First Nations

The Conversation on Health conducted a series of forums with First Nations communities around the Province. These forums offered a unique First Nations perspective on the health issues facing British Columbia. Governance, access and service delivery, mental health and addictions, elder care and determinants of health were topics highlighted in many of the discussions. All sections of the report contain samples of feedback from these sessions. This introduction will provide a broad overview of what Aboriginal communities had to say about the health care system.

Governance

Participants expressed frustration with the lack of collaboration between the federal and provincial governments around serving First Nations communities. They emphasized that increased control on the part of First Nations over their own health care services would help to ensure improved treatment. Some looked to a First Nations Health Act to better define the roles and responsibilities of the levels of government involved in delivering health care to First Nations. They also suggested these definitions would be community driven, create accountability and aid in building local capacity to administer and deliver health care services.

Many feel that whatever the governance structure, adequate funding must be distributed equitably and accountably to First Nations communities if health outcomes are to improve. Many feel that current funding does not meet the needs of First Nations and that the funding process is too complex and cumbersome and leads to unequal access to funds across First Nations communities. There was also concern expressed about funding equity for Aboriginal people living off reserve and for other Aboriginal groups, such as the Métis. Many look to the federal government to address these issues with improved funding for off reserve services.

*We still have too many conundrums between *‘is this a federal government issue, is this a band issue, is this a provincial government issue’ …until we resolve the outstanding issues around land claims and delegation of authorities, we are not in a very good place with the health agenda.*

– International Symposium, Vancouver
Access and Service Delivery

Many participants expressed concern about accessing medical services in rural areas of the Province. They feel that the challenges created by the remoteness of many First Nations communities are not being addressed adequately through current travel policies and transportation options. Offering more services on reserves was one solution to alleviate the need to travel outside the community. Equality of access to services on and off reserves was an issue for many participants. Funding for many programs on reserve does not recognize people living off reserve and their needs. Some participants hoped that improved communication about available services both on and off reserve would help address this issue.

It is important for many that the health care system respects Aboriginal cultures and traditional practices. They feel that the health care system lacks cultural sensitivity and that this negatively affects the health care First Nations receive, especially in the case of end-of-life care. Some see the delivery of more health services by First Nations health professionals as one solution. Others hope that increased education for all health professionals about First Nations cultures will increase understanding and help to break down long-standing barriers. Many suggested that small changes, such as taking more time to listen to concerns raised by First Nations patients and making space for First Nations spirituality in hospitals could make a big difference in their experiences with the health care system.

When the community is designing and controlling its health services, and when you have Aboriginal health professionals delivering it, it’s actually getting at this underlying problem… the reason why I believe there’s persistent health status disparities is there has been a mismatch in terms of the theoretical assumptions and the mechanistic frameworks of health care delivery.

– Focused Workshop on Delivery Models, Vancouver

Mental Health and Addictions

Mental health and addictions were areas of great concern for First Nations participants. Most feel that there is a lack of resources and services available to help those with mental health and addiction problems and that too often these issues result in suicide. Others expressed concern that even when treatment is available, it is short-term and there is no follow up or support for families. To be successful, participants suggested mental health and addiction services need to be available in First Nations communities, delivered by First Nations people incorporating traditional teachings and offering long term supports.
Many participants suggest the intergenerational effect of residential schools is a cause of many of the mental health and addictions issues facing First Nations communities. Many suggested consideration must be given to this factor when First Nations people are diagnosed with mental illnesses. Failing to recognize the impact of residential schools affects the ability of patients to truly overcome their issues. Participants also believe residential schools have impacted the parenting skills of many Aboriginal families. Some suggested that compensation funding is too often used to treat the symptoms caused by these experiences instead of being used to help in rediscovering traditional identities crucial in overcoming this history.

Elder Care

Elders play a crucial role in First Nations society. Many participants expressed concern about how and where Elders are cared for. Many First Nations feel that keeping their Elders close to their communities maintains a link to culture and tradition which is integral to their health. Elders require safe, affordable, culturally sensitive care on reserves so they are able to continue to help their communities. There was concern expressed about Elder abuse, with many participants wanting families and caregivers to be held responsible in cases of abuse or neglect.

Determinants of Health

There are a number of factors that directly impact First Nations health and result in poor outcomes when compared to other British Columbians. Many participants believe that the move away from a traditional lifestyle, including traditional foods, has resulted in a rapid deterioration in their health. A return to traditional practices and foods would help in this regard along with increasing the availability of healthy foods on reserves. Others feel that poverty among First Nations is a contributing factor to poor health. To address this they suggested improving access to higher education and empowering people with skills and resources.
The prevalence of chronic disease in First Nations communities is a cause for concern for many participants. Rates of diabetes, cancer and HIV/AIDS are all higher for First Nations than for other British Columbians. Participants feel prevention and education are vital in addressing chronic disease issues. They also feel that locally-delivered, culturally appropriate services and treatment options must be available to help those living with chronic illnesses.

When I was a little boy, you were rich if you had bologna and poor if you had fish. And, you know; now it's shifted back to the right perspective… Once more…you relish in the idea… that you have access to fish. But some of our people's diet is still stuck in there, and what they think of as good food is killing them.

– Chief Leonard George, International Symposium, Vancouver

Conclusion

First Nations participants in the Conversation on Health brought a number of unique issues and concerns to the forefront, such as the lasting effects of residential schools and the complex governance and funding models in effect in First Nations communities. Other concerns such as access to services in rural areas of British Columbia and the needs of Elders and seniors were consistent with concerns raised in forums all over the Province. These common concerns and unique issues highlight the complexity of delivering services to First Nations, and the need for continued dialogue with First Nations to ensure their voices are heard and their needs are met.

I hope this conversation turns into action… We need some process in place, a partnership with the province and First Nations.

– Little Shuswap First Nations Forum.
First Nations

This sub-theme includes the following topics:

- **Access to Health Care Services**
- **Service Delivery**
- **Health Human Resources**
- **Residential Schools**
- **Mental Health and Addictions**
- **Determinants of Health** (Culture, Parenting and Childcare, Health Outcomes, Socio-Economic Status, Environment, Chronic Diseases and Diet)
- **Intergovernmental Cooperation, Governance and Funding Models**
- **Elder Care**

### Related Electronic Written Submissions

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### Related Chapters

Many of the topics discussed by participants in the Conversation on Health overlap; additional feedback related to this theme may be found in other chapters including: **Access; Complementary and Alternative Medicines; Addictions; Environmental Determinants of Health and Food Quality; Chronic Disease Management; Mental Health; Training and Social Determinants of Health.**
Access to Health Care Services

Comments and Concerns

Access in Rural Communities
On and Off Reserve Access
Travel for Medical Care
Socio-Economic Issues

• Comments on access in rural communities:
  • Isolated and rural communities have unique and special access challenges for obtaining health care.
  • The current programs offered by communities, reserves and health departments do not reach the majority of First Nations in their communities.
  • Local health services are not provided.
  • There are gaps in service delivery to Aboriginal communities.
  • There is an absence of 24-hour health care in most small communities; however, Ts’ewulhtun Health Centre is always open.
  • Our nurse only works three and a half days per week for a population of approximately ten thousand people.
  • Not all areas of British Columbia have an affiliation with a Friendship Centre or a health service delivery society off the reserve.
  • It takes a long time to obtain blood tests results in Cowichan, British Columbia.
  • Health nurses do not do home visits. One nurse comes to the community twice a week.

• Comments on access to health care for those on and off reserve:
  • Access to health care is not equal for all Aboriginal people. A person living off the reserve cannot go to their Band for medical services such as the flu shot.
  • I have reserve people who cannot access services because they live on the other side of the road.
  • There is a lack of information accessible on what is available to status and non-status Aboriginal people.
  • Some bands collect funding for members living in rural areas but do not extend services to them.
• Sometimes, on-reserve services do not meet the needs of those living in rural areas.

