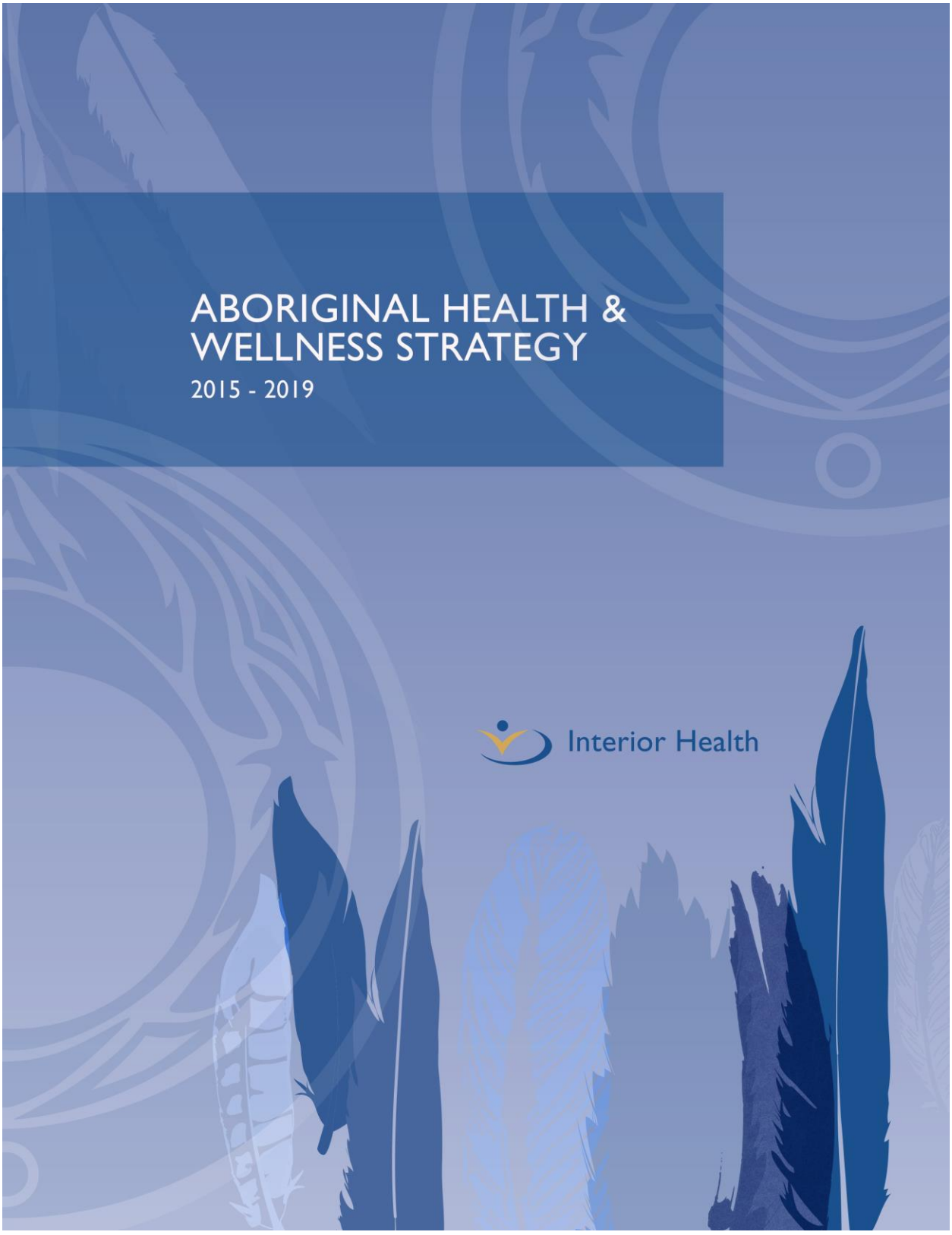
ABORIGINAL HEALTH & WELLNESS STRATEGY

2015 - 2019



External Leadership Quotes

- *"As we move towards rebuilding our Nations, the First Nations Health Authority plays a foundational role. We are here today as a result of our ancestors upholding two values – hard work and planning. We must do the same work and planning for those unborn."*

  Kukpi7 Wayne Christian
  Splatsin te Secwepemc

- *"As we transition to a new and more equitable relationship under the Partnership Accord, First Nations of the Interior Region are excited with the opportunity to become part of the planning and decision making processes of Interior Health, at many levels. Focusing on implementing wellness plans in partnership with individuals and communities will result in First Nations achieving our shared vision of healthy, self-determining and vibrant individuals and families in a timely manner and in culturally appropriate ways."*

  Gwen Phillips, Director, Governance Transition
  Ktunaxa Nation
  Data Governance Liaison

- ***Relationship building**:*
  Mamawi Tatusk Kaat Amahk
  Access:
  Keest Anow Takahts Tchit Inamahk
  Cultural safety:
  Ka Taap Ookiht Tamahk Keekway Eeka Ta Wanihtayahk
  (Michif - Y dialect)

  Annette Maurice, Vice President Métis Nation British Columbia
  Minister responsible for Health

- *"Métis Nation British Columbia, and our 15 Métis Chartered Communities that reside within the IHA's Service Boundaries, are pleased to work with Interior Health and its Aboriginal Health team.*
  The Interior Health's Aboriginal Health and Wellness Strategy, and its four priorities, will further our relationship and our joint work, as we move together towards meeting the objectives of our Letter of Understanding."

