboo to discuss the incorporation of Aboriginal content in health care courses.
- IH staff are collaborating with the Ministry of Children and Family Development to develop a pilot project of culturally appropriate programs for Aboriginal youth.
- IH staff created the Interior Health Aboriginal Health web page.

Although there were many positive aspects to the 2002-2006 Interior Health Aboriginal Health and Wellness Plan, we recognize there are still many objectives that were not met at an appropriate level. Early feedback from stakeholders informed us of the extent to which the plan was effective in improving the health of Aboriginal

communities. We believe the relationships and communication between Interior Health and Aboriginal communities established through the implementation of our first plan allowed us to create a solid foundation for us to work together to improve Aboriginal Peoples' health in this updated plan.

### 3. A Framework for the IH Aboriginal Health Plan

#### **Vision**

*Our vision is to improve the health and well being of Aboriginal People living in Interior Health to the same or better standard of that of the non-Indigenous population.*

#### **Mission**

*To create respectful, trusting, responsible partnership between Aboriginal People and Interior Health to support the development of a holistic health and wellness system that is responsive to the needs of diverse Aboriginal Communities.*

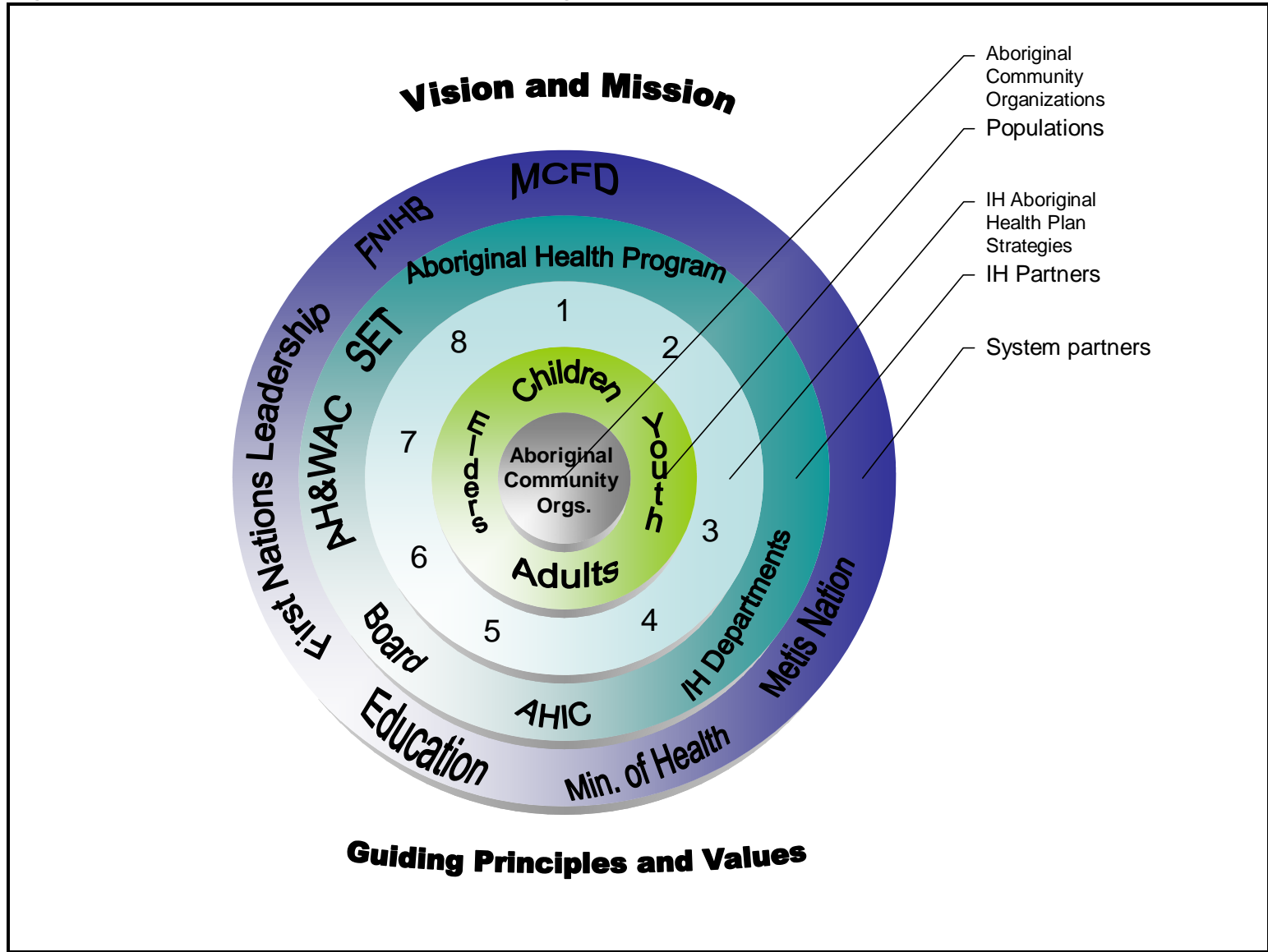
#### **Values**

*Accountability, accessibility, commitment, connection, equity, family, holism, honesty, humility, inclusion, opportunity, relationship, renewal, respect, unity.*

