

*Sharing Knowledge ·  
Making a Difference*

NCCAH ACTIVITIES UPDATE  
2014











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# A WELCOME FROM OUR ACADEMIC LEADER

Welcome to the 2014 update of activities for the National Collaborating Centre for Aboriginal Health (NCCAHA). Since our inception in 2005, we have made significant strides in support of a renewed public health system in Canada that is inclusive and respectful of diverse First Nations, Inuit, and Métis peoples.

Our program continues to build on evidence-based strategies to help reduce health inequities and disparities experienced by Aboriginal<sup>1</sup> populations in Canada. These strategies are evident in three broad categories: child, youth and family health; social determinants of health; and emerging priorities, a category responsive to new topics of importance to First Nations, Inuit, and Métis communities. This past year, for

example, we examined the intersections of creative arts, health, and place as an emerging area of interest.

As an Indigenous woman of Cree ancestry, a scholar in early childhood development, and the Academic Leader of the NCCAHA, I am privileged to oversee the efforts of our Centre at a time of evolving public health in Canada and internationally. This past year we have seen significant changes to the landscape of Aboriginal health research and programming in Canada, including federal funding cuts to Aboriginal health organizations and health departments within Aboriginal organizations.

In this time of changing federal priorities and funding decisions, strong

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<sup>1</sup> The term *Aboriginal* refers collectively to First Nations, Inuit, and Métis peoples in Canada. These three populations are diverse, both between and within groups, in socio-linguistic, cultural, and geographic aspects. The term *Indigenous* is usually used in international contexts.



collaborations and solid evidence for Aboriginal health policy and programming are needed more than ever. The NCCAH continues to forge these collaborations and disseminate accessible and timely information on issues that matter. With a renewed focus on communicating efficiently and meaningfully with everyone involved in First Nations, Inuit, and Métis health across the country, we have increased our social media presence, improved our website, and continue to ensure our resources are of the highest quality – useful and readily accessible to the broadest possible audience. I invite you to discover more in this report about our centre, the

principles that guide our work, and our accomplishments in the past year. At the NCCAH, we are pleased to be part of a process that embraces holistic, community-centred, strengths-based approaches to Aboriginal health and well-being. Together with our communities and our many partners and collaborators, we are moving the agenda forward in support of sharing knowledge and making a difference in health for First Nations, Inuit, and Métis peoples in Canada.

– Margo Greenwood,  
NCCAH Academic Leader

*“Everything our communities do should make it easier for mothers to raise children.”*

*Margo Greenwood,  
Sacred Space of Womanhood Gathering*





# NATIONAL COLLABORATING CENTRE PROGRAMS

The NCCAH is one of six National Collaborating Centres (NCCs), each focusing on a specific priority topic within public health. Established by the Government of Canada in 2005 and funded through the Public Health Agency of Canada, they are located at various institutions across the country.

Together, the six Centres are helping to renew and strengthen Canada's public health system by:

- Promoting and improving the use of scientific research and other knowledge to strengthen public health practices and policies in Canada.
- Translating existing knowledge to produce and exchange relevant, accessible, and evidence-informed products with researchers, practitioners, and policy-makers.
- Identifying knowledge gaps to highlight areas where research is needed.

- Fostering and promoting local, regional, national, and international networks to facilitate the exchange of knowledge between the public health community, researchers, and other actors.

The six NCCs for Public Health are:

- Aboriginal Health (NCCAH), University of Northern British Columbia, Prince George, BC
- Determinants of Health (NCCDH), St. Francis Xavier University, Antigonish, NS
- Environmental Health (NCCEH), British Columbia Centre for Disease Control, Vancouver, BC
- Healthy Public Policy (NCCHPP), Institut national de sante publique du Quebec (INSPQ), Montreal, QC
- Infectious Diseases (NCCID), International Centre for Infectious Diseases, Winnipeg, MB
- Methods and Tools (NCCMT), McMaster University, Hamilton, ON



# ABOUT THE NCCAH



The National Collaborating Centre for Aboriginal Health (NCCAH) supports First Nations, Inuit, and Métis peoples in realizing their public health goals and reducing the health inequities that currently exist for Aboriginal populations in Canada. When the National Collaborating Centre program was first initiated in 2005, the University of Northern British Columbia (UNBC) offered to host the Centre as part of its dedication to First Nations and Aboriginal programming. The university, located in Prince George, British Columbia (BC), serves a region rich in cultural diversity, including 17 First Nations groups with more than 27 distinct languages and dialects.

