



National Collaborating Centre
for Determinants of health

Centre de collaboration nationale
des déterminants de la santé



NATIONAL COLLABORATING CENTRE
FOR ABORIGINAL HEALTH

CENTRE DE COLLABORATION NATIONALE
DE LA SANTÉ AUTOCHTONE

Welcome to CHNET-Works! Fireside Chat #427

December 10, 2014 1:00 – 2:30 PM Eastern Time

(Teleconference open for participants at 12:50 ET)

Indigenous self-determination: implications for public health action on the social determinants of health



www.chnet-works.ca

A project of
Population Health Improvement Research Network
University of Ottawa



Step #1: *Teleconference*

All Audio by telephone

- If your line is ‘bad’ – hang up and call back in
- Participant lines muted
- Recording announcement : *Recording will Not be posted*

Step #2: *The Internet Conference* (via ‘ADOBE CONNECT’)

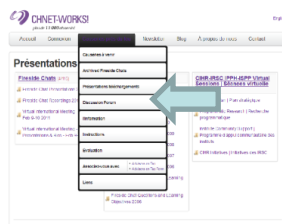
No audio via internet



- SEE the PowerPoint being shown.
- Post your comments/questions.
- See postings from your colleagues.
- Join in the interactive polls.



Difficulties? *You can still participate! (use the back up PowerPoint - post your comments via email)*

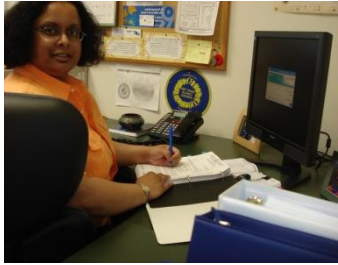


Step #3: *Back up PowerPoint Presentation*

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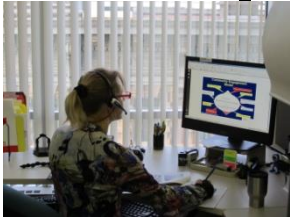
For assistance: animateur@chnet-works.ca

How to post comments/questions during the Fireside Chat



Joining in by
Telephone +
Adobe Connect Internet Conference

Use the text box!



Please introduce yourself!

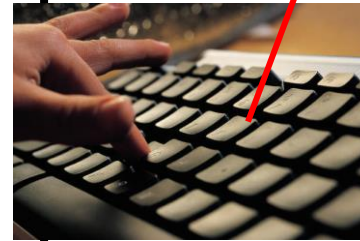
- *Name*
- *Organization*
- *Location*

- *Group in Attendance?*

Joining by
Telephone +
Backup PowerPoint

By email:

Respond to the 'access instructions email'
animateur@chnet-works.ca



What province/territory are you from?

*Answer via Adobe Connect : Poll
OR RSVP to access instruction email*



- BC
- AB
- SK
- MB
- ON
- QC
- NB
- NS
- PEI
- NL
- YK
- NWT
- NU
- Other



Who is joining in?

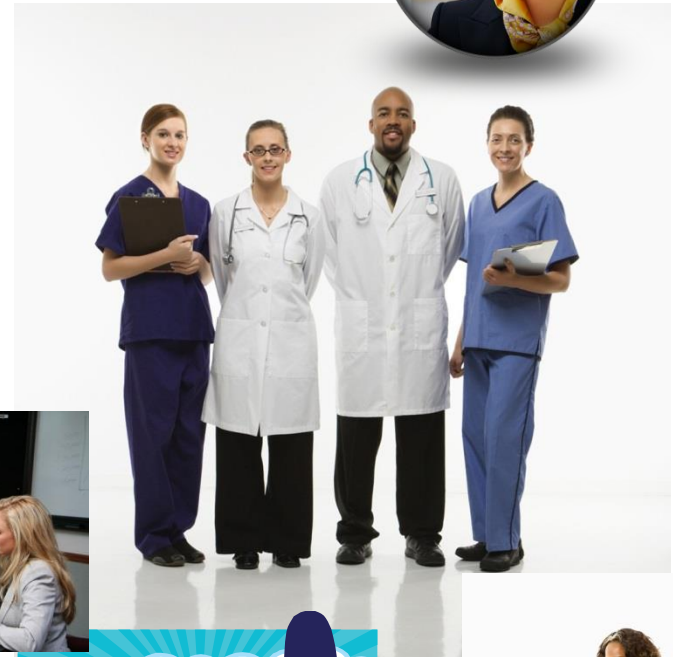


Adobe Connect Poll

OR RSVP to access instruction email

✓ **What sector are you from?**

- ✓ *Public Health*
- ✓ *Education*
- ✓ *Research*
- ✓ *Govt/Ministry*
- ✓ *Health practitioner*
- ✓ *NGO*
- ✓ *Other?*



Who is joining in?

