

Working Together

A Report on Adaptation Initiatives to Improve Health Services for Aboriginal People

Prepared for:

Vancouver Island Health Authority, The Aboriginal Health Program

by Valerie Lannon and Associates Inc.



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Note to the illustrations:

Throughout this report there are line drawings of indigenous plants that have been used traditionally for healing by the First Peoples of Vancouver Island.

Cover Logo: A Strong Song of Holistic Healing (LOGO)

As in other First Nations traditions, Coast Salish culture has the circle and the number four as symbols of balance and holism. This Coast Salish design “A Strong Song of Holistic Healing” is of a person who is in physical, mental, emotional and spiritual balance and is singing a song of holistic healing.

Please note: This logo may not be reproduced in any form without the express written permission of the Vancouver Island Health Authority.

About the Artist

LessLIE was born in 1973 in Duncan, British Columbia and is of Cowichan and Penelakut ancestry. He began his art career in 1998 and has been studying Coast Salish art for six years. In September 2001, he began his master’s degree studying Coast Salish art.

Hych'qa! Kleco Kleco! Gilakas'la!

Thank you!

The consultant, Valerie Lannon, and her associate for this project, Mary Koyl, thank the individuals and project consultants, Aboriginal Liaison Nurses and Vancouver Island Health Authority staff who provided information and insights for this review.

We hope we have done justice to the wisdom they shared.

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Section 1



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1. Introduction

It is our privilege to offer this progress report on three Vancouver Island Health Authority (VIHA) initiatives to improve health services for Aboriginal people:

- Cultural Safety;
- Mental Health and Addictions; and
- Aboriginal Liaison Nurses.

We have been engaged by VIHA's Aboriginal Health Program to evaluate these initiatives as part of Health Canada funding requirements. This Progress Report provides highlights of our review, and will be used to help update VIHA's 2006 Aboriginal Health Plan. We wish to share the lessons learned from these projects and to encourage collaboration in moving them forward.

Health Canada's *Aboriginal Health Transition Funds* to the Ministry of Health have been provided to VIHA to:

- design a cultural safety training initiative;
- reach out to Aboriginal partners to identify better ways of delivering mental health and addictions services; and
- hire a second additional Aboriginal Liaison Nurse for the South Island area of Vancouver Island.

All three initiatives represent small but important steps in the journey toward improved health care.

Approximately 50 percent of Health Canada's Adaptation funding provided to VIHA has been devoted to these three initiatives. VIHA has used the remainder to implement complementary initiatives for Aboriginal clients, such as the All Nations Healing Room constructed in the Campbell River Hospital.

Each of the three initiatives—combined with complementary projects—demonstrates VIHA reaching out to its Aboriginal partners and listening to what is required to improve services.

Review Approach and Methodology

Our review used a survey instrument based on the key questions outlined by Health Canada. In consultation with VIHA's Aboriginal Health Program Director and his staff, we selected key people to interview. Semi-structured interviews were conducted with a key person for each of the Aboriginal Mental Health and Addictions and Cultural Safety initiatives. A meeting with two nurses directly impacted by the adaptation-funded Aboriginal Health Liaison Nurse position preceded a focus group of six Aboriginal Liaison Nurses, their Administrative Assistant and the Aboriginal Health Program's North and Central Island Managers for the Aboriginal Liaison Nurse initiative. An Aboriginal Elder who is an Alcohol and Drug Counsellor and a senior manager of VIHA's mental health and addictions services, took part in interviews with regard to the Mental Health and Addictions Project. In addition, a Health Centre Director with a First Nation and a First Nation Chief were interviewed.

As part of updating VIHA's 2006 Aboriginal Health Plan, Valerie Lannon attended community meetings where participants provided extremely strong support for the Aboriginal Liaison Nurse Project and for cultural safety as a whole.

Overview of Findings

Cultural Safety Initiative

VIHA engaged an Aboriginal expert to develop an in-person cultural safety training package for its staff, to complement existing on-line training delivered by the Provincial Health Service Authority. At least 100 Aboriginal Elders, youth and health practitioners were engaged in the design of this package. VIHA's Aboriginal Health Program and Mental Health and Addictions Services Program are championing this training. The latter program has offered to pilot this training and make it mandatory for its staff. The collaborative dialogue established by the Mental Health and Addictions project generated part of this Program's awareness of the need for enhanced cultural understanding. Highlighting the need for cultural safety through such initiatives is a good first step in opening the dialogue about how best to serve the needs of VIHA's Aboriginal clients.