#### **Beliefs**

- *Aboriginal people are entitled to the same level and opportunity for high-quality health care as any other member of society.*
  - *Health care programs should be accessible*
- *We need to reduce the inequity in health between Aboriginal and non-Aboriginal populations*
  - *We want a planning process with meaningful participation.*

Figure 1: A Framework for the IH Aboriginal Health Plan



## **4. STRATEGIC PRIORITIES FOR THE 2006-2009 PLAN**

### **4a. Preliminary Feedback**

In order to update the 2002/03-2005/06 Aboriginal Health and Wellness Plan to reflect the current and changing needs of people in Interior Health, we embarked upon preliminary discussions with stakeholders. The process was led by a small working group under the direction of the Aboriginal Strategies Coordinator and informed through the leadership and feedback of the Aboriginal Health & Wellness Advisory Committee.

Our early approaches to obtain preliminary stakeholder feedback took a number of forms over a six month period - initial input to set the priorities and direction for the updated plan was garnered through a series of stakeholder input sessions. These sessions were not only directed towards identifying strategic priorities but were about identifying opportunities to build relationships, creating a sense of local ownership over the planning process and establishing objectives which could be achieved at the local level. As the feedback process progressed and we listened to the preliminary views of stakeholders, key “ingredients” necessary to ensure good health for Aboriginal people began to emerge. These “ingredients” are outlined in section 3b on Priority Issues.

The feedback from the stakeholder input sessions was summarized in a feedback report, which outlined the input garnered at each session as well as provided an overall summary of issues and concerns put forth by stakeholders across the region. The report was reviewed by AH&WAC

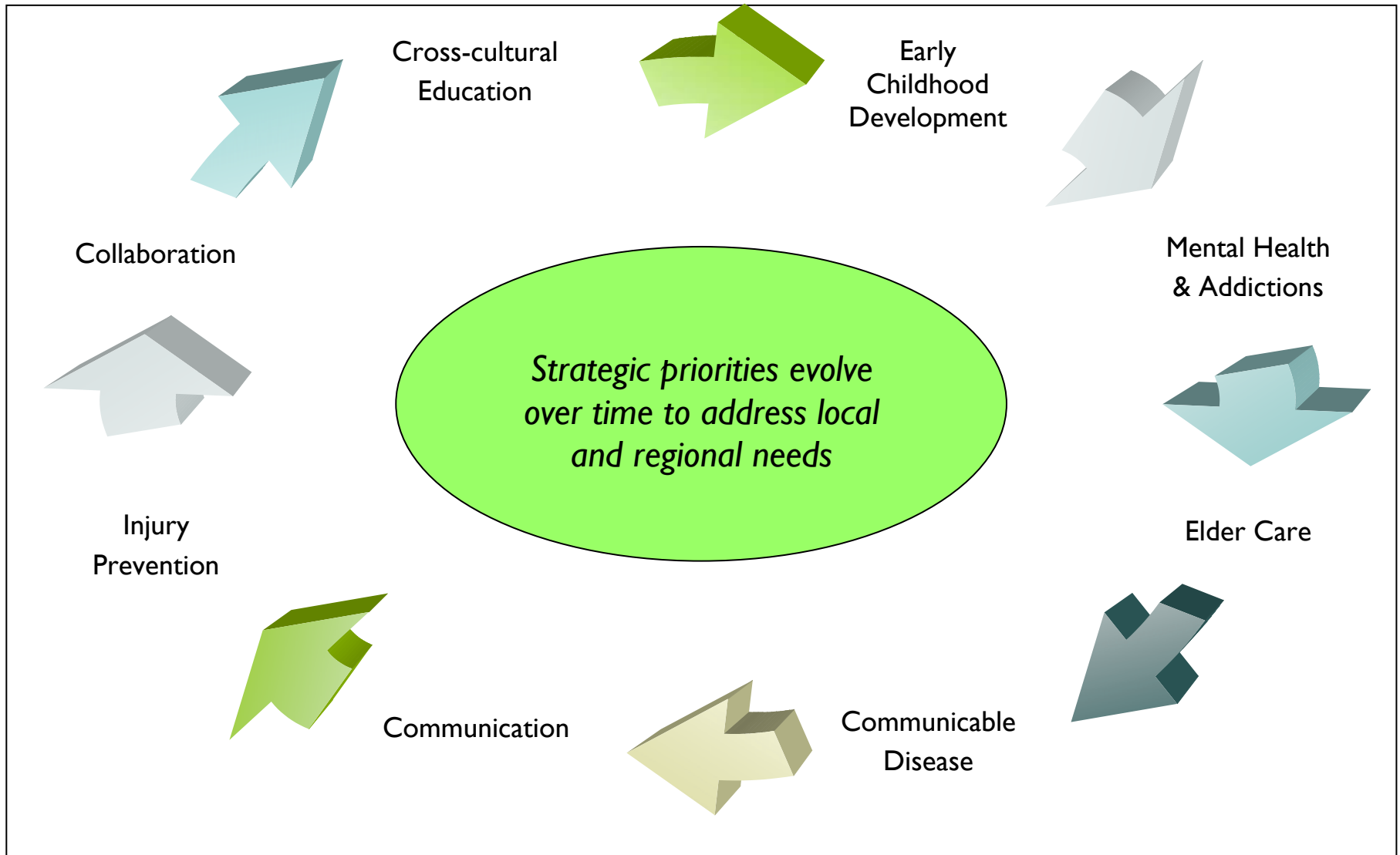
and distributed to stakeholders throughout Interior Health in order to obtain further feedback and input into the setting of priorities for the updated plan. A draft updated plan for 2006 - 2010 was developed out of this feedback and circulated to AH&WAC, with final approval to be given by the IH Senior Executive Team (SET) in November/December 2005 and IH Board of Directors in January 2006.

