



# Pathways to Health and Healing

**2nd Report on the Health and Well-being  
of Aboriginal People in British Columbia  
Provincial Health Officer's Annual Report 2007**



BRITISH  
COLUMBIA

Office of the  
Provincial Health Officer

# The Social Determinants of Indigenous Health

- Poverty
- Education
- Housing
- Self-determination
- Culture
- Land, Environment, Environmental Stewardship
- Gender
- Family & Child Welfare

**An Overview of Current Knowledge of the Social Determinants of Indigenous Health** (Commission on Social Determinants of Health, WHO)

A photograph of three people in a canoe on a large body of water under a clear blue sky. The person in the foreground on the left is a woman with dark hair, wearing a white tank top, smiling and holding a long wooden paddle. The person in the foreground on the right is a woman wearing a light-colored bucket hat and a bright red t-shirt, also smiling and holding a long wooden paddle. The person in the background is a man wearing a white t-shirt and a straw hat, holding a long wooden paddle. The water is calm and reflects the sky. In the distance, there are low mountains or hills.

# Closing the Gap

## TRIPARTITE FIRST NATIONS HEALTH PLAN



# KEY ELEMENTS OF BC TRIPARTITE FIRST NATIONS HEALTH PLAN



- A 10-year health plan with 4 key elements:
  - *Governance, Relationships & Accountability*
  - Health Promotion/ Injury & Disease Prevention
  - Health Services
  - *Performance Tracking*



# SHARED VISION

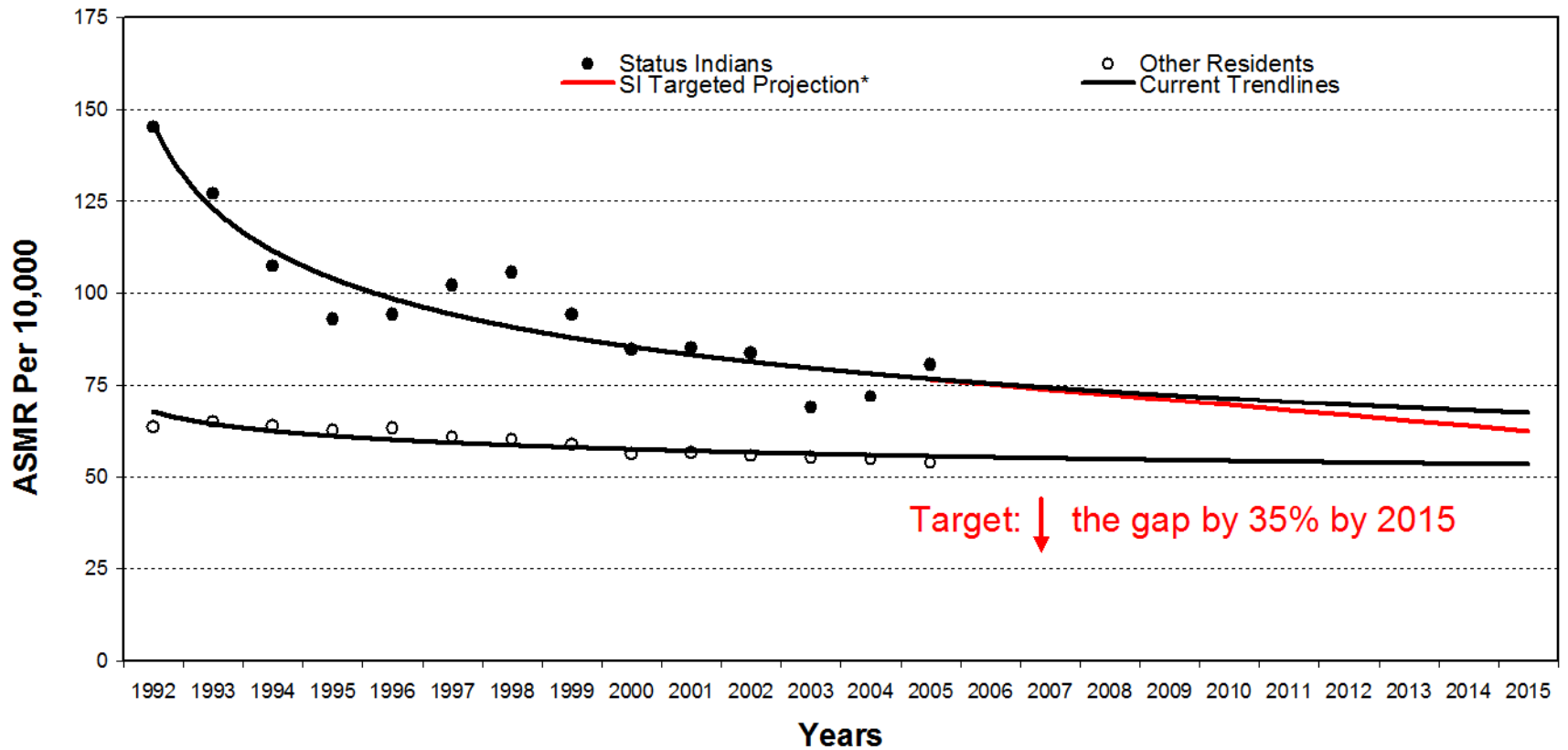
- First Nations are fully involved in decision-making regarding the health of their peoples.
- Health and well-being of First Nations is improved.
- Gaps in the health between First Nations people and other British Columbians closed.
- Equitable access to quality, culturally-competent services.

