

Companion Document of Selected Papers



Aboriginal
Health Services

V a n c o u v e r C o a s t a l H e a l t h

PREAMBLE

This companion document has been assembled to provide a framework for understanding health service provision for Aboriginal people in Vancouver. The information included has been gathered to give historical and current contexts that outline some of the key components shaping health standards for Aboriginal people. This document also outlines the historical context and provision of Federal health benefits and leads into current agreements regarding self-governance in healthcare. It concludes with references and further reading for more detailed accounts.

The compilation is meant to be a brief introduction, and in no way captures the many challenges and achievements unfolding in Aboriginal health services. We wish to thank the many Aboriginal peoples who continue to offer their holistic vision of wellness and health that enriches all of society. We extend our appreciation to the VCH Aboriginal Health Practice Council, Dr. Lee Brown and Dr. Peter Menzies for their guidance in the completion of this document.

In developing our health care services, we intend to address health inequities and utilize Aboriginal wisdom to enhance culturally relevant healthcare practice.

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DEFINITIONS

Aboriginal People: Includes all indigenous people of Canada. The Canadian Constitution recognizes three groups of Aboriginal people - Indians (status and non-status), Métis and Inuit. These three separate groups have their own unique heritages, languages, cultural practices and spiritual beliefs.

First Nation: The term First Nation refers to the Indian people of Canada, both status and non-status who were the original people to inhabit Canada or “First Nations.”

Inuit: The Inuit are people of Aboriginal descent in Northern Canada who generally reside in the Northwest Territories, Nunavut, Northern Quebec and Labrador with a small percentage living throughout the rest of Canada. The Inuit are officially recognized as Aboriginal people in the Constitution.

Métis: A person of Aboriginal ancestry whose history dates back to the days of the fur trade when First Nations people partnered with French, Irish, Scottish or others of European descent. The blending of European and First Nations cultures gave rise to a distinct language, culture and identity known today as the Métis Nation. The Métis have been recognized as Aboriginal people under the Canadian Constitution. Unlike Status First Nations, the federal government does not presently acknowledge a fiduciary responsibility for Métis people.

Non-Status Indian: A person of First Nations ancestry who is not registered under the Indian Act.

Status Indian: Status Indian or Registered Indians are defined as an Indian under the Indian Act and are usually a member of a First Nation or Band. Prior to the mid-1960s, most status Indians lived on-reserve. In recent years, a steady migration to the urban centers has seen almost 50 per cent choosing to live off-reserve, usually in towns near their home reserves or in cities far from them.

Amendments are currently being reviewed regarding certain distinctions in ‘status’, as the current system is discriminatory. Changes will be proposed to the Canada courts in April 2010. *Indian and Northern Affairs Canada* <http://www.ainc-inac.gc.ca/br/is/smm-eng.asp>

OVERVIEW OF LEGAL ACTS IMPACTING ABORIGINAL PEOPLE

The 2007 Provincial Officer’s report, *Pathways to Health and Healing 2nd Report on the Health and Wellbeing of Aboriginal People in British Columbia*, states that:

“A long history of colonization, systemic discrimination, the degrading experience of residential schools and other experiences have led to adverse, multigenerational health effects on Aboriginal families” (xxxvi). <http://www.hls.gov.bc.ca/pho/pdf/abohlth11-var7.pdf>

Aboriginal Peoples are significantly over-represented in almost every area of poor health status compared to any other group in Canada. Large gaps in health status exist. Life expectancy rates are lower, infant mortality rates are higher and hospitalizations due to mental health issues including suicide can be five times the national rate. Health problems such as diabetes, HIV/AIDS, FAS/E, tuberculosis, hepatitis, smoking, and substance abuse impact Aboriginal people at a higher percentage than other residents.

We believe that in order to understand the disparity in good health for Aboriginal people we have to understand the historical government policies and practices that have impacted their lives. In this review of legislation we have listed some of the acts that have directly influenced the health and well being of Aboriginal people. Again, in no way is this list complete but it is meant to illustrate a chronological view of legislative changes. We have included residential schools, government custody and fostering out of Aboriginal children and Corrections Canada as each of these areas of institutionalization have significantly shaped the wellbeing of Aboriginal people today. Legislation regarding Aboriginal sovereign rights are listed as the denial and oppression of Aboriginal rights and culture have seriously deteriorated Aboriginal people's experience of good health. We have also included a proposed bill that could restrict Aboriginal traditional healers from processing and utilizing traditional herbal medicines.

History

1763 The Royal Proclamation: After the British won the French and Indian War and acquired all of France's North American possessions including all of French Canada, the British Crown issued the Royal Proclamation of 1763. The Proclamation, while protecting the land rights of Aboriginal people also created a formal process for transfer of Aboriginal lands to the Crown. This heralded a major shift in British Indian policy. Because the Crown no longer needed the Aboriginal nations as allies against the French, it began to assert authority over them and their lands. Instead of regarding them as independent sovereigns to be dealt with on a nation-to-nation basis, as it had usually done in the past, the Crown began to treat them as subjects who were under the Crown's jurisdiction. http://www.fngovernance.org/timeline/timeline/inherent_tline.html

<http://epe.lac-bac.gc.ca/100/205/301/ic/cdc/aboriginaldocs/m-stat.htm>

1857 Act of Gradual Civilization of Indian Tribes- the legislature of United Canada moves to integrate Aboriginal people into Canadian society and limit their rights. The act called for the "enfranchisement" of any recognized male Indian over the age of 21 "able to speak, read and write either English or the French language readily and well, and is sufficiently advanced in the elementary branches of education and is of good moral character and free from debt. Enfranchised Indians would become a British citizen without special considerations.

