

*Sharing Knowledge .  
Making a Difference*



NCCCAH ACTIVITIES UPDATE  
2010

NATIONAL COLLABORATING CENTRE  
FOR ABORIGINAL HEALTH



CENTRE DE COLLABORATION NATIONALE  
DE LA SANTÉ AUTOCHTONE

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*Together, with our communities, advisors, and our many partners and collaborators, we are moving the agenda forward in support of sharing knowledge and making a difference in the optimal health and well-being of First Nations, Inuit and Métis peoples in Canada.*



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*We need to find the solutions ourselves, and build on the extensive knowledge we have. I am really optimistic we are in an important time of change and transformation..”*

- Grand Chief Ed John (Akile Choh), Second NCCAH National Forum on the Social Determinants of Aboriginal Peoples' Health, February 2009



# WELCOME TO THE NCCAH



Welcome to our 2010 update of the activities of the National Collaborating Centre for Aboriginal Health. As we enter our fifth year, we are making significant strides in support of a renewed public health system in Canada that is inclusive and respectful of diverse First Nations, Inuit and Métis peoples.

Our program continues to build on strategies that evidence indicates can help reduce health inequities experienced by Aboriginal<sup>1</sup> populations in Canada. These strategies include an emphasis on child and youth health, and the social determinants of health addressing the underlying causes of illness and disease. In our emerging priorities program focus, we are currently exploring environmental health as an area of significant concern for First Nations, Inuit and Métis communities.

As an Indigenous woman of Cree ancestry, a scholar in early childhood development,

and the Academic Leader of the NCCAH, I am privileged to oversee the efforts of our Centre at a time of change in the health landscape in Canada and internationally. The unique and complex challenges for Indigenous health are increasingly recognized in major international, national and provincial reports, by the World Health Organization's Commission on Social Determinants of Health, the Chief Public Health Officer of Canada, the Senate Subcommittee on Population Health, and the BC Provincial Health Officer, among others.<sup>2</sup> These have consistently highlighted the benefits of a social determinants and life-course approach to health.

At the NCCAH, we support efforts leading to meaningful, useful and effective programs and interventions, while also addressing the structural change necessary for the optimal health and well-being of First Nations, Inuit and Métis peoples.

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<sup>1</sup>The term "Aboriginal" in this report refers collectively to First Nations, Inuit and Métis peoples in Canada; the term "Indigenous" refers to international Indigenous populations.

## Sharing Knowledge - Making a Difference

The inequalities in health status for First Nations, Inuit and Métis peoples in Canada are well-known, long-standing and deep-rooted. Our centre, established by the Government of Canada and funded by the Public Health Agency of Canada, strives to address this health gap by strengthening the links between evidence, knowledge, practice and policy in support of the public health goals of First Nations, Inuit and Métis peoples across Canada.

The NCCAH envisions a public health system that includes and respects First Nations, Inuit and Métis peoples, responds to their public health needs and aspirations, incorporates their views in direction and designs, and is strengthened by their knowledge. Hosted at the University of Northern British Columbia, the NCCAH seeks to improve the public health system through a coordinated, holistic and comprehensive approach to the inclusion of Aboriginal peoples.

Our centre pursues this mandate through knowledge synthesis, translation and exchange, strengthening the connection between communities, frontline practitioners, researchers, health care professionals, a wide variety of sectors, and policy-makers. A critical goal of the NCCAH is to foster culturally appropriate work that is community-driven and shows tangible, meaningful results for individuals and communities.

## Making Strides in Aboriginal Child and Youth Health

This year, many of our collaborative projects in child and youth health are beginning to bear fruit. In our work coordinating the first-ever Canadian Supplement to UNICEF's State of the World's Children Report of 2009: *Aboriginal Children's Health: Leaving No Child Behind*, the NCCAH showcased not only the health issues at stake, but solutions and actions to support change that starts with our children. And more: this report reached some 3,000 educators, 200 civil society organizations, all parliamentarians and more than 130 regional, national and international media outlets. Thanks to our unique partnership with UNICEF Canada, our Centre helped draw national and international attention to the state of Aboriginal children's health in Canada. That's particularly critical when, on every indicator of well-being, Aboriginal children fare worse than Canada's children overall.

Also in 2009/2010, our *Messages from the Heart: Showcase on Aboriginal Childrearing* for the first time brought together community frontline workers from across Canada to share insights on how best to support a new generation of parents in the post-residential school era. One of the results is our well-received documentary video that captures the voices of Elders, parents and guest speakers and that continues to provide inspiration and insight to organizations, institutions and interested parties who are incorporating the DVD into their work.

At the NCCAH we support the optimum health of children as a universal right and as a key to improving health outcomes over the course of an individual's life. Together, our varied projects promise a broad-reaching, multi-faceted and interconnected approach to supporting the health and well-being of Aboriginal children in Canada.

## Health Across the Divides

The NCCAH continues to build on our foundation supporting a cross-sectoral and holistic approach to health. In Canada, as we met the challenge of the H1N1 pandemic of 2009/2010, we saw how the flu virus was aggravated for many First Nations communities by issues such as poverty, overcrowded housing, and lack of access to, or control of health services.<sup>3</sup> Similarly, issues such as tuberculosis are on the rise, particularly in Inuit communities, and among First Nations in Manitoba, showing clear links to overcrowded housing and other social and economic issues.<sup>4</sup> Such root causes of ill health are known as "social determinants."

In the past three years, our Centre has made progress internationally by facilitating Indigenous voices to the World Health Organization's work on the social determinants of health, and in Canada by convening a wide variety of organizations from across the country to determine how diverse sectors – from economic development and housing to sports and recreation – intersect in the health and well-being of Canada's First Nations, Inuit and Métis peoples.

This past year, our second national forum, held amongst the soaring houseposts and totems of the Sty-Wet-Tan Longhouse in Vancouver, BC, focused on actions that can accelerate change through this critical cross-sectoral approach to public health. Two documentary videos, released in Canada and internationally, capture these discussions and are facilitating a growing momentum of support. Our work continues, as we strive to ensure a more holistic view of health is built into a renewed public health system.

## Setting the Table: The Role of Collaboration

The key to our knowledge-sharing mission is collaboration. Since our inception in 2005, we have built – and continue to build – relationships across the country, grounding our work in the concerns of diverse communities and linking us to existing strengths in a wide variety of Aboriginal and non-Aboriginal sectors. As a result, the positive role of the NCCAH is increasingly evident in the public health landscape of Canada.<sup>5</sup> Currently, there are few “horizontal collaborative mechanisms” for sharing lessons and knowledge across jurisdictions and beyond the silos in which provincial and territorial health systems, research organizations, health professionals and organizations tend to operate.<sup>6</sup>

These challenges help underscore the significance of our NCCAH work in bringing diverse sectors together in activities that include Aboriginal perspectives in mainstream initiatives, address the social determinants of Aboriginal peoples’ health, or foster new and creative linkages. Our role is akin to setting a table – laying the tablecloth, preparing the meal, and welcoming guests. By inviting collaboration, we facilitate exchange, build on strengths, strengthen voice, and co ordinate change.

We invite you to discover more in this report about our programs, guiding principles and work to date, as well as highlights of our projects, activities and resources developed in the past year. At the National Collaborating Centre for

Aboriginal Health, we are pleased to be part of a process that embraces holistic, community-centred, strengths-based approaches to health and well-being. Together with our communities and our many partners and collaborators, we are moving the agenda forward in support of sharing knowledge and making a difference in the health for First Nations, Inuit and Métis peoples in Canada.



– Margo Greenwood,  
NCCAH Academic Leader







# THE LENS THROUGH WHICH WE LOOK



The National Collaborating Centre for Aboriginal Health is guided in its knowledge-sharing mission by a strong set of principles that inform all aspects of our Centre's commitment to serve the public health needs of First Nations, Inuit and Métis peoples in Canada. These principles are developed in consultation with Aboriginal leaders, organizations, communities and our NCCAH national advisory committee, comprised of leading First Nations, Inuit and Métis experts from a variety of disciplines. Our community-centred, holistic and strength-based approaches to health are critical to upholding the credibility the Centre has established with the Aboriginal community, within the public health system, among educational institutions and with government stakeholders.

## Our Vision, Mission and Guiding Principles

The NCCAH is continuing to evolve the vision, mission, and goals of our

work. Most recently, we modified our vision to include a stronger recognition of the fundamental structural challenges necessary to addressing inequities in Aboriginal health. These challenges include the need for coordinated and concentrated efforts in policy development, support for self-determination as key to addressing roots causes of the health gap; and improved access and control of health services.