# DIALOGUE: GATHERING WISDOM FORUM

## Key Messages:

- **Vision of Wellness** - embracing all aspects of wellness of the individual, family and community.
- **Cultural, Holistic approach to health** - need paradigm shift from the western medical model of health
- **Community-driven process** - support what is already happening in communities – increase connections between communities. Increased desire for community input.
- **Common challenges** - lack of resources – qualified workers and funding
- **Need for Communication** - transparent and easily accessible communication

## All Causes, Age-Standardized Mortality Rate, Status Indians and Other Residents, B.C., 1992 to 2005 with Projections to 2015

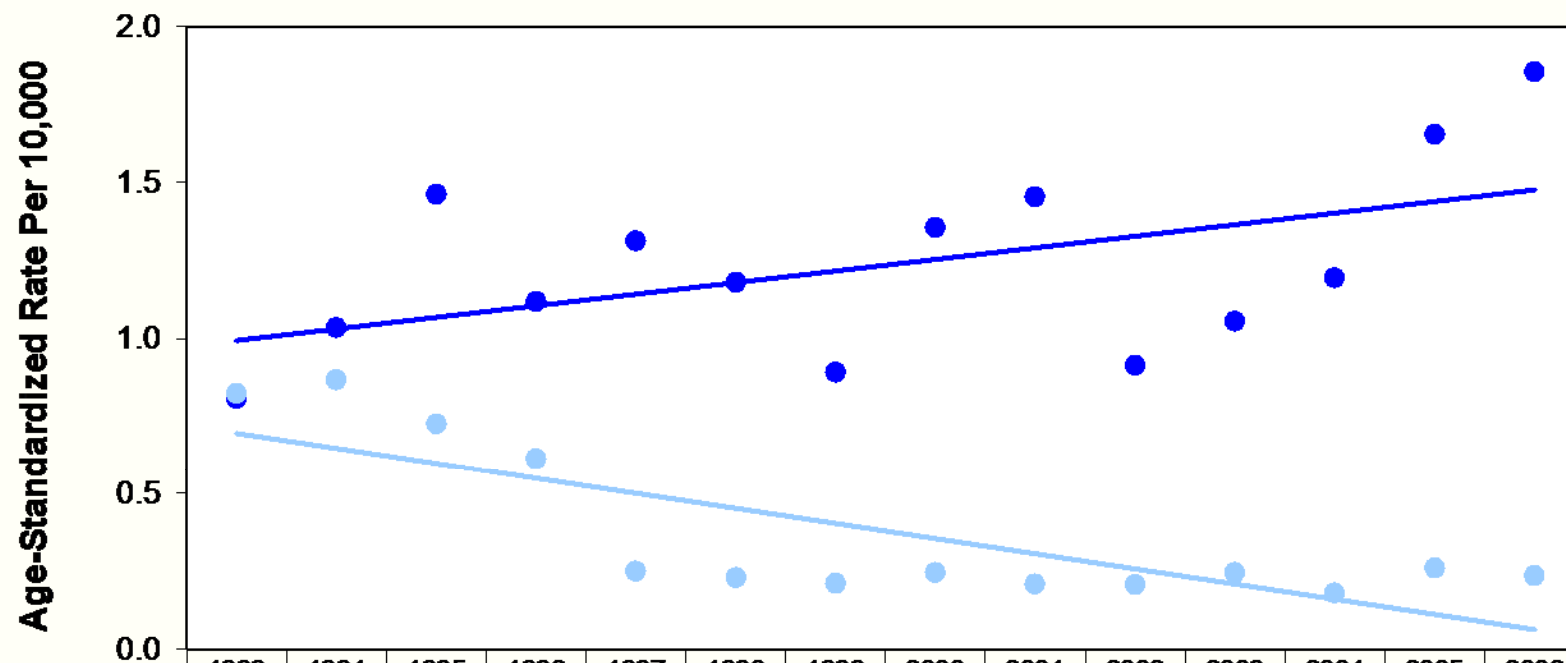


\* Based on trendline beginning in 2005.

Assumption: Prevention and treatment will close the estimated External Causes gap for Suicide, Motor Vehicle Traffic Accidents, and Accidental Poisoning by 1/2, and the Natural Causes gap by 1/3 over 10 years.

Source: B.C. Vital Statistics Agency, data as of November 6/06, prepared by Population Health Surveillance and Epidemiology, Ministry of Health, 2006.

## HIV, Age-Standardized Mortality Rates, Status Indians and Other Residents, BC, 1993 to 2006



	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
● Status Indians	0.8	1.0	1.5	1.1	1.3	1.2	0.9	1.4	1.5	0.9	1.1	1.2	1.7	1.9
● Other Residents	0.8	0.9	0.7	0.6	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.3	0.2
# of SI Deaths	8	13	18	15	17	15	13	18	21	14	17	18	25	28
# of OR Deaths	291	318	277	237	100	94	89	104	90	92	110	87	120	113

