



First Nations Health Authority
Health through wellness



Faculty of Health Sciences

SFU

Strengthening Community Action
Concurrent Sessions - DAY I - October 16

Linking Health Promotion & the Sustainable Development Goals
Self-governance and Indigenous peoples - lessons re-promoting health

Presented by: Jeff Reading PhD.
BC First Nations Health Authority Chair in Heart Health and Wellness at
St. Paul's Hospital, Providence Health Care and Simon Fraser University

Health Promotion ~ At the Very Heart of Sustainability
30th anniversary of the Ottawa Charter, Charlottetown, PEI, Canada



Reconciliation and Health

- “What is it about the ways that we have organized our lives and our communities and our resources in this country that has made one group of people so disproportionately unwell.”
- “Any good diagnosis begins with a family history, so lets go back to Canada’s family history. Lets go back to the first head of our household.”

Dr. Marie Wilson, Commissioner, Truth and Reconciliation Commission. Canadian Medical Association Annual General Meeting, August 20th, 2016

- “Indian children should be withdrawn as much as possible from parental influence and the only way to do that would be to put them in central training and industrial schools where they will acquire the habits and modes of thought of white men.”

John A. McDonald, Canada’s First Prime Minister, Canadian House of Commons, 1883.



The legacy of Indian residential schools



"Looking Unto Jesus." A class in penmanship at the Red Deer Indian Industrial School, Red Deer, Alberta, ca. 1914 or 1919. United Church of Canada, Archives, 93.049P/850N.



“No relationship is more important to me and to Canada than the one with Indigenous Peoples. It is time for a renewed, nation-to-nation relationship with Indigenous Peoples, based on recognition of rights, respect, co-operation, and partnership.”

- Trudeau to cabinet. Extract included in all 30 ministerial mandate letters



As Canada celebrates our 150th birthday (1867-2017) when will we address the unfinished business of confederation, that being eliminating inequality in health and well being for Indigenous Peoples' and their ancestors?





Reconciliation and Health

“When reconciliation is talked about, we often talk about sharing history. We talk about sharing recommendations and stories from the commission, and those are all very powerful things.

But when you look at what reconciliation is, it's the changing of two different groups, often on opposite sides to become something better. It's not just about empowerment of First Nations and First Nations patients; it's about empowerment of you. To be better allies and to find your place in the Canadian fabric that doesn't exclude indigenous peoples.”

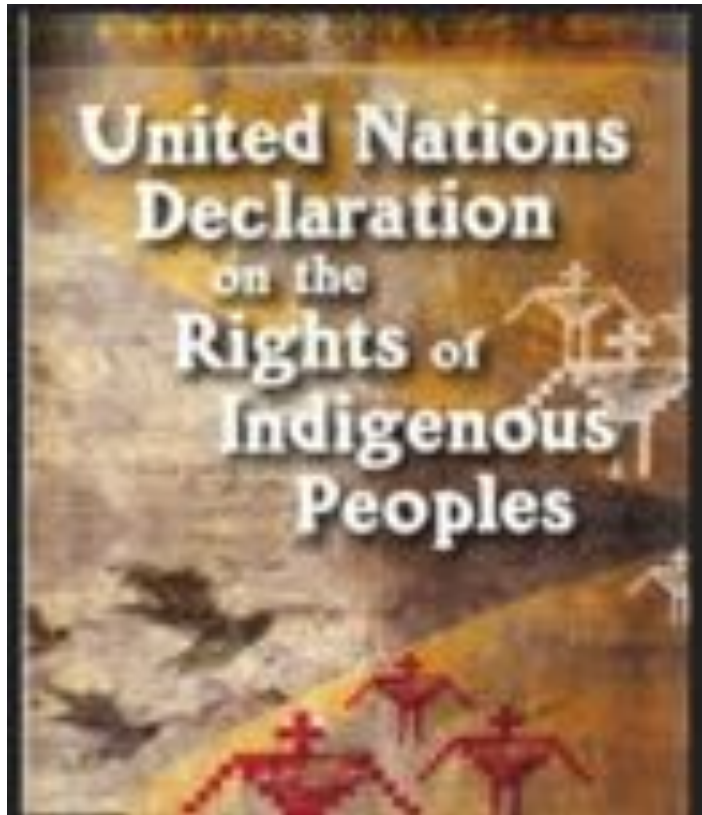


Dr. Alik LaFontaine, President, Indigenous Physicians Association of Canada. Canadian Medical Association Annual General Meeting, August 20th, 2016



Decolonization

- **Decolonization** is the undoing of **colonialism** where a nation establishes and maintains its domination over dependent territories.
- The Oxford English Dictionary defines decolonization as "the withdrawal from its colonies of a colonial power; the acquisition of political or economic independence by such colonies.
- Decolonization requires both systemic and individual efforts.



Article 3: “right to **self-determination**”

Article 23: “right to be **actively involved in developing and determining health, housing and other economic and social programmes affecting them**”

Article 24: “right to their **traditional medicines** and to maintain their health practices... [and] the right to **access, without any discrimination, to all social and health services...**[and] an equal right to the enjoyment of the **highest attainable standard** of physical and **mental health**. States shall take the necessary steps with a view to achieving progressively the full realization of this right



Carolyn Bennett, Minister Indigenous and Northern Affairs

I'm here to announce, on behalf of Canada, that we are now a full supporter of the Declaration without qualification. We intend nothing less than to adopt and implement the declaration in accordance with the Canadian Constitution.
- May 11, 2016



TRC and Healthcare recommendations

- Acknowledge Canada's role in the poor health of Indigenous people
- Address jurisdictional challenges
- Train more Indigenous health professionals
- Increase cultural safety in health services
 - Mandatory skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism for physicians and nurses
- Resource healing centres and recognize Indigenous healing practices
- Report on progress (specific health indicators)



Minister Philpot on Indigenous Health

We are committed to renewing our nation-to-nation relationship with Indigenous People—and my department's ongoing work to improve health services for First Nations is fundamental to achieving this goal. We will also support the implementation of many of the recommendations from the Truth and Reconciliation Commission, in cooperation with others across government.