Aboriginal Mental Health and Addictions Initiative

The Aboriginal Mental Health and Addictions Project has delivered an impressive amount of information/resource sharing and relationship building in two and a half years. The Aboriginal community and VIHA have pulled together, and hosted discussions in Aboriginal communities with the respectful use of First Nations' protocols, to seek ways to improve mental health and addiction services for Aboriginal clients. This has been achieved in no small measure because of the credibility and leadership of the consultant, a former Vancouver Island First Nations' Health Director. An Aboriginal Health Director interviewed for this review states that she feels "encouraged and optimistic, particularly in the field of addictions" because of this project.



Aboriginal Liaison Nurse Initiative

The addition of a second Aboriginal Liaison Nurse in the South Island Area has yielded substantial positive results. This position serves approximately 300 Aboriginal patients annually, and 1,200 family members, and builds relationships with health and other service providers daily. Moreover, adding a second nurse has created a two-person team that provides mutual support in providing services for Aboriginal clients. The value of these positions was highlighted in a five-part series in the Vancouver Sun—*Navigating the Health Care Maze*—about Aboriginal Liaison Nurses in Canada. The Vancouver Sun reporter spent eight months visiting and interviewing dozens of Aboriginal Liaison Nurses, patients and health system leaders across Canada, including the two Aboriginal Liaison Nurses in VIHA's South Island area. The clear message of this series was that these health care practitioners deliver an invaluable service for Aboriginal clients.



Mutual Understanding

Both Aboriginal communities and VIHA staff have a better understanding of each other's issues and pressures as a direct outcome of this project. Discussions have moved beyond statements of frustration to a better understanding of systemic issues. VIHA staff members have a better understanding of some of the historical negative experiences suffered by Aboriginal communities. Likewise, Aboriginal communities have gained an appreciation of the large caseloads and waiting lists faced by VIHA staff. Together, the parties have reached the understanding that there are significant challenges to improving the system and to increasing access to services. Their conclusion has been that there is a need for continuing engagement and for maintaining "a forward momentum".

Section 2



Cultural Safety Initiative

“Cultural Training is more about understanding one’s own culture as a precursor to attempting to learn about someone else’s culture.”

First Nations Cross Cultural Expert, Vancouver Island

Challenge

The challenge addressed by this initiative is the low health outcomes for Aboriginal people owing in part to culturally inappropriate VIHA services leading to under utilization of its services.

Goal

This initiative’s goal is to help make VIHA services and facilities more culturally safe, as a key component of providing quality service.

This initiative is not about trying to teach culture. It is about preparing the ground for VIHA service providers to appreciate what has happened in the past and gain skills to make a positive difference in serving Aboriginal clients today. The subtleties of any culture can only be learned by building relationships and working directly with local Aboriginal communities. It is impossible and inappropriate to attempt to condense rich cultural tapestries into a one-day session.

Key Assumptions

- A culturally safe environment, based on best practices and current literature, encourages Aboriginal clients to access services.
- Better relationships between Aboriginal clients and care providers lead to improved follow-through with needed treatments and health outcomes.

What is “Cultural Safety”?

There is no consistent definition of Cultural Safety in Canada, and it is sometimes referred to as cultural sensitivity. The National Aboriginal Health Organization (NAHO) of Canada defines Cultural Safety as “what is felt or experienced by a patient when a health care provider communicates with the patient in a respectful, inclusive way, empowers the patient in decision-making and builds a health care relationship where the patient and provider work together as a team to ensure maximum effectiveness of care”.

Cultural Training for VIHA Service Providers

This in-person training complements the on-line cultural training currently available to VIHA service providers. It is designed to encourage participants to identify their attitudes, values and beliefs and help them have the “aha” insights necessary to fully engage in learning about another culture’s perspectives. Participants are invited to see their actions through a different lens, acknowledging differences in values between cultures and finding common ground.