  Tanya Davoren
  Director of Health, Métis Nation British Columbia

Contents

Board Chair Message

On behalf of the Interior Health Board of Directors, I am pleased to present the Aboriginal Health & Wellness Strategy, 2015-2019. This planning document builds on the concerted work that began four years ago in Interior Health to improve health outcomes of Aboriginal people living within our region.

Interior Health, together with our First Nation, Off Reserve, and Métis partners, continue to refine these strategic planning priorities to be consistent with BC Health Ministry direction and the philosophies outlined in the letters of understanding signed with First Nation and Métis governments. Until they are accepted by the 54 communities within our region, it remains a work in progress and may be referred to as a living document.

The Board of Directors is enthusiastic about working with the First Nations Health Authority as we support the health needs of the 54 Aboriginal communities within Interior Health and 15 Chartered Métis communities. We know a relationship built on trust and commitment is the foundation to provide culturally safe health care and improve health equity for our First Nations and Métis populations.

We thank both our Aboriginal partners and Interior Health's Aboriginal Health team for their leadership in developing guiding principles that will help us ensure equal access to health care for everyone living within IH boundaries.

CEO Message

In 2012, Interior Health signed a Partnership Accord with Interior First Nations that committed both parties to work together to improve health and wellness outcomes for Aboriginal people.

This accord was strengthened by individual letters of understanding between IH and seven first Nation governments and Métis Nation British Columbia. Through these relationships, we agreed to collaborate on strategies to reduce the barriers Aboriginal people face when they access health services.

We are excited to outline our priorities for the next four years in this Aboriginal Health & Wellness Strategy that reflects those commitments. The Aboriginal voice in health care planning helps advance cultural competency and safety among IH staff and sites.

It is through collaborative planning that we will be able to deliver culturally sensitive health care services and best meet the needs of Aboriginal populations, in alignment with Interior Health Goal No. 1 – Improve Health and Wellness.

We are committed to the successful implementation of the Aboriginal Health & Wellness Strategy, 2015-2019.

INTERIOR HEALTH – ABORIGINAL HEALTH

STRATEGIC PLANNING PRIORITIES

2015 – 2019 (four year plan)

Introduction

The Interior Health (IH) Aboriginal Health and Wellness Strategy (2015-2019) was developed in collaboration with First Nations, Urban and Métis partners and in alignment with the BC Ministry of Health[1] (MOH), Interior Health[2] (IH) and First Nations Health Authority (FNHA)[3&4] strategic directions. "Addressing the unique needs of First Nations and Aboriginal populations is a high priority for the [Interior] Health Authority and for the B.C. health system as a whole."[5] The Interior Health Aboriginal Health and Wellness Strategy aims to address the shared long term goal of improving the overall health and wellness of Aboriginal peoples.

The Ministry of Health's first priority of hardwiring patient-centred care into health service delivery systems is a concept that resonates with Aboriginal people. A holistic representation of this priority is further integrated into the model as **Person, Family and Community Relation Based Practice**. The four strategic priorities that emerge from this central concept are further refined to suggest key areas of focus and success, as well as opportunities we will aim to accomplish.

The purpose of the Aboriginal Health and Wellness Strategy is to guide Interior Health and Aboriginal partners in a shared understanding of the promotion of wellness priorities for Aboriginal populations. The four priority areas have been integrated into a model that is intended to guide all partners in health planning (see Figure 1). Continued efforts to strengthen relationships by involving Aboriginal leaders in health planning decisions at all levels is seen as vital to achieving successful outcomes.[6&7]

To this end, the Interior Health Aboriginal Health Team, in collaboration with the First Nations, Urban and Métis partners identified four strategic priorities for cross-regional action and learning to reinforce joint accountability. Each of the priorities' action items will be developed with our Aboriginal partners to ensure the priorities will be significant, respectful and collaborative. The strategic priorities are:

1. Advance **cultural competency and cultural safety** within Interior Health;
2. Ensure **meaningful participation** of Aboriginal partners in Interior Health decision making;
3. Improve **health equity** for all Aboriginal people;
4. Improve **mental health and well-being** for all Aboriginal people across Interior Health.

These regional priorities will provide the basis to guide decision making and focus investment of resources on selected critical actions and interventions that have the highest potential to improve the health of Aboriginal peoples, as identified by Aboriginal partners.