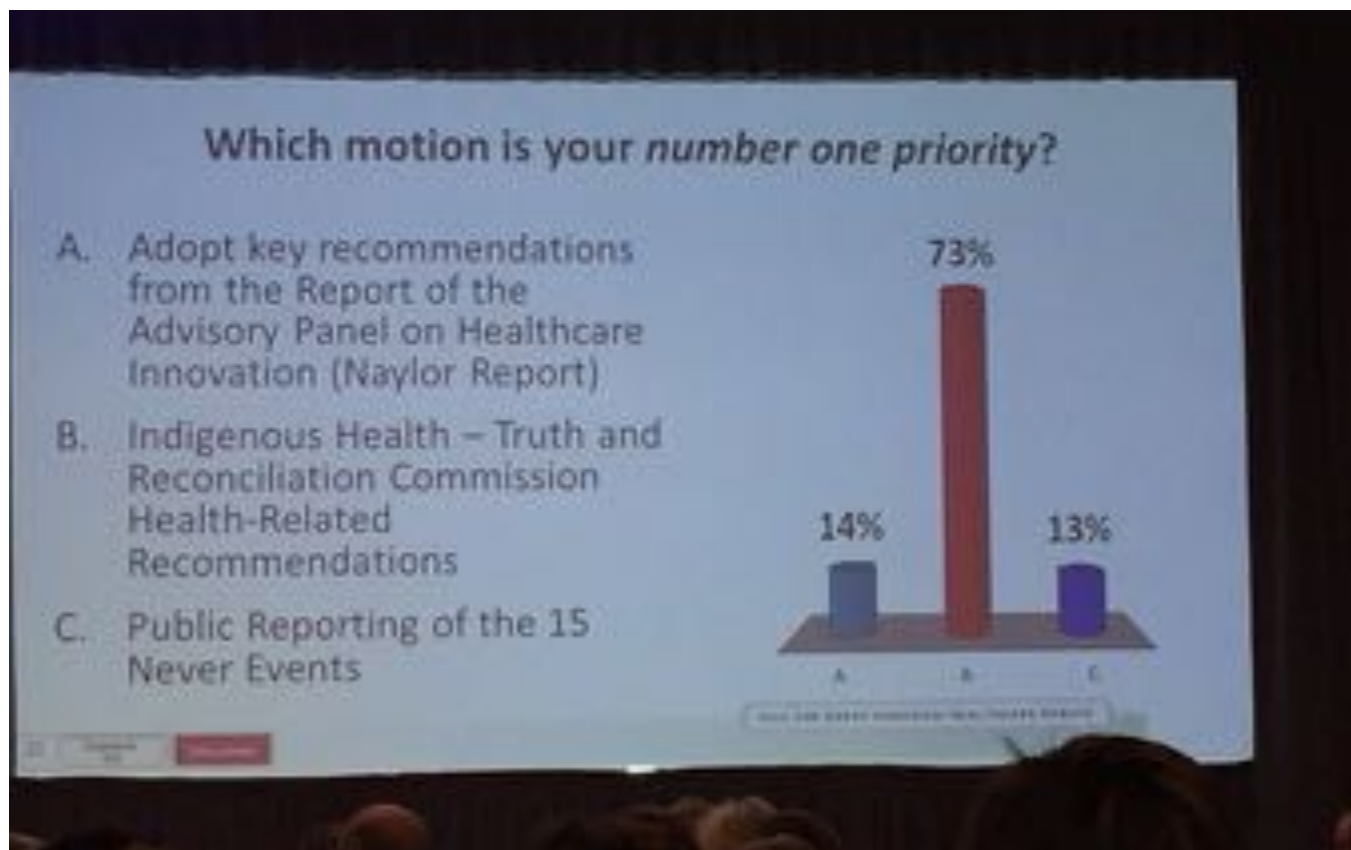
- 2020 Healthcare Summit, December 1, 2015.



Minister Philpot on Indigenous Health

"Jurisdiction challenges are no longer an acceptable excuse, just as geography is no longer an acceptable excuse. We're beyond arguing as to whose responsibility it is."

- Power and Politics with Rosemary Barton, April 4, 2016



The 2016 Great Canadian Healthcare Debate tabled three topics as the most significant and transformative healthcare issues of our time. 73% of delegates voted for the adoption of the TRC recommendations.

Canadian Health Leaders Conference, June 7, 2016

Statement of the Federal-Provincial-Territorial Ministers of Health – January 2016

“We, as Health Ministers, will work together and within our jurisdictions with Indigenous leaders to determine areas of shared priority, and to improve the co-ordination, continuity and appropriateness of health services for Indigenous peoples as part of a population health approach to improving Indigenous peoples’ health in Canada.





Guiding Questions

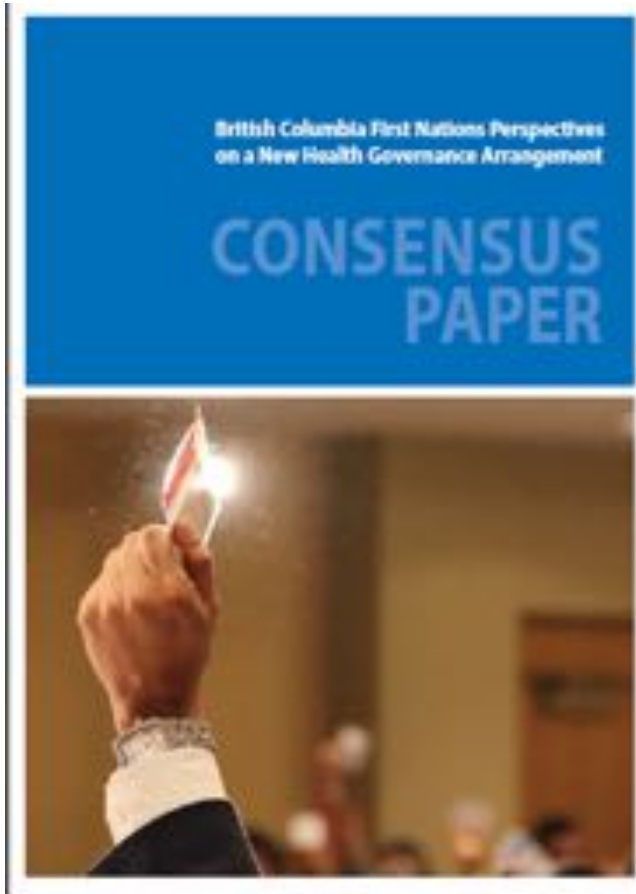
- Where does our authority comes from?
- How is the FNHA different than other Health Authorities?
- What is a First Nations Health and wellness organization?
- Is the creation of the FNHA an act of reconciliation?
- How are we approaching research?