Adobe Connect Poll

OR RSVP to access instruction email

- **What is your role?**
 - Research
 - Practitioner
 - Manager
 - Decision Maker
 - Policy Maker
 - Community Leader
 - Medical Officer of Health
 - Other



Who is joining in?

Adobe Connect Poll

OR RSVP to access instruction email

- **How do you self-identify?**
 - First Nations
 - Inuit
 - Métis
 - Non-Aboriginal
 - Other



Facilitators

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Prince George, B.C. | www.nccah.ca

 National Collaborating Centre for Infectious Diseases
Centre de collaboration nationale des maladies infectieuses

Winnipeg, MB | www.nccid.ca

 National Collaborating Centre for Determinants of Health
Centre de collaboration nationale des déterminants de la santé

Antigonish, N.S. | www.nccdh.ca

 National Collaborating Centre for Environmental Health
Centre de collaboration nationale en santé environnementale

Vancouver, B.C. | www.ncceh.ca

 National Collaborating Centre for Methods and Tools
Centre de collaboration nationale des méthodes et outils

Hamilton, ON | www.nccmt.ca

 Centre de collaboration nationale sur les politiques publiques et la santé
National Collaborating Centre for Healthy Public Policy

Montréal-Québec, QC | www.ncchpp.ca



National Collaborating Centre for Determinants of Health

Our focus

Social determinants of health & health equity

Our audience

- Practitioners, decision makers, & researchers working in public health
- Organizations in Canada's public health sector

Our work

- Translate & share evidence to influence work on the social determinants & health equity



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Advisors on Tap

Dr. Charlotte Loppie (Reading)

- School of Public Health and Social Policy, University of Victoria
- Director of the Centre for Aboriginal Health Research

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Advisors on Tap

Dr. Cory Neudorf

- Chief Medical Health Officer, Saskatoon Health Region
- Assistant Professor, Department of Community Health and Epidemiology, University of Saskatchewan

Cory.Neudorf@saskatoonhealthregion.ca



Today we will explore ...

Based on the report “*Roots of Resilience: Overcoming inequities in Aboriginal communities*” (available on the Canadian Council for Social Determinants of Health website www.ccsdh.ca), we will explore 3 key questions:

- How do the two central themes of reasserting Indigenous models and addressing the root causes of inequity play out in the public health context?
- How can public health build on the implications for governments that were identified
- What are some immediate steps that public health practitioners can take to support this work?

Polling question

How often do you talk about Indigenous health issues in your work?

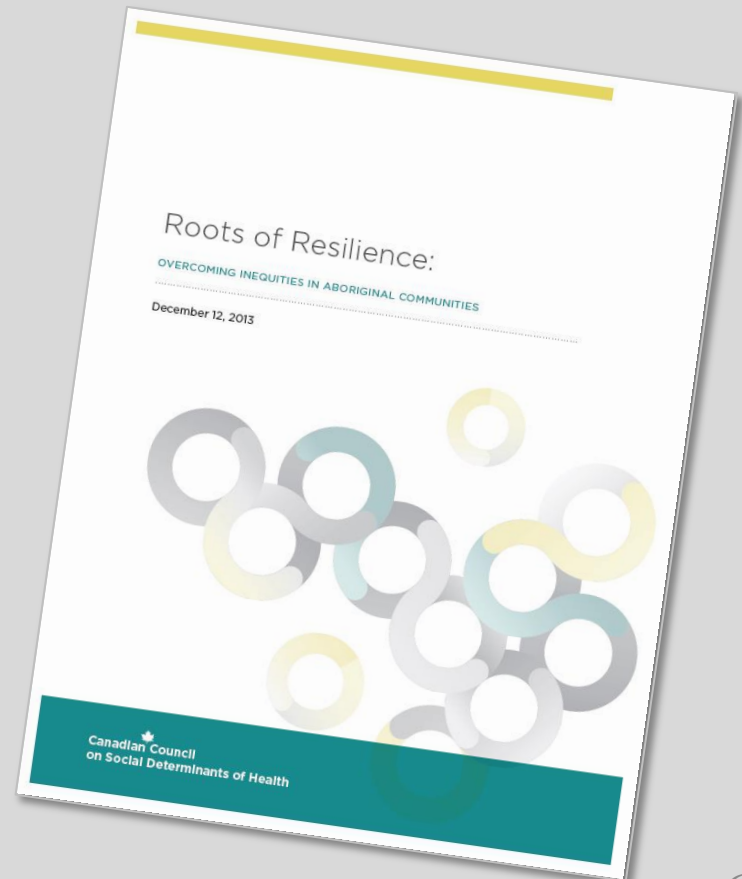
- Frequently
- Sometimes
- Almost never

✓ RSVP your response using the Adobe Connect Poll ...



