



Pathways to Health and Healing

**2nd Report on the Health and Well-being
of Aboriginal People in British Columbia**

Provincial Health Officer's Annual Report 2007



BRITISH
COLUMBIA

Office of the
Provincial Health Officer

Report Outline

- Highlight
- Chapter 1 - Aboriginal People: Land, Traditions, and Culture
- Chapter 2 - Determinants of Health
- Chapter 3 - Healthy Beginnings – Pregnancy, Infants and Children
- Chapter 4 - Disease and Injuries
- Chapter 5 - Physical Environment
- Chapter 6 - Health Services
- Chapter 7 - The Métis Population of British Columbia
- Chapter 8 - Recommendations

2007 Report's Findings

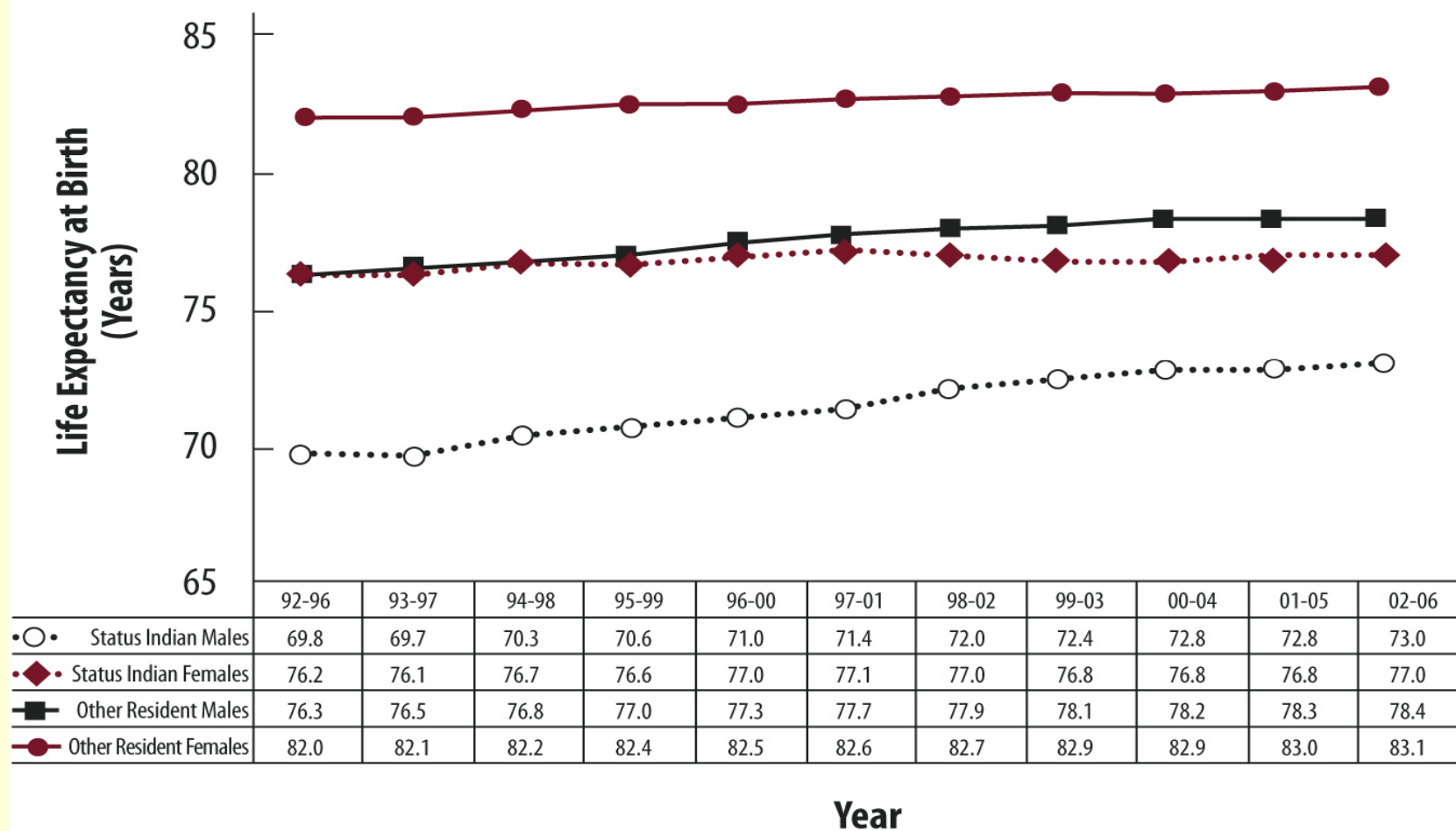
Of 57 indicators that we could compare, 18 showed improvement. These were:

- Unemployment rate
- Youth in Justice Institutions
- High Birth weight
- Infant mortality
- Neonatal mortality
- Dental Surgeries (Age 0-4)
- Life Expectancy (Males)
- Mortality (All causes)
- Circulatory Systems Deaths
- Motor Vehicle Deaths
- Accidental Poisoning
- Alcohol-related Deaths
- Drug-Induced Deaths
- TB (Incidence) On-Reserve
- Hospitalization for Suicides
- Hospitalization for Homicides
- Preventable Admissions
- Mental Health Follow-up after Hospital Separation

2007 Report's Findings

Of 57 indicators that we could compare, 10 showed Worsening. These were:

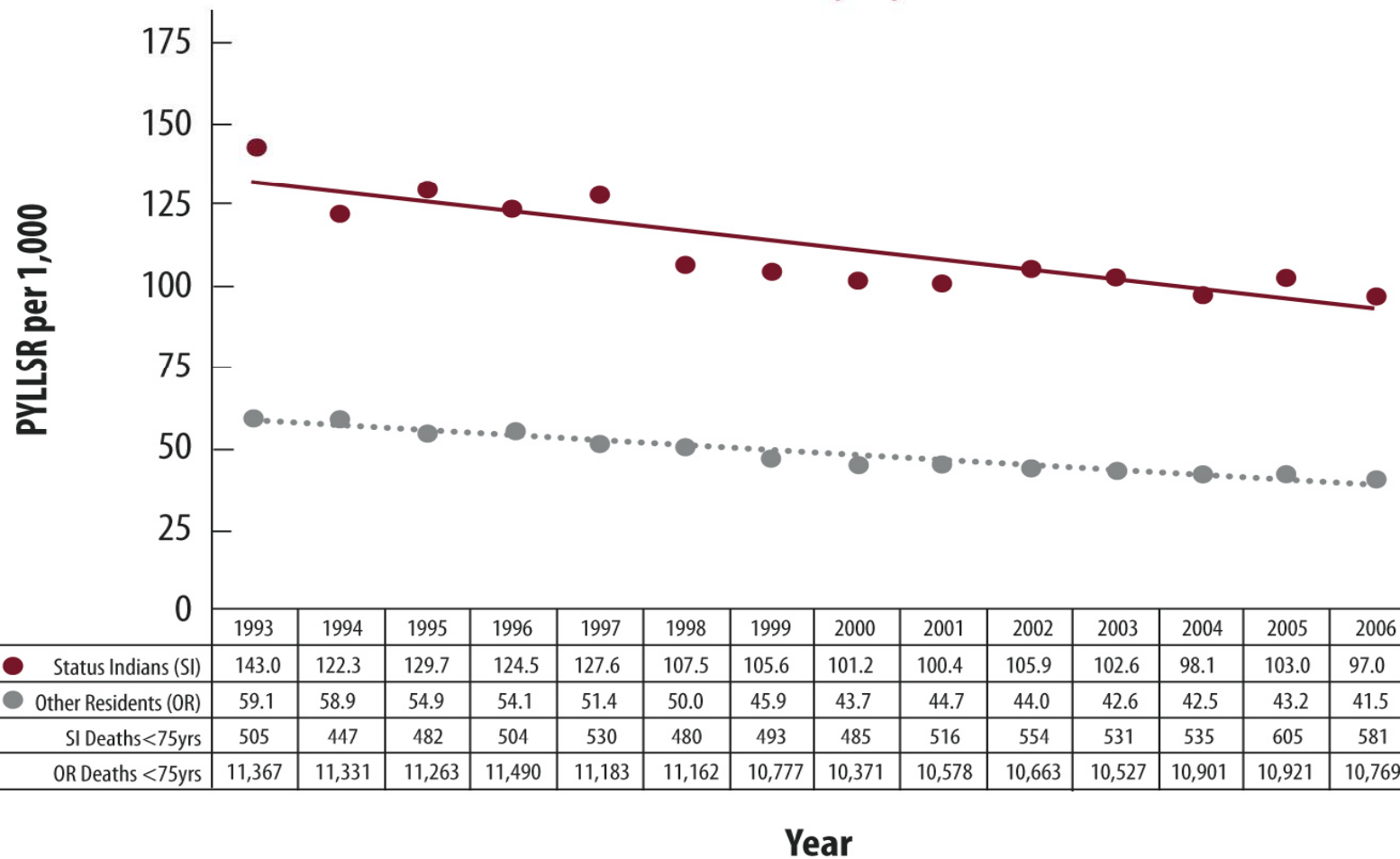
- Children in Care
- Preterm Births
- Low Birth Weight
- TB (Incidence) – Off-Reserve
- HIV/AIDS
- Housing
- Use of Prescription Drugs
 - Antimanic Agents
 - Antidepressants
 - Antipsychotics
 - Cerebral Stimulants

Figure 4.2**Life Expectancy at Birth, by Gender, Status Indians and Other Residents, BC, 1992–1996 to 2002–2006**

Source: BC Vital Statistics Agency, 2008; prepared by Health Sector IM/IT Division, Ministry of Health Services, and Population Health Surveillance and Epidemiology, Ministry of Healthy Living and Sport, 2009.

