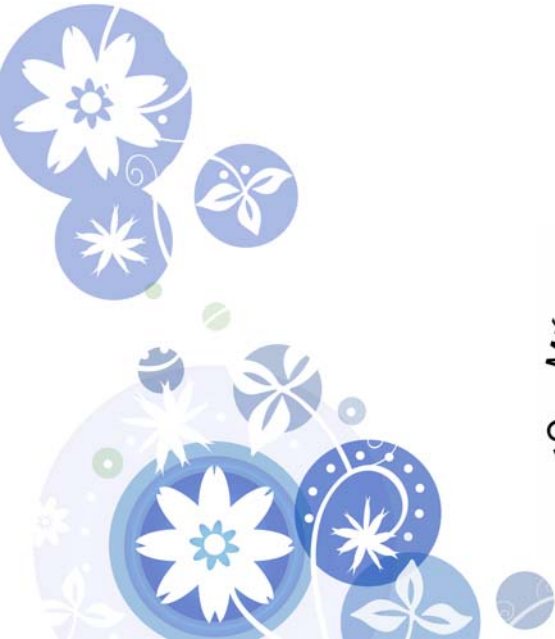


National Aboriginal Health Organization



Broader Determinants of Health in an Aboriginal Context November 8, 2006



Overview

- **What is NAHO?**
- **Some definitions**
- **Aboriginal health status**
- **Broader determinants of health**
- **Aboriginal context**
- **Challenges**



Goals/Objectives

- 1) To improve and promote the health of Aboriginal Peoples through knowledge-based activities.
- 2) To promote an understanding of the health issues affecting Aboriginal Peoples.
- 3) To facilitate and promote research on Aboriginal health and develop research partnerships.
- 4) To foster the participation of Aboriginal Peoples in the delivery of health care.
- 5) To affirm and protect Aboriginal traditional healing practices.



Principles of Uniqueness

NAHO is unique in that it:

- **Is founded on, and committed to, unity, while respecting diversity.**
- **Gathers, creates, interprets, disseminates, and uses knowledge on Aboriginal traditional, and western contemporary, healing and wellness approaches.**
- **Views community as the primary focus, while viewing research methodologies as tools for supporting Aboriginal communities in health management.**
- **Reflects the values and principles contained in traditional knowledge and traditional knowledge practices.**



NAHO Overview

- **NAHO completed its first five-year mandate in March 2005 and secured another five-year mandate from 2006 to 2010.**
- **During its first mandate, NAHO underwent significant organizational growth and established itself as a leading Aboriginal knowledge-based organization in the Aboriginal health and research environment.**
- **Over the second five-year mandate, NAHO will build on partnerships established during the first mandate to improve the health of First Nations, Inuit, and Métis.**



NAHO Overview

- **First Nations Centre**
- **Métis Centre**
- **Ajunnginiq Centre**
- **Policy and Communications Unit**



Aboriginal Peoples in Canada

- The state recognizes in section 35 of the *Constitution Act, 1982*, three original peoples of Canada: First Nations, Inuit and Métis.
- The state also has an obligation to honour treaty and Aboriginal rights for Aboriginal Peoples' health. Each group is distinct from the other and has a unique history, along with inter-group diversity.



Health in an Aboriginal Context

- The World Health Organization (WHO) defines health as more than the absence of disease.
- A traditional Aboriginal concept of health incorporates the mental, physical, spiritual, emotional, and social aspects of health.
- The health and well-being of individuals and communities are interdependent and equally important.
- This definition is consistent with the population health approach.



Aboriginal Health Status

- The health status of Aboriginal Peoples has been improving but is substantially lower than the Canadian average.
- Aboriginal Peoples are worse off than other Canadians on social and economic measures that have profound implications for their health.
- There is some preliminary evidence to suggest that the transfer of authority over service delivery will lead to better health outcomes for Aboriginal Peoples.
- Much remains to be done to improve the health of Aboriginal Peoples.



BDOH - History

- 1947 – WHO refers to health as “complete physical, mental and social wellbeing.”
- 1974 – Lalonde Report concludes that lifestyle and environment are also health determinants.
- 1986 – Ottawa Charter recognizes the importance of health promotion.
- 2001 – Foundational documents for NAHO developed (e.g., *Strategic Directions for an Evidence-based Decision-Making Framework at NAHO*).



Broader Determinants of Health

- Income and social status
- Social support network
- Education
- Employment and working conditions
- Social environment
- Physical environment
- Personal health practices and coping skills
- Healthy child development
- Genetic endowment
- Access to health services
- Gender
- Culture



BDOH...all of those apply but: What about the Aboriginal context?

