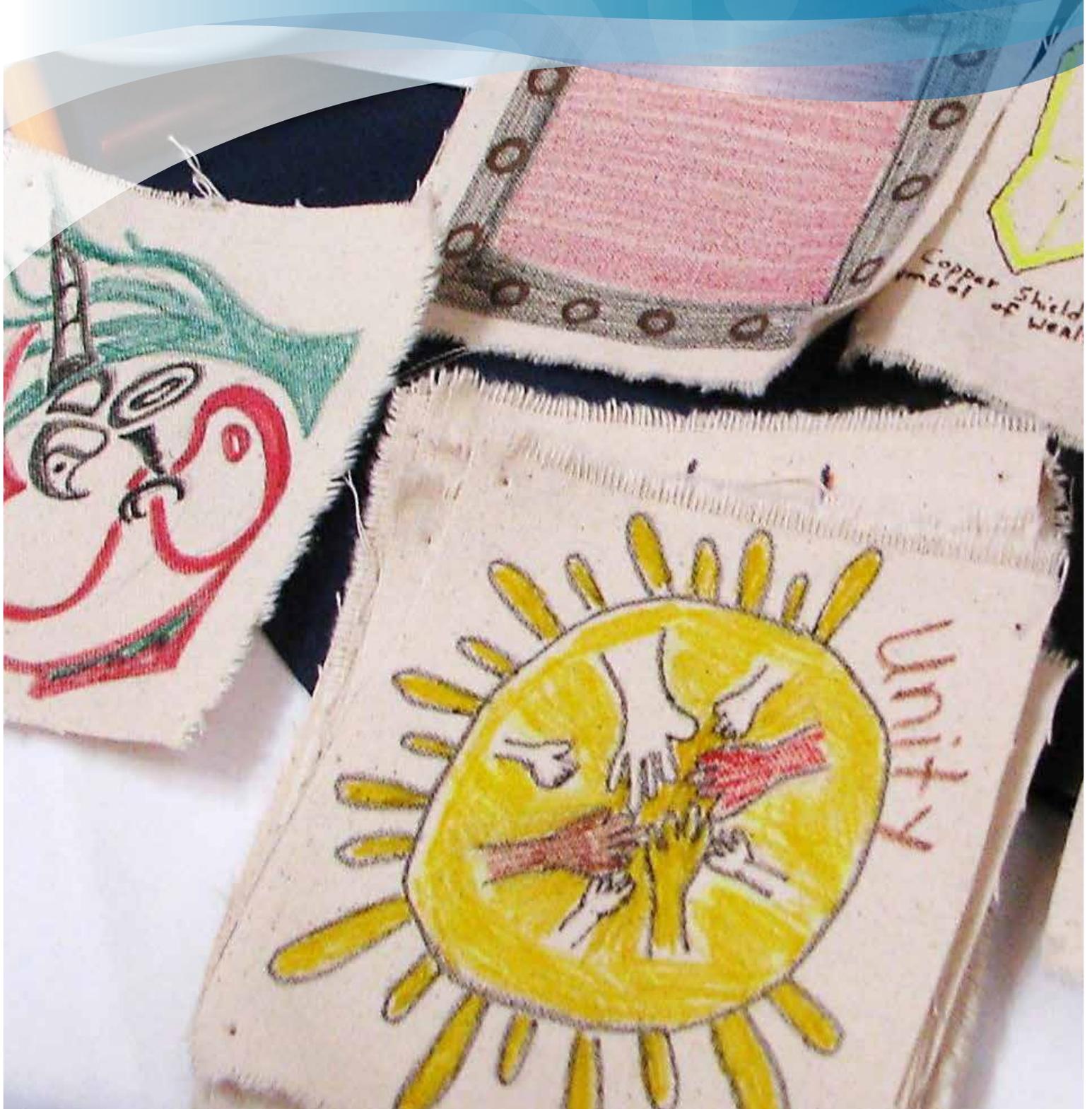


ABORIGINAL HEALTH

All AHIC Gathering 2014

ABORIGINAL HEALTH IMPROVEMENT COMMITTEES

JUNE 18-19, 2014





Lakes District AHIC Strengths Quilt.



Lakes District AHIC members left to right: Sharon Turner, Barb Skaling, Ken Solonas, Cindy Ashe, Marie Hunter, Lisa Puglas, Faith Brown.

Each of the eight AHICs were represented at this gathering:

- Lakes District
- Northeast
- Northwest East (Smithers and area)
- Omineca
- Quesnel and area
- Prince George and area
- Prince Rupert and area
- Terrace/Kitimat

The over-arching goals of this gathering were to provide AHIC members with opportunities to:

- gather information,
- share knowledge,
- reflect on practice,
- vision possibilities,
- enhance and develop new partnerships, and
- strengthen relationships with Northern Health.

