



BC First Nations Health Handbook



A Companion Document to the BC HealthGuide

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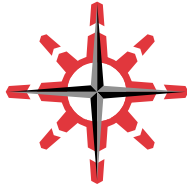
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First Nations Chiefs'
Health Committee



BRITISH
COLUMBIA

Ministry of Health Planning

Partnership Between the First Nations Chiefs' Health Committee and the BC Ministry of Health Planning

The First Nations Chiefs' Health Committee and the BC Ministry of Health Planning have partnered for this project. Our goal is to create a user-friendly health guide reference for First Nations Communities.

Hello Readers

Thank you for your interest in this project, which will provide a resource to First Nations families and communities. More and more of us are seeking ways to improve and maintain our health.

Many First Nations people have problems accessing health services. The Chiefs' Health Committee believes this package will be of use to our community members for the following reasons:



- Extra effort has been made to deliver the Companion Document and the BC HealthGuide Handbook directly to First Nations communities.
- The Companion Document was produced for First Nations to introduce the BC HealthGuide Handbook, OnLine and the BC NurseLine as important resources for First Nations families.
- Health providers for First Nations people may use this new package as a reference document for themselves or for their clients.

The Chiefs' Health Committee is supportive of initiatives that will make a difference for our families and communities, as they work to improve their quality of life.

The partnership between the BC Ministry of Health Planning and the Chiefs' Health Committee that allowed us to successfully develop and distribute the BC HealthGuide Handbook and Companion Document is very much appreciated.

Lu Kim' Good (All of One Heart)

Chief Margery McRae
Chair



Dear Readers:

Thank you for taking the time to look through the British Columbia First Nations Health Handbook. This handbook is aimed at helping you and your family with your healthcare.

This handbook was created in partnership with the First Nations Chiefs' Health Committee, and is a companion to the British Columbia HealthGuide. This is one of the steps we are taking to provide Aboriginal people with information on making positive health decisions.

The release of this handbook is part of the provincial government's commitment to improve the quality of life, education and health care for Aboriginal people. We are continuing work in the areas of Aboriginal child-care services, fetal alcohol syndrome and employment services for Aboriginal youth who are seeking careers in the health-care sector. These and many other programs invest in the health and general well-being of Aboriginal people throughout British Columbia.

Good health begins at home with prevention. The Government of British Columbia is committed to supporting the good health of all British Columbians with the publication of this handbook. I hope you find the British Columbia First Nations Health Handbook useful as we work to create healthier communities. I wish you the best of health and a long, happy life.

The Honourable Sindi Hawkins
Minister of Health Planning



To give a short background, the Chiefs' Health Committee was formed by a resolution of the First Nations Summit in October, 1997. The Committee has a mandate to develop political strategies and action plans to advocate and support the delivery of health programs and services for First Nations in British Columbia. The timeline to carry out this mandate is March 31, 2004.

The Committee's goal is to improve the health status of First Nations people in British Columbia. The Committee intends to achieve this goal by working with the following:

- **Transitional Management Strategy (TMS)**
The goal of TMS is to guide the effective transfer of all current operations of the Pacific Region First Nations Inuit Health Branch (formerly the Medical Services Branch (MSB) to governance by newly established First Nations organizations.
- **Regional Health Survey (RHS)**
The research obtained from the RHS provides current health information from First Nations communities.
- **First Nations Inuit Home and Community Care Program (FNIHCCP)**
The FNIHCCP offers technical support to First Nations communities in the planning, design and implementation of their home and community care programs.
- **Health Careers (HC)**
HC offers bursaries and scholarship programs to assist students of Aboriginal ancestry.

- Senior Officials Group (SOG)

The SOG is a partnership between the BC Ministry of Health Planning and the Chiefs' Health Committee. The SOG objective is to create a Provincial Health Services Strategy and models for provincial health services and resources to facilitate treaty negotiations.



Refer to the Resources section for relevant telephone numbers and website information.



*First Nations Chiefs' Health Committee
Mission Statement*

To support the development of healthy and self-sufficient First Nations communities by promoting traditional and cultural approaches to health and community development. The First Nations Chiefs' Health Committee will advocate First Nations' self-determination when addressing policy and program issues with Canada and British Columbia.

**First Nations Chiefs'
Health Committee**



The Purpose of the BC First Nations Health Handbook

This document is intended to be a starting point for health care professionals and First Nations communities from which to move out of the current crisis in key health areas. We challenge you to seek more information and take action to stop the First Nations health crisis.

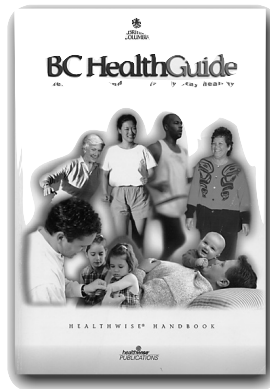
There is a perception that everyone living in British Columbia has access to health care services, quality care, and that the overall health status is good. In contrast, the health status of First Nations living in British Columbia is essentially a situation of health crisis. The Royal Commission on Aboriginal Peoples (1996) puts it this way:

...despite the extension of medical and social services (in some form) to every Aboriginal community, and despite the large sums spent by Canadian governments to provide these services, Aboriginal people still suffer from unacceptably



high rates of physical and mental illness. The term 'crisis' is not an exaggeration here.

The *BC First Nations Health Handbook: A Companion Document to the BC HealthGuide Handbook* is one step to recognize and address the First Nations health crisis. Health issues affecting First Nations people in British Columbia are unique. The culture, language, history, determinants of health, and health issues within First Nations communities all contribute to this uniqueness. The purpose of this document is to begin to address the health crisis of First Nations, acknowledge the unique health status of First Nations and share resources to aid the process of self-determination with respect to health.





How and When to Use the BC HealthGuide Handbook

“Information is the key to making informed health care decisions”

- BC HealthGuide, 1999

The BC HealthGuide Program

- Is designed to provide citizens, where they live, with health information and advice 24 hours a day, 7 days a week, to help manage personal health risks and conditions confidently, safely and in a timely manner
- Is compliant with the *Freedom of Information and Protection of Privacy Act*

The Program Consists of 3 Integrated Components

- BC HealthGuide Handbook provides symptom-based information to help users recognize, seek, and carry out appropriate treatment for 190 common health concerns.



- BC NurseLine provides health information and nursing advice line. It is staffed by registered nurses 24 hours a day, 7 days a week. Service is available for citizens who are deaf or hearing impaired, and language translation service is available on request for over 130 languages, including some aboriginal languages.
- BC HealthGuide OnLine is a secure health database providing medically approved information on more than 2500 common health topics, tests and procedures. To log onto the OnLine go to www.bchealthguide.org

How Do I Use the Program?