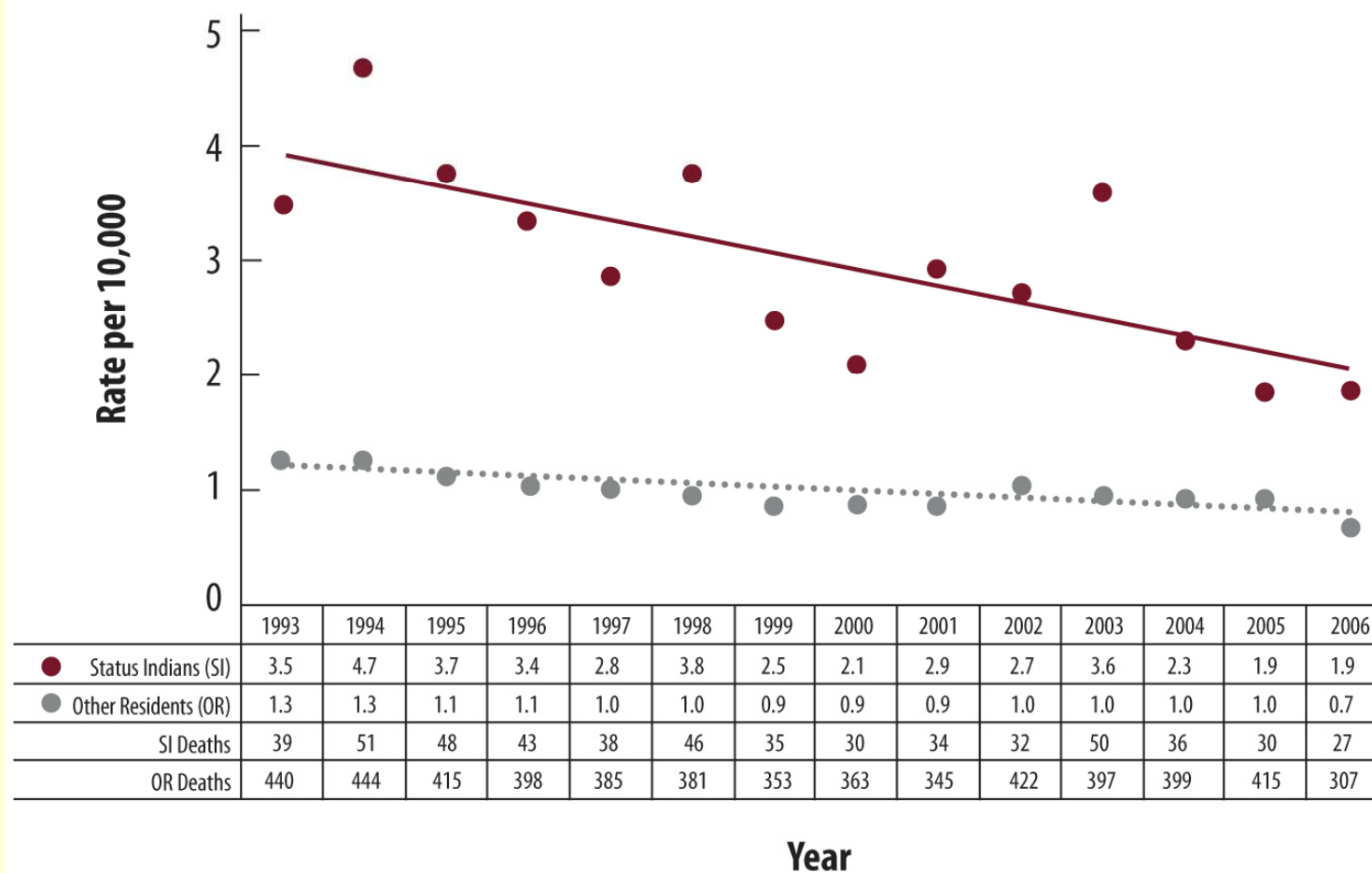
Figure 4.5

**Deaths From All Causes, Potential Years of Life Lost
Standardized Rate, Status Indians
and Other Residents, BC, 1993 to 2006**



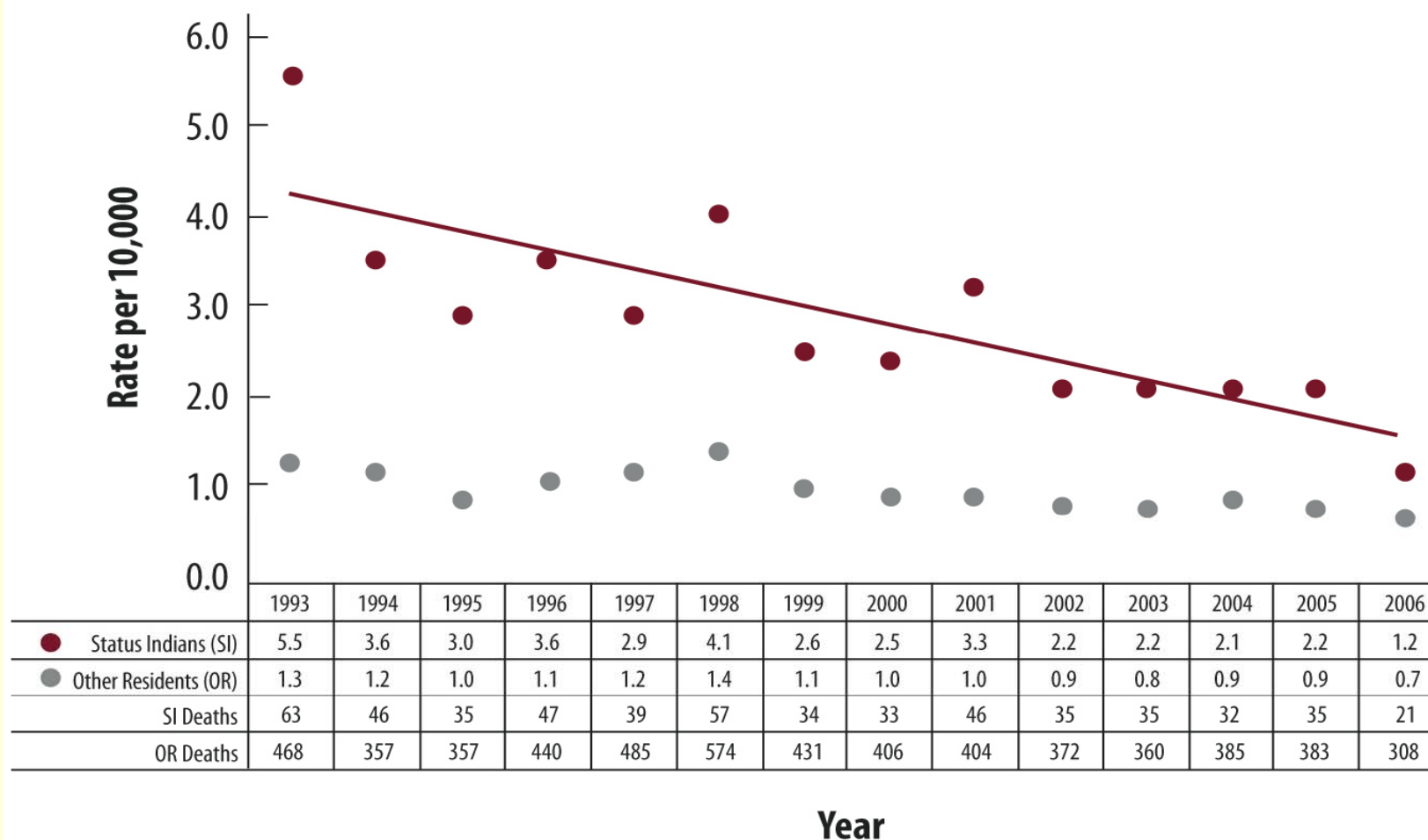
Note: Potential years of life lost (age under 75 years) rate per 1,000 standard population (1991 Canada Census).

Source: BC Vital Statistics Agency, 2008; prepared by Health Sector IM/IT Division, Ministry of Health Services, and Population Health Surveillance and Epidemiology, Ministry of Healthy Living and Sport, 2009.

Figure 4.47**Motor Vehicle Accidents, Age-Standardized Mortality Rate,
Status Indians and Other Residents, BC, 1993 to 2006**

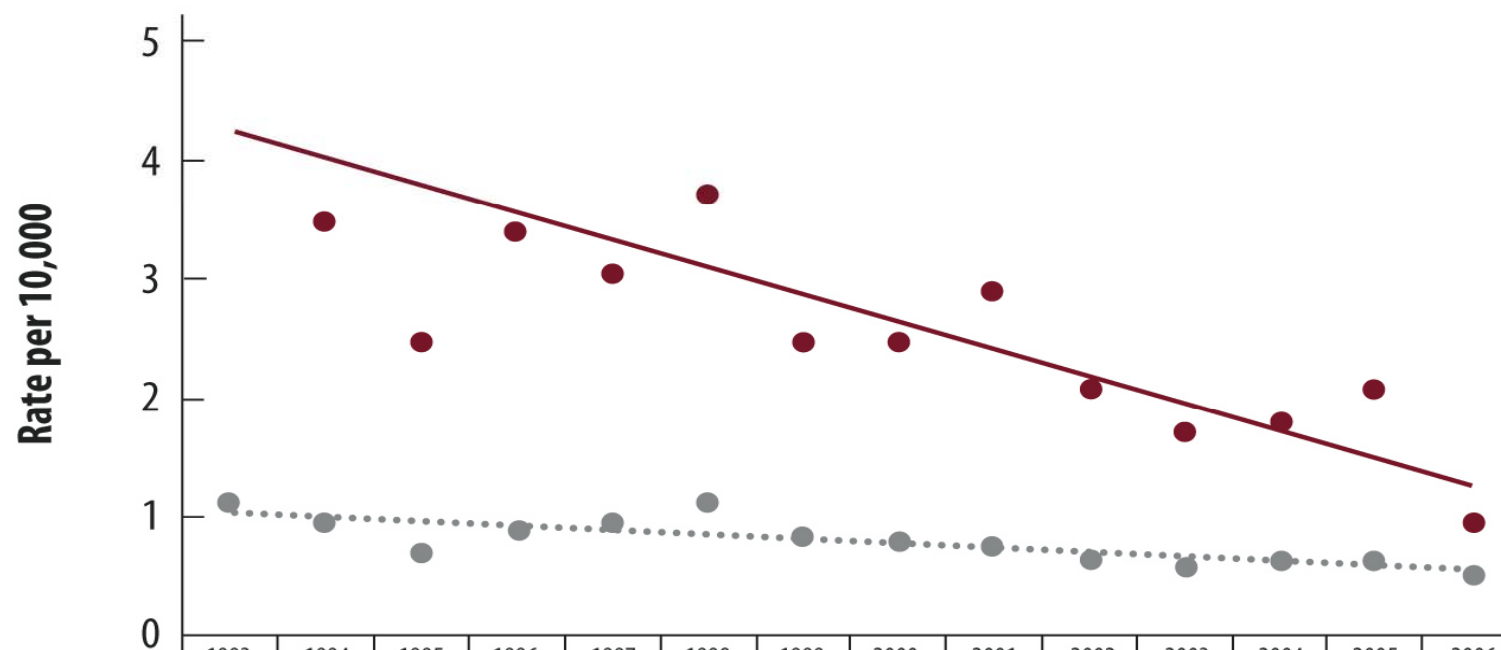
Note: Age-Standardized mortality rate per 10,000 standard population (1991 Canada Census).
ICD Codes: V02-V04, V09, V12-V14, V190-V196, V20-V79, V803-V805, V820-V821, V823-V890, V899, Y850.

Source: BC Vital Statistics Agency, 2008; prepared by Health Sector IM/IT Division, Ministry of Health Services, and Population Health Surveillance and Epidemiology, Ministry of Healthy Living and Sport, 2009.

Figure 4.52**Drug-Induced Deaths, Age-Standardized Mortality Rate,
Status Indians and Other Residents, BC, 1993 to 2006**

Note: Age-Standardized mortality rate per 10,000 standard population (1991 Canada Census).

Source: BC Vital Statistics Agency, 2008; prepared by Health Sector IM/IT Division, Ministry of Health Services, and Population Health Surveillance and Epidemiology, Ministry of Healthy Living and Sport, 2009.