### Vision

*The optimal health and well-being for First Nations, Inuit and Métis peoples will be achieved through a population health framework addressing structure and policy, and through public health systems that are inclusive and respectful of First Nations, Inuit and Métis peoples. These will advance self-determination over health and well-being, and be strengthened by the cultures and knowledge of First Nations, Inuit and Métis peoples.*

## Mission

*The NCCAH will pursue its vision through knowledge synthesis, translation and exchange and the creation and fostering of linkages among First Nations, Inuit and Métis peoples and communities, stakeholders, the population and public health community, and researchers.*

## Guiding Principles

- Respect diversity and the unique interests of First Nations, Inuit and Métis peoples
- Support the inclusion and participation of First Nations, Inuit and Métis peoples in the public health system
- Incorporate Indigenous knowledge(s) and holistic approaches
- Encourage collaboration and capacity building

## NCCAH Approaches to Aboriginal Health

### Indigenous Knowledge

At the heart of our NCCAH work is respect for Indigenous knowledge. In all our activities, we seek to build bridges between western scientific approaches to research and evidence in public health, and Indigenous ways of knowing and being. Although linking evidence to practice through knowledge translation is the core of our mandate, the National Collaborating Centre for Aboriginal Health strives to conceptualize “knowledge” “evidence” and “research” from an Indigenous perspective.

To date, the NCCAH has conducted gatherings such as “Dialogue Circles” that create “ethical spaces” for participants to safely explore exchange processes between cultures. In the coming year, the NCCAH will convene an international panel of Indigenous knowledge holders that will articulate approaches for knowledge translation, dissemination and exchange in First Nations, Inuit and Métis communities. We will, with our panel’s

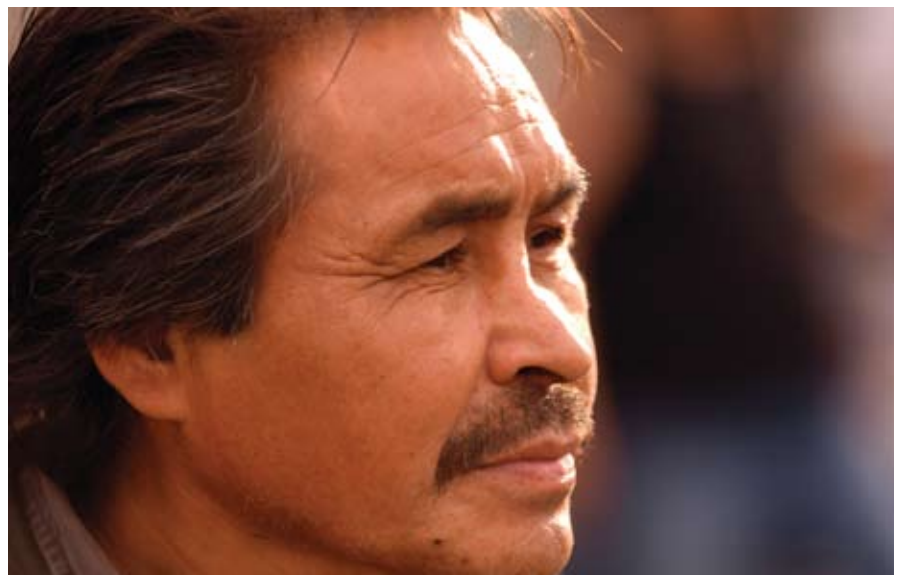
guidance, incorporate Indigenous world views into holistic approaches to inform our work on the social determinants of health. In preparation for this panel, we are supporting a literature review of health-related studies that have considered Aboriginal research frameworks, including the validity of Aboriginal and non-Aboriginal research methods in Aboriginal health.

### Diversity

While the focus of the NCCAH is on the health of a population, Aboriginal peoples are in fact diverse in their culture, history, and geography. There are more than 50 cultural groups in Canada, each with its own distinct language and traditional land base. Politically, Aboriginal peoples represent themselves as belonging to one of three major groups: First Nations, Inuit or Métis. These are recognized in Section 35 of the Canadian Constitution Act, which also recognizes and reaffirms Aboriginal rights and treaty rights. Currently, of the 1.2 million Aboriginal people in Canada identified in the 2006 national Census, 60% are First Nations, 33% Métis, 4% Inuit; while others identified with more than one Aboriginal group. The Aboriginal population is young and growing each year, increasing by 45% from 1996 to 2006.<sup>7</sup>

All three groups have experienced, in different ways, processes of colonization affecting Indigenous cultures, languages, land rights, and self-determination.<sup>8</sup> Each has varying legal entitlements under the Canadian Constitution of 1982 and each has varying experiences of issues such as quality of life and access to health services. For health intervention to be meaningful, the distinct experiences and perspectives of these populations must be recognized.<sup>9</sup> At the NCCAH, we continue to strive for inclusivity and respect for diversity in all aspects of our work.

Until recently, however, the diversity of Canada’s Aboriginal peoples has not been generally reflected in research, data collection, or in health programming.<sup>10</sup> This presents a critical challenge for Aboriginal public health and for the NCCAH role linking evidence, policy and practice. Research methodologies and survey approaches have been inconsistent, leading to fragmented data and incomplete information, while vital statistics continue to be challenged by a lack of accurate and complete identification of Aboriginal persons. Data gaps remain for various populations – such as off-reserve First Nations, Inuit and Métis people.



These issues are highlighted in our work at the NCCAH. This past year, we released our *Strength Through Numbers* fact sheet explaining the need for “disaggregated data,” while our UNICEF Canada joint 2009 report on the health of Canada’s Aboriginal children brought the issue to broad public attention and included a call to action on the data gap.

#### Holistic Health

The NCCAH takes a holistic approach to public health, one that addresses a broad range of factors, from the cultural to the spiritual, and from the economic to the historical. Research into Indigenous health has been largely focused on disease and treatment. By contrast, Indigenous peoples define wellbeing far more broadly than merely physical health or the absence of disease. Living in balance “extends beyond the individual realm such that good health and healing also require that an individual live in harmony with others, their community, and the spirit worlds.”<sup>11</sup>

At the NCCAH, Indigenous health is visualized as the interconnected strands of a spiderweb, in which issues such as poverty, a history of colonization, geographic location and connection to land, gender, food security, education and other factors, intersect in the lives of individuals, families, communities, nations and peoples. This more holistic approach to health is rooted in Indigenous ways of knowing and being, and represents a significant step beyond health conceived as a matter of illness due to bio-medical cause and effect, or lifestyle choices.

#### Community Voice

An important goal of the NCCAH is to foster culturally appropriate materials, information, projects and activities that show tangible and meaningful results for individuals and communities. The NCCAH has responded to key concerns of Aboriginal communities, for instance, by synthesizing information on the

prevalence and impact of fetal alcohol spectrum disorder, a significant gap in knowledge that has helped drive early NCCAH explorations of child and youth health issues. As we interact with researchers, frontline practitioners, students and many others, we encourage a stronger awareness of the critical importance of community voice and control in health research, initiatives, programs and planning.

Community based research studies are necessary to address gaps that are most relevant to Aboriginal peoples, yet are still rarely undertaken.<sup>12</sup> However, guidelines that support a changing approach to research in Aboriginal health in Canada, three years in the making, are now available. These strengthen the role of communities as true partners with researchers, governments and other sponsors. Prepared by the Ethics Office of the Canadian Institutes of Health Research (CIHR), in conjunction with its Institute of Aboriginal Peoples’ Health, the *CIHR Guidelines for Health Research Involving Aboriginal People* assists researchers and institutions in carrying out ethical research that involves Aboriginal people and that is in keeping with Aboriginal values and traditions.

Support for community capacity and infrastructure can help extend successful programs and initiatives to other communities in locally appropriate ways. As Senator Wilbert Keon told a 2009 NCCAH gathering showcasing the local role in adapting, developing and implementing parenting programs to meet community needs: “We know there is a tremendous health inequity between some Aboriginal communities and others, and between some Aboriginal communities and the majority of Canadians. But solutions will only come when interventions are made at the local level and not imposed from above.”

#### Resilience

Resilience is what keeps people strong in the face of adversity and stress.<sup>13</sup> Although Aboriginal peoples have been forced to change the way they live in almost every aspect of their lives, many have drawn strength from spiritual connections, cultural and historical continuity, and ties with family, community and the land.<sup>14</sup>

First Nations, Inuit and Métis communities are making improvements in education, employment, economic development, in language revitalization, self-governance, and many other areas. Yet, the epidemiological bias in population health and public health involves a focus on illness, disability, dysfunction and untimely death. Dr. Jeff Reading at the University of Victoria’s Institute for Aboriginal Health argues that this tends to construct negative images about “what the world thinks about being Aboriginal in Canada,” and overlooks strengths in people and communities.<sup>15</sup>

At the NCCAH, we support a “strengths-based” approach to our programs and activities. Our national *Messages from the Heart Showcase on Aboriginal Childrearing* of 2009 was a highlight, featuring a panel of Elders who discussed the importance of traditional culture and values, and a panel of young mothers and fathers who shared the contemporary challenges that they face in raising their children. In speaking of their struggles with addictions or the legacies of their own parents’ experiences of residential schools, these parents sent a clear message that it was possible to turn the legacies around. A strengths-based approach to health, rather than focusing on pathology and deficits, builds capacity, celebrates assets, and is guided by respect.