1. Look in the BC HealthGuide Handbook: Find your symptoms or health concern in the book's index and follow the instructions about prevention, home treatment and/or when to see a health professional.
2. Get more in-depth information. Still uncertain what to do or require more information?
 - **Call the BC NurseLine.**
 - **Local calling within the Greater Vancouver Region District: Ph. 604 215-4700**
 - **Toll-free elsewhere within BC:
Ph. 1 866 215-4700**
 - **Deaf and hearing-impaired. Toll-free province-wide: Ph.1 866 889-4700**
 - **Or log onto BC HealthGuide OnLine at www.bchealthguide.org**

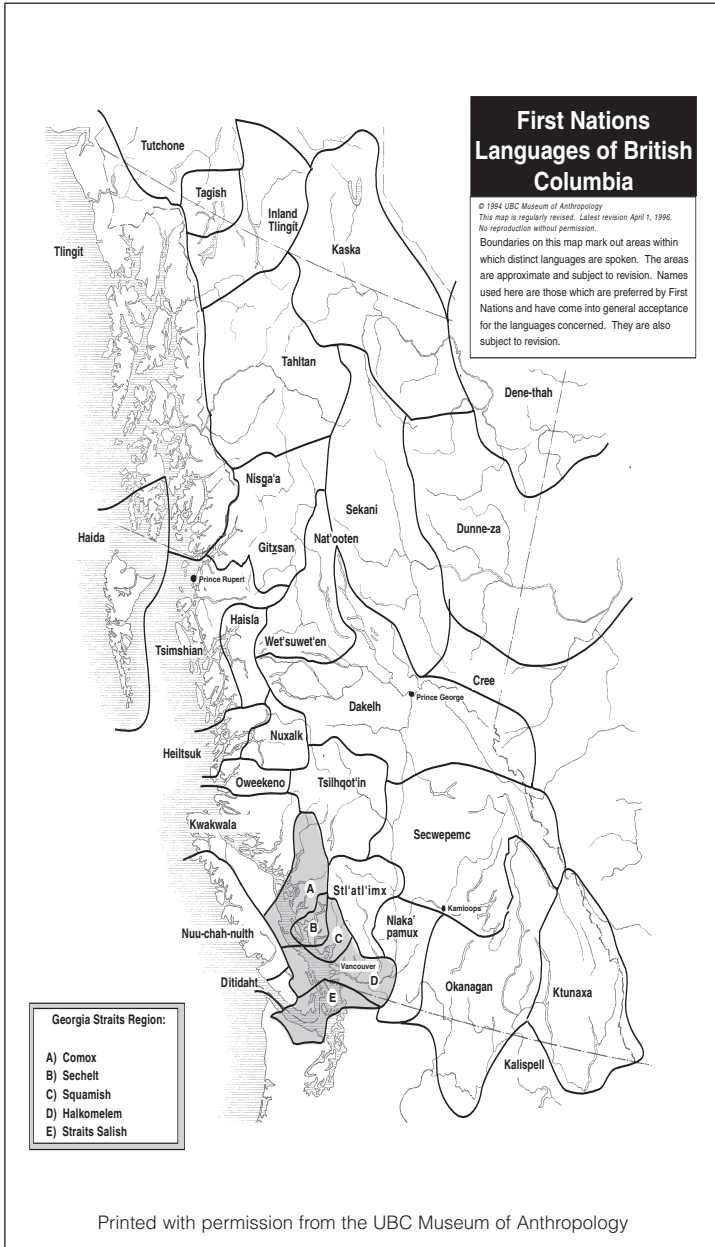
3. See a health professional: If your health problem is not responding to home treatment, or if the Handbook or NurseLine suggests you seek medical help, make an appointment to consult your health professional.

**If its an emergency, call 911
or your local equivalent right away.**

The BC HealthGuide Handbook answers questions to more than 190 common health problems. Healthy individuals reading through the Handbook can use the information to prevent injuries, maintain good health, complete home treatments and know when to call a health professional or use the 24-hour BC NurseLine. Just follow the three easy steps above.

Take Control of Your Health

To help you and your health care professional work together, review pages 1 and 2 of the BC HealthGuide Handbook right away. Page 1, the Healthwise Self-Care Checklist, provides a self-administered process you can follow every time a health problem arises. Page 2, the Ask-the-Doctor Checklist, will help you get the most out of every visit to your doctor.





Who are the Aboriginal People in British Columbia?

First Nations/Status 'Indians', Non-Status 'Indians' and Métis

“My family never received status rights because the Indian Agent did not include our traditional territory into their survey. Even today my family is not entitled to any status rights.” -
Walter Knott, Chetwynd Non-status Member,
2001

People of First Nations ancestry vary according to their traditions, languages, and culture. In Canada, they have been divided into two categories (status and non-status) for the convenience of government. These categories have great power in their lives.



Status Indians

The *British North American Act* gave the federal government responsibility for “Indians and lands reserved for Indians.” The *Indian Act* defines who is an Indian. Such people are known as “status Indians”, or as “registered Indians” for they are assigned a number that is registered by the Department of Indian Affairs at birth. (Mussell and Stevenson, 1999).

Non-Status Indians

The term “non-status Indian” applies to people who may be considered as “Indians” according to ethnic criteria, but are not entitled to registration under the *Indian Act*. Not so long ago, Aboriginal people could lose their status in many ways: by arbitrary government definition, as a result of marriage with non-Aboriginals, in exchange for voting rights, in order to join the army, in order to be served in licensed premises, by obtaining post-secondary training, by starting a profitable business, and so on. Except in relation to marriage, their children and grandchildren cannot reclaim their official status and the rights conferred by it (Mussell and Stevenson, 1999). According to government definition these descendants will always be “non-status Indians,” a label with serious consequences.

Métis

Métis are a group of people who sprang from the extensive inter-marriages that took place between Aboriginal and non-Aboriginal people (especially the early French and Scottish fur traders). They created a distinct culture and identity, blending the elements of their heritage, and seeking a land base. They have been recognized as First Nations peoples under the Canadian constitution, but do not benefit from a special status with the federal government (Mussell and Stevenson, 1999).

Demographics

In British Columbia, there are 198 bands. They fall into four language categories: Athapaskan, Salishan, Wakashan, and Tsimshian. (Please refer to the language group map of British Columbia on page 10.) The status Indian population of BC for both on and off reserve was 110,529 in the year 2000 (Indian and Northern Affairs Census [INAC], 2001). British Columbia is Canada's most diverse province concerning First Nations bands, languages, and societies. These include urban, remote, treaty, non-treaty, self-government, non-self-government, those negotiating health transfer and those not involved in health transfer, band populations consisting of 3,500 members and bands consisting of 15 members. The diversity is astounding.



Perceptions of Health

“The First Nations believed that the wealth of a person or community was measured in their good spiritual, physical, and mental health. A person’s work was related to the good that he or she could do for the community.”

- Henry Lickers, Mohawk Council of Akwasasne (Napoleon, 1992, pg. 3).

The First Nations perception of health differs from the medical definition. Health and wellness are inseparable from the physical, spiritual, mental, economic, environmental, social and cultural wellness of the individual, family, and community. Mullins (1999) states that health is not merely the absence of disease or illness. Nor is it measured by a set of statistics and indicators. A healthy community is one with a lack of material scarcity and where its members are self-confident and participate in its political, economic and cultural life.

Pre-Contact Traditional Health and Medicine

“In order to move ahead and get on with our lives, we have to know where we came from; we have to look at where we’ve been to get to where we’re going.”- Mary Thomas, Shuswap Elder, Neskonilth Band (Napoleon, 1992, pg. 3).

Research indicates that pre-contact Aboriginal people had extraordinary health and physical fitness, and lived relatively disease free. The social, economic, psychological, and spiritual determinants of health thrived. Cultures were fully functional. The way of life demanded a high standard of physical fitness, and the diet was nutritious.

Historically, Aboriginal people have been equipped with the knowledge to maintain health and treat illness or trauma. “Home management of illness” was common due to individuals’ knowledge of medicinal plants and first aid techniques (Waldrum, Herring and Young, 1995). Even as young children, Aboriginal people practiced healthy living in daily and seasonal practices such as fasting, sweating, and eating or drinking certain medicinal herbs. Life had purpose and value where “self-care” was internalized (Mussell and Stevenson, 1999).

Aboriginal societies had their own healers who had varying titles and purposes. These included herbalists, medicine men or women, shamans, or medicine doctors. Such healers had an in-depth understanding of how and why plants, humans, spirits, and the universe were connected (Waldrum et al., 1995). The education and training of healers was a lengthy process. Training included aspects of physical, mental, and spiritual healing and dealt with the preparation and dispersing of medicines, the conducting of ceremonies, counselling for mental health, and follow-up services.