<http://signatoryindian.tripod.com/routingusedtoenslavethesovereignindigenouspeoples/id10.html>

1860 The responsibility for Indian affairs was transferred from the government of Great Britain to the Province of Canada and the responsibility for Indian Affairs was given to the Crown Lands Department Commissions Responsible for Indian Affairs

1867 Canada a confederacy

1872 In the first act passed in BC, the right to vote in BC elections withdrawn from Indian people; *The Qualification and Registration of Voters Act of 1872*
<http://www.ubcic.bc.ca/Resources/timeline.htm>

1872 First Nations not allowed purchasing of land or free land grants.

1876 Indian Act

'The Constitution Act, 1867, assigned to Parliament legislative jurisdiction over "Indians and Lands reserved for the Indians"; 2 separate powers cover status and civil rights on the one hand and Indian lands on the other. The first federal Act was passed in 1868, drawing heavily on earlier legislation of the Province of Canada. Subsequent legislation promoted assimilation into non-Indian society: Indian status was seen as a transitional state, protecting Indians until they became settled on the land and acquired European habits of agriculture. Enfranchisement first legislated in 1869, was the vehicle for assimilation, and was originally a voluntary relinquishment of Indian status. The first Indian Act, so called, was passed in 1876 and was expanded considerably over the years to promote assimilation policy. Traditional Indian practices such as the Sundance and Potlatch were officially suppressed. Enfranchisement in certain circumstances became involuntary'
<http://www.thecanadianencyclopedia.com/index.cfm?PgNm=TCE&Params=A1ARTA0003975>

The Indian Act is considered by many as a way to create structural inequality and poverty and can be seen as a mechanism to destroy First Nation's cultures. Some of the provisions in the Act which stipulated that Native people would lose their status include:

- Native women who married non-Native men (Native men who married non-Indian women did not lose their status and their wives were allowed to live on reserve and became status Indians).
- Indians who took scrip, (which gave them \$200 and a quarter section of land in return for their Indian status and the status of their descendants);
- Indians who wanted to vote, to own property, to live in another country, or to become a lawyer or clergyman;
- Indian children who were illegitimate;
- Indians who served in the Armed Forces

1876 Indian Act specifies Reserve system and it is implemented in Western Canada

1885: Amendment to Indian Act to prohibit religious ceremonies (such as potlatches) and dances

1886 Pass System Even though this was in violation of the treaties and the Canadian government could not legally enforce it, the Department of Indian Affairs, in an effort to keep Aboriginal people on reserves, instituted a pass system where Aboriginal people had to obtain signed permission from the Indian Agent to travel from their reserves. (Carter, S. 1990. *Lost Harvests*. Montreal: McGill-Queen's University Press).

1895 Amendment of the Indian Act criminalizes many Aboriginal ceremonies, resulting in the arrest and conviction of Aboriginal people for practicing their cultural traditions

1927 Further amendment to Indian Act reads: 'Every Indian or other person who engages in, or assists in celebrating... any Indian festival, dance or other ceremony...is guilty of an offence and is liable to summary conviction to imprisonment for a term not exceeding six months and not less than two months'.

Residential Schools

"The intent of the Residential School System was to educate, assimilate, and integrate Aboriginal people into Canadian society. In the words of one government official, it was a system designed "to kill the Indian in the child."

- Attendance at residential schools was mandatory for Aboriginal children across Canada, and failure to send children to residential school often resulted in the punishment of parents, including imprisonment.
- The federal government and churches operated over 130 residential schools across Canada. The number of active schools peaked in 1931 at 80. The last federally-administered residential school closed in 1996.
- The federal government currently recognizes that 132 federally-supported residential schools existed across Canada. This number does not recognize those residential schools that were administered by provincial/territorial governments and churches.
- Over 150,000 children (some as young as 4 years old) attended federally-administered residential schools.
- It is estimated that there are approximately 80,000 Residential School Survivors alive today"

<http://www.legacyofhope.ca/assets/1000%20conversations%20-%20booklet.pdf>

Roman Catholic Church, Church of England, United Church, and Presbyterian Church run schools. The Roman Catholic Church ran more than 70 percent of the 130 Indian Residential Schools in Canada. By the 1970s, when the Native Indian Brotherhood called for native control of native education, the federal government had begun to wind down the residential school system. *Indian Residential School Survivors Society*

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- 1845** Government report recommending ‘boarding schools’
- 1847** Partnership between government and churches for schools
- 1867** British North American Act- Indian education now federal responsibility and schools are set up in force
- 1870-1910** Period of assimilation where the clear objective of both missionaries and government was to assimilate Aboriginal children into the lower fringes of mainstream society, outlawing of any cultural practices: language, potlatch, and ceremonies.
- 1920** Compulsory attendance for all children ages 7-15 years to residential schools. Children were forcibly taken from their families by priests, Indian agents and police officers.
- 1931** Eighty residential schools operating in Canada.
- 1948** Seventy-two residential schools with 9,368 students.
- 1979** Twelve residential schools with 1,899 students.
- 1980s** residential school students began disclosing sexual and other forms of abuse at residential schools.
- 1984** last residential school in British Columbia closed
- 1996** The last federally run residential school, the Gordon Residential School, closes in Saskatchewan. *Assembly of First Nations* www.afn.ca

1928 Sexual Sterilization Act (Alberta 1928-1972) ‘In Alberta, 2,800 people were sterilized between 1929 and 1972 under the authority of the province’s Sexual Sterilization Act... Alberta sterilized ten times more people than British Columbia. Most noticeably over represented were Aboriginals’ *National Aboriginal Health Organization* http://www.naho.ca/english/publications/DP_womens_health.pdf

1945 Indian Health Services transferred to Health Canada

Health Canada's role in First Nations and Inuit health began in 1945, when Indian health services were transferred from Indian Affairs to Health Canada. *Indian and Northern Affairs Canada*

1951 Aboriginal people’s fight to end discriminatory legislation result in the repeal of the federal prohibition of potlatch and sun dance ceremonies

1962 Direct health services for First Nations and Inuit. Health Canada provided direct health services to First Nations people on reserve and to Inuit in the north. Medical

Services branch created to provide direct services- in sixties grew to include 22 hospitals, 2172 beds and 30 clinics.