Background

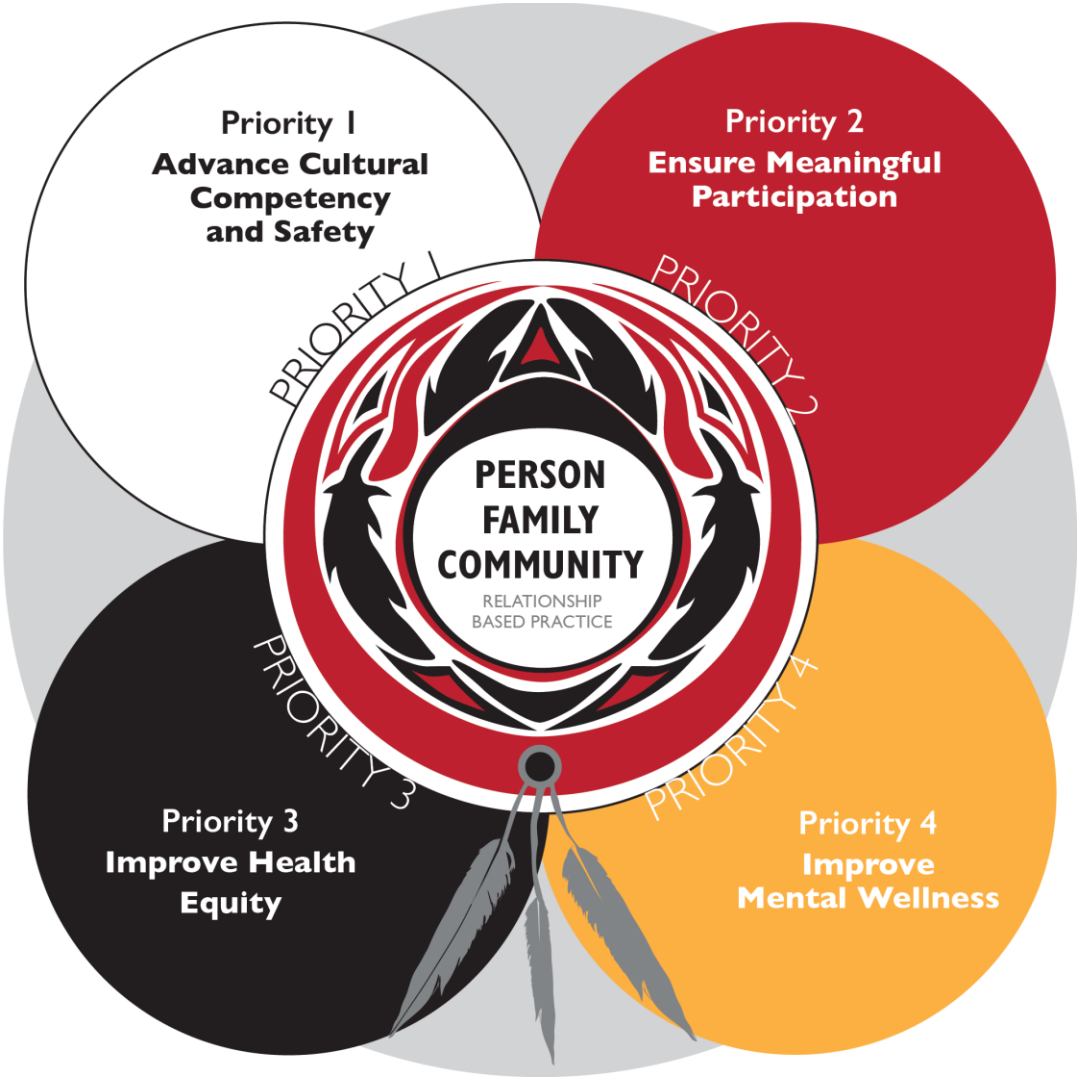
Within Interior Health, 53,770 people have identified as Aboriginal, representing about 7.7 per cent of IH's total population.[8] Population data indicates a trend towards urbanization. Within the IH region, 58 per cent of Aboriginal people live off-reserve [9], including members of the 15 Chartered Métis communities. The 42 per cent living on-reserve, fall within the territory of seven different Nations that are inside IH boundaries: Tsilhqot'in, Secwepemc, Dekelh Dene, St'at'imc, Syilx, Nlaka'pamux, and Ktunaxa Nations.

The previous 2010-2014 Aboriginal Health Wellness Strategy had marked milestones and achievements that this current strategy is built upon. For instance, clear successes of partnership and collaboration between Interior Health (IH) and Aboriginal partners is demonstrated by the co-written proposal for the funding of nurse practitioners (NP), which resulted in increasing NP primary care provision in Aboriginal communities. Other noteworthy accomplishments guided by the 2010-2014 strategy were the development and implementation of the Aboriginal Human Resource Strategy, signed Partnership Accord with First Nation Health Council, signed letters of understanding with First Nations and Métis Nation British Columbia and implementation and evaluation of the Aboriginal Self-Identification project.