Various groups of Aboriginal people were able to prevent scurvy by brewing tea from spruce bark (rich with vitamin C); they were able to reduce pain by using willow extract, which contains salicin (similar to



aspirin); they had various kinds of anaesthetics, emetics, diuretics, and medicine that could induce labour or numb labour pain (Waldrum et al., 1995). Healers held high status because of the perception that health and wellness were essential to the community.

This image of good health is drastically contrasted with the post-contact period, when new diseases produced epidemics and colonization itself had dramatic effects that dramatically altered the social and biological structure of Aboriginal communities.

Post-Contact Health History of First Nations

“We did not give up our culture voluntarily. It was stripped from us. It was taken from us in a very cruel manner.” - Mary Thomas, Shuswap Elder, Neskonlith Band (Napoleon, 1992, pg. 3).

After contact with Europeans, Aboriginal people in British Columbia suffered wave after wave of infectious diseases from measles, whooping cough, influenza, smallpox, syphilis, and tuberculosis. Infectious diseases, especially small pox and tuberculosis, decimated the Aboriginal population. They devastated lineages. Villages were left empty. Traditional burial customs could not be practiced because of the massive numbers of dying people. The healers medical knowledge was defeated by the onslaught of diseases they had never seen and as a result they lost their authority (Mussell and Stevenson, 1999).

The Royal Commission on Aboriginal Peoples (1996) recognized the following as “policies of domination and assimilation.” These policies legislated the colonization process:

- The system of confining First Nations peoples to pockets of land called ‘reserves’ was instituted;
- In 1857, Canada passed an act to “Encourage the Gradual Civilization of the Indian Tribes”;
- The first Prime Minister, Sir John A. MacDonald, declared in the House of Commons that his government would “do away with the tribal system and assimilate the Indian people in all respects with the inhabitants of the Dominion of Canada”;
- Confederation was negotiated without the involvement of First Nations;
- The *British North American Act* (1867), took the control of Indian lands and all aspects of daily life out of the hands of First Nations people;
- In 1885, the Métis Nation of Manitoba was crushed by military force and its people dispersed across three provinces and the northern territories;
- Key cultural practices that had survived the best attempts of the missionaries to eradicate them, such as the sun dance on the prairies and the potlatch on the Pacific coast, were banned.

These policies had widespread and serious implications for the physical, mental, spiritual and cultural health of First Nations people. One instrument of social control and cultural assimilation that started in the 1860’s and lasted until the 1970 was the residential schools.



Residential Schools

British Columbia had the highest number of residential schools in Canada. The generational impact on physical, mental, and cultural health on Aboriginal people is alive today.

The Assembly of First Nations (1994) identifies the residential schools as “total institutions,” like armed service camps, prisons, and mental hospitals. The children were removed by force from their community, family, and cultural home, and kept in federal government operated institutions regulated mainly by Christian churches.

For some children, the experience of residential schooling was positive. These adults recall kindness, educational opportunities, and warm safe living conditions. However many other adults recall suffering in their residential school experience.

The Assembly of First Nations study (1994) describes how children lost their identity, their confidence and self-worth, their ability to think and speak for themselves, their connections to their kin (even in the same school), and their belief in a kind, safe and sensible world. The children’s health was wounded in body, mind, emotions, and spirit. Today, court cases, healing centres, programs and counsellors, are piecing together the shattered lives of wounded generations.

Today – First Nations Health

Compared to the general population, the First Nations population has lower incomes, lower levels of education, higher rates of unemployment, and bigger

families with more dependents living in more crowded conditions. Life expectancy is shorter, infant mortality is higher, suicides are more common, and dependencies and related deaths are more frequent (Mullins, 1999). Individuals, families, communities, and societies are overwhelmed with the impact.

Major Causes of Death

The leading category of death among BC First Nations is due to accidents and violence. Deaths from external causes or injuries include motor vehicle accidents, drug overdoses, accidental deaths from drowning, poisoning, falls, fire and flames, and deaths from intentional injuries such as suicide and homicide (Vital Statistics, 1991-2000). Most of these deaths could be prevented!

Accidents and violence were the cause of 27% of deaths among status Indians in British Columbia for the period from 1991-2000 (Vital Statistics). This is more than three times the provincial average. Unlike deaths due to cancer and heart disease, injuries strike the young population between 1 - 44 years of age. Seventy percent (70%) of the injury deaths occurred to boys and men. This means First Nations boys and men are being taken in the prime of their lives.

The second major category of deaths among status Indians was circulatory system diseases (23%), and the third was cancer (15%) (Vital Statistics, 2000). In almost every category of cause of death, age and gender, more deaths occurred among Status Indian people than in other segments of the population.



Alcohol and drug related deaths occur at much higher rates among First Nations than non-First Nations people in British Columbia. The rate is also much higher for digestive system diseases. Respiratory and smoking related deaths follow, although death rates from these causes are still higher among Aboriginal people than in the overall population. It is expected that these rates will rise higher still, as the proportion of people smoking is considerably higher among First Nation people than among the BC population in general (Mussell and Stevenson, 1999).

Why Are Accidents and Violence so High?

“The term ‘accident’ to most people implies a chance occurrence or an act of fate. Most injuries have predictable patterns, and thus are preventable. Therefore, injuries are not really ‘accidents’”. Meena Dawar, M.D. – Community Medicine Specialist, First Nations Health Programs, 2001.

One can speculate that the high level of accidental and violent death in First Nations communities results in part from continued involvement in traditional pursuits (hunting and fishing) as well as from employment in logging, construction, and manufacturing. Continued occurrence of substandard housing results in the risk of fire. Alcohol and drug abuse is also a major contributing factor to accidents and incidents of violence in First Nations communities (Mussell and Stevenson, 1999).

In order to reduce the leading cause of death, First Nations communities must make injury prevention a priority.

Communities could start by looking at a variety of so-called 'lifestyle' factors that underlie poor health and elevated death rates: poor diet and exercise, smoking, alcohol consumption, drug abuse, and minimal health and safety practices at home and throughout communities.

Disability

In Canada as a whole, about 33% of Aboriginal people age 15 and over report some degree of disability in mobility, agility, vision, hearing, speaking or another capacity. This is double the rate for all Canadians. In British Columbia, 36% of the adults on reserve reported a disability. (Mussell and Stevenson, 1999).





Consumer Health Rights – Know Your Rights and Responsibilities



The following information was obtained from the First Nations Chiefs' Health Committee brochure "Health Services for First Nations - Know Your Rights and Responsibilities", 2001.

Why Is It Important to Know About Consumer Health Rights?

As an adult, you have a personal responsibility to maintain and seek good health. You also have a responsibility to self-advocate to individuals and organizations that can help you achieve this. To ensure that individuals are treated fairly and with respect, consumer health rights have been established under Canadian and BC law.



The federal government has a constitutional responsibility for health of status Indians. A branch of Health Canada called the First Nations Inuit Health Branch (formerly the Medical Services Branch) delivers programs and services to status Indians on reserve.

What Are My Health Rights?

Under Canadian law, you have the right to

- Visit a doctor
- Visit the hospital
- Receive emergency care
- Question health care professionals' treatment
- Receive sufficient information regarding treatment
- Give informed consent to treatment
- Seek a second opinion
- Refuse treatment, unless you have a serious communicable disease that could harm other people
- Be free from verbal, physical, sexual abuse and/or neglect
- Have a friend or family member with you during appointments and examinations
- Refuse students, residents and those otherwise "in training" present during appointments and examinations
- Be compensated for injury
- Privacy and confidentiality
- Access your records

Your rights have been violated if you have been discriminated against because of your ancestry, age, appearance, sex, religion, sexual orientation, disabilities, or marital status.

