

Public Health and First Nation Albertans: A call for collaboration

Today when Public Health, Primary Care and Urgent Care are much more sophisticated and more accessible to most Albertans, the health indicators for First Nation Albertans are worse than ever. The most telling: between 2015 and 2021 the life expectancy dropped a shocking seven years for First Nation men and women in Alberta. In 2015, the average life expectancy for a First Nation man was 67 years; in 2021 it was 60. For First Nation women, it has gone from 73 in 2015 to 66 years in 2021. Additionally, the First Nation infant mortality rate in Alberta is increasing while non-First Nation infant mortality is decreasing. The risk of death before one year of age is 2 to 4 times higher among First Nations infants than non-First Nation infants.

Traditionally, First Nation Peoples within the borders of what is now the province of Alberta had their own health care systems that depended on all members knowing the dangers of the environment and the practices needed to keep them safe from harm and illness. They also had elaborate knowledge of plants and foods that were used in nursing people back to health. Those traditional systems included knowledge of the environment and knowing all plants and animals were part of a healthy biodiverse world.

Colonization brought immense changes to the First Nation social environment. Traditional health practices were replaced with western practices. First Nation health knowledge systems were no longer protected and transmitted to next generations. Land-based ways of living were supplanted by sedentary life without access to healthy food and preparation. Legislated changes to education, such as residential schools, upset First Nation traditional social systems. Other systems disrupted by colonization include employment, housing and transportation. The non-medical factors that influence health outcomes, which had been anchored in the traditional lifestyle of First Nation Peoples, were upended by these changes.

The introduction of infectious diseases such as smallpox, influenza, tuberculosis, measles, mumps, and rubella were devastating to First Nation populations. Established Public Health measures and vaccination systems have fortunately addressed this disease burden. Current preventative practices, according to World Health Organization guidelines, have significantly helped First Nation communities to avoid the historic losses experienced from these infectious diseases.

Over time, chronic disease illnesses and deaths replaced the infectious disease burden First Nation Peoples had endured. There is ever-increasing prevalence of diabetes, hypertension, cancer, and heart disease in First Nation populations. First Nation infant mortality is impacted by poor physical and social environments. Many infant deaths would be preventable if proper pre-and post-natal care were available.

First Nation Peoples suffer immensely from racism, discrimination and violence that lead to health inequities. Now, most urgently, the devastation of addictions and mental health disorders in First Nation communities exacerbates already challenging health outcomes. As of 2020, the mortality rate for First Nation people due to opioid poisoning was seven times higher than non-First Nation Albertans. These circumstances should drive Albertans, First Nation community leaders, provincial Public Health leaders, and federal health authorities to collaborate on a strategy that transcends jurisdictional boundaries. The need for access to a full continuum of care for First Nation Albertans with substance use and mental health problems is critical. Evidence-based practices need to be supported to make an impact and save lives.

The COVID pandemic provides a very good case in point of how well collaborative Public Health strategies worked across tribal, provincial and federal jurisdictions. The Chief Medical Officer of Health of Alberta, Alberta Health Services, Zonal Public Health Medical Officers of Health, tribal community health authorities, and Health Canada were able to come together quickly to develop urgent strategy and action for education, protection and isolation, and in-home patient and family supports during the pandemic. This concerted action prevented greater mortality than what First Nation communities might have otherwise experienced. When vaccines became available, this same system of collaboration helped to effectively vaccinate First Nation people across the province.

With devastating health outcomes continuing to plague First Nation populations across the province, the success of this COVID response strategy demonstrates Public Health authorities could transcend jurisdictional challenges and work collaboratively to address the unacceptable burden of disease and disability in Alberta's First Nation population. Such a relationship would effectively prevent and reduce death, disease and injury rates. With time, it could reverse the decreases in life expectancy and eliminate the gap in infant mortality.

The burden on Urgent Care systems across the province would also be reduced if health care leadership could effectively agree and collaborate on supporting a strong Public Health strategy for all Albertans, inclusive of First Nation Albertans. We have done it before, we can do it again!

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