1960 Right to vote: Aboriginal people win fight to have the right to vote in Provincial and Federal elections

1960's Sixties Scoop

The Sixties Scoop refers to the adoption and fostering out of First Nation/Métis children in Canada between the years of 1960 and the mid 1980's. This phenomenon, coined the "60's Scoop", is so named because the highest numbers of adoptions took place in the decade of the 1960s and because, in many instances, children were literally scooped from their homes and communities without the knowledge or consent of families and bands. By 1964, 1,446 children in care in B.C. were Aboriginal. That number represented 34.2 percent of all children in care. Statistics from the Department of Indian Affairs reveal a total of 11,132 status Indian children adopted between the years of 1960 and 1990.

Aboriginal and Indigenous Social Work <http://www.aboriginalsocialwork.ca/index.htm>

1969 The White Paper

The Federal Liberal Government revealed its 1969 White Paper policy which called for the assimilation of all First Nation peoples into the mainstream of Canadian society, and the removal of First Nations from the Canadian Constitution.

<http://www.afn.ca/article.asp?id=59>

1973: Calder v. Attorney General of British Columbia: Aboriginal Rights

In the 1973 Calder decision, the Supreme Court of Canada confirmed the existence of Aboriginal title as a concept in Canadian common law. In this case, the Nisga'a Nation claimed Aboriginal title to its traditional lands in BC. While all the judges recognized that Aboriginal title existed as a concept in Canadian common law, their views differed on whether Aboriginal title still remained.

<http://www.ainc-inac.gc.ca/ai/mr/is/tcc-eng.asp>

1982 Constitution Act (Section 35)

"The existing Aboriginal and treaty rights of the Aboriginal peoples of Canada are hereby recognized and affirmed" Section 35 recognizes and affirms the existing Aboriginal and treaty rights of the Indian, Inuit and Métis peoples of Canada

<http://www.ainc-inac.gc.ca/ai/of/mrm/pwy/index-eng.asp>

1984 Guerin v. The Queen [1984] 2 S.C.R. 335, was a landmark Supreme Court of Canada decision on Aboriginal rights where the Court first stated that the government has a fiduciary duty towards the First Nations of Canada and established Aboriginal title to be a *sui generis* right. This duty placed the government under a legal duty to take the same care with the management of (Aboriginal) lands as would be taken by a prudent person when dealing with his own property.

<http://www.musqueam.bc.ca/Guerin.html>

1985: Bill C31 Canadian Parliament passed Bill C-31, "An Act to Amend the Indian Act". Because of a presumed Constitutional requirement, the Bill took effect as of April 17, 1985. The Bill has amended the Indian Act in a number of important ways.

- It ends many of the discriminatory provisions of the Indian Act, especially those which discriminated against women;
- It changes the meaning of "status" and for the first time allows for limited reinstatement of Indians who were denied or lost status and/or Band membership in the past, and;
- It allows bands to define their own membership rules. (Native Council of Canada)

Key Amendments

- treat men and women equally;
- treat children equally whether they are born in or out of wedlock and whether they are natural or adopted;
- prevent anyone from gaining or losing status through marriage;
- restore Indian status for those who lost it through discrimination or enfranchisement;
- allow first-time registration of children (and in some cases descendants of subsequent generations) of those whose status is restored; and
- allow registration of children born out of wedlock if either parent was a registered Indian, regardless of their date of birth.

1990 R.V. Sparrow (1990) 1 S. C. R. 1075. Ron Sparrow, a Musqueam elder, was convicted under the Fisheries Act for fishing with a drift net longer than those permitted. Musqueam argued for Aboriginal fishing rights for food and ceremonial purposes and that the federal and provincial governments must have clear justification for any ruling that adversely affects any Aboriginal right protected under the Constitution. The Supreme Court of Canada overturned the conviction, ruling that the constitution protected Aboriginal rights to fisheries and that any government regulations that infringe on those rights must be constitutionally justified and the right of Aboriginal peoples to fish for food should be given priority over commercial and sport fishing...

The First Nations of British Columbia. Muckle, R. 1998 UBC press

After the *Sparrow* case, provincial legislation can only limit Aboriginal rights if it has given them appropriate priority, because Aboriginal rights have a different nature than other non-Aboriginal rights.

<http://www.musqueam.bc.ca/Sparrow.html>

1995 Indian Residential School Survivors Society: The Indian Residential School Survivors Society was formed to provide help, hope, healing and honor for those adult children who are seeking resolution in their lives. In 1995 a number of survivors filed charges of physical and sexual abuse against Arthur Plint, former supervisor of Alberni Residential School and then followed up with civil litigation.

1995 Self Government: Canada Government recognizes inherent right of Aboriginal people to self government. 'While attention focused on constitutional reform in the 1980s and early 1990s, the agenda in recent years has shifted toward policy and legislative

changes. (Later), significant developments in 1998-99 included the federal government response to the Report of the Royal Commission on Aboriginal Peoples in January 1998, the conclusion of the Nisga'a Final Agreement in August 1998, and establishment of Nunavut in April 1999'. <http://www.parl.gc.ca/information/library/PRBpubs/962-e.htm>

1996 Royal Commission on Aboriginal people Report makes 440 recommendations addressed to all levels of government. Report calls for public apology from Federal Government and for monies to be made towards a healing strategy. Acknowledgement of how the Canadian justice system 'has failed Aboriginal people'. Another recommendation is for the creation of a national First People's day.