Building on experience and the lessons we learned from implementing our previous strategy, this 2015-2019 strategy is based on meaningful engagement with Aboriginal health partners to prioritize health issues of Aboriginal people living in the Interior Health region. This comprehensive stakeholder engagement process informed this Aboriginal Health and Wellness Strategy for 2015-2019, which is patient-centred, and holistically focuses on mental, emotional, physical and spiritual wellbeing. Continued discussions with Aboriginal partners have highlighted that the health priority should be clearly set at improving the mental well-being of Aboriginal people. Aboriginal health leadership has raised concerns for the need to proactively address these priorities.

Inclusion of Aboriginal priorities will continue to be reflected in the development and implementation of the IH Strategic Plan for 2015-2019. Figure 1 represents the 2015-2019 Interior Health Strategic Priorities for Aboriginal Health.

Figure 1: Interior Health's Strategic Priorities for Aboriginal Health



First Nations have always known a high quality level of health includes physical, emotional, mental and spiritual wellness. These four equal parts are closely interconnected and each must be nourished and balanced for an individual to be healthy.[10]

Priority 1: Advance Cultural Competency and Safety

Background and Context:

It is acknowledged throughout the research evidence that the cultural competency of health care organizations is critical for the delivery of patient-centred health care, and vital in order to achieve equity.[11]

Over the past years, Interior Health has worked towards becoming a more culturally competent organization for the Aboriginal people who are served, an important step in order to provide culturally safe, competent and relevant services.

What is needed now is a more comprehensive overarching strategy to guide Interior Health to make the organizational changes required, so that investments will be done in collaboration and with thoughtful and strategic intent over the coming years.

Community Member Quote:

"In order to safely and effectively provide patient care and preserve patient dignity, health care professionals should be aware and respectful of the cultural differences they have with their patients, and have a willingness to learn more about the cultural beliefs and values of their patients in order to achieve this.

Cultural competency at the health system level is critical to reduce health disparities, address communication barriers, improve access to adequate health care, and support health care professional development. Education on cultural competency needs to happen throughout the education and development of health care professionals including in health care organizations where they work to better prepare them in working with clients of varying cultures.

Aboriginal peoples are not only patients, but customers accessing medical treatment and seeking the same quality of health care services that is provided to all Canadian citizens."

Franny Alec,
Health Manager Xaxli'p,
Northern St'at'imc Nation

Goal:

To build and enhance the organizational cultural competence of Interior Health and our employees in order to provide culturally safe and relevant care for Aboriginal people.

Objectives:

Develop an organizational cultural competence strategy

- Complete an evaluation of current organizational cultural competence;
- Develop a comprehensive strategy and action plan informed by evaluation results.

Continue to build on the existing Aboriginal Human Resource Plan (Appendix A)

- Complete an evaluation of current Aboriginal Health Strategy components to interpret results and further optimize the strategy.

Develop an Aboriginal IMIT Strategy

- Extend Aboriginal-specific data collection and reporting processes within the health authority;
- Extend Interior Health's Aboriginal Administrative Data Standard (AADS) fields in existing and future databases;
- Gather Aboriginal Self Identification information from all programs where this is available in order to understand the use and barriers of services and create a reciprocity approach, whereby the information is then shared with all Aboriginal partners.

Review current practices within Interior Health used to gather Aboriginal patient feedback

- Evaluate the effectiveness of current processes for collection of Aboriginal patient feedback;
- Develop new processes in collaboration with Aboriginal partners and involving the Patients as Partners | Patient Voices Network.

Overall Outcomes:

Aboriginal peoples will receive culturally safe and relevant services within Interior Health. Interior Health and our employees will increase their cultural competency for Aboriginal people.

Priority 2: Ensure Meaningful Participation

Background and Context:

With the signing of the BC Tripartite Framework Agreement in 2011, the Interior Health Partnership Agreement in 2012, and Letters of Understanding (LoU) with Interior First Nations and Interior Health in 2013, solid foundations and frameworks were set to ensure First Nations have meaningful participation in health care decisions and services that impact their communities and people.

LoUs help to enhance the relationships between the respective Nation and Interior Health with the goal to achieve outcomes specific to Nation priority health issues. To-date, six of seven Nations have LoU agreements, with the Ulkatcho First Nations currently in the final stages of approval. IH also has a signed LoU with the Métis Nation British Columbia.

Meaningful participation between the Interior Nations, urban organizations, Métis partners, the First Nations Health Authority (FNHA) and Interior Health will allow for collaborative decision making and joint planning, resulting in relationships with a framework built on reciprocity, trust, and respect. By acknowledging and honoring all perspectives health care planning will be developed using collaborative process and based on shared decision making with our Aboriginal partners.