Who Are Health Care Professionals?

Health care professionals are people who give health care services to the public. These include doctors, nurses, dentists, pharmacists, physiotherapists, psychologists and other health practitioners who are licensed and are bound by standards of practice and codes of ethics.

What Should I Expect From a Health Care Professional?

Your health care professional should

- Respect your rights
- Tell you his or her name and job/position
- Treat you fairly and with dignity and respect
- Provide explanations about your illness, treatment, and tests in words you can understand
- Keep your files and personal information private and confidential

Note: You can access your personal files; however, the files cannot be shared without your permission.

If your health care professional has not provided you with appropriate care or has not followed these expectations you can take action. (For details, see “What to do if..”, page 27.)



Helpful Tips to Help You Take Charge of Your Health

Before you visit a health care professional

- Refer to the BC HealthGuide Handbook, pages 1 and 2
- Write down your health concerns, list any questions, and take them to your appointment
- Be able to identify your symptoms
- Record how long your symptoms have occurred
- Know what makes you feel better or worse
- Identify what you want from your health care professional e.g. information, tests, or advice
- Ask a friend or relative to go with you for support

During your visit to a health care professional

- Present your list of health questions and concerns
- Inform your health care professional about your medical history and any medicines or treatments you are taking, including traditional and alternative medicines
- Ask about resources and people available to help you get the care you need
- Be aware of how the health care professional respects your rights
- Tell your health care professional if you feel uncomfortable with anything he or she is doing
- Ensure your list of concerns and questions have been addressed
- Make another appointment if you feel it is necessary

Remember: Taking charge of your health means accepting responsibility to live a healthy lifestyle, preventing illness, and following prescribed treatment plans.

What Do I Do If I or a Family Member Has Not Been Provided With Appropriate Health Care Services?

You know yourself better than anyone. Trust your “gut instinct” and explore this feeling. If you feel you or a family member have not been provided with entitled services or if you feel your rights have not been respected - you can take steps to voice your questions, concerns, and complaints.

Follow these steps to voice your questions, concerns, or complaints

- 1) Talk with the health care professional and tell him or her:
 - “I feel my health service is not adequate because...”
 - “I feel my health concerns are not being addressed because...”
 - “I feel uncomfortable when...”
- 2) Communicate clearly and firmly and tell the health care professional, “I know my rights.”
- 3) Ask questions and review the situation to eliminate misunderstandings
- 4) Talk with the health care professional’s supervisor and explain your concerns



- 5) Seek support from a health care worker, advocate, or community health rep
- 6) If possible get a new health care professional
- 7) Call the health care professional's association or college and tell them you have a complaint
- 8) For hospitals, public health, and provincially funded health professionals call your local health authority to determine the complaint process
- 9) Send a written complaint to the appropriate organization

You may also wish to call the Ombudsman's office for advice.

What Information Do I Need to Make a Complaint?

Include your address, telephone number, the health care professional's name and address, and a description of the question, concern, or complaint. If you need help to write a complaint, call the appropriate number for support.

Who Do I Contact With My Health Questions, Concerns or Complaints?



The Resources section of this document identifies the following organizations from which you can get further information or make a complaint:

BC Association of Social Workers

BC Ministry of Health Services

BC Human Rights Commission

College of Dental Surgeons of BC

College of Pharmacists of BC

College of Physicians and Surgeons of BC

College of Psychologists of BC

College of Registered Psychiatric Nurses of BC

The First Nations and Inuit Health Branch of Health Canada, Non-Insured Health Benefits Appeals

Office of the Ombudsman

Registered Nurses Association of BC





Health Services to First Nations

Federal and provincial governments share responsibility for providing health services to First Nations in Canada. This next section introduces the federal Non-Insured Health Benefits Program and the provincial BC Medical Services Plan.

Non-Insured Health Benefits – What Are Non-Insured Health Benefits and How Do I Get Them?



Adapted from the Chiefs' Health Examiner Special Edition *Non-Insured Health Benefits*. Spring 2001.

The Non-Insured Health Benefits Program (NIHB) provides, to Registered Status Indians and recognized Inuit and Innu peoples, a range of medical goods and



services that supplement benefits provided through other private or provincial/territorial programs.

The NIHBs are in addition to services provided through the BC Medical Services Plan (MSP), which ensures that all eligible residents have access to medical care. If you do not have MSP coverage, application forms are available from local community band offices and the First Nations and Inuit Health Branch.

The following provides an overview of the NIHB program.

Drugs

Certain prescription drugs, over-the-counter drugs and proprietary medicines are available through the program. They are listed on the NIHB Drug Benefit List, which is posted on their website

www.hc-sc.gc.ca/msb/nihb

Dental Care

Specified dental services are available from dental practitioners. Prior approval is required before treatment begins. For procedures over \$800, a treatment plan must be submitted to the First Nations and Inuit Health Branch.

Vision Care

Eye glasses (new, replacement or repair) are available if the item has been prescribed within the last 12 months and meets minimum eligibility criteria. This assumes the item is unavailable under any provincial or third party health plan.

Medical Supplies and Equipment

Specific supplies and equipment are available including items such as hearing, mobility and bathing aids. For a

complete list of equipment and supplies, and details on approval and replacement guidelines visit www.hc-sc.gc.ca/msb/nihb

Mental Health

Limited short-term mental health services are available. These include crisis intervention counselling with a qualified mental health professional. This service is primarily available to registered First Nations and Inuit living off reserve.

Medical Transportation

When specific medical service is not available locally, the program covers travel costs to and from the nearest health care facility offering those services.

BC Medical Insurance Premiums

Costs for your MSP coverage are paid for through the NIHB program if you are a registered Status Indian. This entitles you to access a full range of provincial health services.

Refer to the Resources section for relevant telephone numbers and website information.

First Nations Community Programs

The federal government provides funding to First Nations communities for a range of locally-delivered health programs including tobacco reduction, Aboriginal Head Start, disease prevention/control and Brighter Futures/Building Healthy Communities. These and other health promotion programs are available in many First Nations communities.



Provincial Health Services – BC Ministry of Health Services

The BC Ministry of Health Services programs provide basic medical benefits through the Medical Services Plan. Some of these services include:

- Medically required services provided by a physician, or a specialist
- Maternity care provided by a physician
- Diagnostic services, including x-rays and laboratory services
- Dental and oral surgery, when medically required

The BC Ministry of Health Services receives transfer payments from the federal government to provide primary health care to all BC residents. This includes the premium payments for the Medical Services Plan.

Additional health benefits are also available through the provincial Pharmacare program for children, seniors, social assistance recipients, clients of mental health centres, residents of long-term care and other groups with specific health needs.



Refer to the Resources section for relevant telephone numbers and website information.



Rural and Remote Communities

In the spring of 2001, the First Nations Chiefs' Health Committee partnered with the BC Ministry of Health Services Aboriginal Health Division to provide "Community Information and Education Sessions on Provincial Health Services." The health concerns from remote, rural, and/or isolated communities were unique and widespread due to BC's geography and locations of traditional territories. Some of the health concerns included the following:

- A disparity in services exists between on-reserve, off-reserve, remote, rural, and urban settings; for example, in Northern and remote communities access to health services is a major problem
- Low usage in First Nations health services
- Community members must live off-reserve to get access to services
- High turn-over rates exist for health care providers
- High burn out is a common factor for health care providers



- Difficulty to obtain and retain health care providers
- Ongoing training for health care professionals is difficult to obtain

Community Recommendations

- Identify service gaps by a needs assessment and dovetail them with Health Board Services in order to provide a plan
- Determine whether and where current programs and regionalization are working
- Increase the number of visiting health care providers
- Share resources between communities e.g. cost share health care professionals
- Set up satellite training programs for health career fields to encourage local participant attendance

The reality for many B.C. First Nations people is they do not live in city centres. The majority of First Nations communities struggle to access basic health care. More effort and support is needed to address the disparity of services that communities receive.