**Comments on the difficulties of having to travel for medical care:**

• Arranging for transportation and accommodation can be problematic and costly when one requires treatment to a larger centre that is not close to home. Communication between the doctor and the travel clerk is difficult and complicated due to the need for a referral and the amount of paperwork involved. Discharge plans do not include transportation and accommodation plans for post emergency services.

• Finances for medical travel may not be available, which increases stress and illness. Medical travel may be planned for three days in advance of an appointment but extensions occur, which increase the complicated paper trail. There is also a three-month delay before one is reimbursed for medical travel expenses.

• The rising cost of transportation to send people for medical care continues to escalate while the federal government continues to apply cuts to what they currently pay for.

• Travel expenses are incurred when one must travel to obtain prescription renewals on a monthly basis.

• Lack of transportation limits access to urban health services for people on reserves.

• Ambulance services do not always respond to calls from remote and rural areas.

• First Nations people do not want to travel from their communities to obtain health care.

**Comments about socio-economic issues:**

• Aboriginal people have traditionally, both here and internationally, had very poor access to health care, particularly primary health care, for a variety of reasons involving financial, geographic, social, cultural and linguistic concerns.

• There are geographic barriers, language barriers, transportation issues, poverty and literacy concerns and a lack of health education and accessibility to health education in Aboriginal communities at the present time.

• Some dental clinics refuse services to First Nations people because money is an issue.
• The fact that prescriptions are covered means First Nations people have access to treatment for illnesses.

• Non-Insured Health Benefits (NIHB) are restrictive in what they cover and their reimbursement is not in the range of fees charged by service providers. Service fees are too high.

I ideas and Suggestions

Access in Rural Communities
On and Off Reserve Access
Travel for Medical Care

• Ideas about access in rural communities:
  • Go to the remote Aboriginal communities and talk to the people there, to get them involved at the grassroots level.
  • Have spokespeople in rural areas.
  • Provide community health representatives in First Nations communities.
  • Aboriginal communities require funding to implement plans to help them deal with their many needs.
  • Provide more locally-based Nurse Practitioners to work with the doctors.

• Ideas about on and off reserve access to health care:
  • Ensure equal access or even better services on reserves than are currently available off reserve.
  • Provide equitable and timely access to health care services.
  • Enable the mobility of status rights within the Province and across Canada.
  • Recognize that members would like to move back to reserves but are unable to for a variety of reasons. When considering funding requirements we should be able to consider them as living on reserves. Registered members of a band should get health care funding regardless of where they live.
  • Provide Women’s Transition Houses on reserves.
  • Provide better information that is better circulated regarding the services available to those living off the reserves.
  • Strengthen on and off reserve client response.
• Services provided should be community specific, both on and off the reserve.

• Increase funding for urban Aboriginal health services. Offer the same programs on and off reserve. Our band helps members on and off the reserve but we do not get funding for the off reserve people.

• Develop partnerships and agreements with the off reserve resources.

• Have Registered Nurses visit the reserves.

• Have health centres on reserves for youth (12-18 years) with Elders providing the teachings.

• **Ideas about the difficulties of having to travel for medical care:**
  
  • First Nation and Inuit Health should not make it difficult for health care providers to assist First Nations people to access the resources needed to assist with the increased cost of living and medical travel.

  • Provide access to government sponsored medical transportation vehicles.

**Outstanding Questions**

• Are the Aboriginal health centers funded by the Department of Indian Affairs?

• Why do Native people not pay for medical and pharmacy services?

**Service Delivery**

**Comments and Concerns**

*Administering Services*

*Culture and Traditional Medicine*

*Health Professionals and Treatment*

• **Comments on administering services:**

  • The definition of Indigenous needs to be clarified and not defined by the Government as a way to restrict or restrain health care funding, thereby limiting incurred health care costs.

  • We need to define whether First Nations applies only to those living on a reserve or for all those with Aboriginal ancestry.

  • Aboriginals are not always identified by the health system which means that the statistics and their health statistics are incomplete.
• First Nations do not have enough say about their service delivery.
• There is a lack of funding for social services due to Government cut-backs. Social services are not aware of the sexual abuse among children.
• We really need stabilized funding for youth health programs.
• There is a lack of understanding of what is medically covered and about medical billing practices.
• The closing of the First Nations/Inuit Health branch has had a detrimental effect.
• There are a lot of programs and services that only a select few tend to know about and are able to access.
• In order for us to take responsibility we need to know what is available. There seems to be barriers that are keeping information from us.
• Despite numerous meetings and requests by Carrier Sekani Family Services for the National Health Authority to fund or subsidize this service, the contracts continue to be given to non-Indigenous agencies that do not provide services on the reserve.

• Comments on culture and traditional medicine:
  • Aboriginal families do not feel welcome in hospital settings because of how they have been mistreated in the past. The Aboriginal world view of health and life process is not respected.
  • The medical system views patients as diseases and do not treat the whole patient. There is no room for spirituality and the physical, emotional and mental aspects of health.
  • There is no recognition of the traditional healing methods of Aboriginals.
  • Aboriginal culture does not fit within the current medical system.
  • There is a lack of culturally sensitive care.
  • There is a lack of sensitivity by health professionals regarding the styles of communication, language, cultural issues, ceremonies and amount of family visits required by Aboriginal patients.
  • There is a lack of traditional healers in some communities.
  • Access to health information and resources that are intrinsic to Indigenous communities have been overlooked or systematically dismantled.
  • I believe that there has also been a persistent marginalization of Indigenous ideas and systems regarding health, which results in some inefficiency.
• There is a stereotypical attitude towards the First Nations population and their health issues.

• Health care policy makers need to be aware that Indigenous cultures may appear to be simplistic but actually contain a science that is based on thousands of years of empirical understanding from living off the land.

• Both Bella Coola and Bella Bella hospitals are superb examples of Native and non-Native communities working together to a common good for all in the community, despite real or perceived boundaries, cultural differences and visible barriers for funding sources.

• **Comments about health professionals and treatment:**
  
  • There is a lack of appropriate services, resources and alternatives for issues that are growing and becoming more complex. We need to move beyond the crisis model and think beyond the programs that exist today.
  
  • Doctors over-prescribe medications to Aboriginal people.
  
  • We always have a problem with prescription drugs and their side effects on our health.
  
  • The knowledge and application of traditional treatment methods are helpful and should be used rather than always utilizing antibiotics.
  
  • Some health care providers discriminate and refuse to provide services to Aboriginal people.
  
  • Doctors do not listen to Aboriginal people.
  
  • First Nations individuals see hospitals as a place to die.
  
  • Many First Nations people are very scared and resist going to hospital because of the racial discrimination they receive and because of past associations with hospital treatment being the end-of-life or the last stop.
  
  • There is a disparity in the delivery of Aboriginal health services.
  
  • There needs to be more support and services for people with chronic illnesses.
  
