

Speech to the 2004 BC Aboriginal Health Conference
The Honourable Colin Hansen, Minister of Health Services

March 22, 2004

Thank you. All of you here today know, and research confirms, that Aboriginal people in British Columbia have the poorest health status in the province. And as the Governor General stated in the Speech from the Throne, "This offends our values. It is in our collective interest to turn the corner."

By being here today we are all committing to turning that corner.

It is vital that we continue to change the status of Aboriginal Health in this province, and I'm encouraged by conferences such as this, because each person here will be part of the solution. Forget about life expectancy, socio-economic disadvantages, or lack of access to health services for a minute, and let's focus on one very important trend in Aboriginal Health: More and more Aboriginal people are taking up the challenge to find solutions for themselves and their community, and because of this, health care is improving for all Aboriginal people.

I commend you all for this.

There is work to be done in British Columbia, and together we have the power to make the changes we need to support our future.

Both provincially and federally we're committed to addressing the gap in health status between Aboriginal and non-Aboriginal Canadians, and one way we can do this is through better integration of health services. In the 2003 Health Accord, the First Ministers directed provincial Health Ministers to consult with Aboriginal peoples on programs that are being developed. And they instructed us to develop an Aboriginal Health Reporting Framework in consultation with Aboriginal peoples. These processes of consultation, learning and planning have been our key objectives.

In British Columbia we're asking several Aboriginal organizations to provide input to the Ministry and the health authorities. Our Provincial Aboriginal Health Strategy includes involvement from:

- The First Nations Summit - The Chiefs' Health Committee
- The Métis Provincial Council of BC
- The United Native Nations
- The Union of BC Indian Chiefs
- The BC Aboriginal Network on Disabilities Society
- Community Health Associates of BC
- The Pacific Association of First Nations Women
- The BC Association of Aboriginal Friendship

Our goal is to develop a strategic plan that will address the policy, planning, and service delivery issues that impact Aboriginal health services. Once that strategy is in place, it will promote access to programs and services and it will increase integration between Aboriginal and mainstream services. And maybe most importantly, it will increase Aboriginal involvement and decision-making in health care services planning and delivery. When our decision-making process includes the people who have the most at stake, we can achieve much greater success.

The Provincial Health Officer's 2001 Annual Report on the Health and Well-Being of Aboriginal People in British Columbia looked at the major health issues impacting Aboriginal health status in the province. The report specified several key issues that require action:

- Early childhood development
- Tobacco reduction and cessation
- Alcohol and drug prevention and reduction
- HIV/AIDS treatment and prevention
- Diabetes education, prevention and management
- Injury prevention
- Primary care
- Health and population information on Aboriginal people

These key issues are the basis for how we can categorize and measure our progress on Aboriginal health issues.

The first issue is Early Childhood Development. We know that Aboriginal children face challenges many of our children do not. We're now providing free vaccinations for aboriginal infants in British Columbia, because of their high risk of developing pneumonia. We have made a commitment to identify and address developmental challenges early in children's lives, because aboriginal children face these challenges at such disproportionately high levels.

Through the Ministry of Community, Aboriginal and Women's Services, we have dedicated:

- over \$6.5 million in 2002/2003 to early childhood development programs in 37 urban and on-reserve aboriginal communities
- \$2.2 million to researching culturally appropriate early childhood development services and increasing awareness of the importance of early childhood development among aboriginal communities and leaders
- over \$1 million to combat fetal alcohol spectrum disorder
- an advisor to help develop culturally appropriate programs for children under 3 with developmental disabilities or who are at risk of developmental delays.

Federally, the Aboriginal Head Start on Reserve initiative is preparing young Aboriginal children for their school years, by meeting their emotional, social, health, nutritional and psychological needs - while encouraging pride in their own culture.

The second issue is the misuse of tobacco products. Tobacco use is prevalent within the Aboriginal community and programs like Honouring Our Health, promote quitting for young people and adults within Aboriginal communities. Honouring Our Health brings Aboriginal service providers together to learn about tobacco control programs. After the training, providers go back to their community members and challenge them to quit smoking. So far over 3,300 aboriginal smokers have participated in the challenge.

The Health Canada funded video entitled "One Breath at a Time" features many of the BC communities that are using progressive approaches, like Honouring Our Health, to deal with tobacco misuse. The documentary was nominated for Best Public Service Video at the 2003 American Indian Film Festival.

The province also participates in the National First Nations and Inuit Tobacco Control Advisory Circle and the federal Health Minister's Advisory Council on Tobacco Control.

The third issue is one that I'd like to see eradicated altogether - Alcohol and Drug abuse. The Ministry of Community, Aboriginal and Women's Services provides funding for a number of projects specifically targeted to help Aboriginal women in the Downtown Eastside. The Downtown Eastside is an area that many British Columbians prefer to not think about, but we know that there are young women living and working there, and that these young women have valuable lives and limitless potential. And so in January, 2003, CAWS provided \$200,000 for four new substance abuse counsellors to support Aboriginal Women involved in the sex trade in Vancouver. Counsellors are working with them on issues of safety, trauma, abuse, anger and access to health services. Other workers will be hired to help at-risk youth, and families fighting addiction and mental health issues. Because often these two problems go hand in hand - in fact, evidence shows that approximately 70% of those using addictions services, are also clients of the mental health system. And too often in the past, these people were lost between two bureaucracies:

- the mental health system would not treat a person suffering from addiction, while
- addiction services would not treat someone suffering from mental illness.