Our primary knowledge sharing activities include the production and dissemination of high-quality, accessible, and culturally relevant reports, fact sheets, systematic reviews, and overview documents. We also organize national

gatherings of knowledge holders, which we document in reports and DVDs to share more widely. As well, we take part in many key conferences and events across the country and around the world, exchanging information and building knowledge exchange networks. The NCCAH fosters culturally appropriate materials, information, projects, and activities that show tangible and meaningful results for individuals and communities.

## Goals

The goals of the NCCAH are: to ensure the use of reliable, quality evidence to achieve meaningful impact on the public health system on behalf of First Nations, Inuit, and Métis peoples in Canada; to increase knowledge and understanding of Aboriginal public health by developing culturally relevant materials and projects; and to facilitate a greater role for First Nations, Inuit, and

## Mandate

The NCCAH supports a renewed public health system in Canada that is inclusive and respectful of First Nations, Inuit, and Métis peoples. Using a holistic, coordinated, and strengths-based approach to health, the NCCAH fosters links between evidence, knowledge, practice, and policy while advancing self-determination and Indigenous knowledge in support of optimal health and well-being.

## Vision

Optimal health and well-being for First Nations, Inuit, and Métis peoples will be achieved through a population health framework addressing structure and policy, and through public health systems that are inclusive and respectful of First Nations, Inuit, and Métis peoples. These will advance self-determination for health and well-being, and be strengthened by the cultures and knowledge of First Nations, Inuit, and Métis peoples.

## Mission

The NCCAH will pursue its vision through knowledge synthesis, translation, and exchange, and the creation and fostering of linkages among First Nations, Inuit, and Métis peoples and communities, stakeholders, the population and public health community, and researchers.

Métis peoples in public health initiatives that affect Aboriginal health and well-being.

## NCCAH National Advisory Committee

Our Advisory Committee represents diverse Aboriginal communities from many different regions across the country. Committee members include public health professionals, researchers, representatives of national organizations, and experts who have community-

based and organizational experience. Our Advisory Committee members generously provide their expertise and leadership on behalf of the NCCAH at a variety of events and deliberations across the country and internationally. They also assist the NCCAH to establish and strengthen relationships with Aboriginal organizations and communities. We are very grateful for their ongoing contributions to the NCCAH and to First Nations, Inuit, and Métis health in Canada.

## Program Areas

Informed by our activities and in response to the needs of First Nations, Inuit, and Métis communities, the NCCAH has identified the following key priorities for our knowledge-sharing work:

### Child, Youth and Family Health

Our priority on child and youth health is based on and strengthened by growing evidence that the “life course” framework meaningfully and effectively



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supports the health and well-being of First Nations, Inuit, and Métis peoples. Providing a healthy start to infants and children provides a foundation for better health for adults and seniors later in life.

### Social Determinants of Health

The NCCAH is working to identify how sectors both within and outside health, such as housing and education, can support an integrated approach to improving Aboriginal public health outcomes. Access to housing, education, health services, and employment are socio-economic factors that have significant impact on individual, family, and community wellness.

### Emerging Priorities in Public Health

Being responsive to emerging topics of importance to First Nations, Inuit and Métis communities is an important part of our work. Recent areas of focus are environmental health issues and collaborative strategies on the intersections of art, health, and place.

### Quality Assurance

The NCCAH ensures our knowledge-sharing materials are of high quality and are accepted as reliable sources of knowledge in Aboriginal public health. Our goal is to meet the needs of multiple audiences, including researchers, practitioners, policy makers, and First Nations, Inuit, and Métis communities and organizations. The quality assurance process for the development of NCCAH materials involves a rigorous double-blind peer-review process that includes both academic and community experts. Our reviewers are content experts, organizational experts (government, academic, non-governmental organization, and others), and those with specific experience in Aboriginal health research. Our peer-review guidelines include ethical research considerations and help ensure our documents are respectful of Aboriginal cultures and diversity.

## NCCAH Advisory Committee Members

### Warner Adam

Executive Director,  
Carrier Sekani Family Services,  
Prince George, BC

### Evan Adams

Deputy Provincial Health Officer,  
Ministry of Health, Victoria, BC

### Kim Barker

Medical Health Officer,  
Algoma Public Health,  
Ottawa, ON

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Public Health Consultant,  
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Public Health Consultant,  
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Regional Community Medicine Specialist,  
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Researcher, writer, lecturer,  
Delta, BC

### Don Fiddler (co-chair),

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School District No. 39,  
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Department of Health and Social  
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Eskasoni First Nations,  
Eskasoni, NS

### John O'Neil

Professor and Dean,  
Faculty of Health Sciences,  
Simon Fraser University,  
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University of Victoria,  
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Health and Social Services,  
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### Isaac Sobol

Acting Director of Health Protection,  
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Canada,  
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### Shirley Tagalik

Consultant and Principle Researcher,  
Inukpaujaq Consulting,  
Arviat, NU

### Gail Turner

Public Health Consultant,  
Nunatsiavut Government,  
Happy Valley-Goose Bay, Labrador, NFLD



# OUR APPROACH



## Guiding Principles

The NCCAH is guided in all of its knowledge-sharing activities by a strong set of principles that are developed and refined in consultation with Aboriginal leaders, organizations, communities, and our national Advisory Committee. Our community-centred, holistic, and strengths-based approach is important for maintaining the trust and credibility that the Centre has established within communities, the public health system, educational institutions, and government stakeholders.