# BUILDING BRIDGES: HOW WE WORK



The NCCAH is one of six National Collaborating Centres established by the Government of Canada in 2005 and funded through the Public Health Agency of Canada in support of public health renewal in Canada.

National Collaborating Centres are hosted by various institutions in regions across the country and collectively help improve response to public health concerns, chronic disease and injury, infectious diseases and health disparities. Each Centre focuses on a different aspect of public health:

- **NCC for Environmental Health,** *British Columbia Centre for Disease Control*, Vancouver, BC, addresses health risks associated with the physical environment, and identifies evidence-based interventions to reduce those risks. A leading initiative concerns the safety of small drinking water systems in Canada.
- **NCC for Infectious Diseases** *International Centre for Infectious Diseases*, Winnipeg, Manitoba, focuses on marginalized populations and sexually transmitted and blood-borne infections (STBBI) to improve HIV and STBBI prevention programs across Canada.
- **NCC for Healthy Public Policy** *Institut national de santé publique du Québec (INSPQ)*, Montreal, Quebec, promotes informed strategies concerning policy and health impacts, with a focus on health impact assessment tools and processes.
- **NCC for Methods and Tools** *McMaster University*, Hamilton, Ontario, provides leadership and expertise in sharing what works in public health and develops interactive tools to help enhance evidence-informed public health practice and policy.

- **NCC for the Determinants of Health** *St. Francis Xavier University*, Antigonish, Nova Scotia, addresses the role of non-medical factors including income, social status and education, with a focus on early child development as a determinant of health.
- **National Collaborating Centre for Aboriginal Health** *University of Northern British Columbia*, Prince George, BC, brings a population health focus to addressing the health inequities experienced by First Nations, Inuit and Métis populations in Canada.

Together, the Centres are helping to strengthen Canada's public health system by creating and fostering linkages among researchers, practitioners, policy-makers, organizations and communities to improve practice at all levels of the public health system across Canada. The National Collaborating Centres for Public Health (NCCPH) program focuses on KSTE, or the sharing of knowledge – synthesizing existing knowledge, translating it into meaningful and useful tools, and exchanging relevant knowledge with those who need it. Their mandates are to:

- identify and help address public health priorities
- increase awareness of new and existing knowledge
- identify gaps in knowledge and relevant applied research
- develop evidence-based knowledge products and tools accessible to public health practitioners, policy makers and other public health actors.

The Centres operate at arm's length from the Public Health Agency of Canada, are funded by contribution agreements under the sponsorship of a host organization, and are guided by a National Advisory Council of public health experts who regularly review and assess NCC priorities.

## NCCAH Advisory Committee

The NCCAH is guided and informed in all aspects of its work by members of our NCCAH advisory committee, who represent diverse Aboriginal communities and help to establish rapport with Aboriginal organizations across the country. Members in 2010 included public health professionals, researchers, representatives of national organizations, and experts who bring community-based and organizational experience to the table.

Introducing our committee:

- **Charlotte Loppie Reading**  
*Faculty of Human & Social Development, University of Victoria*
- **Evan Adams**  
*Office of the Provincial Health Officer, BC Ministry of Health*
- **Thomas Dignan**  
*First Nations Inuit Health Branch, Health Canada*
- **Ceal Tournier**  
*Saskatoon Tribal Council*
- **Gail Turner**  
*Nunatsiavut Department of Health and Social Development*
- **John O'Neil**  
*Faculty of Health Sciences, Simon Fraser University*
- **Michael Bird**  
*Public Health Consultant, USA*
- **Kim Barker**  
*Assembly of First Nations*
- **Isaac Sobol**  
*Department of Health and Social Services, Nunavut*
- **Kimberley Bulger**  
*Health Canada, Health Human Resources*
- **Selma Ford**  
*Inuit Tapiriit Kanatami, Health and Environment*
- **Warner Adam**  
*Carrier Sekani Family Services, Prince George, BC*
- **Don Fiddler**  
*First Nations Inuit Health Branch, Health Canada.*

## Program Focus

In response to the needs of our communities and informed by our research activities, the NCCAH has identified the following key priorities for our knowledge-sharing work:

- **Child and Youth Health**  
This NCCAH focus is reinforced by growing evidence and support for the “life course” approach as a framework for meaningful and effective interventions in support of the health and well-being of First Nations, Inuit and Métis peoples
- **Social Determinants of Health**  
The NCCAH is working to identify how sectors within and beyond health can support an integrated approach to improving Aboriginal public health outcomes
- **Emerging Priorities**  
Our focus on environmental health issues and collaborative strategies on infectious and communicable diseases are examples of our response to emerging priorities of relevance to First Nations, Inuit and Métis communities.

In each area, our goals and objectives are to:

- Support the use of reliable, quality evidence by service delivery agencies, policy makers, communities and research Centres in their efforts to meaningfully impact the public health system on behalf of First Nations, Inuit and Métis peoples in Canada
- Increase knowledge and understanding of public health by developing culturally relevant materials and projects
- Establish and strengthen partnerships to facilitate greater participation in public health initiatives that affect First Nations, Inuit and Métis peoples.

## Ensuring Quality

The NCCAH works to ensure our reports, fact sheets, and knowledge-sharing materials meet a high standard

of acceptance as viable sources of knowledge in Aboriginal public health. Our goal is also to meet the needs of multiple audiences, including researchers, practitioners, policy makers and First Nations, Inuit and Métis communities and organizations.

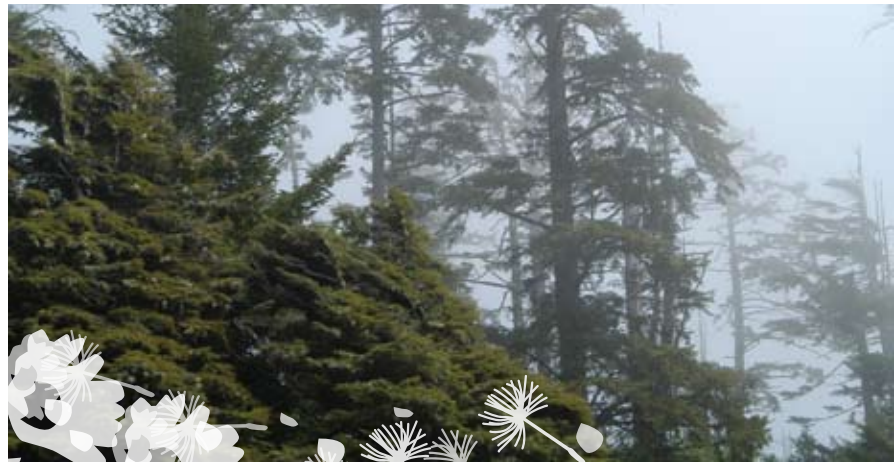
The quality control process for the development of NCCAH materials involves a rigorous double-blind peer review process that includes both academic as well as community expertise. Our collaborations with a wide range of experts include those identified by areas of expertise, type of expertise (government, academic, non-government organization and others) and specific experience with Aboriginal health research. Our peer review guidelines include considerations governing the conduct of ethical research, and build in processes to help ensure our documents are respectful of Aboriginal culture and diversity.

## Land, People, Place, Voice – Our Visual and Oral Identity

Aboriginal peoples, cultures and histories are intimately connected to land and natural environments. The NCCAH has adopted a strong visual emphasis on place, using images with First Nations, Inuit and Métis people in a variety of landscapes, to support our knowledge sharing mission. In 2010, as we launch our new website and design for a wide variety of materials, we are especially pleased to be building our visual identity with the help of the photography of Fred Cattroll. A Cree from Manitoba, Cattroll has practiced professional photography for twenty years. His work is included in a permanent exhibition in The First Peoples Hall in the Museum of Civilization, and is in the collections of the National Gallery, Canadian Museum of Photography and the National Art Centre. Most recently, he deposited a “life collection” of slides and prints with the Museum of Civilization.

Language and orality are also foundations of Indigenous cultures and identity, and honored as an important means of transmitting knowledge.<sup>16</sup>As the NCCAH has found through our creation of several documentary videos that capture the voice of Elders, youth, parents and participants in some of our major events, audiovisual

media’s immediacy and impact make them a powerful tool to catalyze further discussion and mobilize energies to work for change. We continue to seek ways to incorporate a strong “story-telling” component that emphasizes voice and the human element in key health initiatives.



## Our Northern BC Roots

When the National Collaborating Centre program was first initiated in 2005, the University of Northern BC offered to host the Centre as part of its dedication to First Nations and Aboriginal programming. The university, located in Prince George, BC, serves a region rich in cultural diversity, including 17 First Nations groups with more than 27 distinct languages and dialects.

