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NEWS RELEASE

Canada's Aboriginal Peoples Are Making Gains in Health Policies and Programs

Many First Nations communities are running their own programs, but bureaucratic obstacles curb autonomy

Montreal – Aboriginal communities are taking more control of their health care, according to the IRPP study being released today.

Authors Bruce Minore and Mae Katt (both from the Centre for Rural and Northern Health Research, Lakehead University site) analyze moves toward Aboriginal self-determination in the important policy field of health. Their study is centred on community crisis teams in the Nishnawbe-Aski First Nations in northern Ontario. The teams, which resulted from suicide crisis within the region, are funded through the Aboriginal Healing and Wellness Strategy, a joint Aboriginal/government of Ontario initiative.

Minore and Katt define self-determination in this context as involving the creation, maintenance and control of services in response to needs the community has identified. In almost three-quarters of the 599 First Nations and Inuit communities in Canada where current policies allow some form of self-determination in health, services are delivered by organizations led by Aboriginal people. The authors report that these communities are making gains, but caution that bureaucratic constraints are putting some of this progress in jeopardy.

Self-determination in health policy has other benefits, say the authors. Notable among these are cultural benefits. "Where Aboriginal people control health programming they are able to create clinical environments or provide nonclinical services in ways that acknowledge, welcome and celebrate clients' Aboriginal heritage," contend Minore and Katt. They also underline the importance of the interaction and sharing that has been occurring among the Nishnawbe-Aski communities.

However, they argue that, paradoxically, programs designed to help foster Aboriginal self-determination in health policy may be undermining their autonomy in some ways. This is because the Aboriginal Healing and Wellness Strategy oversees a large number of initiatives across Ontario, and processes have been standardized and streamlined to manage these diverse programs. According to the authors: "Bureaucratization inevitably curbs flexibility, a quality essential to local self-determination. Communities do not have the luxury of acting solely on their own priorities — they must function within constraints imposed from outside."

Aboriginal Health Care in Northern Ontario: Impacts of Self-Determination and Culture, by Bruce Minore and Mae Katt, is part of the IRPP'S Aboriginal Quality of Life research program. It can be downloaded free of charge from www.irpp.org

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