Health Promotion Strategic Plan

First Nations Health Authority

Cassandra Lane & Jonathan Paisley

12/2/2013

Table of Contents

Introduction

There has been a growing discrepancy between the health of British Columbia's First Nations (FN) and the rest of the provincial population over the past century. This incongruence in health has been influenced by several factors that include cultural insensitivities, built environment, and caregiving.

In order to improve health in FN communities, the health inequities need to be addressed. This can best be done through early intervention; targeting early childhood development. Early childhood is a window of opportunity to disrupt the intergenerational health risks that currently create disadvantages for FN people. Focusing on the health of early childhood is the most efficient strategy to ending the health inequities in Canadian FN populations. Children represent the future and it is time to change the future of First Nations Health.

This health promotion strategic plan intends to uncover the major health issues that directly and indirectly affect FN children ages 0-6. It provides recommendations to British Columbia's First Nations Health Authority on which issues they should focus future health promotion programming on.

Health Barriers and Issues

Direct

External Stimulation

Biological Embedding is the way our early life affects our future development. Social relationships and physical experiences systematically affect the health of individuals across the life course. Majority of brain growth occurs in the first three years of life and is affected by stimulation from the social and physical environments. This is known as the window of opportunity; a time when external stimulation must occur for optimal brain development (Thompson & Nelson, 2001).

Aboriginal children are less advantaged than non-aboriginal children. Many show symptoms later in life of inadequate developmental stimulation. Biological embedding makes it apparent that early childhood stimulation from parents, caregivers, and the environment is mandatory for healthy brain growth. Healthy cognitive functioning enables children to experience optimal health in the future.

Built and Physical Environment

The home is the primary learning environment for children; therefore it is important that the home encourages positive growth and development. Many FN children unfortunately live in homes that do not facilitate essential development and/or contain health risks.

Over half of Canadian FN's live in urban and remote communities, which often do not have access to health care and basic needs (Aboriginal Affairs and Northern Development in Canada, 2013). These communities seldom have contact with health foods such as fresh fruit and vegetables. Living in remote communities put children at risk of health complications.

Almost half of Canadian FN people live in overcrowded homes in poor condition and in need of major repairs (Clatworthy, 2009). This causes negative parent-toddler interaction. Research has found that crowding in the home has a harmful effect on cognitive development in children. Mothers in overcrowded homes pay less attention to their child, leading to a lack of external stimulation and poor cognitive advances (Evans et al, 2010). These consequences will affect a child's health for the duration of their life.

Childcare

Early childhood development programs are an opportunity to provide the important stimulation that benefits a child's future health and development. It is even more important if a child is not provided adequate stimulation at home.

Childcare facilities provide an environment outside of the home where children are able to experience language acquisition (Bougie, 2010). There has been diminishing aboriginal language use in Canadian FN peoples. Mothers no longer know their mother-tongue and are not speaking it to their

children. This results in a depleting transmission of cultural language to First Nations children. A childcare facility that uses an aboriginal mother-tongue has the ability to resurrect the language within new generations.

Most early childhood educators (ECE's) in First Nations childcare programs are not certified for the job, and certification opportunities often disregard a cultural focus. Only 8 out of the 56 provincially ECE certified institutions in BC offer a First Nation component (BC Aboriginal Childcare Society, 2012). First Nations childcare centres that want to incorporate cultural components into the programming also face the challenge of remaining within licensing regulations (BC Aboriginal Childcare Society, 2013). Childcare that focuses on First Nation culture and uses aboriginal language has been found to foster pro-social behavior and other health advantages in children (Leanne & Kohen, 2010).

The most common form of childcare for First Nations communities is daycare centres, yet research has found that high quality preschool will greater benefit the future health of children. Children that participate in high quality preschool were found to obtain higher levels of education, greater income, fewer arrests and lower reliance on social assistance later in life (Schweinhar et al, 2005).