UNBC brings a strong focus to research relevant to people living in rural and northern communities, to Aboriginal peoples, and to the determinants of health. For its part, the NCCAH has drawn funding to the university from multiple sources to support a variety of Aboriginal health initiatives. These include the province-wide, multi-year health promotion strategy, Aboriginal ActNow BC, and the secretariat of the national First Nations Environmental Health Innovation Network (FNEHIN), linking First Nations communities and researchers.

The NCCAH mission to improve the health outcomes of Canada’s Aboriginal peoples through data and dialogue was celebrated in 2009/2010 when NCCAH Academic Leader Dr. Margo Greenwood was named Academic of the Year for 2010 by the Confederation of University Faculty Associations of BC. The award recognized Greenwood’s dedication to Aboriginal health and her role in helping publish the report *“Aboriginal Children’s Health: Leaving No Child Behind,”* a partnership between the NCCAH and UNICEF Canada. The report was highlighted for embodying the NCCAH role in mediating between academic research and community stakeholders.


The NCCAH was also recognized for its role in the health of northern communities in BC and beyond. The Centre received a research award, presented to Dr. Greenwood by the Chief Executive Officer of the Northern Health Authority of BC, in late 2009.





# SETTING THE CONTEXT

## *NCCAH Activities and Collaborations*



There is a growing awareness in Canada of the severity and complexity of Aboriginal health issues, both within and outside Aboriginal communities. From a crisis of chronic disease among Aboriginal peoples to lung cancer rates among Inuit that are the highest in the world, the health challenges are critical, complex, and rooted in historical, political and social factors. A key task for the NCCAH is to ensure a greater understanding among varied audiences of unique Aboriginal health contexts, while also supporting greater First Nations, Inuit and Métis participation in and control of relevant public health initiatives. This in turn can support programs, services and interventions that are culturally appropriate, community-based, respectful and meaningful.

### Providing Voice – Events and Activities

From Yellowknife to Iqaluit, and from Ecuador to Ireland, face-to-face meetings at conferences, workshops, forums and dialogues allow for fruitful and often surprising exchanges, leading to new alliances, sparking linkages, inspiring partnerships. We particularly benefit from the help of our NCCAH advisory committee members, who generously continued in 2009/2010 to provide their expertise and leadership on behalf of the NCCAH at a variety of events and deliberations across the country and internationally. The population health focus of the NCCAH requires a multifaceted approach to our knowledge-sharing activities in

order to reach audiences that have an interest in Aboriginal health. While we continue to develop innovative means of dissemination, through documentary films that respect and extend the link between oral cultures and technology, through social media, and through virtual networks, we continue to place an emphasis on direct contact with communities and organizations. Highlights of our participation in conferences and events follow.

## International

As a country with an important Indigenous population, Canada has the potential to command respect and influence when it comes to addressing the serious public health issues facing many of the world's 370 million Indigenous people

living in marginalized circumstances.<sup>17</sup> The NCCAH helps ensure a Canadian Indigenous voice internationally in such venues as the United Nations Permanent Forum on Indigenous Peoples, the World Health Organization's Commission for the Social Determinants of Health, the Pan American Health Organization, and in international policy dialogues. In 2009/2010, the NCCAH continued its longstanding work on the United Nations General Comment on the Rights of Indigenous Children, for example, and made several presentations at the 14th Congress on Circumpolar Health in Yellowknife, an event aimed at improving the quality of life in circumpolar regions.

In addition, NCCAH Academic Leader Dr. Margo Greenwood was a keynote speaker at the Fifth International Policy dialogue on HIV/AIDS and Indigenous

Persons, presenting on Indigenous Social Determinants of Health and HIV/AIDS. Hosted by the International Affairs Directorate, Health Canada, this 2009 dialogue was part of a global commitment to halting and reversing the spread of HIV/AIDS among Indigenous peoples and achieving universal access to treatment. Through the Partnership Arrangement with UNAIDS, Health Canada held the event to help address issues leading to levels of exclusion and disparity among Indigenous peoples that in turn can increase susceptibility to HIV/AIDS. Discussions also explored possible areas for further policy discussion and intervention.

## National

The NCCAH continues to strengthen links with public health organizations, government representatives, researchers, and institutions. We are regular participants in national conferences such as the Canadian Public Health Association and the National Aboriginal Health Organization, and participate in numerous national committees and working groups. As members of the Institute Advisory Board of the Canadian Institutes of Health Research, Institute of Aboriginal Peoples' Health, we help set strategic directions for Aboriginal health research in Canada.

## Local and Regional

The northern BC home of the NCCAH is a dynamic region of innovation and leadership in Aboriginal health. The NCCAH has worked with leading health agencies in the region, including:

- **Carrier Sekani Family Services**  
A frontline community services organization serving more than 10,000 people in nearly two dozen Indian Bands or First Nations in a territory of 76,000 kilometres

## Knowledge Networks: The NCCAH and Partner Initiatives

The NCCAH leads or collaborates with several Aboriginal health-related initiatives at its "Centre for Sharing Knowledges," located at the University of Northern BC. These networks inform and strengthen each other, leading to broader dissemination of knowledge, and richer exchanges across geographic, institutional and professional boundaries.

**Aboriginal ActNow BC** The NCCAH is implementing two major projects funded by the BC Ministry of Health: Aboriginal ActNow BC, supporting Aboriginal people in healthy lifestyle choices that help reduce chances of developing chronic disease, and the Aboriginal Preschool Visual Screening Strategy, ensuring children are screened for vision disorders before they start school at age six. Aboriginal ActNow is a cross-provincial Aboriginal specific public health promotion initiative conducted in partnerships with urban Aboriginal, First Nations and Métis organizations, and is a model of national and international interest.

**First Nations Environmental Health Innovation Network** This initiative links First Nations communities with environmental health researchers across Canada. The FNEHIN virtual network provides access to research findings, researchers, and support for research capacity. The FNEHIN Secretariat is hosted by the NCCAH and the BC Leadership Chair for Aboriginal Environmental health at the University of Northern BC and involves nine partners, including government, research and public health organizations.

**Network Environments for Aboriginal Research BC (NEARBC)** NEARBC supports an environment where researchers and communities collaborate to develop research capacity that is relevant to Aboriginal Peoples and competitive in national and international arenas. NEARBC relaunched its website in 2010 with the support of the NCCAH and continues to provide leading information, research findings and resources on Aboriginal health.

- **The Northern Health Authority**  
As the largest health authority in BC, this organization provides health services to 300,000 people over an area of 600,000 square kilometers. Thirteen per cent of the population is Aboriginal – the highest proportion in the province.
- **Central Interior Native Health Society**  
Unique in the north and rare in Canada, this Aboriginal-run Society operates a downtown clinic providing primary health care services for individuals living on or close to the street, primarily the Aboriginal population, and includes a methadone clinic and a team of doctors, nurses, social workers and specialists serving more than 1,000 clients. The Society uses a holistic approach to

health care that promotes physical, spiritual, emotional and cultural harmony with all Aboriginal people who reside in north central BC.

The NCCAH continues to contribute regularly to the BC Rural and Remote Health Research Network conferences and to other local and regional initiatives, while leading or collaborating with several provincial and regional networks.

### Extending Reach – Collaborations and Networks

Our Centre brings a strong focus of collaboration in sharing knowledge across broad social and geographic contexts.

Relationships have resulted in many direct partnerships with a variety of government, research and community organizations, as well as support for interdisciplinary networks at national, international, and regional levels.

As we enter our fifth year, we are seeking to extend our reach to marginalized, under-researched or overlooked populations in Canada, such as urban First Nations, Inuit and Métis peoples residing in urban locales as well as remote and isolated communities that face unique health challenges.

As a university-based organization with a national mandate, the NCCAH plays a strong complementary role supporting



*“Addressing health disparities experienced by First Nations, Inuit and Métis children is a huge challenge and requires a collective Canadian effort to tackle them. These disparities will not be resolved by a single action or ‘one size fits all’ approach but, rather, by the concerted efforts of many....A starting place...begins with a holistic approach that builds on the attributes and strengths of First Nations, Inuit and Métis peoples.”*

– Margo Greenwood, Jessica Place, 2009

organizations directly or indirectly working in the field of Aboriginal health. We continue to formalize partnerships with organizations like the National Aboriginal Health Organization (NAHO), while working in alliance with First Nations and Inuit Health Branch – Health Canada; Institute of Aboriginal Peoples’ Health (IAPH); Aboriginal Health Research Networks (AHRNet) Secretariat; Assembly of First Nations (representing First Nations); Inuit Tapiriit Kanatami (representing Inuit); The Métis National Council; Nechi Institute; Aboriginal organizations across the country; other National Collaborating Centres; and regional health authorities.

