Protecting our gifts and securing our future: Eliminating poverty among First Nations children

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In November 2006, First Nations leaders marked the 10-year anniversary of the Royal Commission on Aboriginal Peoples and the one-year anniversary of the Kelowna Accord. While nearly one decade apart, both initiatives had a common goal – to eliminate the gap in socioeconomic status between First Nations and other Canadians. Today, I continue to express the great disappointment that is shared among First Nations communities across Canada that no long-term, sustainable and comprehensive plan is in place to achieve this target.

This lack of direction remains, despite growing evidence of the disparities faced by First Nations people, recommendations from government-appointed experts, Parliamentary commissions, and a highly public agreement between the federal, provincial and territorial governments, and First Nations to close the gap in quality of life by 2015.

OUR CHILDREN SUFFER THE MOST

Nowhere is the negative impact of the failure of public opinion to move government to action more shocking and regrettable than seeing it among First Nations children. Many of our First Nations people experience poverty in their early years. One in four First Nations children live in poverty according to the 2002-2003 First Nations Regional Longitudinal Health Survey (RHS) (1). This number compares to one in six Canadian children who live in poverty. Over one-third of the homes in which First Nations children live are overcrowded. In Pukatawagan First Nation, in northern Manitoba, Chief Shirley Castel has reported that some two-bedroom homes have 28 people living in them; these people are forced to sleep in shifts.

The RHS (1) shows a direct correlation among lower family income, overcrowding and poor nutrition, and lower levels of physical activity and educational achievement among First Nations children. Simply put, First Nations children must be provided with safe and adequate food, water, housing, recreation and education because they are more likely to experience poor health, social and economic conditions later in life.

As we recently reported (1) to the House of Commons' Standing Committee on Health, over one-half of First Nations children are either overweight or obese. This alarming health trend is likely to lead our children into a future of adult obesity and chronic diseases such as diabetes, cardiovascular disease and cancer. Asthma, allergies and chronic ear infections are the most common conditions for First Nations children. The frequency of asthma among First Nations children is 14.6%, compared with the general Canadian population's frequency of 8.8%. Chronic bronchitis is more common among First Nations children, with 3.6% of those surveyed being treated for this condition. Nearly one in 10 First Nations children have chronic ear infections (1).

WHAT LIES BEHIND THE POVERTY

Health and socioeconomic disparities faced by First Nations children stem from the many impacts of colonization and the subsequent lack of recognition of First Nations' collective rights and interests, including movement away from traditional lands, economies, language and culture, intergenerational impacts of residential schools, an outdated legislative and policy framework governed by the Indian Act, and over a decade of budget caps frozen at levels below population growth and inflation.

The fiscal imbalance faced by First Nations is not insignificant, and its resulting impacts on impoverishment of community services and infrastructure should not be underestimated. Last year, the Auditor General of Canada recognized that "Funding for First Nations programs has increased in recent years, but not at a rate equal to population growth. Indian and Northern Affairs Canada's funding increased by only 1.6%, excluding inflation, in the five years from 1999 to 2004, while Canada's status Indian population, according to the Department, increased by 11.2%".

Since 1997/1998, the Government of Canada has maintained an arbitrary 2% cap on spending increases for core services in First Nations communities. Similar to core services, since 1996/1997, health services and programs of

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Health Canada's First Nations and Inuit Health Branch has been generally frozen at 3% annual increases. These caps represent less than one-third of the average 6.6% increase that most Canadians enjoy through the Canada Health and Social Transfers in each of the next five years. Core program budgets, such as social development and capital facilities, have decreased by almost 13% since 1999/2000.

For instance, in child welfare, the situation has become critical enough that on February 23, 2007, I filed a complaint to the Canadian Human Rights Commission, in collaboration with the First Nations Child and Family Caring Society, as a result of inaction by the federal government with respect to First Nations child welfare agencies. The Canadian government is aware that there are more than 27,000 First Nations children in the care of child welfare agencies. Action is needed to address prevention and capacity of existing First Nations agencies. A comprehensive study (2) on the issue, entitled Wen:De, which was funded by the federal government, showed that the higher rate of First Nations children in the care of child welfare agencies is caused, not by abuse, but by poverty-induced forms of neglect, such as poor housing conditions and addictions.

Furthermore, administrative barriers imposed on First Nations governments and jurisdictional confusion in roles and responsibilities among federal, provincial and territorial governments significantly impede the progress of healthy First Nations child development. Yes, First Nations children's programming is underfunded, but it is also fragmented and inflexible to be able to adapt to the diverse needs and circumstances of First Nations communities.