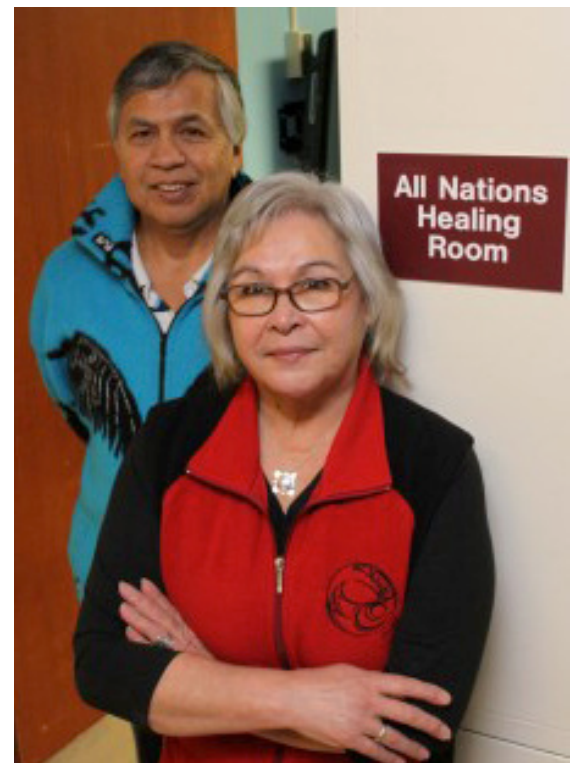
We appreciated that a large part of this training’s value will likely be as simple as providing a forum for some VIHA staff to acknowledge that they are not always comfortable about how best to serve Aboriginal clients. This in-person training is designed to support staff by advising them that this is perfectly normal, that it is a reality and that putting it on the table is a good first step.

Lessons Learned

- “*Cultural training*” is more about understanding one’s own culture as a precursor to attempting to learn about another culture. This involves bringing VIHA service providers and Aboriginal communities together to challenge assumptions, attitudes and prejudices.
- There is often an assumption that because someone is Aboriginal they intrinsically understand their own culture. Owing to past assimilative policies and related factors, this may not always be the case.
- In moving forward with cultural safety, it is important to consider two fundamental dimensions: (1) the set of measures that VIHA takes to improve the cultural safety of its services and facilities; and (2) to move services into Aboriginal settings such as Health or Friendship Centres already considered culturally safe by Aboriginal people.
- The contribution to cultural safety made by VIHA’s Aboriginal Liaison Nurses and the Aboriginal Managers within VIHA’s Aboriginal Health Program is invaluable. They are role models for, and build relationships with, their peers in support of the cultural shift promoted by this initiative.
- At the new patient care centre in Victoria’s Royal Jubilee Hospital, there will be greater flexibility regarding the number of visitors an Aboriginal patient may have. This flexibility is in recognition of the large extended families in Aboriginal (and other) communities.

Aboriginal Voice in Training Design

The Aboriginal expert leading this initiative sought the expertise of at least one hundred Aboriginal people on Vancouver Island. All the Elders, youth and health care practitioners concerned took part in several forums to seek input specifically into designing an appropriate cultural safety initiative. These open dialogue sessions, each of which engaged between 10 to 20 informants, were held in Port Hardy, Campbell River, Port Alberni, Nanaimo, the Cowichan Valley and Victoria.



Two volunteers with the Elders Visiting Program at the Campbell River Hospital. Source: VIHA: *Currents*, March 2011:1

Our Review Findings

- The Aboriginal community holds cultural safety as a high priority for implementation by VIHA.
- Instilling cultural safety is a complex, long-term commitment.
- This training initiative is an important step toward reinforcing a cultural shift within VIHA.
- VIHA'S Mental Health and Addictions Services Program, along with the Aboriginal Health Program, is championing this initiative.
- A key challenge will be to successfully pilot and implement this initiative once Health Canada's funding ceases on March 31, 2011.
- Staff training to raise awareness of Aboriginal cultural issues is but one way to support a cultural shift in service delivery. Elders approached for their input in designing the training for this project have raised concerns about attempting to capture their sophisticated culture in a one-day workshop. This initiative needs to be complemented by VIHA staff taking every opportunity to get out into Aboriginal communities to forge meaningful relationships.

Recommendations for Successful Implementation

Resources to Complete/Sustain this Initiative

- Funding is required to pilot this training package and develop a comprehensive roll out strategy for its delivery to VIHA staff.
- Funding for dedicated project leads is required to oversee these tasks and retain this project's momentum.

Resources to Help Aboriginal Communities Participate

- Funding is required for ongoing expenses (travel, facilitation) incurred by Aboriginal communities to support their participation/contribution.

Getting to the Core of the Question

Acquiring insights into Aboriginal ways of seeing is a lifelong process for someone who is not Aboriginal. Perhaps one of the most significant legacies of this training initiative, once implemented, will be if it prompts a participant to notice a local invitation to a First Nations ceremony, for example, and to choose to attend it on their own time to learn more. Likewise, it will leave a legacy if it encourages a participant to ask an Aboriginal co-worker for coffee to seek their guidance in getting to know more about the challenges faced by the Aboriginal patients they both serve. These kinds of relationship building steps get at the very core of what is needed to provide a culturally safe work environment across all cultures.