Community Member Quote:

"The LoU has given the Nation a voice, resulting in changes needed at the community level. The relationships are strong and mutually beneficial with quick response times, trust, and respect with IHA administrators and Aboriginal Practice Lead support. We hope to keep this momentum. Things have never been so good."

Debbie Whitehead, Ktunaxa Nation, Director of the Social Investment Sector

Goal:

To ensure health care planning and services are co-developed with our Aboriginal partners through collaborative and respectful processes.

Objective:

To foster healthy and collaborative relationships with our Aboriginal stakeholders at all levels in the organization in the development of Aboriginal-specific health care strategies and plans.

- Ensure our Aboriginal partners have avenues and access to IH leadership forums through the Partnership Accord, continue to foster these relationships, and trust-building opportunities;
- Build on the momentum of partnership established through our letters of understanding and strive towards a sustainable and standardized approach;
- Develop an Aboriginal engagement framework for Interior Health decision-makers to ensure the inclusion of Aboriginal people in the planning and implementation of services;
- Develop a communication strategy to increase Aboriginal-specific messaging and promoting an Aboriginal presence within IH and our external partners.

Overall Outcomes

For our Aboriginal stakeholders, ensuring we have the frameworks and avenues to create and foster healthy, participatory relationships will mean collaborative health care planning and improved service delivery to Aboriginal people across Interior Health.

Priority 3: Improve Health Equity

Background and Context:

Health equity suggests that all people can reach their full health potential and should not be disadvantaged from achieving it because of race, ethnicity, religion, gender, age, social class, socio-economic status, or other socially determined circumstance.[12] Health equity strategies focus on understanding the pathways or interrelated factors that produce a shift towards health equity and improvements to the health of populations and population sub-groups, especially marginalized populations. It is imperative to understand the factors that lead to equity and inequities to properly design appropriate and responsive interventions and strategies.

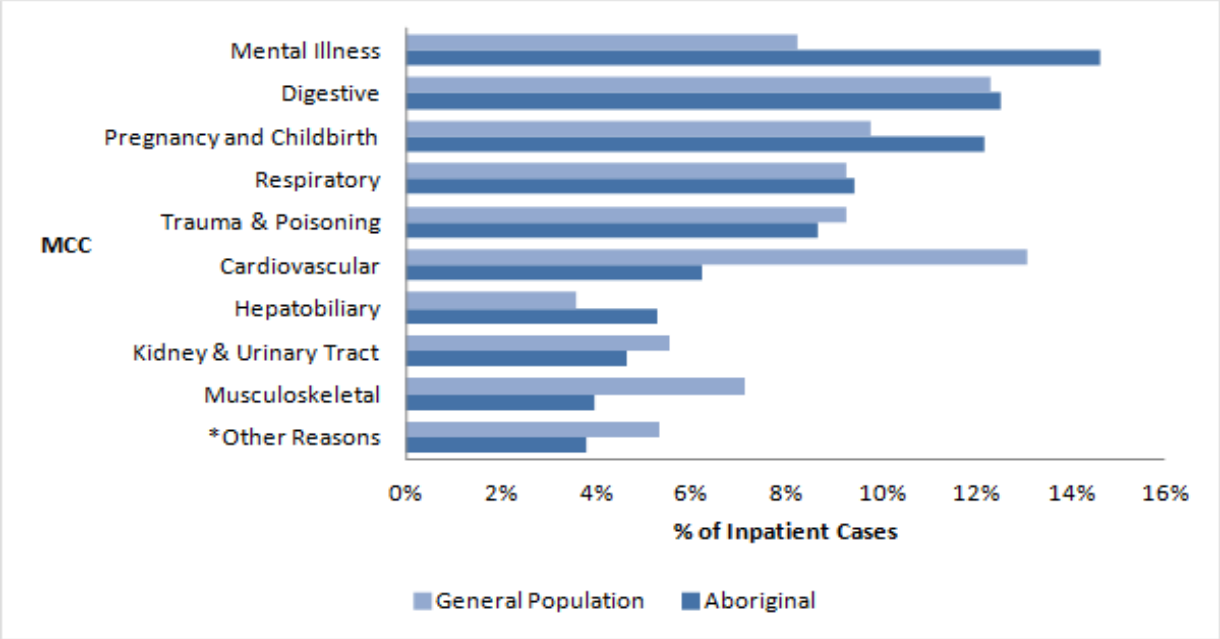
Avoidable and unavoidable differences in health status among population sub-groups factor into health inequalities. Unavoidable differences include age, gender, physiological and biological factors whereas research concludes that unavoidable differences are often related to socio-economic health gradients. [13] That is, people with lower incomes and less education consistently have worse health status and a lower life expectancy than those with higher incomes and more education. This is often the situation for Aboriginal people in Canada.