Caregiving

The most essential component of a healthy childhood development is having a secure, trusting attachment to a caregiver (Thompson & Nelson, 2001).Young children that experience good social relationships will gain the confidence to continue establishing relationships with family, peers and the community later in life (British Columbia Early Learning Framework, 2007).

There has been a recent increase in the amount of FN children currently in government care or that have been in government care at some point in their lives. In 2009, 52% of aboriginal children were in government care. Aboriginal children in care are more likely to experience health problems, acquire mental disorders, suffer from injuries and become pregnant in their youth (PHO, 2001).

An important part of First Nations cultural caregiving that has been lost is Midwifery. There is a wide variety of FN cultural birthing practices but all cultures share the idea that birth is sacred and involves the role of a midwife. The loss of traditional birthing practices is linked to the loss of cultural identity in FN people. The midwife played an important role in the ceremonial and physical birth of children in FN communities. There is currently a lack of culturally relevant educational establishments, inadequate funding, long waiting lists to access midwives and liability issues for the midwives themselves (NAHO, 2008).

Indirect

There are health barriers and issues that affect adults and youth that have an indirect effect on early childhood development in FN populations.

Historical and Cultural Factors

"Obesity, diabetes and heart disease among aboriginal people were unknown until recently. No aboriginal language has a word for diabetes." – Dr. Jay Wortman (CBC, 2009).

The FN communities, before the arrival of European settlers, survived in a challenging environment through their skills in hunting and fishing, as well as their knowledge of the local flora. Their diets contained foods that were lower in fat and higher in nutrients than modern, farmed food (Provincial Health Officer [PHO], 2006). In present day, many FNs have lost the skills and knowledge of their ancestors and purchase their food from stores. Due to a large percentage (64%) of FN families living with an income under $20,000 per year, purchasing healthy and balanced foods is difficult (Provincial Health Officer, 2006). This leads to a diet that is high in fat and low in nutrients, which in turn leads to diabetes, obesity, and hypertension.

All health concerns were treated as physical or spiritual and were dealt with accordingly. For physical health concerns were treated by someone in the community with sufficient knowledge and

experience using plant medicines, making splints for broken bones, and treating dental problems. Spiritual health concerns were treated by Shamans (Muckle, 2007). The traditional healing practices and medicines were being lost in the FNs communities.

All FN had midwives to help with birthing and infant care. Midwives were highly respected and valued (Carroll & Benoit, 2001).

With the arrival of Europeans, the FN way of life changed drastically. They were placed on small plots of land with poor sanitation and limited resources. Diseases brought over by the Europeans had a huge effect on the FN population. The FN had no acquired immunity to these diseases and there was no vaccination available to them, so because of this the population declined significantly (Muckle, 2007). Ancient traditions, cultural practices, social systems, and spiritual practices were undermined or outlawed (Tennant, 1996).

In 1863, the first residential school was established in BC. Residential schools were used for "Christianizing and civilizing" FNs (Assembly of First Nations [AFN], 1994). BC had the most residential schools in the country, with approximately 35,000 BC FN survivors from these schools living today (Provincial Residential School Project, 2001). In 1920, The Indian Act was amended to make residential school attendance mandatory for FNs children between the ages of 7 and 15. Children were often forcibly taken from their parents (AFN, 1994). Due to these children being forcibly removed from their parents, they did not learn or acquire the skills needed to be effective parents to the future generations. This can deprive the children of these survivors of the relationships and stimulation needed to develop properly (PHO, 2006).

In the residential schools, the FN children lost their language, culture, and family identity. They were also many cases of abuse (Royal Commission on Aboriginal Peoples, 1996). These experiences lead to Post-Traumatic Stress Disorder (PTSD) in many of the residential school survivors (Brasfield, 2001). This stress can be passed on from parent to child and lead to stress disorders in future generations.

All these past events have left the FN communities with a lack of identity and broken spirits. It is important to re-integrate the culture back into the lives of modern day FN people.

