UPDATE

IMPROVING THE HEALTH AND WELL-BEING OF ABORIGINAL PEOPLES IN CANADA

Welcome to the first of a series of updates by the Health Council of Canada on the serious health challenges faced by the Aboriginal Peoples in Canada. By Aboriginal Peoples, we mean all persons who identify themselves as First Nations, Indians, Inuit and Métis.

The purpose of the Health Council's work is twofold: 1) to improve Canadians' understanding of the issues that underlie discrepancies in the health status of Aboriginal Peoples of Canada; and 2) to highlight a body of practice that could be acknowledged as "promising" for advancing Aboriginal health status, in the broad sense of health, wellness and community healing.

Commitment to Collaboration

The Health Council wishes to support ongoing dialogue in a way that is culturally respectful, transparent and inclusive. We have committed to building a relationship with the Aboriginal leadership and communities within Canada to ensure that what we say in our reporting reflects the 'order of the day'. To this end, we have enlisted the help of several prominent national Aboriginal organizations with whom we will collaborate as we move forward.

Role for the Health Council of Canada

The Health Council of Canada holds a unique position in that we are a pan-Canadian organization working at arms-length from governments, yet closely connected to them through federal / provincial / territorial representation on our Council. The Health Council's mandate is to report on the progress of renewal around key health system and population health issues faced by Canadians, and to highlight best practices and innovation in priority areas identified in the 2003 First Ministers' Accord on Health Care Renewal. We have also paid careful attention to directives in the 2004 10-Year Plan to Strengthen Health Care.

The Health Council can help enable the improved health and well-being of First Nations, Inuit and Métis peoples in Canada by:

- opening and participating in dialogues about how factors outside the health care system can be addressed in relation to closing the health status gaps;
- advancing conversations with more Canadians about First Nations, Inuit and Métis health and well-being;
- clarifying that there is no "pan-Aboriginal lens" through which we can
 obtain a clear picture of the current situation. There are many sensitive
 factors that must always be addressed. Different languages and dialects
 within individual First Nations, Inuit and Métis groups must be consid-

- ered, as well as distinctions arising from factors such as urbanization and gender; and
- bringing together policy-makers, researchers, health care practitioners, First Nations, Inuit and Métis groups, and other health care leaders to explore the best ways to evaluate and share best and promising practices.

Step One: Engaging the First Nations, Inuit and Métis Leadership

The 2003 First Ministers' Accord on Health Care Renewal recognized the health challenges facing Aboriginal Canadians and acknowledged the need for a dedicated and collaborative effort to address these issues, including sharing information at a pan-Canadian level. Since 2003, the Health Council has monitored developments, engaged with the First Nations, Inuit and Métis leadership and reported on a variety of issues of importance to the communities.

In our work, we have identified a gap in shared information and perspectives among governments, First Nations, Inuit and Métis organizations and the Canadian public. We have embarked on a plan to determine how the Health Council can most effectively contribute to the sharing of promising practices information, in order to contribute to the improvement of First Nations, Inuit and Métis health status in Canada.

Step Two: Understanding First Nations, Inuit and Métis Health

A wide range of literature exists on First Nations, Inuit and Métis health issues. The determinants of health—such as poverty, education, housing and population level factors unique to First Nations, Inuit and Métis peoples in Canada including colonization, forced relocation, residential schools, cultural repression and loss of population to epidemics—have been the focus of many reports. To begin sorting this data, critically examining the issues, and learning where the Health Council should focus efforts to make an impact, we embarked on a journey to dig deeper into the question of why the gap in health status continues.

Our specific goals were to:

- identify underlying factors that impact First Nations, Inuit and Métis people's health and well-being and block progress to making improvements;
- explore and report on selected promising practices ("green shoots"



initiatives), which have already taken root in some communities to address the underlying factors and realities; and

 provide recommendations about how the Health Council can best disseminate information about promising practices and share knowledge.