  • There is a lack of confidentiality and anonymity in small communities.
Ideas and Suggestions

Administering Services
Culture and Traditional Medicine
Health Professionals and Treatment

• Ideas about administering services:
  • The First Nation’s crafted vision for First Nations health includes all people of Aboriginal ancestry and sets standards for best practice and quality assurance.
  • Reports from the Royal Commission and the Kelowna Submissions both identify the need for Aboriginal communities to control their own health services.
  • Privatization of health care is not the answer. The Government must realize that the privatization of vital health services is not cost effective and results in harm to our communities. The answer to funding shortfalls in health care requires a greater focus be placed on preventative medicine and other creative solutions. By addressing the root causes of poverty, which is one of the most detrimental health indicators, the Government will save money and treat the people of this Province with the dignity they deserve.
  • Review current programs and services to determine what is needed. Think beyond what is currently available. Focus on priority-driven rather than investigative-driven research. Education, social services, poverty, capacity building and housing are issues that need to be factored in as part of the transfer process.
  • Work with the Assembly of First Nations and read the information on their website.
  • Develop publications that are geared to First Nations families.
  • Introduce a province wide identification system for all Aboriginal people to track all users of Aboriginal health. Current status cards only track those living on reserves.
  • Implement electronic health records for Aboriginal populations.
  • Ensure that Non-Insured Health Benefits (NIHB) aligns their fees with the current dental, dental surgeon and optometrists fee schedule.
  • Ensure that adequate treatment is available to First Nations people. First Nations people generally do not have the money to pay and will instead do without.
  • Aboriginal health needs in each community must first be identified and then matched with the health professionals and resources to meet those needs.
• Information about the programs available needs to be shared.
• Have people with knowledge available as a community resource.
• Increase connections and partnerships with other community resources, such as the Aboriginal Friendship centre, to facilitate access to health services.
• Utilize Elders as community resources.
• Develop and build the capacity for health service providers to work with Aboriginal people on and off the reserves.
• Hold a forum with all First Nations health organizations and front-line health workers to clarify what resources are available.
• Aboriginal communities need to control their own health services, as recommended in both the Royal Commission on Aboriginal People and the Kelowna Submissions.
• Implement an identification system on all forms to aid in health care service delivery.
• Increase cooperation between various authorities regarding health delivery.
• The Elders’ yearly conference is a great way to get health information out and to share teachings.
• Build positive educational opportunities in the community through newsletter inserts, contact with the Royal Canadian Mounted Police and other outside agencies.
• Have Aboriginal support workers liaise with Aboriginal and non-Aboriginal professionals.
• Provide an alternative to electronic forms.
• We need full service clinics based in First Nations communities.
• There should be non-segregated clinics that are operated and staffed by Aboriginal people.
• Have a health department specifically for Aboriginal bands.
• Provide health care and support for Aboriginal women working the streets.
• **Ideas about culture and traditional medicine:**
  
  - Non-Native people lack of cultural awareness.
  - Traditional practices need to be respected. External Governments need to recognize and support traditional practices.
  - There needs to be more recognition of traditional medicines, teachings, healing and culture. Learning and respect leads to patience, compassion and understanding.
  - Use traditional medicines.
  - Traditional healers and methods need to be accepted politically and professionally so they can be structured to benefit the communities. When acceptance is there, there is structure and then funding flows to the communities.
  - Fund traditional health and spiritual Aboriginal practices.
  - Traditional medicine should be accessible and affordable.
  - Increase the connection between traditional and western medicine.
  - Utilize both allopathic and traditional Aboriginal medicine in the treatment of Aboriginal people.
  - Health professionals need to be sensitive and aware of the communication requirements of Aboriginal people. Informing Aboriginal people through the use of written material is not necessarily effective. Instead, health professionals need to let Aboriginal people take the lead by listening to the anecdotal stories and providing a more interactive environment.
  - Develop an integrated community-based model using best practices and offer culturally-based services involving First Nations using mainstream resources and a professional approach. There needs to be a comprehensive health intervention plan created with a best-outcomes result. Build a continuum of care for Aboriginal people.
  - Have the Aboriginal community design and control their health services and have Aboriginal health professionals deliver these services. This will alleviate the mismatch in terms of the theoretical assumptions and the mechanistic frameworks of health care delivery.
  - There needs to be recognition that First Nations programs are the best. The best programs are run by community members because they also provide community role models.
  - There is a lack of education for Canadians around Aboriginal issues and history.
There is a lack of understanding about colonization, oppression and the after effects. Canadians need to see First Nations people as Canadians. First Nations people need to understand that they have rights and a voice in the hospital.

**Ideas about health professionals and treatment:**

- The level and quality service prior to the treaty being signed must be restored which includes the restoration of key staffing positions in the nursing area as well as substance addictions counselling and public health.
- First Nations people need to determine what their health needs are and then take ownership and responsibility for meeting those needs.
- Many First Nations people fear hospitalization. This could be reversed with mutual, sincere respect and compassion.
- Schedule listening time so doctors and nurses can treat the whole person within their family and cultural context.
- There is a need for a Center of Excellence for Aboriginals which treats the whole person.
- Utilize a holistic and client-centred approach when treating Aboriginal people.
- Provide translators where language is a barrier.
- Priorities for families with children up to six years of age include a focus on health promotion, disease prevention and the provision of supportive health services.
- Have professionals who accept welfare and status Aboriginal clients.
- Have a First Nations person accompany anyone with a disability to the hospital so that no assumptions are made and they receive appropriate care.
- Create a program where local pharmacists and doctors come into the community to review each person's medications.
- Provide medication subsidies to individuals in need.

**Outstanding Questions**

- Why are our First Nations people of British Columbia excluded from proper education regarding alternative medicine which is what these people used as their medicine for thousands of years?
- How do we get the First Nations Leadership Council to support and promote traditional healing?
Health Human Resources

Comments and Concerns

- Health professionals do not want to move to remote Aboriginal communities even though there is a great need for them there.

- Recruitment of health professionals, for example in Bella Coola, is an issue. The demand for health professionals in the larger centers puts pressure on the rural, remote areas because applicants are scarce.

- There is not enough recognition for the nurses that work in Aboriginal settings.

- In order to be effective, health care workers need to have a good rapport and fit well within the First Nations community they are working in.

- It is difficult and frustrating for First Nations people to communicate with doctors.

- There is a need for more Aboriginal health care workers and providers.

- There is a lack of First Nations specialists.

- Provide incentives to get more First Nations people involved in quality health care at the community level.

- There is a lack of Aboriginal presence in health care at all levels, not just in health care professions.

- The cost of nursing school (for First Nations students) for one semester is $1,600 which covers tuition, books and a stethoscope.

- Human resource systems do not always support the hiring of Aboriginal people.

- There is almost no monitoring or accountability of band health staff and programs.

- There are addictions workers who have no training or professional supervision.

- It is difficult to find traditional healers with accepted credibility.

- Other provinces recognize traditional healers and allow them to bill for their services as doctors do. This is not the case in British Columbia.

- Seeing a Native person in a position of authority is healing and gives our children hope.
Ideas and Suggestions

- More recruitment incentives need to be offered to attract and retain qualified health care professionals in rural, remote areas of British Columbia. Doctors, nurses and other health care workers are in short supply. It is necessary for the Government to continue to assist communities in attracting and retaining vital medical personnel by continuing to offer incentives like living allowances and student loan forgiveness. Similarly, the importance of volunteer ambulance attendants has been underestimated by the provincial government. The Government needs to make being an ambulance paramedic worthwhile by giving these hardworking medical professionals a living wage and helping them with the expenses of training. The two dollar an hour pager wage must come to an end.

- Compensate health care workers appropriately.

- Increase the mileage rates paid to health care providers to compensate them for traveling to rural areas.

- Funding should be spent on hiring more health care workers and not on administration.

- Have doctors do their practicums in rural areas.

- Focus on the training of Aboriginal people.

- Make it easier for an Aboriginal person to become educated as a health care professional. Have more openings in doctor’s training programs for minority people in rural British Columbia, for example at the University of Northern British Columbia. Bring health care training to rural communities such as Williams Lake.

- Provide financial incentives such as grants, bursaries and scholarships to Aboriginal people to cover or assist with their health education tuition costs.

- In Aboriginal areas, where the majority of people are Aboriginal, there should be a high percentage of staff who is Aboriginal.

- Develop a mentoring program for traditional healing training.

- Utilize traditional healers to treat the physical, emotional, mental and spiritual health of the people.

- Non-Aboriginal people need education to understand the reality and effects of colonization on Indigenous peoples.

