



FIRST NATIONS POPULATION HEALTH AND WELLNESS AGENDA: FIRST INTERIM UPDATE, 2024



First Nations Health Authority
Health through wellness



Office of the
Provincial Health Officer

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EXECUTIVE SUMMARY



The First Nations Population Health and Wellness Agenda (PHWA) is a partnership initiative and reporting series of the First Nations Health Authority's (FNHA) Office of the Chief Medical Officer (OCMO) and the BC Office of the Provincial Health Officer (OPHO). Through this work, the partners monitor, report on, and honour the health and wellness journeys of BC First Nations (those Nations whose ancestral territories collectively form what is now known as the province of British Columbia) and all First Nations people in BC (all First Nations people in the province, including those whose ancestral territories are outside of BC). The PHWA baseline report was published in June 2021. It outlined 22 indicators with targets within three main spheres of health and wellness that will be monitored over 10 years: Healthy, Self-determining Nations and Communities; Supportive Systems; and Healthy, Vibrant Children and Families. It also offers seven key actions to nourish First Nations roots of wellness and uphold the FNHA's vision of healthy, self-determining, and vibrant BC First Nations children, families, and communities.



This first interim PHWA report provides updates on 14 of the 22 indicators (those for which new data or qualitative updates are available). The PHWA partners are committed to presenting data in ways that are wellness-based, decolonized, and grounded in First Nations Peoples' teachings, perspectives, and values; that explicitly acknowledge the experiences, resistance, and resilience of First Nations Peoples in the face of persistent and ongoing settler colonialism, Indigenous-specific racism, and discrimination; and that honour First Nations self-determination, data governance, and truth and reconciliation.

The findings in this report demonstrate some improvement since the baseline report was published; however, overall progress has been limited. PHWA reporting intentionally focuses on optimal health and wellness for First Nations Peoples and communities as its own goal. For transparency, PHWA reports also provide data on other BC residents to underscore that health disparities and inequities persist and must be addressed. Even for indicators that have shown improvement since the baseline report was published, substantial gaps remain between the health and wellness outcomes of First Nations people in BC and those of other BC residents; in some cases, the gaps have widened.

Chapter 1 of this report describes some of the ongoing acts of settler colonialism and Indigenous-specific racism that continue to impact First Nations people. These manifest in the inequitable health and wellness outcomes explored in this report, including the disproportionate and devastating impacts of the ongoing and unrelenting toxic drug crisis public health emergency and the COVID-19 pandemic.



Healthy, Self-determining Nations and Communities

Chapter 2 of this report identifies three critical, culturally relevant indicators of First Nations population health and wellness: Self-determination, Connection to Land, and Cultural Wellness. This report provides updates on Self-determination and Connection to Land.

- **SELF-DETERMINATION**

The OCMO's and OPHO's work to co-develop a self-determination indicator with BC First Nations is intended to highlight the inherent rights of First Nations to control their health and wellness journeys and outcomes. Work since the baseline report was published has included a preliminary review of varying approaches to measuring self-determination among distinct Nations. Future work will include engagement with individual Nations to identify best and wise practices for measuring self-determination.

- **CONNECTION TO LAND**

The partners have been collecting qualitative data to support reporting on the Connection to Land indicator in a way that highlights its importance to First Nations culture, ceremony, language, and identity. This report provides updates on the We Walk Together project, which explores ways to measure connection to land, water, and territory. We Walk Together project participants represent 23 distinct Nations across three FNHA health regions: Vancouver Coastal, Fraser Salish, and Northern. Three key themes guide the continuing work on this indicator: ancestral knowledge, land and water wellness, and accountability. These themes are explored further in Chapter 2 and show that improving the health and wellness of the land and its inhabitants requires respectful and reciprocal commitments from the FNHA, the OPHO, health system partners, industries, and First Nations communities.



Supportive Systems

Chapter 3 of this report explores some of the ways that settler-colonial systems and policies perpetuate harms and inequities. Advancing inherent First Nations rights and restoring balance requires replacing harmful settler-colonial systems and policies with supportive systems and policies that honour and uplift First Nations' ways of knowing and being. Chapter 3 also reports on four of the six indicators within the sphere of supportive systems presented in the PHWA baseline report: Education, Avoidable Hospitalizations, Cultural Safety and Humility in Receiving Health Services, and First Nations Health Care Providers. Of these, only the Education indicator has shown significant improvement since the baseline report was published.

- **EDUCATION**

Graduation rates for Indigenous (First Nations, Inuit, and Métis) students in BC have improved since the baseline report was published, with 74.2 per cent of Indigenous graduates in 2019/20 having completed high school within eight years of starting Grade 8 (up from the baseline of 69.9 per cent in 2016/17).