Nothing For Us Without Us



Exercising Governance to build a Tripartite Partnership



Reciprocal accountability: we will work together at all levels in a collaborative manner to achieve our shared goals, living up to our individual and collective commitments.

It means that each Partner is accountable to the others for its actions, and for the effective implementation and operation of their responsibilities and systems, recognizing that our work as Partners is interdependent and interconnected.

It means that we strive not only to live up to one another's expectations, but strive to exceed them." (Health Partnership Accord, December 17, 2012)



Our Common Foundation

Our Vision

Healthy, self-determining
and vibrant, BC First
Nations children, families
and communities

Our Values

Respect, Discipline,
Relationships, Culture,
Excellence & Fairness

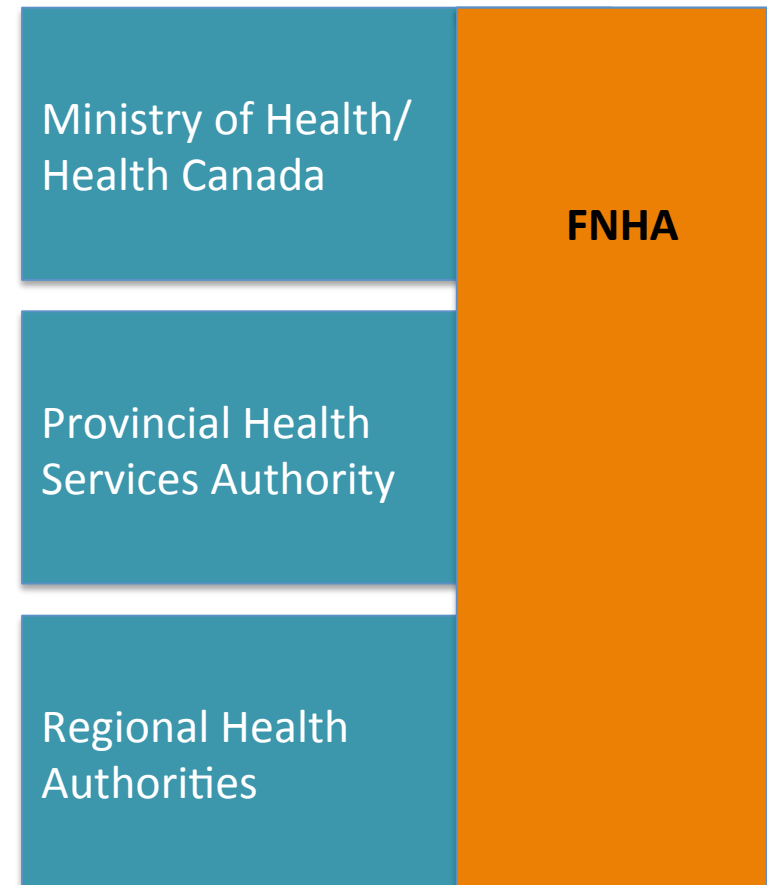
Our Directives

1. Community Driven, Nation Based
2. Increase First Nations Decision-Making
3. Improve Services
4. Foster Meaningful Collaboration and Partnerships
5. Develop Human and Economic Capacity
6. Be without Prejudice to First Nations Interests
7. Function at a High Operational Standard



