

## AFN and First Nations Health

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### Mission Statement

"We, as First Nations peoples accept our responsibility as keepers of Mother Earth to achieve the best quality of life and health for future generations based on our traditions, values, cultures and languages."

"We are responsible to protect, maintain, promote, support, and advocate for our inherent, treaty and constitutional rights, holistic health and the well being of our nations. This will be achieved through the development of health system models, research, policy analysis, and communication, and development of national strategies for health promotion, prevention, intervention and aftercare." According to virtually every available indicator, health issues are a more pressing priority in First Nation communities than elsewhere. The Assembly of First Nations (AFN) Health Secretariat, AFN National First Nations Health Technicians Network (NFNHTN) and the AFN Chiefs Committee on Health (CCOH) have identified seven health priorities. These are:

1. Sustainability
2. Health Research
3. Jurisdictional Issues
4. Mental Health
5. Children's Health/Gender Health
6. Smoking
7. Environmental Health & Infrastructure

The following is a more detailed outline of the priorities:

### **1. SUSTAINABILITY**

#### **1.1 Building and Sustaining First Nations Health and Health Care Systems**

Factors such as the diversity of economic and health system infrastructure needs among regions and communities; distinct First Nations approaches to understanding health and illness, and a young population, all point to the need for increased resources and capacity building.

Action: First Nations' leadership calls for:

- **an integrated, holistic, inter-departmental and inter-organizational strategy to address health inequities and gaps in health and social service delivery to First Nations;**
- increased capital infrastructure budgets and sustained resources to meet community infrastructure needs;

- better coordination with the renewal of the Canadian Health Care System;
- linkages to the Health Canada, Non-Insured Health Benefits (NIHB); and
- development and renewal of First Nations health care delivery systems based on current and emerging health care needs and of First Nations identified health care priorities.

## **1.2 Human Resources Development, Capacity Building and Training**

First Nations call upon the federal and provincial governments, academia and health professional groups to implement the Royal Commission on Aboriginal Peoples (RCAP) report recommendations for a strategy to train 10,000 Aboriginal health care workers. The human resource needs of First Nations are great, diverse and subject to jurisdictional dispute. A strategy to address this human resource need is urgently required. This priority area is directly linked to the issue of building and sustaining First Nations controlled health and health care systems.

**Action: A priority of the government should be capacity building and training opportunities for First Nations at the community level.**

It is crucial that First Nations communities are supported in their recruitment of health professionals and receive more resources for training and development. Communities must receive equitable compensation for community-based health professionals equivalent to the rest of Canada, to encourage recruitment and retention.

**Therefore, the following areas must be considered:**

- **capacity building in basic health administration at the regional level, with funding flowing to the regions to develop this;**
- **addressing training, recruitment and retention issues, with the establishment of training funds for emerging health career categories such as home care workers, early childhood educators, diabetes prevention workers, health researchers, telehealth and systems development;**
- **development, recruitment and retention of nurses, physicians and specialists for increased community service and access;**
- **wage parity for First Nations Band employees;**
- **new and emerging medical technology and practice;**
- **development of standards of practice;**
- **evaluation of health careers promotion programs.**

### **1.3 Under Funded Programs Must Be Enhanced**

Diabetes is an epidemic amongst First Nations, and must be funded as such. Proper surveillance is required to monitor new and existing cases of diabetes to understand just how rampant this ailment is in our communities. Diabetes is associated with a long list of other health problems, affecting the circulatory system, eyes, kidneys, and nervous system. Past research shows that people with diabetes are far more likely to have major health problems, high blood pressure, are more susceptible to infections, and may develop eye problems and blindness.

**Action: Current funding levels under the Aboriginal Diabetes Strategy do not come close to addressing the need. If there is to be sustainability in the area of Diabetes, there must be an increase in funding to First Nations communities.**

- there must be an expansion of Diabetes surveillance activities within a First Nations specific system and First Nations controlled, using Ownership, Control Access, and Possession (OCAP) of the statistics and information.
- there is an opportunity to link with Telehealth for screening, diagnosis and treatment of diabetes.

### **2. A Comprehensive First Nations Health Research And Info-Structure**

All levels of government, as well as inter-governmental departments must support the development and maintenance of a comprehensive First Nations health research and info-structure. Such an info-structure must build upon existing and emerging health research and info-structure initiatives that are currently underway within the Canadian Health Care system, as well as those being administered by First Nations.

**Action: Some of the activity areas that require support in terms of fiscal and human resource capacity development are as follows:**

- long-term support for the First Nations and Inuit Regional Longitudinal Health Surveys (FNIRLHS) initiative;
- establishment of partnerships with the health research community including academia, the Canadian Institutes for Health Research (CIHR), the Canadian Institute for Health Information (CIHI), and both federal and provincial governments; and
- training and capacity building at the community, regional and national levels for individuals and organizations with regards to data collection, analysis and the application of data to planning and policy development.

**Action: The Minister must commit to implementing the seven recommendations of the Advisory Committee on the Health Info-way regarding the development of a First Nations health info structure.**

### **3. Resolution of Existing Jurisdictional Matters**

Outstanding jurisdictional issues between the federal and provincial governments with respect to fiscal and service responsibility for First Nations health and health care need to be addressed, particularly in light of provincial health care reform, Canadian public demands to save Medicare and the widening health status gap between First Nations and the general Canadian population.