- Teachers, social workers and health care professionals need to be educated in the teachings of our Elders.

- Provide cultural awareness and sensitivity training for all health care professionals and workers. We need to develop the capacity to critically synthesize and
communicate appropriate cultural knowledge to primary health care service providers.

- Cultural awareness training should be taught by Elders because of their wisdom, knowledge and personal experiences.

- Make a video depicting life on the reserves which would include the overcrowding and poverty, the culture and the joy for life.

- Coordinate the networks between health care providers, social workers, school counsellors and agencies.

- Certified Dental Assistants (CDA) are trained and licensed oral health care professionals. They can provide oral health promotion in tobacco cessation, nutrition relating to oral health, pre and post natal oral care and self-care (brushing and flossing), as well as preventive services for under-serviced populations in British Columbia.

**Residential Schools**

**Comments and Concerns**

- **Health and Safety**
- **Life after the Residential School**
- **Mental Health and Addictions**
- **Treatment of Residential School Syndrome**

- **Comments on health and safety:**
  - Residential schools did not care about the physical health of the children. Children were exposed to coal and lead paint. Children performed jobs without proper safety protection which resulted in health issues that include cancer and lung diseases.
  - Vegetables and milk were not provided in residential schools. An inadequate diet provided to Aboriginal children has contributed to the health problems today, including obesity, diabetes and osteoporosis.

- **Comments on life after the residential school:**
  - Residential school experiences resulted in a lack of trust for the health system, a lack of trust within the community, fear and disempowerment.
  - Aboriginal people have trust issues with authority figures as a result of attending residential schools.
Hospital experiences can be frightening for Aboriginal people because of previous residential school experiences.

The residential school experience resulted in the loss of Aboriginals' native languages.

There is a link between lack of parental skills, as a result of the parent attending a residential school, and mental health and addictions.

The influence that residential schools had on the parenting skills and child rearing methods of those who attended them needs to be recognized. Parenting skills were lost. Violent and abusive discipline replaced traditional ways that previously included social skills, values, culture, legacy and traditions. Aboriginal people who attended these schools often have difficult issues they are dealing with personally which prevent them from paying attention to their children. The younger generation has to understand or imagine what their parents went through to break the cycle so that it is not repeated.

Residential school survivors overcompensate for their children.

The effects from attending residential schools are: not being able or allowed to ask for help; alcohol and drug abuse to cover the psychological pain and a negative influence on raising children.

Whole families are affected by experiences resulting from residential schools. Compensation is available to children of residential school victims and survivors but is not available for people who have already passed away. The effect of residential schools does not stop in one generation. Direct compensation is not enough because money is needed throughout the whole system to correct these issues. Understanding needs to happen over multi-generations surrounding the issues of the loss of culture and language.

Aboriginal people who are getting their monetary settlements are afraid of being robbed and beaten.

Comments on mental health and addictions:

Residential school trauma is a multi-generational concern that affects all First Nations communities. There are very few resources available to address this root cause of most of the mental health and addiction concerns in our communities.

Residential school trauma was identified as a major cause of mental health and addiction concerns within Aboriginal communities.
The survivors of the sexual, psychological and physical abuse which occurred at the residential schools has often resulted in those individuals requiring treatment and counselling for drug and alcohol addictions and for perpetuating patterns of continuing abuse.

Residential school history and issues affects the mental health of Aboriginal people today.

Children need the love of their parents to grow up properly and to have good mental health. Children in residential schools grew up without their parents and their parent’s love. Suicide can be one of the results of poor mental health.

Residential school compensation payments are not adequate to cover the treatment costs for the mental health issues resulting from attending these schools.

A large portion of the money awarded to Aboriginal people as compensation for the residential school experience goes to the treatment of alcohol and substance abuse but this money does not solve all the problems.

Comments on treatment of residential school syndrome:

Aboriginal people with residential school syndrome are not being diagnosed correctly.

People in residential schools did not have control over their lives. They were made to do things they did not want to do. It is a big issue that will never go away but people need to have the chance to open up.

Clinical counsellors are expensive but much needed to deal with the effects of the trauma of attending residential schools through the generations. If this issue is not addressed now, it will drag on forever and continue the expense into the future.

Ideas and Suggestions

Mental Health and Addictions
Treatment of Residential School Syndrome

Ideas about mental health and addictions:

Provide counsellors for Aboriginal people who have experienced residential schools.
• Well-educated facilitators need to be available to come in and work through an individual’s trauma. A broad array of treatments needs to be available for residential school survivors.

• Have people who have recovered from residential schools provide the help and counselling to those who are still struggling to get better.

• **Ideas about treatment of residential school syndrome:**
  
  • Traditional healing needs to play a role in helping residential school survivors.
  
  • Intense spiritual healing is needed for the survivors of residential schools and it needs to be covered by the medical system.
  
  • Implement a proactive, community-based model to address the complex issues resulting from having attended residential schools.
  
  • Provide lifetime funding for multi-purpose buildings that house supportive healing journeys and the resources needed to break the cycle of residential school experiences.
  
  • Have support groups for people to help them rediscover their identity. Increase counselling available for people. Support has to be culturally sensitive and community driven. Find a way to help people relieve their burdens and hurt feelings. Include Elders because they have a spiritual way of communicating. Have a healing circle and centre or meeting place in a community where everybody can feel comfortable.

• Educate children about what happened in residential schools.

• The Chief and Council need to educate their people on how to look after and invest their settlement money properly.

**Mental Health and Addictions**

**Comments and Concerns**

• Mental health and addictions, suicide and schizophrenia are real concerns for Aboriginal people.

• We have so many young people committing suicide because there is no hope. We need to be able to show them that there is a future for all people in British Columbia.

• There is a lack of appropriate services, funding and facilities for youth with mental health and addiction issues.
• There is a lack of preventative services for youth in the area of mental health and addictions.
• There are no mental health programs in the community.
• It is difficult for reserve members to access mental health and addiction services in urban centers because of a lack of transportation.
• The issues of drug and alcohol abuse must be confronted.
• Alcohol related deaths are four to nine times higher for Aboriginal people compared to the general population. Drug induced deaths are 1.7 to 6.9 times higher for Aboriginal people compared to the general population.
• The National Native Alcohol and Drug Abuse Program community health representative is so busy travelling and doing paper work that she is barely able to see patients and do preventative work.
• The problem is how to get valuable health prevention strategies and resources out to the hard to reach groups, including aboriginal communities and people with mental health and addiction issues.

Ideas and Suggestions

• Create a model and health portfolio for engaging people with concurrent mental health and addiction issues.
• Provide a continuum of care system that includes outreach service, emergency services, short-term care, long-term care, home support and ongoing counselling and family services for people with addictions and mental health issues.
• Establish a mental health and addictions pathway for First Nations people and Aboriginals at all levels of health care. Engage the families.
• There is a need to provide training and education for the family on what to expect and how to help a relative returning from treatment for addictions.
• Elders can teach people and provide role modelling.
• Grandmothers are the spiritual health healers and can help youth with their problems.
• We need our Elders to teach our children about spirituality, language, alcohol, drugs and cultural history to steer them in the right direction.
• Focus on treatment now and then move to prevention. We need to take a multi-faceted approach to counteract drug use and misuse.
• Need proactive, long-term and ongoing follow-up and funding for mental health and addictions.

• We need ongoing resources, support and funding to decrease the prevalence of drug use.

• Have the Province invest some funding for mental health and addictions programs on the reserves to complement their existing services and allow communities to benefit from having complete community services.

• Fund crisis intervention for suicide and depression.

• We know in British Columbia that self-determination of health services saves lives. There was a study in the Province that indicated that youth suicide was actually reduced in those communities that self-determine. It is recognizing Aboriginal people in a fundamental way because they are people first.

• Banish the drug dealers.