### **4b. Strategic Priorities**

Through the preliminary feedback process, a consistent vision emerged regarding the direction and priorities Interior Health should take to lead the provision of better Aboriginal health. This vision incorporates some definite strategic priorities stakeholders told us were vital to attend to during the next three year period. These priorities are outlined below.

Given the breadth and complexity of each priority area and the timeframe of 2006 - 2010, we expect that different Health Service Delivery Areas and communities will have different areas of focus at any given time. This flexibility will ensure a more effective and community-based response to these key issues and will help to ensure successful outcomes (Figure 2).

Figure 2: Strategic priorities



### Top Priority Areas

1. **Early Childhood Development:** Develop healthy communities through the promotion of Aboriginal culture and tradition by focusing on early childhood development.
2. **Mental Health and Addictions:** Enhance and coordinate mental health and addictions services for Aboriginal clients and communities.
3. **Aboriginal Elders:** Develop and improve Home and Community Care services for Aboriginal Elders in culturally appropriate settings.
4. **Communicable Disease:** Connect programs and services that address communicable diseases as a major risk factor for youth and young adults.
5. **Injury Prevention:** Reduce the burden of injury among the Aboriginal People of Interior Health
6. **Collaboration:** (a) Build collaborative environments where communities and providers share resources to create healthy communities. (b) Ensure there is an increase in Aboriginal people working within Interior Health programs.
7. **Cross Cultural Education:** Cross-cultural education of caregivers will make services more effective, accessible and culturally appropriate.
8. **Communication:** Effective communication helps ensure that Aboriginal Health and Wellness Plan goals are focused and achievable.

### 4c. Cross-Cutting Themes

Early discussions with stakeholders raised a number of key cross-cutting themes and “ingredients” they felt must be recognized and attended to as Interior Health moves into this next stage of planning. The four key themes that emerged speak to **the need to work across boundaries**<sup>4</sup>, whether they are geographical, agency-based or cultural, in order to create a strategic plan that is both broad-based and meaningful for the people it seeks to assist. These key cross-cutting themes included:

- The need to build a **collaborative environment** where communities and providers share resources to build healthy communities. (We refer to these critical linkages and partnerships in the action plan that follows below. In particular we refer to Aboriginal health service providers such as Health Transfer organizations and Friendship Centres.)
- The need to offer **cross-cultural education** to caregivers to ensure services are effective, accessible and respectful.
- The need to provide effective **communications** to ensure goals are focused and achievable.
- The need to recognize **poverty** is a major health determinant that must be considered.

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<sup>4</sup> In this document **bold font** is used to assist the reader in identifying key points.

During the wide ranging consultation process, stakeholders also offered general feedback on current Interior Health Aboriginal Health planning structures and processes. Their views are not necessarily shared by all stakeholders, however we felt it important to let participants know they have been heard and their opinions have been considered in this planning process.

Stakeholders during the preliminary feedback sessions raised the following issues:

- **Aboriginal cultural development and the need for “community healing”** to create healthy families and healthy communities is a fundamental starting point to many of the other more specific priorities for action.
- There needs to be more **collaboration with other sectors** (e.g. education, justice, Ministry for Child & Family Development) to build relationships and ensure integrated responses to service needs.
- There is a need to **clarify and review the current committee structure**, including the roles and responsibilities of AH&WAC, the existing Aboriginal Health Improvement Committees and the Aboriginal Health Program reporting matrix in order to ensure transparent communication, adequate community input and appropriate lines of accountability.
- The **Aboriginal Health Liaison positions should be expanded** in scope and given more resources.
- **The Aboriginal Health Improvement Project proposal and funding process needs revision** to provide more support and better coordination with the goal to establish longer-term contracts.