Education

Before the arrival of Europeans, the FN in BC had systems of education that focused on the community's values and helped develop skills for survival. The education system emphasized Looking, Listening, and Learning (The 3 Ls). The learning process involves a natural transition from childhood to adulthood (Miller, 1996).

Most FN languages are considered endangered or critical. Loss of language can severely affect the transmission of culture to the next generation (Ignace, 1998). It is important to integrate the culture of the FN people into the school education system.

Residential schools resulted in a high level of distrust of educational institutions by FN people (R.A. Malatest and Associates, 2004). This makes it hard for children to learn, when they do not trust in the system that is teaching them. This may lead to a large number of FN children and adolescents dropping out of the education system. In 2006, only 48% of the FN population were first-time graduates (PHO, 2006). This lack of education has a distinct effect on the ability for FN people to obtain employment and their overall Social Economic Status (SES).

Teen pregnancy in FN populations was at a rate of 5.8 per 100 in 2006 (PHO, 2006). This can have an impact on the pregnant adolescent's choice to continue in school or even to move on to post-secondary school. A focus on safe sex education will be important for lowering the rate of teen pregnancy and at the same time increase the amount of FN population finishing secondary school and moving on to higher education.

Social Economic Status

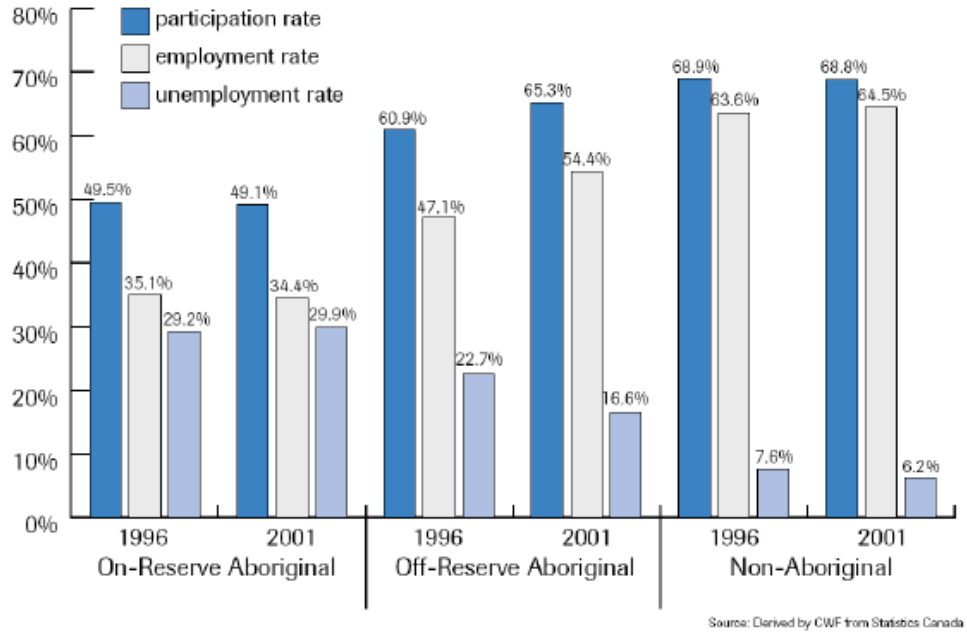
Socio-economic status (SES) can be determined by looking at the following socio-economic status: Employment status, household income and education level. These three factors all have an effect

on the health and well-being of the FN people. Low SES is associated with lower life expectancy, higher overall mortality rates, and higher rates of infant mortality (Maxim, 2001).

Employment is a pressing issue for the FN population. In a summary report done by the Ministry of Aboriginal Relations and Reconciliation, they found that the largest barriers to the FN population seeking employment are:

- Racism and discrimination
- Substance abuse
- Lack of education and training
- Few role models or mentors
- A lack of jobs available on reserves
- Lack of access to information about employment programs and jobs.
- Many employment programs focus only on entry-level jobs instead of retention and advancement.