First Nations know, as do many health practitioners, that adopting a population health approach is the best medicine. Without addressing housing, it is doubtful that we will address recurrent tuberculosis outbreaks among First Nations communities in northern Manitoba. Without ensuring that First Nations families have access to affordable and nutritious foods, it is doubtful that we will be able to effectively control sky-rocketing First Nations childhood obesity rates.

REACHING FOR THE 'BEST MEDICINE'

As First Nations leaders, we have put forward new approaches and many communities, despite not receiving comprehensive and long-term support from federal, provincial and territorial governments, and have aligned our children's programs and services to meet our own culture and community needs. For instance, last year, Ontario First Nations invested substantive time and resources to map their assets in early childhood development.

In 2005, the Assembly of First Nations proposed a First Nations Wholistic Policy and Planning Model, providing a conceptual overview of how children's development should be structured to address key health disparities and make concrete impacts in First Nations communities. As part of the 2005 First Nations Framework in the Blueprint on Aboriginal Health, a commitment was made to support a First Nations Wholistic Health Strategy, emerging from the broader model, that characterizes future strategies as:

- First Nations driven;
- Adopting a community health approach;
- Building on successes;
- Taking a wholistic approach to healthy living;
- Seeking adequate funding to support infrastructure, programs and resources in animating the strategy; and
- Being inclusive of solutions around determinants of health issues that are specific to First Nations.

Recently, media reports have highlighted that international aid agencies, such as 'Save the Children', have come to First Nations communities to examine, first hand, the poverty that exists, and the urgent need for subsidizing access to the basic necessities of children and their families. At the national level, I launched a campaign to eliminate poverty among First Nations, which is part of the larger 'Make Poverty History' effort.

Yet, in the last federal budget, there were no new investments in the health, education or social system that specifically supported First Nations children. In a nation as wealthy as Canada, where billions of dollars are being applied to the surplus, there is no plan for Canada to take on the challenge of abolishing poverty within its own borders and among the First Peoples of its land. Our children must have an equal opportunity to grow up in safe and healthy environments with their families, in their communities and in their culture. As evidenced in the child welfare study, no First Nations child should have to be taken from their family because of the family's inability to provide them with basic necessities.

Many of you in the health professional field already witness, first hand, the devastating effects of poverty on the health and development of children, including First Nations children. Your support is essential to raise awareness that these conditions are unacceptable and need to be addressed by public policy. Over the past year, we have worked with the Canadian Paediatric Society to create a common vision for First Nations, Inuit and Métis children in 'Many Hands, One Dream'.

Our dream is simple – to protect our children and secure their future. To express support for our national campaign, we encourage you to visit our Web site at <www.afn.ca> and sign our 'Make Poverty History' petition.

Meegwetch.

ENDNOTE: The RHS surveyed 6657 children, zero to 11 years of age (the parent or guardian responded) living in First Nations communities across 10 regions. Data collection occurred between August 2002 and November 2003. The RHS is coordinated and governed by First Nations through their regional and national organizations and representatives. More information about the RHS results, process and methods can be found at <http://rhs-ers.ca/english>.

REFERENCES

1. First Nations Information Governance Committee, Assembly of First Nations, First Nations Centre at the National Aboriginal Health Organization. First Nations Longitudinal Health Survey (RHS) 2002/03: Results for adults, youth and children living in First Nations communities. Ottawa: RHS National Team, 2005.
2. First Nations Child and Family Caring Society of Canada. Wen:De: We are coming to the light of day. <http://reconciliationmovement.org/docs/WendeReport.pdf> (Version current at September 20, 2007).

Editor's Note:

The provision of health services to address the poor health status of Aboriginal people, especially children, has been rooted in a complex environment of legislation. The British North America Act in 1867 placed Aboriginal health 'under federal authority' but subsequent acts, accords, white papers and royal commissions have failed to solve the broad social determinants of health, or the provision of equitable, culturally sensitive services for Aboriginal children. Concerned readers are referred to an excellent previous article for further discussion (Moffatt MEK, Cook C. How can the health community foster and promote the health of Aboriginal children and youth? Paediatr Child Health 2005;10:549-552), available at <www.pulsus.com/Paeds/10_9/moff_ed.htm>. National Chief Phil Fontaine illustrates that all areas of life must be changed to make any lasting difference in the health of Aboriginal children and youth. Increased dollars alone will not improve the overall health of Aboriginal people. A comprehensive approach that addresses housing, language, education and overall cultural well-being must go hand-in-hand with increased health care spending.

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