Healthy Self, Healthy Families,
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Healthy Communities and Healthy Nation
Aboriginal Health services continue to be a priority within Fraser Health. We are seeing progress because of commitment and relationships developed over the past two years.

Since implementation of the Aboriginal Health Plan (2007-2010), we have continued to strengthen these relationships, build capacity in our communities, and improve the quality and accessibility of health services.

Fraser Health is adopting a program management model to better serve the needs of our population. I can offer assurance that within this time of change and restructuring, Aboriginal Health has become even more prominent within the Fraser Health structure.

I recognize the growing importance of services to address the health needs of the Aboriginal population. Entrusted as the leader of Fraser Health, I offer continued commitment at the Provincial Advisory Committee level, where I join BC’s six Health Authority CEO’s in reviewing and monitoring health outcomes in First Nations communities, and recommend actions on closing health gaps as identified in the Tripartite First Nations Health Plan.

I am proud of what these enduring partnerships have achieved and am confident Fraser Health will continue its journey towards improving the health of Aboriginal people.

Sincerely,

Dr. Nigel Murray
President and Chief Executive Officer
We are pleased to highlight another year of success for Aboriginal Health.

In one year we have seen community capacity building, strengthened relationships, and increased partnership and collaboration between Fraser Health’s leaders and Aboriginal community partners. Marking the second year of implementation of the Aboriginal Health Plan (2007 – 2010), this year focused on improving health outcomes of Aboriginal people (one of the three strategic priorities from the Aboriginal Health Plan).

On September 25th, 2008, Fraser Health President and CEO, Dr. Nigel Murray was honoured during a traditional ceremony. One might say the path to Dr. Murray’s honouring ceremony is described within our Aboriginal Health Plan, and it is a path we have carefully followed. Pivotal along this journey has been the Aboriginal Health team and their leadership and engagement with the Aboriginal community. I wish to recognize the layering of positive relationships and goodwill the team has built. We have not just the talk, but also the walk, to show for our efforts.

Sincerely,

Diane Miller
Executive Director, Primary Health Care and Aboriginal Health
On September 25th, 2008, an honouring ceremony took place that was “more meaningful than a paper contract. Dr. Nigel Murray stood up, he was covered, and he spoke the words, and I remember thinking to myself how very different this was from our past experiences,” says Virginia Peters, Health and Family Services Manager for the Chehalis Indian Band. “I was honoured to be called as a witness to this ceremony in which not only was Dr. Murray receiving an honour; he was making a commitment to the lives and the health of the people in our communities.”

The significant and meaningful ceremony was different from the ‘usual approach’, which might typically involve a memorandum of understanding. Instead, in the presence of three key witnesses and of an attentive audience, Fraser Health President and Chief Executive Officer, Dr. Nigel Murray was honoured and entrusted as the leader of Fraser Health.

“When I entered the room,” says witness Deanie Kolybabi, a member of the Fraser Health Board of Directors, “the celebratory feeling in the room, the number of Aboriginal leaders and Elders present, and the apparent respect for tradition, diversity and culture gave me hope that the promise inherent in this event would be fulfilled.”

Dr. Murray spoke words that celebrated a historic commitment to work as partners towards improving the health of Aboriginal people. He spoke to representatives of First Nations across the region, and others present, about Fraser Health’s commitment to collaboration and partnership with First Nations to realize a shared vision of health. He spoke of ensuring Fraser Health’s strategies and services remain consistent with the Aboriginal Health Plan, and its three strategic priorities of improving health outcomes for Aboriginal people; improving access to culturally appropriate services; strengthening relationships, and community capacity building.

Witness Dr. Evan Adams, Aboriginal Health Physician Advisor to the BC Government, notes that “the use of ceremony in relationships with First Nations demonstrates not only cultural sensitivity, but more importantly, a commitment to having Aboriginal people lead their own health initiatives. The change towards communities being at the forefront in this manner is happening rapidly; it is a significant change, and in some ways difficult to operationalize, but Fraser Health has been quite efficient in developing the formal relationships that can lead to success.”

“The honouring ceremony was a very moving and spiritual moment,” says Nigel Murray. “To be connected with these communities, who have such an interest in their health, gave me a feeling that although no one can address all of the issues alone, as partners, we can succeed.”
Witnesses (left to right) Dr. Evan Adams, Virginia Peters, Deanie Kolybabi:
section 1

improving health outcomes
The health of our communities has benefited from the program funding, workshops, support, and other information Fraser Health has provided us.

—Donna Lagimodiere, Community Health Worker, Mission Friendship Centre Society
Supporting Aboriginal Patients in the Hospital and Community

The Aboriginal Patient Navigators (APNs) connect with Aboriginal patients and family members, health care professionals, and other service providers to ensure Aboriginal patients receive culturally safe, appropriate, and timely care, whether in hospital or community. Aboriginal Health Liaisons represent part of the APNs team, and provide support, advocacy, and health education to Aboriginal clients and their families in hospital and community settings. Aboriginal Mental Health Liaisons, who provide assessment, referral, counselling support services, and liaise with other mental health workers in hospital and community, are also part of the APNs team.

From connecting patients to community services, assisting and educating health professionals in caring for Aboriginal clients, to helping patients understand and navigate the health care system, APNs provide invaluable support and services to Fraser Health’s Aboriginal patient population.

Since September 2009, the APNs have assisted over 250 Aboriginal patients and made over 300 visits to Fraser Health hospitals and health care centers ensuring Aboriginal patients receive the best care possible.

Chronic Disease

Chronic Disease Self-Management Program

The Chronic Disease Self-Management Program is a free education workshop designed to give people living with chronic disease the skills and tools to help manage the daily challenges of their condition. The course, titled ‘Living a Healthy Life with Chronic Conditions,’ is led by volunteers—the majority of which live with chronic health conditions themselves.