- There is a need to **ensure the necessary resources are in place** to implement and evaluate the updated plan using measurable objectives.
- The updated plan should **address local access needs, especially for transportation**, which is a significant barrier to accessing services.
- IH needs to work with the federal and provincial governments to **ensure strategic coordination** of Aboriginal health planning given that the majority of funding for on-reserve Aboriginal health comes from the federal government.

### **Next Steps**

Once this plan is approved by Interior Health Senior Executive Team and Board of Directors, we will begin immediately with implementation. A more detailed implementation plan will include specific details about how the action items will be achieved and evaluated. It will also include more specific performance measures to make the objectives as meaningful and measurable as possible.

This implementation plan will be the basis for local planning as well as centrally-supported projects like the Aboriginal Human Resource Collaborative. Like the present high-level Plan, the more detailed planning will involve community stakeholders as well as Aboriginal Health Liaisons and other Interior Health staff.

Some of the priority projects from the 2006-09 Interior Health Aboriginal Health Plan will continue until completion. Due to our need to focus the plan on top priority issues, not all of these are reflected in the new plan. The work, however, will continue

through specific department workplans in areas such as Public Health.

New priorities may emerge during the 2006-10 life of this Plan. For instance, the Provincial Health Officer will be issuing a new report on Aboriginal health in BC. These issues will have to be considered as they arise, compared to other priorities and resourced as appropriate. Moreover, each priority area will be expected to seek feedback from the communities about improvement.

We have heard several concerns about improving partnerships and communications. There is no intention through this plan to duplicate existing processes. As we develop the Implementation Plan for each priority area, we will ensure that it focuses on creating and maintaining stronger partnerships and communications with Aboriginal agencies and communities. Moreover, Interior Health commits to taking 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 Interior Health Aboriginal Health Plan is a living document, it will continue to evolve. We will ensure through consultation and collaboration that we engage with all our stakeholders in our best efforts to improve the health of all Aboriginal people living in our region.

## 5. The Action Plan

PRIORITY AREA 1: EARLY CHILDHOOD DEVELOPMENT			
Goal – What do we hope to achieve?	Strategy – How will we do this?	Critical Partnerships– Who would we like to work with us on this?	Performance Indicators – How could we tell if we are successful?
<p>To develop healthy communities by focusing on Early Childhood Development based on Best Practices from Aboriginal and scientific traditions.</p> <p>We recognize many programs exist in this area already. We will support existing initiatives and explore new opportunities.</p> <p>(Infant mortality for Aboriginal children born in the Interior Health Region is better than for non-Aboriginal children in some areas. Therefore, we have not focused on approaches aimed at infant mortality but rather the next stage of development.)</p>	<p>1.1 Ensure effective partnerships to <b>support and develop a range of culturally appropriate Early Childhood Development programs.</b></p> <p>1.2 Develop and adequately fund <b>bridge programs</b> to fill the gap between existing prenatal programs (pregnancy to 3 months) and FNIHB's Head Start program (3-5 years).</p> <p>1.3 Develop an early intervention model of care with a <b>focus on "at risk" families, children and youth.</b> E.g. early identification of children with physical/intellectual challenges.</p> <p>1.4 Support creation of an <b>Aboriginal Family Development Task Group</b> to lead the establishment of comprehensive and accessible early childhood and family services.</p> <p>1.5 <b>Train health and social service providers</b> - Aboriginal and others - in assessment and cross cultural awareness to ensure early identification of developmental issues and culturally appropriate responses and services.</p> <p>1.6 Examine best practices in Fetal Alcohol Syndrome(FAS) prevention and develop early detection and treatment models to support <b>women, children and their families</b>, including outreach, screening and referral services based on a harm reduction approach incorporating Aboriginal programs and services where existing.</p>	<ul style="list-style-type: none"> <li>○ First Nations Health Transfer Organizations</li> <li>○ Métis Provincial Council – Health Department</li> <li>○ Interior Friendship Society</li> <li>○ Aboriginal health service organizations</li> <li>○ Interior Health                             <ul style="list-style-type: none"> <li>○ Public Health</li> <li>○ Aboriginal Strategies Coordinator</li> <li>○ Aboriginal Liaisons</li> </ul> </li> <li>○ Ministry for Children and Family Development (MCFD)</li> <li>○ First Nations and Inuit Health Branch (FNIHB)</li> <li>○ Ministry of Education</li> <li>○ Advanced education providers include BC Children's Hospital and Sunny Hill Health Centre.</li> <li>○ BC Women's Hospital &amp; Health Centre (Fir Square and Sheway programs).</li> </ul>	<ol style="list-style-type: none"> <li>1. There is an increase in the availability of culturally informed community programs that focus on young children's challenges.</li> <li>2. There is an increase in the type and variety of Early Childhood Development strategies developed, implemented and evaluated.</li> <li>3. There is a decrease in the period between identification of concerns and formal assessment by an appropriate provider.</li> <li>4. There is an increase in (a) Aboriginal and (b) other health and social service providers with additional training in Early Childhood Development and cross-cultural awareness.</li> <li>5. There is evidence Aboriginal holistic approaches are being used in the delivery of health services to Aboriginal children, youth, families and communities (e.g. Involvement of elder).</li> <li>6. There is increased communication, partnerships and roll-up between Aboriginal Communities and health agencies within region.</li> <li>7. There is an increase in the number of community-based FAS prevention services for women, children and families.</li> </ol>

