



## Canada urgently needs to invest in indigenous health

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The health of Canada's indigenous people lags substantially behind other Canadians – and the tragic reality is well documented. Sadly, the data regarding poor health status for indigenous populations shows us this is true across all major illnesses and across all age groups.

In other words, being an indigenous person in Canada is too often a dangerous reality. But it doesn't have to be this way.

First, let's look at the evidence. Infectious diseases remain a major source of illness among indigenous populations. Tuberculosis is epidemic in many communities. Seasonal respiratory viruses are a common cause of serious illness and death among babies and youth.

Chronic illness, like diabetes, is rampant, and too often escalates in a need for dialysis and limb amputation. Mental-health issues and suicide outbreaks have been recently in the news in communities like Attawapiskat and Pimicikamak, but they aren't unique – such crises happen far too often in indigenous communities throughout the country.

These phenomena are also not new, and while Canada has been good at documenting health crises, and collecting evidence, we've been poor at doing anything about it.

What we know is that much of the serious health issues in indigenous populations is related to what researchers like to call "the social determinants of health" – low levels of employment, crowded living conditions and limited access to quality education. Indigenous health is also impacted by environmental factors and underperforming health and social services.

So who is responsible and what can be done?

The federal government provides services like health and education to Canada's indigenous peoples following its constitutional responsibility and a series of treaties and acts. The recent Supreme Court ruling (*Daniels v. Canada*) has confirmed that this responsibility now includes Métis people and so-called "non-status Indians" too.

Our collective relationship with indigenous peoples has been a strained and somewhat sordid interaction. Canada has too often dealt in colonial terms with indigenous peoples, undervaluing, oppressing and discriminating against them – leaving deep scars. More recently, the Truth and Reconciliation Commission (TRC) has described a shameful era of government intent and church-sponsored support for what has now, and in our view accurately, been described as cultural genocide.

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The future, however, could – and should – be a promising one. The demographic of indigenous peoples is young in relation to the rest of Canada. And indigenous young people are increasing and achieving higher levels of education. They also have high expectations of joining growing, committed and increasing politically astute and (critically effective) communities.

Canada should not waste the potential of indigenous youth by repeating mistakes of the past.

Health care is constitutionally a provincial responsibility. In the last 15 years, the shared involvement of two levels of government in health policy have been in part defined by two Health Accords (2003, 2004) focused on mutually agreeable priority areas, such as primary care, mental health, wait times and home care. The new Liberal government has signalled an interest in a new set of discussions regarding a future accord.

Indigenous health should be our shared provincial-federal priority going forward.

Any new accord should do two things. First, a substantive fiscal transfer from the federal government to the provinces is required to focus on health-care access, primary care, mental health and chronic-disease management in indigenous populations.

Ten years ago, the Kelowna Accord committed \$5.1-billion of new federal investments in social development, including \$1.3-billion just for health care. As we know, the accord was never implemented, thereby making the gap even wider and the situation more desperate. We suggest that the Kelowna financial framework should be urgently updated and translated into concrete initiatives in support of indigenous social and health policies.

Secondly, uncertainty over the responsibility for indigenous health needs to end. All levels of government need to agree on objectives and goals, but the transfer of program control should be given directly to indigenous authorities.

This can be accomplished through the establishment of "indigenous health authorities." Several successful models already exist around the world and in Canada. In British Columbia, for example, the First Nations Health Authority is in its early stages, but it is a step in the right direction despite a limited mandate that doesn't address all health and social needs.

The federal government and the provinces need to make indigenous health an urgent priority. It would be a prudent investment in everyone's future Canada. Time is up.