Fraser Health Aboriginal Health partnered with the University of Victoria Centre on Aging to deliver chronic disease self-management leader training. Focusing on the topic of aging, the event was held at the Surrey Conference Centre during the months of March and April. There were 12 people registered for the event and seven people completed the four-day training. A second training session is planned for October, 2009, at the Mission Friendship Centre.
Stó:lô Elders Lodge

The Elders Lodge is an Assisted Living partnership between the Stó:lô Nation and Fraser Health. The Lodge is a semi-independent form of housing for Aboriginal clients. The philosophy of Assisted Living at Stó:lô is to provide housing with appropriate support, assistance, and personal care to enable the tenants to live as independently as possible. Stó:lô Elders Lodge is for individuals who are not eligible for residential care, but require services beyond what can be provided to them in their homes in the community. The core principles of Stó:lô Assisted Living are choice, privacy, individuality, independence, dignity and respect. Each tenant at the Stó:lô Elders Lodge has their own one bedroom suite that they furnish themselves. Tenants have access to a variety of services, including meals, social and recreational programs, assistance with their personal care and medications, and a 24-hour emergency call service. Currently, approximately half of the staff at Stó:lô Elders Lodge are First Nations.

The 15-unit residence, which opened in June 2007, is located within the Stó:lô Nation and currently houses 12 Aboriginal tenants ranging in age from 50 to 94. Most tenants live with health conditions related to chronic diseases such as diabetes, heart disease, arthritis, and acquired brain injuries. Tenants at Stó:lô Elders Lodge appreciate the respectful care and service they receive from staff. The tenants also appreciate the choices they have in meals, activities, and services, including traditional cultural activities such as drumming, singing, and Elders meetings and field trips.
Maternal and Child Health

Infant Mortality Review Committee

The infant mortality rate for Status First Nations in Fraser Health (6.22 per 1,000 live births, 2008) is almost twice the rate for other Fraser Health residents (3.6 per 1,000 live births). The gap was most noticeable for deaths occurring after the first month of life: 3.1 per 1,000 live births for Status First Nations as compared with 0.9 for other Fraser Health residents.

A committee has been established to develop an integrated approach to reducing infant mortality in Fraser Health. A team of medical professionals which includes, the Medical Health Officer, Health Promotion and Prevention, Quality Improvement, Clinical Obstetrics, Pediatrics, Pathology, and Decision Support, is working with the BC Coroner’s Office and the Ministry for Children and Family Development to identify preventable causes of infant mortality in vulnerable sub-populations of Fraser Health. Findings will be reported back to the Chief Medical Health Officer along with recommended action plans based on the information gathered.

The Infant Mortality Review Committee grew out of a commitment made by Fraser Health at last year’s Year in Review celebration, to work on reducing the infant mortality gap between Aboriginal and non-Aboriginal people.

Pap Awareness Week at Kla’how’eya Healing Place Primary Health Clinic

Pap Awareness Week was held on June 8-13, 2009. The BC Cancer Agency piloted Pap Awareness Week in the Lower Mainland in 2008. Building on last year’s success, the awareness week was offered at almost 100 clinics across the province this year, including the Primary Health Clinic at Kla’how’eya Healing Place. During this week, women were able to walk into the Primary Health Clinic to get a Pap test without making an appointment. The event served as an excellent opportunity to link women without a regular primary care practitioner to the Kla’how’eya Healing Place Primary Health Clinic for regular health care follow-up.

Fetal Alcohol Spectrum Disorder Workshops

On May 5th and 6th, two Fetal Alcohol Spectrum Disorder (FASD) workshops were held at Douglas College and Tzeachten First Nation with over 200 people in attendance. Keynote speaker, Diane Malbin, Fetal Alcohol Syndrome Consultation, Education and Training Services (FASCETS), presented an innovative understanding of FASD that calls for more holistic integrated approaches that consider all facets of the person—physical, developmental, and cognitive.

According to Malbin, if FASD is viewed as a physical disability (e.g. brain damage from prenatal exposure to alcohol/drugs) and the primary symptoms are learning and other behavioral characteristics, then children with FASD would benefit from appropriate environmental accommodations (e.g., modifying timelines, providing alternative instructional strategies, or recognizing developmental rather than chronological age) in a similar manner to accommodations made for more traditional physical disabilities (e.g., wheelchairs and ramps for people with paralysis). The shift in focus is seeing behaviors as symptoms, rather than as things to be changed. The process of implementation is enhanced by recognizing personal, historical, cultural, intellectual, institutional, and fiscal issues associated with each child.

Stó:lō First Nation Perinatal Support Group

The Stó:lō Perinatal Support Group began December 2007 as a collaborative service between the Chilliwack Health Unit and Stó:lō Nation Health. The perinatal support group provides weekly support on Tuesday afternoons for Aboriginal and non-Aboriginal families.
Referrals of expectant mothers are from the Best Beginnings Programs, Headstart Programs, and Stó:lō Health staff. The Program is facilitated by Fraser Health and Stó:lō Nation Public Health Nurses.

Assessment of the Aboriginal Cultural Climate in the Aboriginal Woman’s Perinatal Journey

A working group has been formed to assess the level of cultural safety in Aboriginal women’s care during their perinatal journey through points of contact with health care in the community, acute care, and return to the community in the Chilliwack area. Comprised of 10-12 key representatives from Fraser Health Aboriginal Health, Chilliwack Public Health and Chilliwack General Hospital, the group is working to develop a plan to assess health care providers’ knowledge and understanding of Aboriginal people, as well as Aboriginal women’s level of cultural safety in their health care experiences.

Mental Health and Addictions

Assessment of the Aboriginal Cultural Climate in the Aboriginal Woman’s Perinatal Journey

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Mentors in Community Practice

The Stó:lō First Nation Addictions Counsellor and the Aboriginal Mental Health Case Manager for Mission Mental Health hosted an Elders lunch on May 19, 2009 at Sumas First Nation. The purpose of the gathering was to honour the Elders’ position as leaders in their communities and request their permission for Fraser Health to provide services to their people.

