How can Health Professionals Contribute to Improving Aboriginal Health?

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With very many thanks to Dr Kent Saylor
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Content

- Introduction/definitions
- History of Aboriginal peoples in Canada
- Outline of health issues
- Resilience of Aboriginal Peoples
- Suggestions for health professionals

Dr Kent Saylor - Mohawk pediatrician from Kahnawake, Quebec developed slides on historical and social background to increase awareness for medical students, residents, pediatricians etc.

Dr Ann C. Macaulay, family physician in Kahnawake, community-based participatory researcher, coordinator for Indigenous Health Curriculum McGill University medical students

INTRODUCTION
Health is a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity (WHO 1978)

Well-being is associated with high self-esteem, a feeling of being at peace and being happy. This includes education. It includes employment. It includes land claims. It includes resource management. All of these lead back to wellness and well being. Rhea Joseph from the Royal Commission on Aboriginal Peoples 1996

2005 Association Faculties of Medicine of Canada agreed that “All medical schools should make a commitment to increase the content of undergraduate curriculum related to Aboriginal Health”

2009 “First Nations, Inuit, Métis Health Core Competencies - a Curriculum Framework for Undergraduate Medical Education” - developed by Indigenous Physicians of Canada in partnership with Association of Faculties of Medicine Canada

Goal

““The graduating student will demonstrate compassionate, culturally safe, relationship-centered care for First Nations, Inuit, and Métis patients, their families and their communities.

The term cultural safety includes the skill of self reflection, in addition to increased cultural awareness, cultural competence, and cultural humility. It is a continuation of the patient centered approach.”

First Nations, Inuit, and Métis Health Core Competencies Critical Reflection Tool
IPAC-AFMC Curriculum Implementation Toolkit for Undergraduate Medical Education
April 2010 http://www.afmc.ca/social-aboriginal-health-e.php

New Indigenous Health Curriculum for all Canadian Medical schools

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Indigenous Health Curriculum can help build relationships with Indigenous peoples, organisations and communities

Avoiding Pan-Indianism, there is a need for health professionals to understand the diversity, commonalities, and differences of Indigenous cultures

Health professionals who demonstrate non-colonising attitudes can help empower Indigenous patients to step outside of behaviors learned through colonization and gain trust in a culturally safe way.
DEFINITIONS AND HISTORY

Definitions

Aboriginal refers to people who are either:

- First Nations
- Inuit
- Métis
Inuit
- The indigenous people inhabiting Arctic regions of Canada, Russia, Alaska, and Greenland.
- Live in 4 regions of Canada: Nunavik (northern Quebec), Nunatsiavut (Labrador), Inuvialuit Settlement Region (NWT), and Nunavut.
- Culturally and linguistically very different from First Nations and Métis.
- Historically referred to as "Eskimo." Inuit means "the people" (and is the preferred term).
- One person of Inuit descent is an Inuk, singular for Inuit.
- Inuit are not "Innu" (First Nations from QC).
- Inuit live in communities, hamlets or villages (not 'reserves')
- Account for 4.4% of Aboriginal population.

Métis
- Poorly defined term refers to people of mixed heritage (First Nations and European) who self-identify as Métis.
- Canadian government uses the term for anyone of mixed heritage.
- Métis National Council states that a Métis person must have heritage that can be traced back to the Métis of the Red River region in west central North America.
- Distinct from First Nations and Inuit people.
- Accounts for 34% of Aboriginal people.
1492

- Royal Commission (1996) est. 500,000 Aboriginal people lived in what is now known as Canada.
- Some estimates (Dobyns) that Aboriginal population in North America was between 9.8 – 12.25 million people (~1 million in Canada).

Population

- After European contact the population fell dramatically.
  - In 1871, ~102,000 Aboriginal peoples in Canada.
  - 80%-90% decline (diseases, wars).