As part of the BC HealthGuide Program, the BC HealthGuide Handbook, NurseLine, and OnLine are three tools to address the rural, remote and isolated communities' access to professional medical information. The BC HealthGuide Program is designed to provide citizens, where they live, with health information and advice when they need it, 24 hours a day, 7 days a week, to help manage personal health risks and conditions.

The 24-hour BC NurseLine phone numbers are:

Greater Vancouver: 604 215-4700

Toll-Free within BC: 1 866 215-4700

Deaf and hearing impaired: 1 866 889-4700

Translation services are available.

BC HealthGuide OnLine is available at:

www.bchealthguide.org

BC HealthGuide Handbook:

Can be ordered by calling

1 800 465-4911





Tips for Health Care Providers

“Each member of this community has something to contribute. If you, as a leader, can draw on that talent, it will make your job as a leader a lot easier.” – Nellie Taylor, Shuswap Elder, (Napoleon, 1992, pg. 64).

Elders’ Words of Wisdom

The following advice was obtained from the Squamish Nation Elders and the participants who attended the First Nations Community Information and Education Sessions on Provincial Health Services 2001.

The following tips are intended for health care providers:

- Be open and honest
- Acknowledge the diversity of our people
- Be non-judgemental
- Contact the community health care representative and get to know community traditions, ceremonies,



history, health situation, determinants of health, and any “taboos”

- Respect confidentiality: for those living in small communities, confidentiality is of utmost concern
- Learn health care questions that could be tailored to the community
- Remember you are on native territory and respect our traditional beliefs
- Acknowledge the traditional healing ways of our people

“If you think you’re coming here to help us, you’re wasting your time. If you see your liberation bound up with mine, then let’s work together.” – Lila Watson, Australian Aboriginal Leader (Napoleon, 1992, pg. 14).

A Socio-cultural Context



The following information was obtained from the *Journal of SOGC* (No. 100, December 2000, pg. 5).

Health care professionals, when working with Aboriginal peoples should

- Have a basic understanding of the appropriate names with which to refer to the various groups of Aboriginal peoples in Canada
- Have a basic understanding of the demographics of Aboriginal peoples in Canada
- Familiarize themselves with the traditional geographic territories and language groups of Aboriginal peoples

- Have a basic understanding of the disruptive impact of colonization on the health and well being of Aboriginal peoples
- Recognize that the current socio-demographic challenges facing many Aboriginal individuals and communities have a significant impact on health status
- Recognize the need to provide health services for Aboriginal peoples as close to home as possible
- Have a basic understanding of governmental obligations and policies regarding the health of Aboriginal peoples in Canada
- Recognize the need to support Aboriginal individuals and communities in the process of self-determination





Resources – For More Information



The following information was obtained from the Red Book: Directory of Services for the Lower Mainland, the Guide to Aboriginal Organizations and Services in British Columbia, the BC Ministry of Health Services Website, and the Health Services for First Nations - Brochure.

1 800 O' CANADA (1 800 622-6232)

Federal Enquiry Line

Ph. 1 800 622-6232

Deaf and hearing impaired: Ph. 1 800 465-7735

www.canada.gc.ca/directories/infor_e.html

Provides contact information for federal programs, services or people you need to speak to.



ABORIGINAL HEALTH PROGRAM

Children's and Women's Health Centre of BC

Ph. 604 875-3440 Fax 604 875-2041

www.cw.bc.ca

Serves as a teaching hospital and major provincial resource. C and W has three main roles: patient care, education and research.

AIDS HOTLINE

Ph. 1 800 661-4337 or Ph. 604 872-6652

Provides information regarding modes of transmission, signs and symptoms, testing, treatment and prevention. This is a free 24-hour line.

ALCOHOL and DRUG INFORMATION and REFERRAL SERVICE

Ph. 1 800 663-1441 or Ph. 604 660-9382

www.vcn.bc.ca/isv

Provides information and referral services for people across B.C. needing help with any kind of substance abuse. Includes information and referral to education, prevention, and treatment services and regulatory agencies.

AMBULANCE BILLING SERVICE

Ph. 1 800 665-7199 or Ph. 250 952-1982

Provides information on ambulance billing and costs.

ARTHRITIS SOCIETY

Ph. 1 800 321-1433 or Ph. 604 871-4537

www.arthritis.ca

Provides information on research programs and education services to patients, professionals, and the general public.

**ASSOCIATION OF BC FIRST NATIONS
TREATMENT PROGRAMS**

Ph. 250 503-1135 Fax 250 503-2473

www.firstnationstreatment.org

The Association is comprised of 11 treatment centres/programs in BC, that give information on provincial treatment programs, and work with the National Native Addiction Partnership Foundation.

BC COMMUNITY INFORMATION DIRECTORIES

Information Services Vancouver

Ph. 604 875-6381

Deaf and hearing impaired: Ph. 604 875-0885

www.vcn.bc.ca/isv/

Information Services Vancouver is committed to enabling British Columbians to access and use community resources through quality information, referral services, and local community directories.

**BC ABORIGINAL NETWORK ON DISABILITY
SOCIETY**

Ph.1 888 815-5511 ~

Phones are voice/deaf and hearing impaired.

Ph. 250 381-7303 Fax 250 381-7312

www.bcands.bc.ca

Provides support services and resources to help BC Aboriginal people with disabilities.

BC ASSEMBLY OF FIRST NATIONS (BCAFN)

Ph. 604 609-0114 Fax 604 609-0124

www.bcafn.com

BCAFN is the Regional representation of the National Assembly of First Nations lobby organization of the First Nations in Canada.



BC ASSOCIATION OF SOCIAL WORKERS

Ph. 1 800 665-4747 or Ph. 604 730-9111

Fax 604 730-9112

www.bcasw.org

Advocates for professional concerns, social welfare issues, and human justice matters.

BC HEALTHGUIDE NURSELINE

Ph. 1 866 215-4700 or

Vancouver Ph. 604 215-4700

Deaf and hearing impaired: Ph. 1 866 889-4700

www.bchealthguide.org

Registered Nurses provide information and answer health questions, 24 hours a day, 7 days a week.

BC HUMAN RIGHTS COMMISSION

Ph. 1 800 663-0876 Fax 250 387-3643

www.bchrc.gov.bc.ca

Investigates/mediates complaints of discrimination under the Human Rights Code.

BC MINISTRY OF HEALTH SERVICES

Ph. 1 800 465-4911 Fax 250 952-2194

www.gov.bc.ca/healthservices

Funds, monitors and evaluates health system performance against clearly stated objectives.

BC MINISTRY OF HEALTH PLANNING

Aboriginal Health

Ph. 250 952-3151 Fax 250 952-3225

www.gov.bc.ca/healthplanning

Works to improve Aboriginal peoples' health in BC.

BC TRANSPLANT SOCIETY (BCTS)

Ph. 1 800 663-6189 or Ph. 604 877-2240

www.transplant.bc.ca

Directs, delivers, or contracts for all organ transplant services across BC.

CANADIAN ABORIGINAL AIDS NETWORK

Ph. 1 888 285-2226 or Ph. 613 567-1817

Fax 613 567-4652

www.caan.ca

(CAAN) is a non-profit coalition of individuals and organizations that provides leadership, support, and advocacy for Aboriginal people living with, and affected by HIV/AIDS, regardless of where they reside.

CANADIAN CANCER SOCIETY

Ph. 1 800 663-2524 or Ph. 604 872-4400

Fax 604 879-4533

www.cancer.ca

CCS is a national, community-based organization whose mission is to eradicate cancer and to improve the quality of life of people living with cancer.