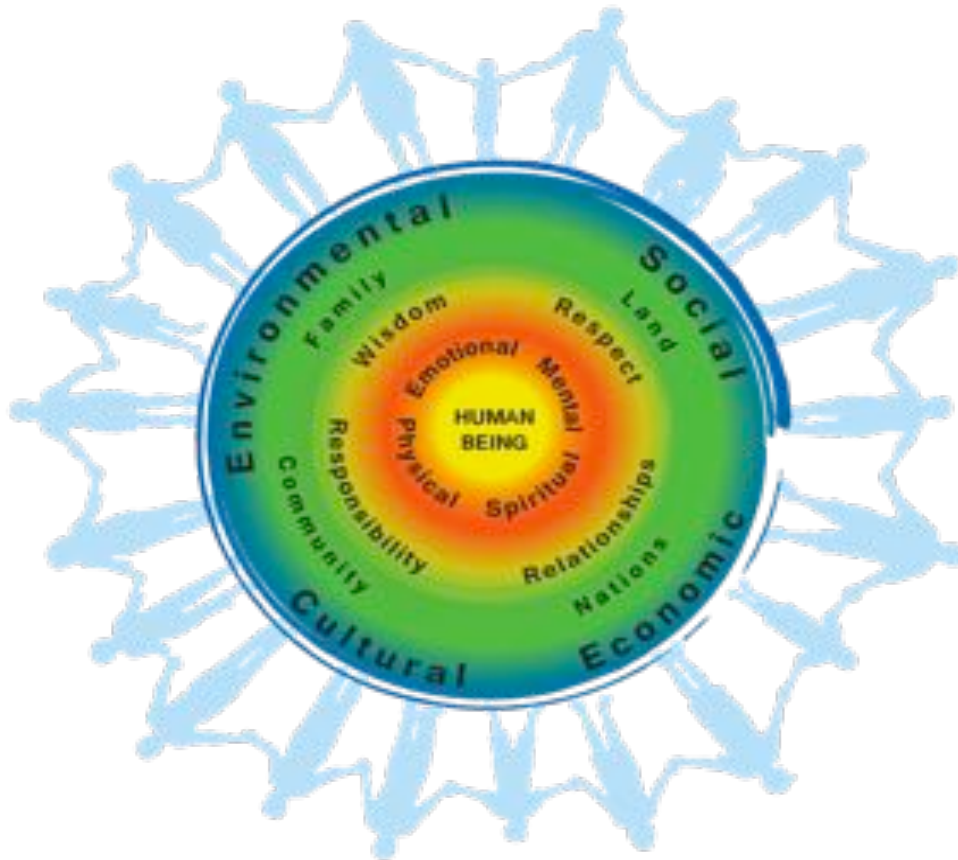
Approach of the FNHA

- FNHA created to advance a holistic First Nations Perspective on Health & Wellness
- Develop policy that works for First Nations
- Working at all levels of the health system simultaneously
- Supporting individuals, families, and communities to be self-determining
- Articulating First Nations views about health and wellness
- Articulating how the system needs to perform better
- **“Nothing for us without us”**





First Nations Perspective of Health and Wellness



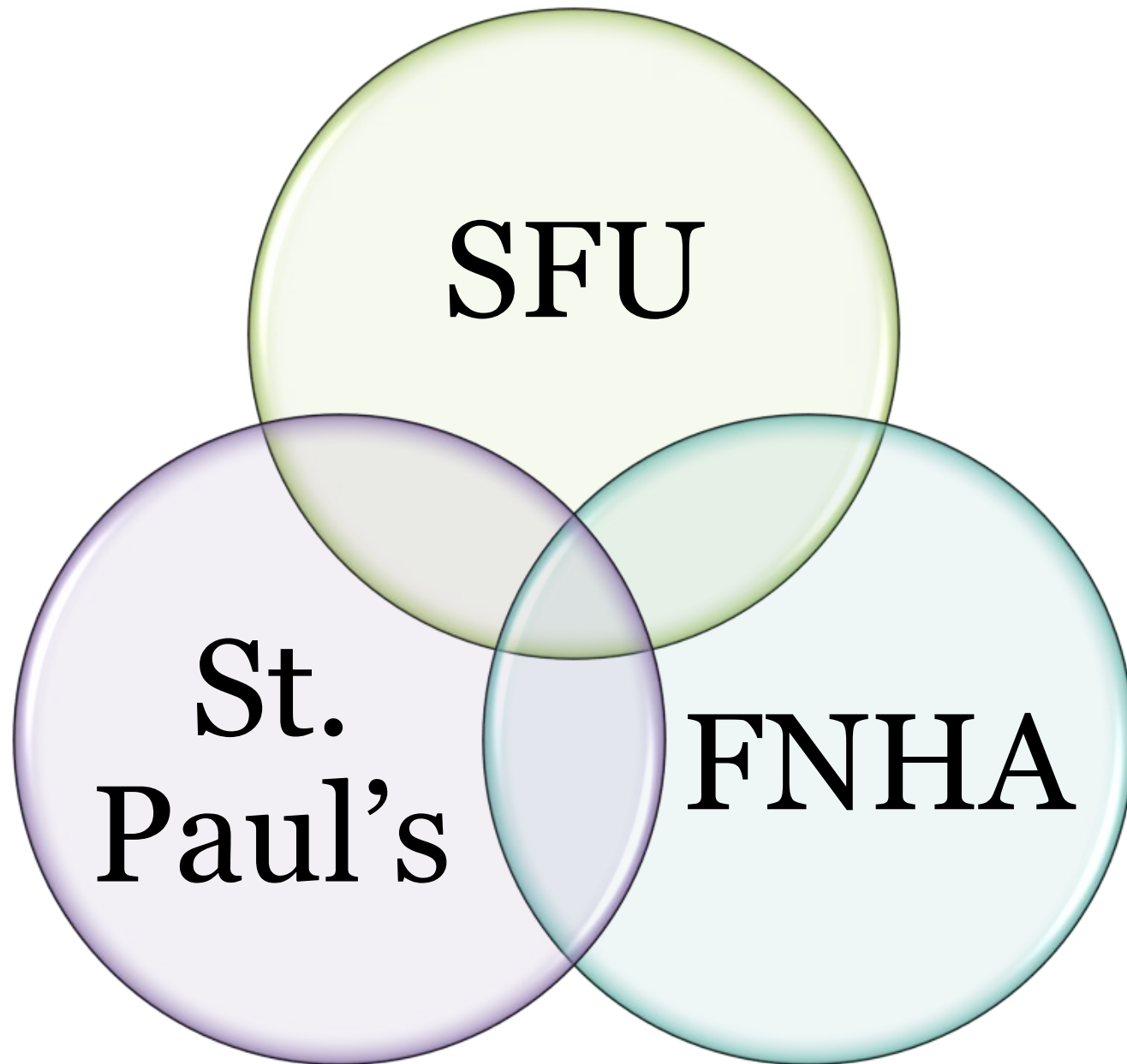
- The Lens the FNHA works through for everything it does
- Developed from the teachings and culture of BC First Nations
- FNHA - Health and Wellness Champion, Partner & Living it
- Commitment to supporting the health and wellness from the youngest to the oldest
- Commitment to the generations to come
- Our Health and Wellness Journey belongs to each of us and is as unique as we are
- Leading edge of systemic change to move from Health to Wellness