The gathering was well attended and increased health workers’ knowledge of Elder traditions. Starting from the traditional invitation process of visiting each Elder’s home and personally inviting them, to the calling of witnesses, to a tour of the Sumas First Nation community, the gathering followed traditional Elder protocols. It was a great opportunity to build more solid relationships with Sumas First Nation families, thank the Elders for accepting Fraser Health into their community to work with their people, and enjoy a wonderful salmon dinner together.


Aboriginal Youth Conference – March 14 & 15

The sixth annual Aboriginal Youth Conference was organized by members of the Stó:lō Nation Youth Council, Xyolhemeylh Child and Family Services, and the Stó:lō Nation Tribal Council. The Conference theme was about ‘understanding our relationship to the land and that all living things are interconnected’.

I was very happy to do this project. In return, many of the Elders told me they were happy to hear about the work that is happening in the communities, and that they are supportive of future projects within the community.

—Nicole Kiniski, Aboriginal Mental Health Case Manager
The purpose of this year’s conference was to open youth to the idea of having an inherent responsibility to take care of Mother Earth and each other.

More than 130 youth attended the Conference, which took place at Sts’ailes Lhawathet Lalem (Chehalis First Nation Healing House), and was presided over by Masters of Ceremonies, Harley Chappell and Lee John, along with house Elders Rocky LaRock and Florence Thomas. The day featured a series of workshops on spiritual connections to the land and other living things, natural medicines, recycled art, and more.

Fraser Health and the First Nations Health Council co-sponsored the video recording of the conference, which includes interactive dialogues and interviews discussing the mental wellness and service needs of the Aboriginal youth in the region. This DVD production will be used to inform Aboriginal youth service providers, leading to a better understanding of how they would like to receive and be included in services.

Fraser Health staff are always available to consult with and the Aboriginal Health team quickly responds when help is requested. We have received invaluable health information regarding pre- and post-natal care and support and education in setting up Point of Care HIV Screening.

—Stefanie Dafoe, Nursing Manager, Stó:lō Nation Health Services

Fraser Health and the Aboriginal Access Program at the University of Fraser Valley, joined forces in November 2008 to implement a six week ‘Walking for Health’ Program that ran from December 2008 to January 2009.

The Aboriginal Access department received a grant from the Aboriginal ActNow—Honour Your Health Program, which aims to improve the overall health and well-being of Aboriginal people. The money was put towards the ‘Walking for Health’ Program which saw almost 50 participants. Each week the participants set a new goal and had a regular check in for accountability and encouragement.

The Program was a success with over 70% of those that signed up participating; nine participants moved on to do the Vancouver Sun Run.

Fitness Workshop at Sumas Health Centre

Sumas Health Centre held a health fair on January 16, where Fraser Health and Abbotsford in motion (now Healthy Abbotsford) presented a ‘Preparing for Activity and Staying Motivated’ fitness workshop.

Over 50 people were in attendance when Sumas Health Centre announced the launch of a walking club for community members. Fraser Health supplied pedometers and helped participants set their walking goals to prepare them for future success.

Memory Health Information Day

Memory health is an important priority for elderly people eager to know the difference between normal aging and memory loss caused by disease. Seniors want to know what steps they can take to lower their risk of dementia and what services are available for people with memory loss.

In recognition of the importance of prevention of dementia and supporting caregivers, Chilliwack Dementia Services Network (DSN) in partnership with the Stó:lō Nation and Fraser Health conducted a ‘Memory Health Information Day,’ on May 13, 2009 at the Stó:lō Nation Health Center. More than 70 people attended the event, approximately 30% of whom were Aboriginal. Presentations were given by Dr. Katie Wilson.
and Dr. Tracy Lyster of Fraser Health and Jillian Armitt of the Alzheimer’s Society. Clinical staff were available to provide memory assessments and answer questions. Nine people requested and participated in one-to-one consultations. Thirty-four evaluation forms were handed in at the end of the day, all of which rated the day as interesting and excellent.

The DSN would like to thank Stó:lō First Nation for hosting this event, the volunteers from the Alzheimer’s Society, and the seniors and families who helped make Chilliwack’s first Memory Health Information Day a tremendous success.

Following the Memory Health Information Day, a partnership has developed between Stó:lō First Nation Health Services, Fraser Health’s Chilliwack Mental Health Geriatric Team, and the Alzheimer’s Society. Together they are planning more memory health events, regular presentations to Elders, support groups, and a regular Elders clinic on-site.

**Aboriginal Dental Care**

Dental prevention services for Aboriginal people are offered both on- and off-reserve throughout Fraser Health in rural and urban settings. The Health Promotion and Prevention Dental teams work in collaboration with community health teams to strengthen relationships and build community capacity among Aboriginal communities to ultimately prevent dental disease. The Dental teams assist families in reducing barriers in accessing dental care through outreach dental clinics offered every three months in Aboriginal communities such as Katzie First Nation, Seabird Island First Nation, Tsawwassen First Nation, Stó:lō First Nation and Kwantlen First Nation, as well as in urban settings such as Maxxine Wright Centre and at the Kla’how’eya Healing Place Primary Health Clinic.

**Mission Friendship Centre Healthy Living Pilot**

A Healthy Living Challenge was launched as a pilot at the Mission Friendship Centre (MFC) in June 2009. Fraser Health’s Aboriginal Health and Healthy Living teams are working in partnership with the MFC to encourage and motivate staff, Elders, and clients to increase their healthy living behaviours, including physical activity, healthy eating, and smoking cessation. Participants have set a goal to collectively add up their steps to reach their imaginary destination of Hilo, Hawaii. Two dietitians are working together to create the nutrition component of the pilot, which includes five weeks of activities designed to educate and encourage participants to increase their intake of fruits and vegetables.