1996 National Aboriginal Day after consultation with various Aboriginal nations June 21st declared National Aboriginal Day <http://www.ainc-inac.gc.ca/ach/ev/nad/his/index-eng.asp>

1997 National Strategy on Aboriginal Corrections Aboriginal peoples account for 2.8% of the Canadian population, however they account for 18% of the incarcerated federal population and in the Prairie Region this level reaches 50-60% in some institutions. In indicators such as re-offending rates, parole revocations and conditional release, Aboriginal people fair less successful overall. <http://www.csc-scc.gc.ca/text/prgrm/abinit/know/8-eng.shtml>

1997 Delgamuukw v. British Columbia: Aboriginal Title

The Delgamuukw decision on Aboriginal title was handed down by the Supreme Court of Canada on Dec. 11, 1997. "A provincial law of general application cannot extinguish Aboriginal rights...The province had no authority to extinguish Aboriginal rights either under the Constitution Act, 1867 or by virtue of s. 88 of the Indian Act" <http://www.gitxsan.com/html/delga.htm>

1998 Gathering Strength 'Canada's Aboriginal Action Plan' Government's response to Royal Commission 'to work together on key priorities which will result in jobs, growth and stability and an improved quality of life for Aboriginal people' (*Minister of Indian Affairs and Northern Development*). Government commitment of \$350 million to provide community based healing for Aboriginal people who suffered abuse through the residential school systems. Aboriginal Healing Foundation created to manage these funds. [*Gathering Strength — Canada's Aboriginal Action Plan*](#).

1998 Aboriginal Healing Foundation 'An Aboriginal-managed, national, Ottawa-based, not-for-profit private corporation established March 31, 1998 and provided with a one-time grant of \$350 million dollars by the federal government of Canada as part of Gathering Strength — Canada's Aboriginal Action Plan. The Aboriginal Healing Foundation was given an eleven-year mandate, ending March 31, 2009, to encourage and support, through research and funding contributions, community-based Aboriginal directed healing initiatives which address the legacy of physical and sexual abuse suffered in Canada's Indian Residential School System, including intergenerational impacts' (<http://www.ahf.ca/faqs>)

1999 Nunavut recognized as own territory with the Nunavut Act Nunavut means 'Our land' in the Inuktitut language. Embracing both traditional knowledge and values the Government of Nunavut now provides a wide range of services tailored to the unique needs of approximately 29,500 residents' <http://www.gov.nu.ca/english/>

2006/2007 Strategic Plan for Aboriginal Corrections the Aboriginal Corrections Continuum of Care model: *Connecting Aboriginal offenders to their culture, families and communities* http://www.csc-scc.gc.ca/text/prgrm/abinit/documents/spac06_e.pdf

2007 Indian Residential Schools Settlement Agreement approved. Federal money for programs for former students and their families for 'healing, truth, reconciliation and commemoration of the residential schools and the abuses suffered'.
<http://www.residentialschoolsettlement.ca/English.html>

2008 Truth and Reconciliation Commission 'The TRC is a component of the Indian Residential Schools Settlement Agreement. Its mandate is to inform all Canadians about what happened in Indian Residential Schools (IRS). The Commission will document the truth of survivors, families, communities and anyone personally affected by the IRS experience. The Commission has a five-year mandate. http://www.trc-cvr.ca/index_e.html

2008 Bill C51 proposes to make changes in Canada's Food and Drug Act that would provide new enforcement powers and penalties on the processing and use of natural products. As 60% of applications for licensing are refused, a large number of natural health products could become illegal. Concern on how this will impact Aboriginal people's cultural use of traditional medicines.
<http://www2.parl.gc.ca/HousePublications/Publication.aspx?DocId=3398126>

2008 Canada's Apology: Canada apologizes for forcing Aboriginal children to attend state-funded Christian boarding schools Prime Minister Stephen Harper: 'Today, we recognize that this policy of assimilation was wrong, has caused great harm, and has no place in our country. The government now recognizes that the consequences of the Indian residential schools policy were profoundly negative and that this policy has had a lasting and damaging impact on Aboriginal culture, heritage and language'.
<http://www.cbc.ca/canada/story/2008/06/11/aboriginal-apology.html>

2009 Aboriginal Children in Care: 'Ministry of Children and Family Development records show that the proportion of children in care who are Aboriginal has increased over time. In 1997, 31 percent of children in care were Aboriginal. By January, 2009, the percentage had risen to 52 percent...Aboriginal children in care were more likely to be diagnosed with a medical condition...4 times more likely to experience health problems during the perinatal period, over 1.5 times more likely to be diagnosed with a congenital anomaly, 1.4 times more likely to suffer injuries and poisoning, almost 4 times more likely to be diagnosed with a mental disorder, and 5 times more likely to become pregnant in their youth'. *Provincial Health Officer's Annual Report 2007*
<http://www.hls.gov.bc.ca/pho/pdf/abohlth11-var7.pdf>

As stated in the overview of this document, Aboriginal people in Canada, no matter where they reside, face unique challenges in health care. The legislative acts highlighted are meant to provide some context for understanding the negative impacts on the health and well being of Aboriginal people. Additionally, the cases of Calder, Sparrow, and Guerin are considered milestones in the recognition of Aboriginal Rights in Canada and are foundational to the present work being done for Aboriginal self governance in health care, including access to traditional food, medicine and healing practices.

HEALTH BENEFITS FOR ABORIGINAL PEOPLES

Federal Responsibilities

The [Indian Act] set forth what rights and protections Status Indians had. Under the act, Indians could continue to hunt and fish for a living, and they were eligible for government-funded education and health care. However, only Status Indians were eligible for these provisions of care.