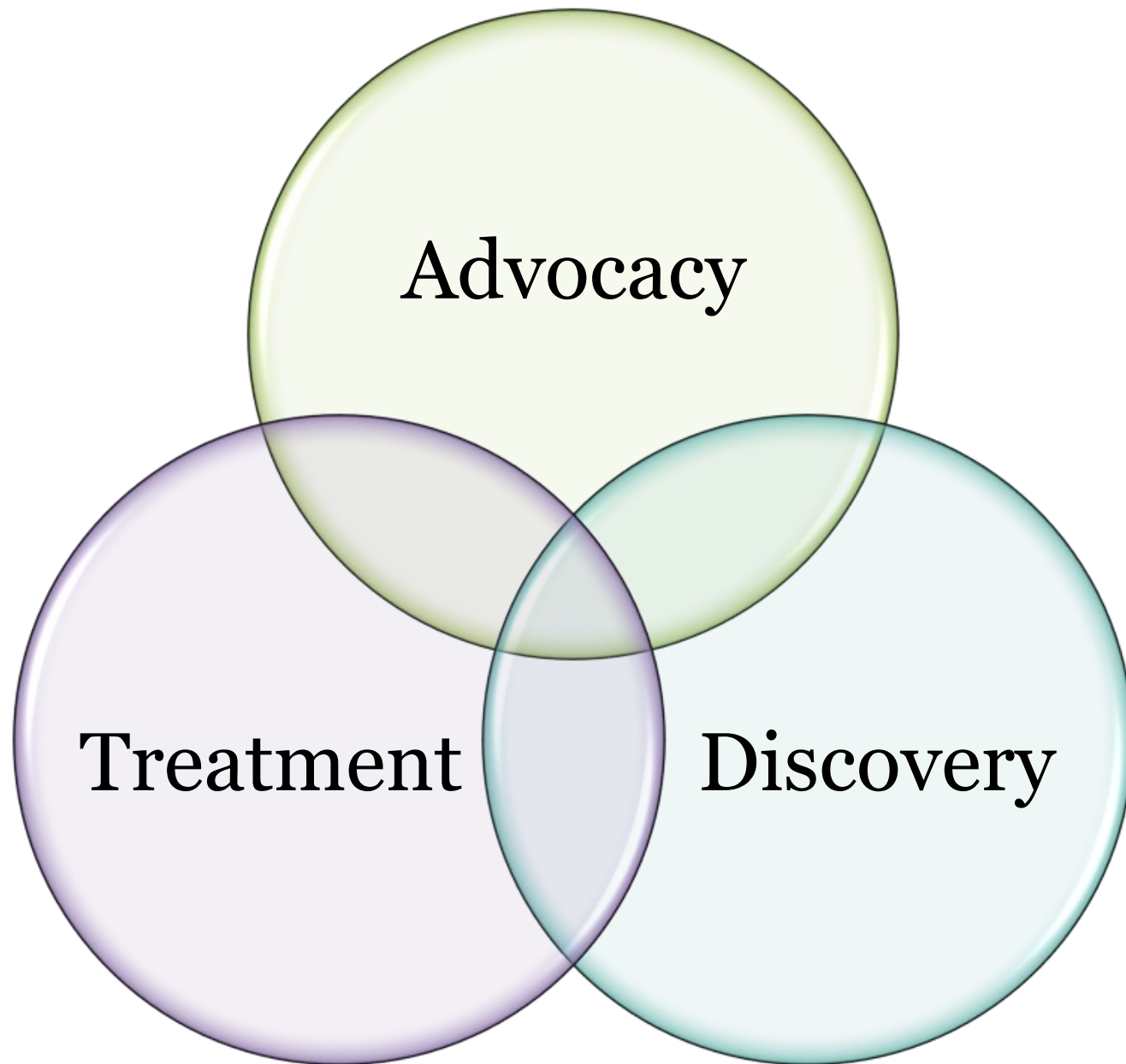


Cultural Safety and Humility in Health Services for First Nations and Aboriginal People in British Columbia

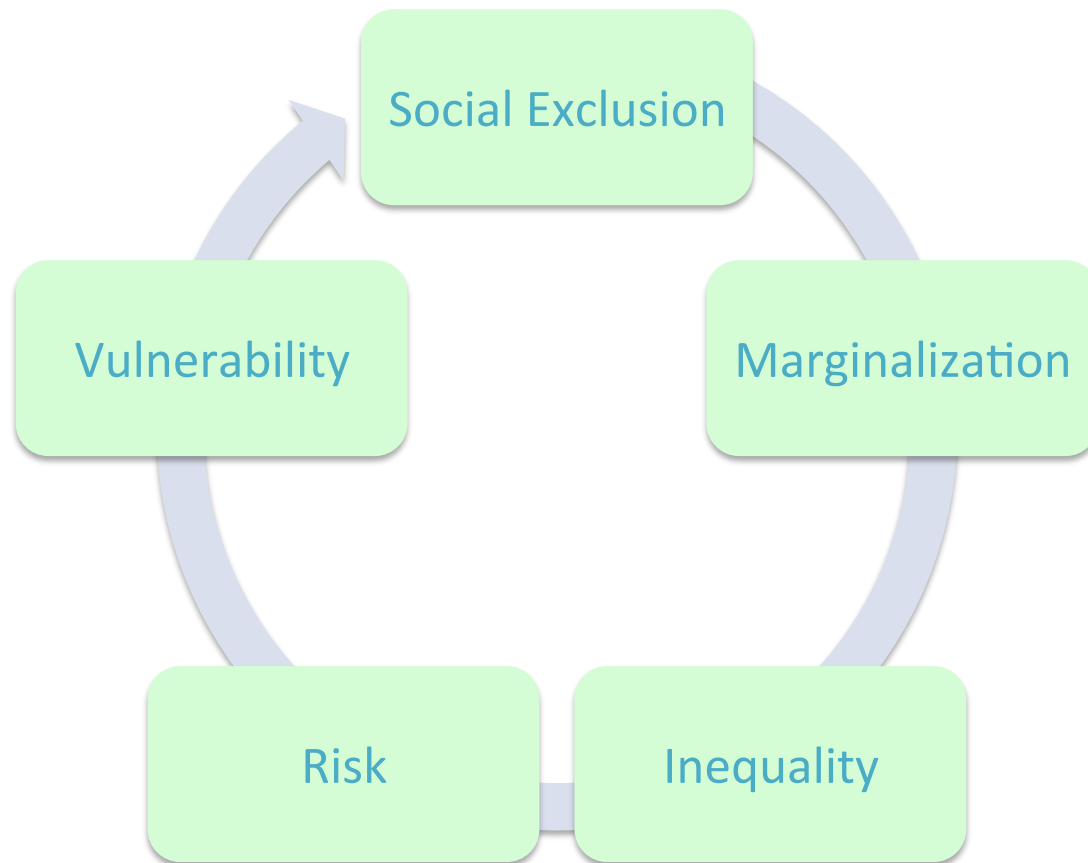
- Cultural Competency is something that we strive for.
- Cultural Humility is the only way we get there.
- With an open heart and open mind, we can increase the space for Cultural Safety.