**Tobacco Reduction Training**

The Aboriginal population in BC has a disproportionately high rate of people who smoke as compared to BC’s population overall. This population comprises 8% of the smoking population, but only 3% of the general population. The government of British Columbia’s Aboriginal Tobacco Strategy goal is to create an environment that encourages and reinforces tobacco reduction activities in Aboriginal communities.

Fraser Health provides Brief Intervention Training (BIT) sessions in Aboriginal communities. BIT sessions provide participants with the skills, knowledge and resources to be able to address tobacco dependence with clients in their community. Aboriginal tobacco resources, highlighting the difference between traditional tobacco and commercial tobacco, are provided in all BIT participant resource packs.

Several Aboriginal BIT sessions were held this year at North Fraser Métis Association. Additionally, the BIT presentation was updated in terms of both content and images, to make it more culturally appropriate for Aboriginal audiences. The Tobacco Reduction team attends Aboriginal Health Improvement Committee meetings to increase awareness among Aboriginal communities of tobacco reduction services. Tobacco awareness activities
have been held at the Stó:lō First Nation Health Fair and the Fetal Alcohol Spectrum Disorder Workshop. Tobacco reduction coordinators have made visits to Kla’how’eya Healing Place Primary Health Clinic and Seabird Island First Nation promoting tobacco reduction.

Point of Care HIV Screening

It is estimated that 2,600 Fraser Health residents are infected with HIV, and 27% of which, are unaware of their status. Point of Care (POC) HIV screening is a rapid HIV antibody test which produces a result in less than five minutes (as compared to the standard serology testing which can take up to two weeks). POC enables testing, results, and pre- and post-test counselling in one visit. This type of POC HIV screening allows for easier follow up by Public Health, especially for those with no fixed address. It is easier to offer rapid testing in non-traditional clinical settings (i.e. street, outreach sites), which increases uptake of tests among those who do not normally access testing.

Fraser Health is currently piloting the use of POC HIV screening. The first set of testing started in December 2008, and included one Aboriginal site (Stó:lō Nation Primary Care Centre). Testing has already expanded and is now available at the Mission Friendship Centre and the Stó:lō Nation Health Centre. There are plans to expand to two additional Aboriginal sites serving Chehalis, Boston Bar and Seabird Island First Nation in 2010.

Primary Health Care

Kla’how’eya Healing Place Primary Health Clinic

In October 2008, the Primary Health Clinic located in Surrey at the Kla’how’eya Healing Place opened its doors. The clinic provides culturally safe and holistic primary health care services for urban Aboriginal clients without regular primary care providers, or for those who use walk-in clinics or emergency departments for primary care needs. Between January and June of 2009, 126 new patients came to the clinic; there were nearly 400 patient visits (including new, returning, and group visit patients) in that same time period.

The Clinic offers group sessions for Elders and grandparents raising grandchildren, pre- and post-natal groups, and provides outreach and health promotion services to Kekinow Housing, Youth Safehouse, and the Tipoini Girls Youth Group.

The Primary Health Clinic has created a safe, informal and comfortable environment that encourages approachability and return visits. Several clients with complex health issues have experienced stabilization and improvement in current health status and improvement in outlook because of the holistic approach of clinic staff, extra time and effort spent with clients to build rapport during client interactions, and attention to the social determinants impacting health.

Integrated Health Teams

The Katzie Integrated Health team is led by the Katzie First Nation Health Promotion team, with community support from a wide range of governmental, non-governmental, and not-for-profit agencies, including Fraser Health. The Katzie integrated team is committed to community-led, collaborative care and support that is culturally safe and appropriate. Community members are actively involved in identifying community health needs and priorities, as well as the planning, implementation, and evaluation of health services. Services available through the integrated team include nutrition education, tobacco reduction, public health nursing, and dental care, as well as a number of community programs that address the social determinants of health. All Aboriginal Health integrated teams developed in the Fraser region use the Katzie team as a model.
Based on the structure and process of the Katzie Integrated Health team, an integrated health team was developed at the Fraser Canyon Health Clinic in Anderson Creek, which serves the communities of Spuzzum, Boston Bar, and Boothroyd, as well as off-reserve Aboriginal people living in Hope and the Fraser Canyon. Additionally, an integrated health team is in development at Sumas First Nation; this is a collaborative initiative between Stó:lō Nation Health Services, Sumas First Nation, and Fraser Health Abbotsford Health Unit. The Sumas Integrated Health model is being guided by the Katzie Integrated Health team, but will be adapted to the unique needs of the Sumas First Nation community and the urban Aboriginal people living in the Abbotsford/Mission catchment area. Services will be available to both on- and off-reserve First Nations, and will include Mental Health, Child and Family Services, Public Health, and Primary Health Care via a Nurse Practitioner.

The opening of the new health building at Sumas First Nation [where the Sumas Integrated Health team will be located] was a wonderful event, attended by many. It began with a cleansing ceremony, where Elders circled the building, connected by ropes of cedar, and gave prayers to cleanse the space. The Chief welcomed everyone to the community, and emphasized the health building is not just for Sumas First Nations people, it’s for all Aboriginal people. The building will be the heart of the community. Afterwards, everyone shared a delicious traditional meal together.

**Nurse Practitioner Services**

Two Nurse Practitioner (NP) positions have been created to provide culturally appropriate primary care to Aboriginal people. One NP is based out of the Seabird Island First Nation and serves Fraser East communities. The other NP provides Primary Care to unserved/underserved urban Aboriginal clients at the Klahow’ey Healing Place Primary Health Care Clinic in Surrey.

Learning is a high priority for the NPs, particularly gaining a thorough understanding of Aboriginal culture within the various communities they serve. Sensitive listening skills, interest in learning about Aboriginal culture, and extensive patient networks all help contribute to the NPs’ trusting relationships with their patients and ultimately lead to improved health outcomes for Fraser Health’s Aboriginal population.