Section 3



Mental Health and Addictions Initiative

“The faster we work together, the faster we heal.”

Aboriginal Elder and Alcohol and Drug Counsellor, Victoria.

Challenge

The key challenge addressed by this initiative is Aboriginal client access to mental health and addictions services.

Goal

This initiative’s goal is to meet the mental health and addiction needs of Aboriginal peoples by increasing their likelihood of receiving responsive, respectful and culturally appropriate health services.

Structures and Processes for Project Focus

A Mental Health and Addictions Steering Committee was established at the start of this Project to spearhead its implementation, provide direction and keep this initiative front and centre within VIHA. This internal Steering Committee comprises VIHA Directors and Medical Leads from VIHA’s Aboriginal Health Program and VIHA’s Mental Health and Addiction Services Program. In addition:

- Each of VIHA’s Regional Managers is identifying performance goals based on how they are meeting VIHA’s Aboriginal Health Program objectives;
- VIHA’s Medical Director, Mental Health and Addictions, has invited medical teams in each community to participate in discussion with Aboriginal health representatives regarding meeting VIHA’s Aboriginal Health Program objectives;
- Aboriginal mental health and addiction is a standing agenda item at VIHA’s Mental Health and Addictions Services management meetings; and,
- Mental health and substance use have been identified as priorities of focus for the VIHA Aboriginal Health Council.



What This Initiative Delivered

An Island-wide Environmental Scan

This scan identified areas where VIHA is successfully meeting its Aboriginal Health Plan objectives and where there are gaps and barriers. The scan provided the direction for local planning and coordination of services/resources across demographic and jurisdictional barriers. The local groups participating included all the First Nations in the local area, the Métis community and the local Friendship Centres.

Local Networking and Dialogue

Local networking and dialogue groups have been established in seven communities across the Island, focussing on developing local relationships across cultures and jurisdictions. Hosted in Aboriginal communities, each group and community network is at varying stages of engagement. All are consistently identifying the need to build relationships and improve access to health services.



Examples of Success

- VIHA's Mental Health and Addictions Program Case Managers and Intake resources are spending half a day every two weeks in First Nation communities, building relationships, being visible and open to new ways of service delivery.
- In the South Island area, intake workers are going to the Victoria Native Friendship Centre once a week to be more accessible to Aboriginal clients. In addition, VIHA case managers visit one of the local First Nations weekly to provide general support for individuals.
- Education and training opportunities are being shared and are accessible across jurisdictions in Mt. Waddington, where Mental Health and Addictions Services Program staff are participating with First Nations' Health staff for education/training.
- A strategic planning session in one community has identified three key areas of focus for the coming year: improving access to services, with emphasis on values and respect; shared education; and increasing the visibility of VIHA and other mainstream services in First Nations' communities and Friendship Centres.
- VIHA's Mental Health and Addiction Services Program designated Aboriginal people as a priority population for service at its annual strategic planning session in June 2010, giving further energy and direction to established and new initiatives. Senior management states that staff now regularly discuss services for Aboriginal clients—which did not occur prior to this project.

Wider scope of partners identified and included than originally anticipated

This Project has reached out to include more partners than originally anticipated, including partners such as Brain Injury programs, B.C. Ministry of Children and Family Development's Aboriginal Child and Youth Services, VIHA's Tobacco Enforcement/Reduction Services, VIHA Discovery Youth and Family Substance Use Services, VIHA Seniors, VIHA Primary Care, AIDS Vancouver Island, Vancouver Island Crisis Line and education organizations such as Camosun College and North Island College.

Our Review Findings

- This initiative is helping to build the trust required for all service providers to work across jurisdictions.
- Partnering and knowing about existing resources is key to improving services.
- Aboriginal community representatives value comprehensive minutes of their community dialogues.
- Action taken by VIHA service providers has contributed to benefit to all—not just Aboriginal clients.
- The relationships forged thus far need to be sustained and supported for the long term.

“ We learned that we have a lot to learn from Aboriginal perspectives.”

One hundred MHAS program staff participated in a June, 2010 MHAS Regional Planning Day. In the discussion of services for Aboriginal people, the staff members expressed appreciation of the holistic Aboriginal worldview which takes into account (a) the need to serve both perpetrators and victims/survivors, and (b) the inclusion of trauma in addition to more conventional diagnoses.