A word about Words – what do I mean by social dimensions of health and how are they related?



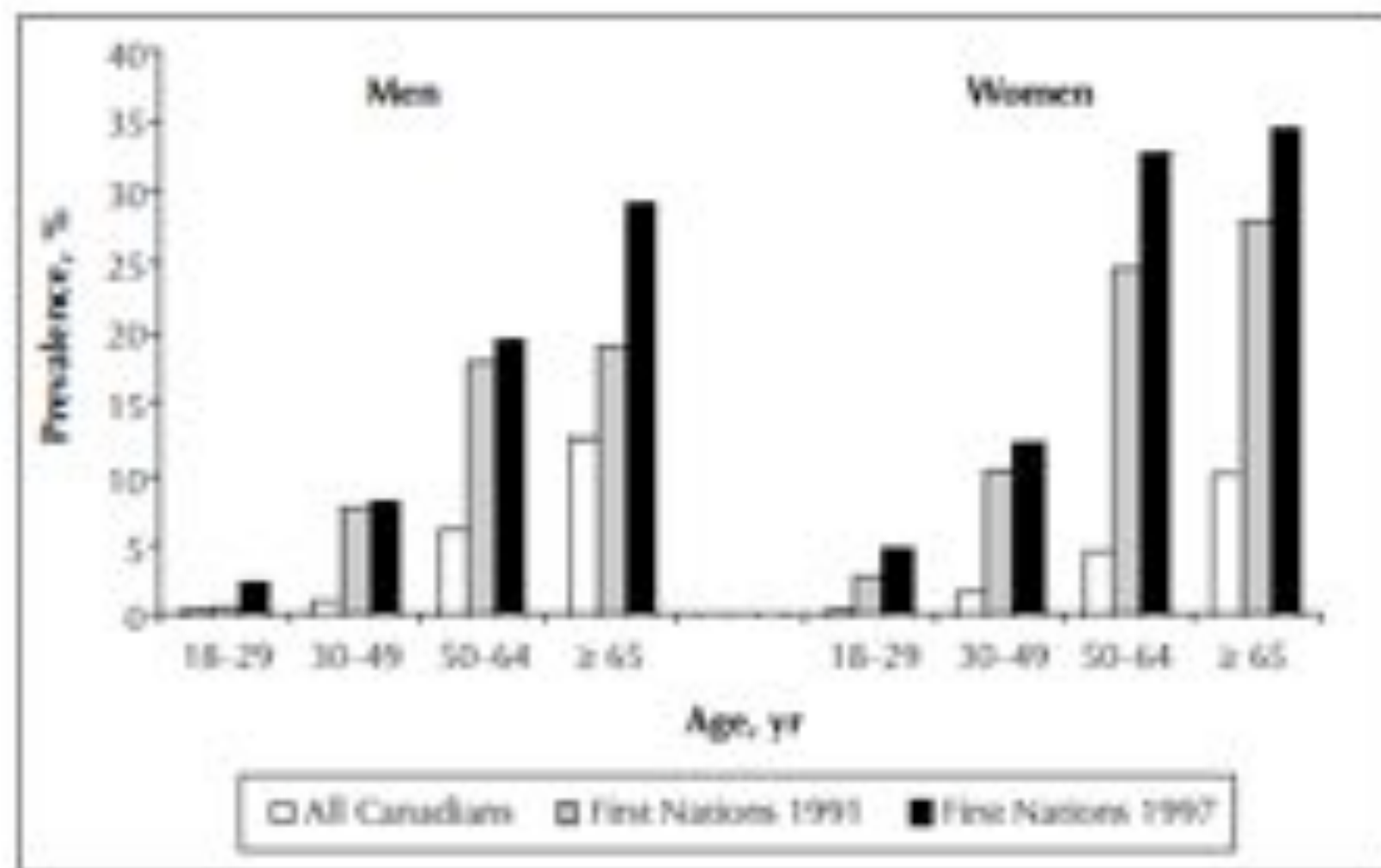


Fig. 1: Prevalence of self-reported diabetes mellitus among all Canadians (1994¹) and first Nations people (1991² and 1997³).



Canadian Journal of Cardiology 31 (2015) 1077–1080

Viewpoint

Confronting the Growing Crisis of Cardiovascular Disease and Heart Health Among Aboriginal Peoples in Canada

Jeffrey Reading, BPE, MSc, PhD, FCAHS*

Washburn-Bryce Institute for Indigenous Health, Dalla Lana School of Public Health, University of Toronto, Toronto, Ontario, Canada

ABSTRACT

Although the prevalence of cardiovascular disease (CVD) has been decreasing worldwide, Aboriginal populations of Canada (including First Nations, Métis, and Inuit Peoples) continue to experience a rapidly growing burden of CVD morbidity and mortality. This article provides a succinct summary of the current crisis of CVD among Canadian Aboriginal peoples, including how and why it originated, elucidates the underlying population health risks driving higher rates of aboriginal CVD, and articulates the urgent need for community-engagement solutions and innovations in the areas of prevention, treatment and care, rehabilitation services, aboriginal-specific CVD surveillance, and advanced knowledge. In the past, particularly in rural and remote communities, Aboriginal Peoples' survival depended (and often still does) on hunting, fishing, and other forms of traditional food-gathering. However, the traditional life is being changed for many Aboriginal communities, resulting in significantly impaired dietary options and the