(http://encarta.msn.com/encyclopedia_461510992/Indian_Act_of_Canada.html)

History

By the 1900s, First Nations and Inuit communities were decimated by smallpox, tuberculosis, and other communicable diseases, but little coordinated effort existed on a national level to address the health crisis. In 1904, the Department of Indian Affairs appointed a general medical superintendent to start medical programs and develop health facilities.

In 1945, the Department of National Health and Welfare was created. Medical Services Branch was formed in 1962 by merging Indian Health and Northern Health Services with other independent federal field services.

In 1974, the Minister of National Health and Welfare tabled the Policy of the Federal Government concerning Indian Health Services. The policy reiterated that no statutory or treaty obligations exist to provide health services to Indians. However, the federal government wanted to ensure "the availability of services by providing it directly where normal provincial services (were) not available, and giving financial assistance to indigent Indians to pay for necessary services when the assistance (was) not otherwise provided".

In 1979, a new Indian Health Policy was announced. It stated that uninsured benefits would rely upon "professional medical and dental judgment." The policy also recognized the need for community development, a strong relationship between Indian people, the federal government, and the Canadian health system.

Medical Services Branch started to work towards transferring control of health services to First Nations and Inuit communities and organizations in the mid-1980's through the Strategic Policy, Planning and Analysis Directorate.

After the Royal Commission on Aboriginal Peoples was released, the federal government announced Gathering Strength - Canada's Aboriginal Action Plan. In the action plan, Health Canada is committed to diabetes and tuberculosis initiatives, developing the Aboriginal Healing Foundation and a healing strategy addressing the legacy of Indian residential schools, in partnership with the Department of Indian Affairs.

In 2000, the Medical Services Branch was renamed the First Nations and Inuit Health Branch.

<http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/fnihb-dgspni/services-eng.php>

Current Collective Benefits

Children and Youth Division

The Children and Youth Division is responsible for the development and delivery of community health programs and services for First Nations and Inuit children and mothers that are especially designed to provide children with a healthy start in life. The Division is working to develop options toward a single window approach to Early Childhood Development programming for Aboriginal children.

The Division programs include:

- Canada Prenatal Nutrition Program (CPNP);
- Aboriginal Head Start on Reserve;
- Fetal alcohol syndrome and fetal alcohol effects (FAS/FAE); and
- Maternal health.

Chronic Disease Prevention Division

The Chronic Disease Prevention Division is responsible for the development and delivery of community health programs and services for First Nations and Inuit that contribute to building healthy communities.

The Division has a strong focus on:

- Preventing diabetes and other chronic diseases;
- Injury prevention; and
- Promoting Healthy Living through nutrition and physical activity.

The Division has four main areas:

- Aboriginal Diabetes Initiatives;
- Injury Prevention;
- Nutrition; and
- Chronic Disease Prevention.

Mental Health and Addiction Division

The Mental Health and Addiction Division is responsible for both national and community-based programming. Mental health and addiction services are often required by the same clients. In response, the Division is working to develop a more coordinated continuum of mental health and addictions services for First Nations and Inuit to improve overall community wellness.

The Division focuses on:

- Brighter futures;

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- Building healthy communities;
- Alcohol, drug and solvent abuse;
- Tobacco control;
- Indian residential schools;
- Suicide prevention;
- Crisis management; and
- Innu healing strategy.

Division programs include:

- Indian Residential Schools Mental Health Support Program
- National Native Alcohol and Drug Abuse Program
- Tobacco Control Strategy

In addition, programs are being developed in the areas of cardiovascular diseases, cancer, arthritis, fitness and obesity. For further information, please contact the Community Programs Directorate.

<http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/fnihb-dgspni/cpd-dpc/index-eng.php>

Non-Insured Health Benefits

Non-Insured Health Benefits Directorate

The Non-Insured Health Benefits (NIHB) Directorate is responsible for managing the Non-Insured Health Benefits (NIHB) Program which provide, to registered Indians and recognized Inuit, a limited range of medically necessary health-related goods and services which supplement benefits provided through private insurance plans, provincial/territorial health and social programs. The non-insured health benefits include:

- Mental Crisis Counseling (short term mental health crisis intervention)
- Dental Benefits;
- Drug Benefits;
- Vision Care Benefits;
- Medical Supplies and Equipment Benefits;
- Medical Transportation; and
- Provincial health premiums (Alberta and British Columbia).

<http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/fnihb-dgspni/nihbd-dssna/index-eng.php>

These programs typically provide minimum coverage consistent with BC social assistance health benefit levels.

A benefit will be considered for coverage when:

- The item or service is on a NIHB Program benefit list or NIHB schedule;
- It is intended for use in a home or other ambulatory care settings;
- Prior approval or predetermination is obtained (if required);
- It is not available through any other federal, provincial, territorial, or private health or social program;
- The item is prescribed by a physician, dental care provider, or other health professional licensed to prescribe; and
- The item is provided by a recognized provider

SOCIAL DETERMINANTS OF HEALTH

The 12 Key Social Determinants of Health

- Income and Social Status
- Social Support Networks
- Education and Literacy
- Employment/Working Conditions
- Social Environments
- Physical Environments
- Personal Health Practices and Coping Skills
- Healthy Child Development
- Biology and Genetic Endowment
- Health Services
- Gender
- Culture

<http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php>

Health promotion and population health measures were adopted by Health Canada in the early 1990s to give a broader overview of health and increase the scope in health outcome intervention. For Aboriginal health, this highlights the poor living conditions, inadequate clean water supply, poverty, unemployment, and loss of control over decision-making, loss of land, culture and identity and the negative impact on health experienced by many Aboriginal people across the province. This has resulted in current poor health rates in relation to the general population of British Columbia.