SELF-DETERMINATION: *THE ROOTS OF RESILIENCE*

*Charlotte Loppie (Reading)
University of Victoria*



Honouring Coast and Strait Salish Territory



ADDRESSING INEQUITIES

- Aboriginal peoples in Canada experience significant and persistent inequities that affect individual, community and population health.
- Sustainable, population-level change requires addressing structural inequities.
- Involves reassertion of Indigenous models and self-determination.

SOCIAL DETERMINANTS OF INDIGENOUS HEALTH

Proximal Determinants

- Living conditions
- Employment
- Health behaviours

Intermediate Determinants

- Community infrastructure
- Economic development
- Access to (geographic, social) and elements of systems (e.g., legal, education health)

Distal Determinants

- Social exclusion/inclusion
- Political, social and economic structures
- Access to and control of territory
- Self-determination

STRUCTURAL DETERMINANTS

The (WHO) defines structural determinants as “*those that generate or reinforce social stratification in the society and that define individual socioeconomic position. These mechanisms configure the health opportunities of social groups based on their placement within hierarchies of power, prestige and access to resources”.*

Resolving structural inequities can enhance:

- community infrastructure
- community resources
- community capacities

This in turn influences:

- education
- employment
- income
- housing

SELF-DETERMINATION

Self-determination is understood as the affirmation of Indigenous rights to participate in decision-making on issues of community relevance and the establishment of state-recognized roles for Indigenous organizations and political structures.

SELF-DETERMINATION AND HEALTH

Research suggests:

- Economic, political and social well-being are rooted in sovereignty and self-governance.
- Supporting self-determination can enhance multi-level competencies and cohesion.
- Preservation and promotion of traditional cultures, self-government and control over traditional lands, education and social services greatly reduce teen suicide.

WESTBANK FIRST NATION

- In, 2005, BC acknowledged that, “*historic Crown-Aboriginal relationships in British Columbia have given rise to the present socioeconomic disparity between Aboriginal peoples and other British Columbians*”(MARR, 2010, p.4).
- Signing of the Transformative Change Accord, to recognize treaty rights, political engagement and cultural accommodation.
- Westbank First Nation was one of the first communities to achieve self-governance.
- May 2004 - transfer of political and financial responsibility from the federal government to the Westbank government.

WESTBANK FIRST NATION

- Community determines the structure, accountability and law-making powers of its government - responsible for economic and political stability, programs and services.
- A five member Advisory Council meets monthly to represent the interests of member, non-member residents and other stakeholders
- Offer a wide range of educational, health, and social development services and programs, each grounded in the traditions of the Okanagan peoples, including respect for elders as well as for the environment and future generations of Westbank people.

WESTBANK FIRST NATION

- More than 20 laws enacted -matrimonial and property rights, language, culture, taxation, resource and land management.
- Community partners, other governments and private sector develop natural, human, and economic resources.
- Economic success in residential development - more than 100 businesses in the community.

WESTBANK FIRST NATION

- Has become a model for self-determination.
- Development of a stable government and outstanding economic growth, enhances educational and employment opportunities for community members.
- Accountability measures through the enactment of laws based on Okanagan traditions of respect and responsibility.

- This community demonstrates a strong sense of integration and inclusivity in which the collective interests are aligned with those of individual members.
- Interactions are based on trust, peaceful negotiations, and the participation of all community members in political decisions.
- Reveals the power of shared values, solidarity, and reciprocity in ensuring fair distribution of resources.

FINAL THOUGHTS

- Realizing the self-determining aspirations of Aboriginal communities and collectivities can only occur in the context of a paradigm shift within broader social and political domains.
- It requires deep and often difficult reflection on how we construct power and privilege.
- AND – how we can relinquish/share power to facilitate equity in all its forms.

“Just as social problems spring in part from collective experience, so solutions require change at the collective level. Aboriginal people acting alone cannot shift the weight of disadvantage and discrimination. But solutions that lift the weight for Aboriginal people collectively shift it for everyone.”

(Royal Commission on Aboriginal Peoples, 1996).

Polling question

What is your level of agreement with the following:

“Public Health has an important role to play in shifting the weight of discrimination and disadvantage”

- Completely agree
- Agree somewhat
- Don't agree
- Not sure

✓ RSVP your response using the Adobe Connect Poll ...



