
The Aboriginal Health Services Plan Northern Health is into its second year of activity.

Alignment with the Tripartite First Nations Health Plan¹

(Tripartite Health Plan) Each health authority and the First Nations in their service delivery area will develop Aboriginal Health Plans that are consistent with the priorities in this Plan, and that emphasize actions on issues unique or specific to each region. In addition, each health authority will involve First Nations in collaborative decision-making regarding delivery of Health care services for Aboriginal people. This will allow for better coordination between First Nations community health plans and the Aboriginal health services plans of the health authorities.

(NH) Goal of Improved Engagement has been operationalized within NH in order to establish the foundation for building Aboriginal Health Plans that will address health priorities of communities that are specific to population needs. These health plans will be developed at the community level in consultation with Aboriginal representatives, health authority leaders and clinicians. This foundational work is taking place on different levels. Health Authority wide, the development and implementation of a culturally competent organizational framework responsive to the Aboriginal peoples has begun in consultation with representatives from across the jurisdiction. Locally, Aboriginal health Improvement Committees have been struck in three communities to date to begin the process of informing the development of health plans. Underpinning this work is the Aboriginal Health Collaborative Process (explained below).

Success will be measured by a standardized culturally relevant patient experience survey. Knowledge transfer activities will take place among AHIC and NH forums.

(Tripartite Health Plan) A Northern Health Authority pilot will be implemented in collaboration with Health Canada and First Nations service providers to develop an integrated approach to Chronic Disease Prevention and Management focused on diabetes in certain communities, using an Aboriginal Health Collaborative process. This will build on the successes of the Chronic Disease Prevention and Management Community Collaborative implemented in the North during the last three years, with significant gains in access to services and improved patient outcomes.

(NH) The collaborative process is underway in nine (9) communities in Northern health. In early October, these communities will gather as experts to showcase their accomplishments to date in a Reciprocal Learning session in Terrace, BC to transfer the lessons learned to communities at beginning stages of development.

Success will be measured by continuous monitoring of data. Here is one example of Skidegate and Queen Charlotte City data.

¹ NH's Aboriginal health primary objectives are aligned with the Government goal of improving Aboriginal health and wellness and objectives articulated in the *Transformative Change Accord: First Nations Health Plan* and the *Tripartite First Nations Health Plan*.

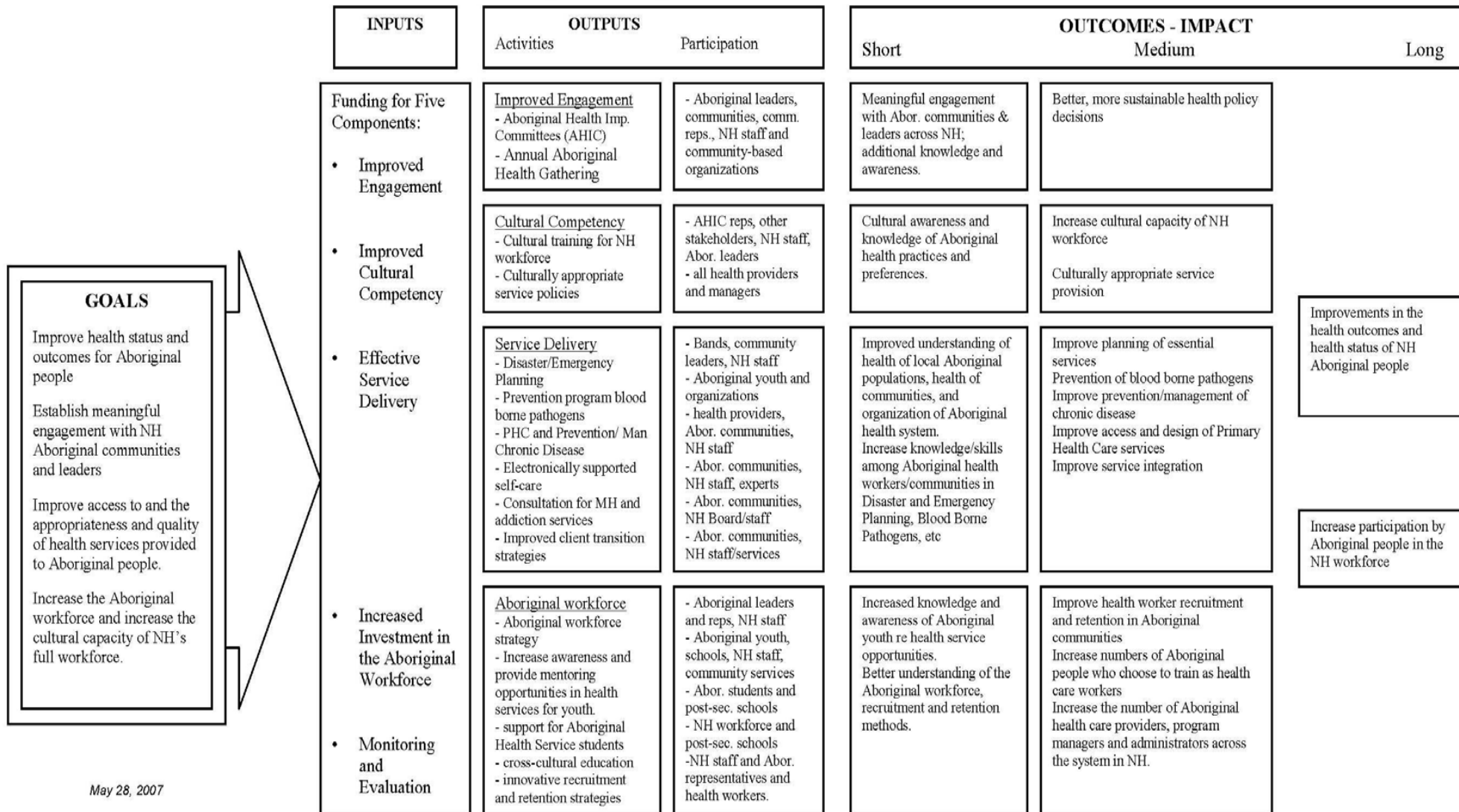
Table 1: Aboriginal Health Collaborative February 2007 thru to June 2008

Data	Skidegate Aboriginal	Queen Charlotte Non Aboriginal
Blood Pressure	87% complete	78% complete
	50% at target	49% at target
A1c	78% complete	67% complete
	49% at target	53% at target
LDL	95% complete	89% complete
	49% at target	42% at target
GFR	82% complete	79% complete
	77% at target	83% at target
Self Management Plans	65% have plans	57% have plans

(Tripartite Health Plan) Adult mental health, substance abuse, as well as young adult suicide will be addressed through an Aboriginal Mental Health and Addictions Plan that includes community-based programs such as healing circles, cultural camps and counseling programs that build community capacity. Suicide prevention efforts will be targeted, but not limited, to communities where suicide rates and/or attempts are high

(NH) Continue to action the goals developed from the 2007 community consultation process “*Lets talk about Mental Health & Addiction*”. Linkages with MH&A within NH will be strengthened within the framework of patient liaison workers being hired across the north. These individuals will serve as connectors for patients and communities to the Health Authority. The aboriginal hospital liaison staff will assist patients and families to navigate the health system and also provide links to community-based services.

Success will be measured against goals established as the liaison workers come on board.

Figure One: Aboriginal Health Services Plan 2007-1010


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Development of an evaluation framework and baseline data collection where necessary; development of dissemination strategies; development of a standardized culturally relevant patient experience survey