Ongoing Resources Required to Maintain Momentum

Core Funding for a Dedicated Project Lead

- A skilled Project Lead to spearhead this initiative, provide strategic direction and continue to facilitate relationship building is key to this initiative’s success.

Administrative Support for Community Dialogues

- Administrative support is required to manage, maintain and update distribution/resource lists, send out and manage meeting requests, and take the meeting notes.

Funding in Support of Relationship Building

- A small budget for travel costs and meeting expenses such as honoraria and refreshments is required to support relationship building. These costs are small in comparison with the value achieved by hosting Local Dialogue Groups in Aboriginal communities.



Suggestions for Continued Success

Continued Funding for a Skilled Project Lead

Continued funding is required for a skilled Project Lead to spearhead this initiative, provide strategic direction and continue to facilitate relationship building.

Facilitation and Administrative Assistance for Community Dialogues

Identifying and funding facilitators for the local working groups is important for this initiative's future success. Ongoing administrative assistance is required to update distribution and resource lists, manage meeting requests, record meeting notes and distribute them.

Funding in Support of Relationship Building

A small budget for travel costs and meeting expenses such as honoraria and refreshments is required to support relationship building. These costs are small in comparison with the value achieved by hosting Local Dialogue Groups in Aboriginal communities.

Removing Terminology as a Barrier

Aboriginal people do not find "Mental Health" or "Addiction" comfortable terms for describing mental status. VIHA's Aboriginal clients have suggested "Mental Wellness", "Holistic Health" or "Balance" as more meaningful ways of capturing mental status. VIHA could include this kind of terminology in its updated Aboriginal Health Plan.

Ongoing Strategic Direction

The Steering Committee established at the outset to oversee this initiative has provided invaluable direction. Continued strategic direction for this initiative is required both to provide oversight and maintain the profile of the important work being delivered.

Building Respectful Relationships

Engaging First Nations to host dialogue/relationship building meetings in their communities and observing First Nations' protocols have proved valuable in building respectful relationships. All meetings under this adaptation initiative, for example, begin with acknowledging the traditional territory of the host Aboriginal community and an opening prayer. Initial meetings included sharing a traditional meal and all subsequent meetings include some type of refreshment and a coming together over food.



Nursing students give aboriginal youth from Sooke and Saanich a tour of Royal Jubilee Hospital

Source: VIHA: *Currents*, Feb 2011:3

Section 4



Aboriginal Liaison Nurse (ALN) Initiative

“Navigators are advocates. For people who lived in residential schools, hospitals are sometimes seen as institutions and that just opens the emotional floodgates.”

Aboriginal Health Liaison Nurse, South Island Area

Goal

Improve patient flow/discharge by:

- creating a culturally safe and responsive hospital experience for Aboriginal clients; and
- providing a broad range of liaison services to Aboriginal clients and their families, health care professionals and community agencies.

Our Review Findings

Although the emphasis of this review is on the additional ALN funded by the Adaptation Initiative for the South Island area, the position is examined within the broader context of VIHA’s entire Aboriginal Liaison Nurse initiative. VIHA’s ALNs are unable to meet the rising demand for their services. Our findings reveal that ALNs:

- are expert guides through what can be confusing and complex health care services;
- are seen as invaluable by the Aboriginal community;
- contribute to the well-documented need to increase the number of Aboriginal health care professionals;
- are front-line ambassadors for VIHA’s objective to improve Aboriginal services;
- serve as positive role models/resources for their VIHA peers; and
- the second ALN pilot (funded by Health Canada until March 31, 2011) is delivering enhanced services via a team approach—well suited to larger hospitals.

What do Aboriginal Liaison Nurses Provide?

ALNs provide referrals, discharge planning, assistance with accessing cultural and spiritual resources, help with health and wellness plans, help with locating affordable accommodation for family members and help with making contacts and links with outside agencies. ALNs also advocate for services, as a result of hearing health care issues and concerns from Aboriginal clients. ALNs offer emotional support and keep family and caregivers up to date.

The second Aboriginal Health Liaison Nurse operating out of the South Island is providing services to approximately 300 Aboriginal patients annually, helping approximately 1,200 related family members, and building relationships with health and other service providers daily. Moreover, the addition of the second ALN has created a two-person service delivery team that provides mutual support in providing services to Aboriginal clients. A positive outcome and unexpected success resulting from the second position is that the dynamic created by having two positions results in:

- mutual support for both nurses in dealing with compassion fatigue; and
- creative brainstorming over complex cases to improve service delivery.