Figure 1: Aboriginal participation in the Canadian Workforce



The FN population, as a whole, are economically disadvantaged. In a study done by Maxim in 2001, he divided the aboriginal population into four groups: status Indians, Non-status North American Indians, Metis and Inuits. He compared the incomes of each group to one another and to the non-aboriginal population. Maxim found that all the groups earned significantly less than the non-aboriginal population. Status Indians earned $10,325 less on average than non-aboriginals (Maxim, 2001).

Many families in the FN communities in BC experience absolute deprivation. Due to the low incomes of the FN communities, families cannot afford the basic material necessities of living. This is a barrier to healthy eating, proper housing, and education. It can also lead to social exclusion (WHO, 2003).

It is a barrier to healthy eating because many in the FN population cannot afford the healthy choices in stores to have a balanced diet. Poor diet can lead to several diseases such as Cardiovascular disease (CVD), Coronary Heart Disease (CHD), and obesity (Allender, 2012).

Proper housing is necessary to keep the family protected from environmental hazards and conditions. Many FN families live in overcrowded conditions, which can lead to stresses and other harmful effects as already discussed previously in the "Built and Physical Environment" in the direct health issues section (Clatworthy, 2009).

Absolute deprivation can lead to poor education as well. Poor education will limit the employment that can be obtained by an individual, as well as influence the decisions they make in their daily life. Poor education is highly correlated with low SES (PHO, 2006).

Absolute deprivation has been found to lead to social exclusion by impacting transportation and participation in common societal activities. This can exclude the individual from being a part of the decision-making and civic participation (WHO, 2003)

There are cases of relative deprivation in the FN communities as well. Relative deprivation is usually defined as living on less than 60% of the national median income. The average household income

of a FN family is $10,325 less on average than non-aboriginals (Maxim, 2001). Relative deprivation is related to higher rates of obesity, teenage pregnancies, and mental illness (Wilkinson and Pickett, 2007).

For FN children, their SES will be the mainly the same as their caregivers, as they have not reached an age where they can gain employment or contribute to the household income.

Access to Healthcare

Many FN reserves and communities are found in rural areas, where there can be difficulties accessing healthcare. Some of these difficulties include emergency care and long-term care of individuals with disease or cancer. For some individuals living in rural areas with diseases such as diabetes, it is hard for physicians or health authorities to keep track of their health. It is also hard on the individual if they must spend time in hospitals or other healthcare centers, as it will be difficult for family and friends to provide support.

FN women with a low SES, continue to be at a higher risk of developing cervical cancer. This high risk in FN women has been linked to lower number of screenings (Pakula, 2006). Some of the barriers to Pap testing have been identified as a lack of knowledge about the test, feelings of embarrassment, and a lack of continuity of care due to a high turnover of physicians in FN communities (Pakula, 2006).

It is important that the healthcare that is provided have a culturally appropriate level of care.

Substance Abuse

The rate of hospitalizations for mental and behavioural disorders due to substance use was significantly higher for Status FN residents than for other residents (50.6 per 10,000 versus 11.7 per 10,000) (PHO, 2006).

Substance abuse has been a way for many residential school survivors to cope with PTSD and other mental disorders. This behaviour can be passed down to the children of these individuals and carried

on through the generations. It is important to help those who are fighting with substance abuse, but it is equally as important to educate the young FN population about the effects and consequences of substance abuse. Education is key in preventing substance abuse by future generations.

Alcohol abuse can also lead to Fetal Alcohol Spectrum Disorder (FASD). FASD can occur in individuals whose mother drank alcohol during pregnancy. The effects can vary from physical, mental, behavioural and/or learning disabilities. There is no known safe level of alcohol use in pregnancy. FASD can affect many aspects of a family's life such as financial status and childcare (Ministry of Children and Family Development [MCFD], 2008).