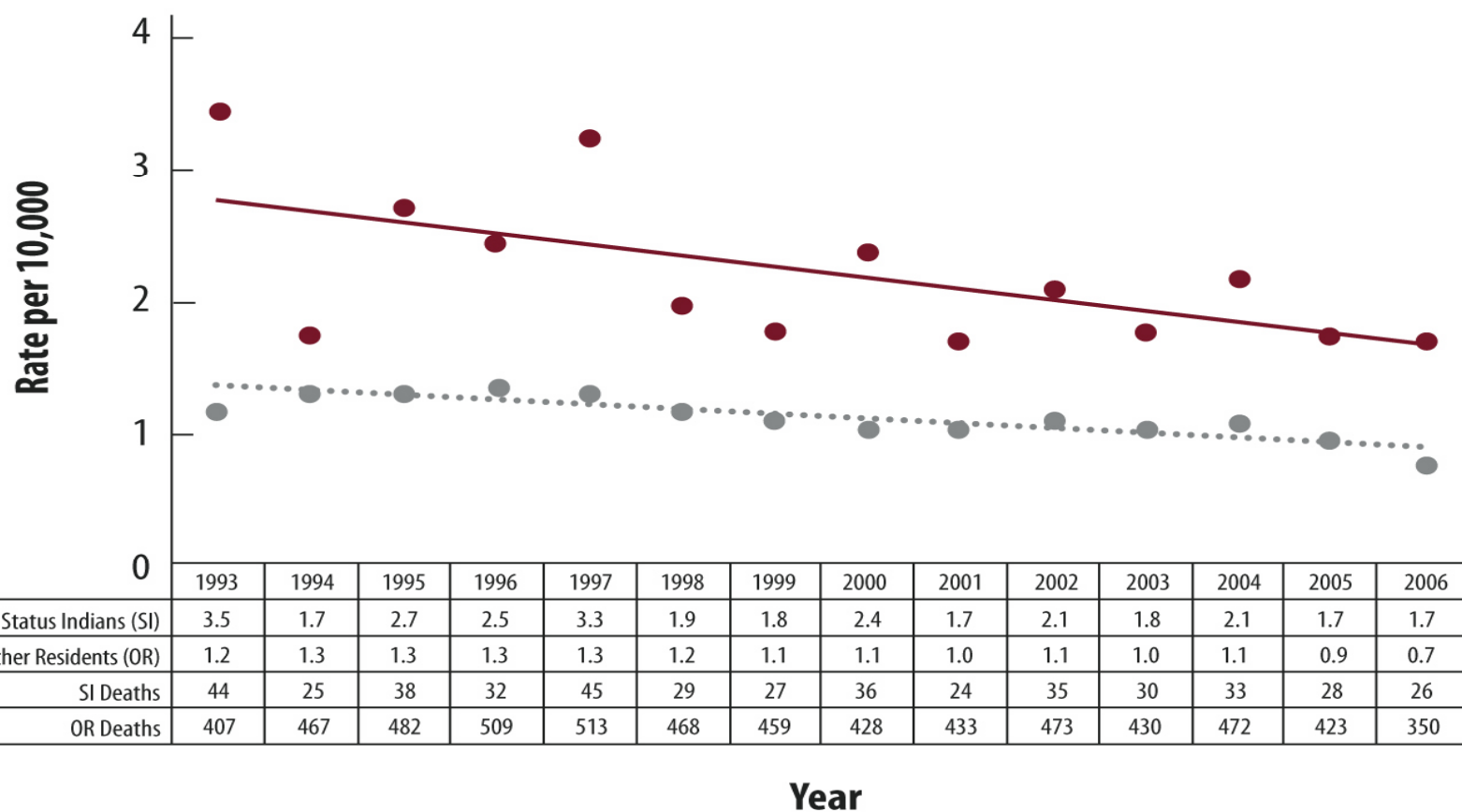
Figure 4.48**Accidental Poisoning, Age-Standardized Mortality Rate,
Status Indians and Other Residents, BC, 1993 to 2006**

	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
● Status Indians (SI)	5.9	3.5	2.5	3.4	3.0	3.7	2.5	2.5	2.9	2.1	1.7	1.7	2.0	0.9
● Other Residents (OR)	1.2	1.0	0.7	0.9	0.9	1.1	0.8	0.8	0.7	0.6	0.6	0.6	0.6	0.5
SI Deaths	66	43	28	46	42	52	34	33	41	32	27	26	32	16
OR Deaths	403	340	270	337	364	448	325	301	296	251	249	265	265	236

Year

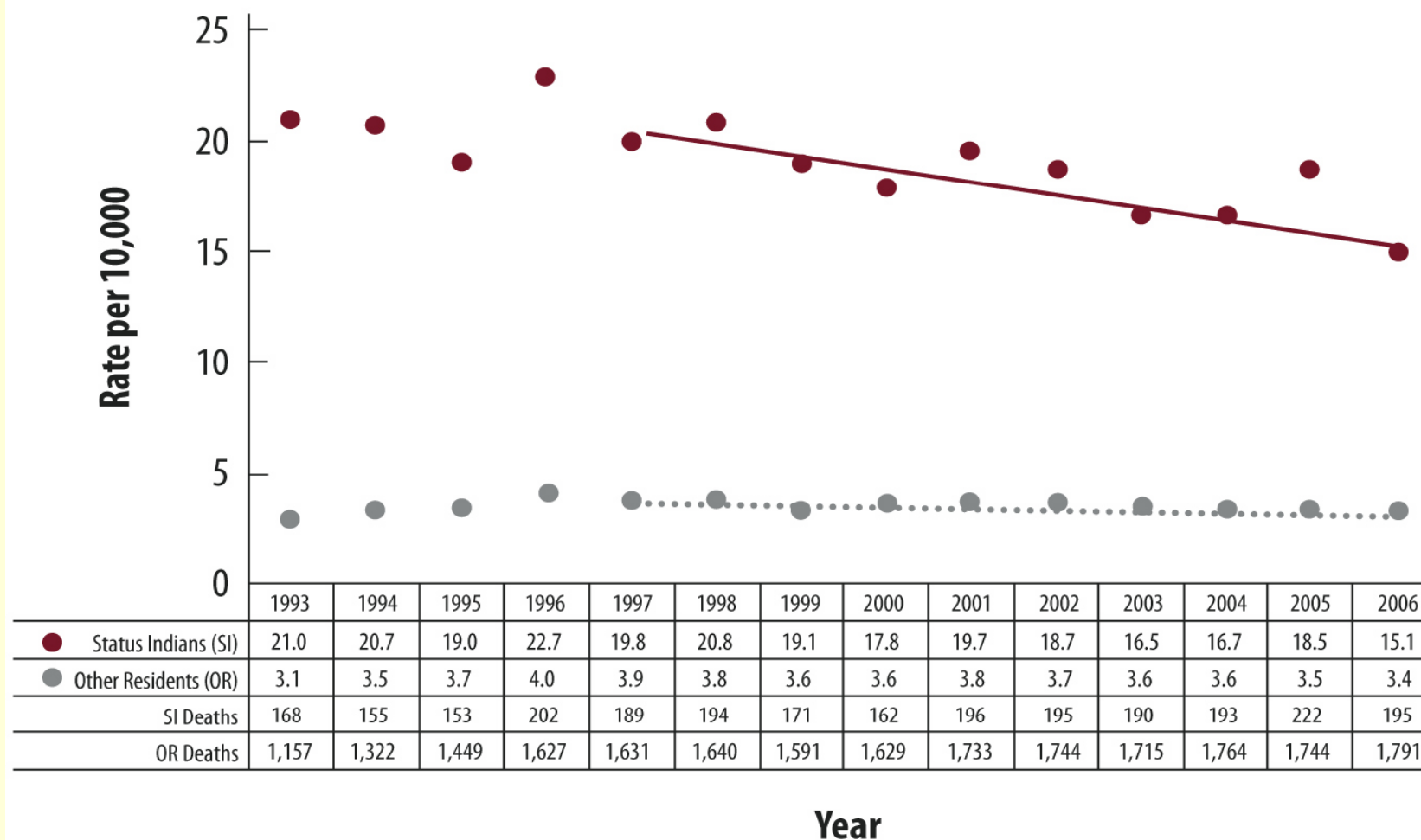
Note: Age-Standardized mortality rate per 10,000 standard population (1991 Canada Census).
ICD Codes: X40-X49.

Source: BC Vital Statistics Agency, 2008; prepared by Health Sector IM/IT Division, Ministry of Health Services,
and Population Health Surveillance and Epidemiology, Ministry of Healthy Living and Sport, 2009.

Figure 4.55**Suicide, Age-Standardized Mortality Rate,
Status Indians and Other Residents, BC, 1993 to 2006**

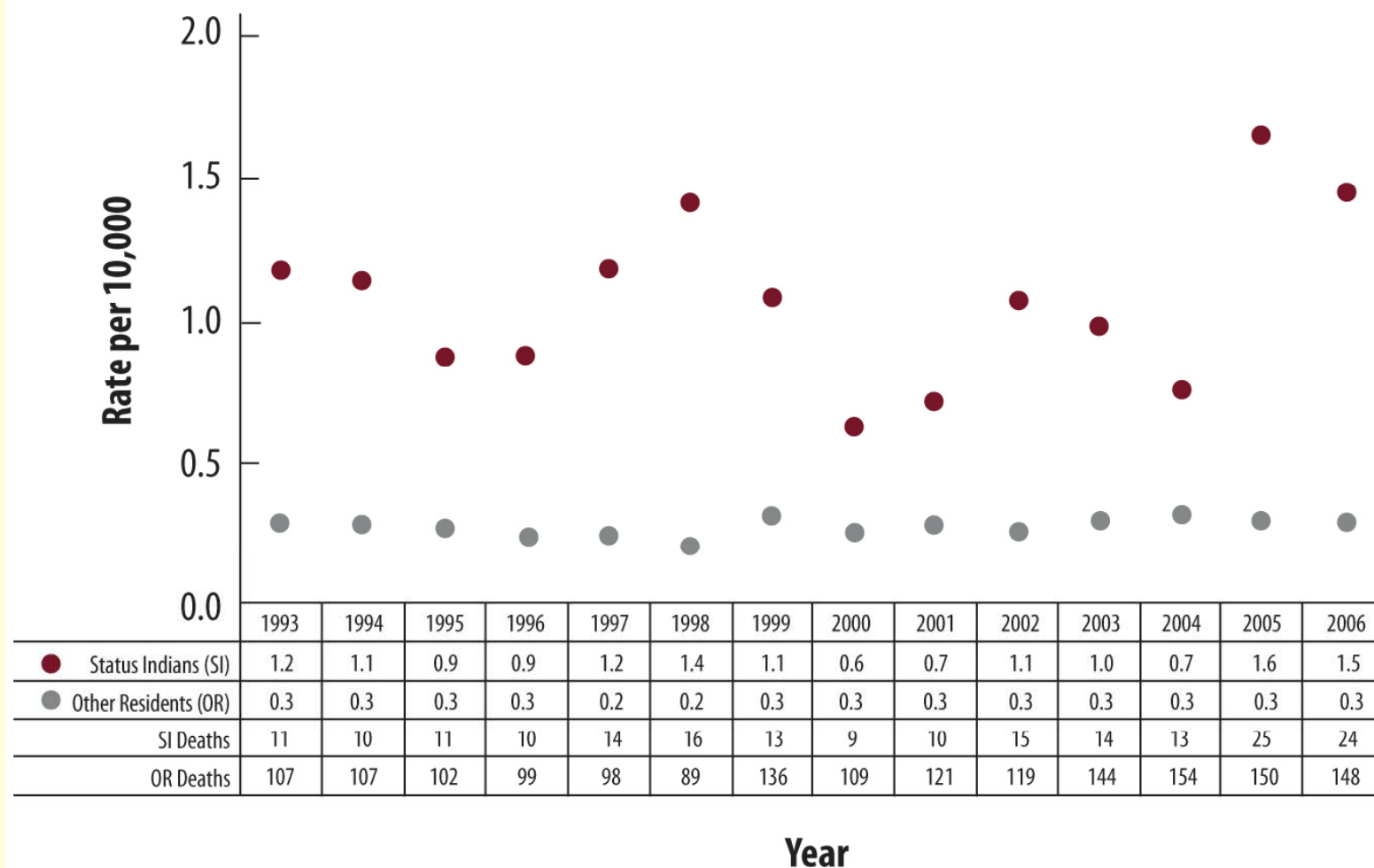
Note: Age-Standardized mortality rate per 10,000 standard population (1991 Canada Census).
ICD Codes: X60-X84, Y870.

