

NAHO's Vision

The National Aboriginal Health Organization, an Aboriginal—designed and —controlled body, will influence and advance the health and well-being of Aboriginal Peoples through knowledge-based activities and strategies.



The Three Centre's of NAHO



The mission of the FNC is to advance First Nations health knowledge. The FNC will respect First Nations aspirations for self-determination, distinctiveness and diversity. Working with First Nations, the FNC will create, promote and share health information and research. The FNC will develop tools and processes that assist in building capacity and transferring knowledge.



The Métis Centre is dedicated to improving the mental, physical, spiritual, emotional and social health of all Métis in Canada. We are a centre devoted to promoting Métis health issues through public education and health promotion.



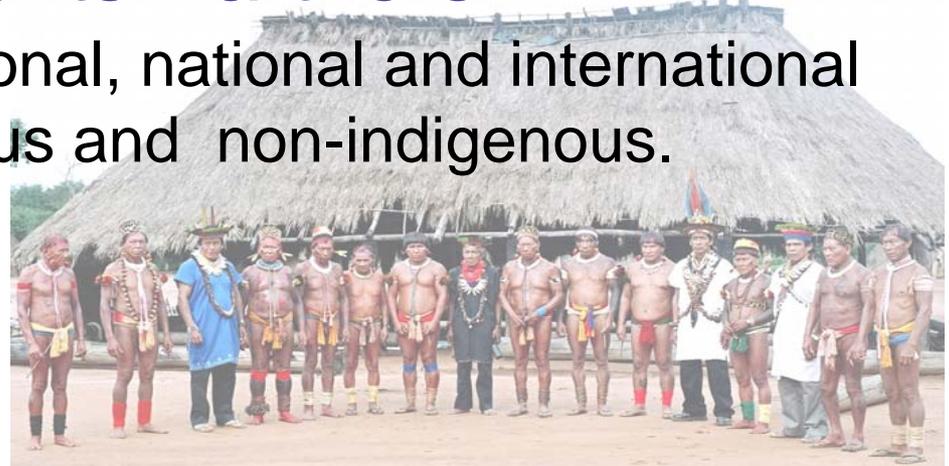
The Ajunginniq Centre of the National Aboriginal Health Organization shall promote practices that will restore a healthy Inuit lifestyle and improve the health status of Inuit, through research and research dissemination, education and awareness, human resource development and sharing information on Inuit-specific health policies and practices.

Ajunginniq (Inuit) Centre

NAHO and its Partners

NAHO works with many regional, national and international organizations, both Indigenous and non-indigenous.

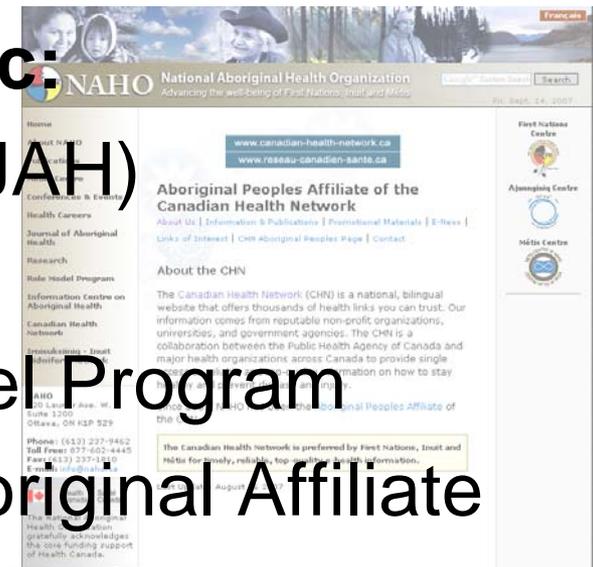
North-South Gathering. Waura Indigenous Community Xingu, Matto Grosso, Brasil, 2006



Health Promotion and Education

How we reach out to the public:

- Journal of Aboriginal Health (JAH)
- NAHO Web site
- National Aboriginal Role Model Program
- Canadian Health Network Aboriginal Affiliate
- Non-traditional Media. (CD/DVDs)



Health in an Aboriginal Context

- First Nations, Inuit and Métis concepts of health incorporate the mental, physical, spiritual, emotional, and social aspects of health.
- Furthermore, the health and well-being of individuals and communities are interdependent and equally important.