**Action: A process or forum must be established in order to address jurisdictional issues regarding Federal and Provincial government responsibilities for the delivery of health care services and the provision of fiscal resources to First Nations peoples, including:**

- establishing regional forums to address treaty right to health;
- establishing a national forum to clarify nature and scope of Crown's fiduciary obligations for the provision of health care services to First Nations;
- inclusion of First Nations leadership at federal/provincial/territorial tables of health ministers;
- inclusion of First Nations leadership at Social Union Framework Agreement discussions;

**Action: The federal government must recognize Aboriginal health as a "fourth order" of jurisdiction, following federal, provincial and territorial.**

### **4. Mental Health**

The Government of Canada and First Nations do not have a formal, comprehensive policy or program to address mental health.

**Action: A national First Nations Mental Health Program should be established based upon discussions with First Nation communities.**

Statistics show that First Nations youth (35% less than 15 years of age) are committing suicide at extremely high rates compared to the overall Canadian population – 8 times higher for First Nations females, and 5 times higher for First Nations males. Currently, there are no federal resources available to address suicide prevention among First Nations.

**Action: The federal government must direct resources for community-based suicide prevention and intervention programs, including adequate regional resources for training.**

- **There is the need for the development of a community crisis response strategy for suicide and other community crises such as family violence.**

### **5. Children's Health /Gender Health**

A comprehensive First Nations children health policy framework is required. Early intervention is the key to giving children a chance to lead healthy, productive lives. These elements include:

- nutritional health promotion and related disease prevention,
- safety and welfare initiatives aimed at seven to twelve year olds,
- mental health initiatives, and
- support for children with disabilities.

**Action: Children's programming resources are needed at the community level, not just federal and provincial levels.**

- **A First Nations version of the recently- announced funding for provincial early childhood development programs must be part of the federal budget.**

First Nations children must be recognized for their uniqueness in the upcoming *Early Childhood Development (ECD) Action Plan*. The momentum gained with the initial consultations for a National Children's Agenda should be followed through in a timely manner.

First Nations women in Canada are being diagnosed with cancers such as breast and cervical, at higher rates than the general population. Too many First Nations women are unnecessarily being diagnosed at the later stages of cancer, where treatment is much more intense, and costly.

**Action: Resources are required to promote greater awareness of the importance of early screening for cancers.**

- **The issue of access of services for First Nations women in isolated communities is a crucial obstacle that must be addressed. The mammogram should be accessible in all First Nations communities.**

First Nations men require health promotion, awareness in areas around sexual and reproductive health, prostate, colon and other cancers.

**Action: There is the need for prevention, early screening, and adequate and timely treatment in areas of men's health. The area of addictions and chronic health require resources and education.**

## **6. Smoking**

The *First Nations and Inuit Regional Health Survey* released in January 1999 reveals that an alarming 62% of First Nations smoke tobacco compared to 31% among other Canadians. Smoking among First Nations youths start as early as 6 to 8 years and rapidly increases at age 11 to 12 years old, finally peaking at age 16. At the release of the report the smoking rates were up 72% for First Nations youth between the ages of 20 to 24 years old.

These statistics indicate that tobacco misuse among First Nations youth is on an epidemic scale and long-term prevention is urgently needed. All research to date indicates that the use of tobacco will lead to major illnesses associated with lung cancer and other respiratory disease. Failure to address this *preventable* health issue now will result in increased tobacco-related diseases, disabilities and premature deaths for future generations."

### **Action:**

- **First Nations require resources for smoking prevention, cessation and treatment programs at the First Nations community level.**
- **FNIHB should cover the cost of tobacco cessation aids, as First Nations living in poverty can not afford these costly self-help products.**
- **Public Health promotion around second-hand smoke in public spaces must increase**

## **7. Environmental Health and Infrastructure**

An alarming number of First Nations in Canada have unsafe drinking water, and the numbers are growing. There must be an implementation of a First Nations community infrastructure development program to address the most immediate health threats in First Nations including the provision of clean water, basic sanitation facilities and safe housing. There must be proper surveillance and monitoring of water quality. Proper emergency measures should be in place, including the NIHB linkage in which First Nations should be able to access "extraordinary circumstance" funds for the purpose of supplying their communities with safe drinking water in the event of an emergency.

**Action: There must be greater public awareness of the current state of water systems for First Nations communities.** Indian and Northern Affairs Canada (INAC) examines community water systems, but not the wells; yet Health Canada funds the construction of wells, and for community health representatives (CHRs) to collect samples but does not take the responsibility of ensuring the water is safe.

**Jurisdictional issues between government departments should not supercede the right of First Nations to have safe drinking water.**

Another pressing environmental issue is the growth of moulds, which pose a serious risk to human health. A few rare strains are toxic enough to cause lung hemorrhage and other tissue damage in humans. There are a number of "hotspots" across Canada where First Nations are particularly at risk: British Columbia, Manitoba, Ontario, Quebec and the Maritimes. Last year, the Environmental Health Officer for British Columbia declared mould a public health emergency for the First Nations within that province. For this province alone, the cost for remedial measures for First Nations homes is estimated at \$10 million dollars total.

**Action: Mould must be recognized as a public health crisis in First Nations caused by lack of/poor quality infrastructure. A national mould strategy should be created and adequately supported to address the issue with the involvement of INAC, Health Canada and the Canadian Mortgage and Housing Corporation (CMHC).**