**Fraser Canyon Health Clinic**

Fraser Health, Health Canada and Aboriginal Band Chiefs from Fraser Canyon (Spuzzum, Boston Bar, Anderson Creek and Boothroyd) have come together in the spirit of a tripartite agreement to form the Fraser Canyon First Nations Health Committee. The first outcome from this committee was the creation of the Fraser Canyon Health Clinic, which brings satellite health clinic services to Boston Bar.

Boston Bar First Nation Chief, Dolores O’Donaghey, presented a letter of invitation to Fraser Health for the use of the newly built Anderson Creek Health Centre. Health Canada agreed to support the space commitment in addition to providing basic supplies, equipment and furnishing.

Fraser Health provides satellite health services at Anderson Creek Health Centre which commenced September of 2009. A Nurse Practitioner will be providing primary care services on a weekly basis, and Public Health, Home Health and Mental Health services will be delivered in the communities on these same days as required. Additional services will include dental care, child and youth mental health, foot care, and chronic disease management.
section 2

partnerships & collaborations
I can’t say how much we appreciate the partnership with Fraser Health Aboriginal Health. Fraser Health is such a big part of our operation out here.

—Tracy Miyashita, Health Coordinator, Katzie Health Services
Aboriginal Health Improvement Committees

Aboriginal Health Improvement Committees (AHICs) facilitate networking and communication between Aboriginal communities and organizations, and increase knowledge, social awareness and understanding of all Fraser Health programs and services. AHICs provide Fraser Health’s Aboriginal Health Operations Committee with guidance and recommendations for the implementation and evaluation of the Aboriginal Health Plan (2007-2010). The AHIC meetings are open to anyone who works with the Aboriginal population or provides a health-related program or service within the Fraser Region. Committee members are comprised of representatives from Aboriginal-focused community-based organizations, government agencies, tribal councils, inter-tribal health organizations, health care providers who work with Aboriginal people, and Fraser Health. A total of nine AHIC meetings were held in 2008-2009, in seven different communities, including Kwikwetlem First Nation, North Fraser Métis Association, Chehalis First Nation, Kwantlen First Nation, Mission Friendship Centre, Sumas First Nation, and Spirit of the Children.

Valuable initiatives have emerged from the AHICs, including:

- Transitional Housing Working Group
- Fraser Canyon Health Committee
- Chronic Disease Self-Management Leader Training Opportunities
- Fraser Canyon Health Clinic
- Memory Health Information Day
- Two Fetal Alcohol Spectrum Disorder workshops
- Spiritual Healers Gatherings
- Fitness Workshop at Sumas First Nation
- Tobacco Reduction Training at North Fraser Métis Association

Additionally, the AHICs provide opportunities for Fraser Health to seek Aboriginal input on a range of projects. For example, the Mental Health & Addictions Housing team attended an AHIC meeting to obtain Aboriginal input on their homelessness initiatives.

Aboriginal Health Operations Committee

Fraser Health’s Aboriginal Health Operations Committee (AHOC) provides a venue for senior leaders in acute and community care to collaborate in planning and monitoring progress toward the goals of the Fraser Health Aboriginal Health Plan (2007-2010). The AHOC incorporates the perspective of Aboriginal stakeholders gained from the Aboriginal Health Improvement Committees (AHICs) to inform the planning, development, and evaluation of Fraser Health services and programs that address the health needs of Aboriginal people. The Committee works to increase the profile of Aboriginal health by acting as champions for Aboriginal health issues within their respective portfolios, and promotes integration of Aboriginal health priorities into Fraser Health policies and practice.
section 3
community capacity building
The FASD presentation provided great use of real-life experiences and examples, and provided up to the minute research practical applications.

—FASD Workshop Participant
Aboriginal Health Team Introduction

The Fraser Health Aboriginal Health team hosted three open houses on Friday, June 19, in celebration of National Aboriginal Day. The open houses, held at Chilliwack General Hospital, Surrey Memorial Hospital, and Royal Columbian Hospital, provided an opportunity for Fraser Health staff to meet the team and learn about the work they are doing. Traditional bannock was catered at each open house. A total of 100 Fraser Health staff attended.

Licensed Practical Nurse (LPN) Training

The Seabird Island College Aboriginal Practical Nursing Program is a collaborative project supported by Fraser Health, Seabird Island First Nation, Stó:lō Nation, other local First Nations, and sponsored by the province of British Columbia Nursing Directorate. The program includes training in rural and remote nursing practices, community-based health services, and management and administration. The Program is set to begin January 2010, with the first graduating class completing the National LPN Licensing Exam in December 2012. Successful graduates will be referred to employment opportunities within Fraser Health and Vancouver Coastal Health Authority.

Fraser Health Presence at Aboriginal Career Fairs

The Human Resources Consultant for Fraser Health Aboriginal Health attended four career fairs in Aboriginal communities in the spring of 2009: Stó:lō First Nation on February 6, Seabird Island First Nation on March 25, Chawathil First Nation on April 9, and Boston Bar on April 17. Fraser Health's presence at these career fairs helps create awareness about Fraser Health among Aboriginal youth, and encourages them to pursue careers in health care.

Community Garden Project with TO’O Native Housing (Mission)

The community garden project with TO’O Native Housing officially started on April 24, 2009. Project participants have conversations about mental wellness, nature, the Creator providing for his people, and how to preserve and prepare vegetables. The community garden project has built relationships, bringing the Mental Health Case Manager for TO’O Native Housing and the people living at TO’O closer together.
Capacity Building within Fraser Health

- The Period of PURPLE Crying is a provincial education initiative to prevent Shaken Baby Syndrome. The Stó:lō Nation Health Center and Seabird Island First Nation Health Center were the first Aboriginal community health centers in BC to receive this training.