Therefore, planning and development of health strategies must be inclusive of health equality. For instance, Figure 2 below demonstrates one of the top three reasons that Aboriginal people are admitted to hospital is for pregnancy and childbirth. This proportion/pattern differs from non-Aboriginals. From a health equity perspective, targeting resources towards frail and elderly populations and closure of maternity services is an inequitable distribution of resources and funding. This data implies that different

health needs and subsequent services are needed by Aboriginal people because of differences in access patterns, geographic location, culture, and health status.

By implementation of health equity strategies, it serves to improve health status of the most marginalized people within Interior Health by rebalancing services to provide the best services to those who need services the most.

Figure 2: IH Hospitals: Differences in the Top 10 Major Clinical Categories for Aboriginal and Non-Aboriginal Patients, 2012/13



Community Member Quote:

"In order to address healthy inequity in Aboriginal people we also have to look at racism. Some Aboriginal people still have negative experiences in health care settings and have lost trust in agencies that are supposed to help them. This lack of trust can translate into avoiding services that are critical to their health, including screening for infectious or chronic diseases as well as access to essential care."

Connie Jasper, Tsilhqot'in Nation, HUB Coordinator

Goal:

To improve equitable access to health care services for Aboriginal persons at the time they need them and where they need them.

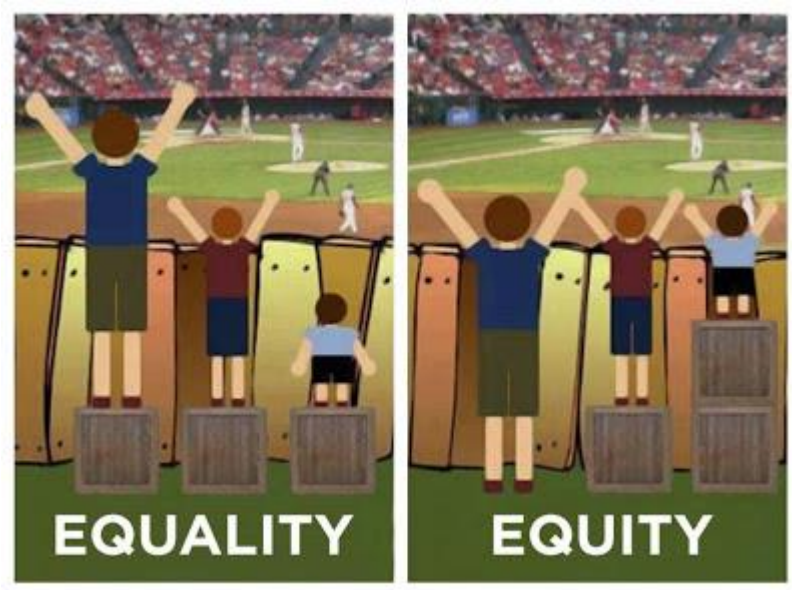
Objective:

Develop a Health Equity Strategy through partnership and engagement of Aboriginal partners.

- Identify and analyse health inequities including the thoughtful selection of targets and indicators to drive design for evaluating the strategy's impact;
- Evaluate health inequities through ASI-generated data and regular performance monitoring to inform the Aboriginal-specific Information Strategy (see also Priority 1);
- Consider and encourage health equity implications within high-level, strategic documents such as mission statements and strategic plans;
- Where possible, encourage alignment of Interior Health funding decisions with high-level commitment to health equity through thorough investigation of macro and micro-influencing factors.

Overall Outcomes:

As a mechanism to steer, influence and coordinate policies and strategies, this priority will ultimately improve the health status of Aboriginal people being serviced by Interior Health through the influence of equitable access to health care services that are meaningful and appropriate for Aboriginal people with a consistent focus on social determinants of health.



Note: This image was adapted by the City of Portland Office of Equity and Human Rights from the original graphic: http://www.annamdietrich.com/blog/2014/11/30/equality-vs-equity

Priority 4: Improve Mental Wellness

Background and Context:

"One cannot consider mental wellness without considering the connectedness to all aspects of the mental, physical, emotional, and spiritual. This consideration should not be just centred on the individual but on the family and to the community as a whole".[15] The First Nations Perspective on Wellness model, pictured on page 48 of the FNHA "Traditional Wellness and Strategic Framework," illustrates these four dimensions that work in tandem for a health, wellness and a balanced life.[16] In

acknowledging mental wellness as a priority, it will be important to acknowledge the shift from an "illness" model to a "wellness" model by integrating traditional approaches into best practices.[17] Aboriginal peoples believe care models derived from the western belief system can cause harm, not heal.

Mental wellness has been identified by Aboriginal leaders as a health priority to help promote and sustain healthy living and lifestyles of Aboriginal people. This is supported by 2012/2013 Interior Health data that supports this priority, given that mental illness was the main reason for Aboriginal people being admitted to IH hospitals (Figure 2.) As such, this is a priority for the Aboriginal Health and Wellness Strategy 2015/2019.