Source: BC Vital Statistics Agency, 2008; prepared by Health Sector IM/IT Division, Ministry of Health Services,
and Population Health Surveillance and Epidemiology, Ministry of Healthy Living and Sport, 2009.

Figure 4.49**Alcohol-Related Deaths, Age-Standardized Mortality Rate,
Status Indians and Other Residents, BC, 1993 to 2006**

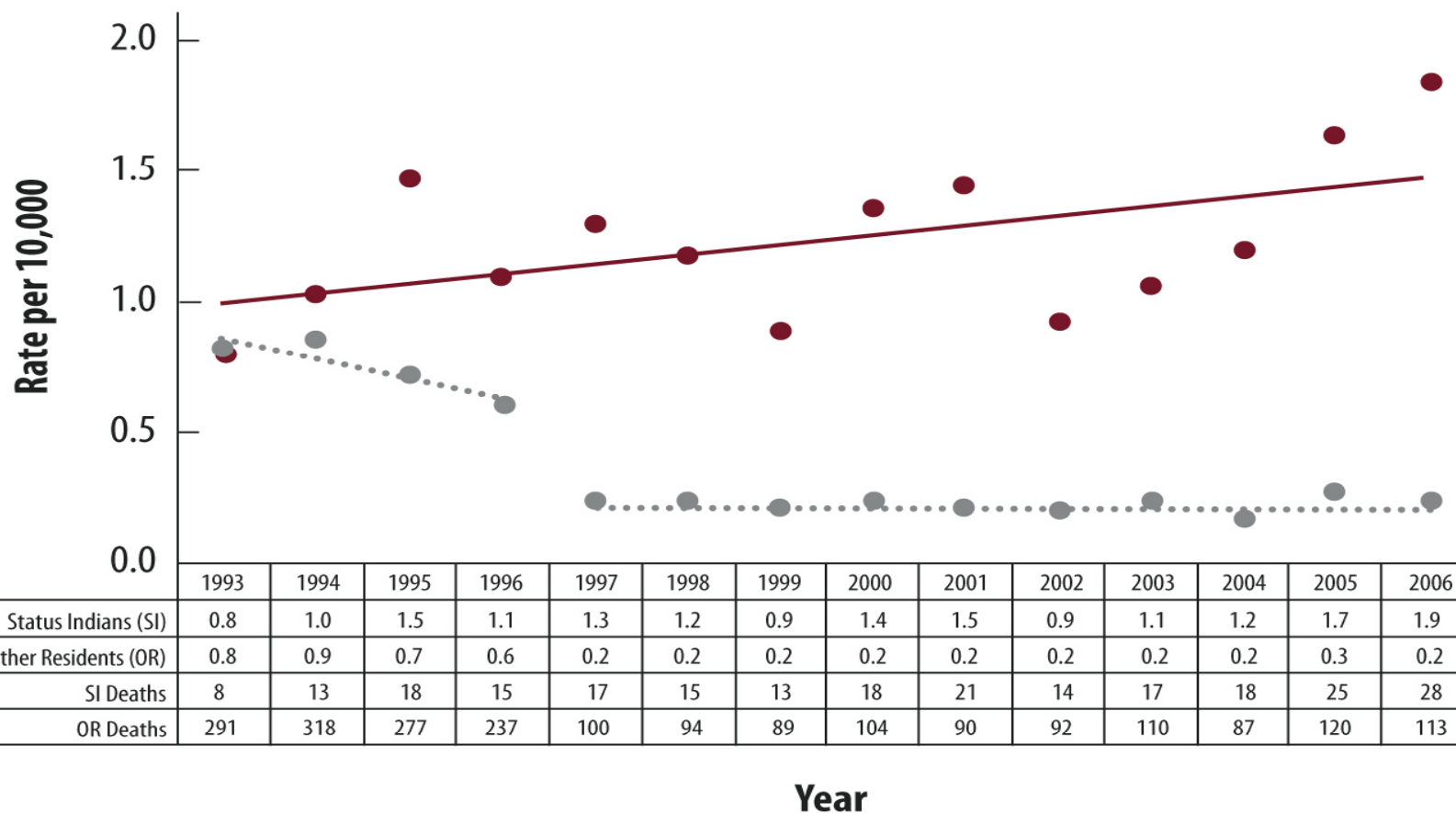
Note: Age-Standardized mortality rate per 10,000 standard population (1991 Canada Census).

Source: BC Vital Statistics Agency, 2008; prepared by Health Sector IM/IT Division, Ministry of Health Services, and Population Health Surveillance and Epidemiology, Ministry of Healthy Living and Sport, 2009.

Figure 4.51**Medically Treatable Diseases, Age-Standardized Mortality Rate,
Status Indians and Other Residents, BC, 1993 to 2006**

Note: Age-Standardized mortality rate per 10,000 standard population (1991 Canada Census).

Source: BC Vital Statistics Agency, 2008; prepared by Health Sector IM/IT Division, Ministry of Health Services, and Population Health Surveillance and Epidemiology, Ministry of Healthy Living and Sport, 2009.

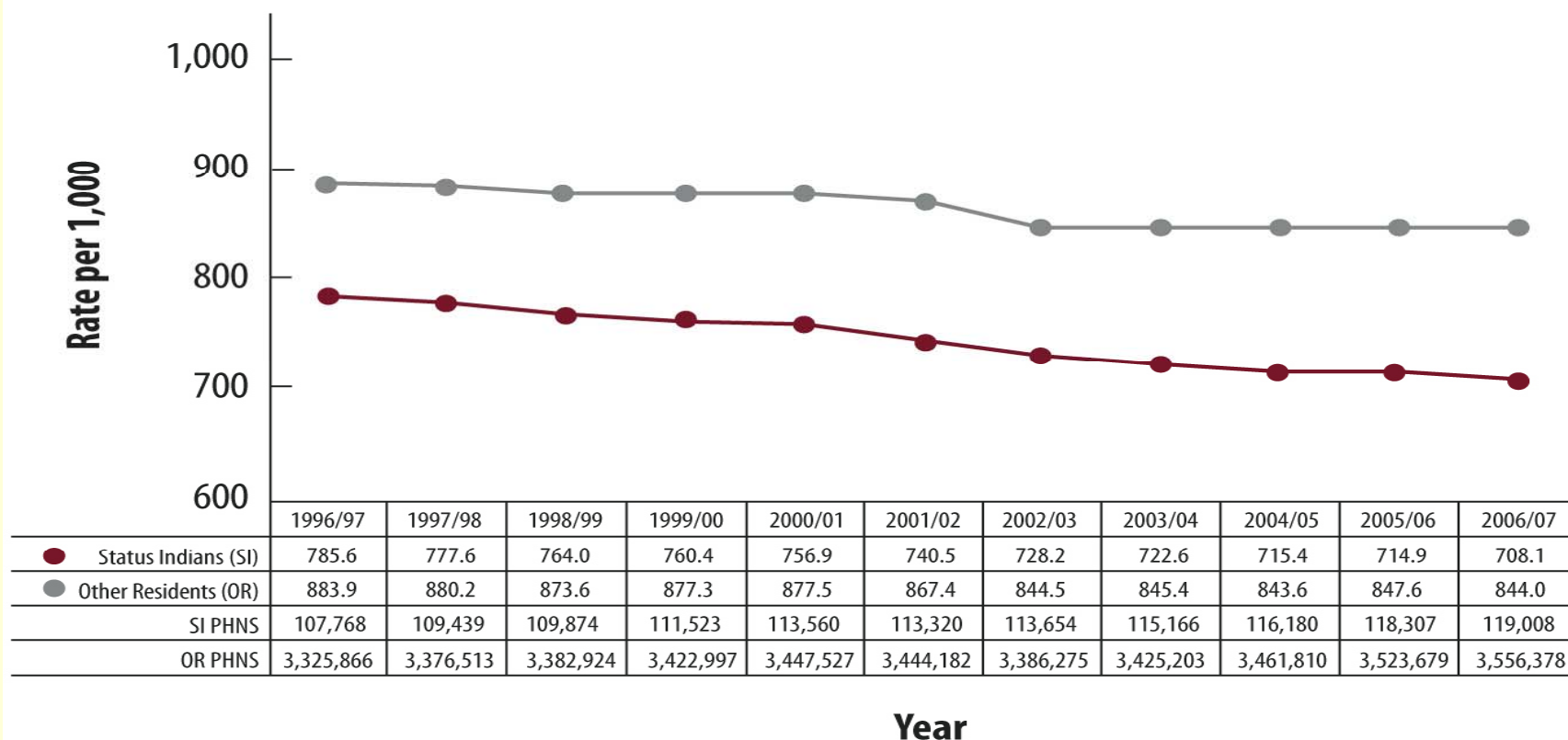
Figure 4.54**HIV, Age-Standardized Mortality Rate,
Status Indians and Other Residents, BC, 1993 to 2006**

Note: Age-Standardized mortality rate per 10,000 standard population (1991 Canada Census).
ICD Codes: B20-B24.

Source: BC Vital Statistics Agency, 2008; prepared by Health Sector IM/IT Division, Ministry of Health Services,
and Population Health Surveillance and Epidemiology, Ministry of Healthy Living and Sport, 2009.

Figure 6.2

**Medical Services Plan Utilization,
Age-Standardized Rate, Status Indians and Other Residents,
BC, 1996/1997 to 2006/2007**