PRIORITY AREA 2: MENTAL HEALTH AND ADDICTIONS			
Goal – What do we hope to achieve?	Strategy – How will we do this?	Critical Partnerships– Who would we like to work with us on this?	Performance Indicators – How could we tell if we are successful?
To enhance and coordinate mental health and addictions services for Aboriginal clients and communities.	<p>2.1 Partner with intergovernmental agencies and others to plan and implement <b>risk reduction</b> strategies, including community-based education programs about mental health and addictions issues among Aboriginal people.</p> <p>2.2 Develop cross-agency programs that <b>improve access</b> to mental health and addiction services, such as early assessment and intervention, and rural and remote access, including issues such as grief and loss.</p> <p>2.3 Support the development of outreach prevention and treatment programs, emergency services and policies for <b>better crisis response</b> and to help overcome transportation barriers.</p> <p>2.4. Train service providers and community members in <b>first-contact suicide prevention</b>.</p> <p>2.5 Ensure mental health and addictions programs are culturally appropriate with a <b>specific youth focus</b>. Develop programs to train youth to deliver peer-based education and support in mental health and addictions.</p> <p>2.6 Develop and coordinate programs to <b>better serve marginalized groups</b>, such as Aboriginal people with co-occurring disorders.</p>	<ul style="list-style-type: none"> <li>○ First Nations Health Transfer Organizations</li> <li>○ Métis Provincial Council – Health Department</li> <li>○ Aboriginal health service organizations</li> <li>○ MCFD Child and Youth Mental Health</li> <li>○ Private service providers (e.g. Round Lake)</li> <li>○ Interior Health                             <ul style="list-style-type: none"> <li>○ Mental Health and Addictions</li> <li>○ Aboriginal Strategies Coordinator</li> <li>○ Aboriginal Liaisons</li> </ul> </li> </ul>	<ol style="list-style-type: none"> <li>1. IH policy requires Aboriginal health participation on planning committees and adoption by Aboriginal community.</li> <li>2. Implementation of a long-term plan to improve Aboriginal Mental Health Services.</li> <li>3. Increased number of Aboriginal Mental Health workers in each Health Service Delivery Area.</li> <li>4. Increased number of people receiving service and shorter waiting times.</li> <li>5. More longer-term funding for contracted services.</li> <li>6. Increased number of youth trained in peer-based mental health and addictions education and support.</li> <li>7. Documentary evidence that IH programs include spirituality and Aboriginal traditional approaches to health and healing.</li> </ol>

PRIORITY AREA 3: ELDER CARE			
Goal – What do we hope to achieve?	Strategy – How will we do this?	Critical Partnerships– Who would we like to work with us on this?	Performance Indicators – How could we tell if we are successful?
<p>To provide, culturally appropriate elder-centred care that is equitably distributed and sustainable to both communities and families.</p>	<p>3.1. Document and implement <b>good practices</b> in elder care through evidence gathered by the demonstration projects.</p> <p>3.2 Develop <b>stronger linkages</b> among Aboriginal care providers, Interior Health Home and Community Care services and hospitals, including child and youth programs.</p> <p>3.3. <b>Educate and support providers</b> to enable culturally appropriate home-based services including oncology/palliative care services.</p> <p>3.4 <b>Improve Home and Community Care services</b> for Aboriginal elders by developing partnerships to establish palliative care, residential care, and assisted living in culturally appropriate settings closer to home.</p> <p>3.5 <b>Address communication barriers</b> for elders with culturally appropriate information and services of translators.</p> <p>3.6 Improve transportation and enhance family support to improve accessibility for elders to <b>cultural approaches</b> to care such as sweat lodges and healing circles.</p> <p>3.7 Develop and enhance programs to address for <b>elder abuse and falls prevention</b> within facilities and within communities.</p>	<ul style="list-style-type: none"> <li>○ First Nations Health Transfer Organizations</li> <li>○ Métis Provincial Council – Health Department</li> <li>○ Aboriginal health service organizations</li> <li>○ FNIHB</li> <li>○ BC Housing</li> <li>○ Transportation Services (e.g. Handy Dart)</li> <li>○ Other health service providers (e.g. Red Cross, pharmacists)</li> <li>○ Interior Health <ul style="list-style-type: none"> <li>○ Home &amp; Community Care Services</li> <li>○ Contracted Residential Care Facilities</li> <li>○ Aboriginal Strategies Coordinator</li> <li>○ Aboriginal Liaisons</li> <li>○ Elder representation on H&amp;CC committees.</li> </ul> </li> </ul>	<ol style="list-style-type: none"> <li>1. Documentation of Aboriginal best practices in elder care.</li> <li>2. Increased availability of spaces in culturally appropriate settings. <ul style="list-style-type: none"> <li>▪ The number of formal agreements in place between IH Home and Community Care services and Aboriginal as a percentage of the total agreements possible;</li> <li>▪ The utilization of community care by Aboriginal individuals as compared to the utilization by the total Interior Health population.</li> </ul> </li> <li>3. Evidence translators and family support have been used to create culturally appropriate elder care.</li> <li>4. Increased development and implementation of education programs for health care professionals and Aboriginal communities dealing with elder abuse.</li> <li>5. Evidence of improvements in transportation services for elders.</li> <li>6. Evidence that elder well-being programs have been developed, implemented and evaluated.</li> <li>7. Increased life expectancy and increased quality of care.</li> <li>8. Evidence of appropriate use of residential care facilities.</li> </ol>

