

National Aboriginal Health Organization *Advancing the Well-being of First Nations, Inuit and Metis*

Overview of NAHO

- Incorporated as a not-for-profit in 2000.
- Funded by the First Nations and Inuit Health Branch of Health Canada.
- 15 member Board of Directors, 10 appointed by the 10 National Aboriginal Organizations, and 5 elected
- Completed first mandate in 2005, current mandate complete in 2010.

National Aboriginal Health Organization (NAHO)
 1000 Avenue de la Paix, 10th Floor, Ottawa, Ontario K1P 6K1
 Tel: 1-877-967-7262

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NAHO Focus

- Committed to unity while respecting diversity
- Primary focus on FN/I/M communities
- Focus on traditional and contemporary western healing & wellness approaches
- Reflects the values and principles contained in traditional knowledge & healing practices

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Vision Statement

NAHO is an Aboriginal-designed and -controlled body that influences and advances the health and well-being of Aboriginal Peoples by carrying out knowledge-based strategies.

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Goals


1. Improve & promote the health of FN/I/M through knowledge-based activities.
2. Promotion, communications and public education activities
3. Facilitate & promote research and develop research partnerships.
4. Foster the recruitment, retention, training & utilization of FN/I/M in the delivery of health care.
5. Affirm FN/I/M traditional healing practices & medicines.

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Three Centres of NAHO



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Health in FN/I/M Context

- FN/I/M concepts of health incorporate the mental, physical, spiritual, emotional, and social aspects of health.
- The health and well-being of individuals and communities are interdependent and equally important.

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Specific Lens

- FN/I/M each require a specific lens with which to view their respective historical and contemporary realities.
- Population-specific statistics and research are key to addressing the unique needs of FN/I/M.
- The social and broader determinants of health provide a broader picture of the factors that lead to certain disparities in health status.

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Socio-Economic Indicators

- Socio-economic indicators add to the complex interaction of the broad social determinants that affect FN/I/M health status.
- FN/I/M communities continue to face critical housing shortages, high rates of unemployment and low levels of educational attainment which quality of life and health status.

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First Nations

- In 2000, life expectancy at birth for the FN population was estimated at 68.9 years for males and 76.6 years for females. This reflects differences of 7.4 years and 5.2 years, respectively, from the Canadian population's life expectancies.
- One in five First Nations births involved teenaged mothers; by contrast, far fewer births occurred among Canadian teen women (5.6 per cent).
- FN rate lower than the general Canadian population on all educational attainment indicators, including secondary school completion rates, postsecondary education admissions and completion of university.

(Health Canada: Statistical Profile on the Health of First Nations in Canada, 2000)

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Inuit


- Inuit population is young: median age of 22 years, compared with 39 years for the total Canadian population.
- Among Inuit children under the age of 15, 40 per cent lived in crowded homes, about six times the proportion of 7 per cent among all children in Canada.
- The hospital admission rate for lower respiratory tract infections for Inuit children is the highest in the world and is affected by poorly ventilated, crowded homes
- The infant mortality rate in Inuit inhabited areas is 4 times higher than the rest of Canada.

(All references: (Statistics Canada, 2006).)



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Métis

- 32 per cent of young Métis children were living in families with 3 or more children, compared to 25 per cent of non-Aboriginal children under six
- 22 percent of Métis children under six had mothers between the ages of 15 to 24; this is compared to eight per cent of non-Aboriginal children.
- 30 per cent of Métis children live in lone-parent households compared to 13 per cent of their non-Aboriginal counterparts.

(All statistics are from the Aboriginal Children's Survey, 2006: Family, Community and Child Care – Part 2 – Métis Children)

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Midwifery

- Midwifery is a part of all three cultures – to varying degrees
- *Irmisuksiiniq* - Inuit Midwifery Network.
- Celebrating Birth – Aboriginal Midwifery in Canada, 2008.
 - Profiles the history of FN/I/M midwifery in relations to FN/I/M communities
 - Presents and overview of the current state of midwifery
 - Discusses gaps in current maternity care policy in FN/I/M communities
- Celebrating Birth - Exploring the Role of Social Support in labour and Delivery for First Nations Women and Families, 2008.
 - Explores a type of support called doula care for FN families.
 - Labour support has shown to improve birth outcomes and have no known risks.
 - Suggests that doula care should be a significant consideration in policies and practices surrounding First nations maternity care.
 - Helps women reclaim a legacy of power that history has tried to take away.

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Teenage Pregnancy

- Fertility rates are seven times higher for First Nations teenage girls than other Canadians – 95 births per 1,000 women vs. 14 births per 1,000 women.
- Early motherhood increases risk of academic under-achievement, reduced employability, reliance on social assistance, lack of prenatal care, fetal alcohol spectrum disorder, and neglect and abuse.

Policy Research Initiative, Horizons, v. 10 No. 1, March 2008.




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Gaps and Recommendations

- Lack of data and information – research, research, research!
- The need for a national strategy for sexual and reproductive health to reduce fertility among First Nations teenage girls.
- Health and social science research substantiates the role of “powerlessness” in the onset of disease and the role of empowerment as a health-enhancing strategy.
- Early research on traditional diet has shown promising results for improving health status, but more evidence is needed.
- Barriers to education need to be addressed.
- The root causes of high rates of suicide need to be considered, including a greater degree of cultural continuity coupled with suicide prevention strategies.




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Future role for FN/I/M Youth

- FN/I/M participation within all aspects of Canadian society will be vital to Canada’s continued success given the changing demographics of the non-Aboriginal Canadian population.
- It has been estimated that if Aboriginal people graduated at the same rates as mainstream Canada, it would be worth \$160 billion to the Canadian economy.
- It is, therefore, of the utmost importance to address the key issues facing Aboriginal youth today.



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