### Diversity

One of the guiding principles of the NCCAH is respect for diversity within the Aboriginal population. Three groups represent Aboriginal peoples in Canada politically and culturally: First Nations,

Inuit, and Métis. However, there is much diversity both within and between these groups in terms of culture, language, history, and geography (including regional, on-reserve/off-reserve, and rural/urban/remote distinctions). For example, there are more than 50 Aboriginal cultural groups in Canada, each with its own distinct language and traditional land base. In addition, each population has unique legal entitlements under the *Canadian Constitution, 1982*, and varying experiences of life quality and access to health services. For health interventions to be meaningful, the distinct experiences and perspectives of First Nations, Inuit, and Métis peoples must be recognized and taken into account. At the NCCAH, we recognize and respect this diversity in all aspects of our work.



## Guiding Principles

Respect for diversity and the unique interests of First Nations, Inuit, and Métis peoples.

Support the inclusion and participation of First Nations, Inuit, and Métis peoples in the public health system.

Incorporate Indigenous knowledge and holistic approaches.

Encourage collaboration and capacity building.

## Inclusion and Participation

In all aspects of our work, the NCCAH supports the inclusion and participation of First Nations, Inuit, and Métis peoples in the public health system. One way we do this is by working closely with our Advisory Committee that includes representatives from diverse Aboriginal communities and organizations. This group brings knowledge of their communities and regions to inform and guide NCCAH program priorities. Another way the NCCAH supports the inclusion and participation of Aboriginal peoples in public health is by encouraging community-based

research. This type of research includes communities in all stages and helps address questions most relevant to Aboriginal peoples. The NCCAH encourages a stronger awareness of the critical importance of community voice and control in health research, initiatives, programs, and planning.

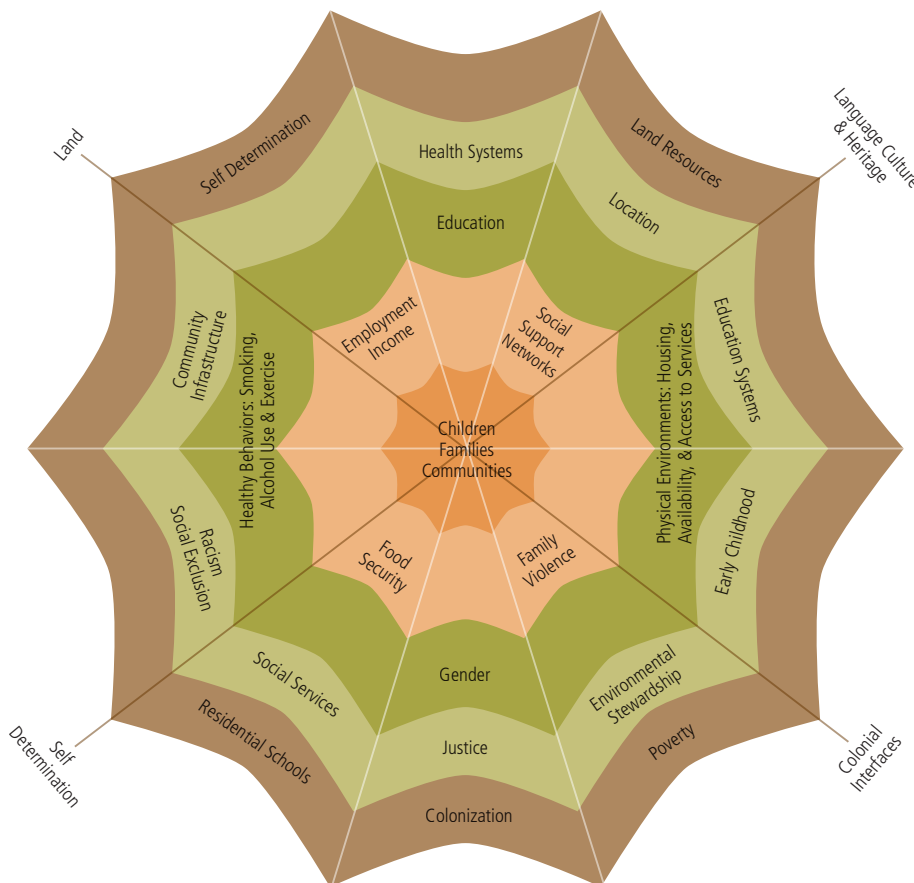
## Indigenous Knowledge and Holistic Approaches