• Promote physical activity, sports and recreation.

• Involvement in recreation and physical activity equals suicide prevention.

• Provide education on the prevention of mental health and addiction issues.

• Mental health and addiction treatment programs need to be tailored to the cultural of Aboriginal people.

• There needs to be treatment facilities where there is a cultural understanding and emphasis such as remote, longhouse style treatment facilities and residential care.

• Have Aboriginal critical-incident response teams. Provide outreach programs for youth and have them recruit their peers to help. Put on plays for students which deal with suicide. Build self-esteem from an early age.

• Provide mobile health professionals and services for people with mental health and addiction issues.

• There is a need for First Nations trainers for programs on suicide prevention. Provide core funding to ensure we do not lose any more of our children to suicide.

• Provide a place for people with addictions to go to ensure there is a separation from temptations. For example, a wilderness program where the people live off the land in the wilderness for a 28 day period.

• Implement the Addictions and Mental Health Report from Carrier Sekani Family Service.

• Establish a 24 hours a day, seven days a week health clinic in the downtown where the police can take people they have picked up who have drug or alcohol problems.
• Implement strategies to increase counselling for pregnant women about substance use during pregnancy.

**Determinants of Health**

**Comments and Concerns**

- **Culture**
- **Parenting**
- **Health Outcomes**
- **Socio-economic Status**
- **Environment**
- **Chronic Diseases**
- **Diet**

**Comments on culture:**

- I think we have to recognize that we have failed First Nations people.
- Dysfunction has become considered normal in First Nations communities.
- There is a lack of culture being maintained among Aboriginal people.
- In cities there is isolation, both from the environment and the home, and a lack of understanding. First Nations people that move to big cities lose contact with family and have little to fall back on in times of hopelessness.
- We should not guilt our young people into our culture. It is each parent’s responsibility to teach culture to their children.
- Becoming in touch with your culture at any age is healthy.
- Concerns about racism were raised.

**Comments on parenting and child care:**

- In British Columbia there is a disparity in outcomes for infant mortality rate. First Nations’ infant morality rate across the Province is approximately two to four times as high as the rest of the population.
- There are a number of areas where Aboriginal children were diagnosed about ten per cent less frequently than non-Aboriginal children, including cancers, endocrine system conditions and congenital anomalies.
- Aboriginal people make up seven per cent of the total population in British Columbia, yet 56 per cent of Aboriginal children are in care.
• More than one in seven Aboriginal children has been in care at some point in time in their lives. The health outcomes for children in care are especially poor.

• Aboriginal children in care will likely remain in care longer and will constitute a higher percentage of children in continuing care in the future.

• Twenty per cent of Aboriginal children who are in care of the ministry graduate from school compared to 40 per cent who are cared for by their family.

• Aboriginal males, formerly in continuing care, were admitted to hospital for assault-related injuries more than twice as often as non-Aboriginal males, formerly in continuing care, were. The rate was almost three times higher for Aboriginal females than for non-Aboriginal females.

• The disconnection of Aboriginal youth in care from their cultural and community roots is a continuing reality that increases the likelihood of their engaging in high-risk activities.

• There are no parenting classes for males.

• Families used to work and live together as a tighter unit. The grandmother was the core of the family. Everyone in the community helped each other with food gathering and sharing of supplies.

• Parenting involves parents, aunts, uncles and the whole community. It takes a whole community to raise a child.

• Youth are easily influenced by non-traditional ways. It is difficult to reach the off-reserve youth.

• Youth today are the patients of tomorrow. Concerns were expressed about Aboriginal youth smoking, their obesity and their lack of exercise.

• Youth are more sexually active at a younger age.

• Comments on health outcomes:

  • The University of Northern British Columbia is home to the National Collaborating Centre for Aboriginal Health which has a mandate to work with Aboriginal communities to enhance their capacity to address their determinants of health.

  • The gap in health status between British Columbia’s Aboriginal people and other British Columbians spans a long list of indicators, including life expectancy, mortality, youth suicide, infant mortality, diabetes rates and childhood obesity. These poor health outcomes arise from a number of social and environmental factors that are outside the normal purview of Canada’s health care system.
Health outcomes for Aboriginal populations, both on and off the reserve, are far below average statistics.

I am optimistic that I will reach the age of 40 shortly but a lot of the friends that I grew up with are not here. This is a reality of our community and not the complaint of another Indian leader talking about injustices.

First Nations people have a life expectancy that is seven and one half years shorter than the rest of the people in British Columbia.

The Central Coast of British Columbia has the lowest life expectancy in the entire province with an average life expectancy of 68.5 years compared to 80 years in the rest of British Columbia. People of First Nations descent make up 70 per cent of the population of the Central Coast.

Less than a year ago, we signed the Transformative Change Accord and we hoped that by November of this year we would have a plan that would raise First Nations people across the province of British Columbia to the same level of health determinants as the rest of British Columbia.

Our young people are dying at an alarming rate from a whole series of issues that in many ways culminate in suicide, which is absolutely tragic.

Aboriginal people's use of residential care in Vancouver is twice as high as the rate for the general population. Hospitalization rates and preventable admissions are equally higher.

Clear indicators show that Aboriginal people in British Columbia suffer higher rates of disease, including diabetes, addictions and suicides than the rest of British Columbia and Canada.

There are higher smoking rates for men than women, Aboriginals than non-Aboriginals and in those who live in the northern regions of British Columbia.

Teenage Aboriginal girls smoke more than any other group today.

**Comments on socio-economic status:**

Alternative and innovative solutions to close the socio-economic gap between our people and the rest of society cannot be explored before first establishing a base-line of what exists today. Then we can take a ten year planning approach and be able to measure progress with clear indicators.

First Nations communities have even less resources today. The poverty that exists in our Aboriginal communities is unacceptable. Economic factors influence the health care of First Nations people.
• There are Aboriginal people that do not have an income and some who cannot get social assistance. The unemployment rate for Aboriginals is around 14 to 15 per cent as compared to four or five per cent for the rest of British Columbia.

• Federal funds allocated for reserves must go to them but there is not enough housing on reserves for all Aboriginal people to live there.

• Comments on environment:
  • The appropriation and destruction of Aboriginal land, forests, water and air has eroded Indigenous food systems and ways of life.
  • Water in the community is not potable.
  • The sewer and water systems on the reserves are substandard.
  • There is a clear link between health outcomes and broader socio-economic determinants, including housing, education and general social economic conditions. Aboriginal communities in both urban and remote, rural areas each have specific and unique problems.

• Comments on chronic diseases:
  • First Nations people’s rate of diabetes is triple that of the rest of British Columbia.
  • First Nations people have a 400 per cent greater chance of getting Type II Diabetes.
  • Our middle aged people are dying in unprecedented numbers from diabetes related illnesses such as heart attacks and strokes.
  • Research has shown that there are several attributes that contribute to diabetes, which include a high carbohydrate diet of highly processed foods and a sedentary lifestyle. The Canada food guide is not well suited to all people. The concept that a diet should consist of 55 per cent carbohydrates is not beneficial to Indigenous populations that typically have a high rate of Type II Diabetes.
  • AIDS and HIV deaths among Aboriginal people are double those in the rest of British Columbia.
  • Human papillomavirus (HPV) vaccine will be particularly important in the Aboriginal populations because research indicates that Aboriginal women tend to have higher cervical cancer rates than the general female population.
  • It seems that prostate cancer is still a mystery in First Nations communities.
• **Comments on diet:**
  
  • The negative effect the change in diet has had on our people has never been recognized.
  
  • The change from a traditional Aboriginal diet has resulted in diabetes and obesity.
  
  • The abundance of culturally important foods is declining.
  
  • Traditional ways of sharing and providing food have been lost.
  
  • Allergies to seafood do not allow the natural diet needed by Aboriginal people to be followed.
  