This two-day gathering was held at the Ramada Hotel in Prince George. Acknowledgement of the Lheidli T'enneh Territory was provided by June McMullen, and an opening prayer by Ken Solonas. Day one of the gathering was facilitated by Dr. Sarah de Leeuw (National Collaborating Centre for Aboriginal Health, UNBC Health Arts Research Centre), and day two was facilitated by Dr. Kendra Mitchell-Foster (UNBC Health Arts Research Centre). The gathering was closed with a drum song by Angie Combs and words by Mary Wesley. Verna Howard offered a closing prayer.

GATHERING INFORMATION

Cathy Ulrich, CEO and President of Northern Health gave a Welcome Message for the gathering highlighting the strengths, opportunities and increasing momentum within Aboriginal Health (AH) and Northern Health (NH). The creation of the Vice President, Aboriginal Health position has been crucial to the continuing efforts and successes with NH's partnership role in the *Northern First Nations Health and Wellness Plan*, and the implementation of the plan by the Northern First Nations Health Partnership Committee. As well, AHICs and Aboriginal Patient Liaisons (APLs) are key to NH's strategic plan and ongoing work in developing relationships, seeking to better understand one another, partnering with communities, and improving services. We will continue to find opportunities to work together.

Margo Greenwood, VP Aboriginal Health, Northern Health, reviewed the strategy and vision of AH. AHICs and APLs collectively form a core foundation for the AH operational plan including programs, services, engagement, special projects, and communications.

Nicole Cross, Regional Director, Northern Region, First Nations Health Authority (FNHA), reviewed the *Northern First Nations Health and Wellness Plan*. The Plan provides numerous opportunities for partnering and collaborating with executive members of NH and FNHA, both sitting on the Northern First Nations Health Partnership Committee. Northern Health recognizes the importance of these relationships.



Aileen Prince, Nak'azdli Health Director, presents the strengths quilt for Omineca.



Omineca AHIC Strengths Quilt.

SHARING KNOWLEDGE

Each AHIC brainstormed the strengths within, and challenges faced by, member communities, health networks and facilities, and by the AHIC team itself. This shared knowledge provided insight into the capacities and needs of health teams, health systems and communities to engage with identified health issues.

Every AHIC identified culture and tradition as important strengths that drive positive action and change. The elements that were identified as strengths included: Elders and respectful relationships with Elders; youth and children; language; traditional

medicine; art; dance; family structure; clan systems; Bahlats and potlatch systems; protocols; traditional foods and food preparation; relationships; patience; respect; and connectedness to the land. Other common strengths identified were natural beauty and natural resources, trust and sharing, prayer and spirituality, collaborative partnerships, and the strength of northern people that inspires persistence and forward movement.

Challenges for all AHICs in northern BC were identified and included: large geographic areas, complexity of travel logistics, stretched budgets, and limited human resources. AHICs also identified the need for improved cultural competency for staff



Northeast AHIC Strengths Quilt.



Coco Miller, Community Engagement Coordinator, FNHA and Chris Simms, Health Services Administrator for Terrace, NH.

and cultural safety of programs and services. Some AHICs also identified challenges of a lack of trust between First Nations and Aboriginal people and health institutions with respect to: cultural understanding, best interests of individuals and families, racism, mistreatment, reciprocal accountability, and Residential School trauma. Human resource challenges include scarcity of Aboriginal health care practitioners, frequent turnover, short appointment times with practitioners, lack of both general and specialized services in communities, and shortage of mental health and substance use services.

REFLECTING ON PRACTICE

Building on the knowledge sharing exercises, AHICs created cultural asset and strengths quilts for their areas, communities and AHIC teams. These quilts included the 24 most important and relevant strengths identified by each AHIC during the brainstorming session. The quilts represent the values, strengths and qualities that support AHICs in moving forward collaboratively to create positive change. They are illustrations of the immense potential and capacity that AHICs hold and can mobilize to address identified health issues and challenges for First Nations and Aboriginal people in northern BC.

The strengths quilts link AHIC challenges and capacities to visioning for the future and mobilizing resources for positive change. In sharing their reflections and telling the stories of their strengths quilts, AHICs support each other to work toward shared visions and in mobilizing similar efforts.

VISIONING POSSIBILITIES

The strengths identified in the quilts provide a hopeful vision for the future of First Nations and Aboriginal peoples' health in northern BC. A new initiative through Northern Health to support AHICs with new tools and strategies to address persistent challenges and identified opportunities was launched during the second day of the gathering. The two main elements of this initiative were 1) developing mapping as a tool, and 2) developing local cultural resources.