We also play a role in providing expertise, funding support and facilitated exchange to a wide variety of projects and activities. These ensure our connection to initiatives across the country, and strengthen the interconnectedness of the Aboriginal health landscape. The NCCAH has supported many specific and focused projects, such as:

- The Arctic Health Research Network – Yukon with the Council of the Yukon First Nations and the territorial Ministry

of Health, this project provided an interactive report and searchable CD following a “spring school” with community-based public health resource workers from across the territory

- Canadian Aboriginal AIDS Network (CAAN) and Assembly of First Nations have helped facilitate First Nations,

Inuit and Métis youth perspectives on sexually transmitted and blood-borne infections through the development of communications and media campaigns to inform other Aboriginal youth on HIV/AIDS issues

- Landon Pearson Resource Centre for the Study of Childhood and Children’s Rights The NCCAH continues to support annual workshops with children and youth. The *Shakers and Movers: Child Rights in Education, Convention on the Rights of the Child* events at Carleton University in Ottawa provide opportunities for children and youth from a variety of backgrounds to explore key issues of concern.

#### New Initiatives on New Fronts

Researchers have consistently noted gaps in research and information regarding population groups such as urban Aboriginal peoples, Métis, issues associated with rural and remote communities, the health of Elders and others. In our most recent initiatives, we are extending reach to:





- **Urban Aboriginal populations** In Canada, the rate of urbanization for those with connections to reserve communities is about 50%. The most urbanized groups are those without recognised status – non-status Indians, and Métis.<sup>18</sup> Frequent migrations between reserve communities and cities can lead to residential and family instability, weaker social cohesion and other challenges. The NCCAH is collaborating with the Centre for Native Policy and Research in Vancouver to further understanding of urban social determinants of health and to better inform programs and policies. The project will explore notions such as social networks and community and

civic engagement in urban Aboriginal communities, and will develop a catalogue of related services.<sup>19</sup>

- **Remote communities in northern Quebec** The NCCAH is supporting a collaboration between the James Bay Cree, the Inuit of Nunavik, Institut national de santé publique du Québec, and the Université du Québec à Rimouski to review access to mental health services in the province's north. Research has identified underuse of mental health services by Indigenous people, despite their disproportionately high burden of mental illness. Evidence indicates mainstream treatment fails to value Indigenous mental health

constructs and ways of knowing. Further, widespread beliefs that addictions constitute moral failings, rather than reflecting socioeconomic status, dislocation, culture change, marginalization and other issues, tends to perpetuate colonial oppression.<sup>20</sup> The NCCAH will share project findings at the national level.

- **Métis populations** We are strengthening support for Métis health initiatives, and in collaboration with the National Aboriginal Health Organization are helping develop and disseminate information packages on Métis health issues.





## *Making strides in* ABORIGINAL CHILD AND YOUTH HEALTH



This past year at the National Collaborating Centre for Aboriginal Health has seen significant results from several major initiatives supporting the health of First Nations, Inuit and Métis children. Early childhood development influences subsequent life chances, as well as health risks for obesity, mental health problems, heart disease and more.<sup>21</sup> Investment in the early years provides one of the greatest potentials to reduce health inequities.<sup>22</sup>

Yet, Canada's Chief Public Health Officer found in his 2009 report on the state of public health in Canada that First Nations, Inuit and Métis children fare worse than the general population in significant indicators of health, with health inequalities evident even at the earliest stages of life.<sup>23</sup> With 77 per cent of all Aboriginal children between the ages of zero and nine living in poverty, their current and future health can be considered at serious risk.<sup>24</sup> Chronic

diseases such as diabetes and obesity have reached epidemic proportions among Aboriginal children and youth, while rates of depression, suicide and substance abuse are higher than among non-Aboriginal populations.<sup>25</sup>

As highlighted in NCCAH work on social determinants, children's health is rooted in historical, environmental and social factors that underpin such troubling health disparities.

Support is growing for a public health emphasis on a lifecourse model of intervention that recognizes the crucial role of maternal and child health. The 2009 final report of the Senate Subcommittee on Population Health noted: "Our focus on the life cycle, combined with a community-based approach, can lead to tremendous gains in health, productivity and wealth."<sup>26</sup> Highlights of NCCAH initiatives supporting child and youth health follow.

*Childhood is a “critical stage that most strongly impact[s] the rest of our lives, and where the greatest opportunity for positive influence lies.”*

– Dr. David Butler-Jones, Chief Public Health Officer of Canada, 2009

## Drawing National Attention to Aboriginal Child Health

In June 2009, the NCCAH partnered with UNICEF Canada on the release of a groundbreaking report, *Aboriginal Children’s Health: Leaving No Child Behind*, Canada’s first supplement to UNICEF’s *State of the World’s Children* 2009 report. Drawing on the perspectives of leading experts across the country, the report examined the current health status of First Nations, Inuit, and Métis children in Canada. Despite some progress in the last decade, the report concluded that Aboriginal children in Canada fare worse than national averages in almost all health indicators, as well as in the conditions that influence health such as poverty and access to clean water. Noting that the health of Aboriginal children is inextricably

bound to the health of their mothers, their communities, and the governance structures that affect them, the authors outlined strategies for the way forward including a call for stronger financial support and expansion of community-based and culturally appropriate health and social services.

The impact of the UNICEF report has been extensive with national press, television, radio and social media coverage and broad dissemination to approximately 65,330 individuals including the Prime Minister and all parliamentarians, 265 civil society organizations, and 65 college and university libraries across Canada. Since its release, parliamentarians have engaged with UNICEF Canada to address the issues and have raised concerns in Question Period on several occasions with specific reference to the report.

Internationally, the report has received considerable recognition and will be featured in two upcoming UNICEF e-newsletters (Child Protection and Child Rights) and on the UNICEF Intranet Home Page for National Committees. Overall, it has been an important contribution to Aboriginal children’s health research in Canada and is one example of how the NCCAH has worked to improve the health outcomes of Canada’s Aboriginal peoples through data and dialogue.

## Influencing Education of Frontline Health Professionals

Curriculum to support paediatric residents in the care of Aboriginal patients was finalized and released in 2009-2010, the result of a unique collaboration between the Canadian Paediatric Society (CPS), the NCCAH and the *Many Hands, One Dream* network.

The curriculum was piloted in a day-and-a-half workshop at Queen’s University in June 2009, followed by a roll out in 2010 to all sixteen Canadian paediatric residency programs across Canada.





Providing not only medical information but historical context in the care of Aboriginal children and youth, the project is a significant step in support of meaningful and therapeutic relationships between physicians and patients.

A natural next step is to introduce the curriculum to other health professionals, with a plan now in place among the *Many Hands, One Dream* partnership to adapt the curriculum to support the training of family physicians.

### FASD – Addressing a Community Priority

Based on an initiative guided by the concerns of First Nations, Inuit and Métis communities, the NCCAH released a report in October 2009 examining the prevalence of fetal alcohol syndrome (FAS) and fetal alcohol spectrum disorder (FASD) among Aboriginal peoples in Canada. Despite a widespread perception that FAS/FASD are more prevalent in Canadian Aboriginal children than among non-Aboriginal children, report author Mike Pacey found that published estimates of prevalence are too methodologically diverse to provide a basis for Aboriginal-specific rates. Moreover, some of the

Canadian Aboriginal-specific published studies focus on higher-risk communities, which may in fact promote a perception of higher prevalence in the Aboriginal population. Noting that “substantial discord” exists between prevalence estimates available in the epidemiological literature and the experiential knowledge of many Aboriginal communities who feel FAS/FASD is a critical public health issue, the report highlighted the importance of reconciling these perceptions through research that addresses these methodological challenges and that examines the critical role of socio-economic status on prevalence.

Two related studies have been completed since the release of this report. A report identifying knowledge gaps in FAS/FASD research from a life course perspective can help prioritize future research and improve understanding of how to address FAS/FASD in Aboriginal communities. The second report is a systematic review of community-based interventions for children and adolescents with attention deficit hyperactivity disorder (ADHD) and their families. ADHD is a condition that is often co-morbid in Aboriginal children diagnosed with FAS/FASD. Both reports were scheduled for release in the summer of 2010.

### Treating more than symptoms

During her residency at hospitals and clinics in northern BC, family physician Dr. Catherine Elliott found that optimal health for many of her Aboriginal patients meant more than addressing immediate symptoms. “It is important for improved care that we understand the historical complexities and social context that Aboriginal patients bring with them to encounters with family doctors,” said Elliott, who shared her perspectives in the *Journal of Family Medicine*.

In isolating an elderly First Nations woman for tuberculosis testing, for instance, Elliott learned that a routine procedure from her perspective could be a frightening experience for her patient. That’s in part because TB treatment in many Aboriginal communities has been linked to residential schools, sanatoriums, and “lonely deaths far from families and home communities.”

Dr. Kent Saylor of the Montreal Children’s Hospital, McGill University Health Centre, played a central role in developing education curriculum in Aboriginal child and youth health for university paediatric residents, in a collaborative project with the Canadian Paediatric Society. He noted in the November NCCAH e-newsletter that “many [of the residents] were not familiar with the data presented to them, and even the basic information was new, such as the difference between First Nations, Inuit and Métis peoples.”