**Year**

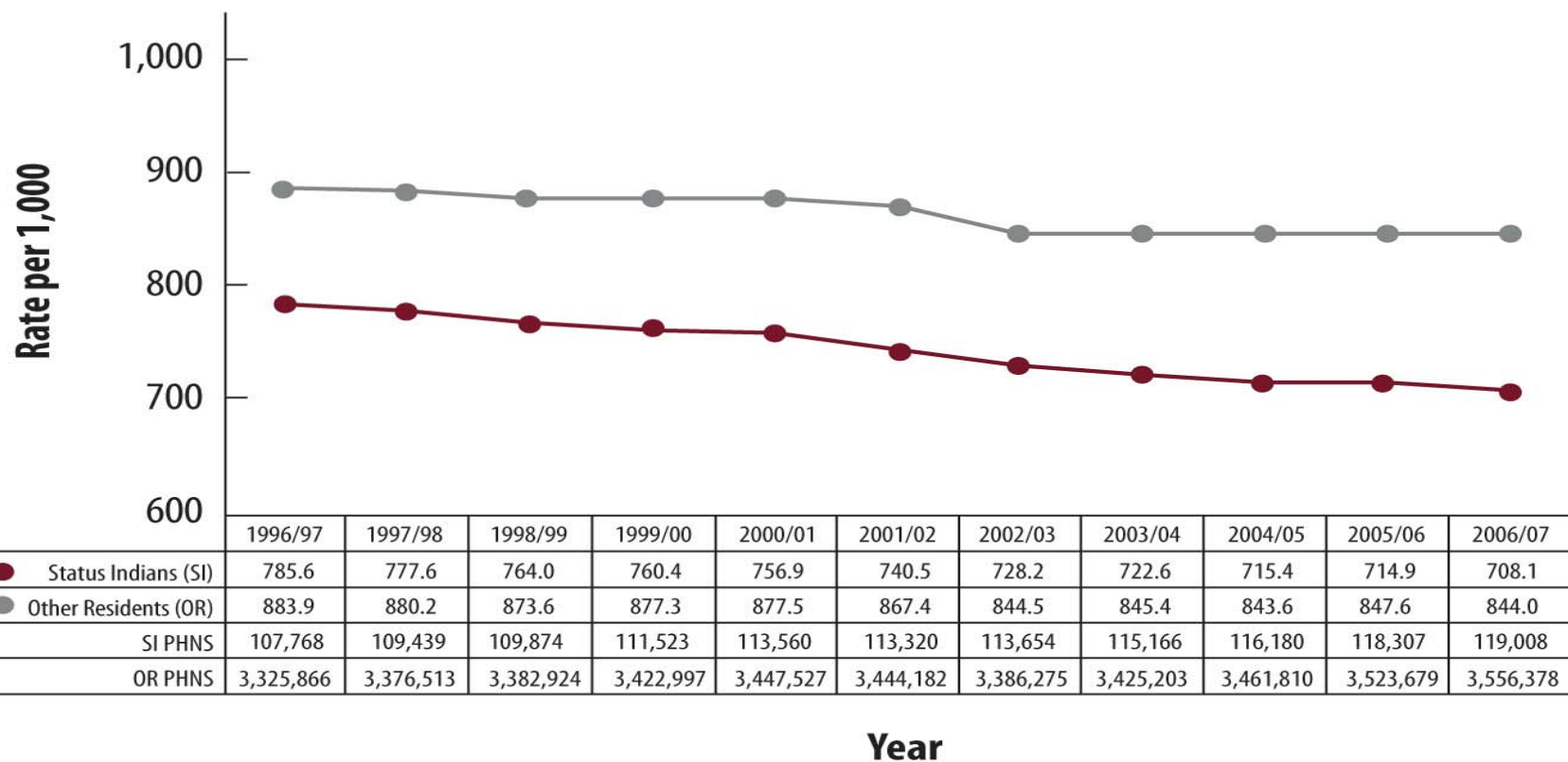
ASMR per 10,000 Standard population (Canada Census 1991).

ICD Codes: B20-B24.

Source: BC Vital Statistics Agency, data as of January 02, 2008; prepared by Population Health Surveillance and Epidemiology, Ministry of Healthy Living and Sport, 2008.

**Figure 6.2**

**Medical Services Plan Utilization,  
Age-Standardized Rate, Status Indians and Other Residents,  
BC, 1996/1997 to 2006/2007**



Note: Includes all services for which payment is claimed from MSP. Data excludes third party agencies such as ICBC or WCB, form fees and incentives, payments for services under the Reciprocal Agreement, and claims in progress. Those people that did not have a region of residence identified were included in the provincial totals only. Prepared by Information Support (Project 2008\_029ay).

Source: Ministry of Health Services, MSP Claims Database; prepared by Corporate Support, Planning and Legislation, Ministry of Healthy Living and Sport, 2008.

# PHO Report – What more needs to be done?

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- Commit to making *self-determination* for the Aboriginal population in the province a reality
- Examine and review systemic barriers to *economic development* and make it a priority
- Continue to improve the *socio-economic status* of the Aboriginal population...
- Improve *housing and the physical environment*
- Continue to work on *Aboriginal health plans* for health authorities
- Recommit to achieving *stated goals*
- Make issues underlying *HIV/AIDS* a priority
- Create a provincial *Aboriginal Mental Health and Wellness Plan*

# What more needs to be done specifically? 1/3

Examine barriers to health care (in no particular order):

- Data-gathering
- Remoteness
- Cultural safety
- Timeliness/early access
- Co-morbidities

# What more needs to be done specifically? 2/3

Examine barriers to health care (in no particular order):

- (Indigenous) Social Determinants of Health
- Collaboration, with Aboriginal-led processes
- ↑ Advocacy
- ↑ Relevance of PHC services
- Recommit to current planning

# What more needs to be done specifically? 3/3

And...

- Leadership
- Research
- Education & Prevention
- ↑ organization
- Urban programming
- An Aboriginal lens

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