- Two new nursing graduates, one from Kwantlen First Nation and one from the Stó:lō Nation Health Center, are the first new grad nurses working on-reserve in Fraser Health to be included in the New Grad Program through Professional Practice. The Aboriginal Health team’s Clinical Nurse Educator is working with these nurses to mentor them through the process.

- A one-day cultural training session was provided to two Fraser Health neurologists, who subsequently led a Memory Health Information Day for seniors at the Stó:lō Nation.

- The Clinical Nurse Educator connected Community Health Nurses working on-reserves with the Communicable Disease Orientation offered by Fraser Health to Public Health Nurses. She continues to work with this team of nurses to address the follow up care of Aboriginal clients who live on-reserve to ensure seamless, continuous care.

- Motivational Interviewing Education, a new program for health professionals, includes content specific to the Aboriginal population. The Clinical Nurse Educator is planning a Motivational Interviewing education session in the fall of 2009, specifically tailored for Aboriginal Health team members involved with direct client care.

- The Best Beginnings Program includes prenatal health, perinatal depression, breastfeeding support, and postnatal support. The Clinical Nurse Educator participated in the development of the Best Beginnings Program to ensure content was correct about the Aboriginal population, and she has also developed a carepath specifically for Aboriginal women.

- Consideration of the Aboriginal population and connection to the provincial Aboriginal Education Enhancement Agreement Program Initiative has been included in the School Health education Program.

- Every Public Health Nurse’s orientation workshop includes information about Aboriginal people and contacts for connection to Aboriginal services.

Collaborative Pandemic Planning

Fraser Health is actively engaged with First Nations communities to ensure Pandemic Plans are complete, up to date, and available for each community. Between 2007 and 2009, First Nations Inuit Health initiated pandemic planning processes with each community. In 2009, Fraser Health was invited to be a part of this process. The Fraser Health Aboriginal Health team has worked to ensure everyone involved is aware of community concerns and they are able to provide needed services to alleviate those concerns.

Pandemic planning sessions are held in Aboriginal communities with a wide representation, from children to Elders, included in the process. Full-day sessions are scheduled to allow sharing and to ensure all voices are heard and incorporated into the pandemic planning process. Of the 29 First Nations communities in Fraser Health, 26 have Pandemic Plans in place, and one is scheduled for completion prior to October 2009. Further engagement is ongoing with the two remaining communities to offer planning sessions to support them in developing Pandemic Plans.
The Day Treatment Program provides a very safe place for clients to get to the underlying problems of why substance abuse has been their choice to help them cope. We provide the information guidance and tools to help them come to realize their true self-worth. It is truly thrilling to witness a real turning point in their lives.

One client disclosed how challenging it was to leave her former friends and some family members who were still ensnared with the chemical addictions. With personal courage, inner resolve and a motivation to experience healthy living free from drugs and alcohol, one of the participants in the Day Treatment program chose to find a network of friends and pursued a path towards education and took pride in becoming more aware of her culture and traditional spiritual practices.

She is now taking leadership with the Narcotics Anonymous movement on her reserve, conducts drum making workshops, and has become an inspiration to her family and community. That is the kind of difference we can make with the Day Treatment Program.

—Eddie Gardner, Coordinator, Stó:lō Day Treatment Program
section 4

improving access to culturally appropriate services
Thank you for giving me this opportunity to experience the richness and beauty of the Aboriginal culture.

—Cultural Training Workshop Participant
Honouring Our Traditional Food Practices

Stó:lō First Nation and Fraser Health hosted a workshop on traditional food practices at the Richard Malloway Memorial Longhouse on May 27.

The workshop shared experiences, traditions and hopes for maintaining and improving Aboriginal food culture, safety, accessibility, affordability and nutrition in today’s world. Participants went on a tour of the Longhouse grounds to learn about healing plants found in the wild, and heard traditional First Nation’s stories on the origins of beans, corn and squash—three traditional Indigenous foods which create optimum growing conditions when planted together. Keynote speaker, Dawn Morrison, presented on the concept of Indigenous food sovereignty. Participants enjoyed a barbecued salmon lunch and other traditional foods.

Spiritual Healers Gathering

In honour of a request made to Fraser Health by Fraser region Elders, a Spiritual Healers Gathering was held on Saturday, June 27, 2009 at the Sumas Longhouse. Two community leads, Melileqhet (Helen Joe) and Tom Oleman, coordinated the event, with Fraser Health supporting the process. Participants at the gathering included healers working in a variety of settings, including the prison system, the residential care system, and healers based in on-reserve communities. The gathering was facilitated by T’xwelatse (Herb Joe), and explored ways that the healers can address their Aboriginal clients’ physical, emotional, and spiritual needs. Participants discussed ways to support each other and build healers’ networks to increase access to their services, as well as how they envision their work being acknowledged and respected within mainstream health service models.

Fraser Health is committed to helping facilitate ongoing Spiritual Healers Gatherings in the Fraser region.
Learning about Culture

To date, over 1,050 Fraser Health staff have attended Cultural Awareness Training in Aboriginal communities throughout the Fraser region. Six Cultural Awareness Training sessions were held this year; three were held at the Coqualeetza Longhouse in the fall of 2008, and three at the Xa:ytem Longhouse in the spring.

Participants learned about Aboriginal culture and history, including traditional beliefs and spirituality, First Nations connection to the land, and the legacies of the Indian Act of 1876 and residential schools. Traditional storytelling, drumming, dancing, hands-on instructions in cedar weaving and woodworking were all part of the Cultural Awareness Training. All sessions ended with a traditional salmon and bannock lunch.

“The cultural competency training sessions are so vital to ensuring that service providers develop the understanding and ability to deal with First Nations people in culturally appropriate ways.”