First Nations Social Determinants of Health - Broader Determinants of Health for Aboriginal Peoples

To give a better picture of First Nations Social Determinants of Health, the National Aboriginal Health Organization (NAHO, 2007) has developed a presentation which includes additions to Health Canada's SDOH, the Broader Determinants of Health for Aboriginal Peoples:

- Colonization
- Globalization
- Migration
- Cultural continuity
- Access
- Territory
- Poverty
- Self-determination

<http://www.naho.ca/publications/determinants.pdf>

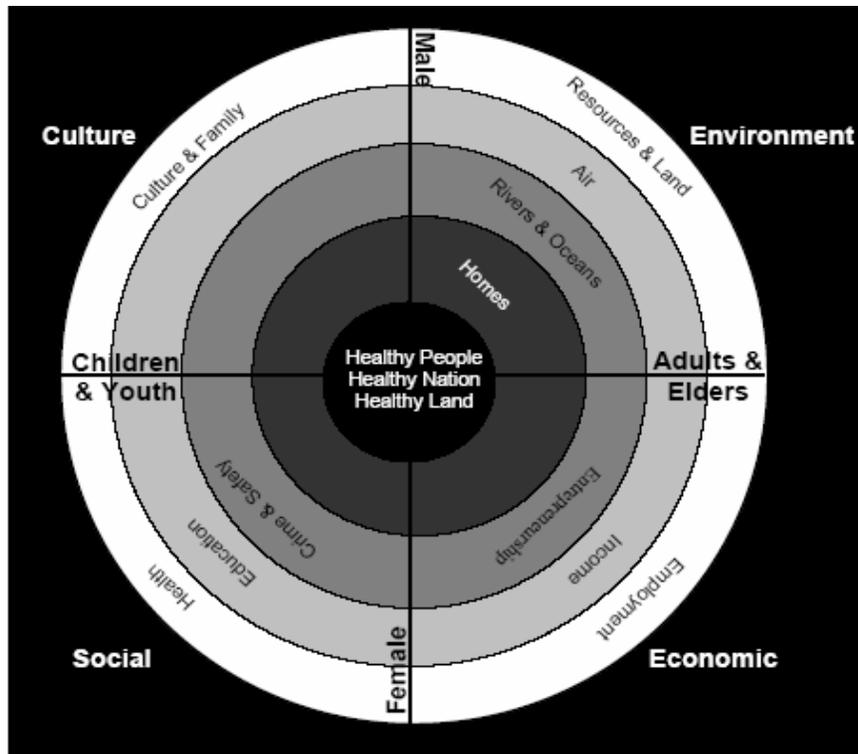
Adding these determinants informs Aboriginal health care practice. A new approach to Aboriginal health is needed to acknowledge and address these determinants in relevant and meaningful ways.

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First Nations Social Determinants of Health have also been depicted in the following graph:

Environmental Health	Housing Quality; Water Quality; Land Quality
Community Health	Chronic Diseases; Alcohol & Drugs; Immunization; Availability to traditional services; access to primary or mental health care; access to home care; satisfaction with health services
Individual Health	Life expectancy, suicide, infant mortality; Income level; Education level; Unintentional Injuries
Social & Cultural Health	Effects of colonization; Self-Determination; Community involvement (Elders & Youth); Language Knowledge & use; Cultural Practices; Traditional use of land

The graphic circle also organizes this information:



CURRENT DEMOGRAPHIC AND HEALTH PORTRAIT

Historical Aboriginal Population in British Columbia:

Pre-1800s - 250,000 +

1835 - 100,000

1929 – 23,000

- Within 30 years, the Aboriginal population was reduced by 90%
- Decrease in population was the result of a combination of diseases introduced through contact with colonizing populations (small pox, diphtheria) and assimilation

Contemporary Aboriginal Population in British Columbia

2006 - 196,000

- 200 Nations; 40 different ethno-cultural groups
- 8 different language bases (families); 127 different languages spoken.
- As of 2006, 62% or 121,563 Aboriginal people live off reserve in urban centres in BC.

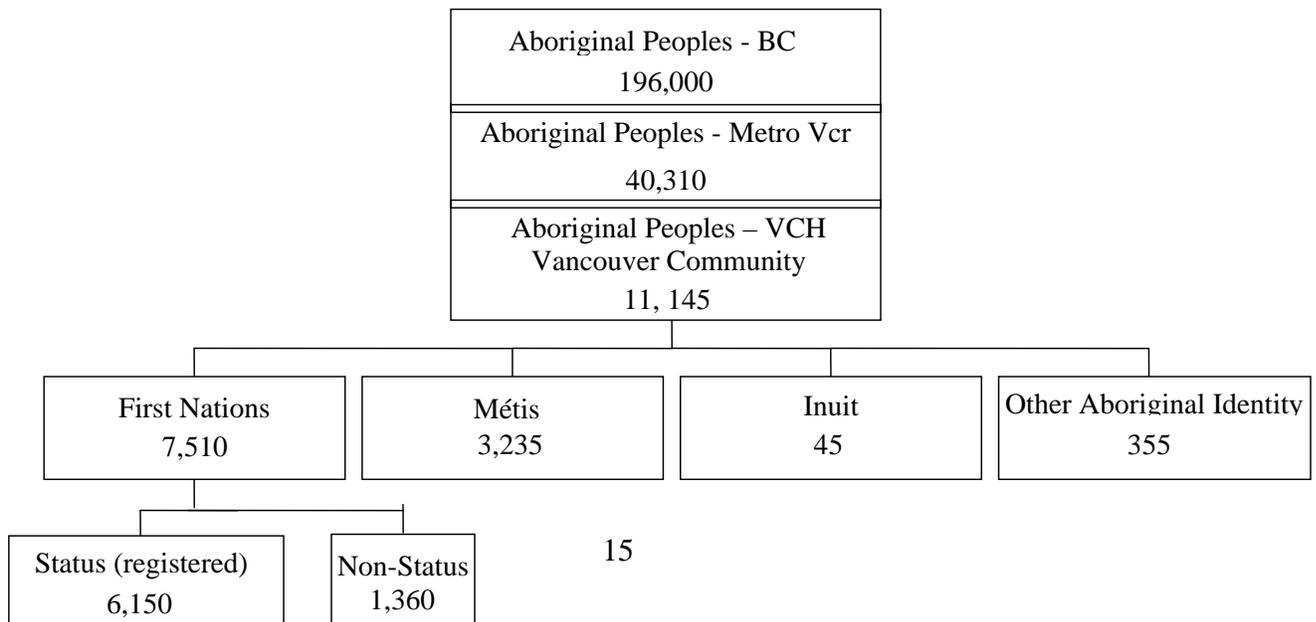
Aboriginal Population in the Metropolitan Area of Vancouver

