

Why Focus on Indigenous People?

A Tool for Health and Social Service Organizations and Providers

Organizational practices contribute to disproportionately worse health care access & outcomes for Indigenous people. Therefore, health care providers need to be involved!

Health inequities are exacerbated among Indigenous populations 44% of Indigenous people rated quality of care in Emergency Departments as either fair or poor²⁵ When accessing health care, 43% of Indigenous people reported receiving poor treatment due to racism and discrimination ¹⁷ Anticipation of being blamed for their health problems was enough to keep some Indigenous people from accessing health care at all ^{17,25,26} Indigenous people often experience missed or late diagnosis due to harmful staff assumptions related to drug/alcohol seeking behavior¹⁷

Because Indigenous people experience such high rates of discrimination, care that is excellent for Indigenous people will be excellent for everyone.

The strengths and resilience of Indigenous people are often invisible due to incorrect assumptions and racist stereotypes

ALCOHOL CONSUMPTION

- Indigenous people in BC consume less alcohol per capita than the general population^{12,13}, yet the racist stereotype of Indigenous people as "drunken" is pervasive and shapes the decisions of staff as to which patients are deserving of care¹⁴.
- From 1990 to 2004, the potential years of life lost for alcohol-related deaths among Indigenous people has decreased¹³.

POST-SECONDARY EDUCATION

- Indigenous women are less likely than non-Indigenous women to have post-secondary education¹⁵.
- However, Indigenous women with post-secondary education had higher employment rates than their non-Indigenous counterparts¹⁵.

HEALTH CARE BENEFITS & ACCESS

- Only Indigenous people with status receive non-insured health benefits (NIHB), yet health care providers often assume all Indigenous people have NIHB¹⁶. However, being eligible for NIHB does not guarantee easy access, and the benefits typically provide less coverage than most employee plans.
- Northern and remote communities experience multiple barriers in accessing health care¹⁶.
- Hospitalization rates decrease when Indigenous communities have control over their health care facilities^{17,18}.

Why Focus on Indigenous People (WFoIP)

This tool offers information to support equity oriented care in you practice. Cultural safety, trauma and violence informed care (TVIC), and harm reduction are interrelated concepts that can help promote equity.





Due to impacts of colonialism and racism, Indigenous people experience worse health outcomes compared to other Canadians on virtually every measure.

PERINATAL HEALTH OUTCOMES

The infant mortality rate among Indigenous people living on reserve is higher than the non-Indigenous population^{1,2}.

Low birth weight is more common among non-status Indigenous people living on- and off-reserve³.

DIABETES

The prevalence of diabetes is much higher among Indigenous people compared to non-Indigenous people⁴.

Indigenous women are more likely to develop gestational diabetes than their non-Indigenous counterparts⁴.

Diabetes is more common among Indigenous women than Indigenous men (opposite for non-Indigenous Canadians)⁴.

SUICIDE

Rates of suicide among Canadian Indigenous youth are some of the highest in the world⁵.

from one community to the next as a result of years of repressive policies and discrimination⁶.

Suicide rates among Indigenous people are several times higher than the non-Indigenous population

MENTAL HEALTH

As a result of years of repressive policies and discrimination, Indigenous people are more likely to experience some sort of mental illness⁷.

However, the majority of Indigenous people living on-reserve feel in balance in the four main aspects of their lives⁷.

HIV / AIDS

Indigenous people suffer from disproportionate rates of HIV/AIDS⁸.

In 2011, Indigenous people made up 12.2% of all new HIV infections in Canada whereas they represented 4.3% of the total Canadian population in 20118.

These *health* inequities for Indigenous people are created by *social* inequities, including policy-driven poverty and racism.

Such health inequities are often misunderstood as being a consequence of individual choice and health behavior, but such social inequities are fostered by incorrect assumptions and racist stereotypes.

HOUSING CONDITIONS



Crowding: 27% of Indigenous people living on reserve reported living in crowded conditions⁹.