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



BDOH in an Aboriginal Context (Continued)

Colonization

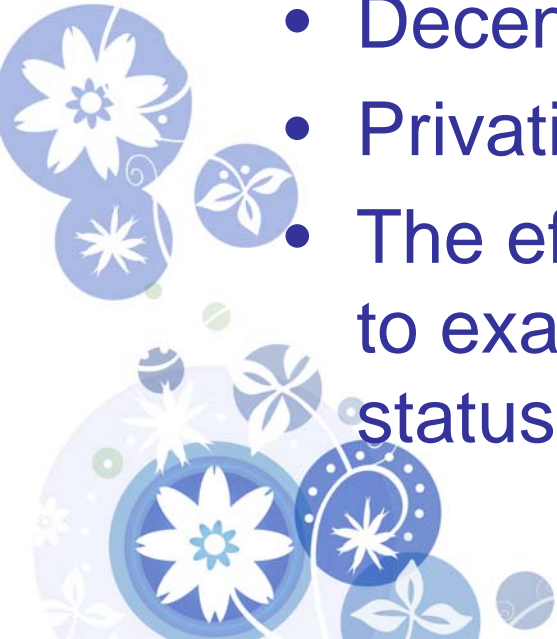
- Intergenerational impacts: Historical burdens resonate in the present-day experiences of Aboriginal people.
- The oppression of Aboriginal societal structures persists.
- The construction of “Aboriginal” and the devaluing of traditional health and healing serves to marginalize Aboriginal populations.



BDOH in an Aboriginal Context (Continued)

Globalization

- Environmental degradation.
- Health reform.
- Decreased health budgets.
- Decentralization.
- Privatization.
- The effects of globalization have all served to exacerbate the substandard health status of Aboriginal Peoples.



BDOH in an Aboriginal Context (Continued)

Migration

- Nutrition change.
- Decreased activity levels.
- Increase in obesity.
- Disconnect from family.
- Disconnect from land, and therefore a disconnect from Indigenous knowledge and practice.



BDOH in an Aboriginal Context (Continued)

Cultural continuity:

- Moving away from Indigenous knowledge (IK) is problematic.
- IK is alive and organic, not static.
- Distancing oneself from IK is removing oneself from one's language, culture, and ceremonies.
- IK gives life and meaning to economic, political, and social systems.



BDOH in an Aboriginal Context (Continued)

Territory

- If the land is not healthy, we are not healthy.
- Land is a connection to Indigenous knowledge, to the past, and to traditional ways of living.
- Land is the economic base for many Aboriginal communities and groups.
- Respect for our territory is respect for ourselves.



BDOH in an Aboriginal Context (Continued)

Access

- One-third of Aboriginal communities are remote, isolated, or semi-isolated.
- Barriers exist to basic and specialized services.
- Travelling to receive care alienates people from familial, community, and cultural supports.
- Communication barriers exist, both linguistically and in health literacy.
- There are capacity, human resources, and infrastructure issues related to tele-health/e-health.



BDOH in an Aboriginal Context (Continued)

Poverty

- Many Aboriginal people live in fourth world conditions.
- Economic self-sufficiency and economic equality predict community health and well-being.
- Inadequate housing, food, medicine, water, and employment all impact social capital and, in turn, community cohesion.



BDOH in an Aboriginal Context (Continued)

Self-Determination

- To be healthy is to be self-determined; to be self-determined is to be healthy. Deficiency in one contributes to a deficiency in the other.
- Research demonstrates that there is a link between self-determination and diminished suicide rates.



...A Step Further

While colonization, globalization, migration, cultural continuity, territory, access, poverty, and self determination are cross-cutting determinants for Aboriginal Peoples, they need to be contextualized with the appropriate lens: First Nations, Inuit, or Métis.





Public Health in an Aboriginal Context

- Largest gains in public health for Canadians are from “non-health” investments.
- Largest gaps in public health for Aboriginal Peoples are from limited or non-existent resources in these same areas (Determinants of Health).



What is it all about?

Context

- Things are rarely as simple as they seem.
- For health, especially Aboriginal health, there is always a context.





What are the Difficulties?

- Capacity and staff turnover.
- Financial issues.
- Cultural appropriateness.
- Gender cross-cutting – women *and* men.
- Top down approach to policy and program development.



What are the Difficulties? (Continued)

Current policy climate:

- Discourse focused on biomedical model; difficult to generate interest in upstream investments.
- Focus on “election” issues (i.e., wait times) instead of keeping people healthy.
- Too many cooks – leads to fractured jurisdictional responsibilities, lack of communication between like-minded people, and duplication in research.



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