Policies and Strategies

The Inherent Right and the Negotiation of Aboriginal Self-Government federal policy will have a significant influence on the FNHA (2010). This policy addresses the right that Canadian Aboriginals have to community, cultural, institutional, land, and resource self-governance. The FNHA is a form of FN self-governance. The Inherent Right policy will provide opportunities for the FNHA to create partnerships, and establish health organizations at the local and regional level. Essentially, more self-governing health organizations will allow the FNHA to impact more FN people.

The National Aboriginal Council of Midwives (NACM) is organizing to restore midwifery education, services and choice of birthplace to FN communities (2012). This is a national strategy that will have a significant influence on the FNHA. The FNHA is dedicated to providing efficient and culturally relevant health services to BC FN's people. As the NACM gains momentum and support, midwifery will become a prominent and important aspect of FN health services. As a health service provider with a cultural focus, the FNHA will be influenced to offer a midwifery cultural component.

Aboriginal Employment in British Columbia: Community Engagement is a provincial strategy to improve employment programs for FN people and encourage FN service providers to employ FN workers

in their establishments (2009). This strategy emphasises cultural awareness training and pre-employment training skills. This employment strategy will influence the FNHA through ensuring that employees are culturally trained. Additionally this strategy will create growth in the market of trained FN workers available for hire. It also ensures that employees have the necessary skills to be employed which will help the FNHA successfully reach goals and objectives.

Programs and Initiatives

The following programs and initiatives impact the most pressing health concerns facing the FNHA and early childhood.

Aboriginal Head Start

The Aboriginal Head Start program (AHS) is an early childhood development program for FN, Inuit and Metis children and families that provides programming in the following six core areas: education and school readiness, culture and language, parental involvement, health promotion, nutrition, and social support. AHS delivers projects to 9, 173 children on reserve through Health Canada, and 4, 500 children off reserve through the Public Health Agency of Canada (Leitch, 2007). AHS provides preschool that meets children's spiritual, emotional, and developmental needs. In the 2007 report by the national advisor on Healthy Children and Youth; author Kellie Lietch stated that, "Aboriginal Head Start is an excellent example of a program that is having meaningful impact on early childhood development" (pg. 44).

A 2012 evaluation by the Public Health Agency of Canada examined the relevance and performance of the AHS program in urban and rural FN communities. It was found that the AHS programs improved children's school readiness, cultural competencies, and promoted the transmission of cultural languages. Furthermore, the AHS projects were found to positively influence health promoting behaviors in children such as physical activity, access to health services, and the determinants of health.

Focus for future growth of the AHS programs is to impact more FN communities and children. This can be done through the recommendation to collaborate and create partnerships with other organizations and federal departments (Evaluation of the Aboriginal Head Start in Urban and Northern Communities Program at the Public Health Agency of Canada, 2012). The AHS projects have successfully impacted the social, emotional, cultural and physical wellbeing of FN children.

Brighter Futures and Building Healthy Communities

Brighter Futures and Building Healthy Communities is a program provided through Health Canada that improves FN access to cultural community services that are directed at child development. The five key areas include mental health, child development, parenting, healthy babies, and injury prevention.

An evaluation of this program was published by Health Canada in 2006. It was reported by staff and participants that the programming successfully promoted healthy communities, and health workers were better trained as a result of programming. It was also concluded that further growth for health worker training and staff development would benefit the programming. Unfortunately, there was a decrease in regional offices which have better access to rural communities. Brighter Futures initiatives are held back by this limited support (Health Canada, 2006).

Sheway

This program was formed through a partnership between the Vancouver Coastal Health Authority, the Ministry of Children and Family Development, YWCA Crabtree Corner, and the Vancouver Native Health Society. It provides support to pregnant women and women with infants less than 18 months who are dealing with current or previous substance abuse.

The focus of this program is to help women have healthy pregnancies and positive parenting experiences. They provided temporary housing and help securing stable housing prior to the baby's birth.