At the heart of all our work is respect for Indigenous knowledge and holistic approaches. The NCCAH builds bridges between western scientific approaches and Indigenous ways of knowing, and incorporates Indigenous perspectives of *knowledge, evidence, and research*. Holistic approaches consider the whole context of an individual's health. Indigenous health can be conceptualized as the interconnected strands of a spider web, in which issues such as poverty, gender, food security, education, a history of colonization, geographic location and connection to land, and other factors, interact in the lives of individuals, families, communities, nations, and peoples. This holistic approach to health is rooted in Indigenous ways of knowing and being, and is a significant step beyond bio-medical or lifestyle-based conceptualizations of health and illness.

## Collaboration and Capacity Building

The key to our knowledge-sharing mission is collaboration. Our collaborations in knowledge sharing extend beyond typical boundaries – institutional, jurisdictional, geographical, and professional – to address the multi-faceted and structural issues underlying Aboriginal health. The NCCAH works to bring diverse sectors together in activities that: include Aboriginal perspectives in mainstream initiatives, address the social determinants of Aboriginal peoples' health, and foster new and creative linkages. Our role is akin to setting a table – laying the tablecloth, preparing the meal, and welcoming guests. By inviting collaboration, we facilitate exchange, build on strengths, strengthen voice, and coordinate change.

Web of Being:  
Social Determinants and Indigenous People's Health



Prepared by: Dr. Margo Greenwood, NCCAH, 2009

## Strengths-Based Approach

The epidemiological bias in population health and public health involves a focus on illness, disability, dysfunction, and untimely death. This trend overlooks the strengths and resilience of individuals and communities. Although Aboriginal peoples have been forced to change the way they live in almost every aspect of their lives, many have drawn strength from spiritual connections, cultural and historical continuity, and ties with family, community, and the land (King, Smith & Gracey, 2009). First Nations, Inuit, and Métis communities are making improvements in education, employment, economic development, language revitalization, self-governance, and many other areas. The NCCAH applies a strengths-based approach in all our activities, recognizing inequities

and disparities while contextualizing these realities within the diversity of Aboriginal community experiences. A strengths-based approach to health, rather than focusing on pathology and deficits, builds capacity, celebrates assets, and is guided by respect and a holistic perspective.

## Visual and Oral Identity

Aboriginal peoples' cultures and histories are intimately connected to land and natural environments. For this reason, the NCCAH incorporates a strong visual emphasis on the land within our publications and website. For our national knowledge-sharing events, we work with a graphic artist who visually depicts gatherings as they unfold, allowing participants an alternate way of engaging with the wisdom and teachings that are shared. Language

and orality are also foundations of Indigenous cultures and identity, and are honoured as important ways of transmitting knowledge (Greenwood, 2005). The NCCAH has documented through audiovisual media the voices and stories of Elders, youth, parents, and participants at the knowledge-sharing events we host as a way of sharing with audiences across time and geographies. The immediacy and impact of documentary videos makes them a powerful tool to catalyze further discussion and mobilize energies to work for change. The NCCAH continually seeks ways to incorporate a strong story-telling component in our materials, emphasizing voice and the human element in key health initiatives.







# ACTIVITIES, COLLABORATIONS AND PUBLICATIONS

## *Highlights*

### Setting the Context

There is growing awareness in Canada, both within and outside of Aboriginal communities, of the complexity and importance of First Nations, Inuit, and Métis health issues. From high rates of diabetes among First Nations peoples to lung cancer rates among Inuit that are among the highest in the world, the health challenges are critical, complex, and rooted in historical, political, and social factors. A key goal for the NCCAH is to ensure greater understanding of these unique Aboriginal health contexts among varied audiences. This in turn can support programs, services, and interventions that are culturally appropriate, community-based, respectful, and meaningful. Recent publications that help set the context of Aboriginal health in Canada, from fact sheets to substantial reports, are summarized below.

*An Overview of Aboriginal Health in Canada* provides a general introduction to the topic and to the broad context in which Aboriginal communities, health practitioners, policymakers and researchers seek to improve the health and well-being of Aboriginal peoples. This fact sheet provides an introduction to Aboriginal peoples, the social determinants that impact their health, current health status indicators, and the jurisdictional framework for Aboriginal health policies and programs.