“It’s hard to see how this program will not help improve health outcomes,” he said.

*“Despite statistical evidence pointing to profound disparities between the health of Aboriginal peoples and other Canadians, why are many Aboriginal communities in fact healthier on average than non-native peoples? The answer is that not all Aboriginal communities are the same....Extreme poverty and ill health are concentrated in some Aboriginal communities but not all. So the question is fundamental to population health: why are some aboriginal communities healthy and other[s] not? I don’t know the answers but I do know that they need to come from communities, not imposed by well-meaning government or outsiders.”*

– Dr. Jeff Reading, *“The Crisis of Chronic Disease Among Aboriginal Peoples: A Challenge for Public Health, Population Health and Social Policy,”* 2009

### Making Education Culturally Relevant in Canada

Although First Nations, Inuit and Métis school-age students face such pressing issues such as suicide, drug abuse, disengagement and teen pregnancies, they often receive little appropriate support in a mainstream education system that is not informed by Aboriginal culture and practice.

The NCCAH partnered with the Canadian Association for School Health (CASH) and the Canadian Council of Learning – Aboriginal Learning Knowledge Centre, in 2009-2010, on a national project to support culturally relevant school health initiatives for Aboriginal communities, schools and students. One of the central documents produced under this partnership is *A Framework for Indigenous School Health: Foundations in Cultural Principles*. The framework was released in 2009 after three years in development, and has received national and international attention.

NCCAH consultant Shirley Tagalik presented the framework in October 2009 to the American School Health Association Conference in the United States to achieve validation from different Indigenous perspectives. Tagalik will also present the document in 2010 at the 20th IUHPE World Conference on Health Promotion in Geneva, Switzerland. Doug McCall, executive director at the Canadian Association for School

Health, observed that among educators, researchers, and professionals, “there is a great deal of interest and a level of concern about the health of Aboriginal children.” This was evidenced in the fact that the Indigenous school health document was a key component for a national “community of practice” series of webinars for educators in November and December 2009, which drew more than 100 participants from across the country.





## National Showcase on Aboriginal Childrearing

The NCCAH-hosted Showcase on Aboriginal Childrearing in March 2009, *Messages from the Heart: Caring for our Children and Families*, provided a significant opportunity for frontline and community-based workers in the field of early childhood development to share insights on best practices and strategies in support of child health, particularly in the wake of the residential school era. A history of colonization, residential school systems, welfare policies and other issues have profoundly affected children and youth who have so often grown up in environments where social supports and traditional roles and responsibilities have been undermined.

Our gathering showcased programs that had been adapted to community

needs, incorporated traditional cultural approaches and were based on community and family strengths.

One of the most noteworthy outcomes of this event was the production of the documentary film *Messages from the Heart: Caring for our Children*. Demand for the video has come from a wide variety of programs from across the country and the film continues to inspire organizations and individuals across the country.

## Continuing Our Work

As the NCCAH enters its fifth year, an important focus will be on early childhood development and multi-level support for child health. We are currently developing materials in English and Inuktitut to address gaps in knowledge translation about Inuit-specific approaches to caring

for children. Similarly, the NCCAH is collaborating with the National Aboriginal Health Organization (NAHO) Métis Centre to generate Métis-specific information on maternal and child health.

As part of our work guiding federal government policy and program development, the NCCAH is also producing evidence reviews on the role of early childhood development as a social determinant of Aboriginal Peoples' health, and a review of successful First Nations, Inuit and Métis parenting programs. Our work will shed light on traditional parenting values, the key components of effective parenting programs, the challenges facing Aboriginal parents, and opportunities for improvement.





# FORGING LINKS

## *NCCAH Actions on the Social Determinants of Health*



The underlying causes of disease and illness cannot be addressed by the health sector alone. Sub-standard housing, lack of access to safe drinking water, educational attainment and low income are also linked to physical, mental, and emotional health challenges experienced by many Aboriginal children, youth, and adults.

Since its inception, the NCCAH has brought a strong national and international focus in its activities to the social determinants of health – particularly those that are unique to First Nations, Inuit and Métis peoples. These include factors like colonization and forced assimilation, loss of language and culture, environmental degradation, and disconnection from land.

There is growing recognition that a reduction in health disparities experienced by Canada's First Nations, Inuit and Métis peoples requires action on social barriers to health and the root causes of illness and

disease. Increasingly, communities, policy-makers and researchers are asking: What are the links between health benefits and educational attainment among Aboriginal peoples? Between health and language revitalization? How can health researchers, social scientists, First Nations, Inuit and Métis communities work together to assess outcomes, and to share knowledge with other communities about what works?<sup>27</sup>

Progress can be supported through the adoption of a national population health framework to provide policy coherence, as proposed by the recent Senate Sub-committee on Population Health. Innovative collaborations and networks among civil society, the private sector, communities, research institutions and government, can support culturally appropriate, locally relevant frameworks and indicators to address unique needs, geographies and histories. A social determinants approach to health also requires an understanding that programs



addressing issues like education, housing, or cultural revitalization constitute “complex clinical interventions” that can improve health outcomes, even as research must continue to develop a clearer understanding of related health benefits.<sup>28</sup> Further, in addressing Aboriginal peoples’ health, evidence must be garnered from improved population health information systems that include culturally appropriate, community-relevant indicators to help measure change.<sup>29</sup>

This past year, the NCCAH has made notable strides in establishing how sectors within and beyond health can support an integrated approach to improving Aboriginal public health outcomes, by building on a vision and moving to action.

## Second national forum

A particular highlight of the past year was our NCCAH-hosted national forum, held in February 2009 at the Tsy-Wet-Tan

Longhouse at the University of British Columbia in Vancouver BC, focusing on actions on the social determinants of Aboriginal peoples’ health. Health practitioners, political leaders, educators, youth, researchers, housing and community activists and others convened in Vancouver to craft ways to improve the health and well-being of First Nations, Métis and Inuit communities in Canada. This second forum benefited from NCCAH partnership with representatives of the housing, economic development, research and health professional sectors and provided concrete examples of what a more holistic, comprehensive and coordinated understanding of health might look like in action.

### Tools for change

Highlights included a focus on a leading model of a collaborative approach to health: the internationally recognized partnership among federal, provincial and Aboriginal governments in BC known as the *British Columbia Tripartite*

*Accord: First Nations Health Plan*. The model breaks ground by recognizing the rights of First Nations to determine their health agenda, and enhancing First Nations control through new governance structures. The forum also provided examples of cross-sectoral tools that include health as a factor to consider in economic, municipal and other developments. This is particularly critical when mines, hydro-electricity, pipelines and other major resource initiatives affect land upon which Aboriginal people rely for food, medicine, resources and spiritual connection. *Human Environmental Health Impact Assessments* and *Health Impact Assessment* processes provide decision-makers with information about how a policy, program or project may affect the health of people. It allows those who may be impacted, particularly vulnerable populations, to participate in the development and implementation process.

#### Documentary film

The event inspired our second NCCAH documentary film: *Reclaiming Wholeness: Moving from Visions to Actions*. The film helps make the links between issues such as housing and tuberculosis, food security and health outcomes, poverty and well-being. Interviews with First Nations, Inuit and Métis leaders, healthcare professionals, academics and youth capture the commitment to work across boundaries, jurisdictions, geographical divides and traditional silos to better tackle the health inequalities that exist in Canada. The release of new NCCAH fact sheets and reports shedding light on the complex connections between health and socioeconomic conditions is also helping strengthen momentum for coherent action for change.

#### Next steps

At the NCCAH, we are continuing to facilitate strategic alliances that can bring about structural change. As noted by the World Health Organization, health inequities are not a “natural” phenomenon but result from a “toxic combination of poor social policies and programmes, unfair economic arrangements, and bad politics.”<sup>30</sup> The NCCAH is supporting development of an over-arching strategic policy framework on Aboriginal public health to address the fragmented nature of public health programming and services delivered to First Nations, Inuit and Métis populations. We are also working closely with the Assembly of First Nations to:

- bring together stakeholders to develop and implement a national social determinants of health strategy
- implement a whole of government approach to Aboriginal health
- facilitate regional workshops to address concrete, action-oriented approaches to social determinants of health issues
- host a third national forum to build on

the momentum for a comprehensive, coordinated and integrated approach to Aboriginal health and well-being.

We also expect to release in 2010 a comprehensive, high level summary outlining what is currently known and being done for the health of Aboriginal peoples in Canada. A partnership with the Public Health Agency of Canada, *The State of Knowledge on Aboriginal*

*Health* explores provincial, national, and international Aboriginal public health programs, as well as key social determinants factors such as poverty and overcrowded housing.

Our work continues, as we strive to ensure a more holistic view of health is built into a renewed public health system.

### News Stories Link Aboriginal Health to Social Conditions

News stories in 2009/2010 continue to highlight the health challenges Aboriginal peoples in Canada face in areas such as housing, water supply, and environmental degradation. They also illustrate how the key social determinants at stake can be different for each population group.