- **AVOIDABLE HOSPITALIZATIONS**

The rate of avoidable hospitalizations has not improved substantially since the baseline report was published: 72.6 per 10,000 Status First Nations people in BC were admitted to hospital in 2021/22 with diseases or conditions that can usually be well managed at home or in communities, compared to the baseline of 73.3 per 10,000 in 2017/18.

- **CULTURAL SAFETY AND HUMILITY IN RECEIVING HEALTH SERVICES**

Although new quantitative data were not available for Cultural Safety and Humility in Receiving Health Services, qualitative data show some recent developments in this area, including the creation and launch of a Cultural Safety and Humility Standard for the BC health care system and a BC First Nations Case Study Reflection.

- **FIRST NATIONS HEALTH CARE PROVIDERS**

The proportion of registered First Nations physicians in BC has not shown meaningful change since the baseline report was published: in 2023, only 0.39 per cent self-identified as First Nations, compared to the baseline of 0.32 per cent in 2019. This interim report includes new measures for the proportion of nurses and midwives in BC who self-identify as First Nations. While there are no earlier years of data to establish a trend, the proportions are notably low: in 2023, only 1.54 per cent of nurses and 1.72 per cent of midwives registered with the BC College of Nurses and Midwives self-identified as First Nations.



Healthy, Vibrant Children and Families

Chapter 4 of this report reflects the understanding that healthy, vibrant children and families are at the core of strong, healthy, self-determining First Nations communities. Of the 13 PHWA indicators in this sphere, updates are provided on eight of them: Healthy Birth Weights, Infant Mortality, Children's Oral Health, Youth/Young Adult Death by Suicide, Diabetes Incidence, Serious Injuries, Life Expectancy at Birth, and Mortality Rate. Three of these indicators have worsened substantially since the baseline report was released: Diabetes Incidence, Life Expectancy at Birth, and Mortality Rate. A fourth indicator, Healthy Birth Weights, worsened slightly. Infant Mortality was the only indicator in this chapter to show improvement.

- **HEALTHY BIRTH WEIGHTS**

Healthy birth weights reflect positively on the health of both infant and birth parent. In 2019, 72.1 per cent of singleton Status First Nations babies in BC were born at a healthy birth weight for their gestational age and sex. This was down slightly from the baseline of 73.8 per cent in 2017.

- **INFANT MORTALITY**

In 2015–19, the rate of Status First Nations infant deaths in BC was 4.6 per 1,000 live births, which represented a slight (though not statistically significant) decrease from the baseline rate of 5.3 deaths per 1,000 live births in 2013–17.

- **CHILDREN'S ORAL HEALTH**

Updated quantitative data for this indicator have been excluded due to data quality issues (see Chapter 4 for further information). Alternative ways to monitor and report on this indicator in the future are being investigated.

- **YOUTH/YOUNG ADULT DEATH BY SUICIDE**

Among Status First Nations youth/young adults (age 15–24) in BC, the rate of death by suicide was 2.8 per 10,000 population in 2017–21, down slightly from the baseline rate of 3.1 per 10,000 in 2013–17. There was substantial variation by sex in both the rate and direction of the trend between 2013–17 and 2017–21. In 2017–21, the rate per 10,000 population was 3.8 per 10,000 for males and 1.7 per 10,000 for females.

- **DIABETES INCIDENCE**

Diabetes incidence among Status First Nations people in BC increased from the baseline of 8.0 per 1,000 population in 2017/18 to 8.5 per 1,000 in 2020/21.

- **SERIOUS INJURIES**

Among Status First Nations people in BC, the rate of serious injuries requiring hospitalization was 31.1 per 1,000 population in 2021/22. This was virtually unchanged from the baseline of 31.4 per 1,000 in 2017/18.

- **LIVING LONG LIVES (LIFE EXPECTANCY AT BIRTH)**

Life expectancy at birth for Status First Nations people in BC decreased from the baseline of 73.3 years in 2017 to 67.2 years in 2021. The toxic drug crisis and COVID-19 are key factors that have affected life expectancy.

- **MORTALITY RATE**

Following relatively minor fluctuations, the mortality rate among Status First Nations people in BC increased from the baseline of 117.3 per 10,000 in 2017 to 156.0 per 10,000 in 2021. As with life expectancy, the toxic drug crisis and COVID-19 have both had a substantial impact on mortality rates.

Chapter 5 summarizes the data on the indicators presented in this report. It also provides progress updates on several of the actions identified in the baseline report to nourish First Nations roots of wellness. The PHWA series will continue to report on the health and wellness journeys of First Nations people in BC, using increasingly decolonized data and approaches wherever possible. The next report will be the midterm update, projected for release in 2026/27. It is expected to present updated data on most of the 22 PHWA indicators, including those not presented in this first interim update.