  • Diet is very important for good health. People on welfare cannot afford the proper and necessary food. Aboriginal people are eating Kraft Dinner, hot dogs and white bread because the average Aboriginal person cannot afford fruits and vegetables on their current income.
  
  • Health Canada’s food guide does not work for us.
  
  • It is hard to get the right diet for Elders who are dying. For example, Gorge Hospital does not cater to the dietary needs of Aboriginal people.
  
  • Junk food is given out on reserves.
  
  • Obesity often equates to poverty.
  
  • Government laws and policies have affected fishing practices.
  
  • The centralization of food production in the mainstream culture has resulted in a sedentary lifestyle and decreased access to Indigenous hunting, fishing and gathering sites throughout our traditional territories.

**Ideas and Suggestions**

- **Culture**
- **Parenting**
- **Health Outcomes**
- **Socio-Economic Issues**
- **Environment**
- **Chronic Diseases**
- **Diet**

• **Ideas about culture:**
  
  • Encourage involvement in traditional cultural activities.
• Educate Aboriginal people about the traditional ways to keep oneself whole; physically, mentally and morally. Return to traditional values and lifestyles to regain perspectives on wellness. Take the shame out of the process of learning culture and language.

• Communities need to take responsibility and receive support for revitalizing culture, traditions and language.

• We are the only caretakers of our children and it is our responsibility to care for them. Our youth have the right to the lineage of our ancestors.

• Culture needs to be taught, learned and lived at home and in school.

• We need to examine the philosophy and lifestyle, in terms of how aboriginal communities are living today and to look back at some of the traditional medicines.

• We need education around spiritual, moral, mental and physical health. If we are educated in the ways of our Elders, we are safe. We need to go back to our roots.

• We need the ability and finances for travel to visit and re-establish connections with relatives.

• We need to embrace the Aboriginal communities whose residents believe in slowing down, being with family and traditions. Their beliefs are about a sense of peace, wilderness spaces and the earth which all help to improve health.

• Hope affects our health. We need to instil hope in all Aboriginal people.

• Do culturally relevant, on-reserve education on foetal alcohol syndrome, safe babies, diabetes, hypertension and diet.

• Re-introduce Aboriginal people to their culture.

• Elders could video tape and talk to the grandchildren to preserve historical teachings.

• Implement colonization and de-colonization education in public schools to increase the understanding of how things happened and why. This should take place province-wide and not just for Aboriginals.

• Teach the history and culture of First Nations in school.

• Build community strength that is balanced with western exposure.

• We need a progressive Chief and Council who care about their people.

• Bring traditional beliefs into the school system.
• **Ideas about parenting and child care:**
  
  - Social housing and care for children policies that help support the actual needs of children and First Nations families.
  - Partner with the Ministry for Children and Families to be proactive with children in care.
  - Engage in a renewed effort to connect Aboriginal children and youth, in the continuing care of the Government, with their cultural and community roots to enhance their sense of belonging.
  - Strategies for improving outcomes for Aboriginal children and youth in care should focus on enhancing their sense of belonging by engaging the Aboriginal community in the development and implementation of these strategies and by including a cultural component.
  - Provide daycares on reserves.
  - Provide more support for parents when their children are young.
  - Provide earlier assessments, such as vision screening, for Aboriginal children to improve health outcomes.
  - Consider the recommendations from the Rural Aboriginal Maternity Care Project.
  - Improve the quality of care during and following child birth.
  - Return to traditional parenting methods to instil the understanding of traditions. Parenting skills can be learned from Elders.
  - Create a community-based model for Aboriginal health care that focuses on family health promotion: from pre-pregnancy through to birth and after care.
  - Provide parenting classes for males.
  - Enhance healthy parenting through education that addresses mental health, life skills, anger and addictions.
  - Raise our children appropriately to ensure they have high self-esteem.
  - Provide services to all children with special needs.
  - Provide sex education to our youth.

• **Ideas about health outcomes:**
  
  - We need to define health for ourselves.
  - Solutions for Aboriginal health problems lie in merging traditional knowledge with modern science. Integrating information on traditional knowledge,
environmental contaminants, food composition, food availability, environmental changes, cultural factors and socio-economics issues will help communities find solutions they can endorse and promote among themselves.

- We need to step up and respond to Aboriginal health needs by reducing health status inequities and focusing on health outcomes. To do this, we have to pay attention to the determinants of health and work with partners involved with those determinants.

- Invest money for proactive and preventative strategies for rural communities or Indigenous organizations, such as Carrier Sekani Family Services, to prove that annual health reports can be changed to improve long-term outcomes.

- Infrastructure is needed to ensure positive health outcomes in isolated areas. Although highways and cell phone coverage may not seem like health care issues, in isolated areas poor roads and lack of cell phone access can decrease health care outcomes. Speed of delivery is one of the most important factors in emergency medicine. Highway 20 needs substantial upgrades and cell service must be made available to residents of that area.

**Ideas about socio-economic issues:**

- Empower people with skills, knowledge and resources to build capacity for bettering their lives.

- Eliminate the life expectancy gap between Aboriginal and non-Aboriginal people by 2020.

- Improve access to post secondary education for those from rural remote communities who have the hurdles to overcome, which involve moving from their communities, leaving their families, moving to larger centers with an associated higher cost of living and coping in a world that can be very unfamiliar to them.

- Promote exercise and physical activity.

- Quality food, employment, affordable and adequate housing, health services and education are inextricably linked and vital for a healthy community. Healthier economies allow access to better health care.

**Ideas about environment:**

- The Government of British Columbia must prevent the location of toxic, hazardous and atomic production, practice and waste disposal on the lands and areas inhabited by the poor, disenfranchised and First Nations.

- The Province should take over the responsibility for sewers, water and fire protection on the reserves.
• **Ideas about chronic diseases:**

  - Focus efforts and funding on chronic disease prevention and community health initiatives to address poor health behaviours.
  - Focus on diabetes prevention, education and resources in the schools and the communities.
  - The higher prevalence of chronic diseases suggest that preventative programs must be targeted at early ages so children can learn how to live a healthy lifestyle that will continue throughout their adult life.
  - Identify Aboriginal people with chronic diseases in the system to ensure they receive extra support and financial assistance for nutritious food and medical transportation.
  - Create and set-up local chronic disease management programs that include prevention, diagnosis, management of treatment and follow-up.
  - Fund or increase funding for diabetes prevention and management.
  - Focus more public education on ovarian cancer.
  - Have the British Columbia Cancer Clinic partner with First Nations groups in the various regions of the province.
  - Increase activities and services that reduce the risk for HIV and AIDS, Hepatitis C and sexually transmitted infections among First Nations people.
  - The Victoria Order of Nurses has recently agreed to a Memorandum of Understanding with the Assembly of First Nations to undertake joint efforts in the development of strategies and initiatives intended to improve the health of First Nations people. Victoria Order of Nurses understands the unique community health needs and social issues of First Nations communities across Canada, such as isolation, determinants of health, access to services on-reserve and the high incidence of diabetes and renal disease. Many of the issues within this submission, specifically health and wellness and chronic disease management are highly relevant in all regions of British Columbia, including Aboriginal communities.

• **Ideas about diet:**

  - Incorporate natural foods back into the diets of Aboriginal people.
  - Implement nutritious lunch programs in rural and First Nations communities. Provide traditional foods in schools.
  - Promote healthy foods.
• Have healthy foods available at affordable prices.
• Educate people as to what constitutes a healthy diet.
• A combination diet of traditional foods and western foods needs to be looked at.
• Establish community kitchens.
• Provide funding and support for community based, grass roots level, Indigenous food related projects.
• Set aside adequate tracts of land for the protection, conservation and restoration of Indigenous food systems.
• Enhance education and awareness of Indigenous agricultural skills to alleviate the loss of food gathering locations.