State of Repair: 43% of homes on reserve require major repairs⁹.

Access & Availability: 94.1% of Indigenous people living on reserve are on waiting lists for homes ^{10,11}.

Health & Safety Risk: 43.5% of Indigenous adults diagnosed with asthma are living in housing that contains mold¹⁰.

MEDIAN INCOME



median-after tax income for non-Indigenous people⁹



median-after tax income for Indigenous people⁹

DISCRIMINATION

Racial discrimination is

intersectional and should be considered in relation to the ongoing effects of colonialism.

In Canada, discriminatory policies against Indigenous people have had numerous negative impacts on their quality of life.



38% of Indigenous people living on reserve reported experiencing some form of racism in the last year.

Indigenous people experience disproportionately high levels of harmful state interference

HARMFUL STATE INTERFERENCE

- In 2004, the number of Indigenous children in state care was 3 times as high as at the height of residential schools²¹, and this overrepresentation is continuing to increase.
- Indigenous children are more likely to receive the highest level of intervention: removal from home and placement in care²².
- Indigenous children account for 5% of all Canadian children, yet account for 25% of all children admitted to state care. The main reason cited for the overrepresentation of children is 'neglect'; however, this neglect is often dependent on structural factors such as poverty²².

Indigenous individuals make up 4% of the Canadian population, but 22.8% of the prison population²³

Indigenous adults are imprisoned at a rate of 756/100,00024

> Non-Indigenous adults are imprisoned at a rate of **76/100,000**

The Canadian justice system discriminates against Indigenous people at virtually every decision point, from the charging of individuals to their sentencing.27

Social inequities fuel disproportionately high rates of violence against Indigenous people

Indigenous women are 4X more likely to experience violent victimization²⁰

In 2013/14, 32 of 85 female murder victims in **RCMP** jurisdictions were Indigenous¹⁹

38% of the total number of female murder victims were Indigenous women, although they represent only 4% of the Canadian population of women¹⁹.

As of April 2015, there were 174 missing Indigenous women in RCMP jurisdictions; this is 10% of the missing women cases on file19.

Indigenous people model strength and resilience, despite facing disproportionate challenges

Indspire is a Canadian charity that is Indigenous led and invests in Indigenous education to benefit individuals, families and communities.

The goal of Indspire is to support students with financial awards, provide programs and share resources to reduce the gap in Indigenous education. \$12.2 million was awarded through 3,792 bursaries and scholarships in 2015-2016.



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Resources*

Diabetes Support & Resources

First Nations Health Authority Aboriginal Diabetes Initiative Resources 2016

BC Children's Hospital Diabetes Clinic. The hospital provides health services for infants, children, and adolescents with type 1 and 2 diabetes, as well as children at high risk of developing diabetes. Call: (604) 875-2868, www.bcchildrens.ca

Carrier Sekani Family Support Services. This program provides mobile diabetes care services to remote rural communities. The program offers health check-ups, vision testing, and screening for Aboriginal people at risk of diabetes.

Call: (250) 563-1281, www.csfs.org

Suicide Support & Resources

Crisis Intervention and Suicide Prevention of BC offers 24/7 toll-free crisis and mental health support lines for people of all ages, and anonymous online support chatting for youth and adults in BC from noon to 1am. Call: Crisis line- 1-800-SUICIDE (1-800-784-2433); Mental health support line- 310-6789; Seniors Distress Line- 604-872-1234; Online chat for youth www.YouthInBC.com and for adults at www.CrisisCentreChat.ca

The Cuystwi Indigenous Youth Wellness Program offers youth platforms to celebrate Indigenous identity which emphasize themes of identity, culture, understanding colonization, tools to deal with racism, healthy relationships, sexual health, and an invitation to become a young warrior. Evolved from discussions of youth suicide, this program offers online participation and in person workshops for youth leaders.

www.indigenousyouthwellness.ca, or contact: cuystwi@phsa.ca

Native Youth Crisis Hotline 1-877-209-1266.