They also have a childcare centre and community kitchen to help support these women while they deal with the new challenges that come with being a mother and dealing with substance abuse at the same time (MCFD, 2008).

Life Skills Training (LST) Substance Abuse Prevention Program for Aboriginal Children and Youth (2012)

The LST program focused on preventing substance abuse by educating children and youth through a 3 year, culturally adapted, school-based program in a FN community. It measured the students' knowledge and attitudes about substance abuse throughout the three years.

The results of this program showed a positive influence on student's cultural knowledge and behaviours, as well as their knowledge of the risks and consequences of substance abuse. The program continues to be delivered at the Alexis Nakota Sioux Nation School.

Recommendations

The current programs and services offered by the FNHA are detailed in Appendix A. The following recommendations can be used for future resource allocation and program planning for the future direction of the FNHA.

Recommendation: In order to establish a strong cultural stance, it is recommended that the FNHA implement Midwifery education across BC, and begin to incorporate midwifery practice into the FNHA. Midwifery is an opportunity to incorporate an important and historical component of Canadian First Nations culture. Midwifery will benefit the health of children directly, and through cultural restoration.

Recommendation: The FNHA does not currently provide childcare services. It is apparent that high quality childcare with a cultural focus presents many health benefits to children. It is recommended that

the FNHA create direct partnerships with organizations/programs that focus on high quality FN preschool, such as the Aboriginal Head Start program.

Recommendation: Through our research we have found that substance abuse is one of the most pressing health issues for the FN communities. By educating children and youth about the consequences and risks involved with substance abuse, the FNHA can decrease the amount of individuals abusing substances such as alcohol. This will have a trickle-down effect on many other health issues in the FN communities such as rates of incarceration, deaths from substance abuse, and civic participation. In relation to ECD, FASD rates can be decreased and it will produce a better environment for the child to be raised in. FNHA does not currently have a substance abuse prevention program.

Benefits of Health Promotion Focus

The FNHA was established to solve health issues through providing culturally relevant health services to FN people. The FNHA will be better able to solve these health issues through health promotion. This is because health promotion enables FN people to gain control over their lives and make positive changes for their health.

Health promotion will best address the direct and indirect early childhood determinants of health as outlined in this paper. In order to reduce the health inequities, the root causes of the issues need to be addressed. Health promotion goes beyond treatment and prevention, and affects the root causes; the determinants of health.

The creation of the FNHA is an immense health promotion move in itself. The First Nations people of Canada experienced powerlessness and dependency through the loss of cultural and political institutions. This history has greatly reduced FN health and explains many inequities that are continually present in FN people. The FNHA provides BC First Nation's with franchise and control over their health. They are able to self-govern and begin the process of taking control over their lives again.

Conclusion

The FNHA is at the forefront of First Nation independence. The success of the FNHA will open opportunities for future Aboriginal governed organizations to return to traditional norms. The First Nations people of Canada have struggled enough to overcome the destructive changes that have impacted their health over the centuries. Through targeting early childhood with a focus on health promotion, the FNHA will hold the key to a brighter future for Canadian FN people.

References

Aboriginal Affairs and Northern Development Canada. (2010). *The Government of Canada's Approach to Implementation of the Inherent Right and the Negotiation of Aboriginal Self-Government*. Retrieved from http://www.aadnc-aandc.gc.ca/eng/1100100031843/1100100031844

Allender, S. (2012). Relative deprivation between neighbouring wards is predictive of coronary heart disease mortality after adjustment for absolute deprivation of wards. *Journal of epidemiology and community health, 66*(9), 803-808. DOI: 10.1136/jech.2010.116723

Assembly of First Nations, First Nations Health Commission. (1994). *Breaking the silence: An interpretive study of residential school impact and healing. Ottawa*, ON: Author.

Baydala, L., Fletcher, F., & Kyme, G. (2012). *Life Skills Training (LST) substance abuse prevention program for Aboriginal children and youth: Final report.* Edmonton, AB: Alberta Centre for Child, Family and Community Research.