—Virginia Peters
Voices from the community

“Through great partnerships, I have seen the collaboration between Fraser Health, Ministry of Child and Family Development, and Aboriginal communities make a difference,” says Francine Douglas, Aboriginal Child and Youth Mental Health Outreach Worker, Ministry of Child and Family Development. “The recent Suicide Prevention Day gathering at Cheam First Nation was a good example of this collaboration.”

“The Healthy Living Pilot project has been incredibly helpful and I have learned a lot from the staff. The three different components have been great – healthy eating, physical activity and tobacco use. The “Breathing Easy” tobacco cessation program helped me quit smoking and I know a number of others that have quit because of it too,” says Donna Lagimodiere, Community Health Worker, Mission Friendship Centre Society.

“The support we receive from the Aboriginal Health team is really helpful,” says Helena Paul, Coordinator, Stó:lō Youth Council. “It is so beneficial for the team to be visible and present in the community, supporting our programs and our community members.”
Fraser Health funded a total of 14 service contracts in 2008-2009, totalling $1.1 million. The focus of these contracts included primary care, chronic disease, social support, mental health and addictions, food security, health education, and HIV/AIDS. The majority of these contracts provide services to on-reserve Aboriginal people; however, four contracts provide services in urban settings that are available to both on- and off-reserve Aboriginal people. Over 2,500 clients received important services as a result of these contracts.

The value of these contracts is not just the investments they represent in Aboriginal communities, but also the fact that they allow communities control over the planning, delivery and evaluation of their own health services. Further, these contracts led to 15 health employment opportunities in Aboriginal communities, including Counsellors, Health Liaisons, Nurses, Community Health Workers, and other much-needed health positions.

In 2008-2009 the following direct Aboriginal Health Service Provider Contracts were funded:

- Chawathil First Nation Diabetes Prevention Program
- Chehalis Community School Youth Outreach Program
- Fraser-Thompson Youth Counselling Worker
- Kla’how’eya HIV/AIDS Support & Education
- Kla’how’eya Heart Disease Prevention & Education Program
- Kwikwetlem First Nation Family Support
- Mission Friendship Centre Society Community Health Program
- TO’O (now known as Mamele’awt Qwesome Housing Society) – Chronic Disease Prevention, Support, Education Program
- Native Court Workers Counselling Association – Alcohol & Drug Program
- Seabird Island Nutrition Program
- Stó:lō Nation Day Treatment Program
- Stó:lō Nation Mental Health Liaison Program
- Tsawwassen First Nation Chronic Care Program
- Pediatric Clinic at Stó:lō Health
in closing

a few words
This year we are highlighting the good work and results that come from building those relationships; communicating with each other; sharing ideas, challenges, and best practices.
Looking back...

It is such an honour to showcase some of the tremendous work built on partnerships and collaboration achieved this past year. Last year, we celebrated the formation of our Fraser Health Aboriginal Health team and the relationships we had established with our community partners through our AHIC (Aboriginal Health Improvement Committee) meetings.

Our AHICs have been held in almost every First Nation community throughout the region over the last two years, and when we attend to those communities we bring the Aboriginal service providers with us, so it then becomes an opportunity to showcase the community, and identify their needs, challenges, and successes.

The Fraser Canyon Integrated Health team is the biggest highlight in my opinion this year. This group went from a thought, idea, and conversation, to a working tripartite partnership that has resulted in an integrated approach to health care being delivered in their beautiful new health centres, in their home communities. This is the B.C. tripartite partnership exercised and implemented. My hands are raised to the Integrated Health team, for committing to the process and honouring each others’ roles. I anticipate that we will continue to develop these types of tripartite integrated health teams throughout the region.

Looking forward...

As we look forward to next year, I know that what we have built these last couple of years is just the foundation, and with that foundation firmly in the ground, we can now begin to build on that. Our Aboriginal Health Plan will sunset in 2010, and we will begin the process of consulting with communities to develop goals and objectives for improving the health of Aboriginal people into the next decade. We will use the 2007 Provincial Health Officer’s Report to guide our focus for future deliverables. Additionally, we will be developing and improving our measurement and evaluation processes, to ensure that we are able to accurately capture the work we are doing and demonstrate our successes.

A special thank you

I want to thank the Aboriginal Health team, which continues to grow better and stronger each day. I feel blessed to be able to work with such a passionate group of people. We constantly strive to find others who share our passion to improve the health and well-being of Aboriginal people. I believe it is this passion that has led us to the many successes we are celebrating today.

Sincerely,

Leslie Schroeder (Tzeachten, Stó:lō Nation)
Director, Aboriginal Health
The Provincial Health Officer’s (PHO) report “Pathways to Health and Healing: 2nd Report on the Health and Wellbeing of Aboriginal People in British Columbia” is an update to the 2001 PHO report on the health status of Aboriginal people in BC. Fraser Health Aboriginal Health is using the results of the PHO Report to monitor progress in improving the health of Aboriginal people in the Fraser region. Comparisons with Fraser Health’s measures from the 2001 PHO report indicate that significant progress has been made in reducing the gap between First Nations and other Fraser Health residents on a number of indicators. Additionally, the report is being used to identify areas where there are continued gaps in care, which will assist in the planning and prioritization of 2010-2011 Aboriginal Health deliverables.

Population

There are an estimated 38,105 self-identifying Aboriginal people in the Fraser Health region, which represents approximately 2.7% of the total FH population. Of the 38,105 Aboriginal residents in the Fraser region, 12% are on-reserve, and 88% are off-reserve. Nearly half of the off-reserve Aboriginal population are Métis.

The Health of First Nations in Fraser Health — across the Lifespan

Teen Pregnancy – A disproportionate number of First Nations infants are born to teen mothers. The First Nations teen pregnancy rate in Fraser Health is 4.7%, which is over three times higher than the non-First Nations teen pregnancy rate (1.5%).

Postneonatal Mortality – A large number of First Nations babies do not make it to their first birthday. The postneonatal mortality rate among First Nations infants in Fraser Health is 3.1/1,000, over three times the rate among non-First Nations infants (0.9/1,000).