Among Inuit in the North, for example, endemic overcrowding and poverty are linked in new studies that show Inuit infants die at 3.6 times the rate of other Canadian babies and that 70 per cent of Inuit preschoolers live in homes where there isn't always enough food. Tuberculosis rates are 90 times higher for the Inuit of Canada than the national average and can be connected to inadequate housing, high unemployment, and limited access to medical health resources.<sup>31</sup>

Gail Turner, director of health with the Nunatsiavut government and a member of the NCCAH Advisory Committee, called Inuit TB rates “totally unacceptable” and said the solutions would have to include measures to address social issues. A discussion paper issued in 2009 by the Inuit Tapiriit Kanatami organization has identified eleven key social determinants factors influencing Inuit health.<sup>32</sup>

For First Nations, the H1N1 flu pandemic in the fall of 2009 indicated a link to broader health issues including access to health services and the high incidence of chronic health conditions among many First Nations community members.

For communities such as the Cree at Fort Chipewyan in northern Alberta, located near oil sands developments, high rates of cancer have led to a government investigation conducted with community participation, while high rates of diabetes in communities like Sandy Lake First Nation, in northern Ontario, have been linked to environmental concerns about persistent organic pollutants.<sup>33</sup>

First Nations and Métis organizations, like the Inuit, have outlined specific non-medical determinants of health that have significant influence on their own population health outcomes. Overall, Indigenous peoples generally have identified self-determination as fundamental to addressing health conditions and regaining control over their lives and destinies.<sup>34, 35</sup>





# EMERGING PRIORITIES



The NCCAH supports enhanced knowledge of emerging public health priorities for First Nations, Inuit and Métis communities. Our centre is collaborating on strategies addressing infectious and communicable diseases, and exploring environmental health issues of growing concern to First Nations, Inuit and Métis communities. We host the First Nations Environmental Health Innovation Network, linking researchers and communities, and are currently involved in a project related to drinking water safety affecting First Nations and Inuit communities in Canada. Highlights of our projects, with related reports, fact sheets and articles due for release in 2010/2011, include the following.

## People, Place and Health – Bridging the Divides

Aboriginal communities are intimately connected to their natural environments. One of the major new directions the NCCAH is developing in 2010 is an understanding of the emerging field of “ecohealth” and Aboriginal health, connecting ecosystems and people. New approaches to research and practice are bridging the “longstanding divides” between social and environmental views on health. As these disciplines converge, there is potential for understanding environmental health and Aboriginal health in new ways, even as holistic models of Aboriginal health articulate the

## Water Safety a Major Concern in Aboriginal Communities

For many First Nations, unsafe drinking water is a “persistent reality of their daily lives.” More than 100 First Nations communities were required to boil their water due to contaminated water supplies at the end of 2008; while an entire First Nations community in northern Ontario was evacuated in 2005 due to unacceptable health risks posed by unsafe water quality.<sup>36</sup> A 2001 Canadian government survey showed that two-thirds of First Nations reserves had water supplies at risk of contamination.

In the 2001 Aboriginal Peoples Survey, 34% of Inuit living in the north, 19% of Aboriginal people in rural areas, and 16% of those in urban areas reported that there were times in the year that their drinking water was contaminated.<sup>37</sup>

Some of the key issues concern roles and responsibilities of federal, provincial, territorial and First Nations communities in drinking water delivery; issues related to regulatory regimes; adequate investment in human resources and physical assets; and the need for meaningful consultation to ensure access to a basic human right to safe drinking water.

connection between land, water, culture and identity. Increasingly, “place-based” projects are shedding new light on health issues. For instance, in “Canada: Healthy Land, Healthy Ice, Healthy Life” a project by the Nasivvik Centre for Inuit Health and Changing Environments 2010 ([www.nasivvik.ulaval.ca](http://www.nasivvik.ulaval.ca)), connections between ecosystems, culture, community and Aboriginal health are building on the strengths of both traditional knowledge and ecohealth.

## Linking First Nations and Researchers in Environmental Health

For many First Nations communities in rural and remote locations, health impacts often stem from contamination and pollution in food and water. As host of the First Nations Environmental Health Innovation Network and one of nine partners involved in the initiative, the NCCAHA helps facilitate the exchange of environmental health knowledge among researchers and First Nations communities across Canada, while ensuring respect for traditional knowledge. FNEHIN identifies

knowledge gaps, and contributes state-of-the-knowledge papers on environmental health issues.

## Drinking Water Safety for First Nations and Inuit Communities in Canada

Canada currently has no national surveillance system for waterborne disease outbreaks and no standardized approach to collection of information on outbreaks. The NCCAHA is collaborating on a major national initiative addressing the safety of small drinking water systems in Canada to prevent future outbreaks of waterborne disease events such as the one that occurred in Walkerton, Ontario, in 2000. Small systems are typically located in rural and remote communities, home to many First Nations and Inuit populations. As one of six centres in the National Collaborating Centres for Public Health program working together on this project, the NCCAHA is contributing a unique Aboriginal perspective. Our initiative with the Assembly of First Nations will generate specific materials to serve First Nations communities, researchers



*“Addressing health disparities experienced by First Nations, Inuit and Métis children is a huge challenge and requires a collective Canadian effort to tackle them. These disparities will not be resolved by a single action or ‘one size fits all’ approach but, rather, by the concerted efforts of many.... A starting place...begins with a holistic approach that builds on the attributes and strengths of First Nations, Inuit and Métis peoples.”*

– Margo Greenwood, Jessica Place, 2009

and policy makers, including evidence papers on water issues in First Nations communities. Together, the NCCs are identifying opportunities for future collaboration. For more information about the NCCs and the collaborative *Small Drinking Water Systems Project*, find regular updates on the NCCPH common website at [www.NCCPH.ca](http://www.NCCPH.ca).

### Shedding Light on Working Together in Environmental Health


Environmental health policies can help promote community health by addressing physical, chemical or biological hazards in indoor and outdoor environments. Policies are often the result of highly political processes, with varied impacts

on communities, regions and interests. The NCCAH is helping to shed light on Canadian Aboriginal environmental health processes to support improved sharing of information and knowledge. New NCCAH work in this field highlights respect for Indigenous Traditional Knowledge, and finds that relationships among researchers, communities and decision-makers must be based on trust, respect, empowerment and equity.

### The NCCAH and Pandemic Planning

The H1N1 pandemic that swept across Canada this past fall had a particularly devastating impact on First Nations communities who are already dealing with issues such as poverty, overcrowded housing, and lack of access to, or control of, health services. The NCCAH responded to this emerging priority by participating in the BC Tripartite H1N1 Partners Group to identify gaps and align resources in H1N1 pandemic planning.





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*“When we have our identity, when we have our spirit,  
we can do anything.”*

– Jocelyn Formisna, Youth Forum Organizer, NCCAH First National Forum on the Social Determinants of Aboriginal Peoples' Health, 2008



# LOOKING FORWARD

The NCCAH is poised to enter the next five years with strong development in all of our core program areas, and with a renewed vision recognizing the fundamental structural challenges underpinning the inequities in Aboriginal health in Canada. These challenges include the need for coordinated and concentrated efforts in policy development, support for self-determination as key to addressing root causes of the health gap, and improved First Nations, Inuit and Métis access and control of health services.

In the coming year we are launching major initiatives that will break ground in innovative ways.

The NCCAH is supporting a BC pilot project for an interactive online Atlas of Aboriginal Peoples' Health that can be used as a model for a national online atlas. The pilot is a collaborative project with the BC First Nations Summit, Centre for Aboriginal Health Research (CAHR) at

the University of Victoria, and Carleton University. The initiative will support access to relevant, user-friendly health information from a variety of qualitative and quantitative sources in multiple formats. Two national meetings have been convened to strategize next steps for implementation.

We are also helping develop and produce a national proposal facilitating access to and analysis of the rich vein of data contained in the First Nations Regional Health Survey (RHS). The RHS is the only First Nations governed, national health survey in Canada and collects information based on both Western and traditional understandings of health and well-being. The first survey took place in 1997 and involved First Nations and Inuit from across Canada at a time when reliable information was severely lacking. Data collection has since continued. The NCCAH has participated in several meetings to date with a wide range of stakeholders including RHS, Indian and

Northern Affairs Canada, Assembly of First Nations, Canadian Institutes of Health Research, Public Health Agency of Canada, Health Canada's First Nations and Inuit Health Branch, and social science researchers. This project is building on the NCCAH's Second Forum on Aboriginal Social Determinants of Health by exploring how to map the evidentiary pathways between the social determinants of Aboriginal peoples' health and health outcomes.

We are especially excited to be convening in the upcoming year an international panel of knowledge holders to explore and articulate a living discussion on sharing and exchanging knowledge with others. These discussions will ensure our initiatives are grounded in philosophies that are readily evident in all that we undertake, and that are rooted in the realities of community.