BC Aboriginal Child Care Society. (2012). Training and retention in the First Nations ECE sector: A report from the frontlines. *First Nations Early Childhood Development Council*. Retrieved from http://site.ebrary.com.ezproxy.library.uvic.ca/lib/uvic/docDetail.action?docID=10709154

BC Ministry of Aboriginal Relations and Reconciliation. (2009). *Aboriginal Employment in British Columbia: Community Engagement. Summary Report.* Retrieved from http://www.gov.bc.ca/arr/reports/down/aboriginal_employment_community_engagement_summary_report08262009.pdf

BC Ministry of Education. (2007). *British Columbia Early Learning Framework.* Retrieved from http://www.bced.gov.bc.ca/early_learning/pdfs/early_learning_framework.pdf

Brasfield, C.R. (2001). Residential school syndrome. *BC Medical Journal, 43*(2), 78-81.

Carroll, D., & Benoit, C. (2001). Aboriginal midwifery in Canada: Blending traditional and modern forms. *Canadian Women's Health Network Magazine*, 4(3).

Clatworthy, S. (2009). Housing Needs in First Nations Communities. *Canadian Issues,* 19-24. Retrieved from http://search.proquest.com.ezproxy.library.uvic.ca/docview/208674486?accountid=14846

Evaluation Services Public Health Agency of Canada. (2012). *Evaluation of the Aboriginal Head Start in Urban and Northern Communities Program at the Public Health Agency of Canada.* Retrieved from http://www.phac-aspc.gc.ca/about_apropos/evaluation/reports-rapports/2011-2012/ahsunc-papacun/summary-resume-eng.php

Evans, G. W., Ricciuti, H. N., Hope, S., Schoon, I., Bradley, R. H., Corwyn, R. F., & Hazan, C. (2010). Crowding and Cognitive Development: The Mediating Role of Maternal Responsiveness Among 36-Month-Old Children.*Environment and Behavior*, *42*(1), 135-148. doi:10.1177/0013916509333509

Findlay, L. C., & Kohen, D. E. (2010, Winter). Child care for first nations children living off reserve, métis children, and inuit children. *Canadian Social Trends,* 83-91. Retrieved from http://search.proquest.com.ezproxy.library.uvic.ca/docview/893418616?accountid=14846

Government of Canada. (2013). First Nations. In *Aboriginal Affairs and Northern Development in Canada*. Retrieved from http://www.aadnc-aandc.gc.ca/eng/1100100013791/1100100013795

Health Canada. (2006). *Brighter Futures and Building Healthy Communities Initiatives - Evaluation Summary*.Retrieved from http://www.hc-sc.gc.ca/fniah-spnia/pubs/promotion/_mental/2006-sum-rpt/index-eng.php

Ignace, M. (1998). *Handbook for Aboriginal language program planning in British Columbia*. North Vancouver, BC: First Nations Education Steering Committee, Aboriginal Language Sub-Committee.

Leitch, K. (2007) *Reaching for the Top: A Report by the Advisor on Healthy Children & Youth.* Minister of Health. Retrieved from http://www.hc-sc.gc.ca/hl-vs/alt_formats/hpb- dgps/pdf/child-enfant/2007-advisor-conseillere/advisor-conseillere-eng.pdf

Maxim, P. S. (2001). Dispersion and polarization of income among aboriginal and non-aboriginal Canadians. *The Canadian review of Sociology. 38*(4), 465-476. DOI: 10.1111/j.1755-618X.2001.tb00982.x

Miller, J.R. (1996). *Shingwauk's vision: A history of native residential schools*. Toronto: University of Toronto Press.

Ministry of Children and Family Development (2008*). Fetal alcohol spectrum disorder: Building on strengths.* Victoria, BC: Ministry of Children and Family Development.

Muckle, R.J. (2007). *The First Nations of British Columbia (2nd ed.)*. Vancouver, BC: UBC Press.