**CANADIAN DIABETES ASSOCIATION –
NATIVE PROJECT**

Ph. 604 732-1331 Fax 604 732-8444

Ph. 1 800 665-6526

www.diabetes.ca

CDA's goal is to promote the health of Canadians through diabetes research, education, service, and advocacy.



CANCER INFORMATION LINE

Ph. 1 888 939-3333 or Ph. 604 879-2323
www.bccancer.bc.ca

Provides information and education services on prevention and early diagnosis of cancer.

CHEE MAMUK, ABORIGINAL PROGRAM

STD/AIDS Control

BC Centre for Disease Control

Ph. 604 660-2088 Fax 604 775-0808
www.bccdc.org/stdaids

Provides culturally appropriate onsite community based HIV/AIDS, Hepatitis and STD education and training to Aboriginal communities, organizations, and professionals within BC.

COLLEGE OF DENTAL SURGEONS OF BC

Ph. 1 800 663-9169 Fax 604 734-9448
www.cdsbc.org

Serves as a regulatory and governing body for dentists and dental assistants.

COLLEGE OF PHARMACISTS OF BC

Ph. 1 800 663-1940 or Ph. 604 733-2440
Fax 1 800 377-8129
www.bcpharmacists.org

Serves as a regulatory and governing body for pharmacists.

COLLEGE OF PHYSICIANS and SURGEONS OF BC

Ph. 1 800 461-3008 or Ph. 604 733-7758

Fax 604 733-3503

www.cpsbc.bc.ca

Establishes standards for the profession and monitors, evaluates, and disciplines its members.

**You can also call these numbers to find out about doctors who are accepting new patients in your area.*

COLLEGE OF PSYCHOLOGISTS OF BC

Ph. 1 800 665-0979 or Ph. 604 736-6164

Fax 604 736-6133

www.collegeofpsychologists.bc.ca

Serves as a regulatory and governing body for psychologists.

COMMUNITY HEALTH ASSOCIATES OF BC

Ph. 250 503-1123 Fax 250 503-1733

www.cha-bc.org

Supports the development of skilled, professional and healthy community health and addiction workers.

DIABETES RESOURCE CENTRE

AT THE CANADIAN DIABETES ASSOCIATION

Ph. 1 800 268-4656 or Ph. 604 732-4636

www.diabetes.ca

Provides information, referral service, lending and reference library, and resources on all aspects of diabetes.



DIAL-A-DIETITIAN

Ph. 1 800 667-3438 or Ph. 604 732-9191
www.dialadietitian.org

Provides a free nutrition information line available to British Columbians in four languages: English, Cantonese, Mandarin and Punjabi. The line is staffed by dietitians providing easy-to-use nutrition information and medical nutrition advice to the public, health educators and the media.

EATING DISORDERS RESOURCE CENTRE

Ph. 1 800 665-1822 www.disorderedeating.ca
Fax 604 806-9001

A non-profit information, referral, and education service that works to address the problems of people with eating disorders and their families, friends, and concerned health professionals.

ENQUIRY BC

Ph. 1 800 663-7867 or
Vancouver: Ph. 604 660-2421
Deaf and hearing impaired: Ph. 604 775-0303
Victoria: Ph. 250 387-6121
Deaf and hearing impaired: Ph. 1 800 661-8773
www.mserr.gov.bc.ca/prgs/enquiry_bc.htm

Provides contact information for provincial programs, services or individuals.

FIRST NATIONS BREAST CANCER SOCIETY

BC Women's Health Centre

Ph. 604 875-3677 Fax 604 875-2445
echoes@fnbreastcancer.bc.ca

FIRST NATIONS CHIEFS' HEALTH COMMITTEE

Ph. 1 866 913-0033 or 604 913-2080

Fax 604 913-2081 www.fnchc.ca

FNCHC goal is to support the development of healthy and self-sufficient First Nations communities by promoting traditional and cultural approaches to health and community development.

FIRST NATIONS COMMUNITY PROFILES (INAC)

Ph. 604 666-7891 Fax 604 666-2546

<http://esd.inac.gc.ca/fnprofiles>

Provides information regarding reserves, settlements, governance, census statistics, and geography.

FIRST NATIONS EMPLOYMENT SOCIETY

VANCOUVER

Ph. 604 605-7194 Fax 604 605-7195

www.firstnationsemployment.com

Provides opportunities for job search, employment resources and programs.

FOOD AND NUTRITION INFORMATION

Ph. 1 800 667-DIET (1 800 667-3438) or

Ph. 604 732-9191 www.dialadietitian.org

Provides free information on food and nutrition from professional dietitians.

HEALING OUR SPIRIT BC ABORIGINAL HIV/AIDS SOCIETY

Ph. 1 800 336-9726 or Ph. 604 879-8884

Fax 604 879-9926

www.healingourspirit.org

Prevents and reduces the spread of HIV and AIDS and provides care, treatment and support services to Aboriginal peoples infected and affected by HIV/AIDS.



HEALTH AUTHORITY

www.healthservices.gov.bc.ca

To contact your local Health Authority e.g. Medical Health Officer refer to the “Health Authority” in the Government section of your blue pages.

HEALTH CANADA

Ph. 1 800 317-7878 or 604 666-0737

www.hc-sc.gc.ca

Provides the following federal programs:

- *Aboriginal Diabetes Initiative*
- *Canadian Prenatal Nutrition Program*
- *First Nations and Inuit Home and Community Care*
- *First Nations Head Start On Reserve*
- *Injury Prevention and Control*
- *National Clearinghouse Publications*
- *National First Nations Telehealth Research Project*
- *National Native Alcohol Drug Abuse Program - NNADAP*
- *Non-Insured Health Benefits*
- *Nursing in First Nations Communities*
- *Tuberculosis Elimination Strategy*

HEALTH CANADA – FIRST NATIONS AND INUIT HEALTH BRANCH

Non-insured Health Benefits and Appeals

Ph. 1 800 317-7878 or Ph. 604 666-3331

Fax 1 888 299-9222

www.hc-sc.gc.ca/msb/nihb

Provides a limited number of health related goods and services to registered Indians, Inuit and Innu, including pharmacy (drugs), medical supplies and dental care.

HEALTH FILES

Ph. 1 877 660-2628 or Ph. 604 660-2628

www.healthservices.gov.bc.ca

The Health Files are a series of over 120 easy-to-understand recorded fact sheets about a wide range of public and environmental health and safety issues.

HEART AND STROKE FOUNDATION OF BC

Ph. 1 888 473-4636 or Ph. 604 736-4404

www2.heartandstroke.ca

Community based organization dedicated to the prevention and relief of heart disease and stroke in B.C. and the Yukon. Provides information on research and support groups.

HEY-WAY'-NOQU HEALING CIRCLE

Ph. 604 874-1831 Fax 604 874-5235

Provides counselling services for First Nations and Metis with addictions. Offers individual, family, and group counselling and workshops on subjects such as sexual abuse, family violence, and co-dependency.



INDIAN AND NORTHERN AFFAIRS CANADA

Ph. 604 666-7891 Fax 604 666-2546

www.inac.gc.ca

INAC provides information on federal programs and federal services.

INSTITUTE FOR ABORIGINAL HEALTH (UBC)

Ph. 604 822-5677 Fax 604 822-2495

www.health-sciences.ubc.ca/iah

(IAH) assists health and human service faculties, schools, and departments in program and planning development concerning Aboriginal health issues.

DIVISION OF FIRST NATIONS HEALTH CAREERS

Ph. 604 822-5613 Fax 604 822-8944

www.health-sciences.ubc.ca/iah

The Health Careers goal is to increase the number of health care professionals at UBC.