<b>PRIORITY AREA 4: COMMUNICABLE DISEASE</b>			
<b>Goal – What do we hope to achieve?</b>	<b>Strategy – How will we do this?</b>	<b>Critical Partnerships– Who would we like to work with us on this?</b>	<b>Performance Indicators – How could we tell if we are successful?</b>
<p>To connect programs and services that address communicable diseases.</p> <p>To establish a well-coordinated, well-communicated program for Communicable Disease, which includes an emergency response plan for all Aboriginal communities in Interior Health.</p> <p>“Communicable Disease” covers several concerns:</p> <ol style="list-style-type: none"> <li>1. Blood-borne pathogens (HIV, Hepatitis B, Hepatitis C, Human T-Cell Lymphotropic Viruses I &amp; II) and sexually-transmitted diseases.</li> <li>2. Immunization against common childhood diseases like measles and mumps.</li> <li>3. Influenza protection for the elderly and those at higher risk.</li> </ol>	<p>4.1 <b>Develop partnerships</b> with Aboriginal communities to develop sustainable Communicable Disease strategies with cross-agency programs and committees.</p> <p>4.2 All communities will be encouraged to participate in the planning and delivery of a <b>Communicable Disease emergency response plan</b>.</p> <p>4.3 <b>Communicate with service providers</b> about the Communicable Disease programs and plans through timely updates, guidelines and opportunities to participate in program review.</p> <p>4.4 <b>Increase accessibility</b>, for instance, through mobile screening and education services in remote communities.</p> <p>4.5 Develop and expand programs that <b>address Communicable Disease issues for Aboriginal youth</b>; for example, programs such as Chee Mamuk or by training youth to deliver peer-based prevention and education programs.</p> <p>4.6 <b>Standardize Memoranda of Understanding (MOUs)</b> between IH, Band health services and Aboriginal Indian Bands for Communicable Disease programs.</p>	<ul style="list-style-type: none"> <li>○ Aboriginal Bands</li> <li>○ Aboriginal health directors, boards and service providers</li> <li>○ Métis Provincial Council – Health Department</li> <li>○ Aboriginal health service organizations</li> <li>○ FNIHB Nursing Advisor and nurses</li> <li>○ Interior Health                         <ul style="list-style-type: none"> <li>○ Medical Health Officers</li> <li>○ Public Health nurses</li> <li>○ Aboriginal Strategies Coordinator</li> <li>○ Aboriginal Liaisons.</li> </ul> </li> </ul>	<ol style="list-style-type: none"> <li>1. Increase in number of communities with access to convenient, regular, coordinated Communicable Disease programs following provincial guidelines:                         <ul style="list-style-type: none"> <li>▪ vaccination clinics</li> <li>▪ diagnosis and treatment of communicable diseases</li> <li>▪ screening and awareness initiatives</li> <li>▪ emergency response plan</li> <li>▪ education and prevention programs</li> </ul> </li> <li>2. Evidence of communicable disease programs addressing youth issues.</li> <li>3. Availability of screening and education services in remote communities.</li> <li>4. Number of youth trained in peer-based communicable disease prevention.</li> <li>5. Evidence of the development of standardized Memoranda of Understanding.</li> </ol>