**Intergovernmental Cooperation, Governance and Funding Models**

**Comments and Concerns**

**Governance Models**
**Inter-Governmental Cooperation**
**Jurisdictional Issues**
**Funding**

• **Comments on governance models:**
  • There is a historic mistrust of the Government of British Columbia by the Aboriginal community that extends back to colonization.
  • Pan-First Nations approach does not work; one size does not fit all. First Nations’ needs in each community are specific and unique.
  • From an Aboriginal perspective, we have gone from the best set of health care programs in the Trudeau era to the worst programs in this country with the current Government.
  • I am also interested in ensuring that we look at this in a complex way so that Aboriginal health does not get marginalized. For example, there is a need for complex thinking concerning outcomes. This province does not do a very good job of measuring Aboriginal health outcomes, so they are only measuring health outcomes of about 50 to 60 per cent of the Aboriginal population to start with.
  • Local bands and First Nations politics often get in the way of good ideas.
Nurses from various bands expressed their concerns about the deterioration in health programs for bands that now directly receive and manage their health funding instead of receiving it through the federal government. The nurses said they were unclear as to whether these bands were receiving the same level of funding as they had before the devolution.

The Nisga’a Valley Health Board was designated immediately following the effective date of the Nisga’a Treaty to be the health services provider and became known as the Nisga’a Valley Health Authority. Over the last six years, health care services progressively deteriorated to the point that it became a crisis during the last fiscal year. During that period, the services had become dismally diminished and of apparently low quality. Seriously disabling staffing turnover was evident and important community health services and facilities began to disappear, particularly in this community.

Indian and Northern Affairs Canada do not cover many health issues and have a limited budget. There are many Aboriginal people in poverty situations that cannot get medical services.

The First Nations Leadership Council, Chiefs and Councils agree that there is a problem and that is why there was the Transformative Change Accord and the Memorandum of Understanding. The reality in our communities is that very little is going well.

First Nations communities throughout Canada continually express widespread dissatisfaction with the quality and quantity of health care services now provided by the First Nations and Inuit Health Branch or Health Canada.

It was recently alleged by First Nations leaders that Canada continually seeks to provide health services to First Nations and Inuit communities by striving to apply only the minimum requirements of the Canada Health Act.

There is an erosion of coverage under Indian Health. Confusion was expressed as to who holds the First Nations health policy.

There is not a lot of action coming out of the Aboriginal reports. Aboriginal health has not been given a chance to do things differently to save taxpayer's money.

**Comments on inter-governmental cooperation:**

People who are familiar with policy work will understand the problem of government policy cycles. The Kelowna Accord was signed off but then the federal government changed and the new Government has not followed through on the financial commitment of the previous Government.

There is a perception that there is a lack-of-will to partner with First Nations.
• The goals of the new government-to-government relationship with Aboriginal people of British Columbia are commendable. Victoria Order of Nurses supports the restoration, revitalization and strengthening of First Nations and their communities to improve the circumstances and eliminate the gap in standards of living with other British Columbians.

• **Comments on jurisdictional issues:**

  • We still have too much confusion over whether an issue should be managed by the federal government, the provincial government or the band. Until we resolve the outstanding issues around land claims and delegation of authorities, we are not in a good place to resolve health issues. There needs to be a meaningful consultation with Aboriginal people to ensure that their voice and a voice from each individual community are heard.

  • There are some realities of jurisdictional issues. The federal government started out by trying to emulate the American Indian Health Service and hired their own doctors, dentists, dental therapists and pharmacists, to provide services to either on-reserve Indian people or to Inuit in the Arctic on the hospital ships. Then they decided this approach was a bad plan and it would be better to rely on the provincial health care infrastructure and somehow integrate the populations for which they were responsible with the provincial health care systems. They started paying health care premiums where premiums already existed for Indians to get services from the provincial health care system. And they contracted with pharmacists, dentists and others to provide non-insured services. That is how these anomalous patterns emerged because the plan was changed mid-stream to save money.

  • Up until recently, First Nations communities had only remote and dysfunctional relationships with the British Columbia Ministry of Health while other British Columbians received abundant medical and health services.

  • There are gaps, duplication of services and a lack of coordination and teamwork between the federal and provincial health systems.

  • It is hard to figure out where one fits in the competing tiers of federal, provincial and Gitxsan Health.

  • There is concern over exactly who is responsible for monitoring finances allocated to First Nations Health locally, provincially and federally, and whether new guidelines are needed.
• **Comments on funding First Nations health care:**
  
  • There is not enough money to do what needs to be done. There is a lack of skilled educators to direct the funds. An imposed system of governance interferes with the traditional system of governance. Multiple levels of government and unions create barriers. Demands for programs must be balanced against the costs of running programs.
  
  • The Government of British Columbia does not distribute money evenly among Aboriginal groups. This money only goes to First Nations people.
  
  • Concern was expressed about the accountability of both the federal and provincial government in how Aboriginal health is funded and how the funds are allocated.
  
  • There is a lack of funding for Métis and other Aboriginal groups.
  
  • When health services were devolved to First Nations the resources were inadequate. The funding formulas are generic and do not take into account the northern and remote issues. The funding formula does include the costs of patient transportation. Formula dictates the number of surgeries that can be performed and that has been cut back.
  
  • The Government of British Columbia does not give money to the Métis Nation.
  
  • The federal government only allows a certain amount of spending on medical and dental health care.
  
  • The issue of lack of funding may be because proposals must be written and submitted before being granted.
  
  • Provincial and federal funding issues result from a lack of resource sharing and integration of services. When the transfer from federal health services to First Nations communities was made there was less funding for some of the work.
  
  • Funding is not at the level it is supposed to be. Provincial money going to the Northern Health Authority should go directly to the communities because there is no need to create another bureaucracy.
  
  • There is no accountability of the bands to the provincial government for money to access programs.
  
  • As an urban Indian, my band counts me as a per capita for health transfer funds but does not allow me to access it.
• There are too many silos and ministries that require funding. No one wants to share resources. There is a lack of communication between ministries regarding funding.

• Many First Nations issues are costing both the Government of British Columbia and Canada and the tax payers money because of a lack of cooperation between the federal and provincial governments and the isolated reserves.

• Aboriginal people are one of the vulnerable groups. There are many different rules and regulations surrounding funding for Aboriginals. Health Canada and Indian and Northern Affairs Canada pay for certain groups of people in certain locations. These restrictions need to be changed. There is a lack of awareness of what is available and what is covered by Indian and Northern Affairs Canada.

• Some provincial cuts in the areas of extended health and dental coverage have really affected the Aboriginal population.

**Ideas and Suggestions**

_Governance Models_
_Jurisdictional Issues_
_Funding_
_First Nations Health Act_

• **Ideas about governance models:**

  • We need to define our own governance structures.

  • To deal with the inequalities that exist in Aboriginal health you will need an inter-generational commitment of at least 25 years which will extend beyond one political party.

  • An Aboriginal Advisory has been created for First Nations input.

  • Develop a First Nations Global strategic approach to include and respect all things as sacred to sustain the health and well being of all inhabitants of the planet. Teach and embrace the Seven Sacred Values to ensure the future of our children, grandchildren and seven generations into the future. When planning also look seven generations back.

  • In New Zealand’s current strategic Primary Care Program, the Government attempted to build on the general practice organizational developments of the 1990’s by establishing what are called Primary Health Organizations (PHOs). These organizations are capitation funded, require an enrolled population and feature a range of primary care providers. They are governed by provider and
community representatives and aim to provide preventive care and reduce inequalities, especially among the Maori and Pacific people. There has been additional funding to improve services and access, although the cost of this focus on primary care has been around six to seven per cent above current funding. The resulting system, based on Alma Atta principals, has resulted in the development of numerous, exciting initiatives.