KIDNEY FOUNDATION OF CANADA

Ph. 1 800 361-7494 or Ph. 604 736-9775

This line is provided by a voluntary, non-profit organization dedicated to research into kidney disease and related disorders, as well as public education and patient services.

**MEDICAL SERVICES PLAN (MSP)
SUBSCRIBER INFORMATION**

Ph. 1 800 663-7100

www.hlth.gov.bc.ca/msp

*Premium and coverage changes, new residents,
medical claims, and other enquiries.*

To speak to an MSP representative call

Ph. 250 386-7171 *(long distance charges apply
outside Victoria.)*

MSP Automated Telephone Service

Victoria: Ph. 250 382-8406

Vancouver: Ph. 604 683-7151

Elsewhere in BC: Ph. 1 800 663-7100

Fax 250 952-3427

Medical Claims

Victoria: Ph. 250 952-2654

Fax 250 952-3222

Out-of-Country Fax 250 952-2964

**CANADIAN MENTAL HEALTH ASSOCIATION
MENTAL HEALTH INFORMATION LINE**

Ph. 1 800 661-2121 or Ph. 604 669-7600

www.cmha-bc.org

*Provides taped information on provincial mental
health programs as well as symptoms, causes,
treatment, support groups, and publications relating
to a number of mental illnesses. This is a 24-hour line.*



MULTIPLE SCLEROSIS SOCIETY OF CANADA

Ph. 1 800 268-7582 or Ph. 604 689-3144

Fax 604 689-0377

Provides a variety of services and programs including information and referral services, support counselling, equipment loans, self help groups for persons who have multiple sclerosis, and their family and friends, and public awareness and education programs for professionals and others.

OFFICE OF THE OMBUDSMAN

Ph. 1 800 567-3247 Fax 604 660-1691

Deaf and hearing impaired: Ph. 1 800 667-1303

www.ombud.gov.bc.ca

The Ombudsman can investigate to determine if the public body is being fair to the people it serves.

PACIFIC ASSOCIATION OF FIRST NATIONS WOMEN

Ph. 604 873-1833 Fax 604 872-1845

www.vcn.bc.ca/pafnw

To assist Aboriginal women and their families with Health, Education and Social Services issues.

PHARMANET HOTLINE

Ph. 1 800 554-0250

Vancouver: Ph. 604 682-6849

Victoria: Ph. 250 952-2866

Provides information about the PharmaNet system, how to apply for reimbursement, changes of addresses, and replacement gold cards.

POISON CONTROL CENTRE

Ph. 1 800 567-8911

Vancouver Emergency: Ph. 604 682-5050

**Vancouver Non-Emergency: Ph. 604 682-2344
ext 62126**

Provides information on poisons and treatment.

REGISTERED NURSES ASSOCIATION OF BC

1 800 565-6505

Ph. 604 736-7331 Fax 604 738-2272

www.rnabc.bc.ca

Serves as a regulatory and governing body for nurses.

SCREENING MAMMOGRAPHY INFORMATION LINE

Ph. 1 800 663-9203 or Ph. 604 660-3639

Provides general information on the province's breast screening program for women.

MEDICATION INFO BC

Ph. 1 800 668-6233 or Ph. 604 822-1330

Pharmacists provide information about medications.

SEXUALLY TRANSMITTED DISEASES (STDs)

Ph. 1 800 661-4337 or Ph. 604 872-6652

Provides 24-hour information on sexually transmitted diseases.



TRAVEL ASSISTANCE PROGRAM (TAP)

Ph. 1 800 661-2668

www.hlth.gov.bc.ca/msp

Provides information for British Columbia residents who are enrolled in the Medical Services Plan, whose medical travel expenses are not covered by third party insurance plans or government programs, and who receive a physician's referral to travel for medical care services insured by MSP. The services the patient is travelling for must NOT be available in their home community and the referral must be to the closest site.

VANCOUVER NATIVE HEALTH SOCIETY

Ph. 604 254-9949 604 254-9948

www.vnhs.net

VNHS is dedicated to improving the health status of First Nations people and the downtown eastside community.

VITAL STATISTICS HOTLINE

Ph. 1 800 663-8328

Vancouver: Ph. 604 660-2937

Victoria: Ph. 250 952-2681

www.vs.gov.bc.ca

Provides information about the registration of births, deaths, and marriages, and about changes of names, the Adoption Reunion Registry, the Wills Registry, genealogical and biostatistical information, and access to services such as marriage commissioners, marriage licences, and burial permits.



Glossary of Aboriginal and Health-related Terms



The following glossary was adapted from the *Regional Health Authorities Handbook on Aboriginal Health* (1999) and the *Aboriginal Health Services Directory* (2001).

Aboriginal Health Division (AHD)

Through their provincial Aboriginal Health Services Strategy (PAHSS) the primary goal of the Aboriginal Health Division of the BC Ministry of Health Services is to improve access and control for Aboriginal communities and improve relationships among health stakeholders.

Aboriginal People

Indigenous peoples of Canada are identified in Section 35 of the *Constitution Act* of 1982 as including Indians (status and non-status), Métis and Inuit people.



Acute Care Services

Services for medical conditions that are sharp, severe, coming speedily to a crisis. (e.g. an acute heart attack requiring emergency services)

Alternative Payments Program (APP)

Alternative Payments Program is the term used to describe the funding of physician services through means other than the fee for service method. Request for Alternative Payments Funding must be channeled through health authorities.

Assembly of First Nations

A national organization that promotes the interests and concerns of all First Nations in Canada, including justice, health, education, family and children's services, and Aboriginal rights.

Band

An organization structure defined in the *Indian Act*, which represents a particular body of Indians as defined under the *Indian Act*. There are approximately 600 bands in Canada, 198 are situated in BC.

Band Council

Body elected according to the provisions of the *Indian Act*, charged with the responsibility for “the good government of the band” and with federally delegated authority to pass by-laws on Indian Reserve Lands.

British Columbia Network on Disability Society (BCANDS)

BCANDS provides a variety of support services and resources to help BC's aboriginal people with disabilities, and others associated with the disabled. Aboriginal people with special needs direct and control the organization, a registered non-profit society with about 1900 members.

Chief and Council

The elected representatives of a community who are responsible for the affairs of a band, much as a board of directors is responsible for the management and administration of a non-profit society.

Community Development

A process whereby individuals and groups voluntarily come together to collaborate for the achievement of shared interests, a demographic experience concerned with responding to unmet needs and interests, that involves those most directly affected as full participants; is concerned with social change that improves the social and economic well-being of individuals, families and communities.

Community Health Nurses (CHN)

Community health nurses are funded by the First Nations and Inuit Health Branch to work in First Nations communities. The services they provide include communicable disease control, environmental health, treatment services (where applicable), emergency response planning and health promotion and prevention.



Community Health Representatives (CHR)

First Nation's health educators are funded by FNIHB to work on reserve. CHR's act as advocates for healthy living. Traditionally, they have played an important role as intermediaries between FNIHB community health nurses and community members.

Community Home Care Nursing Services (CHCNS)

The Provincial Community Home Care Nursing Service is managed by the Health Authorities. The Program provides nursing care to clients who are discharged from hospital early or who require nursing services as an alternative to admission to an acute care hospital. Clients who have chronic conditions/disabilities and require professional nursing services in order to remain at home, are also referred.

Community Intervention

AHD funds various community intervention programs. Twelve agencies received \$752,018 in 1998/99. Those agencies provided such services as disability advocacy, women's health education, FAS education/intervention, counselling and an Aboriginal Health Resource directory.

Demographics

The science of vital statistics - of births, marriages, deaths, etc. of populations; or the characteristics of human populations and population segments.