Answered by staff 24/7. Available throughout Canada and US.

For a complete list of all crisis line numbers in BC go to: http://www.crisislines.bc.ca/

Mental Health Support & Resources

KUU-US Crisis Services offers 24/7 culturally safe and toll-free crisis and mental health support lines for First Nations people of all ages across BC. Call 1-800-KUU-US17.

Mental Health Information Line is answered 24/7/365 and provides empowering emotional support, information on appropriate referral options and a wide range of support relating to mental health concerns. 310-6789 (no area code needed). See the Here to Help website for more information, www.heretohelp.bc.ca

HIV Support & Resources

CATIE is Canada's source for up-to-date, unbiased information about HIV and hepatitis C. They connect people living with HIV or hepatitis C, at-risk communities, healthcare providers and community organizations with the knowledge, resources and expertise to reduce transmission and improve quality of life. If privacy is a concern for you, call toll-free telephone line at 1-800-263-1638. www.catie.ca

Chee Mamuk is a provincial Aboriginal program that provides innovative and culturally appropriate training, educational resources and wise practice models in STIs, hepatitis and HIV. Contact them at Clinical Prevention Services, Call: 604-707-5605, email: cheemamuk@bccdc.ca.

*Please note this tool was developed for health and social service providers in BC. Please note that similar services exist in other provinces and countries and can be accessed through local support organizations.

Positive Living Society BC is a resource dedicated to empowering persons living with HIV and AIDS in BC. They offer programs and services at their premises and can be contacted by phone: 604-893-2200, or toll-free: 1-800-994-2437, or email at: info@positivelivingbc.org. Online, positivelivingbc.org.

Housing Support & Resource

The Aboriginal Housing Management Association is an organization that is dedicated to leveraging their membership to provide housing for urban, rural, and northern Indigenous persons in the province of British Columbia. They navigate accessing Aboriginal Housing Providers and advocate for Indigenous housing concerns. Phone: 604-921-2462, or toll free: 1-888-921-2462. www.ahma-bc.org.

M'akola Housing Society is an organization working to provide appropriate and affordable homes for British Columbia's Aboriginal communities. For general inquiries please email info@makola.bc.ca, or contact the Victoria regional office at 250-384-1423. Visit: makola.bc.ca.

Vancouver Native Housing Society works to provide safe, secure and affordable housing. Although our original and ongoing mandate is to focus on the housing needs of the urban Aboriginal community they have expanded our operations to include housing solutions for seniors, youth, women at risk, persons living with mental illness and the homeless and homeless at risk populations. Email: info@vnhs.ca or telephone: (604) 320-3312. Visit: www.vnhs.ca

Indspire Resources

1.855.INDSPIRE (1.855.463.7747) for General Inquiries or visit Indspire.ca

Violence Against Indigenous Women Support & Resources

Battered Women Support Services Crisis Line provides emotional support and resources in the community, they assess their coping strategies to highlight their strengths and to help create a safety plan for women who are dealing with violence and/or the effects of abuse. BWSS Crisis Line & Intake workers assist women who have experienced crisis in reclaiming power and making safe choices. Available Monday to Friday 10 AM – 5 PM & Wednesdays 10 am – 8 pm at 604-687-1867.

WAVAW Rape Crisis Centre provides all women who have experienced any form of sexualized violence with support and healing, and engage with youth to develop leadership for prevention of future violence. They offer immediate emotional support through a 24-Hour Crisis Line, toll-free. The Crisis Line support workers are there to listen, to provide non-judgmental support and if needed, to provide information on available counseling services or referrals to other community programs and organizations. Available 24 hours a day, 7 days a week, 365 days a year at (604) 255-6344 or toll-free at 1 (877) 392-7583.

Cultural Safety Training

San'yas Indigenous Cultural Safety Training Program is a facilitated on-line training program designed to increase knowledge, enhance self-awareness, and strengthen the skills of those who work both directly and indirectly with Aboriginal people. Visit: http://www.sanyas.ca

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