Recommendations for Enhanced Services

Additional ALNs are required to:

- Address First Nations' requests for more ALNs to meet growing request for daytime service and offer extended hours and weekend on-call coverage.

Dedicated Space/Office Equipment is needed to:

- Enable ALNs to work effectively, provide basic client confidentiality and raise the profile of their services with their VIHA peers.

A Budget for Fundamental Client Needs would:

- Significantly enhance cultural safety by allowing ALNs to offer funding for basic client needs—meals, parking and transportation—for Aboriginal clients and their families.
- Address the compassion fatigue experienced by ALNs who are unable to fill these basic needs.

Inclusion on the Agenda of other VIHA Service Providers would:

- Help promote ALN services, build collegial relationships, and contribute to the common goal of providing culturally safe services as integral to each and every aspect of VIHA health care delivery.

Opening the Door

Effective partnerships have proven to occur where both parties have the time and resources to make a genuine difference. They have also occurred where just one member of another service delivery group has opened the door to seek help from the ALNs with delivering effective services to Aboriginal people. One example of many is the collaborative relationship established with the Paediatric floor at Victoria General Hospital. The clinical nurse there now calls the ALNs immediately for assistance with Aboriginal children.

Need for Cultural Space in Hospital Settings

This space is required in support of cultural safety. It is not rare, particularly in cases involving death, for sixty or more Aboriginal family members to arrive at a Hospital. In the proposed new hospitals in Comox and Victoria, Aboriginal communities and groups have been engaged in planning appropriate cultural spaces. In Campbell River and Port Hardy, renovations have incorporated All Nations Healing rooms within existing space. Dedication ceremonies for these spaces have been conducted and guided by VIHA's Aboriginal health care delivery partners.

The new Patient Care Centre at Victoria General Hospital has an All Nations Healing Centre, opened during this evaluation. Local First Nations and Aboriginal groups guided its design, which includes poles carved by local artists. This Centre accommodates large family groups and the ability to perform ceremonies such as smudging. The ALNs in the South Island area were active participants in making sure that this Centre met Aboriginal needs.

Section 5



Conclusion

All three of these VIHA initiatives have yielded positive steps forward.

The Cultural Safety project has delivered a cultural safety training package with related promotional materials. This project is only half complete, however, as it requires the resources to bring it to the next phases—piloting and development of a comprehensive roll-out plan. Acquiring insights into Aboriginal world views is a lifelong process for someone who is not Aboriginal. Initiatives such as this are of value, but need to be complemented by the kind of relationship building with Aboriginal partners undertaken by the other two projects.

The Mental Health and Addictions project has delivered a high level environmental scan across Vancouver Island, a resource directory and comprehensive relationship-building generated via well-functioning local area dialogue meetings. VIHA's Aboriginal partners have made valuable in-kind contributions to this project by hosting dialogue meetings in their communities. Considerable effort went into ensuring that these meetings were conducted respectfully, and they gave VIHA staff the opportunity to learn more about local Aboriginal cultures. An Aboriginal Health Director interviewed expressed optimism about the federal and provincial governments and aboriginal partners working collaboratively to deliver projects such as this.

The second Aboriginal Liaison Nurse in the South Island area faces significant challenges in attempting to serve the Victoria General Hospital. These challenges include lack of visible, dedicated office space and related equipment. Attempting to source basic necessities such as food, transportation and accommodation makes both Nurses in the South Island area vulnerable to compassion fatigue. This second position provides more than the ability to serve more Aboriginal clients and their families. It creates an invaluable team approach that helps to prevent compassion fatigue for the two nurses as they support one another. This two-nurse model is particularly suited to the larger hospitals, as they tend to be the centres for more complex health care delivery.

Next Steps

Our interviews with key informants for each project—Aboriginal partners in service delivery and a senior manager within VIHA—yielded positive responses, without exception. There is a strong desire to see these three projects continued.

We are pleased to report that this review's results have informed VIHA's service delivery planning for Aboriginal clients. While our review was in progress during the 2010 fiscal year, VIHA allocated resources for an Aboriginal Liaison Nurse at St. Joseph's Hospital in Comox.

We have an additional recommendation as VIHA moves forward with these and similar initiatives: that it provide resources for ongoing quality assurance practices, such as satisfaction surveys, with Aboriginal clients and with allied service providers.

This review's findings will also be reflected in VIHA's updated Aboriginal Health Plan, to be substantially complete by the Summer of 2011.