- Re-read the Romanow Report.
- Re-visit the Kelowna Accord.
- Communities should manage their own health benefits and services.
- Ensure there is credibility with our own Aboriginal research institutes.
- Bands are capable and should do their own research.
- It is important to support the health component in treaty negotiations.
- Provide legislation to ensure title, rights and equality for First Nations.
- First Nations people should use the same medical system that all of the people in British Columbia use.
- Have provincial, federal and regional government staff available for the people that are connected to and have relationships with Aboriginal communities.

- **Ideas about jurisdictional issues:**

  - Develop a framework for Aboriginal health that facilitates communication across jurisdictions. The Tripartite Agreement between the chiefs and the Province was a process for communication that worked until the funding ended.
  - Foster cooperation and collaboration between governments and other stakeholders to ensure that Aboriginal care does not remain fragmented.
  - Our leaders have to look back to ensure that the people are following. We have to be proactive, not just reactive. We need to talk about funding and resources and step out of the box to allow the securing of long-term funding. Provide a clear focus on accountabilities and rights among First Nations, federal and provincial governments and health authorities as to who is responsible for what and how and that there be a collective governance.
  - Ensure clear roles and responsibilities are defined for First Nations communities, the Government and health authorities.
  - Collaborate and partner in the development and implementation of tri-party transfer process. Include socio-economic factors to come up with community solutions, including capacity building.
• More conversations are needed with all the stakeholders. First Nations should have a say on the premium paid from the federal government to the Province for health premiums.

• **Ideas about funding First Nations health care:**
  
  • Invite the federal government to participate financially as the guarantor of First Nation's health care.
  
  • Respond to new federal and provincial initiatives and funding to update the Aboriginal Health Plan.
  
  • Provide a funding formula that will change as the population changes.
  
  • We need to evaluate delivery and efficiency of federal dollars because over sixty per cent of Aboriginal people do not live on reserves.
  
  • Money should not be divided by individual and separate pots but provided as a whole for the First Nations to use based on the needs of their communities.
  
  • There needs to be a clearer understanding of the process involved to apply for funding.
  
  • Each community and district’s needs should be assessed before being funded.
  
  • There should be protection from politically motivated cutbacks.
  
  • Use the Manitoba funding structure for First Nations health.
  
  • Additional funding is required for Community Health Representatives and the National Native Alcohol and Drug Abuse Program.
  
  • Start over or review the transfer process with First Nations input and leadership. Roll provincial funding into the transfer process. Renegotiate the overall transfer process including manpower, dollars and the funding formula.
  
  • Aboriginals should pay for their own health care.
  
  • Increase the link to the federal government’s Aboriginal Health strategy, which includes the implementation of the Aboriginal Health Transition Fund.
  
  • The Government must hold organizations on or off reserves accountable for program monies.

• **Ideas about a First Nations Health Act:**
  
  • Investigate the possibility of First Nations Health Legislation and a First Nations Health Act. Improve communication between nations, authorities and governments. Create a more practical funding formula that reflects the new economic realities.
Develop, in consultation with the First Nations people, a First Nations Health Act which would connect to the Treasury Board’s secured core funding resources.

A First Nations Health Act should be understandable, have a sustainable funding mechanism, have accountability and have practical applications versus academic.

A First Nations Health Act would provide more credibility. Consider a Transformative Change Accord in preparing a First Nations Health Act. Identify and ensure clear roles and responsibilities.

Legislation needs to increase choices, entrench sustainable resources, be community driven and recognize tribal boundaries not necessarily Canadian or provincial boundaries.

**Elder Care**

**Comments and Concerns**

- **Elders’ Role in the Community**
- **Elder Abuse**
- **Elder Health and Access to Health Care**

- **Comments on Elders’ role in the community:**
  - One of our most precious resources in our community is our Elders who are the keepers of our histories, our protocols, our traditions and in many cases, the only speakers of our languages. Keeping them well and healthy is very important to us but they seem to be the ones who are leaving us very quickly.
  - Elders help us understand our sense of identity and pride in who we are.

- **Comments on Elder Abuse:**
  - There is concern for Elder’s social, financial and physical and emotional well-being, especially for those who suffered abuse in residential schools.
  - Elders have a fear of getting old due to concerns surrounding who will care for them coupled with fears of racism, abuse and neglect.
  - There are concerns surrounding Elder abuse and the lack of Elder care resources.
• Comments about Elder health and access to care:
  • Our Elders are passing on at an unprecedented rate from cancer.
  • Challenges faced by seniors affect all areas of health care delivery.
  • It needs to be understood that aging is not a disease.
  • Many of our Elders in our communities are dealing with osteoporosis which adds to our inabilities to care for them.
  • Many seniors are taking a large number of medications.
  • Inflation and the high cost of living leave Elders barely able to manage financially on just their pension cheques.
  • The population is aging across the Province and this includes First Nations people. Clearly, the Government must take action now to ensure that all seniors, including those in Aboriginal communities have access to the support they need now and in the future.
  • There needs to be more funding not cut-backs for Elder care.
  • Staffing and family education are not keeping up with the increasingly complex physical and mental care required by seniors.
  • We need safe, secure and affordable care facilities for Elders and seniors in remote and isolated communities.
  • Lack of proper housing for seniors creates pressure on emergency rooms.
  • Elders living with family members may result in over crowding in the home environment. There are a scarce number of designated home support workers and a lack of relief for caregivers of Elders. Caregiver burnout or illness may result in Elders not being cared for.
  • A high per cent of all medicines used by seniors are used inappropriately which results in more physician visits, emergency room visits, hospitalizations, institutionalized care and death.
  • Elders should not have their access to out-of-town specialists limited.
  • Elders cannot afford to pay for travel costs to receive health care.
  • Elders cannot afford lifeline call buttons.
Ideas and Suggestions

Elders’ Role in the Community
Elder Abuse
Elder Health and Access to Care

• Ideas about Elders’ Role in the Community:
  · Honour what our Elders do for us.
  · Have the First Nations Leadership Council validate Elder’s knowledge of culture, medicine, food and practices.
  · Provide funded day facilities for Elders on the reserves. In Cowichan, the facility for Elders provides traditional lunches twice a week, staff that can communicate in the native language, access to health specialists and activities. The facility has also been really useful and powerful for maintaining and creating intergenerational connections.
  · Build relationships with seniors. Have a mandatory school program with students volunteering in the community with seniors.

• Ideas about Elder Abuse:
  · Hold family members accountable for theft and abuse of Elders in their care.
  · Professionals need to take a firmer stand in cases of abuse and neglect. Provide independent guardianship of Elders to help with their affairs, bills, shopping and money.
  · Elders should be made a priority and have appropriate care.

• Ideas about Elder health and access to care:
  · Increase resources and support for Elders to ensure integrated care plans for inpatient and outpatient seniors.
  · The same system must be in place for all seniors. This means that it is affordable, sustainable and safe, and is a respectful environment which meets the needs of seniors and their families. And above all a system that preserves the dignity of our seniors.
  · Provide culturally relevant care for Elders in facilities on the reserves.
  · Provide education from the ground up to assist Elders with geriatric needs. Educate the chief and council on elder-care. Educate Aboriginal health care workers in other health care fields on geriatric issues.
- Gas, meal, hotel and ferry costs for medical travel should be covered for Elders.
- Reintroduce First Nations people back to the traditional ways instead of relying on prescriptions. Medication may interfere with the spirit.
- We need to increase the monitoring of medications for seniors which will result in savings.
- Increase the number of assisted living beds for seniors.
- Increase respite and adult day care to help seniors taking care of seniors.
- Increase resources to allow Elders to safely stay in their homes.
- Increase the number of home care nurses and train volunteers to perform home assessments.
- Assist home support providers both on and off the reserve.