



Revisiting the health of Aboriginal people

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In 2001 British Columbia's Provincial Health Officer, Dr Perry Kendall, examined

the health of BC's Aboriginal population in his Annual Report. He found many problems and inadequacies. In this follow-up, Dr Kendall finds improvements, but identifies many unresolved health issues as well.

Pathways to Health and Healing: 2nd report on the health and Well-being of Aboriginal People in British Columbia, is the most recent Annual Report from the PHO's office. It identifies a total of 64 indicators that were analyzed. Of the 57 indicators that could be compared to the earlier report, 18 showed improvement and 10 worsened; eight show increasing rates of chronic disease conditions.

Among the improvements were a decline in overall mortality and increasing life expectancy due to a decline in external causes of death such as motor vehicle accidents, accidental poisoning, and drug-induced and alcohol-related deaths.

Indicators that worsened include increases pre-term births and low birth weights. Having more children in care is another worsening trend: in 1997 there were 2,901 children in care, increasing to 4,647 in 2009. Housing is another worsening factor.

Some factors improved, some worsened... isn't that the same for everybody? Not even close!

What we need to be most concerned about is the persistent gap that exists between the health of the Aboriginal population and that of everyone else in BC. Even if the gap gets smaller, it remains significant. And unacceptable.

For example, we noted the improvements in overall

mortality above. That is wonderful, but rates for the Aboriginal population are two-to-four times higher than that for other BC residents. Compared to other British Columbians, the Status Indian population is twice as likely to be hospitalized for diseases of the digestive system and external causes such as injuries.

The influence of socio-economic factors have long been known to impact health. BC's Aboriginal shows poorer results in all these determinants of health: higher unemployment, and if employed, likely to be doing lower paying and more hazardous jobs; lower graduation rates from high school; disproportionate level of food insecurity which can lead to low birth weights and unhealthy pregnancies; low income and poverty.

The Report concludes that simply providing more money or more hospitals is not the answer; Aboriginal groups have argued that the key lies in programs that involve the full participation of Aboriginal communities. This means providing more autonomy for Aboriginal people to achieve self-determination and a collective sense of control over their futures. There should also be more participation in health governance

and in the design and delivery of culturally-appropriate health services.

Evidence has shown that economic self-determination and educational achievements are critical determinants of health; therefore, the removal of structural impediments to First Nations community economic development and educational attainment should be a priority.

To see the complete text of the PHO's report including detailed data tables and recommendations, visit the [Provincial Health Officer's website](#).

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