Community Member Quote:

To address mental wellness services and programs can be more effective, for the Aboriginal population, if they are centred on cultural healing and based on the land. We use traditional teachings and activities to help our participants work on mental, physical, emotional and spiritual healing. One community member stated: "When I was out on the land the peace and calmness overtook me and everything else just went away." This is testament to how cultural activities and cultural competency can promote mental wellness."

Okanagan Indian Band Health team

Goal:

To improve the mental wellness of Aboriginal people within Interior Health.

Objective:

Develop a collaborative group to create the Aboriginal Mental Wellness Strategy that will be inclusive of the Aboriginal partners (Urban, First Nations, and Métis), IH, patients, family, and community agencies, and will include:

- Identify patient needs, priorities and gaps in service to inform the strategy, including patient journey mapping sessions and a comprehensive mental health service scan;
- Integrate traditional healing practices, requested and defined by the patient and family, woven into Interior Health's mental health and wellness services;
- Develop and define indicators to measure the success of the Aboriginal Mental Wellness strategy;
- Improve the cultural competency of Mental Health and Substance Use service providers, which may include, dedicated Indigenous cultural competency training, local area specific cultural training, and trauma-Informed practice training;
- Align the Aboriginal Mental Wellness Strategy with existing internal IHA strategies, programs, and collaboratives, along with community plans, nations plans, and provincial plans;
- Use existing data to provide a baseline of MH&SU for Aboriginal people within Interior Health.

Overall Outcomes:

For Aboriginal patients, it will mean improved and meaningful access to MH&SU services that are culturally appropriate and developed and informed through collaboration with our health care partners which will result in accessible services and improved mental wellbeing.

Conclusion

The Aboriginal Health and Wellness Strategy was developed through a highly engaging process that included Métis and Urban Aboriginal organizations and leaders, the Interior Health Aboriginal Health team, local and provincial First Nations Health Authority Directors, and numerous Interior Health leaders (Appendix D). The Interior Health Aboriginal Health team is living the collaborative spirit by fully engaging Aboriginal and Métis communities to create a shared vision of **Person, Family and Community Relationship Based Practice**. Further, this vision is strongly supported by four priorities, which aim to systematically improve the health and wellness of Aboriginal populations in this challenging yet exciting and transformative time.

The next step in living this strategy will be to develop more detailed work and/or project plans for each of the four priorities and work with the Interior Health evaluation team to develop an evaluation framework and plan that clearly articulates what success looks like. This will include isolating indicators in the context of the current reliable data that are reflective of movement toward the goal of **Person, Family and Community Relation Based Practice**.

Appendix A: Summary of Contributors

Interior Health Aboriginal Health Team

Brad Anderson (Lead)	Director, Aboriginal Health
Danielle Wilson	Practice Lead, Aboriginal Health
Darcy Doberstein	Practice Lead, Aboriginal Health
Joan Guido	Admin Assistant, Aboriginal Health
Judy Sturm	Practice Lead, Aboriginal Health
Leanne Harris	Admin Assistant, Aboriginal Health
Renee Hetu	Practice Lead, Aboriginal Health
Shawna Nevdoff	Practice Lead, Aboriginal Health
Sonya Sill	Admin Assistant, Aboriginal Health

Strategy Development Support

Amanda McDougall	Health System Planning
Laura Tomm Bonde	Health System Planning
Leslie Godwin	Health System Panning
Claudy Pastoor	Organizational Development Consultant

IHA Contributors	Date
Amanda McDougall	August 18, 2014
Bryan Redford	September 10, 2014
Christiana Stevens	August 15, 2014
Claudy Pastoor	August 13, 2014
Darlene Arsenault	September 10, 2014
Dave Harrhy	December 22, 2014
Dr. Curtis Bell	September 10, 2014
Elizabeth Marsland	August 13, 2014
Erin Toews	April/May, 2015
Glenn Kissmann	August, 13, 2014
James Coyle	March 2014 to December 2014
Jamie Braman	March 16, 2015
Jamie Marshall	August 13, 2014
Kat Hinter	August 13, 2014
Kristine Hill	August 25, 2014
Dr. Rob Parker	September 3, 2014
Susan Brown	August 13, 2014
Susan Duncan	March 16, 2015
Tara Mochizuki	September 3, 2014
Teresa Dobmeier	August 13, 2014

Appendix A: Summary of Contributors cont'd

Aboriginal Contributors	Date
Cariboo Friendship Society	March 27, 2014
Central Interior First Nations – Urban	March 27, 2014
Thompson Region	March 27, 2014
Circle of Indigenous Nations	March 27, 2014
Conayt Friendship Society	March 27, 2014
Elders	March 27, 2014
Interior Indian Friendship Society	March 27, 2014
Kamloops Aboriginal Friendship Society	March 27, 2014
Lii Michif Otipemisiwak	March 27, 2014
Lillooet Friendship Centre	March 27, 2014
Métis Community Services, Kelowna	March 27, 2014
White Buffalo Aboriginal Health Society	March 27, 2014
Ktunaxa Nation	September 30, 2014
Syilx Nation	October 9, 2014
St'at'imc Nation	October 15, 2014
Nlaka'pamux Nation	October 20, 2014
Tsilhqot'in Nation	October 30, 2014
Secwepemc Nation	October 3, 2014