Important Acts

- Royal Proclamation 1763
- British North America (BNA) Act 1867
- Treaty 6 “Medicine chest” clause
- Indian Act 1876

Royal Proclamation 1763

- Issued in October 1763 by King George III following Britain’s triumph over France in the French and Indian War/Seven Years War.
- The proclamation forms the basis of land claims for Aboriginal people in Canada.
- Some believe it is the first documented recognition of Aboriginal rights by the British Crown.
**British North America Act 1867**

- Created the self-governing Dominion of Canada.
- Established that "Indians" were under federal authority.
- Allowed Canada to begin negotiations for the land.

http://en.wikipedia.org/wiki/British_North_America_Act

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**Treaties**

- Treaties are agreements between nations that have a unique status in international and domestic law.
- There is ongoing disagreement about many treaties including many of the "Numbered Treaties."
- Most First Nations people believe the treaties are about mutual respect and peaceful co-existence between peoples.
- Land transfer seems to be the main focus for the federal government.

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**Prior to treaties**

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**After the treaties**

Royal Commission of Aboriginal Peoples 1996
**Indian Act 1876**
- A Canadian statute that defines who is an “Indian” and outlines the rights inherent to registered “Indians.”
- A person is considered “Indian” if they are registered under the Indian Act. These people are considered “status Indians.”
- Many people, especially women, lost “status” by unjust practices (i.e. marrying a non-status person). Amended 1985.
- Start of the reservation system - lands (often poor in quality) designated for “Indians.” Often did not relate to traditional hunting areas etc.

**Inuit History**
- Inuit have fought for their rights including their land and are now in the post land claim era.
- In Canada, each Inuit region has comprehensive land claims:
  - Nunavuti Final Agreement (1993)

**Métis History**
- Métis people emerged out of relations between Indigenous women and European men.
- Initially they were considered people of “mixed origin” but with establishment of distinct communities, a new Métis culture was born.
- Recognized as Aboriginal peoples in the Constitution Act 1982, but rights were not fully recognized until 2003 with the Powley decision by the Supreme Court.
  - Provided formal hunting rights as Aboriginal peoples
  - Do not have the same rights as First Nations or Inuit and not included in the Indian Act.

Adapted by Tracy Namacon (ITK) from Inuit History and Heritage: Our 5000 Year Heritage.
RESIDENTIAL SCHOOLS
1882-1996

Residential schools
- System established in 1892 to "civilize" Aboriginal peoples.
- Children were removed from their homes and sent to boarding schools – subsidized by Federal government and operated by the churches.
- Children were forbidden to speak their native language.
- Considered to be places of physical and emotional deprivation.
- Many children were physically and sexually abused.
- The last federally run residential school closed in 1996.

Canuck Institute Health Information 2004

Residential school experience

Residential schools legacy
- Many Aboriginal people still haunted by these experiences to this day:
  - Post traumatic stress disorder
  - Depression/suicide
  - Alcohol/substance abuse etc.
  - Multi-generational trauma
- Left a legacy of Aboriginal children where language and traditional ways were lost, parenting skills were not established and very many families were destroyed.
HEALTH ISSUES

Two key points!

1. There is very little data on the health status of Aboriginal peoples in general and almost none focusing on children.

2. In general, on virtually every measure of health status, Aboriginal peoples fare much worse than the average Canadian.

Census 2006

- 1,172,790 people identified themselves as Aboriginal in 2006 (3.8% of the Canadian population).
- A very young and fast growing population.
- Average age of Aboriginal people – 27.
- Average age in Canada – 40.
- Life expectancy much shorter: Inuit life expectancy 64 yrs, Canadian rate 80 yrs.

Aboriginal population is young!

- First Nations Regional Health Survey 2007
- 2006 Census
Health conditions

CIHI 2004

Prevalence of Chronic Diseases
(age adjusted)

Table 1

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<th>Aboriginal People (age adjusted)</th>
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<th>First Nations (unadjusted)</th>
<th>First Nations (adjusted)*</th>
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All data are in crude form. Data sources are referenced at the end of this chapter.