A much larger document which provides a high-level summary of what is currently known about and being done to improve the health of First Nations, Inuit, and Métis peoples is, *The State of Knowledge of Aboriginal health: A Review of Aboriginal Public Health in Canada*. This report, released in spring 2012, includes an overview of literature and data pertaining to the health issues faced by Aboriginal peoples, an examination of



these issues from the social determinants of health perspective, and summaries of current health programs and initiatives for Aboriginal populations offered by federal, provincial, and territorial governments. An annotated bibliography of both peer- and non-peer-reviewed literature published between January 1, 2000 and December 31, 2009 is a companion document to this report.

Aboriginal people in Canada are increasingly urbanized with more than half living in urban centres. Despite this growing trend, the health of Aboriginal peoples residing in urban areas is not well known. The NCCAH published a report titled, *The Health of Aboriginal People Residing in Urban Areas*, to address this knowledge gap. It examines Canada's demographically and culturally diverse urban Aboriginal population with specific reference to determinants of

health, health outcomes, the provision of health services, and key considerations for policy and program development and practice.

Cultural safety is an important topic in First Nations, Inuit, and Métis public health. People who experience culturally safe health care are more likely to access care earlier, and to feel more at ease and empowered throughout the process of receiving care. One of our reports, *Cultural Safety in First Nations, Inuit and Métis Public Health*, provides an in-depth look at the state of cultural safety knowledge in Aboriginal health care, including such things as terminology, core competencies, accreditation standards, undergraduate and graduate level curriculum, professional development and continuing education opportunities, and provincial and national projects engaging with the issue.

*A key goal for the NCCAH is to ensure greater understanding of these unique Aboriginal health contexts among varied audiences.*

The NCCAH has also published two reports on research design and their implications for Aboriginal health. The first, *A Systematic Review of Western and Aboriginal Research Designs: Assessing Cross-Validation to Explore Compatibility and Convergence*, explores what constitutes valid and credible research. It supports ongoing work to forge new directions in research based on engagement, justice,



fairness, and empowerment, to ensure that there are equal opportunities for and recognition of Aboriginal research. The second report focuses on the under-representation of Aboriginal peoples in the privileged Western research design of randomized controlled trials (RCTs): *A Systematic Review of Randomized Controlled Trials of Health Related Issues within an Aboriginal Context*. The authors make a strong case that to remedy existing health care disparities, researchers need to develop participatory, socially relevant, and culturally safe methods for conducting RCTs within First Nations, Métis, and Inuit communities.

## Child, Youth and Family Health

Rebuilding Aboriginal health and well-being starts with children and families. Early childhood development influences subsequent life chances and health risks. These include risks for obesity, mental health problems, heart disease, and more.<sup>2</sup> Investment in the early years provides one of the greatest opportunities to reduce health inequities.<sup>3</sup> The NCCAH focuses on children, youth and families as a means of bettering the overall health status of Aboriginal peoples in Canada.

A recent report titled, *Strengthening Urban Aboriginal Families: Exploring Promising Practices*, identifies promising practices that agencies, practitioners, and policy makers can use to strengthen urban Aboriginal families. It includes six detailed case studies of service agencies that have all been successful in building service demand and matching community needs. The NCCAH also collaborated with the British Columbia First Nations Health Authority to create four resource booklets on parenting for First Nations and Métis caregivers. They share information, strategies, tips, and other resources that will help parents

raise healthy, secure, confident, trusting, and resilient children.

As part of a multi-year partnership, the NCCAH has been working with the Canadian Paediatric Society to develop and implement new curriculum for paediatric residents who care for Aboriginal children. Developed by the Canadian Paediatric Society with the support of the NCCAH and nearly a dozen national organizations in the Many Hands, One Dream partnership, the curriculum teaches residents the context of Aboriginal child and youth health in Canada in a holistic manner. The curriculum was launched in 2011 at universities across Canada, and is currently being adapted as an online training module to facilitate increased access and uptake by other health professionals. An article detailing the process of development and dissemination of the curriculum was published in 2012.

In January 2012, the NCCAH hosted a two-day gathering on Aboriginal mothering and womanhood in Ottawa: *The Sacred Space of Womanhood: Mothering Across the Generations*. This was the third of a four-part vision, begun in 2009, that links the wellness of Aboriginal families to the health and well-being of Aboriginal communities and populations. The first gathering was on Aboriginal childrearing and the second focused on Aboriginal fathering. *The Sacred Space of Womanhood* drew over 160 participants from coast to coast to coast, representing more than five generations and the perspectives of multiple communities, leaders, and professions. A background paper is available that provides an overview of Aboriginal mothering conceptualizations, practices, and initiatives. Each gathering is documented in a proceedings report and video that are available on the NCCAH website.