Promoting Resiliency in Aboriginal Communities:

Public Health Roles

Dr. Cory Neudorf

CMHO, Saskatoon Health Region

Introduction

- What can we learn from case studies on resiliency in aboriginal communities in improving public health services and health status in our regions?
- How does this fit within a broader aboriginal health strategy?
- How can public health support aboriginal self governance?

Polling question

What is the quality of the data you have on the local Aboriginal health issues in your area?

- Excellent, we have exactly what we need
- Good, most of our key health issues have data for our Aboriginal population
- Not great, and what we do have is not reliable
- Terrible, our data doesn't align with what we see in practice

v RSVP your response using the Adobe Connect Poll ...



Assessing the current Public Health and Health System milieu

- Level of cultural competency
- Representative workforce
- Data analysis and reporting
- Partnerships and advice
- Advocacy
- Funding
- Service delivery



Case Study: local public health

- Saskatoon as an initial example to start the discussion
- Theme: Trying to move from theory into practice! Still in early days, looking forward to learning from others!



Example: SHR Health Status Report, 2014 Call to Action

Recommendation #2:

Holistic approach for Improving Health and wellbeing of First Nations and Metis peoples:

(introduction contains)

- Awareness and acknowledgement of traditional lands and treaties in reports and meetings
- Asset-based approach in balance with discussing the current challenges in order to find the way forward



Asset – based approaches

“We envision a world in which all First Nation, Inuit and Métis people have achieved full and equitable access to the conditions of health including: pride in ancestry, cultural reclamation, peace, shelter, education, food, income, a stable environment, resources, and social justice, [a]nd where the gifts and wisdom of First Nation, Inuit and Métis cultures are recognized as valuable, distinctive and beautiful.”

Wabano Centre for Aboriginal Health,
as referenced in the Strengthening the Circle’s
Aboriginal Health Strategy 2010-2015, SHR

2014 SHR Health Status report: Call to Action (continued)

Initial actions relating to aboriginal health recommended:

- Improving understanding among all people of the historical and social contexts of FN, Metis and Inuit people
- Adoption of a cultural competency framework
 - eg. from U.S. National Quality Forum with seven domains (data, community engagement, service delivery and support, communication, integration into management systems and leadership)
- Provide more training to increase cultural competency and safety for professionals across sectors and how it applies to them in their everyday lives
- Employ more advocates and cultural translators to bridge understanding between systems and FN and Metis families and provide system navigation support
- Setting and meeting targets for a more representative workforce and tying those to accountabilities
- Conducting intervention research aimed at improving the lives of FN and Metis people through collaborative, respectful and equitable partnerships
- Increasing delivery of services by FN and Metis agencies and providers

Examples of RHA and Local Public Health Actions in Saskatoon

- **Contracted services** provided by Public Health on First Nations community at their request by a combination of Aboriginal and non-aboriginal health workers
- **Funding** given by public health to local tribal council to provide urban aboriginal health services off reserve (eg needle exchange, HIV services, immunizations, in inner city clinic)
- **Joint planning** with tribal council for a tribal council operated urban aboriginal health centre (with plans for RHA to become a possible tenant for some of our services as well)
- Regular planning meetings between Senior executives of RHA and tribal council executives) where **joint priorities** are set

Examples of RHA and Local Public Health Actions in Saskatoon (continued)

- Health system **Advisory councils** for FN and Metis individuals and groups, with development of a strategic plan for improving aboriginal health and monitoring progress
- Participation in regional intersectoral priority to **improve aboriginal employment** in the Saskatoon area
- **Specialized services** such as the SHR FN and Metis Health Services in St Pauls Hospital, Building Health Equity program in public health
- Public Health epidemiologist **assistance with data analysis** for Tribal council report, and Tribal council advice on interpretation of findings and wording in RHA reports and research

Polling question

Which of these other possible actions are you, or your organization, involved in?

- Specifically working to promote/improve Aboriginal health
- Advocating for Aboriginal self-determination
- Actively engaging in strategies to promote/enhance resiliency
- Other

✓ RSVP your response using the Adobe Connect Poll ...



DISCUSSION



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What actions will you take as a result of your involvement in this Fireside Chat?

Use the Adobe Connect Poll – RSVP your responses

- Share the information with my colleagues
- Arrange to discuss opportunities for action with my colleagues
- Use the information to modify our current programs
- Use the information to start to develop a more structural approach to Indigenous health
- Organize a community/network meeting
- Other



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One final thought ...



Thank you!

And thank you for completing the evaluation survey that you will receive via e-mail following the webinar.



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