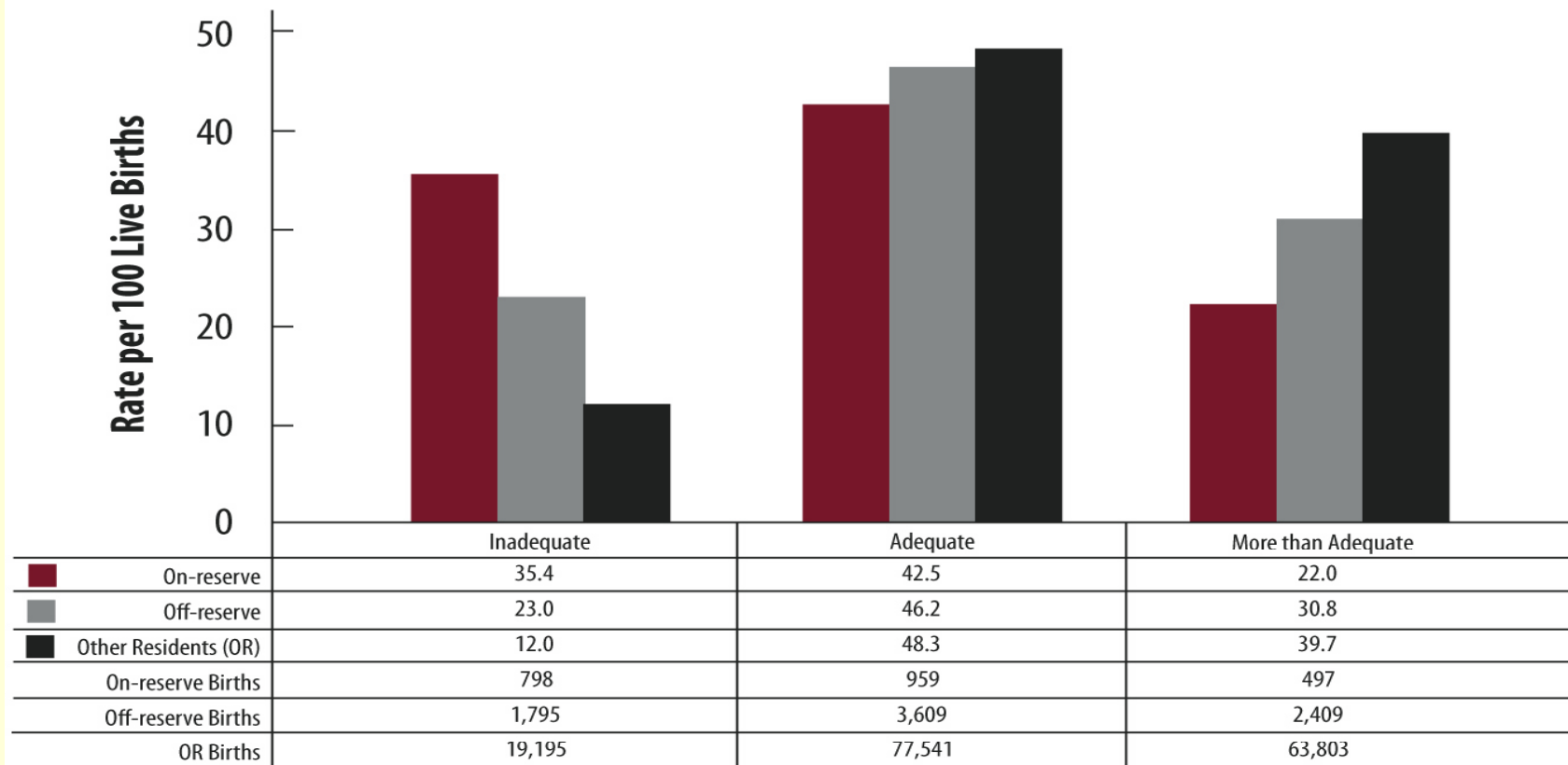


Note: Includes all services for which payment is claimed from MSP. Data excludes third party agencies such as ICBC or WCB, form fees and incentives, payments for services under the Reciprocal Agreement, and claims in progress. Those people that did not have a region of residence identified were included in the provincial totals only. Prepared by Information Support (Project 2008_029ay).

Source: Ministry of Health Services, MSP Claims Database; prepared by Corporate Support, Planning and Legislation, Ministry of Healthy Living and Sport, 2008.

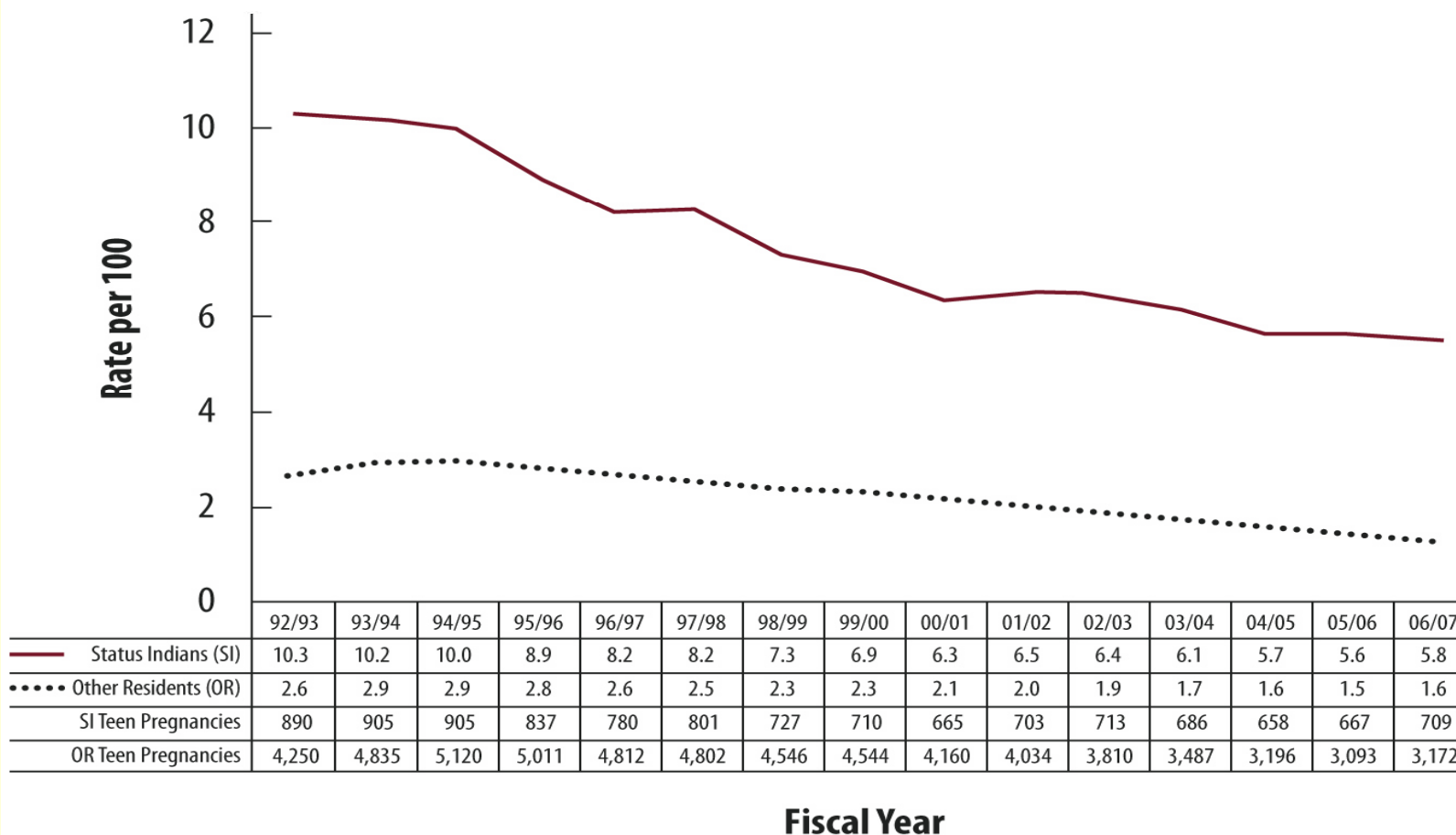
Figure 3.13

**Births by Adequacy of Care Level,
Status Indians (by Reserve Status) and Other Residents,
BC, 1998–2004**



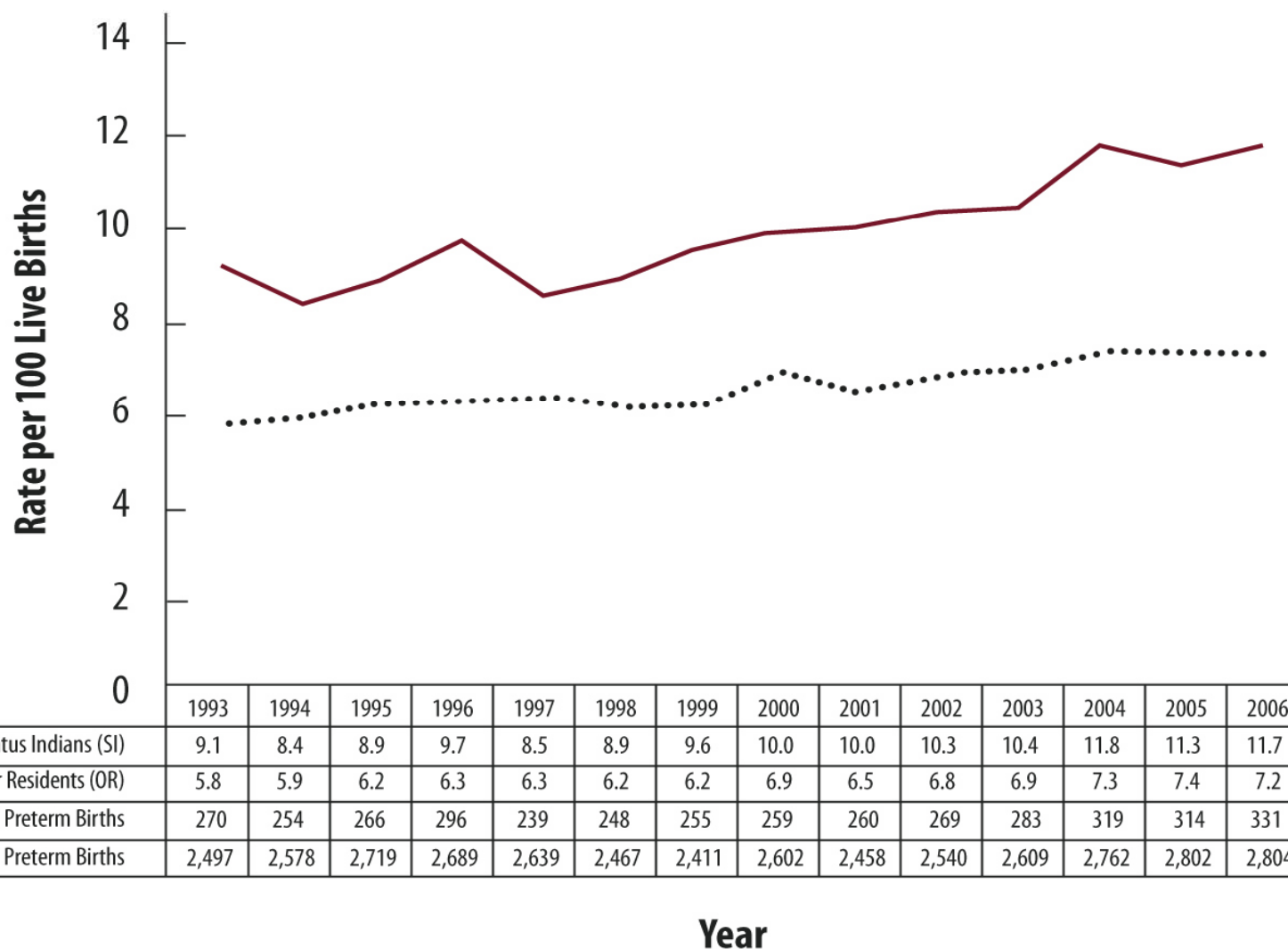
Note: Adequacy of care is a measurement based on the number of prenatal visits a woman received; only full-term babies were included in this measure. Data on adequacy of care were not available for all cases.

Source: BC Vital Statistics Agency and BC Perinatal Database Registry, 2008; prepared by Health Sector IM/IT Division, Ministry of Health Services, and Population Health Surveillance and Epidemiology, Ministry of Healthy Living and Sport, 2009.