CIHI 2004

Obesity

- First Nations children 0-11 years:
  - 22% overweight
  - 36% obese

- First Nations youth 12-17 years:
  - 28% overweight
  - 14.1% obese

RHS 2003

Suicide in First Nations

- First Nations males (15-24 years) suicide rate 126/100,000
  (Canadian rate 24/100,000)

- First Nations females (15-24 years) suicide rate 35/100,000
  (Canadian rate 5/100,000)

Canadian Institute of Child Health
2003 [https://www.cich.ca/PDFFiles/Profile/CICH%20Profile_06%20Aboriginal.pdf]

Suicides in British Columbia lower or absent in communities with high levels of ‘cultural continuity’ (includes settled land claims)

SOCIAL DETERMINANTS OF HEALTH

Social determinants of health

- Colonization
  - loss of traditions: religion, culture, holistic view of life
  - racism, stereotypes, discrimination
- Residential school experience
- Poverty
- Food insecurity and poor housing

Colonization: The heart of the social determinants

Colonization - past

- Loss of land (food, clothing, shelter, culture)
- Loss of language (many languages have been lost)
- Loss of the right to self government
- “Reserve” system
Ongoing colonization

- **Land**
  - Many land claims ongoing: 272 claims settled since 1973
  - Currently takes 9-10 years to settle one claim

- **Language**
  - Many Aboriginal people feel a strong knowledge of their traditional language is vital to maintaining health.
  - To succeed in today's society you must be proficient in either English or French.

Ongoing colonization

- **Health**
  - The traditional holistic view of health has been separated into many "silos."
  - Health, housing, education, land, language, culture, religion, family etc. all have a role to play in the overall health
  - The role of traditional medicine has been all but ignored.
    - Many Aboriginal people consult traditional healers.
    - Traditional healers have lost their role.

Ongoing colonization

- **Broken Promises**
  - Royal Commission on Aboriginal Peoples 1996
    - Few recommendations followed through
  - Kelowna Accord 2005
    - Fully ignored after 2006 federal election

Poverty

- Some Aboriginal people are doing well.
  - "The social and economic status of Aboriginal people is lower than that of non-Aboriginal Canadians on virtually every measure."

CIHI - Improving the Health of Canadians 2004
Food insecurity

Montreal

Nain, Labrador

Housing

- According to the 2006 census, 11% of Aboriginal people live in overcrowded conditions (>1 person per room).
- Improved from 17% in 2001.
- This is still 4 times higher than the general population.

In 2002, two-thirds of First Nations adults reported their home was in need of repairs.
- One-third stated the repairs were major.
- 18.3% no telephone
- 70.7% no internet connection.
Sanitation and water

- 3.5% no flush toilet (2001)
- 3.7% no hot running water (2001)
- More than 116 First Nations communities must boil their water (April 2010)

"Non-Aboriginal health-care professionals need to understand how Aboriginal people interpret their illness experience and respond to treatment regimens, and to respect the logic and rationale of another system of thought. They need to adapt their treatment plans and education programs to the cultural, social and economic circumstances of their Aboriginal patients and to recognize that many communities are geographically remote, with little access to specialty services."

The quest to improve Aboriginal health. Dr Jeff Reading. Scientific Director Institute of Aboriginal Peoples’ Health. Canadian Institute of Health Research. Canadian Medical Association Journal 2006;174(9):1233 (Eng), 1237 (Fr).

DEVELOPING GOOD RELATIONSHIPS WITH ABORIGINAL PATIENTS

- know that health encompasses physical, emotional, intellectual and spiritual well-being
- practice cultural safety – includes self-reflection, cultural awareness and cultural humility
- ask about local history and culture
- respect local traditions and do not impose your own values
- respect traditional beliefs and healing practices
- remember that English/French may be a second language

General recommendations
Cross Cultural Care
- less eye contact may be normal and a sign of respect
- patients may be very comfortable with long silences
- patients may not answer direct questions
- patients may not question someone who is perceived to have greater power and knowledge
- what happens to one individual will affect him/her, his or her entire family, and also the entire community

Resilience of Aboriginal peoples!

Anyone for Research?
- Research ‘with’ and not research ‘on’ or ‘about’
- Use participatory research to develop research projects in partnership with Aboriginal people, organisations and community
- Use the CIHR Guidelines for Research with Aboriginal People www.cihr-irsc.gc.ca/e/29134.html

Respect Aboriginal Resilience
- Growing numbers of Aboriginal people are highly educated and well positioned to cause positive changes
- Many Aboriginal communities are taking control of their own healthcare delivery
- Enjoy the wonderful story telling, sense of humour and privilege of working in a cross cultural environment!
The vision of the Indigenous Physicians Association of Canada

“healthy and vibrant Indigenous nations, communities, families and individuals supported by an abundance of knowledgeable, well-educated, well-supported Indigenous physicians working together with others who share this vision.”

References