National Aboriginal Health Organization. (2008). *Celebrating Birth – Aboriginal Midwifery in Canada.* Ottawa: National Aboriginal Health Organization. Retrieved from http://www.naho.ca/documents/fnc/english/2009-0209_Midwiferypaper_English_final.pdf

NACM Mission and Vision (2012). In *National Aboriginal Council of Midwives*. Retrieved from http://www.aboriginalmidwives.ca/about

Pakula, B.J. (2006). *Access to cervical cancer screening among First Nations women and other vulnerable populations in Vancouver's Downtown Eastside* [Master's Project]. Vancouver, BC: Simon Fraser University.

Provincial Health Officer. (2002). *Report on the Health of British Columbians. Provincial Health Officer's Annual Report 2001. The Health and Well-being of Aboriginal People in British Columbia,* Victoria. B.C.Ministry of Health Planning. Retrieved from http://www.health.gov.bc.ca/pho/pdf/phoannual2001.pdf

Provincial Residential School Project. (2001). *Provincial Residential School Project receives support from Aboriginal Healing Foundation* [News Release]. Vancouver, BC: Author.

R.A. Malatest and Associates. (2004). *Aboriginal Peoples and post-secondary education: What educators have learned*. Montreal: Canada Millennium Scholarship Foundation.

Royal Commission on Aboriginal Peoples. (1996). *People to people, nation to nation; Highlights from the report of the Royal Commission on Aboriginal Peoples*. Ottawa, ON: Minister of Supply and Services Canada.

Tennant, P. (1996). Aboriginal Peoples and Aboriginal title in British Columbia politics. In R.K. Carty(Ed*.), Politics, policy, and government in British Columbia* (pp. 45–64). Vancouver, BC: UBC Press.

Thompson, R. A., & Nelson, C. A. (2001). Developmental science and the media: Early brain development. *American Psychologist, 56*(1), 5-15. doi:10.1037/0003-066X.56.1.5

Weikart, D. (1996). High-quality Preschool Programs Found to Improve Adult Status. *Childhood, 3*(1), 117-120. doi:10.1177/0907568296003001008

Wilkinson, R. G., & Pickett, K. E. (2007). The problems of relative deprivation: Why some societies do better than others. *Social Science & Medicine, 65*(9), 1965-1978. DOI: 10.1016/j.socscimed.2007.05.04.

World Health Organization (2003). *Social determinants of health: The Solid Facts (2nd ed.).* Copenhagen, DK: World Health Organization.

Appendix

Table 1

Labeling the Determinants of Health as Indirect or Direct

Determinant of Health	Direct	Indirect
External Stimulation	✓	
Physical Environment	✓	
Caregiving	✓	
Childcare	✓	
Historical and Cultural Factors		✓
Education		✓
Socioeconomic Status		✓
Access to Healthcare		✓
Substance Abuse		✓

Table 2

Services Provided by First Nations Health Authority for the Health Issues and Barriers Discussed in this Plan

Issues and Barriers	Service Provided by First Nations Health Authority
External Stimulation	· Early infancy programming · Childhood Health and Wellness Books · Children's Health Initiative
Childcare	· Information available on FNHA website
Caregiving	· Safe Infant Sleep Toolkit – Honouring Our Babies: Safe Sleep Cards & Guide · Childhood Health & Wellness Books · Tripartite Aboriginal Doula Initiative DVD (improves maternal services for Aboriginal women) · Healthy Pregnancy programming · Early infancy programming
Built and Physical Environment	· Environmental Health Program
Historical and Cultural	· Cultural relevant programs and services · Aboriginal Nursing Strategy (more First Nations nurses employed)
Education	· Prenatal education resources · Healthy eating guidelines
SES	· Aboriginal Nursing Strategy
Access to Healthcare	· Health care services/programs for FN people
Substance Abuse	· Information e-links on FNHA website