The fourth and final gathering in this series is planned for February 2014 and will focus on families.

The NCCAH released a series of fact sheets on Inuit knowledge and caring for children, written by one of our Advisory Committee members, Shirley Tagalik. Inuit knowledge, or *Inuit Qaujimajatuqangit*, is a dynamic and living knowledge system. It is key not only to a 'cultural health' approach to the well-being of Inuit children, families and communities in Canada, but also to the survival of Inuit in a changing contemporary context.

- *Inunnguiniq: Caring for Children the Inuit Way*
- *Inutsiaqpagutit: That Which Enables You to Have a Good Life – Supporting Inuit Early Life Health*
- *Inuit Qaujimajatuqangit: The Role of Indigenous Knowledge in Supporting Wellness in Inuit Communities in Nunavut*

Following this series of fact sheets, Shirley Tagalik presented a free webinar that provided an overview of *Inunnguiniq* concepts. In her presentation, Shirley outlined some of the key health concerns for children in Nunavut today and highlighted some cultural practices that Inuit Elders are revitalizing in order to promote healthier outcomes. The webinar also discussed new areas for health researchers to consider. You can listen to the recorded session online via a link on the NCCAH website.

A series of three fact sheets focuses on aspects of Aboriginal child health within British Columbia and demonstrates how infant and child health reflect the health and well-being of communities.

- *Addressing the Social Determinants of Health of Aboriginal Infants, Children and Families in British Columbia*

<sup>2</sup> CSDH, Closing the gap, 3. The Chief Public Health Officer's Report on the State of Public Health in Canada, 2009,1,3.

<sup>3</sup> CSDH, Closing the gap, 3.

- *Our Babies, Our Future: Aboriginal Birth Outcomes in British Columbia*
- *Honouring Our Children: Aboriginal Children's Health in British Columbia*

Another fact sheet, *Caregiver-Infant Attachment for Aboriginal Families*, discusses the importance of infant attachment for health and well-being in addition to the impact that colonization and residential schools have had on attachment relationships in Aboriginal families. It provides strategies for helping infants and young children feel comforted and cared for, along with signs to help identify when families might require assistance in restoring healthy attachment relationships. This fact sheet includes a list of online resources for parents and caregivers.

Optimal early childhood development is supported by good nutrition, beginning with prenatal maternal health and breastfeeding. Children's brain development is supported by nutritious foods, which leads to improved capabilities to focus and learn. Two fact sheets provide information on nutrition for Métis infants, children and youth. Both fact sheets recommend further research and urge increased efforts to reach Métis populations in Canada through culturally relevant approaches to ensure the best possible health outcomes for infants, children, and youth.

- *The Nutritional Habits of Métis Children and Youth in Canada: A Preliminary Examination*
- *The Nutritional Habits of Métis Infants and Young Children in Canada: A Preliminary Examination*

The NCCAH produces fact sheets on specific health topics to assist families and caregivers to understand healthy practices for prevention. Some of these focus on vision and oral health. The NCCAH partnered with the Vision Institute of Canada and The Canadian

Association of Optometrists to release three Aboriginal vision health pamphlets in the summer of 2012. These accessible, culturally relevant, and information-rich pamphlets contribute to the campaign of raising awareness of vision health among Aboriginal communities and populations. Each pamphlet provides information on a specific vision issue, its causes and symptoms, along with tips for prevention and treatment approaches. The pamphlets are available in English, French, Cree, Ojibwe, and Inuktitut. Two vision health posters that promote regular eye exams are also available in English and French.

Good oral health is vital for overall health and well-being. A new fact sheet reviews daily brushing and flossing as an important part of good oral hygiene, and in combination with regular cleanings by a dental professional, these habits can help prevent gum disease. Early childhood is an important life stage for forming good oral health habits. Another fact sheet addresses the high rates of early childhood caries (ECCs) or cavities in Aboriginal communities.

- *Oral Health and Hygiene*
- *Early Childhood Tooth Decay*

A series of four fact sheets developed out of the Aboriginal ActNow BC initiative provide the most current information and resources related to four interrelated pillars of health that are key risk factors to the most common chronic diseases facing First Nations, Inuit, and Métis peoples across Canada.