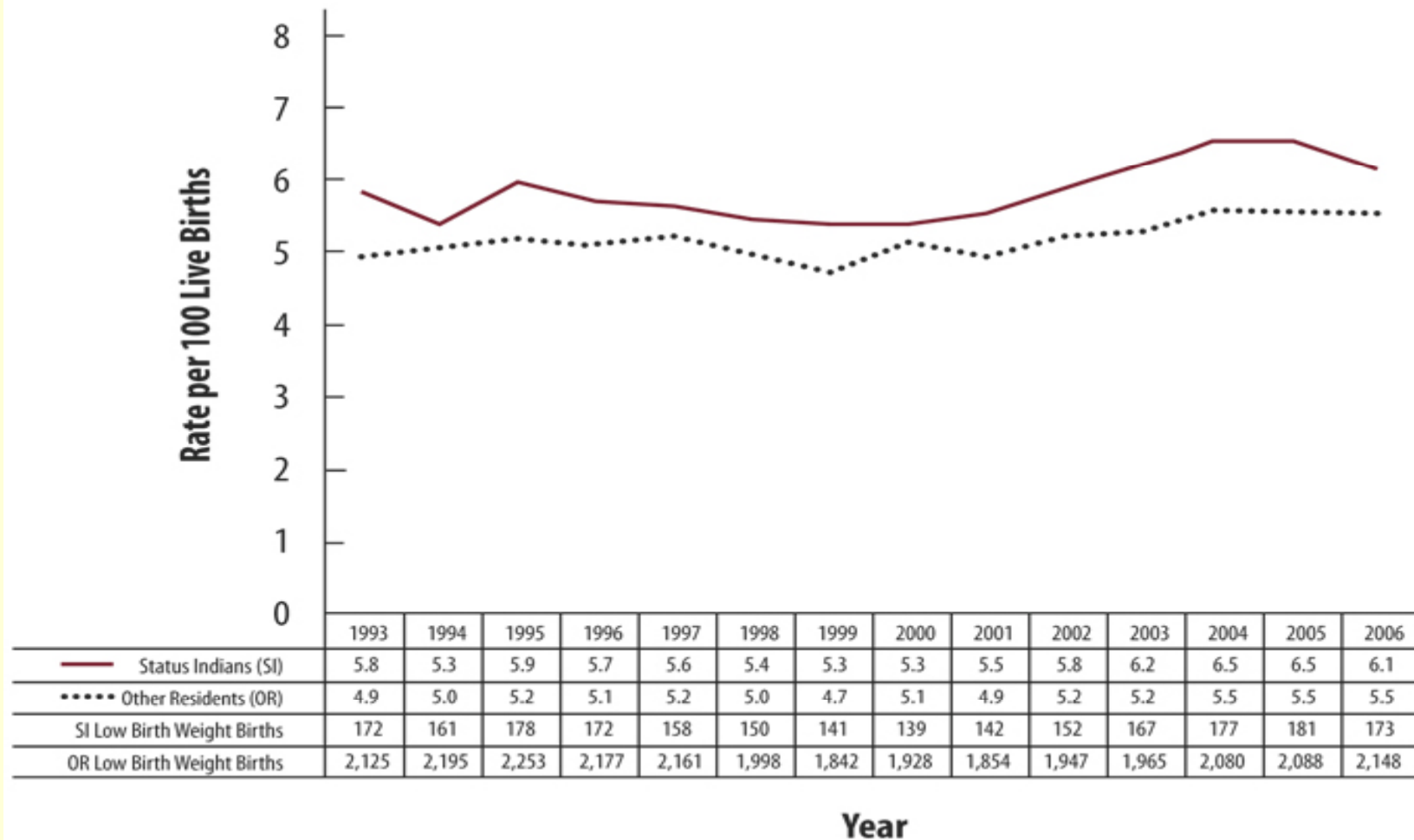
Figure 3.2**Pregnancy Rate, Status Indians and Other Residents,
Age 12–19 Years, BC, 1992/1993 to 2006/2007**

Note: Rates are the sum of live births, stillbirths, miscarriages, and abortions in each fiscal year, divided by the population of women age 12–19 years, multiplied by 100.

Source: Discharge Abstract Database, HIMB, Health System Planning Division, Ministry of Health Services; BC Vital Statistics Agency, 2008; prepared by Health Sector IM/IT Division, Ministry of Health Services, and Population Health Surveillance and Epidemiology, Ministry of Healthy Living and Sport, 2009.

Figure 3.15**Preterm Birth Rate, Status Indians and Other Residents, BC, 1993 to 2006**

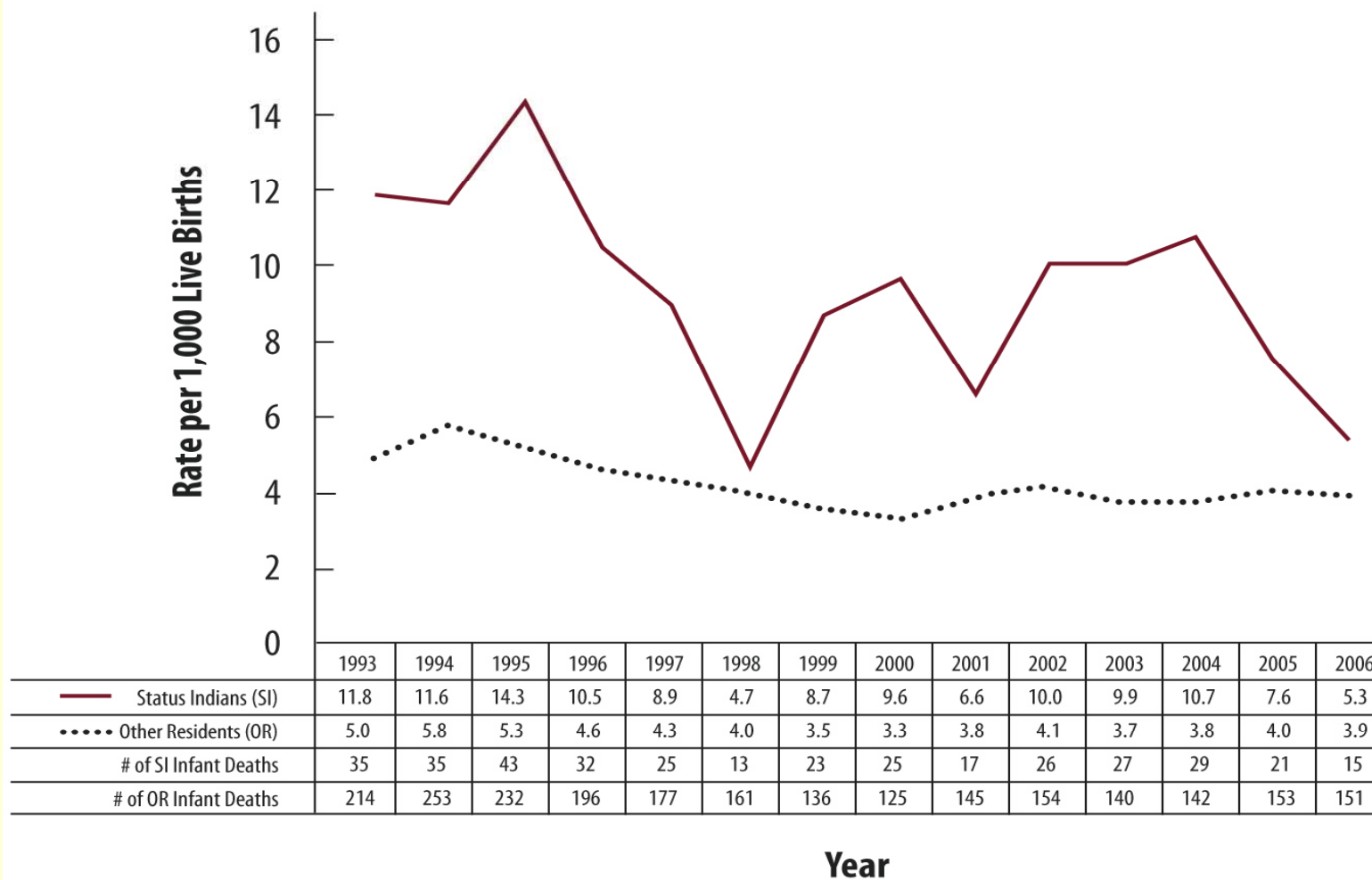
Source: BC Vital Statistics Agency, 2008; prepared by Health Sector IM/IT Division, Ministry of Health Services, and Population Health Surveillance and Epidemiology, Ministry of Healthy Living and Sport, 2009.

Figure 3.17**Low Birth Weight Births, Status Indians and Other Residents, BC, 1993 to 2006**

Source: BC Vital Statistics Agency, 2008; prepared by Health Sector IM/IT Division, Ministry of Health Services, and Population Health Surveillance and Epidemiology, Ministry of Healthy Living and Sport, 2009.

Figure 3.21

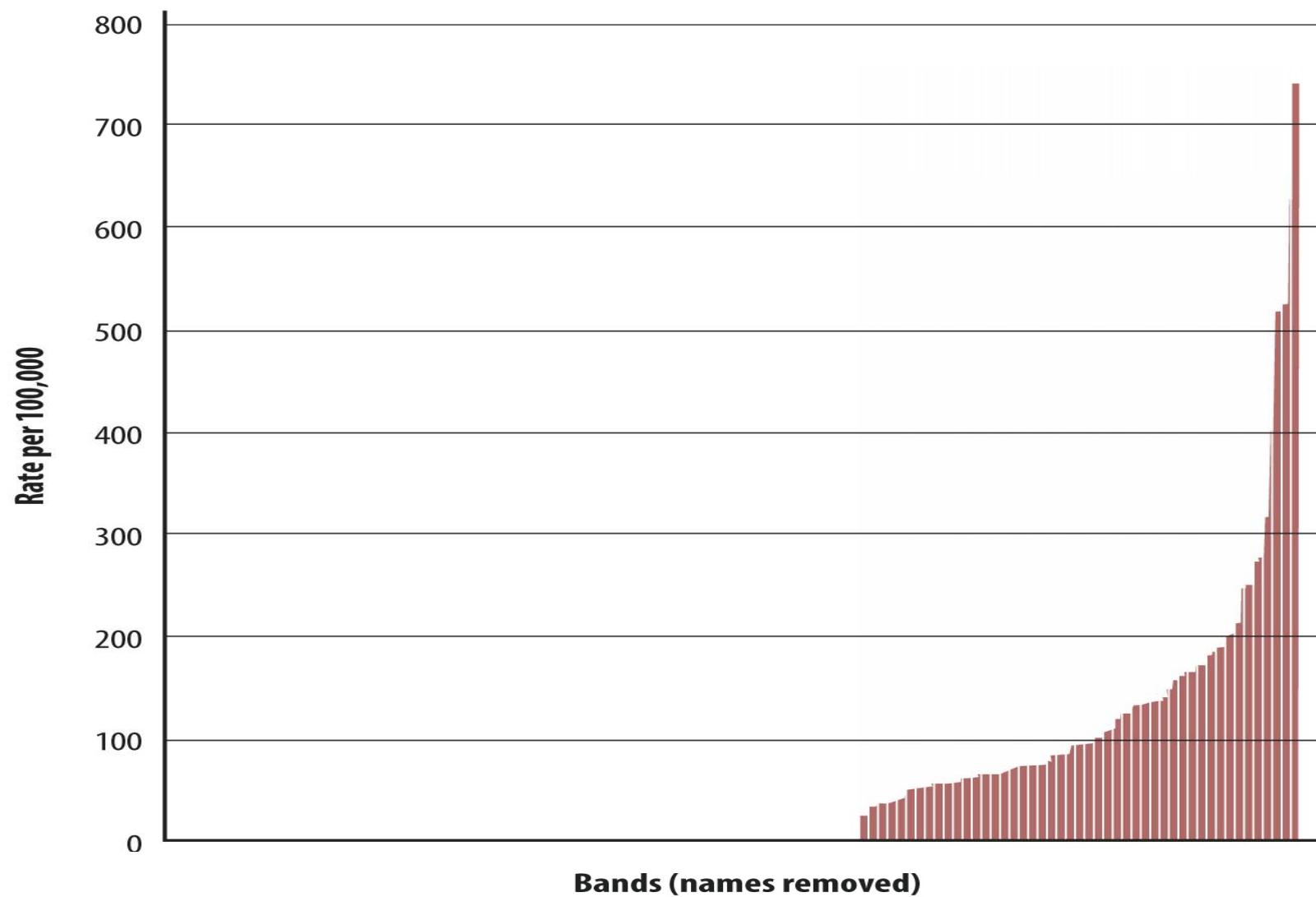
Infant Mortality Rate, Status Indians and Other Residents, BC, 1993 to 2006



Source: BC Vital Statistics Agency, 2008; prepared by Health Sector IM/IT Division, Ministry of Health Services, and Population Health Surveillance and Epidemiology, Ministry of Healthy Living and Sport, 2009.