- 40,310 Aboriginal people

Aboriginal Population within the City of Vancouver HSDA boundaries

- 11,145+ Aboriginal people
- 32% is under the age of 25 compared to 17% of the non-Aboriginal population.
- 19% of the Aboriginal population is over the age of 50 compared to 31% of the rest of the population.
- 3.5% of the Aboriginal population is over the age of 65 versus 13% of the non-Aboriginal population.
- Less than 1% of the Aboriginal population is over 75 versus 6.5% of the non-Aboriginal population.

ABORIGINAL POPULATIONS



**Provincial Health Officer's Annual Report 2007 Pathways to Health and Healing:
2nd Report on the Health and Well-being of Aboriginal People in British Columbia:**

BC Comparative Rates between Aboriginal populations and the general population:

- Life expectancy 5.8 years less
 Infant mortality 2 times higher
- Rate of diabetes 40% higher
- AIDS/HIV hospitalization 6.5 times higher
- Smoking rates 2 times higher
- Psychiatric hospitalization rate 50% higher
- Preventable hospital admissions 3 times higher

In British Columbia for Status Indian

Hospitalization rates for suicide (per 1,000)

Status Indian: 208

Other residents: 41

Ratio 5.1

Hospitalization rates for Homicide/attempted Homicide (per 1,000)

Status Indians: 155

Other Residents: 30.1

Ratio 4.8

- Unemployment rate: for Aboriginal people 13.7 vs 4.2 for other residents
- Income less than \$20,000: for Aboriginal people 62% compared to 44%
- High school graduation 50.9% vs 78.4%
- Youth in custody (per 10,000): Aboriginal youth 17.7% vs 2.4%
- 52% of all children in government care are Aboriginal
(in the course of their school aged years, 14 times more likely to be in government care than other children)

Comparative rates are difficult to obtain for a number of reasons. Aboriginal peoples are usually cited in non-exclusive categories and overlaps are common, i.e., First Nations, Status, non-Status, Métis are not readily identifiable in studies.

<http://www.hls.gov.bc.ca/pho/pdf/abohlth11-var7.pdf>

Violence against Aboriginal Women

Madeline Dion Stout, in *Aboriginal Women and Health Care in Canada*, (2002), brings to our attention that “Aboriginal women’s relatively poor health status (when compared to that of non-Aboriginal Canadian women) can only be understood in the context of a range of health determinants, including socio-economic status, education and employment conditions, social support networks, physical environment, healthy child development and access to health services (pg. 3)”. It is also important, if we are to understand health outcomes, that we include the impact of violence against Aboriginal women as part of these contexts.

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In Canada, Aboriginal women continue to be targets of violence based on their gender and their race. “Violence against Aboriginal women has been identified as a health determinate which... can result in health consequences such as mental health problems, substance abuse, and suicidal thoughts. Emma LaRoque, an eminent Aboriginal scholar, has identified violence as a serious health concern for Aboriginal women and notes that studies have shown that:...(the) single most important group of health problems in terms of both mortality and morbidity is accidents and violence”. *In Aboriginal Women and Health Care in Canada National Aboriginal Women’s Association, 2002. (pg. 6).*

The United Nations is calling on the Canadian government to investigate why hundreds of deaths and disappearances of Aboriginal women remain unsolved as over the past 20 years over 500 Aboriginal women have gone missing in communities across Canada. In 2007, the Native Women’s Association of Canada submitted a paper to the World Health Organization saying that ‘One of the most crucial social determinants of health which intersects with gender to such a magnitude, that it commands its own treatment, is violence against Aboriginal women’. *Social Determinants of Health and Canada’s Aboriginal Women.*

GAPS IDENTIFIED IN HEALTH CARE SERVICES IN VANCOUVER

- No youth suicide prevention programs
- 1 chronic disease management program offered by the Vancouver Native Health Society
- No two-spirited programs for youth and very few services for two-spirited people in general
- 1 dental clinic offered out of the Vancouver Native Health Society
- Few Elders programs, no services addressing Elder abuse
- Little follow-up support services for people leaving care and entering the community
- Very few HIV/AIDS resources for women
- No services focusing on infant/child health
- No services/programs for injury and disease prevention
- Few services addressing concurrent disorders
- Very little coordination between health care service agencies

For more information, a very detailed account of Aboriginal health status may be found in the Aboriginal Health Status Profile (Jan, 2008) at <http://www.vch.ca/aboriginalhealth/docs/AHSP.pdf> produced under the leadership of Dr. Helena Swinckels.

DIFFERENCES IN MAINSTREAM AND TRADITIONAL ABORIGINAL HEALING

- Values based
- Vision of health
- Connection to land
- Holistic approach
- Reliance on teachings and wisdom of the Elders and Traditional Healers
- Use of Traditional medicines, ceremonies
- Aboriginal conceptual framework
- Context bound

Many but not all Aboriginal cultures use a wheel to depict the four quadrants: mental/intellectual, social/emotional, physical and spiritual. Traditional Aboriginal healing ways have largely been underutilized in mainstream treatment services, relying primarily on a Western medical model.

