

Child health: Home & Away

Written by: Margo Greenwood

Canada plans to champion maternal and child health in the world's poorest countries at the upcoming G8 summit in June. Such basic necessities as clean water, vaccination, nutrition, and access to health care can certainly make the difference between life and death for children and their mothers.

But what about here at home?

That was the question that inspired a unique partnership between the National Collaborating Centre for Aboriginal Health (NCCAH), hosted at UNBC, and UNICEF Canada. We found that some of the same issues Canada plans to tackle globally already exist here for First Nations, Inuit, and Métis children:

- **Vaccination?** On-reserve First Nations child immunization rates are 20% lower than the national rate, while Aboriginal children are 50 times more likely to be hospitalized with preventable illnesses.
- **Clean water?** The water supplies for two-thirds of First Nation reserves in 2001 were at risk of contamination. Last year, more than 100 communities had to boil their water.
- **Basic nutrition?** Food insecurity is a critical issue for Inuit children whose families are isolated and depend on hunting for food. Poverty and access to nutritious food play a key role in an epidemic of obesity and diabetes among Aboriginal children.
- **Health care access?** Infant death rates in Nunavut are more than three times the national rate, and eight times the national rate for First Nations people living on-reserve. Such figures are an indicator of the seismic fault lines in how health care is delivered to mothers and children in Canada.

UNICEF typically focuses on the state of well-being of children in developing countries. The NCCAH supports the public health goals of First Nations, Inuit, and Métis peoples in Canada. Our recent joint report, the *Canadian Supplement to the State of the World's Children 2009* represents the first time UNICEF Canada has turned the spotlight on the home front.

We found that Aboriginal children effectively live in a different country.



Our findings are well-known to some, as the challenges for Aboriginal health are longstanding, deep-rooted, and complex. The surprise is that the issues are so persistent. Another surprise is that many of the solutions are at our fingertips.

In Canada, for instance, we still do not have enough data about First Nations, Inuit, and Métis health to allow us to understand key health challenges and propose meaningful interventions. We can change that.

Policy battles between jurisdictions are costing our children not only their health, but in some instances, their lives. This too, we can change.

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Similarly, when we understand that the health and well-being of Aboriginal peoples is rooted in socio-economic and historical contexts affecting our cultures, languages, land rights, and self-determination, we can make progress. When we ask: what is the

link between health and educational attainment of our children? Between health and language revitalization among our children? Between building a gymnasium in a remote community and the health of our youth? – then, too, we can make progress.

I believe Canadians wish to close the health gap that exists in this country. I also believe children are at the centre of a web where strands of history and culture, politics and economics, community and environment, intersect. When it comes to health, it is increasingly evident that we can accomplish much if we start with mothers and children.

All children, at home and away, deserve the best we have to give.

Margo Greenwood is the Academic Leader of the National Collaborating Centre for Aboriginal Health, which is hosted by UNBC, and a professor of Education and First Nations Studies. Dr. Greenwood was recently named Academic of the Year by the Confederation of University Faculty Associations, in part for her work in publishing the first *Canadian Supplement to the State of the World's Children 2009*.