Figure 4.56

Total Youth Suicide Rates, Age 15–24, by Band, BC, 1992–2006



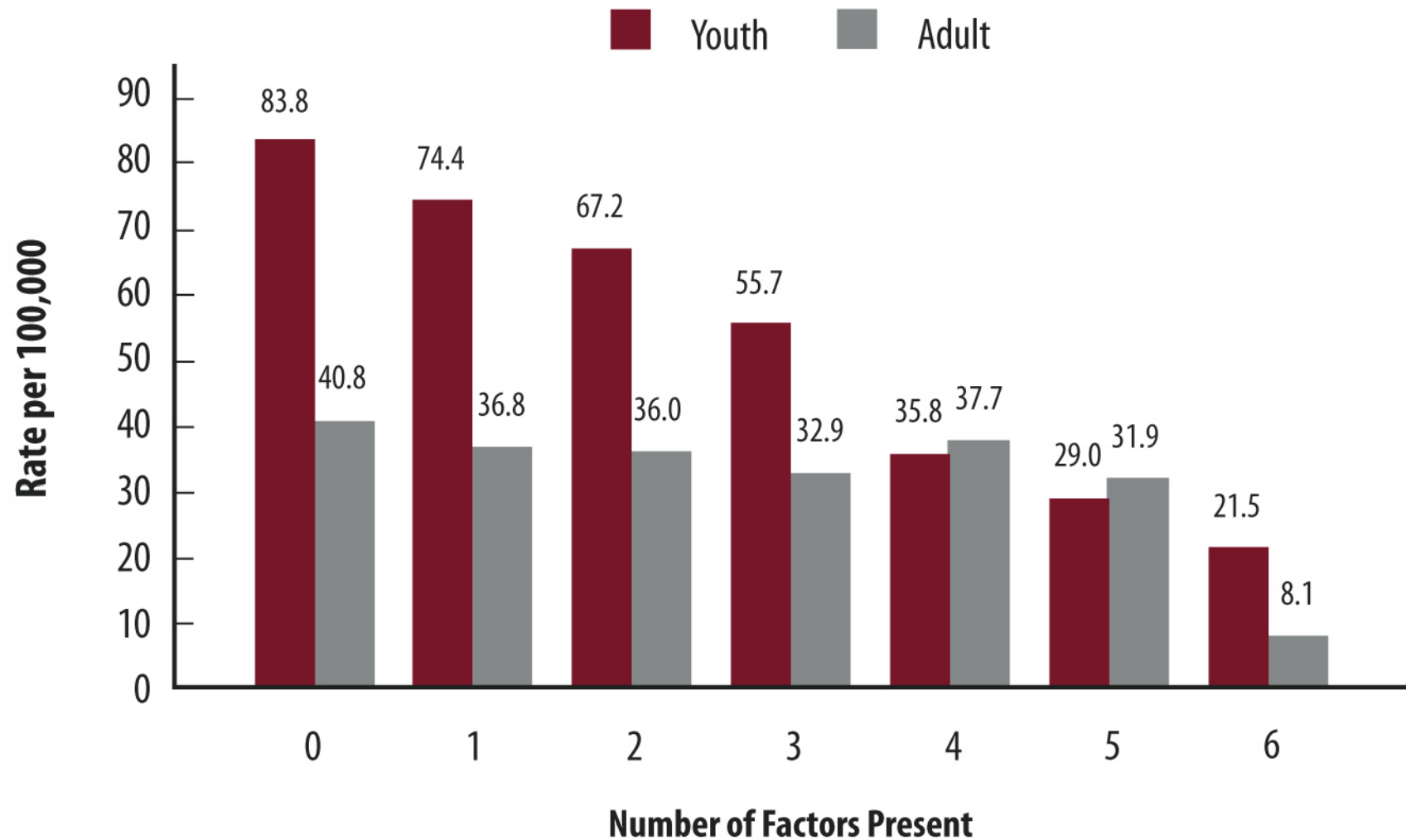
Source: Lalonde, 2009.

Protective Factors for Suicides

- Evidence of particular bands taking steps to secure Aboriginal title or their traditional lands.
- Evidence of securing certain rights of self-government and some degree of community control.
- Evidence of some control over educational services.
- Evidence of some control over police and fire protection.
- Evidence of some control over health delivery services.
- Evidence of having established within their communities certain officially recognized cultural facilities to help preserve and enrich their cultural lives.

Figure 4.57

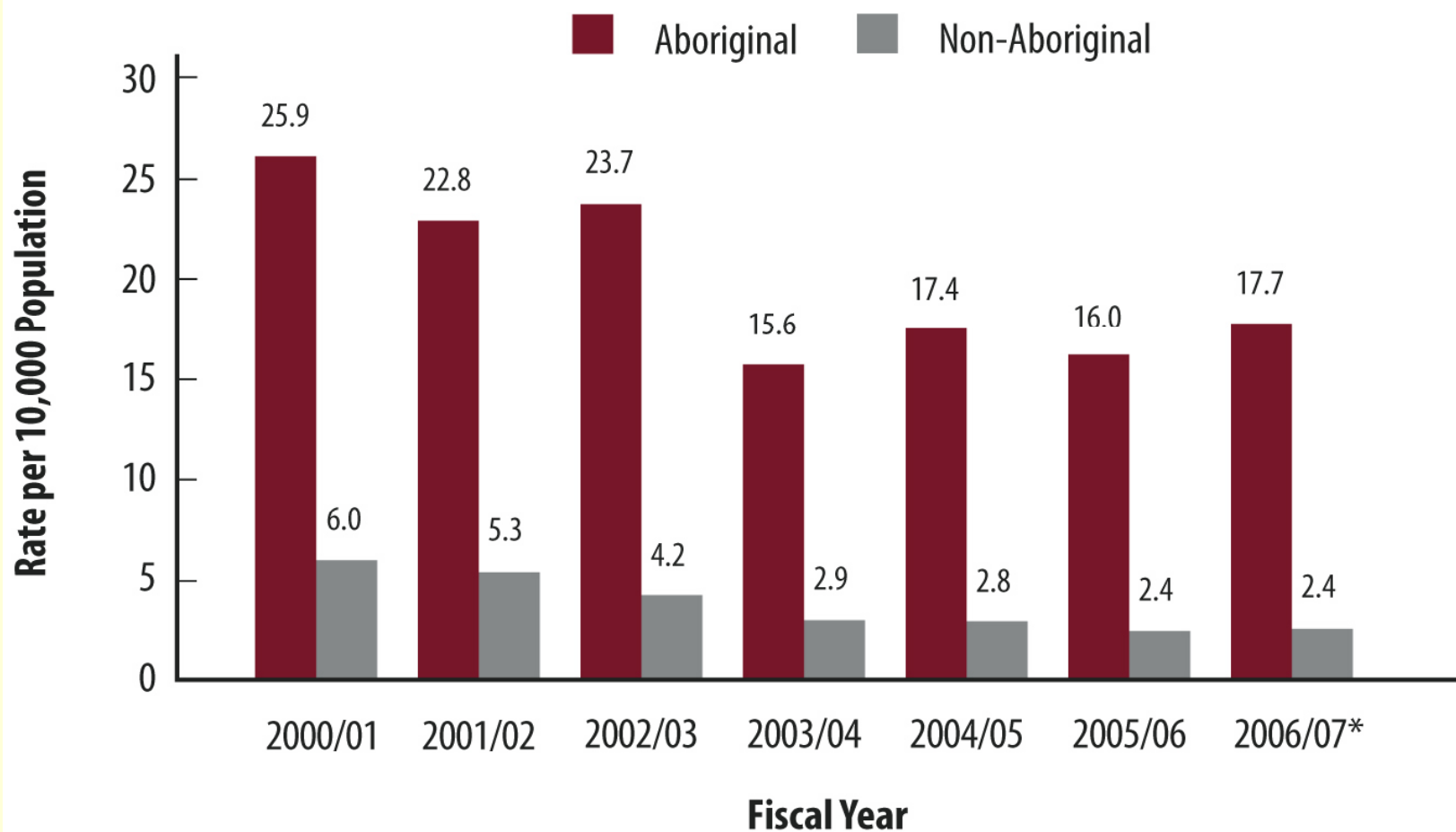
Suicide Rates by Number of Factors Present, BC, 1992-2006



Source: Lalonde, 2009.

Figure 2.37

**Average Daily Rate of Youth in Custody, Age 12–18 Years,
BC, 2000/2001 to 2006/2007**

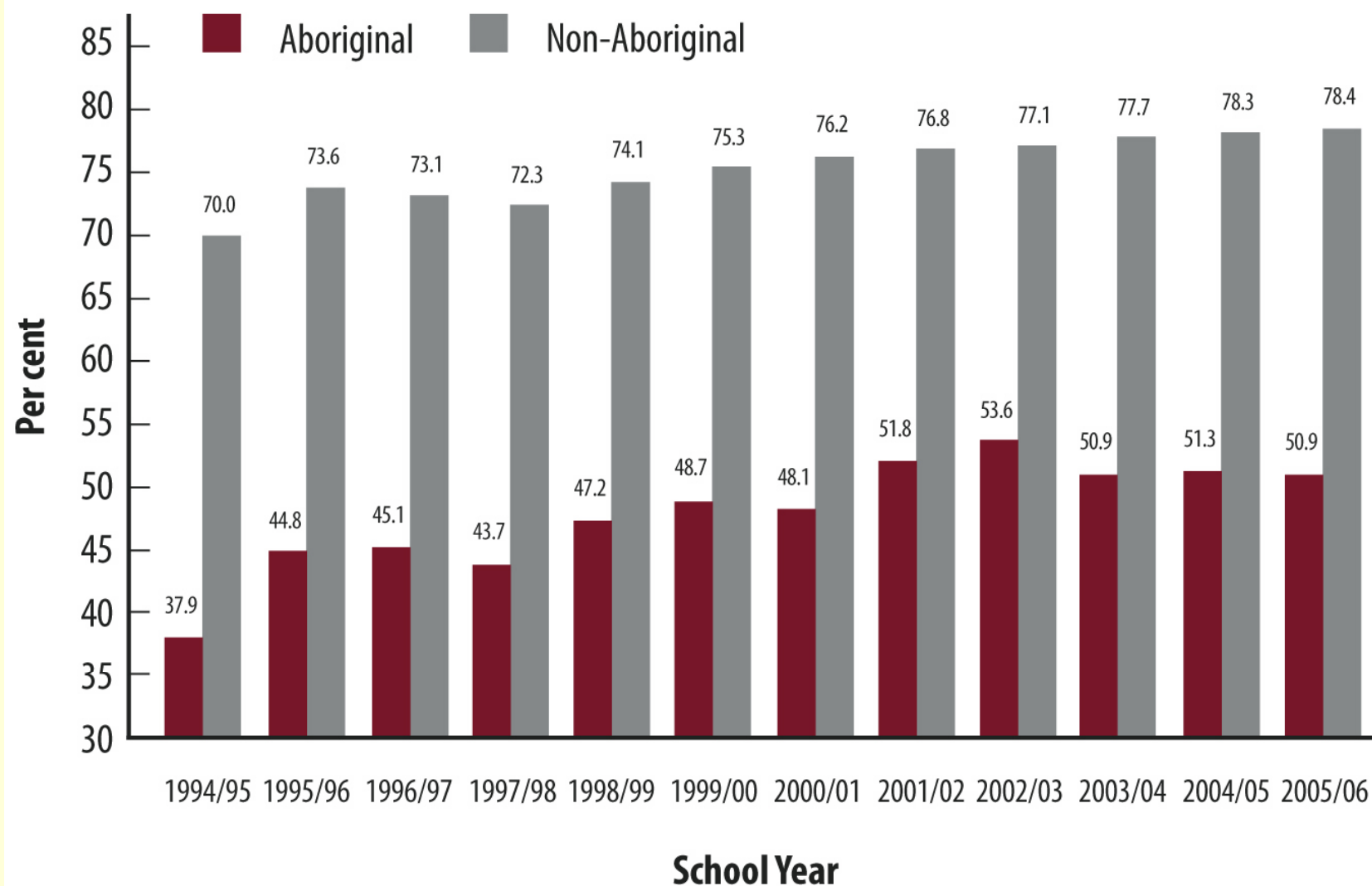


* April 1, 2006 to January 31, 2007.