STEPS TOWARD SELF-GOVERNANCE IN HEALTH CARE IN BC

There is a long history of work in Aboriginal rights to shift the impacts of colonizing legislation and practices. Extending the work for self governance in land, education and fisheries to health care, people like Mary Ellen Kelm, and organizations such as the National Aboriginal Health Organization, (NAHO), have advocated for the rights of Aboriginal people to determine health care standards specific to Aboriginal people and to safe guard and access traditional food, medicinal gathering regions and plant medicines. The Tripartite Agreement and the First Nations Health Council, along with the First Nations Health Directors Society, are expanding this work into many areas and are collaborating with Health Authorities in BC in creating culturally relevant, meaningful and appropriate health care services for Aboriginal peoples.

1999 Healing Ways Rhea Joseph's landmark study on health and wellness for Aboriginal people in Vancouver and Richmond and includes a vision of health for 7 generations (2060), working with mental wellness and recovery from addiction in tandem, using Western medical practice as well as Traditional Aboriginal healing ways. Incorporated in the document is a site, where all Aboriginal people are invited to participate in health services designed specifically for Aboriginal people by Aboriginal health care staff whose ancestry reflects the population they serve.

http://www.vch.ca/aboriginalhealth/docs/healing_ways.pdf

2001 Health and Wellbeing of First Nations People in BC by the Provincial Health Officer This study by Dr. Perry Kendall cites the large disparities in rates for Aboriginal people and those in the general population, which have been exacerbated by colonization, residential school and lack of access to health services, education and employment opportunities. Self-governance was found to be one of the protective factors and this has led to new directions in health care for Aboriginal peoples as leaders and key decision-

makers, and ultimately self-governance.

<http://www.health.gov.bc.ca/pho/pdf/phoannual2001sn.pdf>

2005 First Nations Blueprint for BC This document highlights the necessity of having healthcare and healthcare decision making in the hands of Aboriginal peoples to provide optimum health outcomes. http://www.hc-sc.gc.ca/hcs-sss/alt_formats/hpb-dgps/pdf/pubs/2005-blueprint-plan-abor-auto/plan-eng.pdf

2005 Transformative Change Accord: First Nations Health Plan

(10 Year Health Plan 2005-2015) focuses on 4 key areas: Governance, Relationships & Accountability; Health Promotion/Disease & Injury Prevention; Health Services; and Performance Tracking, citing 7 performance indicators and 29 action items.

http://www.vch.ca/aboriginalhealth/docs/Action_Plan.pdf

2006 First Nations Health Plan Memorandum of Understanding

This is document brings together all levels of government, Federal, Provincial and First Nations Leadership Council as equal partners working for Aboriginal health.

http://www.fnhc.ca/pdf/TFNHP_MOU.pdf

2007 Tripartite First Nations Health Plan This is an overview of the health plan to ensure self governance and self determination in healthcare by First Nations Leaders.

<http://www.fnhc.ca/pdf/TripartiteFNHealthPlan.pdf>

2008 Gathering Wisdom for a Shared Journey An annual community engagement process to inform health decisions, inviting those interested in Aboriginal health across the province to come together for a forum of relevant health information and dialogue.

http://www.fnhc.ca/index.php/news/gathering_wisdom/

2008 VCH Aboriginal Health and Wellness Plan 2008-2011 Vancouver Coastal Health's Aboriginal Strategic Initiatives for the Health Authority, guided by a number of public gatherings to address Aboriginal health initiatives across the region.

<http://www.vch.ca/aboriginalhealth/docs/AHWP.pdf>

2009 Gathering Wisdom III: Improving the Health of First Nations people in BC; a Dialogue on the Tripartite First Nations Health Plan.

The third annual Gathering Wisdom brought together First Nations community health professionals, health services providers, government partners and others. At the forum, the Parties to the Tripartite First Nations Health Plan updated communities and partners on the plan's implementation, and gather information and ideas for the next year moving forward. http://www.fnhc.ca/index.php/news/gathering_wisdom

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Aboriginal Women and Health Care in Canada 2002 <http://www.nwac-hq.org/documents/AboriginalWomenandHealthCareinCanada.pdf>

Leaving no child behind - national spotlight on health gap for Aboriginal children in Canada <http://www.nccah-ccnsa.ca/myfiles/SOWC%20Canada%20Report%20English.pdf>

Pathways to Health and Healing: 2nd Report on the Health and Well-being of Aboriginal People in British Columbia - Provincial Health Officer's Annual Report 2007 Release date June 25, 2009 <http://www.hls.gov.bc.ca/pho/pdf/abohlth11-var7.pdf>

Social Determinants of Health and Aboriginal Women. 2007 http://www.nwac-hq.org/en/documents/NWAC_WHO-CSDH_Submission2007-06-04.pdf

Strategic Plan for Aboriginal Corrections 2006-2011

http://www.csc-scc.gc.ca/text/prgrm/abinit/documents/spac06_e.pdf

Current web links

Aboriginal Healing Foundation <http://www.ahf.ca/announcements>

Aboriginal Nurses Association of Canada <http://www.anac.on.ca/index.html>

Aboriginal Portal Canada: Policing and Corrections

<http://www.aboriginalcanada.gc.ca/acp/site.nsf/en/ao20022.html>

Canadian Aboriginal AIDS network <http://www.caan.ca/english/>

Division of Aboriginal People's Health <http://www.familymed.ubc.ca/aph.htm>

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Native Women's Association of Canada <http://www.nwac-hq.org/en/index.html>

NEAR BC- Network Environments for Aboriginal Research BC.

<http://www.nearbc.ca/index.php>

Royal Commission on Aboriginal Peoples <http://www.ainc-inac.gc.ca/ap/rrc-eng.asp>