RÉSUMÉ

Bien que la prévalence des maladies cardiovasculaires (MCV) ait diminué à travers le monde, les populations autochtones du Canada (y compris les Premières nations, les Métis et les Inuits) continuent de subir une augmentation rapide du fardeau de la morbidité et de la mortalité liées aux MCV. Cet article fournit un résumé succinct de la crise actuelle des MCV chez les peuples autochtones du Canada, y compris comment et pourquoi cela a commencé, met en évidence les risques sous-jacents pour la santé de la population conduisant à des taux plus élevés de MCV chez les autochtones, et articule le besoin urgent de solutions communautaires pour un engagement et des innovations dans les domaines de la prévention, le traitement et les soins, les services de réadaptation, la surveillance particulière des MCV chez les autochtones, et des connaissances avancées. Par le passé, en particulier dans les collectivités rurales et éloignées, la survie des peuples autochtones dépendait (et c'est encore souvent le cas) sur la



The Goal:

To optimize the developmental trajectory over
entire life course



What matters:

Address the complex interaction of health determinants, in particular Aboriginal contexts, over entire life course

gender and
culture

Health services

Genetic
endowment

Biology

Child
development

Income

Social status

Social support

Education and
literacy

Working
conditions

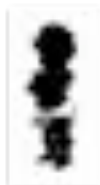
Physical
environments

Health
practices

Coping skills

Social
exclusion

Trauma and
stress



What matters:

Address the complex interaction of health
determinants, in particular Aboriginal contexts,
over entire life course

gender and culture	Health services	Genetic endowment	Biology	Child development
Income	Social status	Social support	Education and literacy	Working conditions
Physical environments	Health practices	Coping skills	Social exclusion	Trauma and stress



What matters:

Address the complex interaction of health determinants, in particular Aboriginal contexts, over entire life course



First Nations Wholistic Policy and Planning Model

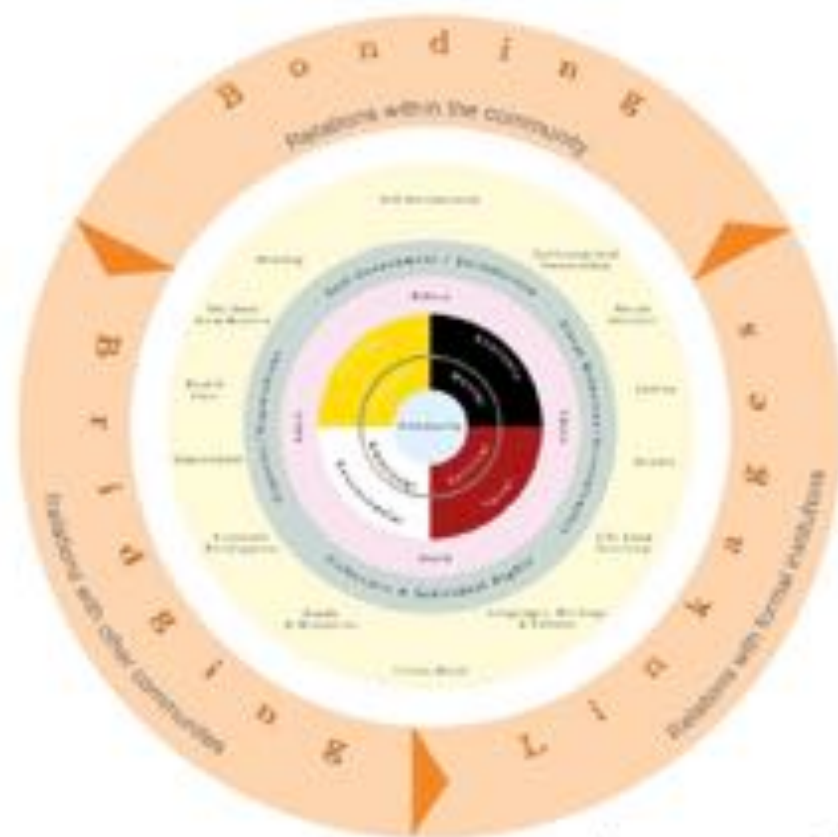
**Discussion Paper for the
World Health Organization
Commission on Social Determinants of Health**

April 2007

DR. JEFFREY L. READING, Professor, Faculty of Human and Social Development,
University of Victoria, Canada

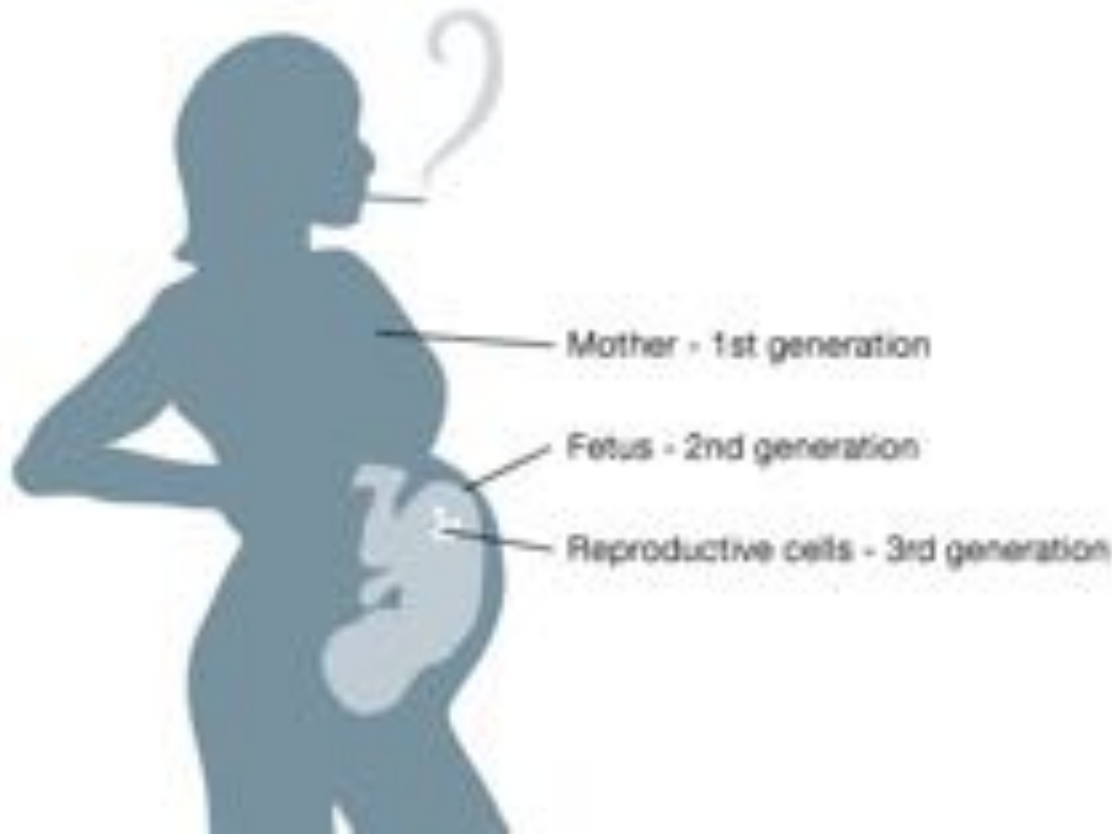
DR. ANDREW KHETIC, Adjunct Assistant Professor, University of Victoria, Canada