Appendix B: Approval Pathways

Approving Bodies	Date
Urban & Metis Community	October 17, 2014
IH Community Integration Leadership Table	January 7, 2015
IH Integrated Care Coordination Committee	January 27, 2015
Partnership Accord Leadership Table	February 25, 2015
IH Senior Executive Table	March 16, 2015
IH Board of Directors	May 26, 2015

Appendix C: Footnotes

[1] British Columbia, Ministry of Health. (2014). Setting Priorities for the B.C. Health System. Accessed September 18, 2014. www.health.gov.bc.ca/library/publications/year 2014/Setting-priorities-BC-Health-Feb14.pdf p. 1.
[2] Interior Health Authority. (August 2014). 2014/15 – 2016/17 Service Plan. Accessed September 18, 2014. www.interiorhealth.ca/AboutUs/Accountability/Pages/Service-Plan.aspx p. 8.
[3] First Nations Health Authority. (2013-2014). A Year in Transition: 2013-2014 Interim Health Plan Overview. Accessed September 18, 2014. http://www.fnhc.ca/pdf/2013-2014IHPOverview.pdf p. 6.
[4] First Nations Health Authority. Healthy, Self-Determining and Vibrant BC First nations Children, Families and Communities. Accessed September 18, 2014. http://www.fnhc.ca/pdf/FNHA_AboutUS.pdf
[5] Interior Health Authority. (August 2014). 2014/15 – 2016/17 Service Plan. Accessed September 18, 2014. www.interiorhealth.ca/AboutUs/Accountability/Pages/Service-Plan.aspx p. 8.
[6] British Columbia Ministry of Aboriginal Relations and Reconciliation. Transformative Change Accord between Government of BC and Government of Canada and The Leadership Council Representing the First Nations of British Columbia. November 2005. Accessed September 18, 2014. http://www.gov.bc.ca/arr/social/down/transformative_change_accord.pdf
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First Nations Health Authority,
[8] BC Stats. CRO0134285_SP 1:2011 NHS Semi-custom Profile for the Health Geographies of British Columbia, National Household Survey (Release 3).,2011 National Household Survey-Statistics Canada.
[9] BC Stats. Statistical Profile of Aboriginal Peoples 2006., Interior Health Authority.
[10] First Nations Health Authority. (2014). Traditional Wellness Strategic Framework. . P. 30 Accessed December 18, 2014 http://www.fnha.ca/wellnessContent/Wellness/FNHA_TraditionalWellnessStrategicFramework.pdf.

[11] Reference: Health Research & Educational Trust, Institute for Diversity in Health Management. *Building a Culturally Competent Organization: The Quest for Equity in Health Care*. Chicago, IL: Health Research & Educational Trust. July 2011. National Quality Forum (2009). Cultural competency: An organizational strategy for high-performing delivery systems. Retrieved from http://www.calendow.org/uploadedFiles/Publications/By_Topic/Culturally_Competent_Health_Systems/General/NQF%20Cultural%20Competency%20Issue%20Brief.pdf

[12] 1 Whitehead, M., Dahlgren, G. (2006) *Levelling up (part 1): a discussion paper on concepts and principles for tackling social inequities in health. WHO Collaborating Centre for Policy Research on Social Determinants of Health, University of Liverpool, UK.*

[13] Lynch J, Smith GD, Harper S, Hillemeier M, Ross N, Kaplan GA, Wolfson M (2004*); Is income inequality a determinant of population health? Part 1. A systematic review*. *Milbank Q.* 82(1):5-99.
[14] U.S. Department of Health and Human Services, Office of Minority Health. National Partnership for Action to End Health Disparities. The National Plan for Action Draft as of February 17, 2010. Ch 1: Introduction. http://www.minorityhealth.hhs.gov/npa/templates/browse.aspx?&lvl=2&lvlid=34
[15] Anonymous Quote. Data Source: Input Request Survey, MW & SU Tripartite Strategy Council, 2012.
[16] First Nations Health Authority. (2014). Traditional Wellness Strategic Framework. Accessed December 18, 2014. http://www.fnha.ca/wellnessContent/Wellness/FNHA_TraditionalWellnessStrategicFramework.pdf.P. 48
[17] First Nations Health Authority. (2014). Traditional Wellness Strategic Framework. Accessed December 18, 2014. http://www.fnha.ca/wellnessContent/Wellness/FNHA_TraditionalWellnessStrategicFramework.pdf.

Appendix D: Map of Interior Health First Nations

Appendix E: Map of Interior Health Métis Chartered Communities