Step Three: A Document and Accompanying Appendices to Assist in Further Work

A document entitled, Addressing the Challenges to Health and Well-being Faced by Aboriginal Peoples in Canada: A Scoping Report prepared for the Health Council of Canada, was based on findings from consultations and a literature review during the early part of 2010. Accompanying appendices include: a review of health status data and related collection issues for First Nations, Inuit and Métis populations: a compendium of promising practices and initiatives underway to advance Aboriginal health status and heal long-standing traumas; and a list of Aboriginal organizations, government bodies, and education and health research organizations, which may be potential partners for the Health Council as we go forward with our work. We would be pleased to share these technical documents with interested individuals and organizations for research purposes. Please contact us at information@healthcouncilcanada.ca

Available Information

Prior to work undertaken in 2010, the Health Council developed a feature newsletter series that focused on issues of access to primary health care faced by different Aboriginal communities.

First Nations: Access To Primary Health Care (January, 2009) presents:

- an interview with Chief Corrina Leween of the Cheslatta Carrier Nation about improving the health status of First Nations populations;
- (former) National Chief of the Assembly of First Nations Phil Fontaine's address to the Health Council of Canada at its meeting in May 2009; and
- the link to a video produced in northern British Columbia at the Southside Health and Wellness Centre.

Inuit: Access To Primary Health Care (*July*, 2009) presents:

- high arctic primary health care in Resolute Bay, Nunavut;
- the health status of Canada's Inuit population; and
- an interview with Mary Simon, President of the Inuit Tapiriit Kanatami (ITK), about mental health issues and concerns over the lack of integrated health services for Inuit populations.

Métis: Access To Primary Health Care (April, 2010) presents:

- the Métis Nation British Columbia (MNBC) and their efforts to data-match for better and broader reporting on the health status of the B.C. Métis population;
- a Métis-specific community health initiative in the Regina Qu'Appelle Health Region resulting in a Diabetes Education & Awareness Program; and
- efforts of the Métis Centre at the National Aboriginal Health Organization (NAHO) to address the long-standing problem of the shortage of health-related data among the Métis population.

New Work by the Health Council of Canada

If Canada wants to improve the health status of Aboriginal children and youth and reduce health disparities, what promising practices need to be either advanced or developed?¹

Our Approach

Development of a Multi-Year Work Plan

- Disseminate knowledge about the health status and inherent challenges confronting the First Nations, Inuit and Métis of Canada, recognizing three drivers impacting current conditions: self determination, community capacity building and Aboriginal identity.
- Identify best and promising practices and build on the evidence to support positive change and improvement in the health status, well-being and healing of the First Nations, Inuit and Métis populations at the jurisdictional, regional and local levels.

Continued Collaboration

In the first phase of its work, the Health Council will continue the dialogues underway with national Aboriginal organizations and other national stakeholders to discuss findings of available research and public reports on maternal and child health.

Regional Workshops

In order for the Health Council to hear first-hand about promising practices that are addressing maternal and child health issues at the community level, we will work with an Aboriginal consulting team skilled in event planning, facilitation and reporting. The Health Council's work will be reciprocal, practical and contribute to the existing knowledge of those developing health policies at the national, provincial, territorial and community levels. This is also an opportunity for the Health Council to help build capacity within First Nations, Inuit and Métis communities.

For more information on the Health Council of Canada's work to address the serious health challenges faced by the First Nations, Inuit and Métis in Canada, please contact Shirley Hawkins, Director, Stakeholder & Government Relations: shawkins@healthcouncilcanada.ca.

1 Project Charter: Understanding and Improving Aboriginal Health in Canada (2010-2011)

ABOUT US

Created by the 2003 First Ministers' Accord on Health Care Renewal, the Health Council of Canada is an independent national agency that reports on the progress of health care renewal in Canada. The Council provides a system-wide perspective on health care reform in Canada, and disseminates information on best practices and innovation across the country. The Councillors are appointed by the participating provincial and territorial governments and the Government of Canada.

To download reports and other Health Council materials, visit www.healthcouncilcanada.ca.

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