While the health challenges are great, the opportunities for change are also great. The NCCAH is committed and determined to be part of a transformation that will lead to equity and the optimal health and well-being for First Nations, Inuit and Métis peoples in Canada



## Endnotes

<sup>1</sup>The term “Aboriginal” in this report refers collectively to First Nations, Inuit and Métis peoples in Canada; the term “Indigenous” refers to international Indigenous populations.

<sup>2</sup>See: Commission on Social Determinants of Health, *Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health*, (Geneva: World Health Organization, 2008); The Standing Senate Committee on Social Affairs, Science and Technology Final Report of Senate Subcommittee on Population Health (June 2009): *A Healthy, Productive Canada: A Determinant of Health*

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<sup>3</sup>E.g. Jen Skerritt, "Flu catches WHO's attention: First Nations outbreak worries world officials," *Winnipeg Free Press*, 10 June 2009; <http://www.winnipegfreepress.com/breakingnews/flu-catches-whos-attention-47509577.html> (accessed 25 May 2010); Steve Lambert, "Manitoba native leaders say they are in 'pandemic mode' as flu hits hard," *Canadian Press*, 10 June 2009; [http://www.winnipegfreepress.com/special/flu/Manitoba-native-leaders-say-they-are-in\\_pandemic-mode\\_as-flu-hits-hard.html](http://www.winnipegfreepress.com/special/flu/Manitoba-native-leaders-say-they-are-in_pandemic-mode_as-flu-hits-hard.html) (accessed 25 May 2010).

<sup>4</sup>"Inuit Tuberculosis Rate Doubles To 185 Times The Rate Of Canadian-Born Non-Aboriginals; First Nations Rate 31 Times Higher," *Indigenous Peoples, Issues and Resources*, 20 March 2009; [http://indigenouspeoplesissues.com/index.php?option=com\\_content&view=article&cid=4404:inuit-tuberculosis-rate-doubles-to-185-times-the-rate-of-canadian-born-non-aboriginals-first-nations-rate-31-times-higher&catid=52:north-america-indigenous-peoples&Itemid=74](http://indigenouspeoplesissues.com/index.php?option=com_content&view=article&cid=4404:inuit-tuberculosis-rate-doubles-to-185-times-the-rate-of-canadian-born-non-aboriginals-first-nations-rate-31-times-higher&catid=52:north-america-indigenous-peoples&Itemid=74); (accessed 25 May 2010). See also: "World TB Day – Canada's leading the international fight against TB, but more work must be done in Canada's North," *The Lung Association*, 17 March 2010; [http://www.lung.ca/media-medias/news-nouvelles\\_e.php?id=192](http://www.lung.ca/media-medias/news-nouvelles_e.php?id=192) (accessed 25 May 2010).

<sup>5</sup>Hon. Monique Begin, Laura Eggertson, and Noni Macdonald, "A country of Perpetual Pilot Projects," *Canadian Medical Association Journal*, 9 June 2009, 180 (12); <http://www.cmaj.ca/cgi/content/full/cmaj;180/12/1185> (accessed 25 May 2010).

<sup>6</sup>Ibid.

<sup>7</sup>Statistics Canada 2008, "2006 Census: Aboriginal Peoples in Canada in 2006: Inuit, Métis and First Nations 2006;" 2006 Analysis Series; <http://www12.statcan.ca/census-recensement/2006/as-sa/97-558/p2-eng.cfm>; (accessed 25 May 2010). Janet Smylie, "The Health of Aboriginal peoples" in D. Raphael, *Social Determinants of Health (2008) 2nd Edition*, 280-281. See also: Janet Smylie, Paul Adomako, "Health of First Nations, Inuit and Métis Children in Canada" in *Indigenous Children's Health Report: Health Assessment in Action (Centre for Research on Inner City Health, The Keenan Research Centre in the Li Ka Shing Knowledge Institute, St. Michael's Hospital, 2009)*, 11-12. Available for download at: [www.crich.ca](http://www.crich.ca).

<sup>8</sup>Charlotte Loppie Reading and Fred Wien, *Health Inequalities and Social Determinants of Aboriginal Peoples' Health*, (Prince George, BC: National Collaborating Centre for Aboriginal Health, 2009), 2-3.

<sup>9</sup>Ibid.

<sup>10</sup>Kathi Wilson, T. Kue Young, "An Overview of Aboriginal Health Research in the Social Sciences: Current Trends and Future Directions," *International Journal of Circumpolar Health*, (67)(2-3) (2008). Loppie and Wien, *Health Inequalities*, 4-5; Smylie, *Indigenous Children's Health Report*, 11-12.

<sup>11</sup>M. King, A. Smith, M. Gracey, "Indigenous health part 2: the underlying causes of the health gap," *Lancet* (374)(2009), 76.

<sup>12</sup>Wilson, Young, "Aboriginal Health Research in the Social Sciences," *Circumpolar Health*, 179.

<sup>13</sup>King, "Indigenous health part 2," *Lancet*, 82.

<sup>14</sup>Ibid.

<sup>15</sup>J. Reading, *The Crisis of Chronic Disease among Aboriginal Peoples: A Challenge for Public Health, Population Health and Social Policy*, (Victoria: University of Victoria Centre for Aboriginal Health Research, 2009), 147-148.

<sup>16</sup>M. Greenwood, "Children as citizens of First Nations: Linking Indigenous health to early childhood development," *Paeditrac Child Health* (10)(9), November 2005, 554.

<sup>17</sup>Richard Horton, "Canada 2010: what should global health expect?" *Lancet*, (374)( 9697) (2009), 1215-1216.

<sup>18</sup>King, *Lancet*, 79.

<sup>19</sup>King, *Lancet*, 82.

<sup>20</sup>King, *Lancet*, 82.

<sup>21</sup>CSDH, *Closing the gap*, 3. The Chief Public Health Officer's Report on the State of Public Health in Canada, 2009, 1.3.

<sup>22</sup>CSDH, *Closing the gap*, 3.

<sup>23</sup>The Chief Public Health Officer's Report on the State of Public Health in Canada 2009, i-ii.

<sup>24</sup>Reading, *Crisis of Chronic Disease*, 46, 47.

<sup>25</sup>See, for instance, M. Greenwood, J. Place, "Executive Summary: The Health of First Nations, Inuit and Métis Children in Canada," *Canadian Supplement to the State of the World's Children 2009 – Aboriginal children's health: Leaving no child behind*, (UNICEF Canada, 2009), 2.

<sup>26</sup>Final Report of Senate Subcommittee on Population Health, *A Healthy, Productive Canada*, 43.

<sup>27</sup>King, *Lancet*, 83.

<sup>28</sup>Ibid. Shanthi Johnson, Sylvia Abonyi et al, "Recommendations for action on the social determinants of health: a Canadian perspective," *Lancet*, 8 November 2008, (372) (9650), 1690-1693.

<sup>29</sup>Ibid.

<sup>30</sup>CSDH, *Closing the gap*, 1.

<sup>31</sup>Bob Weber, "Inuit infant mortality three times Canadian average," *Canadian Press*, 25 January 2010; Herb Mathisen, "Tuberculosis a social problem – expert," *Northern News Services*, 17 November 2008.

<sup>32</sup>Herb Mathisen, "Tuberculosis a social problem – expert," *Northern News Services*, 17 November 2008.

<sup>33</sup>"'Comprehensive' review of Fort Chipewyan cancer rates announced," *CBC News*, 22 May 2008, <http://www.cbc.ca/canada/albertapolitics/story/2008/05/22/edm-fort-chip.html> (accessed 25 May 2010)

<sup>34</sup>See First Nations Wholistic Policy and Planning Model, Discussion Paper for the World Health Organization Commission on Social Determinants of Health (April, 2007), [http://www.afn.ca/csli/general/07-05-28\\_AFN\\_Paper\\_to\\_WHO\\_Commission\\_on\\_Social\\_Determinants\\_of\\_Health.pdf](http://www.afn.ca/csli/general/07-05-28_AFN_Paper_to_WHO_Commission_on_Social_Determinants_of_Health.pdf) (accessed 25 May 2010); *Social Determinants of Métis Health, Métis Centre, National Aboriginal Health Organization*, [http://www.naho.ca/metiscentre/english/documents/Research\\_SocialDeterminantsofHealth.pdf](http://www.naho.ca/metiscentre/english/documents/Research_SocialDeterminantsofHealth.pdf) (accessed 25 May 2010).

<sup>35</sup>M. King, A. Smith, M. Gracey, "Indigenous health part 2: the underlying causes of the health gap," *Lancet* (374)(2009),76.

<sup>36</sup>Tonina Simeone, "Safe Drinking Water in First Nations Communities," 29 January 2009, *Parliamentary Research Services of the Library of Parliament*, 1. <http://www2.parl.gc.ca/content/LOP/ResearchPublications/prb0843-e.pdf> (accessed 25 May 2010).

<sup>37</sup>King, "Indigenous health part 2," 81.