Mapping

Linda Axen, Research and Evaluation Coordinator of Nursing, and Tanis Hampe, Regional Director, both from Quality and Innovation at Northern Health, introduced the methods of Patient Journey Mapping and Process Mapping as ways to:

- build a clear picture of where strengths, challenges and opportunities are in terms of persistent community health and health service issues,
- identify specific priority areas for improvement, and
- support step-by-step action planning to improve complex processes

AHICs identified possible areas of interest for future mapping projects, including:

- Elder health
- discharge planning
- patient travel
- maternity and perinatal services
- patient journey from admission to discharge



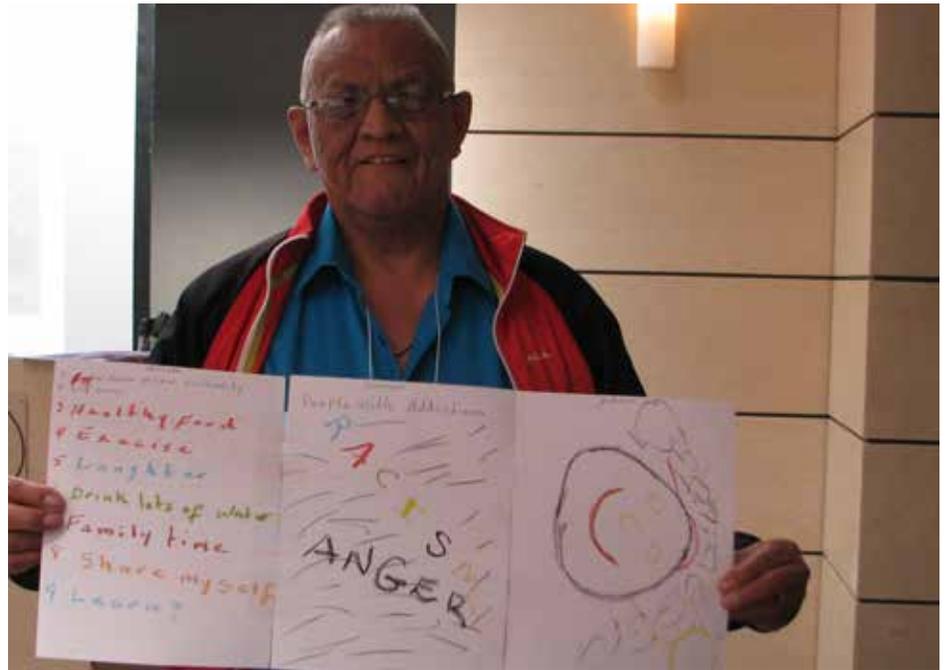
Prince George and area AHIC Strengths Quilt.



Gathering participants make patches for a Strengths Quilt.



Prince Rupert and area AHIC Strengths Quilt.



Ken Solonas, Aboriginal Patient Liaison in Burns Lake, shows his artwork depicting strengths, challenges, and future visions.

ENHANCING AND DEVELOPING NEW PARTNERSHIPS

Relationships are key to Northern Health's work. Features of strong relationships and partnerships include:

- respect for cultural diversity
- support of community-driven, Nation-based, local and regional planning
- ensuring mutual support and accountability in everything we do
- support for service delivery that is culturally responsive, safe and effective

Cultural Resource Development

As part of enhancing cultural competency and safety in the delivery of programs and services, the Northern First Nations Health Partnership Committee has identified as a priority the development of cultural competency resources that reflect northern First Nations. Northern Health and the AHICs will support First Nations and Aboriginal communities in the north to develop cultural resources about their own ways of being, ways of knowing, ways of living, traditions, culture, protocols, and environments. Cultural resources will support increased knowledge, understanding and cultural competency of health care practitioners and institutions that provide care to these communities. Multiple community-developed resources from across the north can be combined into a Cultural Resource Library for Northern Health and other health practitioners, institutions and organizations to improve the cultural responsiveness, safety and effectiveness of care for First Nations and Aboriginal people, families, and communities.



Terrace and area AHIC Strengths Quilt.

STRENGTHENING RELATIONSHIPS WITH NORTHERN HEALTH

Margo Greenwood, VP Aboriginal Health, announced financial support from Northern Health of \$10,000 to each AHIC to support mapping projects, and \$10,000 for each AHIC to support cultural resource development. This commitment from Aboriginal Health also comes with the human resources and facilitation support of the Aboriginal Health Team, including the Aboriginal Health Leads for: Community Engagement and Development; Engagement and Integration; Healthy Communities Development Aboriginal Communities; and Knowledge Translation and Community Engagement. Linda Axen, Research and Evaluation Coordinator of Nursing in Northern Health's Quality and Innovation department, is also committed to this work. The funding will be available until March 31, 2015.



northern health

the northern way of caring

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