Aboriginal Peoples in Canada

- Section 35 of the *Constitution Act, 1982* recognizes three original peoples of Canada: First Nations, Inuit and Métis.
- Each group is distinct from the other and has a unique history. Within each group there is also considerable diversity.
- Over one million people in Canada identify as Aboriginal, representing 3.3 per cent of the overall population:
 - 62 per cent First Nations.
 - 30 per cent Métis.
 - 5 per cent Inuit.

Broader Determinants of Health

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

Broader Determinants of Health

For Aboriginal Peoples:

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

Interactive Nature of the Social Determinants of Health

- Woven together, these factors affect the quality of life for First Nations, Inuit and Métis.
- The social determinants of health are influenced by contextual factors, such as geography and access to basic health services.

Specific Lens

- The social and broader determinants of health provide a broader picture of the factors that lead to certain disparities in health status.
- First Nations, Inuit and Métis each require a specific lens with which to view their respective historical and contemporary realities.
- Solutions must be appropriate to the specific group in question and must take into account these specific historical and contemporary realities.

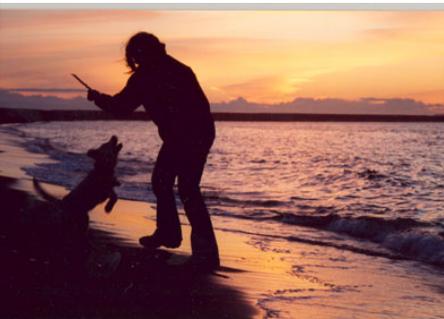
Inuit Overview

- On average, food in Inuit communities costs double that of food in Canadian cities
- 53 per cent of Inuit experience overcrowding versus seven per cent for all Canadians
- High school non-completion rates (ages 25-64) are higher for Inuit Canadian males: 23.4 per cent.
 - Inuit males: 47.4 per cent.
 - Canadian females: 22 per cent.
 - Inuit females: 48.5 per cent.
- Nunavut reports a suicide rate 40 times the Canadian average for young Inuit men



Métis Overview

- 33 per cent of Métis children live in low-income families compared to 18 per cent of non-Aboriginal children.
- 35 per cent of Métis children live in single-parent households, or with other relatives or non-relatives; only 18 per cent of non-Aboriginal children are in a similar situation.
- Métis people earn less per annum (median income: \$22,167 / year) than non-Aboriginal people (median income: \$30,023 / year).
- Métis women earn about \$11,000 per year less than Métis men.



First Nations Overview

- **Personal income levels for First Nations individuals are less than 50 per cent of Canadian national average, regardless of place of residency.**
- **The unemployment rate for First Nations people living on-reserve is 28.7 per cent, almost three times as high as the Canadian national average of 9.8 per cent.**
- **Approximately 66 per cent of First Nations people believe that the relatively poor state of Aboriginal health is caused by, or linked to, the residential school experience and/or the loss of traditional cultures and lands.**



Challenges

- A lack of epidemiological data, resulting in pan-Aboriginal evidence and approximations.
- Public policy and fiscal allocations are better informed by specific data that shows the scope of needs in First Nations, Inuit and Métis communities.
- Fractured jurisdictional responsibilities, lack of communication and duplication in research.
- Current policy climate: Discourse on biomedical model, difficult in getting interest in upstream investments. Focus on 'election' issues, i.e. wait times instead of keeping people healthy.
- Capacity, financial issues, cultural appropriateness, gender cross-cutting – women *and* men,

Public Health in Aboriginal Contexts

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).