Department of Indian and Northern Development (DIAND)

A federal department that has primary responsibility for meeting the federal government's constitutional, treaty, political and legal responsibilities to First Nations, Inuit, and Northerners...referred to as Indian and Northern Affairs Canada (INAC).

Disability

That which disables, as illness; deprived of normal strength or power, as a broken leg disables.

Extended Family

A group of individuals associated by birth, marriage, or close friendship that nurture and support one another.

First Nation

An Aboriginal community or governing body, organized and established by an Aboriginal community. Usually used interchangeably with "Band."

First Nations Inuit Health Branch-Health Canada (FNIHB)

Formerly the Medical Services Branch, FNIHB works with First Nations and Inuit People, a group of people who have a unique relationship with the federal government. The nature of the work has shifted from direct delivery and management of services to a focus on the devolution of health services to First Nations.



First Nations Summit (FNS)

An umbrella organization of approximately 70 per cent of BC First Nations and tribal councils, primarily concerned with the settlement of Aboriginal title and rights in BC. They are committed to negotiating land claims and self-government through the BC Treaty Commission (BCTC) process. They have provided a mandate to the First Nations Chiefs' Health Committee to address health issues.

Health Authority

Restructuring B.C.'s Health Authorities

Since 1997, the management and delivery of most health care services in British Columbia have been the responsibility of an array of health boards, councils and service societies. As the necessary first step toward building a high-quality, patient-centred and sustainable health care system, the provincial government restructured B.C.'s health authorities.

The previous 52 health authorities merged to form a new governance and management structure with:

- 16 health serviced delivery areas in which patients have a broad range of coordinated hospital and community-based health services, within;
- 5 health authorities that govern, plan and coordinate services regionally, and participate with;
- 1 Provincial Health Services Authority which coordinates and/or provides provincial programs and specialized services, such as cardiac care and transplants.

Health Indicators

Any device that measures or records and visibly indicates a particular health condition, e.g. the measurement of blood pressure as an indicator of heart condition.

Health Plan

The prevention, treatment, and management of illness and the preservation of well being through the services offered by the medical and allied health professionals.

Hospice Facilities

Homelike facilities to provide supportive care for the terminally ill.

Indians

A term used historically to describe the first inhabitants of the “New World” and used to define indigenous people under the federal *Indian Act*. The term has generally been replaced by “Aboriginal people,” as defined in the *Constitution Act* of 1982.

Indian Act

Federal legislation designed to give effect to the legislative authority of Canada for “Indians and Lands reserved for Indians,” pursuant to S.91(24) of the *Constitution Act*, 1867.

Indian Reserve

Defined in Section 2 of the *Indian Act* as a tract of land that has been set apart by the federal government for the use and benefit of an Indian band. The legal title to Indian reserve land is vested in the federal government.



Inuit

Aboriginal people whose origins are different from people known as “North American Indians.” They generally live in northern Canada and Alaska. “Inuit” has replaced the term “Eskimo.”

Long Term Care

Refers to residential care along the following continuum of care: Personal Care, Intermediate Level 1, 2, 3, and Extended Care. Types of providers under long-term care include Residential facilities, Personal and Intermediate Care Facilities, Licensed Private Hospitals, Extended Care Units, Multilevel Service Facilities, Family Care Homes, Group Homes.

Medicine People

From a Western perspective, this concept refers to a branch of medicine encompassing treatment by drugs, diet, exercise, and other non-surgical means. From an Aboriginal perspective, it refers to people who promote wellness usually by using herbs, sweats, diet, exercise and other non-surgical means.

Mental Health

Balance and harmony within and among each of the four aspects of human nature: the physical, emotional, intellectual and spiritual. Over-focusing or under-focusing on any one aspect upsets the value of the four parts.

Medical Services Plan (MSP)

Established in 1965, the Medical Services Plan is the publicly funded program that pays for medical and health care services on behalf of residents of BC.

Métis

A term for people of mixed ancestry whose history dates back to the days of the fur trade when Aboriginal people, particularly the Cree, and French or French-Canadian or Scottish and others married. Métis people have historically been refused political recognition by the federal government and have since been recognized as Aboriginal people in the *Constitution Act, 1982*.

Non-Insured Health Benefits for Status Indians (NIHB)

The Non-Insured Health Benefits Program provides a limited range of health related benefits to eligible beneficiaries who are status Indians, recognized Inuit and recognized Innu people. The NIHB Program offers specific health related benefits not provided by other agencies such as provincial and territorial health plans or other third party plans. These include premium coverage for MSP, transportation from remote and isolated areas to centres where needed services are available, prescription drugs, medical supplies and equipment, dental care and vision care, and other limited benefits.

Non-status Indian

Not a federally registered member of an Indian Band.



Potlatch

A ceremony that is an integral part of the Northwest Coast Indian societies. A potlatch is undertaken to signify marriage; pass on a chieftainship, position or name; raise a carved pole; memorialize a relative, or mark any other change in status that requires witnesses. This important institution serves to redistribute wealth, and enables families to recount their histories and reaffirm their hereditary rights.

Provincial Aboriginal Health Services Strategy

PAHSS

Facilitated by the Aboriginal Health Division of the BC Ministry of Health Services, the objective of the strategy is to improve the Health Status of BC's Aboriginal People. PAHSS membership includes First Nations Summit, Union of BC Indian Chiefs, Métis Provincial Council of BC, Aboriginal Health Association of BC, BC Aboriginal Network on Disability Society, Community Health Associates of BC, and the Council of Aboriginal Women.

Provincial Care/Custody Abuse (formerly Residential Historical Abuse) (PCCAP)

The provincial care/custody abuse program provides counselling services to persons who suffered sexual abuse while under the age of 19 and living in a provincially funded group home, foster home, or institution. Twenty-five percent of total program

funding is targeted to Aboriginal clients. In 1998/99, six Aboriginal groups received a total of \$193,500 in funding to act as regional program coordinators and service providers.

Provincial Health Officer

The Provincial Health Officer is required by the *Health Act* to monitor the health of British Columbians and provide an Annual Report to the Minister and the public on the health of British Columbians as measured against population health targets.

Registered Indian

Person who is defined as an Indian under the *Indian Act*, and who is registered under the *Indian Act*.

Status Indian

Person defined as an Indian under the *Indian Act*. See also registered Indian.

Sun Dance

A religious ceremony practiced among Aboriginal peoples of the Interior Plains, marked by several days of group dancing and other festivities.

Tribal Council

A voluntary association of First Nations that may be based on cultural, economic, or other ties among those communities.





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To Order More Handbooks

If you have not received your family's copy of the BC HealthGuide Handbook or the First Nations Health Handbook, please contact the BC HealthGuide Program by any one of the following methods: *

Email: h1th.bchealthguide@gems8.gov.bc.ca

Phone: 1 800 465-4911 toll-free information line

Write to: Innovation & Sustainability (BC HealthGuide Program)
BC Ministry of Health Planning
2nd floor, 1520 Blanshard Street
Victoria, BC, V8W 3C8

Please include all of the following information to complete your request:

Name: _____

Address: _____

Province: _____ Postal Code: _____

*These resources are only available to residents of British Columbia.

The BC First Nations Health Handbook: A Companion Document to the BC Health Guide Handbook provides health information and resources for First Nations communities and health care providers.

Contents

- How and When to Use the BC HealthGuide Handbook
- Who are Aboriginal Peoples of BC?
- Consumer Health Rights
- Health Services to First Nations
- Rural and Remote Communities
- Tips for Health Care Providers
- Resources – For More Information
- Glossary of Aboriginal and Health Related Terms

When using this Handbook look for these symbols to get more information:



Refer to the Resources section for relevant telephone numbers and website information.



Indicates the source of the published information. Refer to the original source for more in-depth information.

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