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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