Understanding and Improving Aboriginal Maternal and Child Health in Canada

The Maternal and Child Community Advisory Panel of St. Michael’s Hospital Toronto - September 21, 2011

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The Health Council of Canada

- Set up by Canada’s First Ministers as part of the health accords (2003 & 2004)
- Our mission is to report on implementation the accords, including health status of Canadians, system outcomes, promising practices and health innovation
- Topics include **Aboriginal health**, primary care, pharmaceuticals, home care, diagnostics, health promotion, health human resources, wait times, access to care in the north, prevention, promotion and public health
- Independent, nonprofit, arms-length; funded by Health Canada
- 12-member Council appointed by governments (except Alberta and Quebec)
- A small Toronto-based secretariat
• Goals of the Health Council’s multi-year project on Aboriginal health:
  ➢ Improve Canadians’ understanding of the issues that underlie disparities in health status between Aboriginal peoples and the larger Canadian population
  ➢ Identify a body of knowledge that could be acknowledged as “promising” for advancing the health status of Aboriginal peoples, in the broad sense of health, wellness and community healing.

• Phase One: Maternal and Child Health (2011)
• Phase Two: Urban Aboriginal Health (in development)
A Broad Understanding of Health

- Physical, mental, emotional, spiritual
- Underlying determinants of health include self-determination, colonization, racism, residential schools, Aboriginal identity (language, heritage, land, tradition), community capacity (trust, support, networks), and resilience
- Social determinants of health include housing, poverty, employment, education, and violence
- Different circumstances in urban, rural, remote, and arctic regions
Defining Maternal and Child Health

“Maternal and child health is used exclusively to describe the range of health care needs and services required by women during their childbearing years including sexual and reproductive health, prenatal, labour and delivery care, post-partum and healthy parenting, as well as all the health needs of all infants and children under the age of six.”

Nunavut Tunngavik Inc. (2005) Health Integration Project
Defining Promising Practices

A model, approach, technique or initiative that is based on Aboriginal experiences, that resonates with users of the practice and results in positive changes in peoples lives. A promising practice has the following attributes:

• is acknowledged to positively advance Aboriginal health status;
• is inclusive of interests and the experiences of many;
• is valued and supported by relevant stakeholders;
• may be well known and/or has a history of success;
• is adaptive, recognizing the importance of community context for successful implementation; and,
• ideally is evaluated.
Our Question

If Canada wants to improve the health status of Aboriginal children as one way to reduce disparities, what promising practices around maternal and child health need to be advanced or developed?
The Process

- 7 Regional Sessions: Ottawa, Halifax, Calgary, Winnipeg, Vancouver, Whitehorse, Toronto
- **Front-line workers, program managers and coordinators**, Aboriginal leaders, academics, health authorities, and federal, provincial, territorial and municipal government representatives.
- Aimed for inclusiveness of on/off reserve, urban and status non-status Aboriginal peoples; worked with local Aboriginal hosts and elders
- Front-line accounts of what’s working “on-the-ground”
Session Questions

1. What’s working and making a difference in your community?
2. What programs and initiatives have you heard about elsewhere and that you wish you had?
3. How can the information collected about the promising practices be shared across the country in an accessible and useful manner?
What we heard – and learned

1. Colonization – the imposition of Western values and way of life – has been destructive. Residential schools in particular created a form of post-traumatic stress disorder for an entire culture, not just individuals. We don’t get this.

2. Culture is good medicine. We need to support Aboriginal communities in their efforts to rebuild what was stripped away: language, traditional practices, cultural pride, self-determination. Communities that do this are healthier.

3. Traditional practices need to be at the core of programs, not applied as a veneer. There can be a clash between the values of Western medicine and holistic traditional practices.

4. Cultural competency matters – a lot. Experiences with racism and paternalism, plus a fear or looking ignorant, can keep women from seeking care.
What we heard – and learned

4. Breaking the cycle requires culturally appropriate education for young children – and skill-based education for their young parents. FASD parents in particular need support.

5. Successful programs address a woman’s life circumstances (housing, education, work) and take a holistic approach (mind, body, spirit).

6. Politics, bureaucracy, and insufficient funding can get in the way of efforts to make things better.

7. There are many good programs, including federal ones such as Aboriginal Head Start and the Maternal Child Health program, which should be expanded to reach more families, and given long-term, simplified funding arrangements.

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The Outcome

A commentary, report and compendium of promising practices, grouped under five themes:

1. Traditional knowledge and cultural approaches
2. Community-based and community-focused
3. Collaboration and integration
4. Training and human resources
5. Policy and funding
Questions and discussion

• Thank you. Merci.
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