That is why it was so important for us to integrate addictions and mental health services, which we did last year. A federal program that is making a difference is one taking place in the Musgamagw Tsawutaineuk Tribal Council in Alert Bay. The program trains community members and frontline workers about fetal alcohol syndrome and provides a mechanism for networking and information sharing between 4 communities, 3 of which are accessible only by seaplane or boat. Participants work with community members at risk, specifically women ages 12 to 45, who raise community awareness of fetal alcohol syndrome.

As well the 15-year-old National Native Alcohol and Drug Abuse Program continues to support First Nations and Inuit people and their communities in establishing and operating programs aimed at off-setting high levels of alcohol, drug and solvent abuse among their target populations living on-reserve.

The fourth issue, HIV/AIDS is alarming because it continues to spread, not only in the downtown eastside, but throughout the province. To fight the growing rate of HIV/AIDS in the Aboriginal population and in the province as a whole, we established the Priorities for Action in Managing the Epidemics - HIV/AIDS in British Columbia 2003-2007. We want to achieve the best outcomes possible, and one of the best ways to do this is to ensure that health authorities and communities can respond to needs they see within their own area.

The Provincial Health Services Authority has taken that one step further, and is currently developing an HIV Service Plan for women and children. Elsewhere, the Interior Health Authority, has outlined their intention to work towards a Communicable Disease Control program where all communities will have access to regular programs - including screening and awareness initiatives. But to this day, education is still the best way to attack HIV/AIDS. Until this disease is eradicated we will continue to support education campaigns to encourage safe sex practices and promote safe needle use for drug users.

The fifth issue may not receive as much media attention as the HIV/AIDS situation in our province, but Type 2 diabetes has reached almost epidemic proportions in Aboriginal communities. Aboriginal children are now being diagnosed with type 2 diabetes, which is alarming because this condition historically occurred mainly in older persons. Our province is involved in The National Diabetes Surveillance System, a collaborative initiative committed to reducing the incidence and complications of diabetes. The initiative will develop, implement and coordinate provincial and territorial Aboriginal diabetes surveillance systems with the goal of decreasing the prevalence of this disease. The Canadian Diabetes Strategy has funded \$58 million over each of the last five

years to the Aboriginal Diabetes Initiative to begin to address the epidemic of diabetes in Aboriginal communities.

The sixth issue addresses the problems of injuries among Aboriginal people - something which is a concern throughout Canada. BC is involved in The National First Nations and Inuit Injury Prevention Working Group (NFNIIPWG), which is developing and promoting a framework for injury prevention and control that is culturally relevant to First Nations and Inuit populations. Membership within the group represents all regions in Canada and inclusion is based on knowledge, expertise and the advocacy necessary to forward work on injury prevention.

The Ministry of Health Services has transferred funds to the regional Health Authorities to assist them in providing mental health, drug and alcohol counseling, sexual abuse and family violence services to aboriginal peoples to help promote injury prevention and reduce accidental injury and death.

The seventh issue is one that we have all become more familiar with in the past year. Primary care - which is the care usually provided upon first point of contact with the health care system - is an important focus of our government and the federal government as well. The First Ministers included primary health care in the 2003 Health Accord, agreeing that the ultimate goal of primary health care reform is to provide all Canadians, wherever they live, with access to an appropriate health care provider, 24 hours a day, 7 days a week.

The province has initiated several innovative programs aimed at involving Aboriginal people more in the delivery of health services, particularly in rural and remote areas of the province. Kwantlen Capacity Development Camp, which introduces Aboriginal youth to the fun side of higher education and health related careers is in its second year and has been nationally recommended as a prototype throughout Canada. The Inter-professional Rural Program of BC brings together multidisciplinary teams of student health providers involved in nursing, medicine, physical therapy, pharmacy and speech-language pathology with health professionals already servicing rural and remote communities.

By educating our young Aboriginal people in health care related fields we can increase the number of health care workers in aboriginal communities. And that is the goal of primary care - health care where and when it's needed.

The last target area identified by the Provincial Health Officer was the need for an information database that would provide comprehensive information on the Aboriginal make-up of our province. Having this information in one place will facilitate the creation of services that speak specifically to the health needs of Aboriginal British Columbians.

In February of 2002, we signed the Tripartite Data Sharing Agreement, together with First Nations and Inuit Health Branch and First Nations Chiefs' Health Committee. Of course, technology is a key component of any information database, and one of the areas that the First Ministers addressed in the Health Accord.

If I can leave you with one overall thought from today, I'd like it to be this:

All of these initiatives, everything that we've achieved and hope to achieve in Aboriginal health - this has been accomplished because of the willing participation and collaboration between the health care system and Aboriginal people. The Health Accord specifically directed First Ministers

to consult with Aboriginal people to construct the framework for how we can positively change Aboriginal Health. We have done that and we will continue to do that.

We will continue to work towards closing the gap between Aboriginal and non-Aboriginal health. And we welcome your ideas, your enthusiasm and your willingness to be part of the solution.