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**ABORIGINAL HEALTH**

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**The Government of Canada's role in Aboriginal health care**

**The federal government** provides health promotion programs and public health services on First Nations reserves and in identified Inuit communities. In remote and isolated areas, where provincially or territorially insured services are not readily available, the Government of Canada provides on-reserve primary and emergency care services.

Non-Insured Health Benefits are also provided to approximately 749,000 eligible First Nations and Inuit people. Coverage includes a specified range of medical goods and services (such as prescription drugs, vision care, dental services, medical supplies and equipment, and medical transportation) when these benefits are not provided through private or provincial/territorial health insurance plans.

**Provincial governments** provide universal insured health services to all citizens, including all Aboriginal people. First Nations and Inuit access health services provided by the provincial or territorial government (notably physician or hospital care), like any other resident.

**In the Territories**, the federal government has mostly devolved health services to the territorial governments, with the exception of some health promotion and disease prevention programs among First Nations and Inuit.

**The status of Aboriginal health in Canada**

Health is linked to a number of factors such as education, income, sanitation, nutrition, housing, environmental quality and health care access. Aboriginal health status has been improving over the past 20 years in some areas, such as life expectancy and reduction of infant mortality. Although Aboriginal people are enjoying better health today, it is still not as good as that of non-Aboriginal Canadians.

Aboriginal people face:

- Higher rates of chronic diseases, such as diabetes: Type 2 diabetes affects First Nations and Métis people three to five times more than the general Canadian population. Although, there is less type 2 diabetes among the Inuit, they are beginning to acquire the disease in greater numbers.
- Higher rates of infectious diseases, such as tuberculosis: First Nations/Inuit tuberculosis rates are 10 times higher than for other Canadians.

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- A gap in life expectancy of Aboriginal men and women compared to the non-Aboriginal population: On average, First Nations men live seven years less than other Canadian men, and First Nations women, five years less than other Canadian women. Life expectancy for Inuit is also believed to be lower although statistics are not available for all northern regions.
- Higher rates of suicide, especially among Aboriginal youth: The suicide rate of First Nations youth is five to six times higher than the national average and for Inuit youth 11 times higher. Suicide is the single greatest cause of injury-related deaths for Aboriginal people.

### **Progress to date**

Progress on Aboriginal issues requires a new era of partnership and cooperation between all levels of government, Aboriginal people, and key stakeholders to ensure that real and sustainable progress is made. Only with the active participation of all these parties can we develop the concrete and long-term solutions needed to improve the health of Aboriginal people.

### ***Commitments in Progress:***

- Working together: The Government of Canada has demonstrated strong commitment to working with Aboriginal organizations and communities to address the disparity in health status between Aboriginal and non-Aboriginal people in Canada, as attested by the 2004 Speech from the Throne, creation of a Cabinet Committee on Aboriginal Affairs and the holding of the Canada-Aboriginal Peoples Roundtable on April 19, 2004.
- Federal investments: In Budget 2003, \$1.3 billion in new funding was announced to help sustain the health system for First Nations and Inuit. The resources included investments in the Non-Insured Health Benefits program, a nursing strategy, improvements to health infrastructure and an immunization strategy. The federal government has also invested \$116 million for monitoring of water quality on reserves.
- Investments in health promotion programs: As part of Federal Budget 2004, the Government of Canada extended by one year the Canadian Diabetes Strategy, of which the Aboriginal Diabetes Initiative is a major part. This gives time for Health Canada to continue to work with its Aboriginal partner organizations to address the type 2 diabetes epidemic and its complications among Aboriginal people.
- Early Childhood Development strategy: Announced in October 2002, this strategy provides \$320 million over five years to improve and expand early childhood development programs for Aboriginal children, such as Aboriginal Health Start. It prepares children for school by meeting their spiritual, physical, emotional and intellectual needs. Providing children with a good start in life is essential to helping build strong, self-sufficient Aboriginal communities.

### **The need for collaboration among all stakeholders in Aboriginal health to address the health needs of Aboriginal people**

The Government of Canada works closely with Aboriginal organizations and communities, as well as with provinces and territories, to improve health care for Aboriginal people, and help them attain a level of health comparable to that of other Canadians.

Concrete and long-term solutions to improve the health status of Aboriginal people could not be found without the involvement of the provinces, the territories and Aboriginal people.

The federal government continues to explore ways of increasing the involvement of First Nations communities and Inuit in health programming.