- *Healthy Choices in Pregnancy Fact Sheet*
- *Nutrition Fact Sheet*
- *Tobacco Fact Sheet*
- *Physical Activity Fact Sheet*

## Social Determinants of Health

The NCCAH brings a strong focus in its activities to the social determinants of health. This approach targets the underlying causes of illness and disease, such as poverty, substandard housing, and barriers to education. Many of these conditions are rooted in a history of colonialism and impacts Aboriginal culture, languages, land rights, and self-determination. The NCCAH continues to work at the regional, national, and international levels to support a more holistic and integrated approach to Aboriginal health in Canada that incorporates the social determinants of health.

A recent report provides a broad overview of socio-economic determinants of Indigenous health, including income, education, unemployment or working conditions, housing, community and social support, health care access, early childhood influences and education, healthy living, substance use (including alcohol, tobacco, and drugs), nutrition, and social exclusion. This document, *Pathways to Improving Well-Being for Indigenous Peoples: How Living Conditions Decide Health*, also presents information on current interventions and their effectiveness.

Gender is recognized as a social determinant of health. The NCCAH has produced a report, *Aboriginal Women in Canada: Gender, Socio-Economic Determinants of Health and Initiatives to Close the Wellness Gap*, that explores the role that gender plays, alone and in concert with other health determinants, in the health status of Aboriginal women across Canada. It highlights some current initiatives aimed at improving Aboriginal women's health and well-being. We also have a fact sheet that summarizes data on Métis women and disease prevalence, treatment, screening behaviours, and preventive



measures related to a range of illnesses. Some of these are cancer (breast and cervical), cardiovascular disease, diabetes, and other chronic diseases such as arthritis/rheumatism, high blood pressure, asthma, and stomach problems. Métis women experience higher rates of mortality from many diseases and external causes resulting in lower life expectancy than non-Aboriginal women.

One of the specifically Aboriginal social determinants of health is colonialism. An NCCAH report, *Challenging Hidden Assumptions: Colonial Norms as Determinants of Aboriginal Mental Health*, outlines how colonial practices, such as the residential school system and government banning of ceremonies, have inflicted a “soul wound” on Aboriginal peoples caused by the experience of systematic violence, oppression, and widespread grief. The report demonstrates how historical and remnant colonialism have negatively impacted Aboriginal peoples’ ability to achieve mental health.

Cultural safety is a topic of growing importance in First Nations, Inuit, and Métis public health. One of our fact sheets, *Towards Cultural Safety for Métis: An Introduction for Health Care Providers*, presents cultural safety as an ongoing, continually evolving process involving specific actions for health care workers to adjust services to the needs and preferences of Métis patients. The overall goal is to treat Métis people with dignity and respect to ensure they will feel accepted and safe from discrimination in health care environments.

NCCAH authors also publish in various academic journals. One such article titled *Social Determinants of Health and the Future Well-Being of Aboriginal Children in Canada* and published in the journal *Paediatrics and Child Health* was written by the NCCAH’s Academic Lead Dr. Margo

Greenwood and Research Associate Dr. Sarah de Leeuw. It contextualizes Aboriginal children’s health disparities, discusses determinants of health as opposed to biomedical explanations of ill health, and concludes with ways to intervene in health inequities. Addressing First Nations, Inuit, and Métis health inequities requires considering both the contexts in which disparities exist and innovative and culturally appropriate means of rectifying those inequities.

Another article, *With Reserves: the Geographies of Colonialism and First Nations Health in Northern-Interior BC*, authored by NCCAH’s Dr. Margo Greenwood and Dr. Sarah de Leeuw with partners from Carrier Sekani Family Services, and published in the *Annals of the Association of American Geographers*, reviews findings from fifty-eight interviews with members of thirteen First Nations communities in Carrier, Sekani, Wet’suwet’en, and Babine territories. The results suggest that colonial geographies, both physical and social, along with extant anti-Indigenous racism, are significant determinants of the health and well-being (or lack thereof) of many First Nations in the region.

NCCAH authors Dr. Margo Greenwood and Dr. Sarah de Leeuw contributed to a recent book, *Health Inequities in Canada: Intersectional Frameworks and Practices* (edited by Olena Hankivsky, UBC Press 2011). Their book chapter titled *Beyond Borders and Boundaries: Addressing Indigenous Health Inequities in Canada through Theories of Social Determinants of Health and Intersectionality* argues that understanding colonialism as a fundamental determinant of health, in conjunction with other social determinants, can provide one means of explaining and understanding the state of Aboriginal people’s health in Canada today.

## Emerging Priorities

The NCCAH supports enhanced knowledge of emerging public health priorities of First Nations, Inuit, and Métis communities. Some areas that we have explored include environmental health and ‘the art of health.’ This past year we undertook several activities, collaborations and publications that explored art and health.