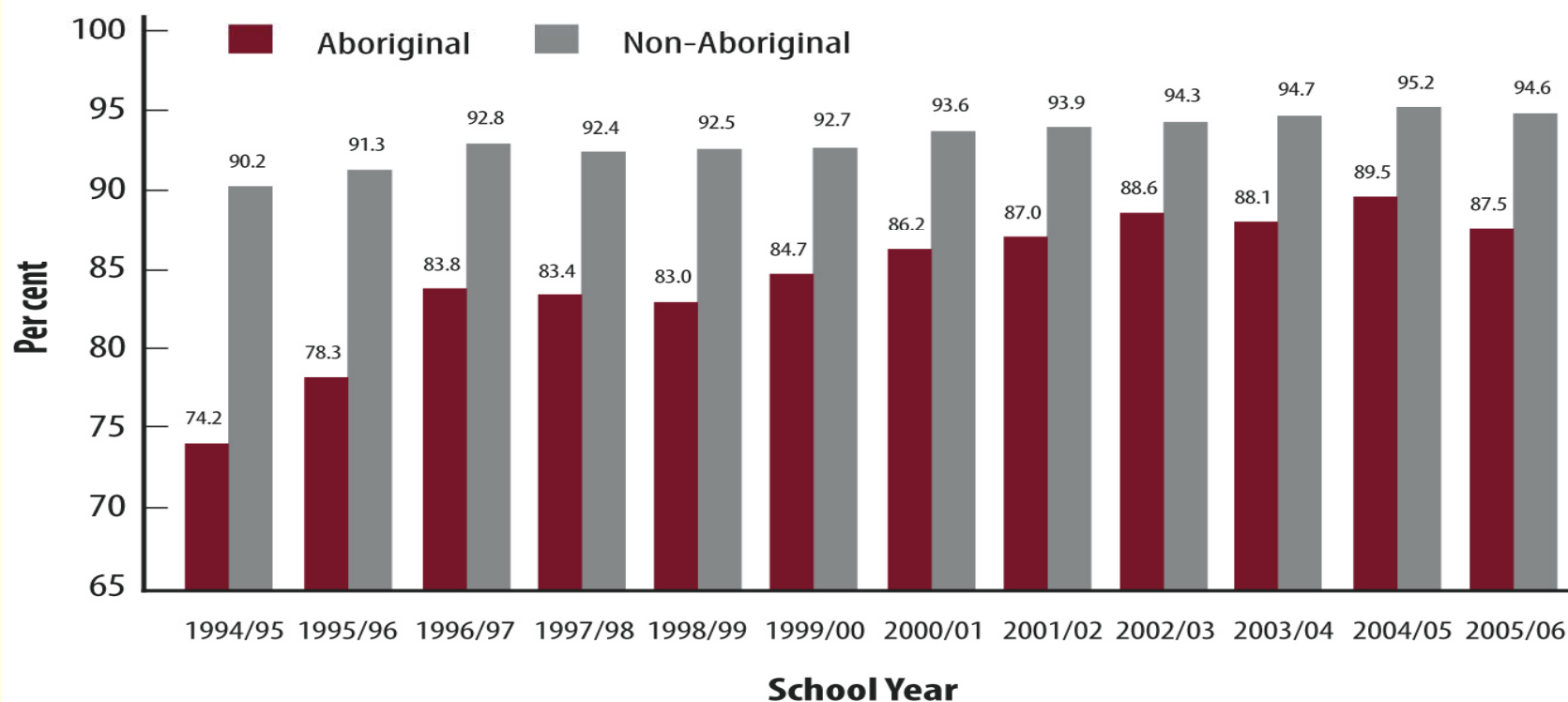
Source: Ministry of Children and Family Development, 2007; prepared by the Office of the Provincial Health Officer and Corporate Support, Planning and Legislation, Ministry of Healthy Living and Sport, 2008.

Figure 2.18

Graduation Rate, First-Time Graduates, Aboriginal and Non-Aboriginal Students, BC, 1994/1995 to 2005/2006

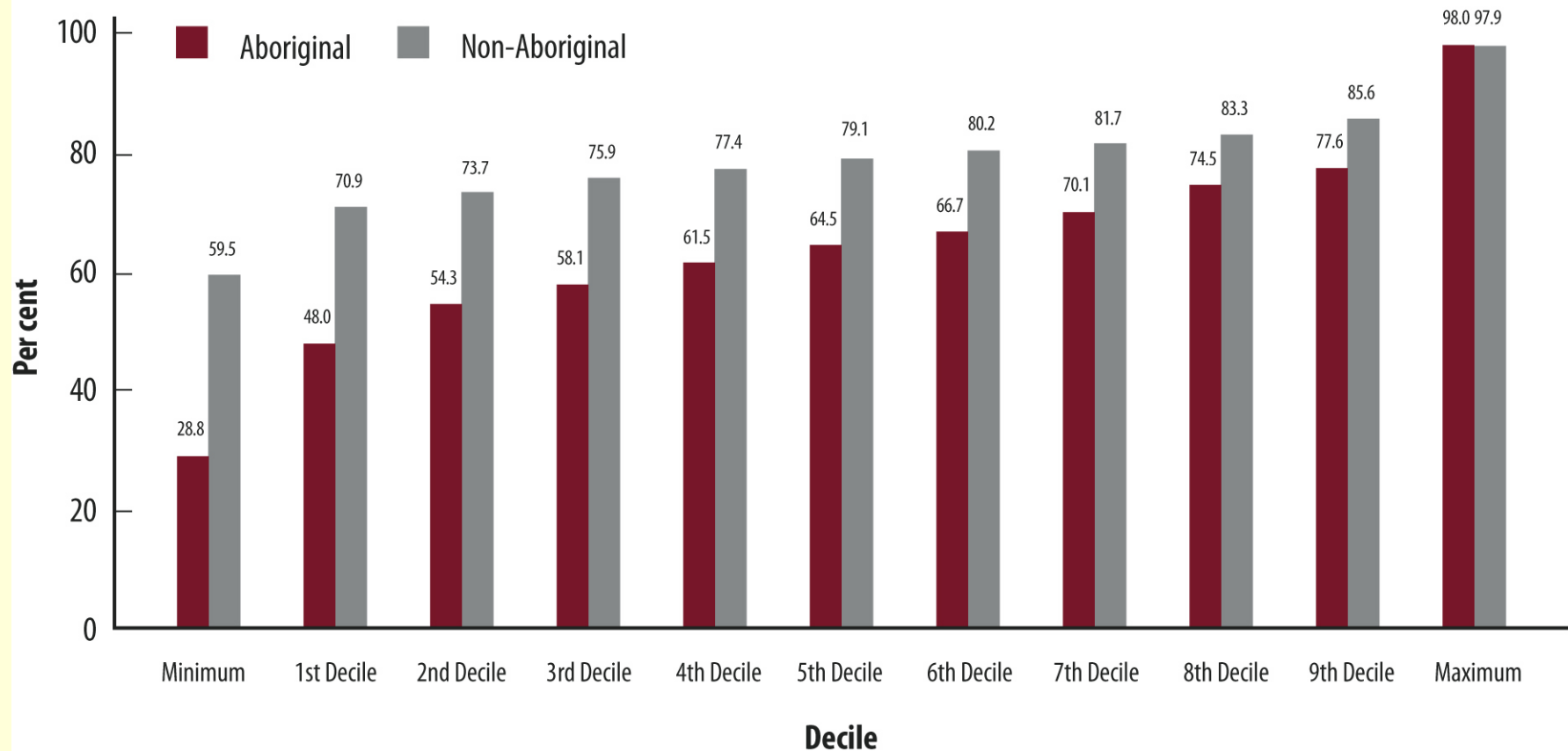


Source: Ministry of Education, 2005/2006; prepared by the Office of the Provincial Health Officer and Corporate Support, Planning and Legislation, Ministry of Healthy Living and Sport, 2008.

Figure 2.19**Graduation Rate, Those Eligible to Graduate, Aboriginal and Non-Aboriginal Students, BC, 1994/1995 to 2005/2006**

Source: Ministry of Education, 2005/2006; prepared by the Office of the Provincial Health Officer and Corporate Support, Planning and Legislation, Ministry of Healthy Living and Sport, 2008.

⁸ Data from the Ministry of Education include Aboriginal students who have self-identified as being of Aboriginal ancestry as of September 30 of the school year. Aboriginal is defined as Status and non-Status Indians, Métis, and Inuit. There is a fairly equal gender representation of Aboriginal students. Approximately 25 per cent of Aboriginal students live on-reserve (Ministry of Education, 2006).

Figure 2.21**Meet/Exceed Ratio, Foundation Skills Assessment Scores,
Aboriginal and Non-Aboriginal Students, 1999/2000–2003/2004**

Note: The BC schools used in this analysis had to satisfy the following criteria: 1) the school reported more than 30 Aboriginal student scores over the years under review; 2) Statistics Canada was able to provide reasonable Census socio-economic data, disaggregated to the estimated school catchment area, for Aboriginal and non-Aboriginal families. There were 366 schools in 43 school districts who satisfied this criteria. Approximately half of BC's school districts are represented in the sample.

Source: Richards, Hove, & Afolabi, 2008; prepared by the Office of the Provincial Health Officer and Corporate Support, Planning and Legislation, Ministry of Healthy Living and Sport, 2008.

Barriers to Economic Development

- No bankable land title and no asset accumulation.
- No accumulation of equity for First Nations homeowners.
- Economic development funding for First Nations is deemed non-essential.
- Land development approval process can take 5 to 9 times longer than off reserve.

What more needs to be done?

- Commit to making self-determination for the Aboriginal population in the province a reality.
- Examine and review systemic barriers to economic development and make it a priority.
- Continue to improve the socio-economic status of the Aboriginal population by creating more educational and job opportunities.
- Focus on implementing demonstrated best practices so that Aboriginal children can fully benefit from educational opportunities.

What more needs to be done?

(Continued)

- Improve housing and the physical environment for the Aboriginal population.
- Continue to work on Aboriginal health plans for health authorities.
- Recommit to achieving stated goals.
- Make issues underlying HIV/AIDS a priority.
- Create a provincial Aboriginal Mental Health and Wellness Plan.