DR. VALERIE GIDEON, Senior Director, Health and Social, Assembly of First Nations,
Canada



- Legend**
- Individual
 - Community
 - Organizational
 - Systemic
 - Social Capital

Epigenetic Inheritance Theory



Three generations at once are exposed to the same environmental conditions.

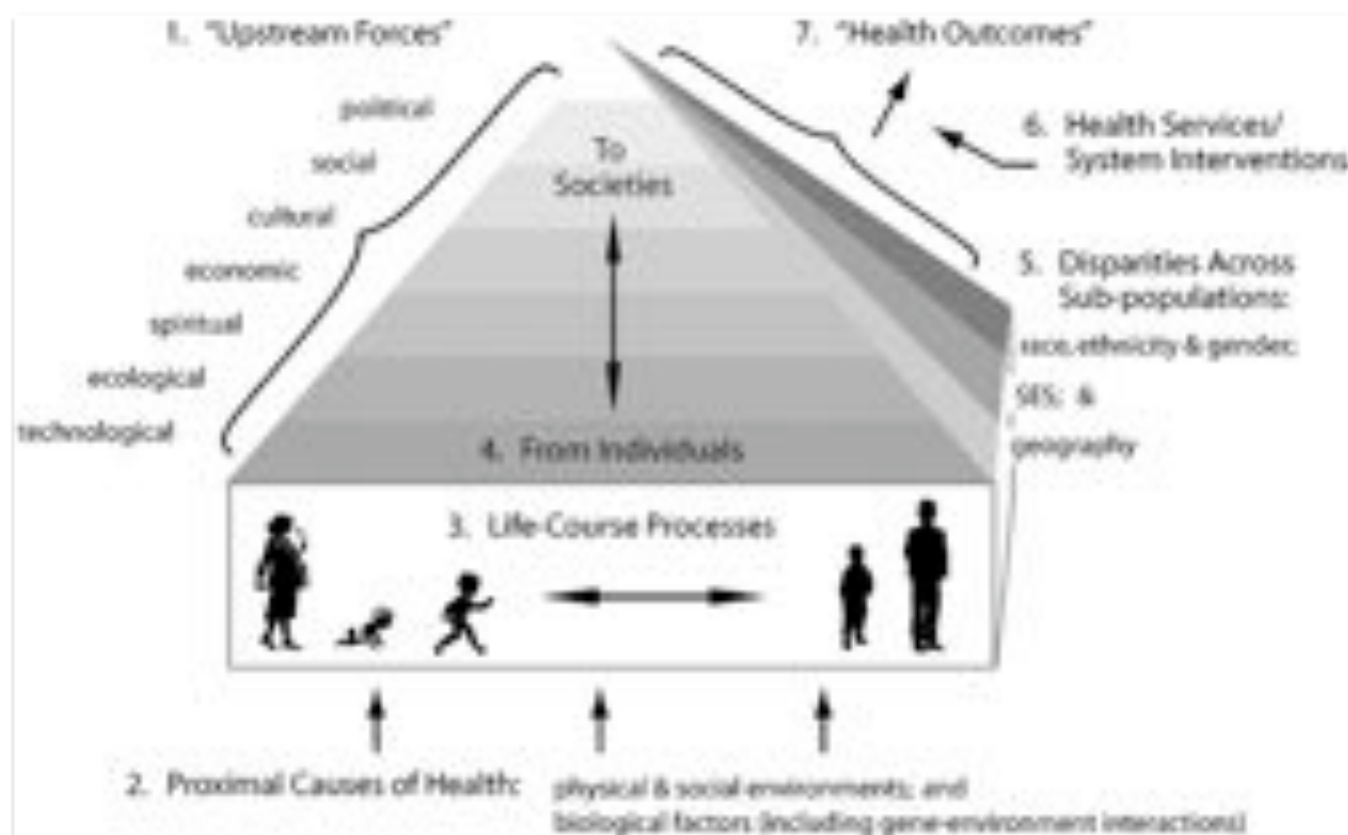
In order to provide a convincing case for epigenetic inheritance researchers must:

1. Rule out the possibility of genetic changes
2. Show that the epigenetic effect can pass through enough generations to rule out the possibility of direct exposure

MEASURING POPULATION HEALTH: A Review of Indicators

Annual Review of Public Health

Vera Etches, John Frank, Erica Di Ruggiero and Doug Manuel



Etches V, et al. 2006.

Annu. Rev. Public Health 27:29-55

Conclusion

Clearly Indigenous Peoples' experience profound health and wellness disparities compared to mainstream populations.

Thus, a need exists for increased collaboration at regional, national and international levels to begin to find solutions to urgent health concerns; in a process that promotes meaningful involvement of the Indigenous Peoples', in pursuit of scientific health research excellence aligned with community priorities to narrow the gap in health and well being of future generations.