<b>PRIORITY AREA 5: INJURY PREVENTION</b>			
<b>Goal – What do we hope to achieve?</b>	<b>Strategy – How will we do this?</b>	<b>Critical Partnerships– Who would we like to work with us on this?</b>	<b>Performance Indicators – How could we tell if we are successful?</b>
To reduce the burden of injury among the Aboriginal People of Interior Health	<p>5.1 Increase awareness of injury issues and the prevention methods.</p> <p>5.2 Bridge the Interior Health Falls program into the Aboriginal Community.</p> <p>5.3 Work with Interior Health youth suicide strategic plan in relation to Aboriginal youth suicide.</p> <p>5.4 Support Aboriginal Communities to address injuries with their members.</p> <p>5.5 Link the Aboriginal community with injury prevention programs.</p>	<ul style="list-style-type: none"> <li>○ FNIHB</li> <li>○ BC Injury Research and Prevention Unit</li> <li>○ Ministry of Health – Injury Prevention</li> <li>○ Local injury prevention networks</li> <li>○ BC Aboriginal Injury Prevention Steering Group</li> <li>○ ICBC</li> <li>○ Aboriginal Community Policing/RCMP</li> <li>○ Interior Health                             <ul style="list-style-type: none"> <li>○ Aboriginal Liaisons</li> <li>○ Aboriginal Strategies Coordinator</li> <li>○ Population Health</li> <li>○ Senior Falls Manager</li> <li>○ Injury Prevention Department</li> </ul> </li> </ul>	<ol style="list-style-type: none"> <li>1. The Aboriginal community will be aware of injuries as a health issue and of methods to prevent injuries from occurring.</li> <li>2. Falls prevention will be offered to community elders, reducing the number of falls and hospitalizations from falls.</li> <li>3. The Aboriginal community will have links to injury prevention programs such as ICBC, bike rodeos, falls prevention and suicide prevention.</li> </ol>

PRIORITY AREA 6A: COLLABORATION			
Goal – What do we hope to achieve?	Strategy – How will we do this?	Critical Partnerships– Who would we like to work with us on this?	Performance Indicators – How could we tell if we are successful?
<p>6.A To build collaborative environments where communities and providers share resources to create healthy communities.</p>	<p>6.1 <b>Align overall Interior Health plans</b> to connect, coordinate and integrate with the Interior Health Aboriginal Health and Wellness Plan 2006-2009.</p> <p>6.2 <b>Work within each Health Service Delivery Area</b> to articulate Aboriginal health planning and align with the Interior Health Aboriginal Health and Wellness Plan 2006-2009.</p> <p>6.3 <b>Interior Health will work with Aboriginal and Aboriginal community leaders</b> to make health care and healthy communities a priority.</p> <p>6.4 Work with all partners to <b>improve data</b> to inform our planning processes.</p> <p>6.5 Build communication <b>relationships</b> between Interior Health Community Managers and Aboriginal organizations and Bands.</p>	<ul style="list-style-type: none"> <li>○ Aboriginal Communities, Chiefs and Councils and Administration</li> <li>○ Métis Provincial Council – Health Department</li> <li>○ Aboriginal health service organizations</li> <li>○ Independent health service providers (e.g. rehab therapists)</li> <li>○ Interior Health                             <ul style="list-style-type: none"> <li>○ Board Chair, Senior Executive Team members</li> <li>○ Aboriginal Strategies Coordinator</li> <li>○ Aboriginal Liaisons</li> <li>○ Aboriginal Health and Wellness Advisory Committee</li> <li>○ Aboriginal Health Improvement Committees</li> </ul> </li> </ul>	<p>1. Documented evidence of how programs and services are aligned with the Interior Health Aboriginal Health and Wellness Plan 2006-2009.</p> <p>2. Survey of communities about quality of interaction with Interior Health and overall program improvement.</p>

PRIORITY AREA 6B: COLLABORATION			
Goal – What do we hope to achieve?	Strategy – How will we do this?	Critical Partnerships– Who would we like to work with us on this?	Performance Indicators – How could we tell if we are successful?
<p>6.B Our human resource plan will ensure Aboriginal people are fairly represented at all levels of Interior Health programs.</p>	<p>6.6 Work with Interior Health Human Resources staff on a <b>collaborative human resource development plan for Aboriginal people</b> with Aboriginal communities and health care providers, universities, colleges and other agencies.</p> <p>6.7 <b>Focus on youth.</b> Youth should be offered job shadowing opportunities and job guarantees in the health care field upon completion of education.</p> <p>6.8 Implement a <b>regional recruitment strategy</b> (in coordination with provincial strategy and relevant legislation) to ensure the region's ability to fulfill the Aboriginal Health and Wellness Plan.</p> <p>6.9 Provide Interior Health staff, Board and volunteers with <b>training in the following areas:</b> mental health and addictions, culturally appropriate care, care for the caregiver and physical assessment for Aboriginal peoples.</p>	<ul style="list-style-type: none"> <li>○ First Nations Health Transfer Organizations</li> <li>○ Chiefs' Health Committee (Health Careers Funding)</li> <li>○ Human Resources Services</li> <li>○ Health Employers Association of BC (Health Match)</li> <li>○ Healthcare Unions</li> <li>○ FNIHB</li> <li>○ MCFD</li> <li>○ Ministry of Education and school boards</li> <li>○ Universities and colleges (e.g. Nicola Valley Institute of Technology, UBC)</li> <li>○ Interior Health                         <ul style="list-style-type: none"> <li>○ Human Resources - Aboriginal Human Resource Collaborative</li> <li>○ Aboriginal Strategies Coordinator</li> <li>○ Aboriginal Liaisons</li> </ul> </li> </ul>	<ol style="list-style-type: none"> <li>1. Documented strategies to increase employment and training opportunities within Interior Health for Aboriginal employees.</li> <li>2. Increased numbers of Aboriginal people as Interior Health employees.</li> <li>3. Evidence of training programs established for front-line staff in Aboriginal health issues.</li> <li>4. Community reports improvement in successful work experiences with students.</li> </ol>