Children in Care – First Nations children are overrepresented in the population of children in care. In Fraser Health, 9.4% of First Nations children are in care. This is over 18 times higher than the proportion of non-First Nations children in FH who are in care (0.5%).

Housing – First Nations families too often live in housing not acceptable to Canada’s standard. In Fraser Health, 32% of on-reserve homes were in need of major renovation or repair, which is over twice the national average (14%).

Mental Health & Addictions – Many First Nations people experience mental health and addictions issues but do not receive the same post-hospitalization follow-up mental health care as non-First Nations. Hospitalizations for mood disorders, schizophrenia/schizotypal disorders, and neurotic/stress-related disorders all occur at a higher rate among BC First Nations than non-First Nations individuals. Hospitalizations for mental and behavioural disorders due to psychoactive substance abuse occur at a rate four times higher than that of non-First Nations (50.6/10,000 First Nations vs. 11.7/10,000 non-First Nations).

Despite these higher hospitalization rates, rates of community follow-up within 30 days are lower among Fraser Health First Nations than non-First Nations (61.0% First Nations vs. 76.4% non-First Nations). Alcohol addiction among First Nations leads to numerous health problems, high rates of alcohol-related mortality, motor vehicle accident mortality and digestive system disease mortality (see below).

Mortality – First Nations British Columbians—including those in Fraser Health—die younger and at higher rates than non-First Nations (with the exception of cancer).
Some of the causes of death among Fraser Health First Nations:

- **Suicide mortality** among Fraser Health First Nations people almost twice that of non-First Nations (1.6/10,000 First Nations vs. 0.9/10,000 non-First Nations).

- **Injury Mortality** due to unintentional injuries for Fraser Health First Nations people is almost three times higher than non-First Nations (6.7/10,000 First Nations vs. 2.3/10,000 non-First Nations).

- **Alcohol-Related Mortality** includes deaths due directly to alcohol and where alcohol was a contributing factor. The rate among First Nations people in Fraser Health is 4 times higher than non-First Nations (11.8/10,000 First Nations vs. 3.0/10,000 non-First Nations).

- **Motor Vehicle Accident Mortality** among Fraser Health First Nations people is over twice the rate of non-First Nations (2.0/10,000 First Nations vs. 0.8/10,000 non-First Nations).

- **Digestive System Disease Mortality** includes chronic liver disease, cirrhosis, peptic ulcers and gastrointestinal hemorrhage. Mortality rates are 2.5 higher among Fraser Health First Nations people than non-First Nations (4.9/10,000 First Nations vs. 1.9/10,000 non-First Nations).

- **Diabetes Mortality** among Fraser Health First Nations people is twice the rate among non-First Nations (3.6/10,000 First Nations vs. 1.8/10,000 non-First Nations).

- **Cerebrovascular Mortality** rate among Fraser Health First Nations people is over 1.5 times higher than non-First Nations (6.1/10,000 First Nations vs. 3.8/10,000 non-First Nations).

The full PHO report is available at the following link: http://www.hls.gov.bc.ca/pho/pdf/abohlth11-var7.pdf
Fraser Health Aboriginal Health’s initiatives were implemented from adaptation funding. The adaptation envelope falls under the Aboriginal Health Transition Fund and supports provincial and territorial governments in adapting their existing health programs to the unique needs of all Aboriginal people, including those living on-reserve, in urban areas and in communities.

Thank you to everyone who contributed to this report.

- Fraser Health Aboriginal Health team members: Diane Miller, Leslie Schroeder, Angela Lew, Dina Lambright, Brian Muth, Laurel Jebamani, Ginny Hind, Nicole Kiniski, Barbara Armstrong, Catherine Keenan, Kristina George, Carmen Pellegrino, Kate McCulloch, Dr. Elizabeth Brodkin, Dee Mitchell, Karen Muller, Tracy Steere, Carol Peters, Stephanie Bale, Wenona Victor, Anjie Gibson, and Kyla Betker.

- Fraser Health staff: Lisa ZetesZanatta, Ron Plowright, Erin Corry, Tracy Lyster, Carolyn King, Susan Baiton-Wilkinson, and Pam McIntee.

- Helena Paul, Rhonda Carriere, Eddie Gardner, Francine Douglas, Anne Cochron, Donna Lagimodiere, Stefanie Dafoe, Tracy Miyashita, Darren Cound, and Judy Cathers.

A special thank you to the witnesses from the September 25, 2008 honouring ceremony:

Virginia Peters, Dr. Evan Adams, and Deanie Kolybabi.
Questions regarding Aboriginal Health can be emailed to aboriginalhealthinfo@fraserhealth.ca

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www.fraserhealth.ca
our mission

Inuit, Métis and First Nations (regardless of status) partner with Fraser Health Authority and other service agents to meet primary health care and wellness needs and together build on cultural strengths enhancing communities of care.

our values

• Guided by traditional healing and spirituality.
• An inclusive partner when planning, implementing and delivering services.
• Build better relationships that support the capacity of the Aboriginal service providers to deliver service.

guiding principles

• Respect that Aboriginal culture, language and traditions are important to Aboriginal healing.
• Aboriginal well-being and healing needs to be determined by Aboriginal people.
• Fraser Health Authority is moving forward in full partnership with Aboriginal communities.

strategic priorities

• Improving Health Outcomes for Aboriginal People.
• Improving Access to Culturally-Appropriate Services.
• Strengthening Relationships and Community Capacity Building.
Our identifier represents a culturally-inclusive and caring organization.

The Aboriginal hummingbird symbolizes health.

The Métis Nation’s Infinity Flag, and the Inuit Inukshuk represent the diversity of our Aboriginal population.

The medicine wheel symbolizes balance, representing the four elements of life, including mental, emotional, physical and spiritual health.

The drum symbolizes the heartbeat of the Aboriginal Nation.