The NCCAH collaborated with the University of British Columbia (Okanagan Campus) to publish a unique edition of *LAKE: A Journal of Arts and Environment*. Guests in the edition included award winning author Warren Cariou and renowned Haida artist Michael Nicoll Yahgulanaas. A creative essay, originally prepared for submission to the Truth and Reconciliation Commission, links healing from colonial violence of residential schools with connection to place and the natural environment. In a guest editorial featured in the special edition, Dr. de Leeuw and NCCAH Academic Lead Dr. Margo Greenwood make note of the deterritorialization experienced by Indigenous peoples globally. They link burdens of ill health to socio-cultural issues and economic marginalization.

*Art and Wellness: The Importance of Art for Aboriginal Peoples’ Health and Healing* is a recent fact sheet that details the ways in which art, and more broadly, creative processes, can and are being used to address the root causes of ill-health, the experience of disease, clinical symptoms, and the ways and means through which Aboriginal peoples interact with health care systems. Addressing the vast health inequalities that exist between Aboriginal and non-Aboriginal peoples in Canada requires solutions that are as complex as the problems themselves. In a free webinar presentation titled *The Fine Arts of Health*, Dr. Sarah de Leeuw provided a



discussion of the intersections between medicine, health, the creative arts, and the humanities. The recording is available on the CHNET-Works website.

## Centre News

### New Partnerships

The NCCAH participated in several new partnership activities recently, including with the Michael Smith Foundation for Health Research (MSFHR) to support a scholar award to Dr. Sarah de Leeuw. She is the first ever MSFHR scholar based in Northern BC and this is one of the first ever partner awards from MSFHR. Dr. de Leeuw's research and knowledge translation agenda addresses health inequalities lived by people in Northern BC and by Indigenous peoples, especially as compared to people in urban areas in the south of the province. She will examine how the creative arts and humanities can improve health inequities and attend to social determinants of health, particularly as they manifest in specific geographies.

After twelve years of operation, the National Aboriginal Health Organization (NAHO) closed its doors in 2012 when

its funding was terminated. In response to this closure, the NCCAH partnered to support the transfer of the important and unique NAHO publication, *Journal of Aboriginal Health*, to a new publisher: the Aboriginal Health Research Networks Secretariat (AHRNetS). AHRNetS is the coordinating body for national collaborative activities of the nine Network Environments for Aboriginal Health Research (NEAHRs) and will continue to publish this journal under a new name that reflects its international readership and content, the *International Journal of Indigenous Health*.

Also following the closure of NAHO, the NCCAH undertook to host an important database on Métis health that was developed by the Métis Centre of the National Aboriginal Health Organization (NAHO). The NCCAH will maintain these databases so they remain available and relevant to researchers, policy makers, practitioners, and the general public.

### NCC Collaborations

Multiple centres from the National Collaborating program work together

on various initiatives. The NCCAH collaborated on contributions to a casebook on public health ethics. The casebook collected together a series of realistic cases from research, policy and practice resources to support further discussion and debate about population and public health ethics. The NCCAH co-authored with the NCC for Environmental Health two case studies: 'First Nations Drinking Water Policies' and 'Health Inequities in First Nations Communities and Canada's Response to the H1N1 Influenza Pandemic.'

### NCCAH Profiled

Aboriginal ActNow BC, a program hosted by the NCCAH since 2006, was profiled as a best practice in this recently released report about physical activity programs for Aboriginal children and youth: *Physical Activity Approaches at the Ground-Level*. By highlighting various best practices, it provides useful and accessible information for community leaders looking for ways to make a difference in the health of First Nation, Inuit, and Métis children.





# LOOKING AHEAD

We are planning the fourth gathering in the four-part series to take place in February 2014 in Vancouver, BC. This gathering will bring together participants from across the country who represent multiple generations and the perspectives of diverse communities, leaders, and professions.

While the health challenges are significant, there are also many great opportunities for change. The NCCAH is committed and determined to be part of a transformation that will lead to equity and optimal health and well-being for First Nations, Inuit, and Métis peoples in Canada.

## References

Greenwood, M. (2005). Children as citizens of First Nations: Linking Indigenous health to early childhood development. *Paediatric Child Health*, 10(9): 554-555. Retrieved on May 22, 2013 from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2722642/>

King, M., Smith, A., and Gracey, M. (2009). Indigenous health part 2: The underlying causes of the health gap. *The Lancet*, 374(9683): 76-85. Retrieved on July 16, 2013 from <http://cahr.uvic.ca/nearbc/documents/2009/lancet-vol374-2.pdf>

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NATIONAL COLLABORATING CENTRE  
FOR ABORIGINAL HEALTH  
CENTRE DE COLLABORATION NATIONALE  
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