PRIORITY AREA 7: CROSS CULTURAL EDUCATION			
Goal – What do we hope to achieve?	Strategy – How will we do this?	Critical Partnerships– Who would we like to work with us on this?	Performance Indicators – How could we tell if we are successful?
<p>Consistent, effective and accessible cross-cultural education of Interior Health staff, Board and volunteers will make services more culturally appropriate.</p>	<p>7.1 Deliver workshops to <b>new and existing health service providers</b>. Examine the use of medicine camps where non-Aboriginal health care providers receive training in cross cultural issues. Make it mandatory for Interior Health staff to attend cross cultural training workshops.</p> <p>7.2 Develop a <b>working relationship with representatives from post-secondary institutions</b> to ensure Aboriginal content is incorporated in all health care and social service courses.</p> <p>7.3 Develop and implement an Aboriginal <b>cross cultural curriculum implementation strategy</b> including resource and educator support and development and recruitment.</p> <p>7.4 Develop <b>cross cultural curriculum aimed at different audiences</b>. Promote cross cultural education for all ages through cultural camps or youth and Elder training centres situated on traditional lands</p> <p>7.5 Include cross cultural content in the <b>general orientation for newly hired IH personnel</b>.</p>	<ul style="list-style-type: none"> <li>○ Aboriginal Communities and Aboriginal organizations</li> <li>○ Interior Health                             <ul style="list-style-type: none"> <li>○ Aboriginal Strategies Coordinator</li> <li>○ Aboriginal Liaisons</li> <li>○ AH&amp;WAC</li> <li>○ Human Resources</li> </ul> </li> <li>○ Ministry of Advanced Secondary Education</li> <li>○ Post-Secondary Institutions</li> <li>○ Aboriginal Nurses Association of Canada</li> <li>○ Elders</li> </ul>	<ol style="list-style-type: none"> <li>1. Coordinated meetings with educational institutions, Aboriginal, Métis and urban Aboriginal organizations to work on course development.</li> <li>2. Course curriculum inclusive of Aboriginal content so that all health care providers are informed of past, present and future Aboriginal development.</li> <li>4. Regular cross-cultural training programs are offered and targets will be established by each individual health service area.</li> <li>6. Increased Aboriginal awareness and equitable time allotted for new staff orientations.</li> <li>7. Increase in the number of Aboriginal health care providers in IH and Aboriginal communities.</li> <li>8. Positive reports from participants.</li> </ol>

PRIORITY AREA 8: COMMUNICATION			
Goal – What do we hope to achieve?	Strategy – How will we do this?	Critical Partnerships– Who would we like to work with us on this?	Performance Indicators – How could we tell if we are successful?
<p>Effective communication helps ensure the Interior Health Aboriginal Health and Wellness Plan goals are focused and achievable.</p>	<p>8.1 Ensure <b>regular communications</b>, through newsletters and web postings to update the Aboriginal Health Improvement Committees and other stakeholders on progress with implementation of this plan.</p> <p>8.2 <b>Update the Aboriginal Health Service Guide</b> so information is current and accessible. Include on-reserve, off-reserve and IH programs as well as community agencies, and publish on the web as well as print.</p> <p>8.3 Create a <b>“point of contact”</b> for Aboriginal health services noted in the Service Guide.</p> <p>8.4 <b>Involve communities</b> in planning (E.g. readiness assessment and resource mapping).</p> <p>8.5 Develop <b>guidelines for providers to facilitate their clients’ access</b> to services (E.g. resources on violence against women, children and elders).</p> <p>8.6 Build communication <b>relationships</b> between IH Managers, Aboriginal Health and Wellness Advisory Committee, Aboriginal organizations and Bands.</p> <p>8.7 Ensure Aboriginal Health <b>communications plan is updated and implemented.</b></p>	<ul style="list-style-type: none"> <li>○ Aboriginal Communities and Aboriginal organizations</li> <li>○ Interior Health                             <ul style="list-style-type: none"> <li>○ Communications</li> <li>○ IM/IT Staff</li> <li>○ Aboriginal Strategies Coordinator</li> <li>○ Aboriginal Liaisons</li> <li>○ Aboriginal Health and Wellness Advisory Committee</li> <li>○ Aboriginal Health Improvement Committees</li> </ul> </li> </ul>	<ol style="list-style-type: none"> <li>1. Number of newsletters, web postings and forums.</li> <li>2. Establishment of point of contact services.</li> <li>3. Evidence of community involvement in Interior Health planning.</li> <li>4. Reliable and updated health resource database is available and accessible in web and print form.</li> <li>4. Number of educational resources developed for health care providers on Aboriginal issues.</li> <li>5. Documented evidence of meetings and contacts.</li> <li>6. Implementation of the communications plan.</li> </ol>